

Plan for your best health

Advanced Control Plan - Aetna: Banner | Aetna

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.

Table of Contents

INFORMATIONAL SECTION.....	4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....	13
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....	25
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	40
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	51
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	66
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	106
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	153
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS...	162
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	166
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM....	174
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	188
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	194
OTHER.....	199
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	200
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	212

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 (ones that are injected, infused or taken by mouth) — and provides services that include personal support, helpful resources and training, and free secure home delivery
- A home delivery pharmacy that delivers maintenance drugs to your home or wherever you choose (for drugs that are taken regularly to treat conditions like diabetes or asthma)

What you can expect to pay

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

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

Specialty prescription drugs typically include higher-cost drugs that require special handling, special storage or monitoring. These types of drugs may include, but are not limited to, drugs that are injected, infused, inhaled or taken by mouth.

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

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

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

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 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."

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 (TTY: 711)**.
- **For a new prescription**, your doctor can send it to us in one of four ways:
 - 1. Electronically:** via E-Prescribe to Banner Family Pharmacy – Chandler
 - 2. Fax: 1-602-747-2170**
 - 3. Phone: 1-844-747-6442, option 2 (TTY: 711)**
 - 4. Mail:** Banner Family pharmacy
7300 W Detroit Street
Chandler, AZ 85226

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 (TTY: 711)**. If you need the help of a telephone device for the hard of hearing, call **1-877-833-2779 (TTY: 711)**.
- 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)?

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

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.availity.com.
- Call the Aetna Pharmacy Precertification Unit: Non-Specialty **1-800-294-5979 (TTY: 711)** or Non-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 brand-name 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.

Commercial 1557 Nondiscrimination Notice

Banner|Aetna complies with applicable Federal civil rights laws and does not unlawfully discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

We provide free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512,
1-800-648-7817 (TTY: 711),
Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at **1-800-368-1019 (TTY: 711), 1-800-537-7697 (TDD) (TTY: 711).**

Banner|Aetna is the brand name used for products and services provided by Banner Health and Aetna Health Insurance Company and Banner Health and Aetna Health Plan Inc. Health benefits and health insurance plans are offered and/or underwritten by Banner Health and Aetna Health Insurance Company and/or Banner Health and Aetna Health Plan Inc. (Banner|Aetna). Each insurer has sole financial responsibility for its own products. Banner Health and Aetna Health Insurance Company and Banner Health and Aetna Health Plan Inc. are affiliates of Banner Health and, of Aetna and its affiliates (Aetna). Aetna provides certain management services to Banner|Aetna.

TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የ ቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ፡ ፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավելճար խորհրդատվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հեռախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᄆᄃᄆᄃ ᄆᄃᄆᄃᄆᄃ ᄆᄃᄆᄃᄆᄃ ᄆᄃᄆᄃ ᄆᄃᄆᄃᄆᄃ ᄆᄃ, ᄆᄃᄆᄃᄆᄃ ᄆᄃᄆ ᄆᄃᄆᄃ ᄆᄃᄆᄃᄆᄃ ᄆᄃᄆᄃ ᄆᄃᄆᄃᄆᄃ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pillá ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei aninisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઇડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો.

Hawaiian	No ka wala‘au ‘ana me ka lawelawe ‘ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ugwo obula, kpoo nomba no na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၣ်တၢ်မၤစၢအတၢ်ဖဲတၢ်မၤတဖၣ် လၢတအိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အီၤအဂီၢ်,ကိးဘၣ်လိတဝ်နီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၢ် (ID) အလိၤန့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بۆ دەستگیر ئەگەریتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໃບທາດປີໃຫຍ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjelōk wōṇean ñan kwe, kwōn kallok nōm̃ba eo ilo kaat in ID eo am̃.
Micronesia-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah nílíggo nanitinígíí bee néého'dólzínígíí béesh bee hane'í biká'ígíí áaji' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cîn wëu kor keek tënɔŋ yin. Ke yin col ran ye koc kuony në namba de abac tɔ në ID kard duɔn de tīt de nyin de panakim kōu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.

[illegible]

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.

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. Pharmacy benefits are administered through an affiliated pharmacy benefit manager, CVS Caremark. Aetna is part of the CVS Health family of companies.

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 the back of 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.

Information is subject to change. In accordance with state law or insurer policies, changes to drug coverage are not effective for commercial fully insured plans (including HMOs) in Louisiana, New York, Texas, and in most circumstances Connecticut and Vermont, 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.

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.

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.

Coverage Requirements and Limits
AL = Age Limit
IBC = Indication Based Coverage
LGC = Lowest Generic Copay Applies
N10 = Drug Coverage for Student Health members.
N7 = Drug tier when CE does not apply
N8 = Drug Specific Coverage
PA = Prior Authorization
QL = Quantity Limit
QLR = Quantity Limit Restriction Based on Age
Select OTC = Select OTC Program if your pharmacy plan includes this program you may have coverage for products noted with a doctors prescription. Please see your plan benefit information for specific coverage details.
SPC = Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage.
ST = Step Therapy
STX = Safer and/or more effective treatments are available

Drug Tier

CE = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

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

NP = Non-Preferred Brand and Generic

NPSP = Non-Preferred Specialty

PB = Preferred Brand

PG = Preferred Generic

PSP = Preferred Specialty

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (<i>celecoxib</i>)	NF	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	NP	
ELYXYB ORAL SOLUTION 120 MG/4.8ML (<i>celecoxib (migraine)</i>)	NF	
GOUT		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>allopurinol oral tablet 200 mg</i>	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>colchicine oral capsule 0.6 mg</i>	NF	
<i>colchicine oral tablet 0.6 mg</i>	PG	QL (120 TABLETS per 25 DAYS)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	PG	
COLCRYS ORAL TABLET 0.6 MG (<i>colchicine</i>)	NF	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	PG	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (<i>pegloticase</i>)	NPSP	PA
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	PB	QL (60 CAPSULES per 25 days)
<i>probenecid oral tablet 500 mg</i>	PG	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	NF	
MISCELLANEOUS		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (<i>ziconotide acetate</i>)	NPSP	
NON-OPIOID ANALGESICS		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	NF	
<i>butalbital-apap-cafeine</i> (Bac Oral Tablet 50-325-40 Mg)	PG	STX; QL (48 tablets per 25 days)
<i>butalbital-acetaminophen</i> (Bupap Oral Tablet 50-300 Mg)	NF	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	PG	STX; QL (48 TABLETS per 25 DAYS)
<i>butalbital-apap-cafeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	NF	
<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	PG	STX; N8 (Listing does not include certain NDCs); QL (48 TABLETS per 25 days)
<i>butalbital-aspirin-cafeine oral capsule 50-325-40 mg</i>	PG	STX; N8 (Listing does not include certain NDCs); QL (48 CAPSULES per 25 DAYS)
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-cafeine</i>)	NP	STX; QL (48 TABLETS per 25 DAYS)
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-cafeine</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NSAIDS		
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	NF	
<i>diclofenac potassium oral capsule 25 mg</i>	NF	
<i>diclofenac potassium oral tablet 25 mg</i>	NF	
<i>diclofenac potassium oral tablet 50 mg</i>	PG	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	NF	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	PG	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	PG	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	PG	
<i>etodolac oral capsule 200 mg, 300 mg</i>	PG	
<i>etodolac oral tablet 400 mg, 500 mg</i>	PG	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	NF	
<i>fenoprofen calcium oral tablet 600 mg</i>	NF	N10 (Non-Preferred Generic tier applies to Student Health members residing in Connecticut.)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	PG	
<i>ibuprofen (Ibu Oral Tablet 600 Mg)</i>	PG	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	PG	
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	NF	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PG	STX
<i>indomethacin rectal suppository 50 mg</i>	NF	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NF	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	NF	
<i>ketorolac tromethamine oral tablet 10 mg</i>	PG	QL (20 TABLETS per 25 DAYs)
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>	PG	
<i>mefenamic acid oral capsule 250 mg</i>	NP	N8 (Listing does not include certain NDCs)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meloxicam oral capsule 10 mg, 5 mg</i>	NF	
<i>meloxicam oral suspension 7.5 mg/5ml</i>	NF	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PG	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PG	N8 (Listing does not include certain NDCs)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	NF	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	NF	
<i>naproxen oral suspension 125 mg/5ml</i>	NF	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PG	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	PG	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	NF	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	PG	
<i>oxaprozin oral tablet 600 mg</i>	PG	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PG	
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	NF	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	PG	
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	NF	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (<i>diclofenac</i>)	NF	
NSAIDS, COMBINATIONS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	NF	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	PG	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	NF	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	NF	N10 (Non-Preferred Generic tier applies to Student Health members residing in Connecticut.)
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	NF	
OPIOID ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (2700 ML per 25 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	PG	N8 (Subject to initial limit); QL (400 TABLETS per 25 DAYS)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	PG	N8 (Subject to initial limit); QL (360 TABLETS per 25 Days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 Days)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	NF	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	NP	N8 (Subject to initial limit); QL (300 CAPSULES per 25 days)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	NF	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	PG	STX; N8 (Listing does not include certain NDCs); QL (48 CAPSULES per 25 DAYS)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	PG	STX; QL (48 CAPSULES per 25 DAYS)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	PG	STX; QL (48 CAPSULES per 25 DAYS)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	NP	QL (2 BOTTLES per 25 DAYS)
<i>codeine sulfate oral tablet 30 mg</i>	PG	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
<i>codeine sulfate oral tablet 60 mg</i>	NP	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>tramadol hcl</i>)	NP	ST; QL (30 CAPSULES per 25 DAYS)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (<i>tramadol hcl</i>)	NP	ST
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	NP	N8 (Subject to initial limit); QL (480 ML per 25 days)
DILAUDID ORAL TABLET 2 MG (<i>hydromorphone hcl</i>)	NP	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
DILAUDID ORAL TABLET 4 MG (<i>hydromorphone hcl</i>)	NP	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
DILAUDID ORAL TABLET 8 MG (<i>hydromorphone hcl</i>)	NP	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	NP	PA; QL (120 LOZENGES per 25 DAYS)
<i>fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	PG	PA; QL (120 TABLETS per 25 DAYS)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	PG	ST
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr</i>	PG	ST; QL (10 PATCHES per 25 DAYS)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NF	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	NP	STX; QL (48 CAPSULES per 25 DAYS)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	NF	
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	NF	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	NP	N8 (Subject to initial limit); QL (2700 ML per 25 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	PG	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	PG	N8 (Subject to initial limit); QL (50 TABLETS per 25 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg</i>	NP	ST; QL (30 TABLETS per 25 DAYS)
<i>hydromorphone hcl er oral tablet extended release 24 hour 32 mg</i>	NP	ST
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	PG	N8 (Subject to initial limit); QL (480 ML per 25 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 4 mg</i>	PG	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	PG	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	NF	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	NF	
<i>meperidine hcl oral solution 50 mg/5ml</i>	NF	
<i>meperidine hcl oral tablet 50 mg</i>	NF	
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	NP	ST; QL (45 ML per 25 days)
<i>methadone hcl oral concentrate 10 mg/ml</i>	NP	QL (30 ML per 25 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	PG	ST; QL (225 ML per 25 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	PG	ST; QL (450 ML per 25 DAYS)
<i>methadone hcl oral tablet 10 mg</i>	PG	ST; QL (30 TABLETS per 25 days)
<i>methadone hcl oral tablet 5 mg</i>	PG	ST; QL (90 TABLETS per 25 DAYS)
<i>methadone hcl oral tablet soluble 40 mg</i>	PG	QL (9 TABLETS per 25 DAYS)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

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

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (tapentadol hcl)	NF	
OXAYDO ORAL TABLET 5 MG, 7.5 MG (oxycodone hcl)	NF	
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg	PG	ST; QL (60 TABLETS per 25 days)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 80 mg	PG	ST
oxycodone hcl oral capsule 5 mg	PG	N8 (Subject to initial limit); QL (180 CAPSULES per 25 days)
oxycodone hcl oral concentrate 100 mg/5ml	PG	N8 (Subject to initial limit); QL (90 ML per 25 days)
oxycodone hcl oral solution 5 mg/5ml	PG	N8 (Subject to initial limit); QL (900 ML per 25 days)
oxycodone hcl oral tablet 10 mg, 5 mg	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
oxycodone hcl oral tablet 15 mg	PG	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
oxycodone hcl oral tablet 20 mg	PG	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
oxycodone hcl oral tablet 30 mg	PG	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
oxycodone-acetaminophen oral solution 10-300 mg/5ml, 5-325 mg/5ml	NF	
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg	NF	
oxycodone-acetaminophen oral tablet 10-325 mg	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYS)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	PG	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	PG	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	NF	
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	NF	
<i>oxymorphone hcl oral tablet 10 mg</i>	PG	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	NF	
PROLATE ORAL SOLUTION 10-300 MG/5ML (<i>oxycodone-acetaminophen</i>)	NF	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NF	
QDOLO ORAL SOLUTION 5 MG/ML (<i>tramadol hcl</i>)	NF	
ROXICODONE ORAL TABLET 15 MG (<i>oxycodone hcl</i>)	NP	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
ROXICODONE ORAL TABLET 30 MG (<i>oxycodone hcl</i>)	NP	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	NF	
SEGLENTIS ORAL TABLET 56-44 MG (<i>celecoxib-tramadol hcl</i>)	NF	
SUBSYS SUBLINGUAL LIQUID 800 MCG (<i>fentanyl</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</i>	PG	ST; QL (30 TABLETS per 25 days)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</i>	PG	ST
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	PG	ST; QL (30 TABLETS per 25 days)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aspirin oral tablet delayed release 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 Days); AL (Min 12 Years and Max 59 Years)
<i>diflunisal oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
VISCOSUPPLEMENTS		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (<i>cross-linked hyaluronate</i>)	NF	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (<i>hyaluronan</i>)	NF	
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>)	NF	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
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	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>	NP	QL (336 TABLETS per 365 days)
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	NP	QL (24 TABLETS per 365 DAYS)
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	NP	QL (12 TABLETS per 365 days)
<i>ivermectin oral tablet 3 mg</i>	PG	PA; QL (9 TABLETS per 75 days)
<i>praziquantel oral tablet 600 mg</i>	PG	QL (24 TABLETS per 365 DAYS)
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	NPSP	PA
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	NF	
<i>neomycin sulfate oral tablet 500 mg</i>	PG	
<i>sulfadiazine oral tablet 500 mg</i>	NF	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	PG	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	PG	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	NP	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	NP	ST; QL (4 TABLETS per 7 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (isavuconazonium sulfate)	NF	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	PG	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	PG	
flucytosine oral capsule 250 mg	NP	STX
flucytosine oral capsule 500 mg	NF	
griseofulvin microsize oral suspension 125 mg/5ml	PG	N8 (Listing does not include certain NDCs)
griseofulvin microsize oral tablet 500 mg	PG	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	PG	
itraconazole oral capsule 100 mg	PG	
itraconazole oral solution 10 mg/ml	NP	PA
ketoconazole oral tablet 200 mg	PG	PA; STX
NOXAFIL ORAL PACKET 300 MG (posaconazole)	NF	
NOXAFIL ORAL SUSPENSION 40 MG/ML (posaconazole)	NF	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (posaconazole)	NF	
nystatin oral tablet 500000 unit	PG	N8 (Listing does not include certain NDCs)
posaconazole oral suspension 40 mg/ml	NF	
posaconazole oral tablet delayed release 100 mg	NF	
SPORANOX ORAL CAPSULE 100 MG (itraconazole)	NF	
SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole)	NF	
terbinafine hcl oral tablet 250 mg	PG	
tolsura oral capsule 65 mg	NF	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (oteseconazole)	NP	PA; QL (18 CAPSULES per 336 DAYS)
voriconazole oral suspension reconstituted 40 mg/ml	PG	
voriconazole oral tablet 200 mg, 50 mg	PG	
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	NP	
chloroquine phosphate oral tablet 250 mg, 500 mg	PG	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	NF	
<i>mefloquine hcl oral tablet 250 mg</i>	NP	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	PG	
<i>quinine sulfate oral capsule 324 mg</i>	NP	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate oral solution 20 mg/ml</i>	PG	QL (900 ML per 30 DAYS)
<i>abacavir sulfate oral tablet 300 mg</i>	PG	QL (60 TABLETS per 30 DAYS)
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	NF	
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	PG	QL (30 CAPSULES per 30 DAYS)
<i>atazanavir sulfate oral capsule 200 mg</i>	PG	QL (60 CAPSULES per 30 DAYS)
<i>darunavir oral tablet 600 mg</i>	PG	QL (60 TABLETS per 30 DAYS)
<i>darunavir oral tablet 800 mg</i>	PG	QL (30 TABLETS per 30 DAYS)
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	PB	QL (60 TABLETS per 30 DAYS)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	PG	QL (90 CAPSULES per 30 DAYS)
<i>efavirenz oral tablet 600 mg</i>	PG	QL (30 TABLETS per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	PG	QL (30 TABLETS per 30 DAYS)
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	PB	QL (30 CAPSULES per 30 DAYS)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	PB	QL (680 ML per 28 DAYS)
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	NP	QL (900 mls per 30 days)
EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>)	NP	QL (60 tablets per 30 days)
EPIVIR ORAL TABLET 300 MG (<i>lamivudine</i>)	NP	QL (30 tablets per 30 days)
<i>etravirine oral tablet 100 mg</i>	PG	QL (120 TABLETS per 30 DAYS)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>etravirine oral tablet 200 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
<i>fosamprenavir calcium oral tablet 700 mg</i>	PG	QL (120 TABLETS per 30 DAYs)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	PSP	PA; QL (60 SOLUTION RECONSTITUTED per 30 days)
INTELENCE ORAL TABLET 100 MG, 25 MG (<i>etravirine</i>)	PB	QL (120 TABLETS per 30 DAYs)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	PB	QL (60 TABLETS per 30 DAYs)
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	PB	QL (60 TABLETS per 30 DAYs)
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	PB	QL (60 PACKETS per 30 days)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	PB	QL (120 TABLETS per 30 DAYs)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	PB	QL (180 TABLETS per 30 DAYs)
<i>lamivudine oral solution 10 mg/ml</i>	PG	QL (900 ML per 30 DAYs)
<i>lamivudine oral tablet 150 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>lamivudine oral tablet 300 mg</i>	PG	QL (30 TABLETS per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML (<i>fosamprenavir calcium</i>)	NF	
LEXIVA ORAL TABLET 700 MG (<i>fosamprenavir calcium</i>)	NF	
<i>maraviroc oral tablet 150 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
<i>maraviroc oral tablet 300 mg</i>	PG	QL (120 TABLETS per 30 DAYs)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
<i>nevirapine oral suspension 50 mg/5ml</i>	PG	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	PG	QL (60 TABLETS per 30 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	PB	QL (360 PACKETS per 30 DAYs)
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	PB	QL (360 TABLETS per 30 days)
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	NF	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	PB	QL (400 ML per 30 DAYs)
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	PB	QL (180 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 600 MG (<i>darunavir</i>)	PB	QL (60 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	PB	QL (300 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 800 MG (<i>darunavir</i>)	PB	QL (30 TABLETS per 30 DAYs)
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	NP	QL (180 CAPSULES per 30 DAYs)
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	NP	QL (1800 ML per 30 DAYs)
REYATAZ ORAL CAPSULE 200 MG (<i>atazanavir sulfate</i>)	NP	QL (60 CAPSULES per 30 days)
REYATAZ ORAL CAPSULE 300 MG (<i>atazanavir sulfate</i>)	NP	QL (30 CAPSULES per 30 days)
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	NP	QL (180 PACKET per 30 days)
<i>ritonavir oral tablet 100 mg</i>	PG	QL (360 TABLETS per 30 DAYs)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	NP	QL (60 TABLETS per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	NF	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG (<i>maraviroc</i>)	NF	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (<i>lenacapavir sodium</i>)	NF	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (<i>lenacapavir sodium</i>)	NF	
SUSTIVA ORAL TABLET 600 MG (<i>efavirenz</i>)	NP	QL (30 TABLETS per 30 DAYs)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
TIVICAY ORAL TABLET 10 MG (<i>dolutegravir sodium</i>)	PB	QL (240 TABLETS per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG (<i>dolutegravir sodium</i>)	PB	QL (60 TABLETS per 30 DAYs)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	PB	QL (360 TABLETS per 30 days)
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	NP	QL (30 TABLETS per 30 DAYs)
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	NF	
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	NP	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (<i>tenofovir disoproxil fumarate</i>)	NP	QL (30 TABLETS per 30 days)
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	NP	QL (900 ML per 30 days)
ZIAGEN ORAL TABLET 300 MG (<i>abacavir sulfate</i>)	NP	QL (60 tablets per 30 days)
<i>zidovudine oral capsule 100 mg</i>	PG	QL (180 CAPSULES per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	PG	QL (1800 ML per 30 DAYs)
<i>zidovudine oral tablet 300 mg</i>	PG	QL (60 TABLETS per 30 days)
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	PG	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG (<i>bictegravir-emtricitab-tenofov</i>)	PB	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofov</i>)	PB	QL (30 TABLETS per 30 DAYs)
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYs)
COMBIVIR ORAL TABLET 150-300 MG (<i>lamivudine-zidovudine</i>)	NP	QL (60 tablets per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofov df</i>)	NF	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine-tenofov af</i>)	PB	QL (30 TABLETS per 30 DAYs)
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	PB	QL (30 TABLETS per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	PG	QL (30 TABLETS per 30 Days)
<i>efavirenz-lamivudine-tenofov oral tablet 400-300-300 mg, 600-300-300 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
<i>emtricitabine-tenofov df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
<i>emtricitabine-tenofov df oral tablet 200-300 mg</i>	CE	N7 (PG); N8 (\$0 copay applies for pre-exposure prophylaxis only); QL (30 TABLETS per 30 days)
EPZICOM ORAL TABLET 600-300 MG (<i>abacavir sulfate-lamivudine</i>)	NP	QL (30 TABLETS per 30 DAYs)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	PB	QL (30 TABLETS per 30 DAYs)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	PB	QL (30 TABLETS per 30 DAYs)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	NP	QL (30 TABLETS per 30 DAYs)
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	NP	QL (480 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	NP	QL (300 TABLETS per 30 days)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	NP	QL (120 TABLETS per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	PG	QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	PG	QL (300 TABLETS per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	PG	QL (120 TABLETS per 30 DAYs)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acyclovir oral tablet 400 mg, 800 mg</i>	PG	
<i>adefovir dipivoxil oral tablet 10 mg</i>	PG	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	NPSP	PA; QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	NF	
<i>cidofovir intravenous solution 75 mg/ml</i>	PG	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PG	QL (30 TABLETS per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	PG	
<i>ganciclovir intravenous solution 500 mg/250ml</i>	NF	
<i>ganciclovir sodium intravenous solution 500 mg/10ml</i>	NF	
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	PG	
<i>lamivudine oral tablet 100 mg</i>	PG	
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	NPSP	PA; QL (120 TABLETS per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	PG	QL (40 CAPSULES per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	PG	QL (20 CAPSULES per 90 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	PG	QL (360 ML per 90 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	NP	QL (1 TABLET per 1 DAY)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	PB	QL (2 inhalers per 90 days)
<i>rimantadine hcl oral tablet 100 mg</i>	PG	
SITAVIG BUCCAL TABLET 50 MG (<i>acyclovir</i>)	NF	
TAMIFLU ORAL CAPSULE 30 MG (<i>oseltamivir phosphate</i>)	NP	QL (40 CAPSULES per 90 DAYS)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	NP	QL (20 CAPSULES per 90 DAYS)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (<i>oseltamivir phosphate</i>)	NP	QL (360 ML per 90 days)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	PG	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (<i>valganciclovir hcl</i>)	NF	
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PG	PA; QL (1000 ML per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	PG	PA; QL (120 TABLETS per 30 days)
VALTREX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	NF	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</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 oral capsule 250 mg, 500 mg</i>	PG	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	PG	
<i>cefadroxil oral capsule 500 mg</i>	PG	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	PG	
<i>cefadroxil oral tablet 1 gm</i>	PG	
<i>cefdinir oral capsule 300 mg</i>	PG	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefixime oral capsule 400 mg</i>	NP	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	NP	
<i>cefprozime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	PG	
<i>cefprozime proxetil oral tablet 100 mg, 200 mg</i>	PG	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	PG	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	PG	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>cephalexin oral capsule 750 mg</i>	PG	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cephalexin oral tablet 250 mg, 500 mg</i>	PG	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin oral packet 1 gm</i>	PG	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	PG	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	PG	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	PG	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	PG	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	PB	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	PB	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	
ERYPED 200 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 (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)</i>	PG	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	PG	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	PG	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	PG	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	PG	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	PG	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	PG	
<i>levofloxacin oral solution 25 mg/ml</i>	PG	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>moxifloxacin hcl oral tablet 400 mg</i>	PG	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEPATITIS C		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (sofosbuvir-velpatasvir)	PSP	PA; IBC (Preferred for all genotypes); QL (28 PELLETS per 28 DAYS)
EPCLUSA ORAL TABLET 200-50 MG (sofosbuvir-velpatasvir)	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 DAYS)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (ledipasvir-sofosbuvir)	PSP	PA; QL (28 PACKET per 28 DAYS)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (ledipasvir-sofosbuvir)	PSP	PA; IBC (Preferred for genotypes 1,4,5,6); QL (28 TABLETS per 28 days)
ledipasvir-sofosbuvir oral tablet 90-400 mg	NF	
MAVYRET ORAL PACKET 50-20 MG (glecaprevir-pibrentasvir)	NF	
MAVYRET ORAL TABLET 100-40 MG (glecaprevir-pibrentasvir)	NF	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (peginterferon alfa-2a)	NF	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (peginterferon alfa-2a)	NF	
ribavirin oral capsule 200 mg	PG	PA
ribavirin oral tablet 200 mg	PG	PA
sofosbuvir-velpatasvir oral tablet 400-100 mg	NF	
SOVALDI ORAL PACKET 150 MG, 200 MG (sofosbuvir)	NPSP	PA; QL (28 PELLETS per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG (sofosbuvir)	NPSP	PA; QL (28 TABLETS per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG (sofosbuv-velpatasv-voxilaprev)	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
ZEPATIER ORAL TABLET 50-100 MG (elbasvir-grazoprevir)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISCELLANEOUS		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>nitazoxanide</i>)	NP	QL (540 ML per 25 DAYs); AL (Min 1 Years)
ALINIA ORAL TABLET 500 MG (<i>nitazoxanide</i>)	NP	QL (20 TABLETS per 25 DAYs); AL (Min 12 Years)
<i>atovaquone oral suspension 750 mg/5ml</i>	PG	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	PG	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	PG	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	PG	
<i>dapsone oral tablet 100 mg, 25 mg</i>	PG	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	NF	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	NF	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PG	PA
<i>linezolid oral tablet 600 mg</i>	PG	PA; N8 (Listing does not include certain NDCs)
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	NF	
MEPRON ORAL SUSPENSION 750 MG/5ML (<i>atovaquone</i>)	PB	
<i>methenamine hippurate oral tablet 1 gm</i>	PG	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	PG	
<i>metronidazole oral capsule 375 mg</i>	PG	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	PG	
<i>nitazoxanide oral tablet 500 mg</i>	PG	QL (20 TABLETS per 25 DAYs); AL (Min 12 Years)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	PG	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	NP	N8 (Listing does not include certain NDCs)
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	NF	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	PG	
<i>pyrimethamine oral tablet 25 mg</i>	PG	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	NP	PA
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANCOCIN ORAL CAPSULE 125 MG (<i>vancomycin hcl</i>)	NP	QL (80 CAPSULES per 10 Days)
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	NP	QL (80 CAPSULES per 10 days)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	NF	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	NF	
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	PB	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	NF	
ZYVOX ORAL TABLET 600 MG (<i>linezolid</i>)	NF	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	PG	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	PG	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	PG	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	PG	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	PG	
<i>ampicillin oral capsule 500 mg</i>	PG	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	PG	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	PG	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	NP	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG (<i>doxycycline hyclate</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DORYX ORAL TABLET DELAYED RELEASE 50 MG (doxycycline hyclate)	NF	
doxycycline hyclate oral capsule 100 mg, 50 mg	PG	
doxycycline hyclate oral tablet 100 mg	PG	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet 20 mg	PG	N8 (Listing does not include certain NDCs)
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg	NF	
doxycycline monohydrate oral capsule 100 mg, 50 mg	PG	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	PG	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 75 mg	NP	
doxycycline monohydrate oral tablet 50 mg	NP	N8 (Listing does not include certain NDCs)
minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg	NF	
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	NF	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	PG	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	NP	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (minocycline hcl)	NF	
NUZYRA ORAL TABLET 150 MG (omadacycline tosylate)	NPSP	PA; QL (30 TABLETS per 14 DAYS)
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (sarecycline hcl)	NF	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (minocycline hcl)	NF	
doxycycline hyclate (Targadox Oral Tablet 50 Mg)	NF	
tetracycline hcl oral capsule 250 mg, 500 mg	PG	QL (120 CAPSULES per 25 days)
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (doxycycline monohydrate)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (<i>minocycline hcl</i>)	NF	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N7 (PG)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	CE	N7 (NPSP)
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	CE	N7 (PB)
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	CE	N7 (PSP)
<i>melfhalan oral tablet 2 mg</i>	CE	N7 (PG)
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	CE	N7 (PB)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; N7 (PG)
ANTIMETABOLITES		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	CE	PA; N7 (PG)
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	CE	PA; N7 (NPSP); QL (5 TABLETS per 28 days)
LONSURF ORAL TABLET 15-6.14 MG (<i>trifluridine-tipiracil</i>)	CE	PA; N7 (PSP); QL (100 TABLETS per 30 days)
LONSURF ORAL TABLET 20-8.19 MG (<i>trifluridine-tipiracil</i>)	CE	PA; N7 (PSP); QL (80 TABLETS per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N7 (PG)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	PG	
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	CE	PA; N7 (NPSP); QL (14 TABLETS per 28 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	CE	PA; N7 (NPSP)
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	CE	N7 (PB)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	CE	N7 (PB)
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	CE	N7 (NPSP)
XELODA ORAL TABLET 150 MG, 500 MG (<i>capecitabine</i>)	CE	PA; ST; N7 (NPSP)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 50 MG (<i>venetoclax</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	CE	PA; N7 (NPSP); QL (1 TABLET THERAPY PACK per 28 days)
BIOLOGIC RESPONSE MODIFIERS		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	NPSP	PA; QL (2 SYRINGES per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	CE	N7 (NF)
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	CE	PA; N7 (NPSP); QL (21 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>lenalidomide</i>)	CE	PA; N7 (PSP); QL (28 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG (<i>lenalidomide</i>)	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	PSP	PA; QL (28 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG (<i>thalidomide</i>)	PSP	PA; QL (56 CAPSULES per 28 days)
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYS)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (<i>niraparib-abiraterone acetate</i>)	CE	N7 (NF)
<i>anastrozole oral tablet 1 mg</i>	CE	N7 (PG); AL (Min 35 Years)
<i>bicalutamide oral tablet 50 mg</i>	CE	N7 (PG)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	PSP	PA

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	PSP	PA
ERLEADA ORAL TABLET 240 MG (<i>apalutamide</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
<i>exemestane oral tablet 25 mg</i>	CE	N7 (PG); AL (Min 35 Years)
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (<i>fulvestrant</i>)	NPSP	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	NF	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	NF	
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	PSP	PA
<i>letrozole oral tablet 2.5 mg</i>	CE	N7 (PG)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PSP	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (<i>leuprolide acetate</i>)	NPSP	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate (3 month)</i>)	NPSP	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NF	
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	CE	N7 (PSP)
<i>megestrol acetate oral suspension 40 mg/ml</i>	CE	N7 (PG)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N7 (PG)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	CE	N7 (NF)
<i>nilutamide oral tablet 150 mg</i>	CE	N7 (PG)
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hydrochloride</i>)	CE	N7 (NF)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N7 (PG); AL (Min 35 Years)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N7 (PG)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	NF	
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYs)
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate micronized</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG (<i>abiraterone acetate</i>)	CE	N7 (NF)
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (<i>everolimus</i>)	CE	N7 (Not Covered)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	CE	N7 (NF)
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG (<i>brigatinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	CE	N7 (NF)
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPSP); QL (84 TABLETS per 28 days)
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPSP); QL (28 TABLETS per 28 days)
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	CE	PA; N7 (PSP); QL (180 CAPSULES per 30 days)
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
CALQUENCE ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPSP); QL (56 CAPSULES per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPSP); QL (112 CAPSULES per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPSP); QL (1 KIT per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	CE	PA; N7 (PSP); QL (56 CAPSULES per 28 days)
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	CE	PA; N7 (PSP); QL (63 TABLETS per 21 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
<i>everolimus oral tablet soluble 2 mg, 5 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
<i>everolimus oral tablet soluble 3 mg</i>	CE	PA; N7 (PSP); QL (90 TABLETS per 30 DAYs)
EXKIVITY ORAL CAPSULE 40 MG (<i>mobocertinib succinate</i>)	CE	N7 (NF)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	CE	N7 (NF)
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
<i>gefitinib oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>)	CE	N7 (NF)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; N7 (PSP); QL (21 TABLETS per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	CE	N7 (NF)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; N7 (PG); QL (120 TABLETS per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; N7 (PG); QL (60 TABLETS per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	CE	PA; N7 (PSP); QL (216 ML per 36 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	CE	PA; N7 (PSP); QL (240 TABLETS per 30 days)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	CE	N7 (NF)
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>)	CE	N7 (NF)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	PA; N7 (PSP); QL (49 TABLETS per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	PA; N7 (PSP); QL (70 TABLETS per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	PA; N7 (PSP); QL (91 TABLETS per 28 days)
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (180 TABLETS per 30 DAYS)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>)	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	CE	N7 (NF)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	CE	N7 (NF)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	CE	N7 (NF)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	CE	N7 (NF)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	N7 (NF)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	N7 (Not Covered)
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	CE	PA; N7 (PSP); QL (180 TABLETS per 30 days)
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (<i>mometotinib dihydrochloride</i>)	NF	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	CE	N7 (NF)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	CE	PA; N7 (NPSP); QL (28 TABLETS per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (<i>alpelisib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	CE	N7 (NF)
RETEVMO ORAL CAPSULE 40 MG (<i>selpercatinib</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
RETEVMO ORAL CAPSULE 80 MG (<i>selpercatinib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG (<i>entrectinib</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG (<i>entrectinib</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	CE	PA; N7 (PSP); QL (224 CAPSULES per 28 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG (<i>asciminib hcl</i>)	CE	N7 (NF)
<i>sorafenib tosylate oral tablet 200 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYs)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
SPRYCEL ORAL TABLET 20 MG (<i>dasatinib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	CE	PA; N7 (PSP); QL (84 TABLETS per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 DAYs)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	CE	N7 (NF)
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	CE	N7 (NF)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	CE	N7 (Not Covered)
TAFINLAR ORAL TABLET SOLUBLE 10 MG (<i>dabrafenib mesylate</i>)	CE	N7 (NF)
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
TARCEVA ORAL TABLET 25 MG (<i>erlotinib hcl</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	CE	N7 (NF)
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	CE	N7 (NF)
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hcl</i>)	CE	N7 (NF)
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	CE	N7 (NF)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	CE	PA; N7 (PSP); QL (180 CAPSULES per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	CE	PA; N7 (PSP); QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	CE	N7 (NF)
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	CE	N7 (NF)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	CE	N7 (NF)
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	CE	PA; N7 (PSP); QL (240 TABLETS per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
MISCELLANEOUS		
<i>bexarotene oral capsule 75 mg</i>	CE	PA; N7 (PSP)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N7 (PG)
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
LUMAKRAS ORAL TABLET 120 MG (<i>sotorasib</i>)	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
LUMAKRAS ORAL TABLET 320 MG (<i>sotorasib</i>)	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 DAYs)
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	CE	N7 (NF)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	CE	N7 (NF)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG (<i>omacetaxine mepesuccinate</i>)	NPSP	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	CE	N7 (NF)
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	CE	N7 (NF)
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>)	CE	N7 (NF)
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
<i>tretinoin oral capsule 10 mg</i>	CE	N7 (PG)
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PSP	QL (20 PACKETS per 5 DAYs)
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	CE	N7 (NF)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (8 TABLETS per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (4 TABLETS per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (8 TABLETS per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (4 TABLETS per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (24 TABLETS per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (8 TABLETS per 28 days)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (32 TABLETS per 28 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
PROTEASOME INHIBITORS		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	CE	PA; N7 (PSP); QL (3 CAPSULES per 28 days)
PROTECTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N7 (PG)
TOPOISOMERASE INHIBITORS		
<i>etoposide oral capsule 50 mg</i>	CE	N7 (PG)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	CE	PA; N7 (NPSP)
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	PG	LGC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	PG	LGC
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	NF	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	PG	LGC
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	PG	LGC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	LGC
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	NF	
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	PG	LGC
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg</i>	PG	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	PG	LGC
<i>enalapril maleate oral solution 1 mg/ml</i>	PG	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	NF	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	PG	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	NP	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	PG	LGC
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	NP	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	PG	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	PG	LGC
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	PG	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	NF	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	NF	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	NF	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	PG	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	NF	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	NF	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	NF	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	NF	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	NF	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	PG	LGC
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	PG	LGC
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	NF	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	PG	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	NP	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	NP	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	PG	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	PG	LGC

