

# Plan for your best health

---

Advanced Control Plan: 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.....	22
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	34
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	43
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	57
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	84
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	162
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS...	170
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	174
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM....	181
MEDICAL DEVICES.....	192
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	192
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	205
OTHER.....	211
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	212
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	221

# 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.

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

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

## 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](tel:1-866-353-1892) (TTY: [711](tel:1-866-353-1892)).
- **For a new prescription**, your doctor can send it to us in one of four ways:
  - 1. Electronically:** via E-Prescribe to Banner Family Pharmacy – Chandler
  - 2. Fax:** [1-602-747-2170](tel:1-602-747-2170)
  - 3. Phone:** [1-844-747-6442](tel:1-844-747-6442), option 2 (TTY: [711](tel:1-844-747-6442))
  - 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](tel:1-888-792-3862) (TTY: [711](tel:1-888-792-3862)). If you need the help of a telephone device for the hard of hearing, call [1-877-833-2779](tel:1-877-833-2779) (TTY: [711](tel:1-877-833-2779)).
- 3. Mail** — Get a new prescription from your doctor. Then mail it to us with a completed order form. You can find the form on your secure member website. The mailing address is on the form.

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

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

# Frequently asked questions

## How can I save on prescriptions?

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

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

## What are generic drugs?

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

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

## What is precertification/prior authorization (PA)?

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](http://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, **CRCordinator@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.





Hawaiian	No ka wala'au 'ana me ka lawelawe 'olelo 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 ụgwọ obula, kpọọ nọmba nọ 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	လၢတၢ်ကမၤန့ၢ်ကိၣ်တၢ်မၤစၢၤအတၢ်ဖဲးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အိၣ်အဂီၢ်,ကိးဘၣ်လီၤတဲၣ်နီၣ်ဂံၢ်လၢအိၣ်လၢနခိၣ်ဂီၢ် (ID) အလီၤန့ၣ်တက့ၢ်.
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	بو دەسپێرێ ئاگهیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بو تو، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjelōk wōṇean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo am.
Micronesia-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a 'doowoł doo búáh ílínígóó naaltsoos bee atah níłjigo nanitinígíí bee néého 'dółzinígíí béésh bee hane'í biká'ígíí áají' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cìn wëu kor keek tënɔŋ yin. Ke yin col ran ye koc kuony në namba de abac tō 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.



## 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.

**Drug Tier**

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

**G** = Generics

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

**NPB** = Non-Preferred Brands

**NPSP** = Non-Preferred Specialty

**PB** = Preferred Brands

**PSP** = Preferred Specialty

**Drug Notes**

**IBC** = Indication Based Coverage

**LGC** = Lowest Generic Copay

Applies

**N8** = Drug Specific Coverage

**SPC** = Select Plan Coverage:

Only available for select plans.

Refer to member plan documents for coverage.