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

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	PG	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	PG	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	NF	
<i>sotalol hcl (af) oral tablet 120 mg</i>	PG	LGC
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	PG	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	PG	LGC
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	PG	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	NPSP	PA; ST
ANTIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	PB	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	PB	
ANTIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine light oral packet 4 gm</i>	PG	
<i>cholestyramine light oral powder 4 gm/dose</i>	PG	
<i>cholestyramine oral packet 4 gm</i>	PG	
<i>cholestyramine oral powder 4 gm/dose</i>	PG	N8 (Listing does not include certain NDCs)
<i>colesevelam hcl oral packet 3.75 gm</i>	PG	
<i>colesevelam hcl oral tablet 625 mg</i>	PG	
<i>colestipol hcl oral granules 5 gm</i>	PG	
<i>colestipol hcl oral packet 5 gm</i>	PG	
<i>colestipol hcl oral tablet 1 gm</i>	PG	
ANTIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe oral tablet 10 mg</i>	PG	
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	NF	
ANTIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>fenofibrate micronized oral capsule 130 mg, 90 mg</i>	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	PG	
<i>fenofibrate micronized oral capsule 43 mg</i>	NP	
<i>fenofibrate oral capsule 150 mg</i>	NP	
<i>fenofibrate oral capsule 200 mg</i>	PG	
<i>fenofibrate oral capsule 50 mg</i>	NF	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NF	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	PG	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	PG	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	NP	
FENOGLIDE ORAL TABLET 120 MG (<i>fenofibrate</i>)	NF	
FIBRICOR ORAL TABLET 105 MG (<i>fenofibric acid</i>)	NF	
<i>gemfibrozil oral tablet 600 mg</i>	PG	LGC
TRICOR ORAL TABLET 145 MG, 48 MG (<i>fenofibrate</i>)	NF	
ANTIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	NF	
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (<i>atorvastatin calcium</i>)	NF	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	LGC; N7 (PG); AL (Min 40 Years and Max 75 Years)
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	PG	LGC; N8 (Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	NF	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	PG	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (<i>fluvastatin sodium</i>)	NF	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (<i>atorvastatin calcium</i>)	NF	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	NF	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	LGC; N7 (PG); AL (Min 40 Years and Max 75 Years)
<i>simvastatin oral tablet 80 mg</i>	PG	LGC; N8 (Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i>	NF	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	PG	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (<i>ezetimibe-rosuvastatin</i>)	NF	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	NF	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	PG	
NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	NF	
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	NF	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	PG	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (<i>icosapent ethyl</i>)	PB	N8 (Listing does not include certain NDCs)
ANTIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	NF	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	PSP	PA; QL (1 CARTRIDGE per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	PSP	PA; QL (3 SYRINGES per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	PSP	PA; QL (3 PENS per 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	PG	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	PG	LGC
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	PG	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	PG	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	PG	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>nebivolol hcl</i>)	NF	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	PG	LGC

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	NP	N8 (Listing does not include certain NDCs)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	NF	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	NF	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NF	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NF	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NF	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	PG	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	LGC
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	PG	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	NF	
<i>pindolol oral tablet 10 mg, 5 mg</i>	PG	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	PG	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	PG	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>propranolol hcl oral tablet 60 mg</i>	PG	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	NP	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
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	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (<i>levamlodipine maleate</i>)	NF	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	PG	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	PG	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	NF	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	PG	LGC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	PG	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	PG	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	NF	
<i>levamlodipine maleate oral tablet 2.5 mg, 5 mg</i>	NF	
<i>diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nimodipine oral capsule 30 mg</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	PG	
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	
<i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i>	NF	
<i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i>	PG	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	PG	
<i>verapamil hcl er oral tablet extended release 120 mg</i>	PG	LGC
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	PG	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digoxin oral solution 0.05 mg/ml</i>	PG	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	PG	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (<i>digoxin</i>)	NF	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	PG	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	PG	N8 (Listing does not include certain NDCs)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amiloride hcl oral tablet 5 mg</i>	PG	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	PG	LGC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	NF	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	PG	
<i>dichlorphenamide oral tablet 50 mg</i>	PSP	PA; QL (120 TABLETS per 30 DAYS)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	NF	
<i>ethacrynic acid oral tablet 25 mg</i>	NP	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	PG	LGC
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	PG	
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	NPSP	PA; QL (120 TABLETS per 30 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	PG	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (<i>torseamide</i>)	NF	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
<i>spironolactone-hctz oral tablet 25-25 mg</i>	PG	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	NF	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	PG	
<i>triamterene oral capsule 100 mg, 50 mg</i>	PG	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	PG	LGC
HEART FAILURE		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	PB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	PB	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	PB	
INPEFA ORAL TABLET 200 MG (<i>sitagliptin</i>)	NF	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	PG	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	PB	
MISCELLANEOUS		
ASPRUZY SPRINKLE ORAL PACKET 1000 MG, 500 MG (<i>ranolazine</i>)	NF	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
<i>clonidine hcl er oral tablet extended release 24 hour 0.17 mg</i>	NF	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	PG	LGC
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	NP	N8 (Listing does not include certain NDCs)
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	NP	ST; QL (360 CAPSULES per 25 days)
<i>droxidopa oral capsule 100 mg</i>	PSP	PA; QL (90 CAPSULES per 30 DAYS)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	PSP	PA; QL (180 CAPSULES per 30 DAYS)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>hydralazine hcl oral tablet 25 mg</i>	PG	LGC; 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>	NF	
<i>metirosine oral capsule 250 mg</i>	NP	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	PG	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (<i>clonidine hcl</i>)	NF	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	PG	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	PG	
VECAMEYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	NP	PA
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	NF	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (<i>isosorbide dinitrate</i>)	NF	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>isosorbide dinitrate oral tablet 40 mg</i>	NF	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	PG	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	PG	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	PG	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	PG	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	PG	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	PSP	PA; QL (90 TABLETS per 30 days)
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	PSP	PA; QL (60 TABLETS per 30 DAYS)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PSP	PA; QL (30 TABLETS per 30 DAYS)
<i>bosentan oral tablet 125 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>bosentan oral tablet 62.5 mg</i>	PSP	PA; QL (60 TABLETS per 30 DAYS)
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	NF	
LIQREV ORAL SUSPENSION 10 MG/ML (<i>sildenafil citrate</i>)	NF	
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	PSP	PA; QL (30 TABLETS per 30 days)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	PSP	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	PSP	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	PSP	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	PSP	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	NF	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	NF	
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	NF	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	PSP	PA; QL (784 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	PG	PA; QL (360 TABLETS per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	NPSP	PA; QL (300 ML per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	NF	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	NF	
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (<i>treprostinil</i>)	NF	
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	PA; QL (28 ML per 28 days)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	PA; QL (28 ML per 28 days)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	PA; QL (28 ML per 28 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	PSP	PA; QL (60 TABLETS per 30 days)
UPTRAVI ORAL TABLET 200 MCG (<i>selexipag</i>)	PSP	PA; QL (140 TABLETS per 28 days)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	PSP	PA; QL (1 TABLET THERAPY PACK per 28 days)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	NPSP	PA; QL (270 ML per 30 days)
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	NP	
<i>disulfiram oral tablet 250 mg</i>	PG	
<i>disulfiram oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 DAYS)
<i>alprazolam er oral tablet extended release 24 hour 3 mg</i>	PG	QL (90 TABLETS per 25 DAYS)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	NP	QL (300 ML per 25 days)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 days)
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG (<i>clomipramine hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 days); AL (Max 65 Years)
ANAFRANIL ORAL CAPSULE 75 MG (<i>clomipramine hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 days); AL (Max 65 Years)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	NF	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	PG	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (360 CAPSULES per 25 DAYS)
<i>clomipramine hcl oral capsule 25 mg, 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 days); AL (Max 65 Years)
<i>clomipramine hcl oral capsule 75 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 days); AL (Max 65 Years)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	PG	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	PG	N8 (Listing does not include certain NDCs); QL (150 ML per 25 DAYS)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	PG	QL (150 TABLETS per 25 days)
<i>lorazepam oral tablet 2 mg</i>	PG	QL (150 TABLETS per 25 DAYS)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG (<i>lorazepam</i>)	NP	QL (150 CAPSULES per 25 days)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 3 MG (<i>lorazepam</i>)	NP	QL (90 CAPSULES per 25 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	PG	QL (120 CAPSULES per 25 DAYS)
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 0.5 MG, 1 MG, 2 MG, 3 MG (<i>alprazolam</i>)	NF	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (<i>donepezil hcl</i>)	NF	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>donepezil hcl oral tablet 23 mg</i>	NP	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	
<i>ergoloid mesylates oral tablet 1 mg</i>	NP	STX
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	NP	PA
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	NP	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	NP	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	NP	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	PG	PA; AL (Min 29 Years)
<i>memantine hcl oral solution 2 mg/ml</i>	PG	PA; AL (Min 29 Years)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	PG	PA; N8 (Listing does not include certain NDCs); AL (Min 29 Years)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	PG	PA; AL (Min 29 Years)
NAMENDA ORAL TABLET 10 MG, 5 MG (<i>memantine hcl</i>)	NP	PA; AL (Min 29 Years)
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (<i>memantine hcl</i>)	NP	PA; AL (Min 29 Years)
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG (<i>memantine hcl</i>)	NF	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	PA

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	NP	PA
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	NP	PA
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (150 TABLETS per 25 days); AL (Max 65 Years)
<i>amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg</i>	PG	AL (Max 65 Years)
<i>amitriptyline hcl oral tablet 25 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>amitriptyline hcl oral tablet 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Max 65 Years)
<i>amoxapine oral tablet 100 mg, 25 mg, 50 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (90 TABLETS per 25 days); AL (Max 65 Years)
<i>amoxapine oral tablet 150 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (60 TABLETS per 25 days); AL (Max 65 Years)
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (<i>dextromethorphan-bupropion</i>)	NF	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	PG	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	PG	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NF	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>citalopram hydrobromide oral capsule 30 mg</i>	NF	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	PG	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	NF	
<i>desipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (90 TABLETS per 25 days); AL (Max 65 Years)
<i>desipramine hcl oral tablet 100 mg, 150 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (30 TABLETS per 25 days); AL (Max 65 Years)
<i>desipramine hcl oral tablet 75 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	NF	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	NP	ST; QL (30 TABLETS per 25 days)
<i>doxepin hcl oral capsule 10 mg, 25 mg, 50 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (90 CAPSULES per 25 days); AL (Max 65 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxepin hcl oral capsule 100 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
<i>doxepin hcl oral capsule 150 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
<i>doxepin hcl oral capsule 75 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (60 CAPSULES per 25 days); AL (Max 65 Years)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	PG	QLR (QL applies to members age 65 and older); QL (450 ML per 25 days); AL (Max 65 Years)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	PG	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	NF	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	NF	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	NF	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	PG	LGC
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	PG	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>fluoxetine hcl oral tablet 60 mg</i>	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>imipramine hcl oral tablet 10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 days); AL (Max 65 Years)
<i>imipramine hcl oral tablet 25 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs.); QL (120 TABLETS per 25 days); AL (Max 65 Years)
<i>imipramine hcl oral tablet 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>imipramine pamoate oral capsule 100 mg, 75 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	NP	AL (Max 65 Years)
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (<i>escitalopram oxalate</i>)	NF	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	PG	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	PG	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	NP	STX
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 days); AL (Max 65 Years)
<i>nortriptyline hcl oral capsule 10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 days); AL (Max 65 Years)
<i>nortriptyline hcl oral capsule 25 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 days); AL (Max 65 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nortriptyline hcl oral capsule 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
<i>nortriptyline hcl oral capsule 75 mg</i>	PG	AL (Max 65 Years)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	PG	QLR (QL applies to members age 65 and older); QL (750 ML per 25 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 10 MG (<i>nortriptyline hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 25 MG (<i>nortriptyline hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 50 MG (<i>nortriptyline hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 75 MG (<i>nortriptyline hcl</i>)	NP	AL (Max 65 Years)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg</i>	PG	
<i>paroxetine hcl er oral tablet extended release 24 hour 37.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	NF	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PG	LGC; 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 SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	NF	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	NF	
<i>phenelzine sulfate oral tablet 15 mg</i>	PG	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>protriptyline hcl oral tablet 10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>protriptyline hcl oral tablet 5 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 days); AL (Max 65 Years)
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (<i>fluoxetine hcl</i>)	NF	
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	NF	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	PG	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPSP	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPSP	PA
<i>tranylepromine sulfate oral tablet 10 mg</i>	PG	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	PG	
<i>trimipramine maleate oral capsule 100 mg</i>	NP	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	NP	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (60 CAPSULES per 25 days); AL (Max 65 Years)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	PB	ST
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	NF	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	PG	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	PG	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	NF	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (<i>vilazodone hcl</i>)	NF	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	NF	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (<i>sertraline hcl</i>)	NF	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sertraline hcl</i>)	NF	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl oral capsule 100 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>amantadine hcl oral solution 50 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>amantadine hcl oral tablet 100 mg</i>	PG	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	NF	
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	NF	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>bromocriptine mesylate oral capsule 5 mg</i>	PG	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	PG	
<i>carbidopa oral tablet 25 mg</i>	PG	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	PG	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	NP	
DHIVY ORAL TABLET 25-100 MG (<i>carbidopa-levodopa</i>)	NP	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	NPSP	PA

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>entacapone oral tablet 200 mg</i>	PG	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	NF	
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	PSP	PA; QL (300 CAPSULES per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	PB	
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	NF	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	NF	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG (<i>amantadine hcl</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>	NP	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	PG	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	PG	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	NP	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	PG	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	PB	
<i>selegiline hcl oral capsule 5 mg</i>	PG	
<i>selegiline hcl oral tablet 5 mg</i>	PG	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	NP	
<i>tolcapone oral tablet 100 mg</i>	NP	STX
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	PG	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	PG	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (<i>aripiprazole</i>)	NF	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	NF	
<i>aripiprazole oral solution 1 mg/ml</i>	PG	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PG	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	NP	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	NP	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	PG	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	NF	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	NF	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	PG	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	NF	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	NF	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	PG	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	PG	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NF	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	PG	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	PG	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (<i>paliperidone palmitate</i>)	NF	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 9 MG (<i>paliperidone</i>)	NP	PA; QL (30 TABLETS per 25 DAYS)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (<i>paliperidone</i>)	NP	PA; QL (60 TABLETS per 25 DAYS)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (<i>paliperidone palmitate</i>)	NF	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)	NF	
<i>loxapine succinate oral capsule 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>loxapine succinate oral capsule 25 mg, 50 mg</i>	PG	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	PG	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	PG	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	NP	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	PG	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	PB	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	NP	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	PG	
<i>quetiapine fumarate oral tablet 150 mg</i>	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	NP	PA; QL (30 TABLETS per 25 days)
<i>risperidone oral solution 1 mg/ml</i>	PG	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (<i>risperidone</i>)	NF	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	NP	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	NF	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML (<i>risperidone</i>)	NF	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	NP	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG (<i>cariprazine hcl</i>)	PB	PA; QL (60 CAPSULES per 25 DAYS)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	PB	PA; QL (30 CAPSULES per 25 DAYS)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>)	PB	PA; QL (60 CAPSULES per 25 DAYS)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	PG	
ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	PB	
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	NF	
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	NP	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	NP	PA
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	PG	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	PG	
<i>carbamazepine oral suspension 100 mg/5ml</i>	PG	
<i>carbamazepine oral tablet 200 mg</i>	PG	
<i>carbamazepine oral tablet chewable 100 mg</i>	PG	
<i>clobazam oral suspension 2.5 mg/ml</i>	PG	
<i>clobazam oral tablet 10 mg, 20 mg</i>	PG	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (300 TABLETS per 25 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (300 TABLETS per 25 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	PG	QL (180 TABLETS per 25 days)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	NF	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	NF	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	NF	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	NF	
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	NF	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (<i>diazepam</i>)	NF	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (<i>diazepam</i>)	NF	
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	PG	QL (240 ML per 25 days)
<i>diazepam oral solution 5 mg/5ml</i>	PG	QL (1200 ML per 25 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	PG	QL (120 TABLETS per 25 days)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	PG	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	NF	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (<i>phenytoin sodium extended</i>)	NF	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	NF	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PG	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PG	
<i>divalproex sodium oral tablet delayed release 125 mg, 500 mg</i>	PG	
<i>divalproex sodium oral tablet delayed release 250 mg</i>	PG	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	PA; QL (800 ML per 30 days)
EPRONTIA ORAL SOLUTION 25 MG/ML (<i>topiramate</i>)	NF	
<i>ethosuximide oral capsule 250 mg</i>	PG	
<i>ethosuximide oral solution 250 mg/5ml</i>	PG	
<i>felbamate oral suspension 600 mg/5ml</i>	PG	
<i>felbamate oral tablet 400 mg, 600 mg</i>	PG	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	NF	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	PB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	PB	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	PG	QL (6 CAPSULES per 1 day)
<i>gabapentin oral solution 250 mg/5ml</i>	PG	QL (72 ML per 1 day)
<i>gabapentin oral solution 300 mg/6ml</i>	PG	QL (72 ML per 1 Day)
<i>gabapentin oral tablet 600 mg</i>	PG	QL (6 TABLETS per 1 day)
<i>gabapentin oral tablet 800 mg</i>	PG	QL (4 TABLETS per 1 day)
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	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	NP	QL (300 TABLETS per 25 days)
<i>lacosamide oral solution 10 mg/ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	NF	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	NF	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	NF	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	NF	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	PG	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	PG	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	NP	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	PG	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	PG	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	PG	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	PG	
<i>levetiracetam oral solution 100 mg/ml</i>	PG	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	PB	QL (10 SOLUTION per 25 days)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	NP	QL (6 CAPSULES per 1 day)
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	NP	QL (72 ML per 1 day)
NEURONTIN ORAL TABLET 600 MG (<i>gabapentin</i>)	NP	QL (6 TABLETS per 1 day)
NEURONTIN ORAL TABLET 800 MG (<i>gabapentin</i>)	NP	QL (4 TABLETS per 1 day)
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	NF	
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	NF	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	PG	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	PG	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	PB	
<i>phenobarbital oral elixir 20 mg/5ml</i>	PG	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	PG	
<i>phenytoin oral suspension 125 mg/5ml</i>	PG	
<i>phenytoin oral tablet chewable 50 mg</i>	PG	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	PG	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	QL (120 CAPSULES per 25 days)
<i>pregabalin oral capsule 200 mg</i>	PG	QL (90 CAPSULES per 25 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>pregabalin oral solution 20 mg/ml</i>	PG	QL (900 ML per 25 days)
<i>primidone oral tablet 125 mg</i>	NF	
<i>primidone oral tablet 250 mg</i>	PG	
<i>primidone oral tablet 50 mg</i>	PG	N8 (Listing does not include certain NDCs)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NP	
<i>rufinamide oral suspension 40 mg/ml</i>	PG	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	PG	PA
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	NF	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	NF	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	NF	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	NF	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	NF	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	NF	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	PG	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NF	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	PG	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	NF	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	NF	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	PB	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	NP	QL (120 TABLETS per 25 days)
<i>valproic acid oral capsule 250 mg</i>	PG	
<i>valproic acid oral solution 250 mg/5ml</i>	PG	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>)	PB	QL (10 BLISTER per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (<i>diazepam</i>)	PB	QL (10 BLISTER per 25 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (<i>diazepam</i>)	PB	QL (10 BLISTER per 25 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>)	PB	QL (10 BLISTER per 25 days)
<i>vigabatrin oral packet 500 mg</i>	PSP	PA; QL (180 PACKETS per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	PSP	PA; N8 (Listing does not include certain NDCs); QL (180 TABLETS per 30 days)
<i>vigabatrin</i> (Vigadrone Oral Packet 500 Mg)	PSP	PA; QL (180 PACKETS per 30 days)
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, 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	
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>	PG	
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	NF	
ANTISEIZURE MEDICATIONS - DRUGS TO TREAT SEIZURES		
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>	NP	STX; QL (120 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 5 mg</i>	PG	QL (90 CAPSULES per 25 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg</i>	PG	QL (90 TABLETS per 25 DAYS)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg, 5 mg, 7.5 mg</i>	PG	QL (90 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	PG	QL (60 TABLETS per 25 DAYS)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	PG	QL (30 TABLETS per 25 DAYS)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	NF	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NF	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	PG	QL (120 CAPSULES per 25 DAYS)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	PG	QL (30 CAPSULES per 25 DAYS)
<i>atomoxetine hcl oral capsule 40 mg</i>	PG	QL (60 CAPSULES per 25 DAYS)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	PB	QL (30 CAPSULES per 25 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (<i>methylphenidate hcl</i>)	NF	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NF	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	NF	
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	NP	QL (150 TABLETS per 25 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (<i>dextroamphetamine sulfate</i>)	NP	ST; QL (120 CAPSULES per 25 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	PG	QL (60 CAPSULES per 25 DAYs)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 40 mg</i>	PG	QL (30 CAPSULES per 25 DAYs)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 35 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	PG	QL (120 TABLETS per 25 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	PG	QL (120 CAPSULES per 25 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	PG	QL (1200 ML per 25 DAYs)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	PG	QL (120 TABLETS per 25 DAYs)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	NF	
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	NF	
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine sulfate</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NF	
FOCALIN ORAL TABLET 10 MG (<i>dexmethylphenidate hcl</i>)	NP	QL (60 TABLETS per 25 DAYs)
FOCALIN ORAL TABLET 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NP	QL (120 TABLETS per 25 DAYs)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NF	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	NP	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (<i>guanfacine hcl</i>)	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	NF	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (<i>clonidine hcl</i>)	NF	
<i>methamphetamine hcl oral tablet 5 mg</i>	PG	STX; QL (150 TABLETS per 25 DAYs)
METHYLIN ORAL SOLUTION 10 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL (900 ML per 25 DAYs)
METHYLIN ORAL SOLUTION 5 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL (1800 ML per 25 DAYs)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i>	PG	QL (60 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

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

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG (<i>methylphenidate hcl</i>)	NP	QL (60 CAPSULES per 25 DAYs)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>methylphenidate hcl</i>)	NP	QL (30 CAPSULES per 25 DAYs)
RITALIN ORAL TABLET 10 MG, 5 MG (<i>methylphenidate hcl</i>)	NP	QL (180 TABLETS per 25 DAYs)
RITALIN ORAL TABLET 20 MG (<i>methylphenidate hcl</i>)	NP	QL (90 TABLETS per 25 DAYs)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG (<i>atomoxetine hcl</i>)	NP	QL (120 CAPSULES per 25 DAYs)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	NP	QL (30 CAPSULES per 25 DAYs)
STRATTERA ORAL CAPSULE 40 MG (<i>atomoxetine hcl</i>)	NP	QL (60 CAPSULES per 25 DAYs)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	NP	QL (60 CAPSULES per 25 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	NP	QL (30 CAPSULES per 25 days)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	NP	QL (60 TABLETS per 25 days)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	NP	QL (30 TABLETS per 25 days)
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (<i>dextroamphetamine</i>)	NF	
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 15 Mg, 20 Mg)	PG	QL (60 TABLETS per 25 days)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	PG	QL (120 TABLETS per 25 days)
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 30 Mg)	PG	QL (30 TABLETS per 25 days)
FIBROMYALGIA		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	NP	ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	NP	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (<i>zolpidem tartrate</i>)	NP	ST; QL (15 TABLETS per 25 days)
AMBIEN ORAL TABLET 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NP	ST; QL (15 TABLETS per 25 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	NF	
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	NF	
DORAL ORAL TABLET 15 MG (<i>quazepam</i>)	NP	STX; QL (15 TABLETS per 25 days)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Max 65 Years)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NF	
<i>estazolam oral tablet 1 mg, 2 mg</i>	PG	QL (15 TABLETS per 25 DAYS)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	PG	QL (15 TABLETS per 25 DAYS)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	PG	QLR (Safer and/or more effective treatments are available); N8 (Listing does not include certain NDCs.); QL (15 CAPSULES per 25 Days)
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	NP	QL (10 TABLETS per 25 DAYS)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	NPSP	PA; QL (5 ML per 1 day)
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	NF	
<i>midazolam hcl oral syrup 2 mg/ml</i>	NP	
<i>quazepam oral tablet 15 mg</i>	NF	
QUVIVIQ ORAL TABLET 25 MG, 50 MG (<i>daridorexant hcl</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ramelteon oral tablet 8 mg</i>	PG	QL (15 TABLETS per 25 DAYs)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	NP	QL (15 CAPSULES per 25 DAYs)
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	NF	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	NF	
<i>tasimelteon oral capsule 20 mg</i>	PSP	PA; QL (30 CAPSULES per 30 DAYs)
<i>temazepam oral capsule 15 mg, 30 mg</i>	PG	QL (15 CAPSULES per 25 DAYs)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	PG	QL (15 CAPSULES per 25 days)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	PG	QL (10 TABLETS per 25 DAYs)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	PG	QL (15 CAPSULES per 25 DAYs)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>	NP	ST; QL (15 TABLETS per 25 DAYs)
<i>zolpidem tartrate er oral tablet extended release 6.25 mg</i>	NP	ST; QL (15 TABLETS per 25 days)
<i>zolpidem tartrate oral capsule 7.5 mg</i>	NF	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	PG	QL (15 TABLETS per 25 DAYs)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NF	
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	PB	ST; QL (1 SYRINGE per 25 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	ST; QL (3 ML per 75 DAYs)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	ST; QL (3 ML per 75 days)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	NP	QL (12 TABLETS per 25 days)
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	NP	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NF	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	NP	QL (12 TABLETS per 25 DAYs)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	PB	ST; QL (3 ML per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	ST; QL (2 syringes first month, then 1 syringe per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	ST; QL (2 syringes first month, then 1 syringe per 25 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	NF	
FROVA ORAL TABLET 2.5 MG (<i>frovatriptan succinate</i>)	NP	ST; QL (18 TABLETS per 25 DAYs)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	NP	QL (18 TABLETS per 25 days)
IMITREX NASAL SOLUTION 20 MG/ACT (<i>sumatriptan</i>)	NP	ST; QL (12 SPRAYS per 25 DAYs)
IMITREX NASAL SOLUTION 5 MG/ACT (<i>sumatriptan</i>)	NP	ST; QL (24 SPRAYS per 25 DAYs)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sumatriptan succinate</i>)	NP	ST; QL (12 TABLETS per 25 DAYs)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (18 SYRINGES per 25 DAYs)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (12 CARTRIDGES per 25 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (18 SYRINGES per 25 DAYs)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (12 INJECTIONS per 25 days)
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (<i>rizatriptan benzoate</i>)	NF	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIGRANAL NASAL SOLUTION 4 MG/ML (dihydroergotamine mesylate)	NF	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	PG	QL (12 TABLETS per 25 DAYS)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (rimegepant sulfate)	PB	ST; QL (16 TABLETS per 25 days)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (sumatriptan succinate)	NP	ST; QL (8 POUCHES per 25 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (atogepant)	PB	ST; QL (30 TABLETS per 25 days)
RELPAK ORAL TABLET 20 MG, 40 MG (eletriptan hydrobromide)	NP	ST; QL (12 TABLETS per 25 DAYS)
REYVOW ORAL TABLET 100 MG (lasmiditan succinate)	NP	ST; QL (8 TABLETS per 25 days)
REYVOW ORAL TABLET 50 MG (lasmiditan succinate)	NP	ST; QL (4 TABLETS per 25 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	PG	QL (18 TABLETS per 25 DAYS)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	PG	QL (18 TABLETS per 25 DAYS)
<i>sumatriptan nasal solution 20 mg/lact</i>	PG	QL (12 SPRAYS per 25 DAYS)
<i>sumatriptan nasal solution 5 mg/lact</i>	PG	QL (24 SPRAYS per 25 DAYS)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	QL (12 TABLETS per 25 DAYS)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	PG	QL (18 SYRINGES per 25 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	PG	QL (12 CARTRIDGES per 25 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	PG	QL (12 ML per 25 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	PG	QL (18 ML per 25 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	PG	QL (12 ML per 25 days)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NF	
TOSYMRA NASAL SOLUTION 10 MG/ACT (sumatriptan)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	NF	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (<i>dihydroergotamine mesylate hfa</i>)	NP	QL (3 PACKAGES per 25 days)
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	PB	ST; QL (16 TABLETS per 25 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (<i>zavegepant hcl</i>)	NF	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (24 INJECTORS per 25 DAYS)
<i>zolmitriptan nasal solution 5 mg</i>	PG	QL (12 SPRAYS per 25 DAYS)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	PG	QL (12 TABLETS per 25 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	PG	QL (12 TABLETS per 25 days)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NP	ST; QL (12 SPRAYS per 25 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NP	ST; QL (12 TABLETS per 25 days)
MISCELLANEOUS		
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	NPSP	PA; QL (3600 ML per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	NPSP	PA; QL (2 BOTTLES per 24 days)
EXSERVAN ORAL FILM 50 MG (<i>riluzole</i>)	NF	
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPSP	PA; QL (240 TABLETS per 30 DAYS)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	PG	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	PG	
<i>lithium carbonate oral tablet 300 mg</i>	PG	
<i>lithium oral solution 8 meq/5ml</i>	NF	
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NF	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	
<i>pyridostigmine bromide oral tablet 30 mg</i>	NF	
<i>pyridostigmine bromide oral tablet 60 mg</i>	PG	
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	NPSP	PA; QL (50 ML per 28 DAYS)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	NPSP	PA; QL (70 ML per 28 DAYS)
RELYVRIO ORAL PACKET 3-1 GM (<i>phenylbutyrate-taurursodiol</i>)	NF	
<i>riluzole oral tablet 50 mg</i>	PG	
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	NF	
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	NF	
MOVEMENT DISORDERS		
AUSTEDO ORAL TABLET 12 MG, 9 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (120 TABLETS per 30 days)
AUSTEDO ORAL TABLET 6 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (60 TABLETS per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (120 TABLETS per 30 DAYS)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (60 TABLETS per 30 DAYS)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (90 TABLETS per 30 DAYS)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (42 TABLETS per 28 DAYS)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	PSP	PA; QL (30 CAPSULES per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	PSP	PA; QL (1 CAPSULE THERAPY PACK per 28 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	PSP	PA; QL (240 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tetrabenazine oral tablet 25 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>)	NF	
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	NPSP	PA; ST; QL (60 TABLETS per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	NF	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; QL (4 SYRINGES per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; QL (4 SYRINGES per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	NF	
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	PSP	PA; QL (14 INJECTIONS per 28 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	PSP	PA; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	PSP	PA; QL (12 ML per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	PSP	PA; N8 (Listing does not include certain NDCs); QL (14 CAPSULES per 28 DAYS)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	PSP	PA; QL (60 CAPSULES per 30 DAYS)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	PSP	PA; QL (1 KIT per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	NF	
<i>fingolimod hcl oral capsule 0.5 mg</i>	PSP	PA; QL (30 CAPSULES per 30 days)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i>fingolimod hcl</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	PSP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PSP	PA; QL (12 ML per 28 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)	PSP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/ML)	PSP	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	PSP	PA; QL (1 PEN per 28 days)
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (12 TABLETS per 5 days)
MAYZENT ORAL TABLET 1 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (30 TABLETS per 30 days)
MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (30 TABLETS per 30 DAYS)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (12 TABLETS per 5 Days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (7 TABLETS per 4 days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (<i>ponesimod</i>)	NPSP	PA; QL (14 TABLETS per 14 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; QL (12 PENS per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	PA; QL (1 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; QL (12 SYRINGES per 28 DAYS)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	PA; QL (1 ML per 28 days)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (<i>fingolimod lauryl sulfate</i>)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (<i>dimethyl fumarate</i>)	NF	
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	PSP	PA; QL (30 TABLETS per 30 DAYS)
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	PSP	PA; QL (1 ML per 28 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	PSP	PA; QL (120 CAPSULES per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	PSP	PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (1 PACK per 7 days)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	PSP	PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (30 CAPSULES per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (<i>ozanimod hcl</i>)	PSP	PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (1 KIT per 28 days)
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>cyclobenzaprine hcl</i>)	NF	
<i>baclofen oral solution 5 mg/5ml</i>	NF	
<i>baclofen oral suspension 25 mg/5ml</i>	NF	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxinA</i>)	NF	
<i>carisoprodol oral tablet 250 mg</i>	NF	
<i>carisoprodol oral tablet 350 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (84 TABLETS per 28 DAYS)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	NF	
<i>chlorzoxazone oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	NF	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	NF	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxinA</i>)	NPSP	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (<i>baclofen</i>)	NF	
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG (<i>baclofen</i>)	PB	PA; QL (120 PACKETS per 25 days)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

100

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metaxalone oral tablet 400 mg</i>	NF	
<i>metaxalone oral tablet 800 mg</i>	NP	
<i>methocarbamol oral tablet 1000 mg</i>	NF	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>norgesic forte oral tablet 50-770-60 mg</i>	NF	
<i>orphenadrine-aspirin-caffeine</i> (Norgesics Oral Tablet 25-385-30 Mg)	NF	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NF	
<i>orphenadrine-aspirin-caffeine</i> (Orphengesics Forte Oral Tablet 50-770-60 Mg)	NF	
OZOBAX ORAL SOLUTION 5 MG/5ML (<i>baclofen</i>)	NF	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (<i>palovarotene</i>)	NF	
SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>)	NP	QL (84 TABLETS per 28 DAYs)
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	NP	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	PG	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxinA</i>)	NPSP	PA
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	PG	PA; QL (30 TABLETS per 25 days)
<i>armodafinil oral tablet 50 mg</i>	PG	PA; QL (60 TABLETS per 25 days)
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	NPSP	PA; QL (30 PACKETS per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	PG	PA; QL (60 TABLETS per 25 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (<i>armodafinil</i>)	NF	
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	NF	
<i>sodium oxybate oral solution 500 mg/ml</i>	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	PB	PA; QL (30 TABLETS per 25 days)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	PSP	PA; QL (60 TABLETS per 30 days)
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	NPSP	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	PSP	PA; QL (540 ML per 30 days)
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	PG	QL (60 FILM per 25 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	PG	QL (90 FILM per 25 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	CE	N7 (PG); QL (90 TABLETS per 25 days)
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, 2.9-0.71 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (90 TABLETS per 25 DAYS)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (30 TABLETS per 25 DAYS)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (60 TABLETS per 25 DAYS)
OPIOID ANTAGONIST		
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	NP	QL (4 SPRAYS per 25 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	PG	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	PG	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	PG	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	PG	QL (4 SPRAYS per 25 days)
<i>naltrexone hcl oral tablet 50 mg</i>	CE	N7 (PG)
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	NP	QL (4 SPRAYS per 25 days)
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (<i>nalmefene hcl</i>)	NF	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	NPSP	QL (380 MG per 28 days)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	CE	N7 (PG); QL (90 TABLETS per 25 DAYS)
POSTHERPETIC NEURALGIA (PHN)		
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	PB	ST; QL (150 TABLETS per 25 days)
GRALISE ORAL TABLET 450 MG (<i>gabapentin (once-daily)</i>)	PB	ST; QL (90 TABLETS per 25 DAYS)
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	PB	ST; QL (90 TABLETS per 25 days)
GRALISE ORAL TABLET 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	PB	ST; QL (60 TABLETS per 25 DAYS)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	NF	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	NF	
PSYCHOTHERAPEUTIC-MISC		
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	NP	SPC
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 days); AL (Max 65 Years)
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	NF	
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NF	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine-samidorphan</i>)	NF	
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	NF	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	NP	STX
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>perphenazine-amitriptyline oral tablet 2-10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (150 TABLETS per 25 days); AL (Max 65 Years)
<i>perphenazine-amitriptyline oral tablet 2-25 mg, 4-25 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>perphenazine-amitriptyline oral tablet 4-10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 days); AL (Max 65 Years)
<i>perphenazine-amitriptyline oral tablet 4-50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Max 65 Years)
<i>pimozide oral tablet 1 mg, 2 mg</i>	NP	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	NF	
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT per 365 days)
<i>cvs nicotine mouth/throat gum 4 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 DAYS)
<i>cvs nicotine polacrilex mouth/throat gum 2 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
<i>cvs nicotine polacrilex mouth/throat gum 4 mg</i>	CE	N7 (Not Covered); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 treatment cycles per 1 year)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
<i>cvs nicotine polacrilex mouth/throat lozenge 4 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 treatment cycles per 1 year)
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 treatment cycles per 1 year)
<i>cvs nicotine transdermal patch 24 hour 21 mg/24hr</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 1 YEAR)
<i>cvs nicotine transdermal patch 24 hour 7 mg/24hr</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	CE	N7 (NP); N8 (\$0 copay limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	N7 (NP); N8 (\$0 copay limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	CE	N7 (PG); N8 (\$0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 Days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	CE	N7 (PG); N8 (\$0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH		
<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, 50 mcg/ml, 500 mcg/ml</i>	PG	PA; QL (90 ML per 30 days)
<i>octreotide acetate injection solution 1000 mcg/ml</i>	PG	PA; QL (45 ML per 30 days)
<i>octreotide acetate injection solution 200 mcg/ml</i>	PG	PA; QL (225 ML per 30 days)
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	PA; QL (90 ML per 30 days)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NPSP	PA; QL (90 ML per 30 DAYs)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	NF	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	PSP	PA; QL (1 INJECTION per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	NF	
ANDROGENS		
TLANDO ORAL CAPSULE 112.5 MG (<i>testosterone undecanoate</i>)	NF	
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (<i>testosterone</i>)	NP	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	NF	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (<i>testosterone undecanoate</i>)	NPSP	PA
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (<i>testosterone</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (<i>testosterone undecanoate</i>)	NP	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (<i>testosterone undecanoate</i>)	NF	
<i>methitest oral tablet 10 mg</i>	NP	PA; STX
<i>methyltestosterone oral capsule 10 mg</i>	PG	PA; STX
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	PB	PA
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
<i>testosterone cypionate injection solution 200 mg/ml</i>	NF	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	PG	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	PG	PA
<i>testosterone transdermal gel 10 mg/lact (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	PG	PA
<i>testosterone transdermal gel 12.5 mg/lact (1%), 50 mg/5gm (1%)</i>	PG	PA; N8 (Listing does not include certain NDCs)
<i>testosterone transdermal solution 30 mg/lact</i>	NP	PA
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>)	NP	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	PB	ST
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	PB	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, BIGUANIDE		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	NF	
<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</i>	PG	LGC
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	PG	
<i>metformin hcl oral solution 500 mg/5ml</i>	NP	
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>	PG	LGC
<i>metformin hcl oral tablet 625 mg</i>	NF	
<i>metformin hcl oral tablet 850 mg</i>	CE	LGC; N7 (PG); AL (Min 35 Years and Max 70 Years)
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	NF	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-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	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (<i>alogliptin benzoate</i>)	NF	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (<i>saxagliptin hcl</i>)	NF	
<i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>	NF	
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	PB	ST
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	NF	
ANTIDIABETICS, 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	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (sitagliptin-metformin hcl)	NF	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (sitagliptin-metformin hcl)	NF	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin hcl)	PB	ST
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (linagliptin- metformin hcl)	PB	ST
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (alogliptin-metformin hcl)	NF	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (saxagliptin-metformin)	NF	
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG (alogliptin-pioglitazone)	NF	
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg	NF	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (empagliflozin-linaglip-metform)	PB	ST
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
BYDUREON BCISE SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML (exenatide)	NF	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (exenatide)	NF	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (exenatide)	NF	
MOUNJARO SUBCUTANEOUS SOLUTION PEN- 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 (tirzepatide)	PB	PA; QL (4 PENS per 21 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (semaglutide)	PB	PA; QL (1 PEN per 28 DAYS)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (semaglutide)	PB	PA; QL (1 PEN per 28 DAYS)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (semaglutide)	PB	PA; QL (1 PEN per 28 days)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	PB	PA; QL (30 TABLETS per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	PB	PA; QL (4 PENS per 21 DAYs)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	PB	PA; QL (3 PENS per 25 DAYs)
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	PB	ST
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	PB	ST
ANTIDIABETICS, INSULIN		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	NF	
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
BASAGLAR TEMPO PEN 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	N8 (Listing does not include certain NDCs)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	NF	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (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	
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	PB	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	PB	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	NF	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin aspart injection solution 100 unit/ml</i>	NF	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	NF	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	NF	
<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 solostar subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin glargine subcutaneous solution 100 unit/ml</i>	NF	
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	NF	
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro injection solution 100 unit/ml</i>	NF	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	NF	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NF	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	NF	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin detemir</i>)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</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	
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro-aabc</i>)	NF	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular (human) in nacl</i>)	NF	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
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	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NF	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	PB	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-aglr</i>)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	NF	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	PB	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	PB	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	PB	
ANTIDIABETICS, INSULIN SENSITIZER		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (<i>pioglitazone hcl</i>)	NF	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	PG	LGC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	PG	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	PG	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	PG	LGC
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	NP	
ANTIDIABETICS, MISCELLANEOUS		
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	NF	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NF	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NF	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	NF	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	PB	ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	PB	ST
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	PB	ST
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	PB	ST
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (ertugliflozin-sitagliptin)	NF	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)	NF	
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	PB	ST
INVOKANA ORAL TABLET 100 MG, 300 MG (canagliflozin)	NF	
JARDIANCE ORAL TABLET 10 MG, 25 MG (empagliflozin)	PB	ST
STEGLATRO ORAL TABLET 15 MG, 5 MG (ertugliflozin l-pyroglutamicac)	NF	
ANTIDIABETICS, SULFONYLUREA		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	PG	LGC
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	PG	LGC
glipizide oral tablet 10 mg, 5 mg	PG	LGC
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	PG	LGC
ANTIOBESITY		
ADIPEX-P ORAL TABLET 37.5 MG (phentermine hcl)	NP	PA; SPC
benzphetamine hcl oral tablet 50 mg	PG	PA; SPC
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (naltrexone-bupropion hcl)	NF	
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	PG	PA; SPC; N8 (Listing does not include certain NDCs)
diethylpropion hcl oral tablet 25 mg	PG	PA; SPC
LOMAIRA ORAL TABLET 8 MG (phentermine hcl)	NF	
orlistat oral capsule 120 mg	PG	PA; SPC
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	NF	
phendimetrazine tartrate oral tablet 35 mg	PG	PA; SPC
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	PG	PA; SPC
phentermine hcl oral tablet 37.5 mg	PG	PA; SPC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	SPC
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	PB	PA; SPC
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (<i>semaglutide-weight management</i>)	PB	PA; SPC
XENICAL ORAL CAPSULE 120 MG (<i>orlistat</i>)	NF	
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>)	NP	ST; QL (1 TABLET per 21 days)
ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
<i>alendronate sodium oral solution 70 mg/75ml</i>	PG	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	PG	
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	NP	ST; QL (4 TABLETS per 21 days)
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	PG	
<i>ibandronate sodium oral tablet 150 mg</i>	NP	
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	PG	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	NPSP	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	NPSP	PA
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	NP	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	NP	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	PG	PA
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	NPSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	PG	PA
<i>zoledronic acid solution 4 mg/100ml intravenous</i>	PSP	PA
<i>zoledronic acid solution 4 mg/100ml intravenous</i>	NPSP	PA
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (<i>etelcalcetide hcl</i>)	NF	
SENSIPAR ORAL TABLET 30 MG, 60 MG (<i>cinacalcet hcl</i>)	NPSP	PA; QL (60 TABLETS per 30 days)
SENSIPAR ORAL TABLET 90 MG (<i>cinacalcet hcl</i>)	NPSP	PA; QL (120 TABLETS per 30 days)
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
<i>levocarnitine oral solution 1 gm/10ml</i>	PG	
<i>levocarnitine oral tablet 330 mg</i>	PG	
CHELATING AGENTS		
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NF	
CUVRIOR ORAL TABLET 300 MG (<i>trientine tetrahydrochloride</i>)	NF	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	PSP	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	PSP	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PSP	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	PSP	PA
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	NPSP	PA
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	NP	PA
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 500 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	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	NF	
<i>penicillamine oral capsule 250 mg</i>	PSP	PA
<i>penicillamine oral tablet 250 mg</i>	PG	PA
<i>sodium polystyrene sulfonate oral powder</i>	PG	
SPS ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	PG	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	NF	
<i>trientine hcl oral capsule 250 mg, 500 mg</i>	PSP	PA
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	PB	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
AFTERPILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N7 (PG)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	N7 (PB); QL (1 RING per 300 days)
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	NF	N7 (NF)
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (PG)
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NF	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

120

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	N7 (PG)
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>condoms</i>	CE	N7 (Not Covered); QL (12 CONDOMS per 25 DAYs)
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
CURAE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	N7 (NF)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg</i> (21/5)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet 90-20 Mcg)	CE	N7 (PG)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N7 (PG)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N7 (PG)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	N7 (NP)
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N7 (Not Covered)
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	N7 (PG)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	N7 (NP); QL (12 CONDOMS per 25 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	N7 (NP); QL (1 DEVICE per 300 days)
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N7 (PG)
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	N7 (PG)
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (PG)
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	CE	N7 (PG)
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	N7 (PG)
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)

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

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Microgestin 24 Fe Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NF	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 Days)
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	N7 (PB)
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	N7 (NP); QL (1 IMPLANT per 300 days)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	CE	N7 (NF)
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	CE	N7 (PG)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	CE	N7 (PG)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	N7 (PG)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	CE	N7 (PG)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N7 (PG)
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	CE	N7 (PG)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	N7 (PG)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	N7 (PG)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	N7 (PG)
<i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	PB	QL (13 RING per 300 days)
<i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
<i>norgestimate-eth estradiol</i> (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet 3-0.03 Mg)	CE	N7 (PG)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N7 (NP); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
REACT ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N7 (PG)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NP	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	CE	N7 (NF)
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	N7 (PG)
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (PG)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NF	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	CE	N7 (NF)
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N7 (Not Covered)
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	N7 (PG)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))</i>	CE	N7 (PG)
<i>norethindrone-eth estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)</i>	CE	N7 (PG)
<i>norgestimate-eth estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)</i>	CE	N7 (PG)
<i>norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)</i>	CE	N7 (PG)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
<i>norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)</i>	CE	N7 (PG)
<i>norelgestromin-eth estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)</i>	CE	N7 (PG)
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	NF	
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	CE	N7 (PG)
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA ORAL TABLET 1 MG, 5 MG (<i>osilodrostat phosphate</i>)	NF	
RECORLEV ORAL TABLET 150 MG (<i>levoketoconazole</i>)	NF	
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (150 TEST STRIPS per 25 days)
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	NP	
ACCU-CHEK GUIDE IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (150 TEST STRIPS per 25 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (150 TEST STRIPS per 25 days)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	NP	
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX JAZZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>alcohol swabs pad</i>	NP	
ASSURE 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE 4 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE II CHECK IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE II IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE LANCE LANCETS (<i>lancets</i>)	NP	
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PRISM MULTI TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD MICROTAINER LANCETS (<i>lancets</i>)	NP	
BD PEN NEEDLE MICRO U/F 32G X 6 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE MINI U/F 31G X 5 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE NANO U/F 32G X 4 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE SHORT U/F 31G X 8 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
<i>blood glucose test in vitro strip</i>	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAREONE LANCET SUPER THIN 30G (<i>lancets</i>)	NP	
CARESENS LANCETS (<i>lancets</i>)	NP	
CARESENS N GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE NO CODING IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (<i>glucose blood</i>)	NF	
COAGUCHEK LANCETS (<i>lancets</i>)	NP	
<i>comfort assured lancets 28g</i>	NP	
<i>comfort assured lancets 33g</i>	NP	
COMFORT TOUCH LANCETS 31G (<i>lancets</i>)	NP	
COMFORT TOUCH PLUS LANCETS 30G (<i>lancets</i>)	NP	
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
DEXCOM G6 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G6 SENSOR (<i>continuous blood gluc sensor</i>)	PB	QL (3 SENSORS per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G6 TRANSMITTER (<i>continuous blood gluc transmit</i>)	PB	
DEXCOM G7 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G7 SENSOR (<i>continuous blood gluc sensor</i>)	PB	QL (3 SENSORS per 25 days)
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>diatrue plus test in vitro strip</i>	NF	
DROPLET PERSONAL LANCETS 30G (<i>lancets</i>)	NP	
DUO-CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy plus ii glucose test in vitro strip</i>	NF	
EASY STEP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy talk blood glucose test in vitro strip</i>	NF	
EASY TOUCH LANCETS 21G (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 23G (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 26G (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 28G (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 30G (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 32G (<i>lancets</i>)	NP	
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	NP	
EASY TOUCH LANCING DEVICE (<i>lancet devices</i>)	NP	
EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>)	NP	
EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>)	NP	
EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>)	NP	
EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	NP	
<i>easy trak blood glucose test in vitro strip</i>	NF	
EASYGLUCO IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>element compact test in vitro strip</i>	NF	
ELEMENT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ENLITE GLUCOSE SENSOR (<i>continuous blood gluc sensor</i>)	NF	
<i>eq blood glucose test in vitro strip</i>	NF	
EVERSENSE SENSOR/HOLDER (<i>continuous blood gluc sensor</i>)	NF	
EVERSENSE SMART TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	
EVOLUTION AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (<i>glucose blood</i>)	NF	
FINGERSTIX LANCETS (<i>lancets</i>)	NP	
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 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (glucose blood)	NF	
FORA GD20 TEST IN VITRO STRIP (glucose blood)	NF	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	NF	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	NF	
FORA TN'G ADVANCE PRO IN VITRO STRIP (glucose blood)	NF	
FORA TN'G/TN'G VOICE IN VITRO STRIP (glucose blood)	NF	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	NF	
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	NF	
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	NF	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	NF	
FORACARE GD40 TEST IN VITRO STRIP (glucose blood)	NF	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (glucose blood)	NF	
FORACARE TEST N GO TEST IN VITRO STRIP (glucose blood)	NF	
FORTISCARE TEST IN VITRO STRIP (glucose blood)	NF	
FREESTYLE INSULINX TEST IN VITRO STRIP (glucose blood)	NF	
FREESTYLE LANCETS (lancets)	NP	
FREESTYLE LIBRE 14 DAY SENSOR (continuous blood gluc sensor)	NF	
FREESTYLE LIBRE 2 SENSOR (continuous blood gluc sensor)	NF	
freestyle libre 3 sensor	NF	
FREESTYLE LIBRE READER DEVICE (continuous blood gluc receiver)	NF	
FREESTYLE LITE TEST IN VITRO STRIP (glucose blood)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>ge100 blood glucose test in vitro strip</i>	NF	
GENULTIMATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>ght test in vitro strip</i>	NF	
GLUCO PERFECT 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD SHINE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD X-SENSOR IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCOM TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>glucose control in vitro solution</i>	NP	
<i>glucose meter test in vitro strip</i>	NF	
<i>gnp easy touch glucose test in vitro strip</i>	NF	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>goodsense blood glucose in vitro strip</i>	NF	
GUARDIAN 4 GLUCOSE SENSOR (<i>continuous blood gluc sensor</i>)	NF	
GUARDIAN 4 TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	
GUARDIAN LINK 3 TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	
GUARDIAN REAL-TIME REPLACE PED DEVICE (<i>continuous blood gluc receiver</i>)	NF	
GUARDIAN SENSOR (3) (<i>continuous blood gluc sensor</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>guardian sensor 3</i>	NF	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
IGLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>lancets super thin 28g</i>	NP	
LANCETS ULTRA THIN (<i>lancets</i>)	NP	
<i>lancets ultra thin 30g</i>	NP	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>liberty test in vitro strip</i>	NF	
<i>lite touch lancets</i>	NP	
LITETOUCH LANCETS (<i>lancets</i>)	NP	
<i>meijer essential glucose test in vitro strip</i>	NF	
MEIJER TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MICROLET LANCETS (<i>lancets</i>)	NP	
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
OMNIPOD 5 G6 INTRO (GEN 5) KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD 5 G6 POD (GEN 5) (<i>insulin disposable pump</i>)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD CLASSIC PODS (GEN 3) (<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 GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR (<i>insulin disposable pump</i>)	NF	
<i>one drop test in vitro strip</i>	NF	
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	PB	
ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>)	PB	
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (150 TEST STRIPS per 25 days)
ONETOUCH ULTRASOFT 2 LANCETS (<i>lancets</i>)	PB	
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (150 TEST STRIPS per 25 days)
OPTIUMEZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>pharmacist choice no coding in vitro strip</i>	NF	
POCKETCHEM EZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (<i>glucose blood</i>)	NF	
PRECISION THINS GP LANCETS (<i>lancets</i>)	NP	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>premium blood glucose test in vitro strip</i>	NF	
<i>pro voice v8/v9 glucose in vitro strip</i>	NF	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	NF	
PTS PANELS EGLU TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
QUICKTEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION CONFIRM/MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION PRIME TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION ULTIMA TEST IN VITRO STRIP (<i>glucose blood</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	
<i>sapscore twist top lancets</i>	NP	
SIMPLE DIAGNOSTICS LANCING DEV (<i>lancet devices</i>)	NP	
SMART SENSE PREMIUM TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SOLUS V2 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>super thin lancets</i>	NP	
SUPREME TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>true focus blood glucose strip in vitro strip</i>	NF	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TRUEPLUS LANCETS 26G (<i>lancets</i>)	NP	
TRUEPLUS LANCETS 30G (<i>lancets</i>)	NP	
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	NP	
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
UNISTRIPI1 GENERIC IN VITRO STRIP (<i>glucose blood</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>verasens blood glucose test in vitro strip</i>	NF	
V-GO 20 KIT 20 UNIT/24HR (<i>insulin disposable pump</i>)	PB	
V-GO 30 KIT 30 UNIT/24HR (<i>insulin disposable pump</i>)	PB	
V-GO 40 KIT 40 UNIT/24HR (<i>insulin disposable pump</i>)	PB	
ENDOMETRIOSIS		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
ORILISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	PB	PA
ENZYME REPLACEMENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (<i>laronidase</i>)	NPSP	PA
<i>betaine oral powder</i>	PSP	PA
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	NF	
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	NF	
CARBAGLU ORAL TABLET SOLUBLE 200 MG (<i>carglumic acid</i>)	NF	
<i>carglumic acid oral tablet soluble 200 mg</i>	PSP	PA
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	PSP	PA; QL (56 CAPSULES per 28 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	PSP	PA; QL (15 VIALS per 14 days)
CYSTADANE ORAL POWDER (<i>betaine</i>)	NF	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	PSP	PA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	NPSP	PA
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	NF	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (<i>agalsidase beta</i>)	NPSP	PA
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (<i>sebelipase alfa</i>)	NPSP	PA

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	NF	
KUVAN ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	NF	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>alglucosidase alfa</i>)	NPSP	PA
<i>miglustat oral capsule 100 mg</i>	PSP	PA; QL (90 CAPSULES per 30 days)
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	NPSP	PA; QL (30 SOLUTION RECONSTITUTED per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (<i>galsulfase</i>)	NPSP	PA
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	
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	NF	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	NF	
PHEBURANE ORAL PELLETT 483 MG/GM (<i>sodium phenylbutyrate</i>)	NPSP	PA; QL (672 G per 30 days)
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NF	
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	PSP	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	PSP	PA
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	PSP	PA; QL (798 G per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PSP	PA; QL (1200 TABLETS per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	NPSP	PA
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (<i>elosulfase alfa</i>)	NPSP	PA
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglycerase alfa</i>)	NPSP	PA; QL (15 SOLUTION RECONSTITUTED per 14 days)
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	NPSP	PA; QL (90 CAPSULES per 30 days)
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	PG	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	NF	
BIJUVA ORAL CAPSULE 1-100 MG (<i>estradiol-progesterone</i>)	PB	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	PB	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	PB	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	PB	
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	NF	N10 (NP,PA applies)
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	NF	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	PG	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	
<i>estradiol vaginal cream 0.1 mg/gm</i>	PG	
<i>estradiol vaginal tablet 10 mcg</i>	NF	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	PG	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	PG	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	NF	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	PB	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	PG	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	PB	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	PB	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	PG	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>esterified estrogens</i>)	NF	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	NF	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	PG	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	PB	PA
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	PB	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	NF	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrogen-medroxyprogesterone</i>)	NF	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrogen-medroxyprogesterone</i>)	NF	
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> (YuvaFem Vaginal Tablet 10 Mcg)	NF	
FERTILITY REGULATORS		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	PSP	PA
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	NF	
CLOMID ORAL TABLET 50 MG (<i>clomiphene citrate</i>)	NP	SPC
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>)	NF	
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	NPSP	PA; SPC
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	PSP	PA; SPC
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (<i>follitropin alfa</i>)	PSP	PA; SPC
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (<i>follitropin alfa</i>)	PSP	PA; SPC
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>follitropin alfa</i>)	PSP	PA; SPC
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>menotropins</i>)	PSP	PA; SPC
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT, 5000 UNIT (<i>chorionic gonadotropin</i>)	NF	
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	PSP	PA; SPC

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	NF	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	NF	
<i>cortisone acetate oral tablet 25 mg</i>	NF	
<i>dexabliss oral tablet therapy pack 1.5 mg (39)</i>	NF	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg</i>	PG	
<i>dexamethasone oral tablet 1.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	PG	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (<i>deflazacort</i>)	NF	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	PG	
HEMADY ORAL TABLET 20 MG (<i>dexamethasone</i>)	NF	
<i>dexamethasone</i> (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	PG	
<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>hydrocortisone oral tablet 20 mg</i>	PG	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	PG	
<i>prednisolone oral solution 15 mg/5ml</i>	PG	
<i>prednisolone oral tablet 5 mg</i>	NF	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	NF	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	NP	
<i>prednisone oral solution 5 mg/5ml</i>	PG	
<i>prednisone oral tablet 1 mg, 20 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>prednisone oral tablet 10 mg, 2.5 mg, 50 mg</i>	PG	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	PG	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (<i>prednisone</i>)	NF	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	NF	
<i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NF	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM (<i>dextrose (diabetic use)</i>)	NP	
<i>diazoxide oral suspension 50 mg/ml</i>	PG	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	NF	
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	NF	
<i>glucagon emergency kit 1 mg injection</i>	PG	
<i>glucagon emergency kit 1 mg injection</i>	NF	
<i>glucose oral tablet chewable 4 gm</i>	NP	
<i>gnp glucose gummies oral tablet chewable 2 gm</i>	PG	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
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	
GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	NPSP	PA; QL (30 VIALS per 30 days)
HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	PSP	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NF	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	PSP	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	PSP	PA
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	PSP	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (<i>somatropin</i>)	PSP	PA
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (<i>somatropin</i>)	NF	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (<i>somatrogon-ghla</i>)	NF	
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NF	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	NPSP	PA
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	PA; QL (4 PENS per 28 days)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	NF	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NPSP	PA
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	PSP	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	PSP	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (<i>leuprolide acetate (3 month)</i>)	PSP	PA
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	NP	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINERALOCORTICOID RECEPTOR ANTAGONISTS - DRUGS TO TREAT CHRONIC KIDNEY DISEASE ASSOCIATED WITH TYPE 2 DIABETES		
KERENDIA ORAL TABLET 10 MG, 20 MG (<i>finerenone</i>)	PB	
MISCELLANEOUS		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	PA; QL (35 ML per 21 days)
<i>cabergoline oral tablet 0.5 mg</i>	PG	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	PG	
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	PA; QL (35 ML per 21 days)
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	NF	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	PSP	PA; QL (1 PEN per 28 Days)
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	NPSP	PA; QL (14 CAPSULES per 28 days)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	NF	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	NPSP	PA
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	NF	
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	NF	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	NF	
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	PG	QL (4 TABLETS per 1 day)
<i>methylergonovine maleate oral tablet 0.2 mg</i>	PG	QL (4 TABLETS per 1 DAY)
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	NF	N10 (NP,PA applies)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	PSP	PA; QL (60 ML per 168 days)
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N7 (PG); AL (Min 35 Years)
SAMSCA ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	NPSP	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspertate</i>)	NPSP	PA; QL (60 ML per 30 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	NF	
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	PSP	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	PSP	PA; QL (1 PEN per 30 DAYs)
VEOZAH ORAL TABLET 45 MG (<i>fezolinetant</i>)	NF	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG (<i>alpelisib</i>)	NF	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	NPSP	PA
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	NPSP	QL (4 PACKETS per 1 DAY)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	NPSP	PA; QL (120 CAPSULES per 30 days)
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(FE) (<i>ferric citrate</i>)	PB	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PG	
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>	PG	
<i>sevelamer carbonate oral tablet 800 mg</i>	PG	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PG	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>)	PSP	PA; QL (4 syringes per 28 days)
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
CRINONE VAGINAL GEL 4 %, 8 % (<i>progesterone</i>)	NF	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N7 (NP)
<i>norethindrone acetate oral tablet 5 mg</i>	PG	
<i>progesterone oral capsule 100 mg, 200 mg</i>	PG	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone</i>)	NF	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (<i>thyroid</i>)	NF	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	NF	
ERMEZA ORAL SOLUTION 150 MCG/5ML (<i>levothyroxine sodium</i>)	NF	
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	NF	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	PG	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	PG	
<i>methimazole oral tablet 10 mg, 5 mg</i>	PG	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	NF	
<i>propylthiouracil oral tablet 50 mg</i>	PG	
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	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	NP	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	PG	
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	NPSP	PA
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	PG	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	PG	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	NP	PA
VITAMINS - VITAMINS AND SUPPLEMENTS		
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	NP	ST
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	NP	
DARTISLA ODT ORAL TABLET DISPERSIBLE 1.7 MG (<i>glycopyrrolate</i>)	NF	
<i>dicyclomine hcl oral capsule 10 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dicyclomine hcl oral tablet 20 mg</i>	PG	N8 (Listing does not include certain NDCs)
GLYCATATE ORAL TABLET 1.5 MG (<i>glycopyrrolate</i>)	NF	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	PG	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>glycopyrrolate oral tablet 1.5 mg</i>	NF	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	NP	
ROBINUL ORAL TABLET 1 MG (<i>glycopyrrolate</i>)	NF	
ROBINUL-FORTE ORAL TABLET 2 MG (<i>glycopyrrolate</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	PG	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	PG	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PG	QL (200 ML per 21 DAYs)
<i>ondansetron hcl oral tablet 24 mg</i>	PG	QL (2 TABLETS per 21 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	PG	QL (18 TABLETS per 21 DAYs)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	PG	QL (18 TABLETS per 21 DAYs)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PG	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	PG	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PG	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	PG	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	PB	QL (2 PATCHES per 21 days)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	PG	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	NF	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	NF	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	PG	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	NF	
ANTISPASMODICS - DRUGS FOR MUSCLE SPASM		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	NP	N8 (Listing does not include certain NDCs)
LIBRAX ORAL CAPSULE 5-2.5 MG (<i>chlordiazepoxide-clidinium</i>)	NF	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	PG	
<i>famotidine oral tablet 40 mg</i>	PG	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	NP	
<i>balsalazide disodium oral capsule 750 mg</i>	PG	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	NF	
<i>budesonide oral capsule delayed release particles 3 mg</i>	PG	
<i>budesonide rectal foam 2 mg</i>	NF	
CANASA RECTAL SUPPOSITORY 1000 MG (<i>mesalamine</i>)	NF	
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	NF	
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>)	NP	PA
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	NF	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	PG	
<i>mesalamine oral capsule delayed release 400 mg</i>	PG	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	PG	
<i>mesalamine rectal enema 4 gm</i>	PG	
<i>mesalamine rectal suppository 1000 mg</i>	PG	N8 (Listing does not include certain NDCs)
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG, 9 MG (<i>budesonide</i>)	NF	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>)	NF	
ROWASA RECTAL KIT 4 GM (<i>mesalamine-cleanser</i>)	NF	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	NF	
<i>sulfasalazine oral tablet 500 mg</i>	PG	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	PG	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	PB	
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	NF	
IBSRELA ORAL TABLET 50 MG (<i>tenapanor hcl</i>)	NF	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	PB	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	PG	N8 (Listing does not include certain NDCs)
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	PG	PA
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	NP	PA
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	PB	PA
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML, 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acd</i>)	CE	N7 (PB); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
<i>enulose oral solution 10 gm/15ml</i>	PG	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	PG	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	PG	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	NF	
KRISTALOSE ORAL PACKET 10 GM (<i>lactulose</i>)	NP	
<i>lactulose oral packet 10 gm</i>	NF	
<i>lactulose oral solution 10 gm/15ml</i>	PG	
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	N7 (PG); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	PG	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	N7 (NF)
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	CE	N7 (NP); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	N7 (NF); N8 (\$0 copay for members age 45 through 75, otherwise not covered)
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (<i>peg 3350-kcl-nacl-nasulf-mgsul</i>)	CE	N7 (Not Covered); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	NF	
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-mag sulfate-kcl</i>)	CE	N7 (NF); N8 (\$0 copay for members age 45 through 75, otherwise not covered)
MISCELLANEOUS		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (<i>odevixibat</i>)	NF	
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (<i>odevixibat</i>)	NF	
CARAFATE ORAL SUSPENSION 1 GM/10ML (<i>sucralfate</i>)	NF	
CARAFATE ORAL TABLET 1 GM (<i>sucralfate</i>)	NF	
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	NPSP	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	NPSP	PA
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	NPSP	PA; QL (1 KIT per 30 days)
GIMOTI NASAL SOLUTION 15 MG/ACT (<i>metoclopramide hcl</i>)	NF	
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	NPSP	PA; QL (90 ML per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PG	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	NF	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	NF	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	NF	
RELTONE ORAL CAPSULE 200 MG, 400 MG (<i>ursodiol</i>)	NF	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	NPSP	PA; QL (3 BOTTLES per 25 days)
<i>sucralfate oral suspension 1 gml/10ml</i>	NF	
<i>sucralfate oral tablet 1 gm</i>	PG	N8 (Listing does not include certain NDCs)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	PB	PA
<i>ursodiol oral capsule 200 mg, 400 mg</i>	NF	
<i>ursodiol oral capsule 300 mg</i>	PG	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	NP	
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	NPSP	PA; QL (12 CAPSULES per 30 DAYS)
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NPSP	PA; QL (90 TABLETS per 30 days)
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NF	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NF	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (<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>	PG	QL (90 CAPSULES per 365 DAYS)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	PG	QL (90 PACKET per 365 DAYS)
<i>esomeprazole magnesium oral tablet delayed release 20 mg</i>	PG	Select OTC; QL (90 TABLETS per 365 DAYS)
KONVOMEPRAL ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (<i>omeprazole-sodium bicarbonate</i>)	NF	
<i>lansoprazole oral capsule delayed release 30 mg</i>	PG	QL (90 CAPSULES per 365 DAYS)
<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>	NF	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	PG	Select OTC; QL (90 tablets per 365 days)
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG (<i>esomeprazole magnesium</i>)	NF	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (<i>esomeprazole magnesium</i>)	NF	
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	PG	Select OTC; QL (90 CAPSULES per 365 days)
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	PG	Select OTC; QL (90 TABLETS per 365 DAYS)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	PG	QL (90 CAPSULES per 365 days)
<i>omeprazole oral capsule delayed release 20 mg</i>	PG	Select OTC; QL (90 CAPSULES per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	PG	QL (90 CAPSULES per 365 DAYs)
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	NF	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NF	
<i>pantoprazole sodium oral packet 40 mg</i>	NF	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (90 TABLETS per 365 days)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG (<i>lansoprazole</i>)	NF	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	NF	
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (<i>omeprazole magnesium</i>)	PG	Select OTC; QL (90 TABLETS per 365 DAYs)
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	NF	
<i>qc lansoprazole oral capsule delayed release 15 mg</i>	PG	Select OTC; QL (90 CAPSULES per 365 DAYs)
<i>ra omeprazole oral tablet delayed release 20 mg</i>	PG	Select OTC; QL (90 TABLETS per 365 days)
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NP	QL (90 CAPSULES per 365 DAYs)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	PG	QL (90 TABLETS per 365 days)
ZEGERID ORAL CAPSULE 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	NF	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	NF	
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone (perianal) external cream 2.5 %</i>	PG	
PROCTOCORT EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	NF	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	PB	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone</i> (Proctozone-Hc External Cream 2.5 %)	PG	
ULCER THERAPY COMBINATIONS		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	PG	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	PG	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	NF	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	PB	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (<i>amoxicill-rifabutin-omeprazole</i>)	PB	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	PG	
<i>dutasteride oral capsule 0.5 mg</i>	PG	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	PG	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	NF	
<i>finasteride oral tablet 5 mg</i>	PG	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	NF	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	NP	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	NF	
<i>silodosin oral capsule 4 mg, 8 mg</i>	PG	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	PG	
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	N7 (Not Covered)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	CE	N7 (NP)
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
ERECTILE DYSFUNCTION		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	NP	SPC; QL (6 KITS per 25 days)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG (<i>alprostadil (vasodilator)</i>)	NP	SPC; QL (6 VIALS per 25 days)
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>tadalafil</i>)	NF	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	NP	SPC; QL (6 VIALS per 25 days)
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG (<i>alprostadil (vasodilator)</i>)	PB	SPC; QL (6 SUPPOSITORIES per 25 days)
<i>phenylephrine hcl intracavernosal solution 2 mg/2ml</i>	NF	
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	NF	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	SPC; QL (6 TABLETS per 25 DAYS)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	NF	
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	NF	
<i>tadalafil oral tablet 10 mg, 20 mg</i>	PG	SPC; QL (6 TABLETS per 25 DAYS)
<i>tadalafil oral tablet 2.5 mg</i>	PG	SPC; QL (30 TABLETS per 25 DAYS)
<i>tadalafil oral tablet 5 mg</i>	PG	SPC; QL (30 TABLETS per 25 days)
<i>vardeafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	SPC; QL (6 TABLETS per 25 days)
<i>vardeafil hcl oral tablet dispersible 10 mg</i>	PG	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	NF	
MISCELLANEOUS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	NF	
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	NF	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	NF	
<i>pot & sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	PG	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (<i>budesonide</i>)	NF	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	NF	
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	NF	
<i>tiopronin oral tablet 100 mg</i>	PSP	PA
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	PB	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	NP	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	NF	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	PG	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