**lowercase italics** = Generic drugs

**UPPERCASE** = Brand name drugs

Prescription Drug Name	Drug Tier	Drug Notes
<b>ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>		
<b>COX-2 INHIBITORS</b>		
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>	G	
ELYXYB ORAL SOLUTION 120 MG/4.8ML ( <i>celecoxib (migraine)</i> )	NF	
<b>GOUT</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>colchicine oral capsule 0.6 mg</i>	NF	
<i>colchicine oral tablet 0.6 mg</i>	G	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	G	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	G	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML ( <i>pegloticase</i> )	NPSP	
MITIGARE ORAL CAPSULE 0.6 MG ( <i>colchicine</i> )	PB	
<i>probenecid oral tablet 500 mg</i>	G	
ULORIC ORAL TABLET 40 MG, 80 MG ( <i>febuxostat</i> )	NF	
<b>MISCELLANEOUS</b>		
RIDAURA ORAL CAPSULE 3 MG ( <i>auranofin</i> )	NPB	
<b>NON-OPIOID ANALGESICS</b>		
ALLZITAL ORAL TABLET 25-325 MG ( <i>butalbital-acetaminophen</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>butalbital-apap-caffeine</i> (Bac Oral Tablet 50-325-40 Mg)	G	
<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 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	G	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	NF	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	G	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>butalbital-apap-caffeine</i> (Esgic Oral Capsule 50-325-40 Mg)	NF	
FIORICET ORAL CAPSULE 50-300-40 MG ( <i>butalbital-apap-caffeine</i> )	NF	
TENCON ORAL TABLET 50-325 MG ( <i>butalbital-acetaminophen</i> )	G	
<b>NSAIDS</b>		
CAMBIA ORAL PACKET 50 MG ( <i>diclofenac potassium(migraine)</i> )	NF	
<i>dfs dr/lms/menth/cap pak combination kit 75 mg</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>	G	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	NF	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	G	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	G	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	G	
<i>etodolac oral capsule 200 mg, 300 mg</i>	G	
<i>etodolac oral tablet 400 mg, 500 mg</i>	G	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	NF	
<i>fenoprofen calcium oral tablet 600 mg</i>	NF	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	G	
<i>ibuprofen</i> (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	G	
<i>ibuprofen oral suspension 100 mg/5ml</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	G	
INDOCIN ORAL SUSPENSION 25 MG/5ML ( <i>indomethacin</i> )	NF	
<i>indomethacin (Indocin Rectal Suppository 50 Mg)</i>	NF	
<i>indomethacin er oral capsule extended release 75 mg</i>	G	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	G	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NF	
<i>ketoprofen oral capsule 25 mg</i>	NF	
<i>ketorolac tromethamine oral tablet 10 mg</i>	G	
LODINE ORAL TABLET 400 MG ( <i>etodolac</i> )	NF	
<i>diclofenac potassium (Lofena Oral Tablet 25 Mg)</i>	NF	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	G	
<i>mefenamic acid oral capsule 250 mg</i>	NF	
<i>meloxicam oral capsule 10 mg, 5 mg</i>	NF	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	G	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	G	N8 (Listing does not include certain NDCs)
NALFON ORAL CAPSULE 400 MG ( <i>fenoprofen calcium</i> )	NPB	
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>	G	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	G	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	NF	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	G	
NUDROXIPAK DSDR-50 COMBINATION KIT 50 MG ( <i>diclofenac sodium-liniment</i> )	NF	
NUDROXIPAK DSDR-75 COMBINATION KIT 75 MG ( <i>diclofenac sodium-liniment</i> )	NF	
NUDROXIPAK E-400 COMBINATION KIT 400 MG ( <i>etodolac-liniment</i> )	NF	
NUDROXIPAK I-800 COMBINATION KIT 800 MG ( <i>ibuprofen-liniment</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
NUDROXIPAK M-15 COMBINATION KIT 15 MG ( <i>meloxicam-liniment</i> )	NF	
NUDROXIPAK N-500 COMBINATION KIT 500 MG ( <i>nabumetone-liniment</i> )	NF	
<i>oxaprozin oral tablet 600 mg</i>	G	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	G	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY ( <i>ketorolac tromethamine</i> )	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	G	
ZIPSOR ORAL CAPSULE 25 MG ( <i>diclofenac potassium</i> )	NF	
<b>NSAIDS, COMBINATIONS</b>		
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>	G	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	NF	
<i>diclofenac sodium-capsaicin</i> (Inflammacin Combination Therapy Pack 75 & 0.025 Mg-%)	NF	
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	NF	
<i>diclofenac sodium-capsaicin</i> (Nudiclo Tabpak Combination Therapy Pack 75 & 0.025 Mg-%)	NF	
NUDROXIPAK COMBINATION THERAPY PACK 200 MG ( <i>celecoxib-capsaicin-methsal</i> )	NF	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-% ( <i>diclofenac-omeprazole-capsicum</i> )	NF	
TORONOVA II SUIK COMBINATION KIT 30 MG/ML ( <i>ketorolac trometh &amp; anesthetic</i> )	NF	
TORONOVA SUIK COMBINATION KIT 30 MG/ML ( <i>ketorolac trometh &amp; anesthetic</i> )	NF	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG ( <i>naproxen-esomeprazole</i> )	NPB	
<b>OPIOID ANALGESICS</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	G	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
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>	G	
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	G	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	G	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	G	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	G	
<i>codeine sulfate oral tablet 60 mg</i>	NPB	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG ( <i>tramadol hcl</i> )	NPB	
DILAUDID INJECTION SOLUTION 1 MG/ML, 2 MG/ML ( <i>hydromorphone hcl</i> )	NF	
DILAUDID ORAL LIQUID 1 MG/ML ( <i>hydromorphone hcl</i> )	NPB	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG ( <i>hydromorphone hcl</i> )	NPB	
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG ( <i>sufentanil citrate</i> )	NPB	
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	G	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	G	
<i>fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	G	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	G	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>fentanyl citrate</i> )	NF	
<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-acetaminophen oral solution 5-217 mg/10ml</i>	G	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	G	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	G	
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	G	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	G	
<i>hydromorphone hcl rectal suppository 3 mg</i>	NPB	
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 injection solution 10 mg/ml</i>	NPB	
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/MI)	G	
<i>methadone hcl oral concentrate 10 mg/ml</i>	G	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	G	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	G	
<i>methadone hcl oral tablet soluble 40 mg</i>	G	
<i>methadone hcl-nacl intravenous solution prefilled syringe 1-0.9 mg/ml-%</i>	NPB	
METHADOSE ORAL CONCENTRATE 10 MG/ML ( <i>methadone hcl</i> )	NPB	
<i>methadone hcl</i> (Methadose Oral Tablet Soluble 40 Mg)	G	
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML ( <i>methadone hcl</i> )	NPB	
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	G	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	G	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	G	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	G	
<i>morphine sulfate intravenous solution 1 mg/ml</i>	NPB	
<i>morphine sulfate oral solution 10 mg/5ml</i>	G	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	G	
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	G	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG ( <i>morphine sulfate</i> )	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>nalocet oral tablet 2.5-300 mg</i>	NF	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG ( <i>tapentadol hcl</i> )	NF	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG ( <i>tapentadol hcl</i> )	NF	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg</i>	G	
<i>oxycodone hcl oral capsule 5 mg</i>	G	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	G	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	G	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml, 5-325 mg/5ml</i>	NF	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	NF	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	G	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG ( <i>oxycodone hcl</i> )	NF	
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	NF	
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	G	
PERCOCET ORAL TABLET 10-325 MG, 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, 30 MG ( <i>oxycodone hcl</i> )	NPB	
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	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML ( <i>tramadol hcl</i> )	NF	
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NF	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>tramadol hcl oral solution 5 mg/ml</i>	G	N8 (Listing does not include certain NDCs)
<i>tramadol hcl oral tablet 100 mg</i>	NF	
<i>tramadol hcl oral tablet 50 mg</i>	G	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	G	
TREZIX ORAL CAPSULE 320.5-30-16 MG ( <i>apap-caff-dihydrocodeine</i> )	NPB	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG ( <i>oxycodone</i> )	NF	
<b>OPIOID PARTIAL AGONISTS</b>		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG ( <i>buprenorphine hcl</i> )	PB	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR ( <i>buprenorphine</i> )	NF	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	G	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML ( <i>buprenorphine</i> )	NPB	
<b>SALICYLATES</b>		
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	CE	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	CE	
<i>aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>aspirin oral tablet chewable 81 mg</i>	CE	
<i>aspirin oral tablet delayed release 81 mg</i>	CE	
<i>aspirin regimen oral tablet delayed release 81 mg</i>	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )	CE	
<b>VISCOSUPPLEMENTS</b>		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML ( <i>sodium hyaluronate (viscosup)</i> )	PSP	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	PSP	
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML ( <i>cross-linked hyaluronate</i> )	NF	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	PSP	
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML ( <i>hyaluronan</i> )	NF	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )	PSP	
SYNOJOYNT 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	
<b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>		
<b>ANTHELMINTICS - DRUGS FOR WORM INFECTION</b>		
<i>albendazole oral tablet 200 mg</i>	G	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	NPB	
EMVERM ORAL TABLET CHEWABLE 100 MG ( <i>mebendazole</i> )	NPB	
<i>ivermectin oral tablet 3 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
<i>praziquantel oral tablet 600 mg</i>	G	
<b>ANTI-BACTERIALS - MISCELLANEOUS</b>		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML ( <i>amikacin sulfate liposome</i> )	NPB	
HUMATIN ORAL CAPSULE 250 MG ( <i>paromomycin sulfate</i> )	NF	
<i>neomycin sulfate oral tablet 500 mg</i>	G	
<i>sulfadiazine oral tablet 500 mg</i>	NPB	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	G	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	G	
<i>sulfamethoxazole-trimethoprim</i> (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5MI)	G	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	G	
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>		
BREXAFEMME ORAL TABLET 150 MG ( <i>ibrexafungerp citrate</i> )	NPB	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG ( <i>isavuconazonium sulfate</i> )	NF	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	G	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	G	
<i>flucytosine oral capsule 250 mg</i>	G	
<i>flucytosine oral capsule 500 mg</i>	NF	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	G	
<i>griseofulvin microsize oral tablet 500 mg</i>	G	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	G	
<i>itraconazole oral capsule 100 mg</i>	G	
<i>itraconazole oral solution 10 mg/ml</i>	G	
<i>ketoconazole oral tablet 200 mg</i>	G	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML ( <i>posaconazole</i> )	NF	
NOXAFIL ORAL PACKET 300 MG ( <i>posaconazole</i> )	NF	
NOXAFIL ORAL SUSPENSION 40 MG/ML ( <i>posaconazole</i> )	NF	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG ( <i>posaconazole</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>nystatin oral tablet 500000 unit</i>	G	
<i>posaconazole oral tablet delayed release 100 mg</i>	NF	
SPORANOX ORAL CAPSULE 100 MG ( <i>itraconazole</i> )	NF	
SPORANOX ORAL SOLUTION 10 MG/ML ( <i>itraconazole</i> )	NF	
<i>terbinafine hcl oral tablet 250 mg</i>	G	
<i>tolsura oral capsule 65 mg</i>	NF	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG ( <i>oteseconazole</i> )	NPB	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	G	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	G	
<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>		
ARAKODA ORAL TABLET 100 MG ( <i>tafenoquine succinate</i> )	NF	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	G	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	G	
COARTEM ORAL TABLET 20-120 MG ( <i>artemether-lumefantrine</i> )	NPB	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	NF	
KRINTAFEL ORAL TABLET 150 MG ( <i>tafenoquine succinate</i> )	NF	
<i>mefloquine hcl oral tablet 250 mg</i>	G	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	NPB	
<i>quinine sulfate oral capsule 324 mg</i>	G	
<b>ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	G	
<i>abacavir sulfate oral tablet 300 mg</i>	G	
APTIVUS ORAL CAPSULE 250 MG ( <i>tipranavir</i> )	NF	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	G	
EDURANT ORAL TABLET 25 MG ( <i>rilpivirine hcl</i> )	NF	
<i>efavirenz oral tablet 600 mg</i>	G	
EMTRIVA ORAL CAPSULE 200 MG ( <i>emtricitabine</i> )	PSP	
EMTRIVA ORAL SOLUTION 10 MG/ML ( <i>emtricitabine</i> )	PSP	
<i>fosamprenavir calcium oral tablet 700 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG ( <i>enfuvirtide</i> )	PSP	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG ( <i>etravirine</i> )	NF	
ISENTRESS HD ORAL TABLET 600 MG ( <i>raltegravir potassium</i> )	PSP	
ISENTRESS ORAL PACKET 100 MG ( <i>raltegravir potassium</i> )	PSP	
ISENTRESS ORAL TABLET 400 MG ( <i>raltegravir potassium</i> )	PSP	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG ( <i>raltegravir potassium</i> )	PSP	
<i>lamivudine oral solution 10 mg/ml</i>	G	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	G	
LEXIVA ORAL TABLET 700 MG ( <i>fosamprenavir calcium</i> )	NF	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	G	
<i>nevirapine oral suspension 50 mg/5ml</i>	G	
<i>nevirapine oral tablet 200 mg</i>	G	
NORVIR ORAL PACKET 100 MG ( <i>ritonavir</i> )	NF	
NORVIR ORAL TABLET 100 MG ( <i>ritonavir</i> )	NF	
PIFELTRO ORAL TABLET 100 MG ( <i>doravirine</i> )	NF	
PREZISTA ORAL SUSPENSION 100 MG/ML ( <i>darunavir</i> )	NF	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG ( <i>darunavir</i> )	NF	
REYATAZ ORAL CAPSULE 200 MG, 300 MG ( <i>atazanavir sulfate</i> )	NF	
REYATAZ ORAL PACKET 50 MG ( <i>atazanavir sulfate</i> )	NF	
<i>ritonavir oral tablet 100 mg</i>	G	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG ( <i>fostemsavir tromethamine</i> )	NPSP	
SELZENTRY ORAL SOLUTION 20 MG/ML ( <i>maraviroc</i> )	NF	
SELZENTRY ORAL TABLET 150 MG, 300 MG ( <i>maraviroc</i> )	NF	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	G	
TIVICAY ORAL TABLET 50 MG ( <i>dolutegravir sodium</i> )	PSP	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG ( <i>dolutegravir sodium</i> )	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
TYBOST ORAL TABLET 150 MG ( <i>cobicistat</i> )	NPSP	
VIRACEPT ORAL TABLET 250 MG, 625 MG ( <i>nelfinavir mesylate</i> )	NF	
VIREAD ORAL POWDER 40 MG/GM ( <i>tenofovir disoproxil fumarate</i> )	NPSP	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG ( <i>tenofovir disoproxil fumarate</i> )	NPSP	
<i>zidovudine oral capsule 100 mg</i>	G	
<i>zidovudine oral syrup 50 mg/5ml</i>	G	
<i>zidovudine oral tablet 300 mg</i>	G	
<b>ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	G	
ATRIPLA ORAL TABLET 600-200-300 MG ( <i>efavirenz-emtricitab-tenofo df</i> )	NF	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG ( <i>bictegravir-emtricitab-tenofo</i> )	PSP	
CIMDUO ORAL TABLET 300-300 MG ( <i>lamivudine-tenofovir</i> )	PSP	
COMPLERA ORAL TABLET 200-25-300 MG ( <i>emtricitab-rilpivir-tenofovir</i> )	NF	
DELSTRIGO ORAL TABLET 100-300-300 MG ( <i>doravirin-lamivudin-tenofo</i> )	NF	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG ( <i>emtricitabine-tenofovir af</i> )	PSP	
DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir-lamivudine</i> )	PSP	
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	CE	
EVOTAZ ORAL TABLET 300-150 MG ( <i>atazanavir-cobicistat</i> )	NPSP	
GENVOYA ORAL TABLET 150-150-200-10 MG ( <i>elviteg-cobic-emtricit-tenofaf</i> )	PSP	
JULUCA ORAL TABLET 50-25 MG ( <i>dolutegravir-rilpivirine</i> )	NPSP	
KALETRA ORAL SOLUTION 400-100 MG/5ML ( <i>lopinavir-ritonavir</i> )	NF	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG ( <i>lopinavir-ritonavir</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	G	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	G	
ODEFSEY ORAL TABLET 200-25-25 MG ( <i>emtricitabine-rilpivir-tenofovir af</i> )	PSP	
PREZCOBIX ORAL TABLET 800-150 MG ( <i>darunavir-cobicistat</i> )	NPSP	
STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elvitegravir-cobic-emtricit-tenofovir df</i> )	NF	
SYMFI LO ORAL TABLET 400-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	NPSP	
SYMFI ORAL TABLET 600-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	NPSP	
SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darunavir-cobic-emtricit-tenofovir af</i> )	PSP	
TRIUMEQ ORAL TABLET 600-50-300 MG ( <i>abacavir-dolutegravir-lamivudine</i> )	PSP	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG ( <i>abacavir-dolutegravir-lamivudine</i> )	PSP	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG ( <i>emtricitabine-tenofovir df</i> )	NF	
<b>ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS</b>		
<i>cycloserine oral capsule 250 mg</i>	G	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	G	
<i>isoniazid oral syrup 50 mg/5ml</i>	G	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	G	
<i>pretomanid oral tablet 200 mg</i>	NPB	
PRIFTIN ORAL TABLET 150 MG ( <i>rifapentine</i> )	NPB	
<i>pyrazinamide oral tablet 500 mg</i>	G	
<i>rifabutin oral capsule 150 mg</i>	G	
<i>rifampin oral capsule 150 mg, 300 mg</i>	G	
SIRTURO ORAL TABLET 100 MG, 20 MG ( <i>bedaquiline fumarate</i> )	NPB	
TRECTOR ORAL TABLET 250 MG ( <i>ethionamide</i> )	NPB	
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>		
<i>acyclovir oral capsule 200 mg</i>	G	
<i>acyclovir oral suspension 200 mg/5ml</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>acyclovir oral tablet 400 mg, 800 mg</i>	G	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	G	
LIVTENCITY ORAL TABLET 200 MG ( <i>maribavir</i> )	NPS	
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	G	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	G	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ( <i>nirmatrelvir-ritonavir</i> )	NPB	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ( <i>nirmatrelvir-ritonavir</i> )	NPB	
PREVYMIS ORAL TABLET 240 MG, 480 MG ( <i>letermovir</i> )	NPB	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT ( <i>zanamivir</i> )	PB	
<i>rimantadine hcl oral tablet 100 mg</i>	G	
SITAVIG BUCCAL TABLET 50 MG ( <i>acyclovir</i> )	NPB	
TEMBEXA ORAL SUSPENSION 10 MG/ML ( <i>brincidofovir</i> )	NPB	
TEMBEXA ORAL TABLET 100 MG ( <i>brincidofovir</i> )	NPB	
TPOXX ORAL CAPSULE 200 MG ( <i>tecovirimat</i> )	NPB	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	G	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML ( <i>valganciclovir hcl</i> )	NF	
VALCYTE ORAL TABLET 450 MG ( <i>valganciclovir hcl</i> )	NF	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	G	
<i>valganciclovir hcl oral tablet 450 mg</i>	G	
VALTREX ORAL TABLET 1 GM, 500 MG ( <i>valacyclovir hcl</i> )	NF	
XERESE EXTERNAL CREAM 5-1 % ( <i>acyclovir-hydrocortisone</i> )	NF	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG ( <i>baloxavir marboxil</i> )	NF	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG ( <i>baloxavir marboxil</i> )	NF	
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</b>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	NPB	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	G	
<i>cefadroxil oral capsule 500 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	G	
<i>cefadroxil oral tablet 1 gm</i>	G	
<i>cefdinir oral capsule 300 mg</i>	G	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefixime oral capsule 400 mg</i>	G	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	G	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	G	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	G	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	G	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	G	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	G	
<b>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</b>		
<i>azithromycin oral packet 1 gm</i>	G	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	G	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	G	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	G	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML ( <i>fidaxomicin</i> )	PB	
DIFICID ORAL TABLET 200 MG ( <i>fidaxomicin</i> )	PB	
E.E.S. 400 ORAL TABLET 400 MG ( <i>erythromycin ethylsuccinate</i> )	G	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ( <i>erythromycin ethylsuccinate</i> )	NF	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ( <i>erythromycin ethylsuccinate</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML ( <i>erythromycin ethylsuccinate</i> )	NF	
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	G	
ERYTHROCIN STEARATE ORAL TABLET 250 MG ( <i>erythromycin stearate</i> )	G	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	G	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	G	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	G	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	G	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	G	
<b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</b>		
BAXDELA ORAL TABLET 450 MG ( <i>delafloxacin meglumine</i> )	NPB	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ( <i>ciprofloxacin</i> )	NPB	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	G	
<i>levofloxacin oral solution 25 mg/ml</i>	G	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	G	
<i>moxifloxacin hcl oral tablet 400 mg</i>	G	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	G	
<b>HEPATITIS B</b>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	G	
BARACLUDGE ORAL SOLUTION 0.05 MG/ML ( <i>entecavir</i> )	NPSP	
BARACLUDGE ORAL TABLET 0.5 MG, 1 MG ( <i>entecavir</i> )	NF	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	G	
<i>lamivudine oral tablet 100 mg</i>	G	
VEMLIDY ORAL TABLET 25 MG ( <i>tenofovir alafenamide fumarate</i> )	PSP	
<b>HEPATITIS C</b>		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )	PSP	IBC (Preferred for all genotypes)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG ( <i>sofosbuvir-velpatasvir</i> )	PSP	IBC (Preferred for all genotypes)