164

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flavoxate hcl oral tablet 100 mg</i>	PG	
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	NF	
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	PB	ST; QL (30 TABLETS per 25 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (<i>mirabegron</i>)	NF	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	NF	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	PG	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	NF	
<i>oxybutynin chloride oral tablet 5 mg</i>	PG	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	PG	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	PG	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	PG	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	NF	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	PG	
<i>trospium chloride oral tablet 20 mg</i>	PG	N8 (Listing does not include certain NDCs)
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	NF	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
<i>clindamycin phosphate vaginal cream 2 %</i>	PG	
<i>metronidazole vaginal gel 0.75 %</i>	PG	
<i>miconazole 3 vaginal suppository 200 mg</i>	NP	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	NF	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	PG	
<i>terconazole vaginal suppository 80 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>	NF	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	PB	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	PG	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	PG	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	NP	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	NF	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	NF	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	PG	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	PG	
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>	PG	LGC
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	PB	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BLEEDING DISORDERS AGENTS		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	NF	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	NPSP	PA
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	NPSP	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cmplx</i>)	NF	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	NPSP	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (<i>prothrombin complex conc human</i>)	NPSP	PA
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	PSP	PA
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	NPSP	PA
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (<i>coagulation factor viia-jncw</i>)	PSP	PA
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (<i>coagulation factor xiii a-sub</i>)	NPSP	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	NF	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	PSP	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	PSP	PA
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	PSP	PA; QL (60 TABLETS per 30 days)
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>)	NF	
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-pbbk</i>)	PSP	PA; QL (2 SYRINGES per 28 days)
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>)	NF	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	NF	
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>daprodustat</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	
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	NPSP	PA; QL (7 TABLETS per 14 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 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	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	PSP	PA
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	NF	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-apgf</i>)	PSP	PA; QL (2 SYRINGES per 28 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	PSP	PA
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	PSP	PA; QL (120 PACKETS per 30 days)
PROMACTA ORAL PACKET 25 MG (<i>eltrombopag olamine</i>)	PSP	PA; QL (180 PACKETS per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	PSP	PA; QL (30 TABLETS per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG (<i>eltrombopag olamine</i>)	PSP	PA; QL (60 TABLETS per 30 days)
RELEUKO INJECTION SOLUTION 300 MCG/ML (<i>filgrastim-ayow</i>)	NF	
<i>releuko injection solution 480 mcg/1.6ml</i>	NF	
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>	NF	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	PSP	PA
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (<i>eflapregastim-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	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</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>)	PSP	PA; QL (2 INJECTIONS per 28 days)
HEMOPHILIA A AGENTS		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PSP	PA
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	PSP	PA
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	PSP	PA
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten-ehl</i>)	NF	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiiifc)</i>)	PSP	PA
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	PSP	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	NPSP	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucl)</i>)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>)	PSP	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PSP	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	PSP	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PSP	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PSP	PA
<i>obizur intravenous solution reconstituted 500 unit</i>	NPSP	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihem factor recomb (rfviii)</i>)	NPSP	PA
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	PSP	PA
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	PSP	PA
HEMOPHILIA B AGENTS		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	NPSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	PSP	PA
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NF	
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	NPSP	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NF	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	NPSP	PA
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	PSP	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	NF	
MISCELLANEOUS		
AGRYLIN ORAL CAPSULE 0.5 MG (<i>anagrelide hcl</i>)	NP	QL (180 CAPSULES per 25 DAYs)
<i>aminocaproic acid oral solution 0.25 gml/ml</i>	PG	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	PG	
<i>anagrelide hcl oral capsule 0.5 mg</i>	PG	QL (180 CAPSULES per 25 days)
<i>anagrelide hcl oral capsule 1 mg</i>	PG	QL (90 CAPSULES per 25 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	PG	QL (60 TABLETS per 25 DAYs)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	PG	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfate</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	PSP	PA; QL (60 TABLETS per 30 days)
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	NPSP	PA; QL (180 CAPSULES per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	NP	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	PSP	PA; QL (10 VIALS per 30 days)
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	PG	QL (60 CAPSULES per 25 days)
BRILINTA ORAL TABLET 60 MG (<i>ticagrelor</i>)	PB	QL (60 TABLETS per 25 DAYS)
BRILINTA ORAL TABLET 90 MG (<i>ticagrelor</i>)	PB	QL (60 TABLETS per 25 days)
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	PG	
<i>dipyridamole oral tablet 25 mg, 75 mg</i>	PG	QL (120 TABLETS per 25 days)
<i>dipyridamole oral tablet 50 mg</i>	PG	QL (240 TABLETS per 25 days)
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	NP	QL (30 TABLETS per 25 days)
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	NF	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	NP	QL (30 TABLETS per 25 DAYS)
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	NF	
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	NF	
SICKLE CELL DISEASE		
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	PSP	PA; QL (180 PACKETS per 30 days)
OXBRYTA ORAL TABLET 300 MG, 500 MG (<i>voxelotor</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXBRYTA ORAL TABLET SOLUBLE 300 MG (<i>voxelotor</i>)	NF	
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	PB	
VITAMINS - VITAMINS AND SUPPLEMENTS		
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	NF	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASSTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	PB	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	NP	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	PSP	PA
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (<i>peanut powder-dnfp</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (<i>peanut powder-dnfp</i>)	NF	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	PB	PA
AUTOIMMUNE AGENTS (PHYSICIAN- ADMINISTERED)		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	NF	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	NF	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	NF	IBC (Available as NPSP with PA for Ulcerative Colitis)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	PSP	PA; QL (1 SYRINGE per 90 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	NF	
<i>infliximab intravenous solution reconstituted 100 mg</i>	NF	
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	NF	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	PSP	PA; QL (5 VIALS per 42 days)
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	NF	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	PSP	PA; QL (200 MG per 56 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	PSP	PA; ST; QL (4 PENS per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	PSP	PA; ST; QL (4 SYRINGES per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>adalimumab-adbm subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-adbm subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml</i>	NF	
<i>adalimumab-fkjp subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	NF	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-atto</i>)	NPSP	PA; N8 (Listing does not include certain NDCs); QL (4 PENS per 28 DAYS)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-atto</i>)	NPSP	PA; QL (4 INJECTIONS per 28 DAYS)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	PSP	PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.); QL (1 KIT per 28 days)
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>)	PSP	PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.); QL (2 KITS per 28 Days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (2 SYRINGES per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (2 PENS per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 PEN per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 SYRINGE per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 PEN per 28 days)
CYLTEZO SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>)	PSP	PA; ST; QL (4 INJECTIONS per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; ST; QL (4 PENS per 28 DAYS)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; ST; QL (1 kit per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; ST; QL (1 KIT per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; ST; QL (1 KIT per 28 days)
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	PSP	PA; ST; QL (1 KIT per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML (<i>adalimumab</i>)	PSP	PA; ST; QL (2 INJECTIONS per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	PSP	PA; ST; QL (4 INJECTIONS per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; QL (4 PENS per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-adaz</i>)	PSP	PA; ST
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; QL (2 PENS per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; QL (2 SYRINGES per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; QL (4 SYRINGES per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-adaz</i>)	PSP	PA; ST
HYRIMOZ-PED CROHNS STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; QL (1 KIT per 28 days)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; QL (1 KIT per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IDACIO SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	NF	
IDACIO SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	NF	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 PENS per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 SYRINGES per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	NF	
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	NPSP	PA; QL (28 CAPSULES per 28 DAYS)
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Atopic Dermatitis, Ankylosing Spondylitis, Ulcerative Colitis, Non-radiographical Axial Spondyloarthritis, and Crohn's Disease); QL (30 TABLETS per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Atopic Dermatitis, Ulcerative Colitis, and Crohn's Disease); QL (30 TABLETS per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Ulcerative Colitis and Crohn's Disease); QL (1 FILL per 1 INDUCTION PERIOD)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	NF	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NF	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NF	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease); QL (1 CARTRIDGE per 56 DAYs)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease); QL (1 CARTRIDGE per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	PSP	PA; IBC (Preferred agent for Psoriasis); QL (30 TABLETS per 30 DAYS)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 56 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis or Ankylosing Spondylitis); QL (1 INJECTION per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis or Ankylosing Spondylitis); QL (1 INJECTION per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 ML per 56 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 ML per 56 days)
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (240 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (60 TABLETS per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (30 TABLETS per 30 days)
YUFLYMA 1-PEN KIT SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	NF	
YUFLYMA 2-SYRINGE KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	NF	
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqvh</i>)	NF	
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PG	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	PG	
<i>methotrexate sodium oral tablet 2.5 mg</i>	CE	N7 (PG); N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>)	NF	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	PSP	PA; QL (4 ML per 28 days)
HEREDITARY ANGIOEDEMA		
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	PA; QL (20 VIALS per 30 days)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	PSP	PA; QL (45 SYRINGES per 90 days)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	NPSP	PA; QL (30 ML per 90 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	PSP	PA; QL (28 CAPSULES per 28 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	PSP	PA; QL (60 VIALS per 90 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	PSP	PA; QL (2 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (<i>lanadelumab-flyo</i>)	PSP	PA; QL (2 SYRINGES per 28 DAYS)
IMMUNOGLOBULIN		
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	PA

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

184

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	PSP	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	NF	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	PA
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (<i>rho d immune globulin</i>)	NPSP	
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML (<i>tetanus 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	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML (<i>rabies immune globulin</i>)	NPSP	
<i>kedrab injection solution 1500 unit/10ml, 300 unit/2ml</i>	NPSP	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (<i>rho d immune globulin</i>)	NPSP	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	NF	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	NPSP	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	NPSP	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (<i>varicella-zoster immune glob</i>)	NPSP	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (<i>rho d immune globulin</i>)	NPSP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	NF	
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (<i>interferon gamma-1b</i>)	NPSP	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	NF	
JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>)	NF	
IMMUNOSUPPRESSANTS		
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML (<i>lymphocyte,anti-thymo imm glob</i>)	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	PG	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (<i>belimumab</i>)	NPSP	PA; QL (4 SOLUTION RECONSTITUTED per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	NPSP	PA; QL (4 INJECTIONS per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	NPSP	PA; QL (4 INJECTIONS per 28 days)
<i>cyclosporine intravenous solution 50 mg/ml</i>	PG	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>cyclosporine modified oral solution 100 mg/ml</i>	PG	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	PG	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	PSP	PA; QL (1 SYRINGE per 28 days)
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	PG	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	PG	
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	PG	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	NP	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	NF	
<i>mycophenolate mofetil oral capsule 250 mg</i>	PG	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	PG	
<i>mycophenolate mofetil oral tablet 500 mg</i>	PG	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	PG	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	NPSP	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	NPSP	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	NPSP	
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	NF	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	NPSP	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	NPSP	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	NPSP	
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (basiliximab)	NP	
sirolimus oral solution 1 mg/ml	PG	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	PG	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	PG	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (anti-thymocyte glob (rabbit))	NP	
MISCELLANEOUS		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (canakinumab)	PSP	PA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (palivizumab)	NPSP	PA
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	PG	
potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	PG	
potassium chloride crys er (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	PG	
potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	PG	
potassium chloride (Klor-Con Oral Packet 20 Meq)	NP	
potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)	PG	N8 (Listing does not include certain NDCs)
POKONZA ORAL PACKET 10 MEQ (potassium chloride)	NF	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	PG	
potassium chloride er oral capsule extended release 10 meq, 8 meq	PG	
potassium chloride er oral tablet extended release 10 meq, 20 meq	PG	
potassium chloride er oral tablet extended release 8 meq	PG	N8 (Listing does not include certain NDCs)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	PG	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	NP	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	PG	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	PG	
PRENATAL VITAMINS		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (<i>prenatal vit-dss-fe cbn-fa</i>)	NF	
<i>azesco oral tablet 13-1 mg</i>	NF	
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	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (<i>prenat w/o a fecbnfeglu-fa &b6</i>)	NF	
CITRANATAL BLOOM ORAL TABLET 90-1 MG (<i>prenatal-dss-fecb-fegl-fa</i>)	NF	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (<i>prenat-fefmcb-dss-fa-dha w/o a</i>)	NF	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	NF	
<i>complete natal dha oral 29-1-200 & 200 mg</i>	NF	
<i>completenate oral tablet chewable 29-1 mg</i>	NF	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	
DUET DHA 400 ORAL 25-1 & 400 MG (<i>prenat-fepoly-fered-fa-omega 3</i>)	NF	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	NF	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	PG	
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	NF	
<i>kosher prenatal plus iron oral tablet 30-1 mg</i>	NF	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG (<i>prenatal vit-fe fum-fe bisg-fa</i>)	NF	
<i>natal pnv oral tablet 6-0.5 mg</i>	NF	
NATALVIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NF	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (<i>prenat w/loa-fefum-methf-omegas</i>)	NF	
<i>neonatal + dha oral 29-1 & 200 mg</i>	NF	
<i>neonatal 19 oral tablet 1 mg</i>	NF	
<i>neonatal fe oral tablet 90-1 mg</i>	NF	
NESTABS DHA ORAL 32-1 MG (<i>prenat-w/loa-fe bisgly-fa-omega</i>)	NF	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o a</i>)	NF	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	NF	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (<i>prenat-fecbn-feaspgl-fa-fish</i>)	NF	
OB COMPLETE ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	NF	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NF	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal-fe cbn-fe asp gly-fa</i>)	NF	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NF	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (<i>prenatal-fe cbn-fa-dha w/o a</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>	PG	
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	NF	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	NF	
<i>pregen dha oral capsule 28-1-35 mg</i>	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

190

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pregenna oral tablet 20-1 mg</i>	NF	
<i>prena 1 true oral 30-1.4 & 300 mg</i>	NF	
<i>prenaissance oral capsule 29-1.25-325 mg</i>	NF	
<i>prenaissance plus oral capsule 28-1-250 mg</i>	NF	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>prenatal w/o a vit-fe fum-fa</i>)	NF	
PRENATE AM ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	NF	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NF	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-feaspgly-methylfol-fa</i>)	NF	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NF	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	NF	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	NF	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NF	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NF	
<i>prenatvite plus oral tablet 1 mg</i>	NF	
PRIMACARE ORAL CAPSULE 30-1-470 MG (<i>pren-fe-meth-fa-omeg w/o a</i>)	NF	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (<i>prenat vit-fepoly-methylfol-fa</i>)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	NF	
SELECT-OB+DHA ORAL 29-1 & 250 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NF	
TARON-C DHA ORAL CAPSULE 35-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	NF	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	PG	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VINATE II ORAL TABLET 29-1 MG (<i>prenatal vit w/ fe bisg-fa</i>)	NF	
VINATE ONE ORAL TABLET 60-1 MG (<i>prenatal vit-fe fumarate-fa</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 STRIPS ORAL FILM 1 MG (<i>prenatal-b6-b12-d3-folic acid</i>)	NF	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NF	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (<i>prenatal-fe fum-methf-fa w/o a</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	
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG (<i>prenat-b2-b6-b12-d3-fa</i>)	NF	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha w/oa</i>)	NF	
VIVA DHA ORAL CAPSULE 28-1-200 MG (<i>prenatal vit-fe fum-fa-omega</i>)	NF	
wescap-c dha oral capsule 53.5-38-1 mg	NF	
westgel dha oral capsule 31-0.6-0.4-200 mg	NF	
zalvit oral tablet 13-1 mg	NF	
VITAMINS - VITAMINS AND SUPPLEMENTS		
ACCRUFER ORAL CAPSULE 30 MG (<i>ferric maltol</i>)	NF	
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML (<i>ascorbic acid</i>)	NF	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	PG	N8 (Listing does not include certain NDCs)
calcitriol oral solution 1 mcg/ml	PG	
cyanocobalamin injection solution 1000 mcg/ml	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>b complex-c-folic acid</i> (Dexifol Oral Tablet 5 Mg)	NF	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	PG	N8 (Listing does not include certain NDCs)
FA-8 ORAL CAPSULE 0.8 MG (<i>folic acid</i>)	CE	N7 (Not Covered); QL (100 CAPSULES per 30 days); AL (Max 55 Years)
FERRO-PLEX ORAL TABLET 115-1 MG (<i>fe fum-fa-c-e-b12-intrins fact</i>)	NF	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	NF	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>ped multiple vit-minerals-fl</i>)	NF	
<i>folbee plus oral tablet</i>	PG	
FOLGARD OS ORAL TABLET 500-1.1 MG (<i>multiple vit-min-calcium-fa</i>)	NF	
<i>folic acid oral tablet 400 mcg</i>	CE	N7 (Not Covered); QL (100 tablets per 30 days); AL (Max 55 Years)
<i>folic acid oral tablet 800 mcg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Max 55 Years)
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	PG	
NEPHPLEX RX ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	NF	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (<i>niacinamide-zn-cu-methfo-se-cr</i>)	NF	
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	NF	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	PG	
<i>phytonadione oral tablet 5 mg</i>	PG	QL (25 TABLETS per 25 days)
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<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	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (<i>multi vit-min-fluoride-fe-fa</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (<i>ped multivitamins-fl-iron</i>)	NF	
RENATABS WITH IRON ORAL 1 & 100 MG (<i>b complex-c-biotin-e-fa-fe cbn</i>)	NF	
<i>reno caps oral capsule 1 mg</i>	PG	Select OTC
<i>tri-vi-floro oral suspension 0.25 mg/ml</i>	NF	
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (<i>iron sucrose</i>)	NPSP	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	PG	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	NF	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	NF	
<i>cromolyn sodium ophthalmic solution 4 %</i>	PG	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>ketotifen fumarate ophthalmic solution 0.025 %, 0.035 %</i>	PG	Select OTC
ZADITOR OPHTHALMIC SOLUTION 0.035 % (<i>ketotifen fumarate</i>)	PG	Select OTC
ZERViate OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	NF	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % (<i>brimonidine tartrate</i>)	PB	
AZOPT OPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	NF	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	PG	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	NF	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	NF	
<i>bimatoprost ophthalmic solution 0.03 %</i>	PG	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	PG	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	PG	
<i>brinzolamide ophthalmic suspension 1 %</i>	NF	N10 (NP)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

194

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carteolol hcl ophthalmic solution 1 %</i>	PG	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (brimonidine tartrate-timolol)	NF	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (dorzolamide hcl-timolol mal)	NF	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	PG	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	PG	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	PG	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	NF	
IYUZEH OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	NF	
<i>latanoprost ophthalmic solution 0.005 %</i>	PG	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	PG	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	NF	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	PG	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	NF	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	NF	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	PB	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	PG	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	NP	
<i>timolol maleate</i> (Timolol Maleate Ocudose Ophthalmic Solution 0.5 %)	NF	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	NF	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NF	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	NF	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	PG	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELPROS OPHTHALMIC EMULSION 0.005 % (latanoprost)	NF	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (tafluprost)	PB	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	PG	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	PG	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	PG	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	NF	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	NF	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	PG	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE OPHTHALMIC SOLUTION 1 % (azithromycin)	NF	
bacitracin ophthalmic ointment 500 unit/gm	PG	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	PG	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (besifloxacin hcl)	NF	N10 (NP)
CILOXAN OPHTHALMIC OINTMENT 0.3 % (ciprofloxacin hcl)	NF	
ciprofloxacin hcl ophthalmic solution 0.3 %	PG	
erythromycin ointment 5 mg/gm ophthalmic	NF	
erythromycin ointment 5 mg/gm ophthalmic	PG	
gatifloxacin ophthalmic solution 0.5 %	NP	
gentamicin sulfate ophthalmic solution 0.3 %	PG	QL (20 ML per 25 days)
KLARITY-A OPHTHALMIC SOLUTION 1 % (azithromycin)	NF	
levofloxacin ophthalmic solution 1.5 %	NF	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	PG	
moxifloxacin hcl ophthalmic solution 0.5 %	PG	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

196

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ofloxacin ophthalmic solution 0.3 %</i>	PG	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	PG	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	PG	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	PG	
<i>tobramycin ophthalmic solution 0.3 %</i>	PG	
<i>trifluridine ophthalmic solution 1 %</i>	PG	
XDEMVI OPTHALMIC SOLUTION 0.25 % (<i>lotilaner</i>)	NF	
ZIRGAN OPTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	NF	N10 (NP)
ZYMAXID OPTHALMIC SOLUTION 0.5 % (<i>gatifloxacin</i>)	NF	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACUVAIL OPTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	NF	
ALREX OPTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	NF	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	NP	
BROMSITE OPTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	NF	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	PG	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	PG	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	PG	
EYSUVIS OPTHALMIC SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	NP	PA; QL (2 BOTTLES per 90 days)
FLAREX OPTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	NF	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	PG	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	PG	
FML FORTE OPTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	NF	
FML LIQUIFILM OPTHALMIC SUSPENSION 0.1 % (<i>fluorometholone</i>)	NF	
ILEVRO OPTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	NF	
INVELTYS OPTHALMIC SUSPENSION 1 % (<i>loteprednol etabonate</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	NP	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	PG	
LOTEMAX OPHTHALMIC GEL 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (<i>loteprednol etabonate</i>)	NF	
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	NF	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	PG	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	NF	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	NF	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (<i>prednisolone acetate</i>)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	NF	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PG	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	NF	
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	
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	PB	
MISCELLANEOUS		
<i>atropine sulfate ophthalmic solution 1 %</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (cysteamine hcl)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (cysteamine hcl)	NPSP	PA; QL (4 BOTTLES per 28 days)
LACRISERT OPHTHALMIC INSERT 5 MG (artificial tear insert)	NF	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (cenegermin-bkbj)	NPSP	PA; QL (2 ML per 7 DAYs)
tropicamide ophthalmic solution 0.5 %, 1 %	PG	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (varenicline tartrate)	NF	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (oxymetazoline hcl)	NF	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (cyclosporine)	NF	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (verteporfin)	NPSP	PA
RETINAL DISORDERS		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (ranibizumab-nuna)	NF	
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (ranibizumab-eqrn)	NF	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (aflibercept)	PSP	PA
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (aflibercept)	PSP	PA
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (ranibizumab)	PSP	PA
OTHER		
IRRIGATION SOLUTIONS		
sterile water for irrigation irrigation solution	NP	STX

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	NF	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (<i>alpha1-proteinase inhibitor</i>)	NF	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	PSP	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	PSP	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	PSP	PA
ANAPHYLAXIS TREATMENT AGENTS		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	PB	QL (4 INJECTIONS per 25 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	PG	QL (4 INJECTIONS per 25 DAYS)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	PG	QL (4 SOLUTION AUTO-INJECTOR per 25 days)
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	PB	QL (4 INJECTIONS per 25 DAYS)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	PB	QL (4 INJECTIONS per 25 DAYS)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	NF	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	PB	QL (1 package per 25 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	NF	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	PB	QL (1 PACKAGE per 25 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	NP	QL (2 PACKAGES per 25 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/lact, 232-14 mcg/lact, 55-14 mcg/lact</i>	NF	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	PG	QL (6 BOXES per 25 DAYS)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	PB	QL (1 PACKAGE per 25 days)
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	PB	QL (1 package per 25 days)
ANTICHOLINERGICS		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	NF	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	NF	
<i>ipratropium bromide inhalation solution 0.02 %</i>	PG	QL (5 ML per 25 days)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	PG	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 PACKAGE per 25 DAYS)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 PACKAGE per 25 DAYs)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 PACKAGE per 25 days)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	PG	QL (1 PACKAGE per 25 DAYs)
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	QL (30 ML per 25 days)
ANTIHISTAMINE COMBINATIONS		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	PG	QL (1 GM per 25 DAYs)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	NF	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	NF	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (<i>fexofenadine hcl</i>)	PG	Select OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (<i>fexofenadine hcl</i>)	PG	Select OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (<i>fexofenadine hcl</i>)	PG	Select OTC
<i>allergy rel child (cetirizine) oral tablet dispersible 10 mg</i>	PG	Select OTC
<i>azelastine hcl nasal solution 0.1 %</i>	PG	QL (2 BOTTLES per 25 DAYs)
<i>carbinoxamine maleate oral tablet 4 mg</i>	PG	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NF	
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	PG	Select OTC
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	PG	Select OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	PG	Select OTC
CLARITIN ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL CAPSULE 10 MG (<i>loratadine</i>)	PG	Select OTC

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLARITIN ORAL TABLET 10 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL TABLET CHEWABLE 10 MG (<i>loratadine</i>)	PG	LGC; Select OTC
CLARITIN ORAL TABLET CHEWABLE 5 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>loratadine</i>)	PG	Select OTC
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>cvs allergy relief childrens oral suspension 30 mg/5ml</i>	PG	Select OTC
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	PG	
<i>cyproheptadine hcl oral tablet 4 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>desloratadine oral tablet 5 mg</i>	PG	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	NP	
<i>eq loratadine childrens oral tablet chewable 5 mg</i>	PG	Select OTC
<i>fexofenadine hcl oral tablet 180 mg</i>	PG	Select OTC
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	PG	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	NP	ST
<i>kp fexofenadine hcl oral tablet 60 mg</i>	PG	Select OTC
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	PG	Select OTC
<i>loratadine oral capsule 10 mg</i>	PG	Select OTC
<i>loratadine oral tablet 10 mg</i>	PG	Select OTC
<i>olopatadine hcl nasal solution 0.6 %</i>	NP	QL (1 BOTTLE per 25 days)
PATANASE NASAL SOLUTION 0.6 % (<i>olopatadine hcl</i>)	NP	QL (1 BOTTLE per 25 days)
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	NF	
RYVENT ORAL TABLET 6 MG (<i>carbinoxamine maleate</i>)	NF	
<i>sm loratadine allergy relief oral tablet dispersible 10 mg</i>	PG	Select OTC
<i>sm loratadine oral solution 5 mg/5ml</i>	PG	Select OTC

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (<i>levocetirizine dihydrochloride</i>)	PG	Select OTC
ZYRTEC ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 10 MG (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 2.5 MG (<i>cetirizine hcl</i>)	PG	LGC; Select OTC
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact</i>	PG	N8 (Listing does not include certain NDCs); QL (2 GM per 25 DAYS)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	PG	QL (5 BOXES per 25 DAYS)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	QL (5 BOXES per 25 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	PG	QL (60 ML per 25 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PG	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	NF	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (<i>arformoterol tartrate</i>)	NF	
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	PG	QL (2 BOXES per 25 DAYS)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	QL (300 ML per 25 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	PG	QL (45 NEBULIZATION SOLUTION per 25 days)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/lact</i>	NP	QL (2 INHALERS per 25 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	NP	QL (60 VIALS per 25 days)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate (sensor)</i>)	NF	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	NF	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	PB	QL (1 PACKAGE per 25 DAYs)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	NF	
COLD/COUGH		
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (<i>fexofenadine-pseudoephedrine</i>)	PG	Select OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (<i>fexofenadine-pseudoephedrine</i>)	PG	Select OTC
<i>benzonatate oral capsule 100 mg, 200 mg</i>	PG	
<i>benzonatate oral capsule 150 mg</i>	NP	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	PG	Select OTC
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	PG	Select OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	PG	Select OTC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>coditussin ac oral liquid 200-10 mg/5ml</i>	PG	Select OTC; QL (60 ML per 1 day)
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	PG	Select OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	PG	Select OTC
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (hydrocodone bit-homatrop mbr)	NF	
HYCODAN ORAL TABLET 5-1.5 MG (hydrocodone bit-homatrop mbr)	NF	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	NP	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	PG	QL (30 ML per 1 day)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	PG	QL (6 TABLETS per 1 day)
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	PG	Select OTC
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	PG	
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>	PG	QL (30 ML per 1 DAY)
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	PG	QL (30 ML per 1 DAY)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	PG	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>sm loratadine d 12hr oral tablet extended release 12 hour 5-120 mg</i>	PG	Select OTC
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (chlorpheniramine-codeine)	NF	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (cetirizine-pseudoephedrine)	PG	Select OTC
CYSTIC FIBROSIS		
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (tobramycin)	NF	
BRONCHITOL INHALATION CAPSULE 40 MG (mannitol (cystic fibrosis))	NF	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (aztreonam lysine)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALYDECO ORAL PACKET 13.4 MG (<i>ivacaftor</i>)	NPSP	PA; QL (56 PACKETS per 28 DAYs)
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	NPSP	PA; QL (56 PACKET per 28 days)
KALYDECO ORAL PACKET 5.8 MG (<i>ivacaftor</i>)	NPSP	PA; QL (56 PACKETS per 28 Days)
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	NPSP	PA; QL (1 carton per 28 days)
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NF	
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (56 PACKET per 28 days)
ORKAMBI ORAL PACKET 75-94 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (56 PACKETS per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (112 TABLETS per 28 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	NPSP	PA; QL (150 ML per 30 Days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	NPSP	PA; QL (56 TABLETS per 28 days)
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	NF	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	PSP	PA; QL (224 ML per 28 DAYs)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PSP	PA; QL (280 ML per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacafti</i>)	NPSP	PA; QL (84 TABLETS per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacafti</i>)	NPSP	PA; QL (56 PACKETS per 28 days)
LEUKOTRIENE MODIFIERS		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	NF	N10 (NP)
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
<i>montelukast sodium oral packet 4 mg</i>	PG	
<i>montelukast sodium oral tablet 10 mg</i>	PG	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	PG	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	NF	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	PG	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PG	QL (2 BOXES per 25 DAYs)
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	PG	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	NF	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	PG	
<i>sodium chloride inhalation nebulization solution 10 %, 3 %</i>	PG	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (<i>beclomethasone diprop monohyd</i>)	NF	
<i>budesonide nasal suspension 32 mcg/lact</i>	PG	Select OTC; QL (2 packages per 25 days)
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (<i>fluticasone propionate</i>)	PG	Select OTC; QL (1 ML per 25 DAYs)
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	PG	QL (3 CONTAINERS per 25 DAYs)
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	PG	Select OTC; QL (1 ML per 25 DAYs)
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (<i>triamcinolone acetanide</i>)	PG	Select OTC; QL (1 PACKAGE per 25 DAYs)
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NF	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NF	
<i>triamcinolone acetonide nasal aerosol 55 mcg/lact</i>	PG	Select OTC; QL (1 ML per 25 DAYs)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	NP	PA; QL (2 PACKAGES per 25 days)
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (<i>ciclesonide</i>)	NF	
PRENATAL VITAMINS		
<i>allergy relief (cetirizine) oral capsule 10 mg</i>	PG	
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	NF	
ESBRIET ORAL TABLET 267 MG, 801 MG (<i>pirfenidone</i>)	NF	
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	PSP	PA; QL (60 CAPSULES per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	PSP	PA; QL (270 CAPSULES per 30 DAYs)
<i>pirfenidone oral tablet 267 mg</i>	PSP	PA; QL (270 TABLETS per 30 Days)
<i>pirfenidone oral tablet 534 mg</i>	NF	
<i>pirfenidone oral tablet 801 mg</i>	PSP	PA; QL (90 TABLETS per 30 Days)
SEVERE ASTHMA AGENTS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	PSP	PA; QL (1 ML per 56 DAYs)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (<i>benralizumab</i>)	PSP	PA; QL (1 ML per 56 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	PSP	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	PSP	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	PSP	PA; QL (1 SYRINGE per 28 DAYs)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	PSP	PA; QL (1 PEN per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	PSP	PA; QL (8 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	PSP	PA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	PSP	PA; QL (8 VIALS per 28 days)
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	NF	
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (<i>fluticasone propionate (sensor)</i>)	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	NF	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>mometasone furoate</i>)	NF	
<i>budesonide inhalation suspension 0.25 mg/2ml</i>	PG	QL (3 ML per 25 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	PG	QL (2 ML per 25 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	PG	QL (1 ML per 25 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT (<i>fluticasone propionate (inhal)</i>)	NF	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	NF	N8 (Covered for members age 6 years and younger)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