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

30



Prescription Drug Name	Drug Tier	Drug Notes
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	PSP	
HARVONI ORAL TABLET 45-200 MG, 90-400 MG ( <i>ledipasvir-sofosbuvir</i> )	PSP	IBC (Preferred for genotypes 1,4,5,6)
MAVYRET ORAL PACKET 50-20 MG ( <i>glecaprevir-pibrentasvir</i> )	NF	
MAVYRET ORAL TABLET 100-40 MG ( <i>glecaprevir-pibrentasvir</i> )	NF	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML ( <i>peginterferon alfa-2a</i> )	NF	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML ( <i>peginterferon alfa-2a</i> )	NF	
<i>ribavirin oral capsule 200 mg</i>	G	
<i>ribavirin oral tablet 200 mg</i>	G	
SOVALDI ORAL PACKET 150 MG, 200 MG ( <i>sofosbuvir</i> )	NPSP	
SOVALDI ORAL TABLET 200 MG, 400 MG ( <i>sofosbuvir</i> )	NPSP	
VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuv-velpatasv-voxilaprev</i> )	PSP	IBC (Preferred for all genotypes)
<b>MISCELLANEOUS</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML ( <i>nitazoxanide</i> )	NPB	
ALINIA ORAL TABLET 500 MG ( <i>nitazoxanide</i> )	NPB	
<i>atovaquone oral suspension 750 mg/5ml</i>	G	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	G	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	G	
<i>dapsone oral tablet 100 mg, 25 mg</i>	G	
DARAPRIM ORAL TABLET 25 MG ( <i>pyrimethamine</i> )	NF	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML ( <i>metronidazole benzoate</i> )	NF	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML ( <i>vancomycin hcl</i> )	NF	
LAMPIT ORAL TABLET 120 MG, 30 MG ( <i>nifurtimox</i> )	NPB	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	G	
<i>linezolid oral tablet 600 mg</i>	G	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG ( <i>nitrofurantoin macrocrystal</i> )	NF	
<i>methenamine hippurate oral tablet 1 gm</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	G	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML ( <i>metronidazole benzoate</i> )	NF	
<i>metronidazole oral capsule 375 mg</i>	G	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	G	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG ( <i>pentamidine isethionate</i> )	NPB	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	G	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	NF	
SIVEXTRO ORAL TABLET 200 MG ( <i>tedizolid phosphate</i> )	NPB	
SOLOSEC ORAL PACKET 2 GM ( <i>secnidazole</i> )	NF	
<i>trimethoprim oral tablet 100 mg</i>	NPB	
<i>vancomycin hcl intravenous solution 500 mg/100ml</i>	NPB	
<i>vancomycin hcl intravenous solution reconstituted 750 mg</i>	NPB	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	G	
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML ( <i>vancomycin hcl</i> )	NF	
XIFAXAN ORAL TABLET 200 MG ( <i>rifaximin</i> )	NF	
XIFAXAN ORAL TABLET 550 MG ( <i>rifaximin</i> )	PB	
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML ( <i>linezolid</i> )	NF	
ZYVOX ORAL TABLET 600 MG ( <i>linezolid</i> )	NF	
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	G	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	G	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	G	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	G	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	G	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	G	



Prescription Drug Name	Drug Tier	Drug Notes
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	G	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	G	
<i>ampicillin oral capsule 500 mg</i>	G	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	NPB	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	G	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	G	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT (penicillin g potassium)	NF	
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<i>avidoxy oral tablet 100 mg</i>	G	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	G	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG (doxycycline hyclate)	NF	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	G	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>	NF	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	G	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	G	
<i>minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg</i>	NF	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	NF	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	G	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG ( <i>minocycline hcl</i> )	NF	
<i>doxycycline monohydrate</i> (Mondoxyne NI Oral Capsule 100 Mg)	G	
NUZYRA ORAL TABLET 150 MG ( <i>omadacycline tosylate</i> )	NPB	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG ( <i>sarecycline hcl</i> )	NF	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG ( <i>minocycline hcl</i> )	NF	
<i>doxycycline hyclate</i> (Targadox Oral Tablet 50 Mg)	NF	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	G	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG ( <i>minocycline hcl</i> )	NF	
<b>ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	G	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	NPB	
EMCYT ORAL CAPSULE 140 MG ( <i>estramustine phosphate sodium</i> )	NPB	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG ( <i>lomustine</i> )	NPB	
GLIADEL WAFER IMPLANT WAFER 7.7 MG ( <i>carmustine in polifeprosan</i> )	NPB	
LEUKERAN ORAL TABLET 2 MG ( <i>chlorambucil</i> )	PB	
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	PB	
<i>melphalan oral tablet 2 mg</i>	G	
MYLERAN ORAL TABLET 2 MG ( <i>busulfan</i> )	PB	
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>temozolomide</i> )	NPSP	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	G	
<b>ANTIMETABOLITES</b>		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG ( <i>pemetrexed disodium</i> )	NF	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>fludarabine phosphate intravenous solution 25 mg/ml</i>	NPB	
INQOVI ORAL TABLET 35-100 MG ( <i>decitabine-cedazuridine</i> )	NPSP	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG ( <i>trifluridine-tipiracil</i> )	PSP	
<i>mercaptopurine oral tablet 50 mg</i>	G	
<i>methotrexate sodium (pf) injection solution 1 gml/40ml, 250 mg/10ml, 50 mg/2ml</i>	G	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	G	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	G	
ONUREG ORAL TABLET 200 MG, 300 MG ( <i>azacitidine</i> )	NPSP	
PURIXAN ORAL SUSPENSION 2000 MG/100ML ( <i>mercaptopurine</i> )	NPSP	
TABLOID ORAL TABLET 40 MG ( <i>thioguanine</i> )	PB	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG ( <i>methotrexate sodium</i> )	PB	
XATMEP ORAL SOLUTION 2.5 MG/ML ( <i>methotrexate</i> )	NPB	
XELODA ORAL TABLET 150 MG, 500 MG ( <i>capecitabine</i> )	NPSP	
<b>ANTINEOPLASTIC, BCL-2 INHIBITORS</b>		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG ( <i>venetoclax</i> )	NPB	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG ( <i>venetoclax</i> )	NPB	
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML ( <i>ropeginterferon alfa-2b-njft</i> )	PSP	
DAURISMO ORAL TABLET 100 MG, 25 MG ( <i>glasdegib maleate</i> )	NF	
ERIVEDGE ORAL CAPSULE 150 MG ( <i>vismodegib</i> )	PSP	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG ( <i>pomalidomide</i> )	NPSP	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG ( <i>lenalidomide</i> )	PSP	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG ( <i>thalidomide</i> )	PSP	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG ( <i>bcg live</i> )	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML ( <i>rituximab-abbs</i> )	NF	
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	G	
<i>anastrozole oral tablet 1 mg</i>	CE	
<i>bicalutamide oral tablet 50 mg</i>	G	
ELIGARD SUBCUTANEOUS KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )	PSP	
ERLEADA ORAL TABLET 240 MG, 60 MG ( <i>apalutamide</i> )	PSP	
EULEXIN ORAL CAPSULE 125 MG ( <i>flutamide</i> )	NF	
<i>exemestane oral tablet 25 mg</i>	CE	
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML ( <i>fulvestrant</i> )	NPB	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL ( <i>degarelix acetate</i> )	NF	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG ( <i>degarelix acetate</i> )	NF	
<i>letrozole oral tablet 2.5 mg</i>	G	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	G	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG ( <i>leuprolide acetate</i> )	NPSP	
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	
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> )	PB	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	G	
NILANDRON ORAL TABLET 150 MG ( <i>nilutamide</i> )	NF	
<i>nilutamide oral tablet 150 mg</i>	G	
NUBEQA ORAL TABLET 300 MG ( <i>darolutamide</i> )	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ORGOVYX ORAL TABLET 120 MG ( <i>relugolix</i> )	NPSP	
SOLTAMOX ORAL SOLUTION 10 MG/5ML ( <i>tamoxifen citrate</i> )	NPB	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	
<i>toremifene citrate oral tablet 60 mg</i>	G	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG ( <i>triptorelin pamoate</i> )	NF	
XTANDI ORAL CAPSULE 40 MG ( <i>enzalutamide</i> )	PSP	
XTANDI ORAL TABLET 40 MG, 80 MG ( <i>enzalutamide</i> )	PSP	
YONSA ORAL TABLET 125 MG ( <i>abiraterone acetate micronized</i> )	PSP	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG ( <i>goserelin acetate</i> )	NF	
ZYTIGA ORAL TABLET 250 MG, 500 MG ( <i>abiraterone acetate</i> )	NF	
<b>KINASE INHIBITORS</b>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG ( <i>everolimus</i> )	NF	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG ( <i>everolimus</i> )	NF	
ALECENSA ORAL CAPSULE 150 MG ( <i>alectinib hcl</i> )	PSP	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG ( <i>brigatinib</i> )	PSP	
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG ( <i>brigatinib</i> )	PSP	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG ( <i>avapritinib</i> )	NF	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG ( <i>erdafitinib</i> )	NPB	
BOSULIF ORAL CAPSULE 100 MG, 50 MG ( <i>bosutinib</i> )	PSP	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG ( <i>bosutinib</i> )	PSP	
BRAFTOVI ORAL CAPSULE 75 MG ( <i>encorafenib</i> )	PSP	
BRUKINSA ORAL CAPSULE 80 MG ( <i>zanubrutinib</i> )	PSP	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG ( <i>cabozantinib s-malate</i> )	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
CALQUENCE ORAL TABLET 100 MG ( <i>acalabrutinib maleate</i> )	PSP	
CAPRELSA ORAL TABLET 100 MG, 300 MG ( <i>vandetanib</i> )	NPB	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG ( <i>cabozantinib s-malate</i> )	NPSP	
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG ( <i>cabozantinib s-malate</i> )	NPSP	
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG ( <i>cabozantinib s-malate</i> )	NPSP	
COPIKTRA ORAL CAPSULE 15 MG, 25 MG ( <i>duvelisib</i> )	PB	
COTELLIC ORAL TABLET 20 MG ( <i>cobimetinib fumarate</i> )	PSP	
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	G	
EXKIVITY ORAL CAPSULE 40 MG ( <i>mobocertinib succinate</i> )	NF	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG ( <i>tivozanib hcl</i> )	NF	
GAVRETO ORAL CAPSULE 100 MG ( <i>pralsetinib</i> )	PSP	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG ( <i>afatinib dimaleate</i> )	NPB	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	PSP	
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	PSP	
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG ( <i>ponatinib hcl</i> )	NF	
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	G	
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG ( <i>ibrutinib</i> )	NF	
IMBRUVICA ORAL SUSPENSION 70 MG/ML ( <i>ibrutinib</i> )	NF	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG ( <i>ibrutinib</i> )	NF	
INLYTA ORAL TABLET 1 MG, 5 MG ( <i>axitinib</i> )	PSP	
INREBIC ORAL CAPSULE 100 MG ( <i>fedratinib hcl</i> )	NF	
IRESSA ORAL TABLET 250 MG ( <i>gefitinib</i> )	NF	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	NPSP	IBC (Not covered for polycythemia vera)
JAYPIRCA ORAL TABLET 100 MG, 50 MG ( <i>pirtobrutinib</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	PSP	
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	PSP	
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	PSP	
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	PSP	
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	PSP	
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	PSP	
KOSELUGO ORAL CAPSULE 10 MG, 25 MG ( <i>selumetinib sulfate</i> )	PSP	
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG ( <i>lenvatinib mesylate</i> )	PSP	
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG ( <i>lenvatinib mesylate</i> )	PSP	
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG ( <i>lenvatinib mesylate</i> )	PSP	
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ( <i>lenvatinib mesylate</i> )	PSP	
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG ( <i>lenvatinib mesylate</i> )	PSP	
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ( <i>lenvatinib mesylate</i> )	PSP	
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG ( <i>lenvatinib mesylate</i> )	PSP	
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG ( <i>lenvatinib mesylate</i> )	PSP	
LORBRENA ORAL TABLET 100 MG, 25 MG ( <i>lorlatinib</i> )	NF	
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML ( <i>margetuximab-cmkb</i> )	NF	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML ( <i>trametinib dimethyl sulfoxide</i> )	NF	
MEKINIST ORAL TABLET 0.5 MG, 2 MG ( <i>trametinib dimethyl sulfoxide</i> )	NF	
MEKTOVI ORAL TABLET 15 MG ( <i>binimetinib</i> )	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
NERLYNX ORAL TABLET 40 MG ( <i>neratinib maleate</i> )	NPSP	
NEXAVAR ORAL TABLET 200 MG ( <i>sorafenib tosylate</i> )	NF	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG ( <i>pemigatinib</i> )	NF	
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>alpelisib</i> )	NPSP	
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG ( <i>alpelisib</i> )	NPSP	
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG ( <i>alpelisib</i> )	NPSP	
QINLOCK ORAL TABLET 50 MG ( <i>ripretinib</i> )	NF	
RETEVMO ORAL CAPSULE 40 MG, 80 MG ( <i>selpercatinib</i> )	PSP	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG ( <i>entrectinib</i> )	PSP	
ROZLYTREK ORAL PACKET 50 MG ( <i>entrectinib</i> )	PSP	
RYDAPT ORAL CAPSULE 25 MG ( <i>midostaurin</i> )	PSP	
SCSEMBLIX ORAL TABLET 20 MG, 40 MG ( <i>asciminib hcl</i> )	NF	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG ( <i>dasatinib</i> )	PSP	
STIVARGA ORAL TABLET 40 MG ( <i>regorafenib</i> )	PSP	
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>sunitinib malate</i> )	NF	
TABRECTA ORAL TABLET 150 MG, 200 MG ( <i>capmatinib hcl</i> )	NF	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG ( <i>dabrafenib mesylate</i> )	NF	
TAFINLAR ORAL TABLET SOLUBLE 10 MG ( <i>dabrafenib mesylate</i> )	NF	
TAGRISSO ORAL TABLET 40 MG, 80 MG ( <i>osimertinib mesylate</i> )	PSP	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG ( <i>erlotinib hcl</i> )	NPSP	
TEPMETKO ORAL TABLET 225 MG ( <i>tepotinib hcl</i> )	NF	
TUKYSA ORAL TABLET 150 MG, 50 MG ( <i>tucatinib</i> )	NPB	
TURALIO ORAL CAPSULE 125 MG ( <i>pexidartinib hcl</i> )	NF	
TYKERB ORAL TABLET 250 MG ( <i>lapatinib ditosylate</i> )	NPSP	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>abemaciclib</i> )	NPSP	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG ( <i>larotrectinib sulfate</i> )	PSP	
VITRAKVI ORAL SOLUTION 20 MG/ML ( <i>larotrectinib sulfate</i> )	PSP	
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>dacomitinib</i> )	NF	
VONJO ORAL CAPSULE 100 MG ( <i>pacritinib citrate</i> )	NPSP	
VOTRIENT ORAL TABLET 200 MG ( <i>pazopanib hcl</i> )	NF	
XALKORI ORAL CAPSULE 200 MG, 250 MG ( <i>crizotinib</i> )	NF	
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG ( <i>crizotinib</i> )	NF	
XOSPATA ORAL TABLET 40 MG ( <i>gilteritinib fumarate</i> )	PSP	
ZELBORAF ORAL TABLET 240 MG ( <i>vemurafenib</i> )	PSP	
ZYDELIG ORAL TABLET 100 MG, 150 MG ( <i>idelalisib</i> )	PSP	
ZYKADIA ORAL TABLET 150 MG ( <i>ceritinib</i> )	PSP	
<b>MISCELLANEOUS</b>		
<i>bexarotene oral capsule 75 mg</i>	G	
<i>hydroxyurea oral capsule 500 mg</i>	G	
IDHIFA ORAL TABLET 100 MG, 50 MG ( <i>enasidenib mesylate</i> )	NPSP	
IWILFIN ORAL TABLET 192 MG ( <i>eflornithine hcl</i> )	NPSP	
KRAZATI ORAL TABLET 200 MG ( <i>adagrasib</i> )	PSP	
LUMAKRAS ORAL TABLET 120 MG, 320 MG ( <i>sotorasib</i> )	PSP	
LYNPARZA ORAL TABLET 100 MG, 150 MG ( <i>olaparib</i> )	PSP	
ODOMZO ORAL CAPSULE 200 MG ( <i>sonidegib phosphate</i> )	PSP	
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG ( <i>talazoparib tosylate</i> )	NF	
TARGRETIN ORAL CAPSULE 75 MG ( <i>bexarotene</i> )	NF	
TAZVERIK ORAL TABLET 200 MG ( <i>tazemetostat hbr</i> )	NF	
TIBSOVO ORAL TABLET 250 MG ( <i>ivosidenib</i> )	NPB	
<i>tretinoin oral capsule 10 mg</i>	G	
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML ( <i>methoxsalen (photopheresis)</i> )	NPB	
VISTOGARD ORAL PACKET 10 GM ( <i>uridine triacetate</i> )	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
WELIREG ORAL TABLET 40 MG ( <i>belzutifan</i> )	NF	
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML ( <i>radium ra 223 dichloride</i> )	NF	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG ( <i>selinexor</i> )	NPB	
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )	NPB	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )	NPB	
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG ( <i>selinexor</i> )	NPB	
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	NPB	
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )	NPB	
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	NPB	
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG ( <i>niraparib tosylate</i> )	PSP	
ZOLINZA ORAL CAPSULE 100 MG ( <i>vorinostat</i> )	PSP	
<b>PLATINUM-BASED AGENTS</b>		
<i>kemoplat intravenous solution 50 mg/50ml</i>	NPB	
<i>oxaliplatin intravenous solution 200 mg/40ml</i>	NPB	
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML ( <i>carboplatin</i> )	G	
<b>PROTEASOME INHIBITORS</b>		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG ( <i>ixazomib citrate</i> )	PSP	
<b>PROTECTIVE AGENTS</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	G	
MESNEX ORAL TABLET 400 MG ( <i>mesna</i> )	NPB	
<b>TOPOISOMERASE INHIBITORS</b>		
<i>etoposide oral capsule 50 mg</i>	NPB	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG ( <i>topotecan hcl</i> )	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
<b>CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>		
<b>ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<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>	G	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	G	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	G	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	
<b>PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (perindopril arg-amlodipine)</b>	NF	
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	G	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	NPB	
<b>ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (lisinopril-hydrochlorothiazide)</b>	NF	
<b>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	G	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	
<b>EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)</b>	NF	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	G	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	G	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	G	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	G	
<b>QBRELIS ORAL SOLUTION 1 MG/ML (lisinopril)</b>	NPB	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	G	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	G	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<b>ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	G	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	G	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	G	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG ( <i>candesartan cilexetil-hctz</i> )	NF	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG ( <i>amlodipine-olmesartan</i> )	NF	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG ( <i>olmesartan medoxomil-hctz</i> )	NF	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	G	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG ( <i>valsartan-hydrochlorothiazide</i> )	NF	
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>	G	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	G	
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>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<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>	G	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	G	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	G	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	G	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
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>	G	
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>	G	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	G	
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>	G	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>valsartan oral solution 4 mg/ml</i>	NF	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	G	
<b>ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	G	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl af</i> )	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl</i> )	NF	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	G	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	G	
<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml</i>	NPB	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	NPB	
MULTAQ ORAL TABLET 400 MG ( <i>dronedarone hcl</i> )	PB	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-% ( <i>amiodarone hcl in dextrose</i> )	NF	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG ( <i>disopyramide phosphate</i> )	NPB	
NORPACE ORAL CAPSULE 100 MG, 150 MG ( <i>disopyramide phosphate</i> )	NF	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	G	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	G	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	G	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	G	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	G	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	G	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	G	
SOTYLIZE ORAL SOLUTION 5 MG/ML ( <i>sotalol hcl</i> )	NPB	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG ( <i>dofetilide</i> )	NPSP	
<b>ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
NEXLETOL ORAL TABLET 180 MG ( <i>bempedoic acid</i> )	PB	
NEXLIZET ORAL TABLET 180-10 MG ( <i>bempedoic acid-ezetimibe</i> )	PB	
<b>ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>cholestyramine light oral packet 4 gm</i>	G	
<i>cholestyramine light oral powder 4 gml/dose</i>	G	N8 (Listing does not include certain NDCs)
<i>cholestyramine oral packet 4 gm</i>	G	
<i>cholestyramine oral powder 4 gml/dose</i>	G	N8 (Listing does not include certain NDCs)