210

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/lact, 220 mcg/lact, 44 mcg/lact</i>	NF	N8 (Covered for members age 6 years and younger)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT (<i>budesonide</i>)	PB	QL (2 AEROSOL POWDER BREATH ACTIVATED per 25 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT (<i>budesonide</i>)	PB	QL (3 AEROSOL POWDER BREATH ACTIVATED per 25 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	NF	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	NF	N8 (Covered for members age 6 years and younger); AL (Max 6 Years)
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>)	PB	QL (1 INHALER per 25 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (<i>fluticasone-salmeterol(sensor)</i>)	NF	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	PB	QL (3 PACKAGES per 25 DAYS)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (<i>fluticasone furoate-vilanterol</i>)	PB	N8 (Listing does not include certain NDCs); QL (1 package per 25 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	PB	QL (1 PACKAGE per 25 DAYS)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact</i>	NF	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium br-formoterol fum</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	NF	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/lact, 200-25 mcg/lact</i>	NF	
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/lact, 230-21 mcg/lact, 45-21 mcg/lact</i>	NF	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/lact, 250-50 mcg/lact, 500-50 mcg/lact</i>	NF	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	PB	QL (3 PACKAGES per 25 days)
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	NF	
XANTHINES - DRUGS TO TREAT COPD		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	NF	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	PG	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PG	
<i>theophylline oral elixir 80 mg/15ml</i>	PG	
<i>theophylline oral solution 80 mg/15ml</i>	PG	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	NF	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	NF	
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	NF	
<i>isotretinoin</i> (Accutane Oral Capsule 20 Mg, 30 Mg, 40 Mg)	NP	PA
ACZONE EXTERNAL GEL 5 %, 7.5 % (<i>dapsone</i>)	NF	
<i>adapalene external cream 0.1 %</i>	NP	PA; QL (45 G per 25 days); AL (Max 35 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>adapalene external gel 0.1 %</i>	PG	PA; Select OTC; QL (45 G per 25 days); AL (Max 35 Years)
<i>adapalene external gel 0.3 %</i>	NP	PA; QL (45 G per 25 days); AL (Max 35 Years)
<i>adapalene external pad 0.1 %</i>	NF	
<i>adapalene external solution 0.1 %</i>	NF	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	PG	PA; AL (Max 35 Years)
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	PB	PA
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	NF	
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	NP	PA
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	NF	
ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>)	PB	PA; AL (Max 35 Years)
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	NF	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	NF	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	PG	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	NP	PA
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	NP	QL (60 ML per 25 DAYs)
<i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)	PG	
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NF	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	PG	
<i>clindamycin phos-benzoyl perox external gel 1.2-3.75 %</i>	PG	N8 (Listing does not include certain NDCs)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	NP	
<i>clindamycin phosphate external foam 1 %</i>	NP	N8 (Listing does not include certain NDCs)
<i>clindamycin phosphate external gel 1 %</i>	NP	N8 (Listing does not include certain NDCs); QL (75 G per 25 days)
<i>clindamycin phosphate external lotion 1 %</i>	NP	QL (60 ML per 25 days)
<i>clindamycin phosphate external solution 1 %</i>	NP	QL (60 ML per 25 days)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	NP	PA; N8 (Listing does not include certain NDCs); AL (Max 35 Years)
<i>dapsone external gel 5 %, 7.5 %</i>	PG	
DIFFERIN EXTERNAL CREAM 0.1 % (<i>adapalene</i>)	NP	PA; QL (45 G per 25 days); AL (Max 35 Years)
DIFFERIN EXTERNAL GEL 0.1 % (<i>adapalene</i>)	PG	PA; Select OTC; QL (45 G per 25 days); AL (Max 35 Years)
DIFFERIN EXTERNAL GEL 0.3 % (<i>adapalene</i>)	NP	PA; QL (45 G per 25 days); AL (Max 35 Years)
DIFFERIN EXTERNAL LOTION 0.1 % (<i>adapalene</i>)	NF	
EPIDUO EXTERNAL GEL 0.1-2.5 % (<i>adapalene-benzoyl peroxide</i>)	PB	PA; AL (Max 35 Years)
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	PB	PA; AL (Max 35 Years)
<i>ery external pad 2 %</i>	PG	
ERYGEL EXTERNAL GEL 2 % (<i>erythromycin</i>)	NP	QL (60 G per 25 DAYs)
<i>erythromycin external gel 2 %</i>	PG	QL (60 G per 25 days)
<i>erythromycin external solution 2 %</i>	PG	QL (60 ML per 25 days)
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	NF	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	NP	PA
KLARON EXTERNAL LOTION 10 % (<i>sulfacetamide sodium (acne)</i>)	NP	ST
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phosph benzoyl perox</i>)	PB	
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	NP	PA; AL (Max 35 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (<i>tretinoin</i>)	NP	PA; AL (Max 35 Years)
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	NP	PA; AL (Max 35 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % (<i>tretinoin microsphere</i>)	NP	PA; AL (Max 35 Years)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	PG	
<i>tazarotene external foam 0.1 %</i>	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

214

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	PG	PA; AL (Max 35 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	PG	PA; AL (Max 35 Years)
<i>tretinoin external gel 0.05 %</i>	NP	PA; AL (Max 35 Years)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	PG	PA; AL (Max 35 Years)
<i>tretinoin microsphere pump external gel 0.08 %</i>	NF	
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	PB	
VELTIN EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NF	
WINLEVI EXTERNAL CREAM 1 % (<i>clascoterone</i>)	PB	PA
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	NP	PA
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NF	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC EXTERNAL CREAM 0.5 % (<i>fluorouracil</i>)	NF	
<i>fluorouracil external cream 0.5 %</i>	NF	
<i>fluorouracil external cream 5 %</i>	PG	
<i>fluorouracil external solution 2 %, 5 %</i>	PG	
<i>imiquimod external cream 5 %</i>	PG	QL (2 BOXES per 21 days)
<i>imiquimod pump external cream 3.75 %</i>	NP	PA
KLISYRI EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	NF	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	NF	
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	NF	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (<i>imiquimod</i>)	NF	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate external cream 0.1 %</i>	PG	QL (120 G per 25 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	PG	QL (120 G per 25 days)
<i>mafenide acetate external packet 5 %</i>	PG	
<i>mupirocin calcium external cream 2 %</i>	NF	
<i>mupirocin external ointment 2 %</i>	PG	QL (30 GM per 25 DAYS)
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	NF	
<i>silver sulfadiazine external cream 1 %</i>	PG	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>silver sulfadiazine</i> (Ssd External Cream 1 %)	PG	
XEPI EXTERNAL CREAM 1 % (<i>ozenoxacin</i>)	NP	PA; QL (30 G per 25 DAYs)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox external gel</i> 0.77 %	NP	
<i>ciclopirox external shampoo</i> 1 %	NP	
<i>ciclopirox external solution</i> 8 %	PG	PA; STX; QL (6.6 ML per 21 days)
<i>ciclopirox olamine external cream</i> 0.77 %	PG	
<i>ciclopirox olamine external suspension</i> 0.77 %	NP	
<i>clotrimazole-betamethasone external cream</i> 1-0.05 %	PG	STX; QL (60 GM per 25 days)
<i>clotrimazole-betamethasone external lotion</i> 1-0.05 %	PG	STX; QL (60 ML per 25 days)
<i>econazole nitrate external cream</i> 1 %	NP	QL (85 GM per 25 days)
ECOZA EXTERNAL FOAM 1 % (<i>econazole nitrate</i>)	NF	
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	NF	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	NP	ST; QL (60 GRAMS per 25 days)
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	NP	ST; QL (60 ML per 25 days)
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	NP	PA; QL (4 ML per 21 days)
KERYDIN EXTERNAL SOLUTION 5 % (<i>tavaborole</i>)	NF	
<i>ketconazole external cream</i> 2 %	PG	
<i>ketconazole external foam</i> 2 %	NF	
LOPROX EXTERNAL SUSPENSION 0.77 % (<i>ciclopirox olamine</i>)	NF	
<i>luliconazole external cream</i> 1 %	NF	
LUZU EXTERNAL CREAM 1 % (<i>luliconazole</i>)	NF	
<i>miconazole-zinc oxide-petrolat external ointment</i> 0.25-15-81.35 %	NP	
<i>naftifine hcl external cream</i> 1 %, 2 %	NP	
<i>naftifine hcl external gel</i> 2 %	NF	
NAFTIN EXTERNAL GEL 1 %, 2 % (<i>naftifine hcl</i>)	NF	
<i>nystatin external cream</i> 100000 unit/gm	PG	
<i>nystatin external ointment</i> 100000 unit/gm	PG	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

216

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	PG	STX; QL (60 GM per 25 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	PG	STX; QL (60 GM per 25 DAYs)
<i>oxiconazole nitrate external cream 1 %</i>	NP	N8 (Listing does not include certain NDCs); QL (60 G per 25 days)
OXISTAT EXTERNAL CREAM 1 % (<i>oxiconazole nitrate</i>)	NF	
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	NF	
<i>sulconazole nitrate external cream 1 %</i>	PG	QL (60 GRAMS per 25 days)
<i>sulconazole nitrate external solution 1 %</i>	PG	QL (60 ML per 25 days)
<i>tavaborole external solution 5 %</i>	NF	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	NF	
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl external cream 5 %</i>	NF	
PRUDOXIN EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	NP	ST; QL (45 G per 25 days)
ZONALON EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	NP	ST; QL (45 G per 25 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	PG	PA; QL (60 CAPSULES per 25 days)
<i>calcipotriene external cream 0.005 %</i>	NF	
<i>calcipotriene external foam 0.005 %</i>	NF	
<i>calcipotriene external ointment 0.005 %</i>	NP	ST; QL (60 GM per 25 days)
<i>calcipotriene external solution 0.005 %</i>	NP	ST; QL (60 ML per 25 days)
<i>calcitriol external ointment 3 mcg/gm</i>	NF	
<i>methoxsalen rapid oral capsule 10 mg</i>	PG	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NF	
<i>tazarotene external cream 0.1 %</i>	PG	PA; AL (Max 35 Years)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	NF	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	NF	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>ketconazole external shampoo 2 %</i>	PG	
DERMATOLOGY, ATOPIC DERMATITIS		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	PSP	PA; QL (4 SYRINGES per 28 days)
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	PSP	PA; QL (30 TABLETS per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	PSP	PA; QL (2 PENS per 28 Days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; QL (4 PENS per 28 Days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	PSP	PA; QL (2 SYRINGES per 28 Days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; QL (4 SYRINGES per 28 Days)
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	NP	PA; QL (60 G per 28 DAYS)
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate external cream 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>alclometasone dipropionate external ointment 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>amcinonide external lotion 0.1 %</i>	NP	QL (120 ML per 25 DAYS)
<i>amcinonide external ointment 0.1 %</i>	NF	
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	NF	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	PG	QL (120 ML per 25 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>betamethasone dipropionate external cream 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>betamethasone dipropionate external lotion 0.05 %</i>	PG	QL (120 ML per 25 DAYS)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betamethasone dipropionate external ointment 0.05 %</i>	NF	
<i>betamethasone valerate external cream 0.1 %</i>	NP	QL (120 GM per 25 DAYs)
<i>betamethasone valerate external foam 0.12 %</i>	NP	QL (120 GM per 25 DAYs)
<i>betamethasone valerate external lotion 0.1 %</i>	NP	QL (120 ML per 25 DAYs)
<i>betamethasone valerate external ointment 0.1 %</i>	NP	QL (120 GM per 25 DAYs)
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	PB	QL (120 GM per 25 days)
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NF	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	NF	
CAPEX EXTERNAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	NF	
<i>clobetasol propionate e external cream 0.05 %</i>	NP	QL (120 GM per 25 DAYs)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	NF	
<i>clobetasol propionate external cream 0.05 %</i>	NP	QL (120 GM per 25 DAYs)
<i>clobetasol propionate external foam 0.05 %</i>	NP	QL (120 GM per 25 days)
<i>clobetasol propionate external gel 0.05 %</i>	NP	QL (120 GM per 25 DAYs)
<i>clobetasol propionate external liquid 0.05 %</i>	NF	
<i>clobetasol propionate external lotion 0.05 %</i>	NP	QL (120 ML per 25 DAYs)
<i>clobetasol propionate external ointment 0.05 %</i>	NP	QL (120 GM per 25 DAYs)
<i>clobetasol propionate external shampoo 0.05 %</i>	NP	QL (120 ML per 25 DAYs)
<i>clobetasol propionate external solution 0.05 %</i>	NP	QL (120 ML per 25 DAYs)
CLOBEX EXTERNAL LOTION 0.05 % (<i>clobetasol propionate</i>)	NP	PA; QL (180 ML per 25 DAYs)
CLOBEX EXTERNAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	NP	PA; QL (180 ML per 25 DAYs)
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	NF	
<i>clocortolone pivalate external cream 0.1 %</i>	NF	
CLODERM EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	NP	PA; QL (180 GRAMS per 25 days)
CORDRAN EXTERNAL CREAM 0.05 % (<i>flurandrenolide</i>)	NF	
CORDRAN EXTERNAL LOTION 0.05 % (<i>flurandrenolide</i>)	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (fluocinolone acetonide)	NP	PA; QL (180 ML per 25 DAYS)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (fluocinolone acetonide)	NP	PA; QL (180 ML per 25 DAYS)
desonide external cream 0.05 %	NP	QL (120 GM per 25 DAYS)
desonide external gel 0.05 %	NF	
desonide external lotion 0.05 %	NP	QL (120 ML per 25 days)
desonide external ointment 0.05 %	NP	QL (120 GM per 25 DAYS)
DESOWEN EXTERNAL CREAM 0.05 % (desonide)	NP	PA; QL (180 GM per 25 DAYS)
desoximetasone external cream 0.05 %, 0.25 %	NP	QL (120 GM per 25 DAYS)
desoximetasone external gel 0.05 %	NP	QL (120 GM per 25 DAYS)
desoximetasone external liquid 0.25 %	PG	QL (120 ML per 25 days)
desoximetasone external ointment 0.05 %	NF	
desoximetasone external ointment 0.25 %	NP	QL (120 GM per 25 DAYS)
diflorasone diacetate external cream 0.05 %	NF	
diflorasone diacetate external ointment 0.05 %	NF	
DIPROLENE EXTERNAL OINTMENT 0.05 % (betamethasone dipropionate aug)	NP	PA; QL (180 GRAMS per 25 days)
DUOBRII EXTERNAL LOTION 0.01-0.045 % (halobetasol prop-tazarotene)	NF	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	PB	
fluocinolone acetonide body external oil 0.01 %	PG	QL (120 ML per 25 days)
fluocinolone acetonide external cream 0.01 %, 0.025 %	NP	QL (120 GM per 25 DAYS)
fluocinolone acetonide external ointment 0.025 %	NP	QL (120 GM per 25 DAYS)
fluocinolone acetonide external solution 0.01 %	PG	QL (120 ML per 25 days)
fluocinolone acetonide scalp external oil 0.01 %	PG	QL (120 ML per 25 days)
fluocinonide emulsified base external cream 0.05 %	PG	QL (120 GM per 25 DAYS)
fluocinonide external cream 0.05 %	NP	QL (120 GM per 25 DAYS)
fluocinonide external cream 0.1 %	NF	
fluocinonide external gel 0.05 %	NP	QL (120 GM per 25 DAYS)
fluocinonide external ointment 0.05 %	NP	QL (120 GM per 25 DAYS)
fluocinonide external solution 0.05 %	PG	QL (120 ML per 25 days)
flurandrenolide external cream 0.05 %	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flurandrenolide external lotion 0.05 %</i>	NF	
<i>fluticasone propionate external cream 0.05 %</i>	NP	QL (120 GM per 25 DAYs)
<i>fluticasone propionate external lotion 0.05 %</i>	NP	QL (120 ML per 25 days)
<i>fluticasone propionate external ointment 0.005 %</i>	PG	QL (120 GM per 25 DAYs)
<i>halcinonide external cream 0.1 %</i>	NF	
<i>halobetasol propionate external cream 0.05 %</i>	NP	QL (120 GM per 25 DAYs)
<i>halobetasol propionate external foam 0.05 %</i>	NF	
<i>halobetasol propionate external ointment 0.05 %</i>	NP	QL (120 GM per 25 DAYs)
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	NF	
HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>)	NF	
HALOG EXTERNAL SOLUTION 0.1 % (<i>halcinonide</i>)	NF	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	NF	
<i>hydrocortisone butyrate external cream 0.1 %</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NF	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone butyrate external solution 0.1 %</i>	PG	QL (120 ML per 25 DAYs)
<i>hydrocortisone external cream 2.5 %</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone external lotion 2.5 %</i>	PG	QL (120 ML per 25 DAYs)
<i>hydrocortisone external ointment 2.5 %</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone valerate external cream 0.2 %</i>	PG	QL (120 G per 25 days)
<i>hydrocortisone valerate external ointment 0.2 %</i>	PG	QL (120 G per 25 days)
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	NF	
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (<i>triamcinolone acetonide</i>)	NF	
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	NF	
LOCOID EXTERNAL LOTION 0.1 % (<i>hydrocortisone butyrate</i>)	NP	PA; QL (180 ML per 25 DAYs)
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyr lipo base</i>)	NP	PA; QL (180 GM per 25 DAYs)
<i>mometasone furoate external cream 0.1 %</i>	NP	QL (120 GM per 25 DAYs)
<i>mometasone furoate external ointment 0.1 %</i>	NP	QL (120 GM per 25 DAYs)
<i>mometasone furoate external solution 0.1 %</i>	PG	QL (120 ML per 25 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OLUX-E EXTERNAL FOAM 0.05 % (<i>clobetasol propionate emulsion</i>)	NF	
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	NP	PA; QL (180 G per 25 days)
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	NP	PA; STX; QL (120 ML per 25 DAYs)
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	NP	PA; QL (180 GM per 25 DAYs)
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	NP	PA; QL (180 GM per 25 DAYs)
SYNALAR EXTERNAL SOLUTION 0.01 % (<i>fluocinolone acetonide</i>)	NP	PA; QL (180 ML per 25 DAYs)
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	NP	PA; QL (180 ML per 25 DAYs)
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (<i>desoximetasone</i>)	NP	PA; QL (180 GM per 25 DAYs)
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	NP	PA; QL (180 GM per 25 DAYs)
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	NP	PA; QL (180 GM per 25 DAYs)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	NP	PA; QL (180 ML per 25 DAYs)
<i>clobetasol propionate emulsion</i> (Tovet External Foam 0.05 %)	NF	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NF	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	PG	QL (120 GM per 25 DAYs)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	PG	QL (120 ML per 25 DAYs)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	PG	QL (120 GM per 25 DAYs)
<i>triamcinolone acetonide external ointment 0.5 %</i>	PG	QL (120 G per 25 days)
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NF	
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	NF	
VERDESO EXTERNAL FOAM 0.05 % (<i>desonide</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine external ointment 5 %</i>	NP	QL (50 GM per 25 DAYs)
<i>lidocaine external patch 5 %</i>	NP	PA; N8 (Listing does not include certain NDCs); QL (90 PATCHES per 25 DAYs)
<i>lidocaine hcl external solution 4 %</i>	PG	QL (50 ML per 25 DAYs)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	PG	QL (30 G per 25 days)
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	NP	PA; QL (90 PATCHES per 25 DAYs)
PLIAGLIS EXTERNAL CREAM 7-7 % (<i>lidocaine-tetracaine</i>)	NF	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>)	PG	Select OTC
<i>acyclovir external cream 5 %</i>	NF	
<i>acyclovir external ointment 5 %</i>	NP	
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (<i>interferon alfa-n3</i>)	NPSP	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	NF	
<i>bexarotene external gel 1 %</i>	PSP	PA
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	NF	
<i>diclofenac epolamine external patch 1.3 %</i>	PG	STX; QL (30 PATCHES per 25 Days)
<i>diclofenac sodium external gel 3 %</i>	NP	PA; QL (100 G per 25 days)
<i>diclofenac sodium external solution 1.5 %</i>	PG	PA; QL (300 ML per 21 days)
<i>diclofenac sodium external solution 2 %</i>	NF	
<i>docosanol external cream 10 %</i>	PG	Select OTC
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	NF	
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	PB	
FLECTOR EXTERNAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	NF	
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	NF	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	NPSP	QL (1 STICK per 25 DAYs)

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LICART EXTERNAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	NF	
<i>penciclovir external cream 1 %</i>	NF	
PENNSAID EXTERNAL SOLUTION 2 % (<i>diclofenac sodium</i>)	NF	
<i>pimecrolimus external cream 1 %</i>	NP	PA
<i>podofilox external solution 0.5 %</i>	PG	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	NP	PA
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	NP	PA
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	NF	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	NPSP	PA; QL (2 GM per 30 days)
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	NF	
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	NF	
DERMATOLOGY, ROSACEA		
<i>azelaic acid external gel 15 %</i>	NP	
<i>brimonidine tartrate external gel 0.33 %</i>	NF	
<i>doxycycline oral capsule delayed release 40 mg</i>	NF	
EPSOLAY EXTERNAL CREAM 5 % (<i>benzoyl peroxide</i>)	NF	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	PB	PA
FINACEA EXTERNAL GEL 15 % (<i>azelaic acid</i>)	NF	
<i>ivermectin external cream 1 %</i>	NF	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	NP	ST; QL (60 G per 25 days)
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	NF	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	NP	QL (60 ML per 25 DAYs)
<i>metronidazole external cream 0.75 %</i>	PG	QL (60 G per 25 days)
<i>metronidazole external gel 0.75 %</i>	PG	QL (60 G per 25 days)
<i>metronidazole external gel 1 %</i>	NP	QL (60 G per 25 days)
<i>metronidazole external lotion 0.75 %</i>	PG	QL (60 ML per 25 days)
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	NF	
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NF	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	PB	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	NF	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	PB	
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	NF	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	PG	
<i>malathion external lotion 0.5 %</i>	PG	
<i>permethrin external cream 5 %</i>	PG	
<i>spinosad external suspension 0.9 %</i>	PG	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation solution 0.25 %</i>	PG	
REGRANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	NP	PA; QL (30 G per 25 days)
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	PG	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	PG	N8 (Listing does not include certain NDCs)
<i>clotrimazole mouth/throat troche 10 mg</i>	PG	QL (90 LOZENGES per 25 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	PG	N8 (Listing does not include certain NDCs)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	PG	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	NP	QL (14 TABLETS per 25 days)
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	PG	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid otic solution 2 %</i>	PG	
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	NF	N10 (NP)
<i>ciprofloxacin hcl otic solution 0.2 %</i>	NP	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	PG	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	NF	N10 (NP)
<i>fluocinolone acetonide otic oil 0.01 %</i>	NP	

2023 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
12/01/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	PG	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	PG	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	PG	
<i>ofloxacin otic solution 0.3 %</i>	PG	
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	NF	

Index

<i>abacavir sulfate</i>	27	ADDERALL XR.....	86	<i>albendazole</i>	25
<i>abacavir sulfate-lamivudine</i>	30	ADDYI.....	103	<i>albuterol sulfate</i>	204
ABILIFY.....	77	<i>adefovir dipivoxil</i>	33	<i>albuterol sulfate hfa</i>	204
ABILIFY ASIMTUFII.....	77	ADEMPAS.....	64	<i>alclometasone dipropionate</i>	218
ABILIFY MAINTENA.....	77	ADIPEX-P.....	116	<i>alcohol swabs</i>	132
<i>abiraterone acetate</i>	41	ADLARITY.....	68	ALDURAZYME.....	141
ABREVA.....	223	ADMELOG.....	110	ALECENSA.....	43
ABSORICA.....	212	ADMELOG SOLOSTAR.....	110	<i>alendronate sodium</i>	117
ABSORICA LD.....	212	ADTHYZA.....	152	ALFERON N.....	223
<i>acamprosate calcium</i>	66	ADV AIR DISKUS.....	211	<i>alfuzosin hcl er</i>	162
ACANYA.....	212	ADV AIR HFA.....	211	ALINIA.....	37
<i>acarbose</i>	107	ADVANCE INTUITION		<i>aliskiren fumarate</i>	61
ACCRUFER.....	192	TEST.....	131	ALKINDI SPRINKLE.....	146
ACCU-CHEK AVIVA PLUS		ADVANCE MICRO-DRAW		ALLEGRA ALLERGY.....	202
.....	131	TEST.....	131	ALLEGRA ALLERGY	
ACCU-CHEK FASTCLIX		ADVATE.....	170	CHILDRENS.....	202
LANCETS.....	131	ADVOCATE REDI-CODE..	131	ALLEGRA-D ALLERGY &	
ACCU-CHEK GUIDE.....	131	ADVOCATE REDI-CODE+		CONGESTION.....	205
ACCU-CHEK		TEST.....	131	<i>allergy rel child (cetirizine)</i>	202
SMARTVIEW.....	131	ADVOCATE TEST.....	131	<i>allergy relief (cetirizine)</i>	209
ACCU-CHEK SOFTCLIX		<i>adynovate</i>	170	<i>allopurinol</i>	13
LANCETS.....	131	ADZENYS XR-ODT.....	86	ALLZITAL.....	14
Accutane.....	212	AFINITOR.....	43	<i>almotriptan malate</i>	92
ACCUTREND GLUCOSE..	131	AFINITOR DISPERZ.....	43	<i>alogliptin benzoate</i>	108
<i>acebutolol hcl</i>	58	Afirmelle.....	119	<i>alogliptin-metformin hcl</i>	108
<i>acetaminophen-codeine</i>	17	AFREZZA.....	110	<i>alogliptin-pioglitazone</i>	108
<i>acetazolamide</i>	61	AFSTYLA.....	170	ALORA.....	143
<i>acetazolamide er</i>	61	AFTERA.....	119	<i>alosetron hcl</i>	157
<i>acetic acid</i>	225	AFTERPILL.....	119	ALPHAGAN P.....	194
<i>acetylcysteine</i>	208	AGAMATRIX AMP TEST..	131	ALPHANATE.....	167
ACIPHEX.....	160	AGAMATRIX JAZZ TEST..	131	ALPHANINE SD.....	171
<i>acitretin</i>	217	AGAMATRIX KEYNOTE		<i>alprazolam</i>	67
ACTEMRA.....	175	TEST.....	132	<i>alprazolam er</i>	66
ACTEMRA ACTPEN.....	175	AGAMATRIX PRESTO		ALPRAZOLAM INTENSOL	66
ACTHAR.....	150	TEST.....	132	ALPROLIX.....	172
ACTIMMUNE.....	186	AGRYLIN.....	172	ALREX.....	197
ACTONEL.....	117	AIMOVIG.....	92	Altavera.....	119
ACTOS.....	114	AIRDUO DIGIHALER.....	211	ALTOPREV.....	56
ACUVAIL.....	197	AIRDUO RESPICLICK		ALTRENO.....	213
<i>acyclovir</i>	32, 33, 223	113/14.....	200	ALTUVIIIO.....	170
ACZONE.....	212	AIRDUO RESPICLICK		ALUNBRIG.....	43
<i>adalimumab-adaz</i>	175	232/14.....	201	ALVESCO.....	210
<i>adalimumab-adbm</i>	176	AIRDUO RESPICLICK		<i>alyacen 1/35</i>	119
<i>adalimumab-fkjp</i>	176	55/14.....	201	<i>alyacen 7/7/7</i>	119
<i>adapalene</i>	212, 213	AIRSUPRA.....	211	Alyq.....	64
<i>adapalene-benzoyl peroxide</i>	213	AJOVY.....	92	Amabelz.....	143
ADBRY.....	218	AKEEGA.....	41	<i>amantadine hcl</i>	75
ADCIRCA.....	64	AKLIEF.....	213	AMBIEN.....	91
ADDERALL.....	86	AKYNZEO.....	154	AMBIEN CR.....	91

<i>ambrisentan</i>	64	<i>apomorphine hcl</i>	75	ATACAND HCT.....	53
<i>amcinonide</i>	218	<i>aprepitant</i>	154	<i>atazanavir sulfate</i>	27
AMELUZ.....	223	Apri.....	120	ATELVIA.....	117
Amethia.....	119	APRISO.....	156	<i>atenolol</i>	58
Amethyst.....	119	APTENSIO XR.....	86	<i>atenolol-chlorthalidone</i>	58
<i>amiloride hcl</i>	62	APTIOM.....	79	ATGAM.....	186
<i>amiloride-hydrochlorothiazide</i> ..	62	APTIVUS.....	27	ATIVAN.....	67
<i>aminocaproic acid</i>	172	ARAKODA.....	26	<i>atomoxetine hcl</i>	86
<i>amiodarone hcl</i>	54	ARALAST NP.....	200	ATORVALIQ.....	56
AMITIZA.....	157	Aranelle.....	120	<i>atorvastatin calcium</i>	56
<i>amitriptyline hcl</i>	69	ARANESP (ALBUMIN		<i>atovaquone</i>	37
AMJEVITA.....	176	FREE).....	168	<i>atovaquone-proguanil hcl</i>	26
<i>amlodipine besy-benazepril hcl</i> ..	51	ARAZLO.....	213	ATRALIN.....	213
<i>amlodipine besylate</i>	60	ARCALYST.....	186	<i>atropine sulfate</i>	198
<i>amlodipine besylate-valsartan</i> ...	52	<i>arformoterol tartrate</i>	204	ATROVENT HFA.....	201
<i>amlodipine-atorvastatin</i>	60	ARIKAYCE.....	25	AUBAGIO.....	97
<i>amlodipine-olmesartan</i>	52	<i>aripiprazole</i>	77	Aubra Eq.....	120
<i>amlodipine-valsartan-hctz</i>	53	ARISTADA.....	77	Aurovela 1.5/30.....	120
Amnesteem.....	213	ARISTADA INITIO.....	77	Aurovela 1/20.....	120
<i>amoxapine</i>	69	<i>armodafinil</i>	101	Aurovela 24 Fe.....	120
<i>amoxicill-clarithro-lansopraz</i> ..	162	ARMONAIR DIGIHALER.....	210	Aurovela Fe 1.5/30.....	120
<i>amoxicillin</i>	38	ARNUITY ELLIPTA.....	210	Aurovela Fe 1/20.....	120
<i>amoxicillin-pot clavulanate</i>	38	ARTHROTEC.....	16	AURYXIA.....	151
<i>amoxicillin-pot clavulanate er</i> ...38		ASCENIV.....	184	AUSTEDO.....	96
<i>amphetamine sulfate</i>	86	ASCOR.....	192	AUSTEDO XR.....	96
<i>amphetamine-dextroamphet er</i> ..	86	<i>asenapine maleate</i>	77	AUSTEDO XR PATIENT	
<i>amphetamine-</i>		Ashlyna.....	120	TITRATION.....	96
<i>dextroamphetamine</i>	86	ASMANEX (120 METERED		AUVELITY.....	69
<i>amphet-dextroamphet 3-bead</i>		DOSES).....	210	AUVI-Q.....	200
<i>er</i>	86	ASMANEX (30 METERED		AVEED.....	106
<i>ampicillin</i>	38	DOSES).....	210	Aviane.....	120
AMPYRA.....	97	ASMANEX (60 METERED		AVONEX PEN.....	97
AMRIX.....	100	DOSES).....	210	AVONEX PREFILLED.....	97
AMZEEQ.....	213	ASMANEX HFA.....	210	AVSOLA.....	175
ANAFRANIL.....	67	<i>aspirin</i>	24	Ayuna.....	120
<i>anagrelide hcl</i>	172	<i>aspirin childrens</i>	23	AYVAKIT.....	44
<i>anastrozole</i>	41	<i>aspirin-dipyridamole er</i>	173	AZASITE.....	196
ANDRODERM.....	106	ASPRUZYO SPRINKLE.....	63	<i>azathioprine</i>	187
ANDROGEL PUMP.....	106	ASSURE 3 TEST.....	132	<i>azelaic acid</i>	224
ANGELIQ.....	143	ASSURE 4 TEST.....	132	<i>azelastine hcl</i>	194, 202
ANNOVERA.....	120	ASSURE II.....	132	<i>azelastine-fluticasone</i>	202
ANORO ELLIPTA.....	201	ASSURE II CHECK.....	132	AZELEX.....	213
ANTIVERT.....	154	ASSURE LANCE		<i>azesco</i>	189
ANZEMET.....	154	LANCETS.....	132	<i>azithromycin</i>	35
APADAZ.....	17	ASSURE PLATINUM.....	132	AZOPT.....	194
<i>apap-caff-dihydrocodeine</i>	17	ASSURE PRISM MULTI		AZOR.....	53
APEXICON E.....	218	TEST.....	132	AZSTARYS.....	87
APIDRA.....	110	ASSURE PRO TEST.....	132	Azurette.....	120
APIDRA SOLOSTAR.....	110	ATABEX EC.....	189	Bac.....	14
APOKYN.....	75	ATACAND.....	54	<i>bacitracin</i>	196

<i>bacitracin-polymyxin b</i>	196	BESREMI.....	41	<i>bromfenac sodium (once-daily)</i>	197
<i>baclofen</i>	100	<i>betaine</i>	141	<i>bromocriptine mesylate</i>	75
BAFIERTAM.....	97	<i>betamethasone dipropionate</i>	218, 219	BROMSITE.....	197
BALCOLTRA.....	120	<i>betamethasone dipropionate</i>	218	BRONCHITOL.....	206
<i>balsalazide disodium</i>	156	<i>aug</i>	218	BROVANA.....	204
BALVERSA.....	44	<i>betamethasone valerate</i>	219	BRUKINSA.....	44
Balziva.....	120	BETAPACE.....	54	BRYHALI.....	219
BANZEL.....	79, 80	BETAPACE AF.....	54	<i>budesonide</i>	156, 208, 210
BAQSIMI ONE PACK.....	147	BETASERON.....	97	<i>budesonide er</i>	156
BAQSIMI TWO PACK.....	147	<i>betaxolol hcl</i>	58, 194	<i>budesonide-formoterol</i>	
BARACLUDE.....	33	<i>bethanechol chloride</i>	164	<i>fumarate</i>	211
BASAGLAR KWIKPEN.....	110	BETHKIS.....	206	<i>bumetanide</i>	62
BASAGLAR TEMPO PEN..	110	BETIMOL.....	194	Bupap.....	14
BD GLUCOSE.....	147	BETOPTIC-S.....	194	BUPHENYL.....	141
BD INSULIN SYRINGE U-		BEVESPI AEROSPHERE....	201	<i>buprenorphine</i>	23
500.....	132	<i>bexarotene</i>	49, 223	<i>buprenorphine hcl</i>	103
BD MICROTAINER		BEYAZ.....	120	<i>buprenorphine hcl-naloxone hcl</i>	
LANCETS.....	132	<i>bicalutamide</i>	41	.....	102
BD PEN NEEDLE MICRO		BIDIL.....	62	<i>bupropion hcl</i>	70
U/F.....	132	BIJUVA.....	143	<i>bupropion hcl er (smoking det)</i>	
BD PEN NEEDLE MINI		BIKTARVY.....	30	.....	104
U/F.....	132	BILTRICIDE.....	25	<i>bupropion hcl er (sr)</i>	69
BD PEN NEEDLE NANO		<i>bimatoprost</i>	194	<i>bupropion hcl er (xl)</i>	69, 70
2ND GEN.....	132	BINOSTO.....	117	<i>buspirone hcl</i>	67
BD PEN NEEDLE NANO		<i>bismuth/metronidazole/tetracyclin</i>		<i>butalbital-acetaminophen</i>	14
U/F.....	132	.....	162	<i>butalbital-apap-caff-cod</i>	17
BD PEN NEEDLE		<i>bisoprolol fumarate</i>	58	<i>butalbital-apap-caffeine</i>	14
ORIGINAL U/F.....	132	<i>bisoprolol-hydrochlorothiazide</i> ..	58	<i>butalbital-asa-caff-codeine</i>	17
BD PEN NEEDLE SHORT		BIVIGAM.....	184	<i>butalbital-aspirin-caffeine</i>	14
U/F.....	132	Blisovi 24 Fe.....	120	<i>butorphanol tartrate</i>	17
BECONASE AQ.....	208	Blisovi Fe 1.5/30.....	120	BUTRANS.....	23
BELBUCA.....	23	Blisovi Fe 1/20.....	120	BYDUREON BCISE.....	109
BELSOMRA.....	91	<i>blood glucose test</i>	132	BYETTA 10 MCG PEN.....	109
<i>benazepril hcl</i>	52	<i>bosentan</i>	64	BYETTA 5 MCG PEN.....	109
<i>benazepril-hydrochlorothiazide</i> ..	51	BOSULIF.....	44	BYLVAY.....	158
BENEFIX.....	172	BOTOX.....	100	BYLVAY (PELLETS).....	158
BENICAR.....	54	BRAFTOVI.....	44	BYOOVIZ.....	199
BENICAR HCT.....	53	BRENZAVVY.....	116	BYSTOLIC.....	58
BENLYSTA.....	187	BREO ELLIPTA.....	211	<i>cabergoline</i>	150
<i>benzhydrocodone-</i>		BREXAFEMME.....	25	CABLIVI.....	167
<i>acetaminophen</i>	17	BREZTRI AEROSPHERE..	201	CABOMETYX.....	44
<i>benzonatate</i>	205	<i>briellyn</i>	121	<i>calcipotriene</i>	217
<i>benzoyl peroxide-erythromycin</i>		BRILINTA.....	173	<i>calcipotriene-betameth diprop</i> ..	219
.....	213	<i>brimonidine tartrate</i>	194, 224	<i>calcitonin (salmon)</i>	150
<i>benzphetamine hcl</i>	116	<i>brimonidine tartrate-timolol</i>	194	<i>calcitriol</i>	192, 217
<i>benztropine mesylate</i>	75	<i>brinzolamide</i>	194	<i>calcium acetate (phos binder)</i> ..	151
<i>bepotastine besilate</i>	194	BRIVIACT.....	80	CALQUENCE.....	44
BEPREVE.....	194			CAMBIA.....	15
BERINERT.....	184			Camila.....	121
BESIVANCE.....	196				

Camrese.....	121	CELEBREX.....	13	CITRANATAL HARMONY.....	189
Camrese Lo.....	121	<i>celecoxib</i>	13	CITRANATAL MEDLEY...189	
CAMZYOS.....	63	<i>cephalexin</i>	34, 35	Claravis.....	213
CANASA.....	156	CEQUA.....	198	<i>clarithromycin</i>	35
<i>candesartan cilexetil</i>	54	CERDELGA.....	141	<i>clarithromycin er</i>	35
<i>candesartan cilexetil-hctz</i>	53	CEREZYME.....	141	CLARITIN.....	202, 203
<i>capecitabine</i>	40	<i>cetirizine hcl</i>	202	CLARITIN ALLERGY.....	
CAPEX.....	219	<i>cetirizine hcl allergy child</i>	202	CHILDRENS.....	202
CAPLYTA.....	77	<i>cetirizine-pseudoephedrine er</i> ..	205	CLARITIN REDITABS.....	203
CAPRELSA.....	44	CETROTIDE.....	145	CLARITIN-D 12 HOUR.....	205
<i>captopril</i>	52	<i>cevimeline hcl</i>	225	CLARITIN-D 24 HOUR.....	205
<i>captopril-hydrochlorothiazide</i> ... 51		Charlotte 24 Fe.....	121	<i>clemastine fumarate</i>	203
CARAC.....	215	Chateal Eq.....	121	CLENPIQ.....	157
CARAFATE.....	158	CHENODAL.....	158	CLEOCIN-T.....	213
CARBAGLU.....	141	<i>chlordiazepoxide hcl</i>	67	CLEVER CHEK AUTO- CODE TEST.....	133
<i>carbamazepine</i>	80	<i>chlordiazepoxide-amitriptyline</i> 103		CLEVER CHEK AUTO- CODE VOICE.....	133
<i>carbamazepine er</i>	80	<i>chlordiazepoxide-clidinium</i>	155	CLEVER CHEK TEST.....	133
<i>carbidopa</i>	75	<i>chlorhexidine gluconate</i>	225	CLEVER CHOICE AUTO- CODE TEST.....	133
<i>carbidopa-levodopa</i>	75	<i>chloroquine phosphate</i>	26	CLEVER CHOICE MICRO TEST.....	133
<i>carbidopa-levodopa er</i>	75	<i>chlorpromazine hcl</i>	77	CLEVER CHOICE NO CODING.....	133
<i>carbidopa-levodopa-entacapone</i> 75		<i>chlorthalidone</i>	62	CLEVER CHOICE TALK SYSTEM.....	133
<i>carbinoxamine maleate</i>	202	<i>chlorzoxazone</i>	100	CLIMARA.....	143
CARDIZEM.....	60	CHOLBAM.....	158	CLIMARA PRO.....	143
CARDIZEM CD.....	60	<i>cholestyramine</i>	55	Clindacin-P.....	213
CARDIZEM LA.....	60	<i>cholestyramine light</i>	55	CLINDAGEL.....	213
CAREONE LANCET SUPER THIN 30G.....	133	<i>chorionic gonadotropin</i>	145	<i>clindamycin hcl</i>	37
CARESENS LANCETS.....	133	CIALIS.....	163	<i>clindamycin palmitate hcl</i>	37
CARESENS N GLUCOSE TEST.....	133	CIBINQO.....	218	<i>clindamycin phos-benzoyl perox</i>	213
CARETOUCH TEST.....	133	<i>ciclopirox</i>	216	<i>clindamycin phosphate</i>	165, 213
<i>carglumic acid</i>	141	<i>ciclopirox olamine</i>	216	<i>clindamycin-tretinoin</i>	214
<i>carisoprodol</i>	100	<i>cidofovir</i>	33	<i>clobazam</i>	80
CARNITOR.....	118	<i>cilostazol</i>	172	<i>clobetasol propionate</i>	219
CARNITOR SF.....	118	CILOXAN.....	196	<i>clobetasol propionate e</i>	219
CAROSPIR.....	62	CIMDUO.....	30	<i>clobetasol propionate emulsion</i> 219	
<i>carteolol hcl</i>	195	CIMERLI.....	199	CLOBEX.....	219
<i>carvedilol</i>	58	<i>cimetidine</i>	155	CLOBEX SPRAY.....	219
<i>carvedilol phosphate er</i>	59	CIMZIA.....	176	<i>clocortolone pivalate</i>	219
CAVERJECT.....	163	CIMZIA STARTER KIT.....	176	CLODERM.....	219
CAVERJECT IMPULSE.....	163	<i>cinacalcet hcl</i>	118	CLOMID.....	145
CAYA.....	121	CINRYZE.....	184	<i>clomipramine hcl</i>	67
CAYSTON.....	206	CIPRO HC.....	225	<i>clonazepam</i>	80
<i>cefaclor</i>	34	<i>ciprofloxacin hcl</i>	35, 196, 225	<i>clonidine</i>	63
<i>cefadroxil</i>	34	<i>ciprofloxacin-dexamethasone</i> ..	225		
<i>cefdinir</i>	34	<i>ciprofloxacin-fluocinolone pf</i> ..	225		
<i>cefixime</i>	34	<i>citalopram hydrobromide</i>	70		
<i>cefpodoxime proxetil</i>	34	CITRANATAL 90 DHA.....	189		
<i>cefprozil</i>	34	CITRANATAL ASSURE....	189		
<i>cefuroxime axetil</i>	34	CITRANATAL B-CALM....	189		
		CITRANATAL BLOOM.....	189		

<i>clonidine hcl</i>	63	CORDRAN.....	219	CYSTADROPS.....	199
<i>clonidine hcl er</i>	63	COREG CR.....	59	CYSTAGON.....	141
<i>clopidogrel bisulfate</i>	173	CORIFACT.....	167	CYSTARAN.....	199
<i>clorazepate dipotassium</i>	80	CORLANOR.....	62	CYTOMEL.....	152
<i>clotrimazole</i>	225	CORTIFOAM.....	156	<i>dabigatran etexilate mesylate</i>	166
<i>clotrimazole-betamethasone</i>	216	<i>cortisone acetate</i>	146	<i>dalfampridine er</i>	97
<i>clozapine</i>	77	CORTROPHIN.....	150	DALIRESP.....	208
COAGADEX.....	167	COSENTYX.....	177	<i>danazol</i>	141
COAGUCHEK LANCETS..	133	COSENTYX (300 MG		<i>dantrolene sodium</i>	100
<i>codeine sulfate</i>	17	DOSE).....	177	<i>dapsone</i>	37, 214
<i>coditussin ac</i>	206	COSENTYX		DARAPRIM.....	37
COLAZAL.....	156	SENSOREADY (300 MG)...	177	<i>darifenacin hydrobromide er</i> ...	164
<i>colchicine</i>	14	COSENTYX		DARTISLA ODT.....	153
<i>colchicine-probenecid</i>	14	SENSOREADY PEN.....	177	<i>darunavir</i>	27
COLCRYS.....	14	COSENTYX UNOREADY.	177	Dasetta 1/35.....	121
<i>colesevelam hcl</i>	55	COSOPT PF.....	195	Dasetta 7/7/7.....	121
<i>colestipol hcl</i>	55	COTELLIC.....	44	DAURISMO.....	41
<i>colistimethate sodium (cba)</i>	37	COTEMPLA XR-ODT.....	87	DAYBUE.....	95
COMBIGAN.....	195	COZAAR.....	54	Daysee.....	121
COMBIPATCH.....	143	CREON.....	159	DAYTRANA.....	87
COMBIVENT RESPIMAT..	201	CRESEMBA.....	26	DAYVIGO.....	91
COMBIVIR.....	30	CRESTOR.....	56	D-CARE BLOOD	
COMETRIQ (100 MG		CRINONE.....	152	GLUCOSE.....	133
DAILY DOSE).....	44	<i>cromolyn sodium</i>	194, 208	DDAVP.....	153
COMETRIQ (140 MG		CROTAN.....	225	Deblitane.....	121
DAILY DOSE).....	44	Cryselle-28.....	121	<i>deferasirox</i>	118
COMETRIQ (60 MG DAILY		CUPRIMINE.....	118	<i>deferasirox granules</i>	118
DOSE).....	44	CURAE.....	121	<i>deferiprone</i>	118
<i>comfort assured lancets 28g</i>	133	CUTAQUIG.....	185	<i>deferoxamine mesylate</i>	118
<i>comfort assured lancets 33g</i>	133	CUVITRU.....	185	DELSTRIGO.....	31
COMFORT TOUCH		CUVPOSA.....	153	Delyla.....	121
LANCETS 31G.....	133	CUVRIOR.....	118	DELZICOL.....	156
COMFORT TOUCH PLUS		CVS ADVANCED		<i>demeclocycline hcl</i>	38
LANCETS 30G.....	133	GLUCOSE TEST.....	133	DENAVIR.....	223
COMPLERA.....	30	<i>cvs allergy relief childrens</i>	203	DEPAKOTE.....	80
<i>complete natal dha</i>	189	<i>cvs nicotine</i>	104, 105	DEPAKOTE ER.....	80
<i>completenate</i>	189	<i>cvs nicotine polacrilex</i>	104, 105	DEPAKOTE SPRINKLES....	80
Compro.....	154	<i>cyanocobalamin</i>	192	DEPEN TITRATABS.....	118
CONCEPT OB.....	189	<i>cyclobenzaprine hcl</i>	100	DEPO-SUBQ PROVERA	
CONCERTA.....	87	<i>cyclobenzaprine hcl er</i>	100	104.....	121
<i>condoms</i>	121	<i>cyclophosphamide</i>	40	DERMA-SMOOTH/FS	
CONJUPRI.....	60	<i>cycloserine</i>	32	BODY.....	220
CONTOUR NEXT TEST.....	133	CYCLOSET.....	108	DERMA-SMOOTH/FS	
CONTOUR TEST.....	133	<i>cyclosporine</i>	187, 198	SCALP.....	220
CONTRAVE.....	116	<i>cyclosporine modified</i>	187	DESCOVY.....	31
CONZIP.....	17, 18	CYLTEZO.....	177, 178	DESFERAL.....	118
COOL BLOOD GLUCOSE		CYMBALTA.....	70	<i>desipramine hcl</i>	70
TEST STRIPS.....	133	<i>cyproheptadine hcl</i>	203	<i>desloratadine</i>	203
COPAXONE.....	97	Cyred Eq.....	121	<i>desmopressin ace spray refrig</i> ..	153
COPIKTRA.....	44	CYSTADANE.....	141	<i>desmopressin acetate</i>	153

<i>desmopressin acetate spray</i>	153	DIFFERIN.....	214	<i>drospiren-eth estrad-levomefol</i>	121
<i>desogestrel-ethinyl estradiol</i>	121	DIFICID.....	35	<i>drospirenone-ethinyl estradiol</i> ..	122
<i>desonide</i>	220	<i>diflorasone diacetate</i>	220	<i>droxidopa</i>	63
DESOWEN.....	220	<i>diflunisal</i>	24	DUAKLIR PRESSAIR.....	211
<i>desoximetasone</i>	220	<i>difluprednate</i>	197	DUAVEE.....	143
DESOXYN.....	87	<i>digoxin</i>	61	DUET DHA 400.....	189
<i>desvenlafaxine er</i>	70	<i>dihydroergotamine mesylate</i>	92	DUEXIS.....	16
<i>desvenlafaxine succinate er</i>	70	DILANTIN.....	81	DULERA.....	212
DETROL LA.....	164	DILANTIN INFATABS.....	81	<i>duloxetine hcl</i>	71
<i>dexabliss</i>	146	DILAUDID.....	18	DUOBRII.....	220
<i>dexamethasone</i>	146	<i>diltiazem hcl</i>	60	DUO-CARE TEST.....	134
<i>dexamethasone sodium</i>		<i>diltiazem hcl er</i>	60	DUOPA.....	75
<i>phosphate</i>	197	<i>diltiazem hcl er beads</i>	60	DUPIXENT.....	218
DEXCOM G6 RECEIVER..	133	<i>diltiazem hcl er coated beads</i>	60	DUROLANE.....	24
DEXCOM G6 SENSOR.....	133	<i>dilt-xr</i>	60	<i>dutasteride</i>	162
DEXCOM G6		<i>dimethyl fumarate</i>	97	<i>dutasteride-tamsulosin hcl</i>	162
TRANSMITTER.....	134	<i>dimethyl fumarate starter pack</i> ..	97	DYANAVEL XR.....	87
DEXCOM G7 RECEIVER..	134	DIOVAN.....	54	DYMISTA.....	202
DEXCOM G7 SENSOR.....	134	DIOVAN HCT.....	53	DYRENIUM.....	62
DEXEDRINE.....	87	DIPENTUM.....	156	DYSPORT.....	100
Dexifol.....	193	<i>diphenoxylate-atropine</i>	154	E.E.S. GRANULES.....	35
DEXILANT.....	160	DIPROLENE.....	220	<i>easy plus ii glucose test</i>	134
<i>dexlansoprazole</i>	160	<i>dipyridamole</i>	173	EASY STEP TEST.....	134
<i>dexmethylphenidate hcl</i>	87	<i>disopyramide phosphate</i>	54	<i>easy talk blood glucose test</i>	134
<i>dexmethylphenidate hcl er</i>	87	<i>disulfiram</i>	66	EASY TOUCH LANCETS	
<i>dextroamphetamine sulfate</i>	87	<i>divalproex sodium</i>	81	21G.....	134
<i>dextroamphetamine sulfate er</i> ...	87	<i>divalproex sodium er</i>	81	EASY TOUCH LANCETS	
DHIVY.....	75	DIVIGEL.....	143	23G.....	134
DIACOMIT.....	80	<i>docosanol</i>	223	EASY TOUCH LANCETS	
DIASTAT ACUDIAL.....	80	<i>dofetilide</i>	54	26G.....	134
DIASTAT PEDIATRIC.....	80	Dolishale.....	121	EASY TOUCH LANCETS	
DIATHRIVE GLUCOSE		<i>donepezil hcl</i>	68	28G.....	134
TEST.....	134	DOPTelet.....	168	EASY TOUCH LANCETS	
<i>diatrue plus test</i>	134	DORAL.....	91	28G/TWIST.....	134
<i>diazepam</i>	80, 81	DORYX.....	39	EASY TOUCH LANCETS	
Diazepam Intensol.....	80	DORYX MPC.....	38	30G.....	134
<i>diazoxide</i>	147	<i>dorzolamide hcl</i>	195	EASY TOUCH LANCETS	
DIBENZYLINE.....	63	<i>dorzolamide hcl-timolol mal</i>	195	32G.....	134
<i>dichlorphenamide</i>	62	<i>dorzolamide hcl-timolol mal pf</i> 195		EASY TOUCH LANCETS	
<i>diclofenac epolamine</i>	223	DOVATO.....	31	32G/TWIST.....	134
<i>diclofenac potassium</i>	15	<i>doxazosin mesylate</i>	52	EASY TOUCH LANCING	
<i>diclofenac</i>		<i>doxepin hcl</i>	70, 71, 91, 217	DEVICE.....	134
<i>potassium(migraine)</i>	15	<i>doxercalciferol</i>	193	EASY TOUCH SAFETY	
<i>diclofenac sodium</i>	15, 197, 223	<i>doxycycline</i>	224	LANCETS 21G.....	134
<i>diclofenac sodium er</i>	15	<i>doxycycline hyclate</i>	39	EASY TOUCH SAFETY	
<i>diclofenac-misoprostol</i>	16	<i>doxycycline monohydrate</i>	39	LANCETS 23G.....	134
<i>dicloxacillin sodium</i>	38	<i>doxylamine-pyridoxine</i>	154	EASY TOUCH SAFETY	
<i>dicyclomine hcl</i>	153	<i>dronabinol</i>	154	LANCETS 26G.....	134
<i>diethylpropion hcl</i>	116	DROPLET PERSONAL		EASY TOUCH SAFETY	
<i>diethylpropion hcl er</i>	116	LANCETS 30G.....	134	LANCETS 28G.....	134

<i>easy trak blood glucose test</i>	134	EMFLAZA.....	146	<i>ergoloid mesylates</i>	68
EASYGLUCO.....	134	EMGALITY.....	93	<i>ergotamine-caffeine</i>	93
EASYMAX 15 TEST.....	134	EMGALITY (300 MG		ERIVEDGE.....	41
EASYMAX TEST.....	134	DOSE).....	93	ERLEADA.....	42
EASYPRO BLOOD		EMPAVELI.....	173	<i>erlotinib hcl</i>	44
GLUCOSE TEST.....	134	<i>emtricitabine</i>	27	ERMEZA.....	152
EASYPRO PLUS.....	134	<i>emtricitabine-tenofovir df</i>	31	Errin.....	122
<i>econazole nitrate</i>	216	EMTRIVA.....	27	ERTACZO.....	216
ECONTRA ONE-STEP.....	122	EMVERM.....	25	<i>ery</i>	214
ECOZA.....	216	<i>enalapril maleate</i>	52	ERYGEL.....	214
EDARBI.....	54	<i>enalapril-hydrochlorothiazide</i> ..	51	ERYPED 200.....	35
EDARBYCLOR.....	53	ENBRACE HR.....	189	ERYPED 400.....	35
EDEX.....	163	ENBREL.....	178	Ery-Tab.....	35
EDLUAR.....	91	ENBREL MINI.....	178	ERYTHROCIN STEARATE	35
EDURANT.....	27	ENBREL SURECLICK.....	178	<i>erythromycin</i>	196, 214
<i>efavirenz</i>	27	ENCARE.....	162	<i>erythromycin base</i>	35
<i>efavirenz-emtricitab-tenofo df</i> ...31		ENDARI.....	173	<i>erythromycin ethylsuccinate</i>	35
<i>efavirenz-lamivudine-tenofovir</i> ..31		ENDOMETRIN.....	164	ESBRIET.....	209
EFFEXOR XR.....	71	ENLITE GLUCOSE		<i>escitalopram oxalate</i>	71
EFFIENT.....	173	SENSOR.....	135	ESGIC.....	14
ELAPRASE.....	141	<i>enoxaparin sodium</i>	166	<i>esomeprazole magnesium</i>	160
ELELYSO.....	141	Enpresse-28.....	122	ESPEROCT.....	170
<i>element compact test</i>	135	Enskyce.....	122	Estarylla.....	122
ELEMENT TEST.....	135	ENSPRYNG.....	187	<i>estazolam</i>	91
ELEPSIA XR.....	81	ENSTILAR.....	220	<i>estradiol</i>	143, 144
ELESTRIN.....	143	<i>entacapone</i>	76	<i>estradiol valerate</i>	144
<i>eletriptan hydrobromide</i>	92	ENTADFI.....	162	<i>estradiol-norethindrone acet</i> ...	144
ELIDEL.....	223	<i>entecavir</i>	33	ESTROGEL.....	144
ELIGARD.....	41, 42	ENTRESTO.....	63	<i>eszopiclone</i>	91
Elinest.....	122	ENTYVIO.....	175, 178	<i>ethacrynic acid</i>	62
ELIQUIS.....	166	<i>enulose</i>	157	<i>ethambutol hcl</i>	32
ELIQUIS DVT/PE		EPANED.....	52	<i>ethosuximide</i>	81
STARTER PACK.....	166	EPCLUSA.....	36	<i>ethynodiol diac-eth estradiol</i> ...	122
ELLA.....	122	EPIDIOLEX.....	81	<i>etodolac</i>	15
ELMIRON.....	164	EPIDUO.....	214	<i>etodolac er</i>	15
ELOCTATE.....	170	EPIDUO FORTE.....	214	<i>etonogestrel-ethinyl estradiol</i> ..	122
Eluryng.....	122	<i>epinastine hcl</i>	194	<i>etoposide</i>	51
ELYXYB.....	13	<i>epinephrine</i>	200	<i>etravirine</i>	27, 28
EMBRACE BLOOD		EPINEPHRINESNAP-V.....	200	EUCRISA.....	223
GLUCOSE TEST.....	135	EPIPEN 2-PAK.....	200	EUFLEXXA.....	24
EMBRACE EVO BLOOD		EPIPEN JR 2-PAK.....	200	EVAMIST.....	144
GLUCOSE TEST.....	135	EPIVIR.....	27	EVEKEO.....	88
EMBRACE PRO GLUCOSE		<i>eplerenone</i>	52	EVEKEO ODT.....	87
TEST.....	135	EPOGEN.....	168	EVENITY.....	150
EMBRACE TALK		<i>epoprostenol sodium</i>	64	<i>everolimus</i>	45, 187
GLUCOSE TEST.....	135	EPRONTIA.....	81	EVERSENSE	
EMBRACE WAVE BLOOD		EPSOLAY.....	224	SENSOR/HOLDER.....	135
GLUCOSE.....	135	EPZICOM.....	31	EVERSENSE SMART	
EMEND.....	154	<i>eq blood glucose test</i>	135	TRANSMITTER.....	135
EMEND TRI-PACK.....	154	<i>eq loratadine childrens</i>	203	EVOLUTION AUTOCODE	135

EVOTAZ.....	31	<i>fesoterodine fumarate er</i>	164	<i>fluorometholone</i>	197
EVRYSDI.....	95	FETZIMA.....	71	<i>fluorouracil</i>	215
EXELDERM.....	216	FETZIMA TITRATION.....	71	<i>fluoxetine hcl</i>	71
EXELON.....	68	<i>fexofenadine hcl</i>	203	<i>fluoxetine hcl (pmdd)</i>	103
<i>exemestane</i>	42	<i>fexofenadine-pseudoephed er.</i>	206	<i>fluphenazine hcl</i>	77
EXFORGE.....	53	FIASP.....	110	<i>flurandrenolide</i>	220, 221
EXFORGE HCT.....	53	FIASP FLEXTOUCH.....	110	<i>flurazepam hcl</i>	91
EXJADE.....	119	FIASP PENFILL.....	111	<i>flurbiprofen</i>	15
EXKIVITY.....	45	FIASP PUMPCART.....	111	<i>flurbiprofen sodium</i>	197
EXSERVAN.....	95	FIBRICOR.....	56	<i>fluticasone furoate-vilanterol.</i>	212
EXTAVIA.....	97	FIBRYGA.....	167	<i>fluticasone propionate</i>	208, 221
EYLEA.....	199	FIFTY50 GLUCOSE TEST		<i>fluticasone propionate hfa</i>	211
EYSUVIS.....	197	2.0.....	135	<i>fluticasone-salmeterol</i>	201, 212
EZALLOR SPRINKLE.....	56	FILSPARI.....	164	<i>fluvastatin sodium</i>	56
<i>ezetimibe</i>	55	FINACEA.....	224	<i>fluvastatin sodium er</i>	56
<i>ezetimibe-rosuvastatin</i>	57	<i>finasteride</i>	162	<i>fluvoxamine maleate</i>	67
<i>ezetimibe-simvastatin</i>	57	FINGERSTIX LANCETS...	135	<i>fluvoxamine maleate er</i>	67
FA-8.....	193	<i>finngolimod hcl</i>	97	FML FORTE.....	197
FABIOR.....	214	FINTEPLA.....	81	FML LIQUIFILM.....	197
FABRAZYME.....	141	Finzala.....	122	FOCALIN.....	88
Falmina.....	122	FIORICET.....	14	FOCALIN XR.....	88
<i>famciclovir</i>	33	FIORICET/CODEINE.....	18	<i>folbee plus</i>	193
<i>famotidine</i>	155	FIRAZYR.....	184	FOLGARD OS.....	193
FANAPT.....	77	FIRDAPSE.....	95	<i>folic acid</i>	193
FANAPT TITRATION		FIRMAGON.....	42	FOLIVANE-OB.....	189
PACK.....	77	FIRMAGON (240 MG		FOLLISTIM AQ.....	145
FARXIGA.....	116	DOSE).....	42	<i>fondaparinux sodium</i>	166
FASENRA.....	209	FIRVANQ.....	37	FORA 6 CONNECT.....	135
FASENRA PEN.....	209	FLAREX.....	197	FORA 6 CONNECT/GTEL	
FASLODEX.....	42	<i>flavoxate hcl</i>	165	TEST.....	135
FC2 FEMALE CONDOM...	122	FLEBOGAMMA DIF.....	185	FORA BLOOD GLUCOSE	
<i>febuxostat</i>	14	<i>flecainide acetate</i>	54	TEST.....	135
FEIBA.....	167	FLECTOR.....	223	FORA D15G BLOOD	
<i>felbamate</i>	81	FLEQSUVY.....	100	GLUCOSE TEST.....	135
<i>felodipine er</i>	60	FLOLAN.....	65	FORA D20 BLOOD	
FEMCAP.....	122	<i>flolipid</i>	56	GLUCOSE TEST.....	135
FEMRING.....	164	FLONASE ALLERGY		FORA D40/G31 BLOOD	
<i>fenofibrate</i>	56	RELIEF.....	208	GLUCOSE.....	135
<i>fenofibrate micronized</i>	55, 56	FLORIVA.....	193	FORA G20 BLOOD	
<i>fenofibric acid</i>	56	FLOVENT DISKUS.....	210	GLUCOSE TEST.....	135
FENOGLIDE.....	56	FLOVENT HFA.....	210	FORA G30/PREM V10	
<i>fenopropfen calcium</i>	15	<i>fluconazole</i>	26	GLUCOSE TEST.....	136
FENSOLVI (6 MONTH).....	149	<i>flucytosine</i>	26	FORA GD20 TEST.....	136
<i>fentanyl</i>	18	<i>fludrocortisone acetate</i>	146	FORA GD50 BLOOD	
<i>fentanyl citrate</i>	18	<i>flunisolide</i>	208	GLUCOSE TEST.....	136
FENTORA.....	18	<i>fluocinolone acetonide</i>	220, 225	FORA GTEL BLOOD	
FERRIPROX.....	119	<i>fluocinolone acetonide body</i>	220	GLUCOSE TEST.....	136
FERRIPROX TWICE-A-		<i>fluocinolone acetonide scalp</i>	220	FORA TN'G ADVANCE	
DAY.....	119	<i>fluocinonide</i>	220	PRO.....	136
FERRO-PLEX.....	193	<i>fluocinonide emulsified base</i>	220	FORA TN'G/TN'G VOICE..	136

FORA V10 BLOOD		<i>galantamine hydrobromide</i> 68	GLUCOCARD 01 SENSOR
GLUCOSE TEST 136		<i>galantamine hydrobromide er</i> ... 68	PLUS 137
FORA V12 BLOOD		GAMMAGARD 185	GLUCOCARD
GLUCOSE TEST 136		GAMMAGARD S/D LESS	EXPRESSION TEST 137
FORA V20 BLOOD		IGA 185	GLUCOCARD SHINE
GLUCOSE TEST 136		GAMMAKED 185	TEST 137
FORA V30A BLOOD		GAMMAPLEX 185	GLUCOCARD VITAL
GLUCOSE TEST 136		GAMUNEX-C 185	TEST 137
FORACARE GD40 TEST ... 136		<i>ganciclovir</i> 33	GLUCOCARD X-SENSOR . 137
FORACARE PREMIUM		<i>ganciclovir sodium</i> 33	GLUCOCOM TEST 137
V10 TEST 136		<i>ganirelix acetate</i> 145	GLUCONAVII BLOOD
FORACARE TEST N GO		<i>gatifloxacin</i> 196	GLUCOSE TEST 137
TEST 136		GATTEX 158	<i>glucose</i> 147
<i>formoterol fumarate</i> 204		GAVILYTE-C 157	<i>glucose control</i> 137
FORTEO 150		Gavilyte-G 157	<i>glucose meter test</i> 137
FORTESTA 106		GAVRETO 45	GLUMETZA 108
FORTISCARE TEST 136		<i>ge100 blood glucose test</i> 137	GLYCATE 153
FOSAMAX 117		<i>gefitinib</i> 45	<i>glycopyrrolate</i> 153
FOSAMAX PLUS D 117		GELNIQUE 165	GLYXAMBI 115
<i>fosamprenavir calcium</i> 28		GEL-ONE 24	<i>gnp easy touch glucose test</i> 137
<i>fosinopril sodium</i> 52		GELSYN-3 24	<i>gnp glucose gummies</i> 147
<i>fosinopril sodium-hctz</i> 51		<i>gemfibrozil</i> 56	GOCOVRI 76
FOSRENOL 151		Gemmily 122	GOJJI BLOOD TEST
FOTIVDA 45		GEMTESA 165	STRIP/LANCETS 137
FRAGMIN 166		Gengraf 187	GOLYTELY 157
FREESTYLE INSULINX		GENOTROPIN 148	GONAL-F 145
TEST 136		GENOTROPIN	GONAL-F RFF 145
FREESTYLE LANCETS 136		MINIQUICK 148	GONAL-F RFF REDIJECT 145
FREESTYLE LIBRE 14		<i>gentamicin sulfate</i> 196, 215	<i>goodsense blood glucose</i> 137
DAY SENSOR 136		GENULTIMATE TEST 137	GRALISE 103
FREESTYLE LIBRE 2		GENVISC 850 24	<i>granisetron hcl</i> 154
SENSOR 136		GENVOYA 31	GRANIX 168
<i>freestyle libre 3 sensor</i> 136		GEODON 77, 78	GRASTEK 174
FREESTYLE LIBRE		<i>ght test</i> 137	<i>griseofulvin microsize</i> 26
READER 136		GILENYA 97	<i>griseofulvin ultramicrosize</i> 26
FREESTYLE LITE TEST ... 136		GILOTRIF 45	<i>guanfacine hcl</i> 63
FREESTYLE PRECISION		GIMOTI 158	<i>guanfacine hcl er</i> 88
NEO TEST 137		GLASSIA 200	GUARDIAN 4 GLUCOSE
FREESTYLE TEST 137		<i>glatiramer acetate</i> 98	SENSOR 137
FROVA 93		Glatopa 98	GUARDIAN 4
<i>frovatriptan succinate</i> 93		GLEEVEC 45	TRANSMITTER 137
FULPHILA 168		GLEOSTINE 40	GUARDIAN LINK 3
<i>fulvestrant</i> 42		<i>glimepiride</i> 116	TRANSMITTER 137
<i>furosemide</i> 62		<i>glipizide</i> 116	GUARDIAN REAL-TIME
FUZEON 28		<i>glipizide er</i> 116	REPLACE PED 137
Fyavolv 144		<i>glipizide xl</i> 116	GUARDIAN SENSOR (3) ... 137
FYCOMPA 81		<i>glipizide-metformin hcl</i> 108	<i>guardian sensor 3</i> 138
FYLNETRA 168		GLUCAGEN HYPOKIT 147	GVOKE HYPOPEN 1-
<i>gabapentin</i> 81		<i>glucagon emergency</i> 147	PACK 147
GALAFOLD 150		GLUCO PERFECT 3 TEST . 137	