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
<i>colesevelam hcl oral packet 3.75 gm</i>	G	
<i>colesevelam hcl oral tablet 625 mg</i>	G	
<i>colestipol hcl oral granules 5 gm</i>	G	
<i>colestipol hcl oral packet 5 gm</i>	G	
<i>colestipol hcl oral tablet 1 gm</i>	G	
<i>cholestyramine light (Prevalite Oral Packet 4 Gm)</i>	G	
<i>cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)</i>	G	
<b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>ezetimibe oral tablet 10 mg</i>	G	
ZETIA ORAL TABLET 10 MG ( <i>ezetimibe</i> )	NF	
<b>ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>fenofibrate micronized oral capsule 130 mg</i>	NF	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	G	
<i>fenofibrate oral capsule 150 mg</i>	G	
<i>fenofibrate oral capsule 50 mg</i>	NF	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NF	
<i>fenofibrate oral tablet 145 mg, 48 mg, 54 mg</i>	G	
<i>fenofibrate oral tablet 160 mg</i>	NPB	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	G	
<i>fenofibric acid oral tablet 105 mg</i>	G	
FENOGLIDE ORAL TABLET 120 MG ( <i>fenofibrate</i> )	NF	
FIBRICOR ORAL TABLET 105 MG, 35 MG ( <i>fenofibric acid</i> )	NPB	
<i>gemfibrozil oral tablet 600 mg</i>	G	
TRICOR ORAL TABLET 145 MG, 48 MG ( <i>fenofibrate</i> )	NF	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG ( <i>lovastatin</i> )	NF	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin calcium)	NF	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin calcium)	NF	
flolipid oral suspension 20 mg/5ml, 40 mg/5ml	NF	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	G	
fluvastatin sodium oral capsule 20 mg, 40 mg	G	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (fluvastatin sodium)	NF	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (atorvastatin calcium)	NF	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	NF	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	G	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	G	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	G	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	CE	
simvastatin oral tablet 80 mg	G	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (pitavastatin magnesium)	NF	
<b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	G	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (ezetimibe-rosuvastatin)	NF	
<b>ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (lomitapide mesylate)	NF	
niacin (antihyperlipidemic) oral tablet 500 mg	NF	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	G	
NIACOR ORAL TABLET 500 MG (niacin (antihyperlipidemic))	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<b>ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	NF	N8 (Listing does not include certain NDCs)
LOVAZA ORAL CAPSULE 1 GM ( <i>omega-3-acid ethyl esters</i> )	NF	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	G	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM ( <i>icosapent ethyl</i> )	PB	N8 (Listing does not include certain NDCs)
<b>ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
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	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML ( <i>evolocumab</i> )	PSP	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>evolocumab</i> )	PSP	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	G	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	G	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	G	
<b>BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	G	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	G	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	G	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG ( <i>nebivolol hcl</i> )	NF	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	G	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	G	N8 (Listing does not include certain NDCs)