GVOKE HYPOPEN 2-PACK.....	148	HUMIRA PEN.....	179	HYRIMOZ-PED CROHNS STARTER.....	179
GVOKE KIT.....	148	HUMIRA PEN-CD/UC/HS STARTER.....	179	HYRIMOZ-PLAQUE PSORIASIS START.....	179
GVOKE PFS.....	148	HUMIRA PEN-PS/UV/ADOL HS START....	179	HYSINGLA ER.....	19
HADLIMA.....	178	HUMIRA PEN-PSOR/UEIT STARTER....	179	HYZAAR.....	53
HADLIMA PUSHTOUCH..	178	HUMULIN 70/30.....	111	<i>ibandronate sodium</i>	117
HAEGARDA.....	184	HUMULIN 70/30		IBRANCE.....	45
Hailey 1.5/30.....	122	KWIKPEN.....	111	IBSRELA.....	157
Hailey 24 Fe.....	122	HUMULIN N.....	111	Ibu.....	15
Hailey Fe 1.5/30.....	122	HUMULIN N KWIKPEN..	111	<i>ibuprofen</i>	15
Hailey Fe 1/20.....	122	HUMULIN R.....	111	<i>ibuprofen-famotidine</i>	16
<i>halcinonide</i>	221	HUMULIN R U-500 (CONCENTRATED).....	112	<i>icatibant acetate</i>	184
HALCION.....	91	HUMULIN R U-500		Iclevia.....	123
<i>halobetasol propionate</i>	221	KWIKPEN.....	112	ICLUSIG.....	45
Haloette.....	123	HW EMBRACE PRO		<i>icosapent ethyl</i>	58
HALOG.....	221	GLUCOSE TEST.....	138	IDACIO.....	180
<i>haloperidol</i>	78	HW EMBRACE TALK		IDELVION.....	172
<i>haloperidol lactate</i>	78	GLUCOSE TEST.....	138	IDHIFA.....	49
HARVONI.....	36	HYALGAN.....	24	IGLUCOSE TEST STRIPS..	138
Heather.....	123	HYCANTIN.....	51	ILARIS.....	188
HELIDAC THERAPY.....	162	HYCODAN.....	206	ILEVRO.....	197
HEMADY.....	146	<i>hydralazine hcl</i>	63	ILUMYA.....	175
HEMLIBRA.....	170	<i>hydrochlorothiazide</i>	62	<i>imatinib mesylate</i>	45
HEMOFIL M.....	170	<i>hydrocod poli-chlorphe poli er</i> ..	206	IMBRUVICA.....	45
<i>heparin sodium (porcine)</i>	166	<i>hydrocodone bitartrate er</i>	18	IMCIVREE.....	150
<i>heparin sodium (porcine) pf</i> ...	166	<i>hydrocodone bit-homatrop mbr</i>	206	<i>imipramine hcl</i>	72
HER STYLE.....	123	<i>hydrocodone-acetaminophen</i>	18	<i>imipramine pamoate</i>	72
HETLIOZ.....	91	<i>hydrocodone-ibuprofen</i>	19	<i>imiquimod</i>	215
HETLIOZ LQ.....	91	<i>hydrocortisone</i>	146, 221	<i>imiquimod pump</i>	215
Hidex 6-Day.....	146	<i>hydrocortisone (perianal)</i>	161	IMITREX.....	93
HIZENTRA.....	185	<i>hydrocortisone butyr lipo base</i>	221	IMITREX STATDOSE REFILL.....	93
HORIZANT.....	103	<i>hydrocortisone butyrate</i>	221	IMITREX STATDOSE SYSTEM.....	93
HULIO.....	178	<i>hydrocortisone valerate</i>	221	IMOGAM RABIES-HT.....	186
HUMALOG.....	111	<i>hydrocortisone-acetic acid</i>	226	IMPOYZ.....	221
HUMALOG JUNIOR		<i>hydromorphone hcl</i>	19	IMURAN.....	187
KWIKPEN.....	111	<i>hydromorphone hcl er</i>	19	IMVEXXY	
HUMALOG KWIKPEN.....	111	<i>hydroxychloroquine sulfate</i> 26,	183	MAINTENANCE PACK.....	144
HUMALOG MIX 50/50.....	111	<i>hydroxyurea</i>	49	IMVEXXY STARTER	
HUMALOG MIX 50/50		<i>hydroxyzine hcl</i>	203	PACK.....	144
KWIKPEN.....	111	<i>hydroxyzine pamoate</i>	203	IN TOUCH BLOOD	
HUMALOG MIX 75/25.....	111	HYFTOR.....	223	GLUCOSE TEST.....	138
HUMALOG MIX 75/25		HYMOVIS.....	24	INATAL GT.....	190
KWIKPEN.....	111	HYPERRHO S/D.....	185	INBRIJA.....	76
HUMALOG TEMPO PEN..	111	HYPERTET.....	185	Incassia.....	123
HUMATE-P.....	167	HYQVIA.....	185	INCRELEX.....	150
HUMATIN.....	25	HYRIMOZ.....	179	INCRUSE ELLIPTA.....	201
HUMATROPE.....	148			<i>indapamide</i>	62
HUMIRA.....	179				
HUMIRA PEDIATRIC					
CROHNS START.....	178				

INDERAL LA.....	59	<i>isosorb dinitrate-hydralazine</i>	63	KANUMA.....	141
INDERAL XL.....	59	<i>isosorbide dinitrate</i>	64	KAPSPARGO SPRINKLE....	59
INDOCIN.....	15	<i>isosorbide mononitrate</i>	64	KAPVAY.....	88
<i>indomethacin</i>	15	<i>isosorbide mononitrate er</i>	64	KARBINAL ER.....	203
INFINITY BLOOD		<i>isotretinoin</i>	214	Kariva.....	123
GLUCOSE TEST.....	138	<i>isradipine</i>	60	KATERZIA.....	60
INFINITY VOICE.....	138	ISTALOL.....	195	KAZANO.....	109
INFLECTRA.....	175	ISTURISA.....	131	KCENTRA.....	167
<i>infliximab</i>	175	<i>itraconazole</i>	26	<i>kedrab</i>	186
INGREZZA.....	96	<i>ivermectin</i>	25, 224	Kelnor 1/35.....	124
INLYTA.....	45, 46	IXINITY.....	172	Kelnor 1/50.....	124
INNOPRAN XL.....	59	IYUZEH.....	195	KENALOG.....	221
INPEFA.....	63	JADENU.....	119	KEPPRA.....	81
INQOVI.....	40	JADENU SPRINKLE.....	119	KEPPRA XR.....	82
INREBIC.....	46	Jaimiess.....	123	KERENDIA.....	150
<i>insulin asp prot & asp flexpen</i> ..	112	JAKAFI.....	46	KERYDIN.....	216
<i>insulin aspart</i>	112	JALYN.....	162	KESIMPTA.....	98
<i>insulin aspart flexpen</i>	112	JANUMET.....	109	<i>ketoconazole</i>	26, 216, 218
<i>insulin aspart penfill</i>	112	JANUMET XR.....	109	<i>ketoprofen</i>	15
<i>insulin aspart prot & aspart</i>	112	JANUVIA.....	108	<i>ketoprofen er</i>	15
<i>insulin degludec</i>	112	JARDIANCE.....	116	<i>ketorolac tromethamine</i>	15, 198
<i>insulin degludec flextouch</i>	112	Jasmiel.....	123	<i>ketotifen fumarate</i>	194
<i>insulin glargine</i>	112	JATENZO.....	107	KEVEYIS.....	62
<i>insulin glargine solostar</i>	112	JAYPIRCA.....	46	KEVZARA.....	180
<i>insulin glargine-yfgn</i>	112	Jencycla.....	123	KINERET.....	180
<i>insulin lispro</i>	112	<i>jenliva prenatal/postnatal</i>	190	KISQALI (200 MG DOSE)....	46
<i>insulin lispro (1 unit dial)</i>	112	JENTADUETO.....	109	KISQALI (400 MG DOSE)....	46
<i>insulin lispro junior kwikpen</i> ...	112	JENTADUETO XR.....	109	KISQALI (600 MG DOSE)....	46
<i>insulin lispro prot & lispro</i>	112	JESDUVROQ.....	168	KISQALI FEMARA (200	
INTELENCE.....	28	Jinteli.....	144	MG DOSE).....	46
INTRAROSA.....	150	JIVI.....	170	KISQALI FEMARA (400	
Introvale.....	123	JOENJA.....	186	MG DOSE).....	46
INTUNIV.....	88	Jolessa.....	123	KISQALI FEMARA (600	
INVEGA.....	78	JORNAY PM.....	88	MG DOSE).....	46
INVEGA HAFYERA.....	78	Joyeaux.....	123	KITABIS PAK.....	207
INVEGA TRINZA.....	78	JUBLIA.....	216	KLARITY-A.....	196
INVELTYS.....	197	Juleber.....	123	KLARON.....	214
INVOKAMET.....	115	JULUCA.....	31	KLISYRI.....	215
INVOKAMET XR.....	115	Junel 1.5/30.....	123	KLONOPIN.....	82
INVOKANA.....	116	Junel 1/20.....	123	Klor-Con.....	188
<i>ipratropium bromide</i>	201	Junel Fe 1.5/30.....	123	Klor-Con 10.....	188
<i>ipratropium-albuterol</i>	201	Junel Fe 1/20.....	123	Klor-Con M10.....	188
<i>irbesartan</i>	54	Junel Fe 24.....	123	Klor-Con M15.....	188
<i>irbesartan-hydrochlorothiazide</i> ..	53	JUXTAPID.....	57	Klor-Con M20.....	188
IRESSA.....	46	JYNARQUE.....	150	KLOXXADO.....	102
ISENTRESS.....	28	Kaitlib Fe.....	123	KOATE.....	171
ISENTRESS HD.....	28	KALBITOR.....	184	KOATE-DVI.....	171
Isibloom.....	123	KALETRA.....	31	KOGENATE FS.....	171
<i>isoniazid</i>	32	Kalliga.....	123	KOMBIGLYZE XR.....	109
ISORDIL TITRADOSE.....	64	KALYDECO.....	207	KONVOMEPE.....	160

KORLYM.....	115	LENVIMA (10 MG DAILY DOSE).....	46	LIBERTY NEXT GENERATION TEST.....	138
KOSELUGO.....	46	LENVIMA (12 MG DAILY DOSE).....	46	<i>liberty test</i>	138
<i>kosher prenatal plus iron</i>	190	LENVIMA (14 MG DAILY DOSE).....	46	LIBRAX.....	155
KOVALTRY.....	171	LENVIMA (18 MG DAILY DOSE).....	46	LICART.....	224
<i>kp fexofenadine hcl</i>	203	LENVIMA (20 MG DAILY DOSE).....	46	<i>lidocaine</i>	223
KRAZATI.....	50	LENVIMA (24 MG DAILY DOSE).....	46	<i>lidocaine hcl</i>	223
KRINTAFEL.....	27	LENVIMA (4 MG DAILY DOSE).....	47	<i>lidocaine viscous hcl</i>	225
KRISTALOSE.....	157	LENVIMA (8 MG DAILY DOSE).....	47	<i>lidocaine-prilocaine</i>	223
KRYSTEXXA.....	14	LESCOL XL.....	57	LIDODERM.....	223
Kurvelo.....	124	Lessina.....	124	LILETTA (52 MG).....	125
KUVAN.....	142	LETAIRIS.....	65	<i>linezolid</i>	37
KYLEENA.....	124	<i>letrozole</i>	42	LINZESS.....	157
KYZATREX.....	107	<i>leucovorin calcium</i>	51	<i>liothyronine sodium</i>	152
<i>labetalol hcl</i>	59	LEUKERAN.....	40	LIPITOR.....	57
<i>lacosamide</i>	82	LEUKINE.....	168	LIQREV.....	65
LACRISERT.....	199	<i>leuprolide acetate</i>	42	<i>lisinopril</i>	52
<i>lactulose</i>	157	<i>levabuterol hcl</i>	204	<i>lisinopril-hydrochlorothiazide</i> ...	51
LAMICTAL.....	82	<i>levabuterol tartrate</i>	204	<i>lite touch lancets</i>	138
LAMICTAL ODT.....	82	<i>levamlodipine maleate</i>	60	LITETOUCH LANCETS.....	138
LAMICTAL STARTER.....	82	LEVEMIR.....	113	LITFULO.....	180
LAMICTAL XR.....	82	LEVEMIR FLEXPEN.....	112	<i>lithium</i>	95
<i>lamivudine</i>	28, 33	<i>levetiracetam</i>	82	<i>lithium carbonate</i>	95
<i>lamivudine-zidovudine</i>	31	<i>levetiracetam er</i>	82	<i>lithium carbonate er</i>	95
<i>lamotrigine</i>	82	<i>levobunolol hcl</i>	195	LITHOSTAT.....	164
<i>lamotrigine er</i>	82	<i>levocarnitine</i>	118	LIVALO.....	57
<i>lamotrigine starter kit-blue</i>	82	<i>levocetirizine dihydrochloride</i> ..	203	LIVMARLI.....	158
<i>lamotrigine starter kit-green</i>	82	<i>levofloxacin</i>	35, 196	LIVTENCITY.....	33
<i>lamotrigine starter kit-orange</i> ...	82	Levonest.....	124	LO LOESTRIN FE.....	125
<i>lancets super thin 28g</i>	138	<i>levonorgest-eth est & eth est</i>	124	LOCOID.....	221
LANCETS ULTRA THIN... 138		<i>levonorgest-eth estrad 91-day</i> ..	124	LOCOID LIPOCREAM.....	221
<i>lancets ultra thin 30g</i>	138	<i>levonorgestrel</i>	124	LODINE.....	15
LANOXIN.....	61	<i>levonorgestrel-ethinyl estrad</i> ...	124	LODOCO.....	63
<i>lanreotide acetate</i>	106	<i>levonorg-eth estrad triphasic</i> ...	124	Loestrin 1.5/30 (21).....	125
<i>lansoprazole</i>	160	Levora 0.15/30 (28).....	124	Loestrin 1/20 (21).....	125
<i>lanthanum carbonate</i>	151	<i>levorphanol tartrate</i>	19	Loestrin Fe 1.5/30.....	125
LANTUS.....	112	<i>levothyroxine sodium</i>	152	Loestrin Fe 1/20.....	125
LANTUS SOLOSTAR.....	112	LEVULAN KERASTICK.....	223	Lofena.....	15
<i>lapatinib ditosylate</i>	46	LEXAPRO.....	72	Lojaimiess.....	125
Larin 1.5/30.....	124	LEXETTE.....	221	LOKELMA.....	119
Larin 1/20.....	124	LEXIVA.....	28	LOMAIRA.....	116
Larin 24 Fe.....	124	LIALDA.....	156	LONSURF.....	40
Larin Fe 1.5/30.....	124			<i>lopinavir-ritonavir</i>	31
Larin Fe 1/20.....	124			LOPROX.....	216
<i>latanoprost</i>	195			<i>loratadine</i>	203
LATUDA.....	78			<i>loratadine-d 24hr</i>	206
Layolis Fe.....	124			<i>lorazepam</i>	67
<i>ledipasvir-sofosbuvir</i>	36			Lorazepam Intensol.....	67
Leena.....	124			LORBRENA.....	47
<i>leflunomide</i>	183			LOREEV XR.....	67, 68

Loryna.....	125	LYUMJEV KWIKPEN.....	113	<i>mesalamine er</i>	156
<i>losartan potassium</i>	54	LYUMJEV TEMPO PEN....	113	MESTINON.....	95, 96
<i>losartan potassium-hctz</i>	53	LYVISPAH.....	100	<i>metaxalone</i>	101
LOTEMAX.....	198	Lyza.....	125	<i>metformin hcl</i>	108
LOTEMAX SM.....	198	MACRODANTIN.....	37	<i>metformin hcl er</i>	108
<i>loteprednol etabonate</i>	198	<i>mafenide acetate</i>	215	<i>metformin hcl er (mod)</i>	108
LOTRONEX.....	157	<i>malathion</i>	225	<i>metformin hcl er (osm)</i>	108
<i>lovastatin</i>	57	<i>maraviroc</i>	28	<i>methadone hcl</i>	19
LOVAZA.....	58	MARINOL.....	154	Methadone Hcl Intensol.....	19
Low-Ogestrel.....	125	<i>marlissa</i>	125	METHADOSE.....	20
<i>loxapine succinate</i>	78	MATULANE.....	40	METHADOSE SUGAR-	
Lo-Zumandimine.....	125	Matzim La.....	60	FREE.....	20
<i>lubiprostone</i>	157	MAVENCLAD (10 TABS)....	98	<i>methamphetamine hcl</i>	88
LUCEMYRA.....	103	MAVENCLAD (4 TABS)....	98	<i>methazolamide</i>	62
LUCENTIS.....	199	MAVENCLAD (5 TABS)....	98	<i>methenamine hippurate</i>	37
<i>luliconazole</i>	216	MAVENCLAD (6 TABS)....	98	<i>methenamine mandelate</i>	37
LUMAKRAS.....	50	MAVENCLAD (7 TABS)....	98	Methergine.....	150
LUMIGAN.....	195	MAVENCLAD (8 TABS)....	98	<i>methimazole</i>	152
LUMIZYME.....	142	MAVENCLAD (9 TABS)....	98	<i>methitest</i>	107
LUMRYZ.....	101	MAVYRET.....	36	<i>methocarbamol</i>	101
LUNESTA.....	91	MAXALT.....	93	<i>methotrexate sodium</i>	40, 183
LUPKYNIS.....	187	MAXALT-MLT.....	93	<i>methotrexate sodium (pf)</i>	40
LUPRON DEPOT (1-		MAXIDEX.....	198	<i>methoxsalen rapid</i>	217
MONTH).....	42	MAYZENT.....	98	<i>methscopolamine bromide</i>	153
LUPRON DEPOT (3-		MAYZENT STARTER		<i>methyldopa</i>	63
MONTH).....	42	PACK.....	98	<i>methylergonovine maleate</i>	150
LUPRON DEPOT (4-		<i>meclofenamate sodium</i>	15	METHYLIN.....	88
MONTH).....	42	<i>medroxyprogesterone acetate</i>		<i>methylphenidate</i>	89
LUPRON DEPOT (6-		.....	125, 152	<i>methylphenidate hcl</i>	89
MONTH).....	42	<i>mefenamic acid</i>	15	<i>methylphenidate hcl er</i>	89
LUPRON DEPOT-PED (1-		<i>mefloquine hcl</i>	27	<i>methylphenidate hcl er (cd)</i>	88
MONTH).....	149	<i>megestrol acetate</i>	42, 152	<i>methylphenidate hcl er (la)</i>	88
LUPRON DEPOT-PED (3-		<i>meijer essential glucose test</i>	138	<i>methylphenidate hcl er (osm)</i>	
MONTH).....	149	MEIJER TRUETEST TEST	138	.....	88, 89
<i>lurasidone hcl</i>	78	MEIJER TRUETRACK		<i>methylphenidate hcl er (xr)</i>	89
Lutera.....	125	TEST.....	138	<i>methylprednisolone</i>	146
LUZU.....	216	MEKINIST.....	47	<i>methyltestosterone</i>	107
LYBALVI.....	103	MEKTOVI.....	47	<i>metoclopramide hcl</i>	154, 155
Lyleq.....	125	<i>meloxicam</i>	16	<i>metolazone</i>	62
LYNPARZA.....	50	<i>melphalan</i>	40	<i>metoprolol succinate er</i>	59
LYRICA.....	83	<i>memantine hcl</i>	68	<i>metoprolol tartrate</i>	59
LYRICA CR.....	103	<i>memantine hcl er</i>	68	<i>metoprolol-hydrochlorothiazide</i>	58
LYSODREN.....	42	MENEST.....	144	METROCREAM.....	224
LYTGOBI (12 MG DAILY		MENOPUR.....	145	METROGEL.....	224
DOSE).....	47	MENOSTAR.....	144	METROLOTION.....	224
LYTGOBI (16 MG DAILY		<i>meperidine hcl</i>	19	<i>metronidazole</i>	37, 165, 224
DOSE).....	47	MEPRON.....	37	<i>metyrosine</i>	63
LYTGOBI (20 MG DAILY		<i>mercaptopurine</i>	40	Mibelas 24 Fe.....	125
DOSE).....	47	Merzee.....	125	MICARDIS.....	54
LYUMJEV.....	113	<i>mesalamine</i>	156	MICARDIS HCT.....	53

<i>miconazole 3</i>	165	MS CONTIN	20	<i>nateglinide</i>	115
<i>miconazole-zinc oxide-petrolat</i>	216	MULPLETA	168	NATESTO	107
MICRHOGAM ULTRA-		MULTAQ	54	NAYZILAM	83
FILTERED PLUS	186	<i>mupirocin</i>	215	<i>nebivolol hcl</i>	59
MICRODOT TEST	138	<i>mupirocin calcium</i>	215	Necon 0.5/35 (28)	126
Microgestin 1.5/30	125	MUSE	163	NEEVO DHA	190
Microgestin 1/20	125	MY CHOICE	126	<i>nefazodone hcl</i>	72
Microgestin 24 Fe	126	MY WAY	126	<i>neomycin sulfate</i>	25
Microgestin Fe 1.5/30	126	MYALEPT	142	<i>neomycin-polymyxin-dexameth</i>	
Microgestin Fe 1/20	126	MYCAPSSA	106	.....	196
MICROLET LANCETS	138	<i>mycophenolate mofetil</i>	187	<i>neomycin-polymyxin-hc</i>	226
<i>midazolam hcl</i>	91	<i>mycophenolate sodium</i>	187	<i>neonatal + dha</i>	190
<i>midodrine hcl</i>	63	MYDAYIS	89	<i>neonatal 19</i>	190
MIEBO	198	MYFEMBREE	144	<i>neonatal fe</i>	190
MIGERGOT	93	MYGLUCOHEALTH TEST		NEORAL	187
<i>miglitol</i>	107	.....	138	NEO-SYNALAR	215
<i>miglustat</i>	142	MYLERAN	40	NEPHPLEX RX	193
MIGRANAL	94	MYRBETRIQ	165	NERLYNX	47
Mili	126	MYTESI	154	NESINA	108
Mimvey	144	MYXREDLIN	113	NESTABS	190
MINASTRIN 24 FE	126	<i>na ferric gluc cplx in sucrose</i> ..	193	NESTABS DHA	190
MINIVELLE	144	<i>na sulfate-k sulfate-mg sulf</i>	157	NESTABS ONE	190
<i>minocycline hcl</i>	39	<i>nabumetone</i>	16	NEULASTA	168
<i>minocycline hcl er</i>	39	<i>nadolol</i>	59	NEULASTA ONPRO	168
MINOLIRA	39	<i>naftifine hcl</i>	216	NEUPOGEN	168, 169
<i>minoxidil</i>	63	NAFTIN	216	NEUPRO	76
MIRCERA	168	NAGLAZYME	142	NEURONTIN	83
MIRENA (52 MG)	126	<i>nalocet</i>	20	NEUTEK 2TEK TEST	138
<i>mirtazapine</i>	72	<i>naloxone hcl</i>	102	NEVANAC	198
MIRVASO	224	<i>naltrexone hcl</i>	102	<i>nevirapine</i>	28
<i>misoprostol</i>	158	NAMENDA	68	<i>nevirapine er</i>	28
MITIGARE	14	NAMENDA TITRATION		NEW DAY	126
<i>modafinil</i>	101	PAK	68	NEXAVAR	47
<i>moexipril hcl</i>	52	NAMENDA XR	68	NEXICLON XR	63
<i>mometasone furoate</i>	221	NAMZARIC	68, 69	NEXIUM	160
Mono-Linyah	126	NAPRELAN	16	NEXIUM 24HR	160
MONOVISC	24	NAPROSYN	16	NEXLETOL	55
<i>montelukast sodium</i>	208	<i>naproxen</i>	16	NEXLIZET	55
<i>morphine sulfate</i>	20	<i>naproxen sodium</i>	16	NEXPLANON	126
<i>morphine sulfate (concentrate)</i> ..	20	<i>naproxen sodium er</i>	16	NEXTSTELLIS	126
<i>morphine sulfate er</i>	20	<i>naproxen-esomeprazole mg</i>	16	NGENLA	148
<i>morphine sulfate er beads</i>	20	<i>naratriptan hcl</i>	94	<i>niacin er (antihyperlipidemic)</i> ..	57
MOTEGRITY	158	NARCAN	102	NIACOR	57
MOTOFEN	154	NASACORT ALLERGY		<i>nicardipine hcl</i>	61
MOTPOLY XR	85	24HR	208	NICOMIDE	193
MOUNJARO	109	NASCOBAL	174	<i>nicotinamide</i>	193
MOVANTIK	158	NATACHEW	190	NICOTROL	105
MOVIPREP	157	<i>natal pnv</i>	190	NICOTROL NS	105
<i>moxifloxacin hcl</i>	35, 196	NATALVIT	190	<i>nifedipine</i>	61
<i>moxifloxacin hcl (2x day)</i>	196	NATAZIA	126	<i>nifedipine er</i>	61

<i>nifedipine er osmotic release</i>	61	NOVOLIN 70/30 FLEXPEN	OB COMPLETE PREMIER	190
Nikki.....	126	RELION.....	OB COMPLETE/DHA.....	190
NILANDRON.....	43	NOVOLIN 70/30 RELION...	<i>obizur</i>	171
<i>nilutamide</i>	43	NOVOLIN N.....	OBSTETRIX ONE.....	190
<i>nimodipine</i>	61	NOVOLIN N FLEXPEN.....	OALIVA.....	159
NINLARO.....	51	NOVOLIN N FLEXPEN	Ocella.....	127
<i>nisoldipine er</i>	61	RELION.....	OCTAGAM.....	186
<i>nitazoxanide</i>	37	NOVOLIN N RELION.....	<i>octreotide acetate</i>	106
<i>nitisinone</i>	148	NOVOLIN R.....	ODACTRA.....	174
<i>nitrofurantoin</i>	37	NOVOLIN R FLEXPEN.....	ODEFSEY.....	32
<i>nitrofurantoin macrocrystal</i>	37	NOVOLIN R FLEXPEN	ODOMZO.....	50
<i>nitrofurantoin monohyd macro</i> ..	37	RELION.....	OFEV.....	209
<i>nitroglycerin</i>	64	NOVOLIN R RELION.....	<i>ofloxacin</i>	197, 226
NITYR.....	148	NOVOLOG.....	OJJAARA.....	47
<i>niva thyroid</i>	152	NOVOLOG 70/30 FLEXPEN	<i>olanzapine</i>	78
NIVESTYM.....	169	RELION.....	<i>olanzapine-fluoxetine hcl</i>	103
<i>nizatidine</i>	155	NOVOLOG FLEXPEN.....	<i>olmesartan medoxomil</i>	54
NOC DURNA.....	153	NOVOLOG MIX 70/30.....	<i>olmesartan medoxomil-hctz</i>	53
Nora-Be.....	126	NOVOLOG MIX 70/30	<i>olmesartan-amlodipine-hctz</i>	53
NORDITROPIN FLEXPRO.....	148	FLEXPEN.....	<i>olopatadine hcl</i>	203
<i>norethin ace-eth estrad-fe</i>	126	NOVOLOG PENFILL.....	OLPRUVA (2 GM DOSE)...	142
<i>norethindrone</i>	126	NOVOSEVEN RT.....	OLPRUVA (3 GM DOSE)...	142
<i>norethindrone acetate</i>	152	NOXAFIL.....	OLPRUVA (4 GM DOSE)...	142
<i>norethindrone acet-ethinyl est</i> ..	126	NPLATE.....	OLPRUVA (5 GM DOSE)...	142
<i>norethindron-ethinyl estrad-fe</i> ..	126	NUBEQA.....	OLPRUVA (6 GM DOSE)...	142
<i>norethin-eth estradiol-fe</i>	127	NUCALA.....	OLPRUVA (6.67 GM DOSE)	
Norgesic.....	101	NUCYNTA.....	.....	142
<i>norgesic forte</i>	101	NUCYNTA ER.....	OLUMIANT.....	180
<i>norgestimate-eth estradiol</i>	127	NUEDEXTA.....	OLUX-E.....	222
<i>norgestim-eth estrad triphasic</i> ..	127	NUPLAZID.....	<i>omega-3-acid ethyl esters</i>	58
NORITATE.....	224	NURTEC.....	<i>omeprazole</i>	160
NORLIQVA.....	61	NUTROPIN AQ NUSPIN 10	<i>omeprazole magnesium</i>	160
Norlyroc.....	127	.....	<i>omeprazole-sodium</i>	
NORPACE.....	54	NUTROPIN AQ NUSPIN 20	<i>bicarbonate</i>	161
NORPRAMIN.....	72	.....	OMNARIS.....	208
NORTHERA.....	63	NUTROPIN AQ NUSPIN 5	OMNIFLEX DIAPHRAGM.....	127
Nortrel 0.5/35 (28).....	127	NUVARING.....	OMNIPOD 5 G6 INTRO	
Nortrel 1/35 (21).....	127	NUVESSA.....	(GEN 5).....	138
Nortrel 7/7/7.....	127	NUVIGIL.....	OMNIPOD 5 G6 POD (GEN	
<i>nortriptyline hcl</i>	72, 73	NUWIQ.....	5).....	138
NORVASC.....	61	NUZYRA.....	OMNIPOD CLASSIC PODS	
NORVIR.....	29	Nylia 1/35.....	(GEN 3).....	139
NOURIANZ.....	76	Nylia 7/7/7.....	OMNIPOD DASH INTRO	
NOVA MAX GLUCOSE		Nymyo.....	(GEN 4).....	139
TEST.....	138	<i>nystatin</i>	OMNIPOD DASH PDM	
NOVAREL.....	145	.....	(GEN 4).....	139
NOVOEIGHT.....	171	<i>nystatin-triamcinolone</i>	OMNIPOD DASH PODS	
NOVOLIN 70/30.....	113	NYVEPRIA.....	(GEN 4).....	139
NOVOLIN 70/30 FLEXPEN.....	113	OB COMPLETE.....	OMNIPOD GO.....	139
		OB COMPLETE ONE.....	OMNITROPE.....	149
		OB COMPLETE PETITE....		

<i>ondansetron</i>	155	OSPHENA.....	150	PALFORZIA (80 MG	
<i>ondansetron hcl</i>	155	OTEZLA.....	180	DAILY DOSE).....	175
<i>one drop test</i>	139	OTOVEL.....	226	PALFORZIA INITIAL	
ONETOUCH DELICA		OTREXUP.....	184	ESCALATION.....	175
PLUS LANCET30G.....	139	OVIDREL.....	145	<i>paliperidone er</i>	78
ONETOUCH DELICA		<i>oxaprozin</i>	16	PALYNZIQ.....	142
PLUS LANCET33G.....	139	OXAYDO.....	21	PAMELOR.....	73
ONETOUCH ULTRA.....	139	<i>oxazepam</i>	68	<i>pamidronate disodium</i>	117
ONETOUCH ULTRASOFT		OXBRYTA.....	173, 174	PANCREAZE.....	159
2 LANCETS.....	139	<i>oxcarbazepine</i>	83	PANDEL.....	222
ONETOUCH VERIO.....	139	OXERVATE.....	199	<i>pantoprazole sodium</i>	161
ONEXTON.....	214	<i>oxiconazole nitrate</i>	217	PANZYGA.....	186
ONFI.....	83	OXISTAT.....	217	PARAGARD	
ONGENTYS.....	76	OXTELLAR XR.....	83	INTRAUTERINE COPPER	127
ONGLYZA.....	108	<i>oxybutynin chloride</i>	165	<i>paricalcitol</i>	193
ONUREG.....	40	<i>oxybutynin chloride er</i>	165	<i>paroxetine hcl</i>	73
ONZETRA XSAIL.....	94	<i>oxycodone hcl</i>	21	<i>paroxetine hcl er</i>	73
OPCICON ONE-STEP.....	127	<i>oxycodone hcl er</i>	21	<i>paroxetine mesylate</i>	103
OPFOLDA.....	142	<i>oxycodone-acetaminophen</i>	21	PARSABIV.....	118
OPSUMIT.....	65	OXYCONTIN.....	22	PATANASE.....	203
OPTION 2.....	127	<i>oxymorphone hcl</i>	22	PAXIL.....	73
OPTIONS GYNOL II		<i>oxymorphone hcl er</i>	22	PAXIL CR.....	73
CONTRACEPTIVE.....	162	OZEMPIC (0.25 OR 0.5		<i>peg 3350-kcl-na bicarb-nacl</i>	157
OPTIUMEZ TEST.....	139	MG/DOSE).....	109	<i>peg-3350/electrolytes</i>	157
OPVEE.....	102	OZEMPIC (1 MG/DOSE)....	109	PEGASYS.....	36
OPZELURA.....	218	OZEMPIC (2 MG/DOSE)....	109	<i>peg-kcl-nacl-nasulf-na asc-c</i>	158
ORACEA.....	225	OZOBAX.....	101	PEG-PREP.....	158
ORALAIR.....	174	PALFORZIA (12 MG		PEMAZYRE.....	47
ORAVIG.....	225	DAILY DOSE).....	174	<i>penciclovir</i>	224
ORENCIA.....	175, 180	PALFORZIA (120 MG		<i>penicillamine</i>	119
ORENCIA CLICKJECT.....	180	DAILY DOSE).....	174	<i>penicillin v potassium</i>	38
ORENITRAM.....	65	PALFORZIA (160 MG		PENNSAID.....	224
ORENITRAM MONTH 1.....	65	DAILY DOSE).....	174	<i>pentamidine isethionate</i>	37
ORENITRAM MONTH 2.....	65	PALFORZIA (20 MG		PENTASA.....	156
ORENITRAM MONTH 3.....	65	DAILY DOSE).....	174	<i>pentazocine-naloxone hcl</i>	23
ORFADIN.....	148	PALFORZIA (200 MG		<i>pentoxifylline er</i>	172
ORGOVYX.....	43	DAILY DOSE).....	174	PERCOCET.....	22
ORIAHNN.....	144	PALFORZIA (240 MG		PERFOROMIST.....	205
ORILISSA.....	141	DAILY DOSE).....	174	<i>perindopril erbumine</i>	52
ORKAMBI.....	207	PALFORZIA (3 MG DAILY		<i>permethrin</i>	225
ORLADEYO.....	184	DOSE).....	174	<i>perphenazine</i>	78
<i>orlistat</i>	116	PALFORZIA (300 MG		<i>perphenazine-amitriptyline</i>	104
<i>orphenadrine-aspirin-caffeine</i> ..	101	MAINTENANCE).....	174	PERSERIS.....	78
Orphengesic Forte.....	101	PALFORZIA (300 MG		PERTZYE.....	159
ORSERDU.....	43	TITRATION).....	174	PHARMACIST CHOICE	
ORTHOVISC.....	24	PALFORZIA (40 MG		AUTOCODE.....	139
ORTIKOS.....	156	DAILY DOSE).....	174	<i>pharmacist choice no coding</i> ...	139
<i>oseltamivir phosphate</i>	33	PALFORZIA (6 MG DAILY		PHEBURANE.....	142
OSENI.....	109	DOSE).....	174	<i>phendimetrazine tartrate</i>	116
OSMOLEX ER.....	76			<i>phendimetrazine tartrate er</i>	116

<i>phenelzine sulfate</i>	73	PONVORY STARTER		PRESTALIA.....	51
<i>phenobarbital</i>	83	PACK.....	99	<i>pretomanid</i>	32
<i>phenoxybenzamine hcl</i>	64	Portia-28.....	128	PREVACID.....	161
<i>phentermine hcl</i>	116	<i>posaconazole</i>	26	PREVACID SOLUTAB.....	161
<i>phenylephrine hcl</i>	163	<i>pot & sod cit-cit ac</i>	164	PREVYMIS.....	33
<i>phenytoin</i>	83	<i>potassium chloride</i>	189	PREZCOBIX.....	32
<i>phenytoin sodium extended</i>	83	<i>potassium chloride crys er</i>	188	PREZISTA.....	29
PHEXXI.....	162	<i>potassium chloride er</i>	188	PRIALT.....	14
Philith.....	127	<i>potassium citrate er</i>	164	PRILOSEC.....	161
<i>phytonadione</i>	193	PRADAXA.....	166	PRILOSEC OTC.....	161
PIFELTRO.....	29	PRALUENT.....	58	PRIMACARE.....	191
<i>pilocarpine hcl</i>	195, 225	<i>pramipexole dihydrochloride</i>	76	<i>primaquine phosphate</i>	27
<i>pimecrolimus</i>	224	<i>pramipexole dihydrochloride er</i>	76	<i>primidone</i>	83
<i>pimozide</i>	104	<i>prasugrel hcl</i>	173	PRISTIQ.....	73
Pimtreea.....	127	<i>pravastatin sodium</i>	57	PRIVIGEN.....	186
<i>pindolol</i>	59	<i>praziquantel</i>	25	<i>pro voice v8/v9 glucose</i>	139
<i>pioglitazone hcl</i>	114	<i>prazosin hcl</i>	52	PROAIR DIGIHALER.....	205
<i>pioglitazone hcl-glimepiride</i>	115	PRECISION THINS GP		PROAIR RESPICLICK.....	205
<i>pioglitazone hcl-metformin hcl</i>	115	LANCETS.....	139	<i>probenecid</i>	14
PIQRAY (200 MG DAILY		PRECISION XTRA BLOOD		Procentra.....	89
DOSE).....	47	GLUCOSE.....	139	<i>prochlorperazine maleate</i>	155
PIQRAY (250 MG DAILY		PRED FORTE.....	198	PROCRIT.....	169
DOSE).....	47	PRED MILD.....	198	PROCTOCORT.....	161
PIQRAY (300 MG DAILY		<i>prednisolone</i>	146	PROCTOFOAM HC.....	161
DOSE).....	47	<i>prednisolone acetate</i>	198	Proctozone-Hc.....	162
<i>pirfenidone</i>	209	<i>prednisolone sodium phosphate</i>		PROCYSBI.....	164
Pirmella 7/7/7.....	127	.....	146, 147	PRODIGY NO CODING	
<i>piroxicam</i>	16	<i>prednisone</i>	147	BLOOD GLUC.....	139
PLAVIX.....	173	<i>pregabalin</i>	83	PROFILNINE.....	172
PLEGRIDY.....	98, 99	<i>pregabalin er</i>	103	<i>progesterone</i>	152
PLEGRIDY STARTER		<i>pregen dha</i>	190	PROGRAF.....	187
PACK.....	99	<i>pregenna</i>	191	PROLASTIN-C.....	200
PLENVU.....	158	PREGNYL.....	146	PROLATE.....	22
PLIAGLIS.....	223	PREMARIN.....	144, 145	PROLENSA.....	198
<i>pnv prenatal plus multivit+dha</i>	190	<i>premium blood glucose test</i>	139	PROLIA.....	150
<i>pnv tabs 20-1</i>	190	PREMPHASE.....	145	PROMACTA.....	169
<i>pnv-dha</i>	190	PREMPRO.....	145	<i>promethazine hcl</i>	155
<i>pnv-dha+docusate</i>	190	<i>prena 1 true</i>	191	<i>promethazine vc</i>	206
<i>pnv-omega</i>	190	<i>prenaissance</i>	191	<i>promethazine vclcodeine</i>	206
POCKETCHEM EZ TEST...	139	<i>prenaissance plus</i>	191	<i>promethazine-codeine</i>	206
<i>podofilox</i>	224	PRENATAL-U.....	191	<i>promethazine-dm</i>	206
POGO AUTOMATIC TEST		PRENATE.....	191	PROMETHEGAN.....	155
CARTRIDGES.....	139	PRENATE AM.....	191	PROMETRIUM.....	152
POKONZA.....	188	PRENATE DHA.....	191	<i>propafenone hcl</i>	55
<i>polymyxin b-trimethoprim</i>	197	PRENATE ELITE.....	191	<i>propafenone hcl er</i>	55
POLY-VI-FLOR.....	193	PRENATE ENHANCE.....	191	<i>propranolol hcl</i>	59
POLY-VI-FLOR/IRON.....	193	PRENATE MINI.....	191	<i>propranolol hcl er</i>	59
POMALYST.....	41	PRENATE PIXIE.....	191	<i>propylthiouracil</i>	152
PONVORY.....	99	PRENATE RESTORE.....	191	PROSCAR.....	162
		<i>prenatvite plus</i>	191	PROTONIX.....	161

<i>protriptyline hcl</i>	74	QVAR REDHALER.....	211	<i>reno caps</i>	194
PROVENTIL HFA.....	205	<i>ra omeprazole</i>	161	REVELA.....	151
PROVIDA OB.....	191	<i>rabeprazole sodium</i>	161	<i>repaglinide</i>	115
PROVIGIL.....	101	RADICAVA ORS.....	96	REPATHA.....	58
PROZAC.....	74	RADICAVA ORS		REPATHA PUSHTRONEX	
PRUDOXIN.....	217	STARTER KIT.....	96	SYSTEM.....	58
<i>pseudoeph-bromphen-dm</i>	206	RAGWITEK.....	175	REPATHA SURECLICK.....	58
PTS PANELS EGLU TEST..	139	<i>raloxifene hcl</i>	150	RESTASIS.....	198
PULMICORT.....	211	<i>ramelteon</i>	92	RESTASIS MULTIDOSE....	198
PULMICORT		<i>ramipril</i>	52	RESTORIL.....	92
FLEXHALER.....	211	<i>ranolazine er</i>	64	RETACRIT.....	169
PULMOZYME.....	207	RAPAFLO.....	162	RETEVMO.....	48
PURIXAN.....	40	<i>rasagiline mesylate</i>	76	RETIN-A.....	214
PYLERA.....	162	RASUVO.....	184	RETIN-A MICRO.....	214
<i>pyrazinamide</i>	32	RAVICTI.....	142	RETIN-A MICRO PUMP...	214
<i>pyridostigmine bromide</i>	96	RAYALDEE.....	153	RETROVIR.....	29
<i>pyridostigmine bromide er</i>	96	RAYOS.....	147	REVATIO.....	65
<i>pyrimethamine</i>	37	REACT.....	128	REVLIMID.....	41
PYRUKYND.....	172	REBIF.....	99	REXULTI.....	79
PYRUKYND TAPER		REBIF REBIDOSE.....	99	REYATAZ.....	29
PACK.....	173	REBIF REBIDOSE		REYVOW.....	94
<i>qc lansoprazole</i>	161	TITRATION PACK.....	99	REZLIDHIA.....	50
QDOLO.....	22	REBIF TITRATION PACK..	99	REZUROCK.....	187
QELBREE.....	89	REBINYN.....	172	REZVOGLAR KWIKPEN..	114
QINLOCK.....	48	RECLAST.....	117	RHOFADE.....	225
QNASL.....	209	Reclipsen.....	128	RHOGAM ULTRA-	
QNASL CHILDRENS.....	209	RECOMBINATE.....	171	FILTERED PLUS.....	186
QSYMIA.....	117	RECORLEV.....	131	RHOPHYLAC.....	186
QTERN.....	115	REFUAH PLUS BLOOD		RHOPRESSA.....	195
<i>quad-mix</i>	163	GLUCOSE TEST.....	140	RIASTAP.....	167
<i>quazepam</i>	91	REGRANEX.....	225	<i>ribavirin</i>	36
QUDEXY XR.....	84	RELAFEN DS.....	16	<i>rifabutin</i>	32
<i>quetiapine fumarate</i>	78	RELENZA DISKHALER.....	33	<i>rifampin</i>	32
<i>quetiapine fumarate er</i>	78	RELEUKO.....	169	RIGHTEST GS100 BLOOD	
QUFLORA FE.....	193	<i>releuko</i>	169	GLUCOSE.....	140
QUFLORA FE PEDIATRIC		RELEXXII.....	89	RIGHTEST GS300 BLOOD	
.....	194	RELION BLOOD		GLUCOSE.....	140
QUICKTEK TEST.....	139	GLUCOSE TEST.....	140	RIGHTEST GS550 BLOOD	
QUILLICHEW ER.....	89	RELION		GLUCOSE.....	140
QUILLIVANT XR.....	89	CONFIRM/MICRO TEST...	140	<i>riluzole</i>	96
<i>quinapril hcl</i>	52	RELION PRIME TEST.....	140	<i>rimantadine hcl</i>	33
<i>quinapril-hydrochlorothiazide</i> ...	51	RELION ULTIMA TEST...	140	RINVOQ.....	181
<i>quinidine sulfate</i>	55	RELISTOR.....	159	RIOMET.....	108
<i>quinine sulfate</i>	27	RELPAK.....	94	<i>risedronate sodium</i>	117
QUINTET AC BLOOD		RELSTONE.....	159	<i>risperidone</i>	79
GLUCOSE TEST.....	140	RELYVRIO.....	96	RITALIN.....	90
QUINTET BLOOD		REMICADE.....	175	RITALIN LA.....	90
GLUCOSE TEST.....	140	REMODULIN.....	65	<i>ritonavir</i>	29
QULIPTA.....	94	RENATABS WITH IRON..	194	<i>rivastigmine</i>	69
QUVIVIQ.....	91	RENFLEXIS.....	175	<i>rivastigmine tartrate</i>	69

Rivelsa.....	128	SECUADO.....	79	<i>sm loratadine</i>	203
<i>rixubis</i>	172	SEGLENTIS.....	22	<i>sm loratadine allergy relief</i>	203
<i>rizatriptan benzoate</i>	94	SEGLUROMET.....	115	<i>sm loratadine d 12hr</i>	206
ROBINUL.....	153	SELECT-OB.....	191	SMART SENSE PREMIUM	
ROBINUL-FORTE.....	153	SELECT-OB+DHA.....	191	TEST.....	140
ROCKLATAN.....	195	<i>selegiline hcl</i>	76	SMARTEST BLOOD	
<i>roflumilast</i>	208	SELZENTRY.....	29	GLUCOSE TEST.....	140
ROLVEDON.....	169	SEMGLEE (YFGN).....	114	SOAANZ.....	62
<i>ropinirole hcl</i>	76	SENSIPAR.....	118	<i>sodium chloride</i>	208
<i>ropinirole hcl er</i>	76	SEREVENT DISKUS.....	205	<i>sodium fluoride</i>	189
<i>rosuvastatin calcium</i>	57	SERNIVO.....	222	<i>sodium oxybate</i>	101
ROSZET.....	57	SEROQUEL XR.....	79	<i>sodium phenylbutyrate</i>	142, 143
ROWASA.....	156	SEROSTIM.....	149	<i>sodium polystyrene sulfonate</i> ..	119
ROXICODONE.....	22	<i>sertraline hcl</i>	74	<i>sofosbuvir-velpatasvir</i>	36
ROXYBOND.....	22	Setlakin.....	128	SOGROYA.....	149
ROZEREM.....	92	<i>sevelamer carbonate</i>	151	SOHONOS.....	101
ROZLYTREK.....	48	<i>sevelamer hcl</i>	151	<i>solifenacin succinate</i>	165
RUBRACA.....	50	SEVENFACT.....	167	SOLIQUEA.....	110
RUCONEST.....	184	SEYSARA.....	39	SOLODYN.....	39
<i>rufinamide</i>	84	SFROWASA.....	156	SOLOSEC.....	37
RUKOBIA.....	29	Sharobel.....	128	SOLUS V2 TEST.....	140
RYALTRIS.....	202	SIGNIFOR.....	151	SOMA.....	101
RYBELSUS.....	110	SIGNIFOR LAR.....	150	SOMATULINE DEPOT.....	106
RYCLORA.....	203	SIKLOS.....	174	SOMAVERT.....	106
RYDAPT.....	48	<i>sildenafil citrate</i>	65, 163	SOOLANTRA.....	225
RYKINDO.....	79	SILENOR.....	92	<i>sorafenib tosylate</i>	48
RYTARY.....	76	SILIQ.....	181	SORILUX.....	217
RYVENT.....	203	<i>silodosin</i>	162	<i>sotalol hcl</i>	55
SABRIL.....	84	<i>silver sulfadiazine</i>	215	<i>sotalol hcl (af)</i>	55
SAFYRAL.....	128	SIMBRINZA.....	195	SOTYKTU.....	182
SAIZEN.....	149	Simliya.....	128	SOVALDI.....	36
SAMSCA.....	150	Simpesse.....	128	<i>spinosad</i>	225
SANCUSO.....	155	SIMPLE DIAGNOSTICS		SPIRIVA HANDIHALER...	201
SANDIMMUNE.....	187, 188	LANCING DEV.....	140	SPIRIVA RESPIMAT.....	202
SANDOSTATIN.....	106	SIMPONI.....	181	<i>spironolactone</i>	62
SANDOSTATIN LAR		SIMPONI ARIA.....	175	<i>spironolactone-hctz</i>	62
DEPOT.....	106	SIMULECT.....	188	SPORANOX.....	26
SANTYL.....	224	<i>simvastatin</i>	57	SPRAVATO (56 MG DOSE). 74	
SAPHRIS.....	79	SINEMET.....	76	SPRAVATO (84 MG DOSE). 74	
<i>sapropterin dihydrochloride</i>	142	SINGULAIR.....	208	Sprintec 28.....	128
<i>sapscare twist top lancets</i>	140	<i>sirolimus</i>	188	SPRITAM.....	84
SAVAYSA.....	166	SIRTURO.....	32	SPRIX.....	16
SAVELLA.....	90	SITAVIG.....	33	SPRYCEL.....	48
SAVELLA TITRATION		SIVEXTRO.....	37	SPS.....	119
PACK.....	90	SKYCLARYS.....	96	Sronyx.....	128
<i>saxagliptin hcl</i>	108	SKYLA.....	128	Ssd.....	216
<i>saxagliptin-metformin er</i>	109	SKYRIZI.....	181	STEGLATRO.....	116
SAXENDA.....	117	SKYRIZI PEN.....	181	STEGLUJAN.....	116
SCSEMBLIX.....	48	SKYTROFA.....	149	STELARA.....	182
<i>scopolamine</i>	155	SLYND.....	128	STENDRA.....	163

<i>sterile water for irrigation</i>	199	SYNALAR.....	222	TEGRETOL.....	84
STIMUFEND.....	169	SYNAREL.....	149	TEGRETOL-XR.....	84
STIOLTO RESPIMAT.....	201	SYNDROS.....	155	TEGSEDI.....	152
STIVARGA.....	48	SYNJARDY.....	115	<i>telmisartan</i>	54
STRATTERA.....	90	SYNJARDY XR.....	115	<i>telmisartan-amlodipine</i>	53
STRENSIQ.....	143	SYNOJOYNT.....	24	<i>telmisartan-hctz</i>	53
STRIBILD.....	32	SYNRIBO.....	50	<i>temazepam</i>	92
STRIVERDI RESPIMAT....	205	SYNVISC.....	24	<i>temozolomide</i>	40
SUBLOCADE.....	23	SYNVISC ONE.....	25	<i>tenofovir disoproxil fumarate</i>	30
SUBOXONE.....	102	SYPRINE.....	119	TEPMETKO.....	49
SUBSYS.....	22	TABLOID.....	40	<i>terazosin hcl</i>	52
SUCRAID.....	159	TABRECTA.....	48	<i>terbinafine hcl</i>	26
<i>sucralfate</i>	159	TACLONEX.....	222	<i>terbutaline sulfate</i>	205
SUFLAVE.....	158	<i>tacrolimus</i>	188, 224	<i>terconazole</i>	165
<i>sulconazole nitrate</i>	217	<i>tadalafil</i>	163	<i>teriflunomide</i>	99
<i>sulfacetamide sodium</i>	197	<i>tadalafil (pah)</i>	65	<i>teriparatide (recombinant)</i>	151
<i>sulfacetamide sodium (acne)</i> ..	214	TADLIQ.....	65	TESTIM.....	107
<i>sulfacetamide-prednisolone</i>	196	TAFINLAR.....	48	<i>testosterone</i>	107
<i>sulfadiazine</i>	25	<i>tafluprost (pf)</i>	195	<i>testosterone cypionate</i>	107
<i>sulfamethoxazole-trimethoprim</i>	25	TAGRISSO.....	48	<i>testosterone enanthate</i>	107
<i>sulfasalazine</i>	156	TAKE ACTION.....	128	<i>tetrabenazine</i>	96, 97
<i>sulindac</i>	16	TAKHZYRO.....	184	<i>tetracycline hcl</i>	39
<i>sumatriptan</i>	94	TALICIA.....	162	TEXACORT.....	222
<i>sumatriptan succinate</i>	94	TALTZ.....	182	TEZSPIRE.....	210
<i>sumatriptan succinate refill</i>	94	TALZENNA.....	50	THALITONE.....	62
<i>sumatriptan-naproxen sodium</i> ..	94	TAMIFLU.....	33	THALOMID.....	41
<i>sunitinib malate</i>	48	<i>tamoxifen citrate</i>	43	THEO-24.....	212
SUNLENCA.....	29	<i>tamsulosin hcl</i>	162	<i>theophylline</i>	212
SUNOSI.....	102	TAPERDEX 12-DAY.....	147	<i>theophylline er</i>	212
SUPARTZ FX.....	24	Taperdex 6-Day.....	147	THIOLA.....	164
<i>super quad-mix</i>	163	TAPERDEX 7-DAY.....	147	THIOLA EC.....	164
<i>super thin lancets</i>	140	TARCEVA.....	48	<i>thioridazine hcl</i>	79
SUPREME TEST.....	140	Targadox.....	39	<i>thiothixene</i>	79
SUPREP BOWEL PREP KIT.....	158	TARGRETIN.....	50, 224	THYMOGLOBULIN.....	188
SUSTIVA.....	29	Tarina 24 Fe.....	128	THYQUIDITY.....	152
SUTAB.....	158	Tarina Fe 1/20 Eq.....	128	<i>thyroid</i>	152
SUTENT.....	48	TARON-C DHA.....	191	<i>tiagabine hcl</i>	84
Syeda.....	128	TARPEYO.....	164	TIBSOVO.....	50
SYMBICORT.....	212	TASCENSO ODT.....	99	TIGLUTIK.....	96
SYMDEKO.....	207	TASIGNA.....	49	TIKOSYN.....	55
SYMFI.....	32	<i>tasimelteon</i>	92	Tilia Fe.....	128
SYMFI LO.....	32	<i>tavaborole</i>	217	<i>timolol maleate</i>	59, 195
SYMJEPI.....	200	TAVALISSE.....	173	<i>timolol maleate (once-daily)</i> ..	195
SYMLINPEN 120.....	107	TAVNEOS.....	173	Timolol Maleate Ocudose.....	195
SYMLINPEN 60.....	107	Taysofy.....	128	<i>timolol maleate pf</i>	195
SYMPAZAN.....	84	TAYTULLA.....	128	TIMOPTIC OCUDOSE.....	195
SYMPROIC.....	159	<i>tazarotene</i>	214, 217	<i>tinidazole</i>	25
SYMTUZA.....	32	TAZORAC.....	217	<i>tiopronin</i>	164
SYNAGIS.....	188	TAZVERIK.....	50	<i>tiotropium bromide monohydrate</i>	202
		TECFIDERA.....	99		

TIROSINT.....	152	TRESIBA FLEXTOUCH.....	114	<i>true focus blood glucose strip..</i>	140
TIROSINT-SOL.....	153	<i>tretinoin</i>	50, 215	TRUE METRIX BLOOD	
TIVICAY.....	30	<i>tretinoin microsphere</i>	215	GLUCOSE TEST.....	140
TIVICAY PD.....	30	<i>tretinoin microsphere pump</i>	215	TRUEPLUS LANCETS 26G	140
<i>tizanidine hcl</i>	101	TRETEN.....	167	TRUEPLUS LANCETS 30G	140
TLANDO.....	106	TREXALL.....	40	TRUEPLUS SAFETY	
TOBI.....	207	TREXIMET.....	95	LANCETS 28G.....	140
TOBI PODHALER.....	207	<i>triamcinolone acetonide</i>		TRUETEST TEST.....	140
TOBRADEX.....	196	.....	209, 222, 225	TRUETRACK TEST.....	140
TOBRADEX ST.....	196	<i>triamterene</i>	62	TRULICITY.....	110
<i>tobramycin</i>	197, 207	<i>triamterene-hctz</i>	62	TRUVADA.....	32
<i>tobramycin-dexamethasone</i>	196	<i>triazolam</i>	92	TUDORZA PRESSAIR.....	202
TODAY SPONGE.....	162	TRICOR.....	56	TUKYSA.....	49
TOLAK.....	215	<i>trientine hcl</i>	119	TURALIO.....	49
<i>tolcapone</i>	76	Tri-Estarylla.....	129	TUXARIN ER.....	206
<i>tolsura</i>	26	<i>trifluoperazine hcl</i>	79	TWIRLA.....	129
<i>tolterodine tartrate</i>	165	<i>trifluridine</i>	197	TWYNEO.....	215
<i>tolterodine tartrate er</i>	165	<i>trihexyphenidyl hcl</i>	76	TYBLUME.....	129
<i>tolvaptan</i>	151	TRIJARDY XR.....	109	TYBOST.....	30
TOPICORT.....	222	TRIKAFTA.....	207	Tydemy.....	129
TOPICORT SPRAY.....	222	Tri-Legest Fe.....	129	TYKERB.....	49
<i>topiramate</i>	84	TRILEPTAL.....	84	TYMLOS.....	151
<i>topiramate er</i>	84	Tri-Linyah.....	129	TYRVAYA.....	199
TOPROL XL.....	59	Tri-Lo-Estarylla.....	129	TYSABRI.....	99
<i>toremifene citrate</i>	43	Tri-Lo-Marzia.....	129	TYVASO.....	66
<i>torse mide</i>	62	Tri-Lo-Mili.....	129	TYVASO DPI	
TOSYMRA.....	94	Tri-Lo-Sprintec.....	129	MAINTENANCE KIT.....	66
TOUJEO MAX SOLOSTAR.....	114	TRILURON.....	25	TYVASO DPI TITRATION	
TOUJEO SOLOSTAR.....	114	<i>trimethobenzamide hcl</i>	155	KIT.....	66
Tovet.....	222	Tri-Mili.....	129	TYVASO REFILL.....	66
TOVIAZ.....	165	<i>trimipramine maleate</i>	74	TYVASO STARTER.....	66
TRACLEER.....	65	TRINATE.....	191	UBRELVY.....	95
TRADJENTA.....	108	TRINTELLIX.....	74	UCERIS.....	156
<i>tramadol hcl</i>	23	Tri-Nymyo.....	129	UDENYCA.....	169, 170
<i>tramadol hcl (er biphasic)</i>	22	TRIPTODUR.....	149	ULORIC.....	14
<i>tramadol hcl er</i>	22, 23	Tri-Sprintec.....	129	ULTRAVATE.....	222
<i>tramadol-acetaminophen</i>	23	<i>tristart dha</i>	191	UNISTRIPI1 GENERIC.....	140
<i>trandolapril</i>	52	TRIUMEQ.....	32	UPNEEQ.....	199
<i>trandolapril-verapamil hcl er</i>	51	TRIUMEQ PD.....	32	UPTRAVI.....	66
<i>tranexamic acid</i>	173	<i>tri-vi-floro</i>	194	UROXATRAL.....	162
TRANSDERM-SCOP.....	155	TRIVISC.....	25	<i>ursodiol</i>	159
<i>tranylcypromine sulfate</i>	74	Trivora (28).....	129	UZEDY.....	79
TRAVATAN Z.....	195	Tri-Vylibra.....	129	VAGIFEM.....	145
<i>travoprost (bak free)</i>	195	Tri-Vylibra Lo.....	129	<i>valacyclovir hcl</i>	33
<i>trazodone hcl</i>	74	TRIZIVIR.....	32	VALCHLOR.....	224
TRELEGY ELLIPTA.....	201	TROKENDI XR.....	84	VALCYTE.....	33
TRELSTAR MIXJECT.....	43	<i>tropicamide</i>	199	<i>valganciclovir hcl</i>	34
TREMFYA.....	182, 183	<i>trospium chloride</i>	165	VALIUM.....	84
<i>treprostinil</i>	65	<i>trospium chloride er</i>	165	<i>valproic acid</i>	84
TRESIBA.....	114	TRUDHESA.....	95	<i>valsartan</i>	54

<i>valsartan-hydrochlorothiazide</i> ...	53	VIAGRA.....	163	VOXZOGO.....	148
VALTOCO 10 MG DOSE.....	84	VIBERZI.....	157	VPRIV.....	143
VALTOCO 15 MG DOSE.....	85	VIBRAMYCIN.....	39	VRAYLAR.....	79
VALTOCO 20 MG DOSE.....	85	VICTOZA.....	110	VTAMA.....	218
VALTOCO 5 MG DOSE.....	85	Vienna.....	129	VUMERITY.....	99
VALTREX.....	34	<i>vigabatrin</i>	85	VUSION.....	217
VANCOCIN.....	38	Vigadrone.....	85	Vyfemla.....	130
<i>vancomycin hcl</i>	38	VIIBRYD.....	75	VYLEESI.....	104
VANFLYTA.....	49	VIIBRYD STARTER PACK.....	75	Vylibra.....	130
VANOS.....	222	VIJOICE.....	151	VYNDAMAX.....	64
<i>vardenafil hcl</i>	163	<i>vilazodone hcl</i>	75	VYNDAQEL.....	64
<i>varenicline tartrate</i>	105	VIMIZIM.....	143	VYVANSE.....	90
<i>varenicline tartrate (starter)</i> ..	105	VIMOVO.....	17	VYZULTA.....	195
VARIZIG.....	186	VIMPAT.....	85	WAKIX.....	102
VARUBI (180 MG DOSE)...	155	VINATE II.....	192	<i>warfarin sodium</i>	166
VASCEPA.....	58	VINATE ONE.....	192	WEGOVY.....	117
VCF VAGINAL		VIOKACE.....	159	WELIREG.....	50
CONTRACEPTIVE.....	163	<i>violele</i>	130	Wera.....	130
VECAMYL.....	64	VIRACEPT.....	30	<i>wescap-c dha</i>	192
VECTICAL.....	218	VIREAD.....	30	<i>westgel dha</i>	192
VELETRI.....	66	VISCO-3.....	25	WIDE-SEAL DIAPHRAGM	
VELIVET.....	129	VISTOGARD.....	50	60.....	130
VELPHORO.....	151	VISUDYNE.....	199	WIDE-SEAL DIAPHRAGM	
VELTASSA.....	119	VITAFOL FE+.....	192	65.....	130
VELTIN.....	215	VITAFOL GUMMIES.....	192	WIDE-SEAL DIAPHRAGM	
VEMLIDY.....	34	VITAFOL STRIPS.....	192	70.....	130
VENCLEXTA.....	41	VITAFOL ULTRA.....	192	WIDE-SEAL DIAPHRAGM	
VENCLEXTA STARTING		VITAFOL-NANO.....	192	75.....	130
PACK.....	41	VITAFOL-OB.....	192	WIDE-SEAL DIAPHRAGM	
<i>venlafaxine besylate er</i>	74	VITAFOL-OB+DHA.....	192	80.....	130
<i>venlafaxine hcl</i>	75	VITAFOL-ONE.....	192	WIDE-SEAL DIAPHRAGM	
<i>venlafaxine hcl er</i>	74, 75	VITAMEDMD REDICHEW		85.....	130
VENOFER.....	194	RX.....	192	WIDE-SEAL DIAPHRAGM	
VENTAVIS.....	66	<i>vitamin d (ergocalciferol)</i>	194	90.....	130
VENTOLIN HFA.....	205	VITAPEARL.....	192	WIDE-SEAL DIAPHRAGM	
VEOZAH.....	151	VITRAKVI.....	49	95.....	130
<i>verapamil hcl</i>	61	VIVA DHA.....	192	WILATE.....	167
<i>verapamil hcl er</i>	61	VIVELLE-DOT.....	145	WINLEVI.....	215
<i>verasens blood glucose test</i>	141	VIVITROL.....	102	WINRHO SDF.....	186
VERDESO.....	222	VIVJOA.....	26	Wixela Inhub.....	212
VEREGEN.....	224	VIZIMPRO.....	49	Wymzya Fe.....	130
VERKAZIA.....	199	VOGELXO.....	107	WYNZORA.....	218
VERQUVO.....	63	VOGELXO PUMP.....	107	XADAGO.....	76
VERSACLOZ.....	79	Volnea.....	130	XALKORI.....	49
VERZENIO.....	49	VONJO.....	49	XANAX.....	68
VESICARE.....	165	VONVENDI.....	167	XANAX XR.....	68
Vestura.....	129	<i>voriconazole</i>	26	XARELTO.....	166
V-GO 20.....	141	VOSEVI.....	36	XARELTO STARTER	
V-GO 30.....	141	VOTRIENT.....	49	PACK.....	166
V-GO 40.....	141	VOWST.....	159	XATMEP.....	40

XCOPRI.....	85	XYOSTED.....	107	<i>ziprasidone hcl</i>	79
XCOPRI (250 MG DAILY DOSE).....	85	XYREM.....	102	<i>ziprasidone mesylate</i>	79
XCOPRI (350 MG DAILY DOSE).....	85	XYWAV.....	102	ZIPSOR.....	16
XDEMVY.....	197	XYZAL ALLERGY 24HR...204		ZIRGAN.....	197
XELJANZ.....	183	YASMIN 28.....	130	ZOKINVY.....	151
XELJANZ XR.....	183	YAZ.....	131	<i>zoledronic acid</i>	117, 118
XELODA.....	40	YONSA.....	43	ZOLINZA.....	51
XELPROS.....	196	YOSPRALA.....	173	<i>zolmitriptan</i>	95
XELSTRYM.....	90	YUFLYMA 1-PEN KIT.....	183	ZOLOFT.....	75
XEMBIFY.....	186	YUFLYMA 2-SYRINGE KIT.....	183	<i>zolpidem tartrate</i>	92
XENAZINE.....	97	YUPELRI.....	202	<i>zolpidem tartrate er</i>	92
XENICAL.....	117	YUSIMRY.....	183	ZOMACTON.....	149
XEOMIN.....	101	Yuvaferm.....	145	ZOMIG.....	95
XEPI.....	216	ZADITOR.....	194	ZONALON.....	217
XERESE.....	34	Zafemy.....	131	ZONEGRAN.....	85
XERMELO.....	159	<i>zafirlukast</i>	208	ZONISADE.....	85
XGEVA.....	151	<i>zaleplon</i>	92	<i>zonisamide</i>	85
XHANCE.....	209	<i>zalvit</i>	192	ZONTIVITY.....	173
XIFAXAN.....	38	ZARXIO.....	170	ZORBTIVE.....	149
XIGDUO XR.....	115	ZAVESCA.....	143	ZORVOLEX.....	16
XIIDRA.....	198	ZAVZPRET.....	95	ZORYVE.....	218
XIMINO.....	40	ZEGALOGUE.....	148	Zovia 1/35 (28).....	131
XOFLUZA (40 MG DOSE)... 34		ZEGERID.....	161	ZOVIRAX.....	224
XOFLUZA (80 MG DOSE)... 34		ZEJULA.....	51	ZTALMY.....	85
XOLAIR.....	210	ZELAPAR.....	76	ZUBSOLV.....	102
XOPENEX HFA.....	205	ZELBORAF.....	49	Zumandimine.....	131
XOSPATA.....	49	ZEMAIRA.....	200	ZYCLARA.....	215
XPOVIO (100 MG ONCE WEEKLY).....	50	ZEMBRACE SYMTOUCH...95		ZYCLARA PUMP.....	215
XPOVIO (40 MG ONCE WEEKLY).....	50	Zenatane.....	215	ZYDELIG.....	49
XPOVIO (40 MG TWICE WEEKLY).....	50	ZENPEP.....	160	ZYFLO.....	207
XPOVIO (60 MG ONCE WEEKLY).....	50	Zenzedi.....	90	ZYKADIA.....	49
XPOVIO (60 MG TWICE WEEKLY).....	50	ZENZEDI.....	90	ZYLET.....	196
XPOVIO (80 MG ONCE WEEKLY).....	50	ZEPATIER.....	36	ZYMAXID.....	197
XPOVIO (80 MG TWICE WEEKLY).....	51	ZEPOSIA.....	100	ZYPITAMAG.....	57
XTAMPZA ER.....	23	ZEPOSIA 7-DAY STARTER PACK.....	100	ZYRTEC ALLERGY.....	204
XTANDI.....	43	ZEPOSIA STARTER KIT... 100		ZYRTEC ALLERGY CHILDRENS.....	204
Xulane.....	130	ZERViate.....	194	ZYRTEC CHILDRENS ALLERGY.....	204
XULTOPHY.....	110	ZESTORETIC.....	51	ZYRTEC-D ALLERGY & CONGESTION.....	206
XURIDEN.....	151	ZETIA.....	55	ZYTIGA.....	43
XYNTHA.....	171	ZETONNA.....	209	ZYVOX.....	38
XYNTHA SOLOFUSE.....	171	ZIAGEN.....	30		
		ZIANA.....	215		
		<i>zidovudine</i>	30		
		ZIEXTENZO.....	170		
		<i>zileuton er</i>	207		
		ZILXI.....	225		
		ZIMHI.....	102		
		ZIOPTAN.....	196		