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG ( <i>carvedilol phosphate</i> )	NF	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML ( <i>propranolol hcl</i> )	NPB	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG ( <i>propranolol hcl</i> )	NF	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG ( <i>propranolol hcl sr beads</i> )	NF	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG ( <i>propranolol hcl sr beads</i> )	NF	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG ( <i>metoprolol succinate</i> )	NF	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	G	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	G	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>pindolol oral tablet 10 mg, 5 mg</i>	G	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	G	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	G	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	G	
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	G	
<i>timolol maleate oral tablet 20 mg</i>	NPB	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG ( <i>metoprolol succinate</i> )	NF	
<b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG ( <i>diltiazem hcl coated beads</i> )	NF	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG ( <i>diltiazem hcl</i> )	NF	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG ( <i>diltiazem hcl</i> )	NF	
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	G	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG ( <i>levamlodipine maleate</i> )	NF	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	G	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	G	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	NF	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	G	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	G	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	G	
KATERZIA ORAL SUSPENSION 1 MG/ML ( <i>amlodipine benzoate</i> )	NF	
<i>diltiazem hcl</i> (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	NF	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	G	
<i>nimodipine oral capsule 30 mg</i>	G	
<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>	G	
NORLIQVA ORAL SOLUTION 1 MG/ML ( <i>amlodipine besylate</i> )	NF	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>amlodipine besylate</i> )	NF	
NYMALIZE ORAL SOLUTION 6 MG/ML ( <i>nimodipine</i> )	NPB	
<i>diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)</i>	G	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	G	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	G	
<b>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)</i>	G	
<i>digoxin oral solution 0.05 mg/ml</i>	G	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	G	
LANOXIN ORAL TABLET 125 MCG, 250 MCG ( <i>digoxin</i> )	NF	
LANOXIN ORAL TABLET 62.5 MCG ( <i>digoxin</i> )	NPB	
<b>DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	G	
TEKTURNA ORAL TABLET 150 MG, 300 MG ( <i>aliskiren fumarate</i> )	NPB	
<b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	G	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	G	
<i>amiloride hcl oral tablet 5 mg</i>	G	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	G	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
CAROSPIR ORAL SUSPENSION 25 MG/5ML ( <i>spironolactone</i> )	NF	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	G	
DIURIL ORAL SUSPENSION 250 MG/5ML ( <i>chlorothiazide</i> )	NPB	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG ( <i>triamterene</i> )	NF	
<i>ethacrynic acid oral tablet 25 mg</i>	G	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML ( <i>furosemide</i> )	NF	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	G	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	G	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	G	
KEVEYIS ORAL TABLET 50 MG ( <i>dichlorphenamide</i> )	NPB	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	G	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG ( <i>torseamide</i> )	NF	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	G	
THALITONE ORAL TABLET 15 MG ( <i>chlorthalidone</i> )	NF	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	G	
<i>triamterene oral capsule 100 mg, 50 mg</i>	G	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	G	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	G	
<b>HEART FAILURE</b>		
BIDIL ORAL TABLET 20-37.5 MG ( <i>isosorb dinitrate-hydralazine</i> )	NPB	
CORLANOR ORAL SOLUTION 5 MG/5ML ( <i>ivabradine hcl</i> )	NPB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG ( <i>sacubitril-valsartan</i> )	PB	
INPEFA ORAL TABLET 200 MG, 400 MG ( <i>sotagliflozin</i> )	NF	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>vericiguat</i> )	PB	
VYNDAMAX ORAL CAPSULE 61 MG ( <i>tafamidis</i> )	NPSP	
VYNDAQEL ORAL CAPSULE 20 MG ( <i>tafamidis meglumine (cardiac)</i> )	NF	
<b>MISCELLANEOUS</b>		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG ( <i>ranolazine</i> )	NF	
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML ( <i>phenylephrine hcl (pressors)</i> )	NF	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG ( <i>mavacamten</i> )	NPSP	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	G	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	G	
DEMSER ORAL CAPSULE 250 MG ( <i>metirosine</i> )	NPB	
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML ( <i>angiotensin ii acetate</i> )	NF	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	G	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	G	
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	G	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG ( <i>clonidine hcl</i> )	NF	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% ( <i>nitroprusside sodium-nacl</i> )	NF	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG ( <i>droxidopa</i> )	NF	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	G	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
VECAMYL ORAL TABLET 2.5 MG ( <i>mecamylamine hcl</i> )	NPB	
<b>NITRATES - DRUGS TO TREAT HEART CONDITIONS</b>		
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>	G	
<i>isosorbide dinitrate oral tablet 40 mg</i>	NF	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	G	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	G	
NITRO-BID TRANSDERMAL OINTMENT 2% ( <i>nitroglycerin</i> )	NPB	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR ( <i>nitroglycerin</i> )	NPB	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	G	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	G	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	G	
<b>PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION</b>		
ADCIRCA ORAL TABLET 20 MG ( <i>tadalafil (pah)</i> )	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )	PSP	
<i>tadalafil (pah) (Alyq Oral Tablet 20 Mg)</i>	G	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	G	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	G	
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	G	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG ( <i>epoprostenol sodium</i> )	NPSP	
LETAIRIS ORAL TABLET 10 MG, 5 MG ( <i>ambrisentan</i> )	NF	
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	PSP	
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ( <i>treprostinil diolamine</i> )	PSP	
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ( <i>treprostinil diolamine</i> )	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG ( <i>treprostinil diolamine</i> )	PSP	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG ( <i>treprostinil diolamine</i> )	PSP	
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML ( <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>	NF	
<i>sildenafil citrate oral tablet 20 mg</i>	G	
<i>tadalafil (pah) oral tablet 20 mg</i>	G	
TADLIQ ORAL SUSPENSION 20 MG/5ML ( <i>tadalafil (pah)</i> )	PSP	
TRACLEER ORAL TABLET 125 MG, 62.5 MG ( <i>bosentan</i> )	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG ( <i>bosentan</i> )	NF	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	G	
TYVASO DPI 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	
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	NPSP	
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	NPSP	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	PSP	
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG ( <i>selexipag</i> )	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG ( <i>epoprostenol sodium</i> )	NPSP	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML ( <i>iloprost</i> )	NPSP	
<b>CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>		
<b>ALCOHOL DETERRENTS</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	G	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	G	
<b>ANTI-ANXIETY - DRUGS TO TREAT ANXIETY</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	G	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>alprazolam</i> )	NPB	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	G	
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML ( <i>lorazepam</i> )	NF	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>lorazepam</i> )	NF	
<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	G	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	G	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	G	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	G	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>lorazepam oral concentrate 2 mg/ml</i>	G	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG ( <i>lorazepam</i> )	NPB	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	G	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	G	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG ( <i>alprazolam</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG ( <i>alprazolam</i> )	NF	
<b>ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS</b>		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY ( <i>donepezil hcl</i> )	NF	
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	G	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	G	
<i>ergoloid mesylates oral tablet 1 mg</i>	G	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	G	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	G	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	G	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	G	
<i>memantine hcl oral solution 2 mg/ml</i>	G	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>	G	
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	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG ( <i>memantine hcl-donepezil hcl</i> )	PB	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	G	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	G	
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	G	
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG ( <i>bupropion hbr</i> )	NF	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	G	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NF	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	G	
<i>citalopram hydrobromide oral capsule 30 mg</i>	NF	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	G	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	G	
<b>CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (duloxetine hcl)</b>	NF	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	G	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>doxepin hcl oral capsule 150 mg</i>	G	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	G	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	G	
<b>EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (venlafaxine hcl)</b>	NF	
<b>EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (selegiline)</b>	NPB	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	G	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<b>FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (levomilnacipran hcl)</b>	NF	
<b>FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 &amp; 40 MG (levomilnacipran hcl)</b>	NF	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	G	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	G	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	G	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	G	
<i>fluoxetine hcl oral tablet 60 mg</i>	NF	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	G	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>escitalopram oxalate</i> )	NF	
MARPLAN ORAL TABLET 10 MG ( <i>isocarboxazid</i> )	NPB	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	G	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	G	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	G	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg</i>	G	
<i>paroxetine hcl er oral tablet extended release 24 hour 37.5 mg</i>	NF	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	G	
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>	G	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG ( <i>desvenlafaxine succinate</i> )	NF	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	G	
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>	G	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	G	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE ( <i>esketamine hcl</i> )	NPSP	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE ( <i>esketamine hcl</i> )	NPSP	
<i>tranlycypromine sulfate oral tablet 10 mg</i>	G	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	G	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



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

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	G	
DHIVY ORAL TABLET 25-100 MG ( <i>carbidopa-levodopa</i> )	NPB	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML ( <i>carbidopa-levodopa</i> )	NPB	
<i>entacapone oral tablet 200 mg</i>	G	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG ( <i>amantadine hcl</i> )	NF	
INBRIJA INHALATION CAPSULE 42 MG ( <i>levodopa</i> )	PSP	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR ( <i>rotigotine</i> )	PB	
NOURIANZ ORAL TABLET 20 MG, 40 MG ( <i>istradefylline</i> )	NF	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG ( <i>opicapone</i> )	NF	
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>	G	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	G	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	G	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	G	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	G	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG ( <i>carbidopa-levodopa</i> )	PB	
<i>selegiline hcl oral capsule 5 mg</i>	G	
<i>selegiline hcl oral tablet 5 mg</i>	G	
<i>tolcapone oral tablet 100 mg</i>	G	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	G	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	G	
XADAGO ORAL TABLET 100 MG, 50 MG ( <i>safinamide mesylate</i> )	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG ( <i>selegiline hcl</i> )	NF	
<b>ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES</b>		
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 MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole w/ sens-strip-pod</i> )	NF	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole w/ sens-strip-pod</i> )	NF	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole</i> )	NF	
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG ( <i>loxapine</i> )	NPB	
<i>aripiprazole oral solution 1 mg/ml</i>	G	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	G	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML ( <i>aripiprazole lauroxil</i> )	NPB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML ( <i>aripiprazole lauroxil</i> )	NPB	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG ( <i>lumateperone tosylate</i> )	NF	
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	NPB	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg</i>	G	
<i>clozapine oral tablet dispersible 150 mg, 200 mg</i>	NPB	
CLOZARIL ORAL TABLET 200 MG, 50 MG ( <i>clozapine</i> )	NPB	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG ( <i>carbamazepine (antipsychotic)</i> )	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
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 decanoate injection solution 25 mg/ml</i>	G	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	G	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	G	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	G	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	G	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG ( <i>ziprasidone mesylate</i> )	NF	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG ( <i>ziprasidone hcl</i> )	NF	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	G	
<i>haloperidol lactate injection solution 5 mg/ml</i>	G	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	G	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	G	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML ( <i>paliperidone palmitate</i> )	NF	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML ( <i>paliperidone palmitate</i> )	NPB	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML ( <i>paliperidone palmitate</i> )	NF	
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, 25 mg, 5 mg, 50 mg</i>	G	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG ( <i>olanzapine-samidorphan</i> )	NF	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	G	
NUPLAZID ORAL CAPSULE 34 MG ( <i>pimavanserin tartrate</i> )	NPSP	
NUPLAZID ORAL TABLET 10 MG ( <i>pimavanserin tartrate</i> )	NPSP	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	G	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	G	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	G	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	G	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	G	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG ( <i>risperidone</i> )	PB	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	G	
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	G	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>brexipiprazole</i> )	NPB	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>risperidone microspheres</i> )	NPB	
<i>risperidone oral solution 1 mg/ml</i>	G	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG ( <i>asenapine maleate</i> )	NPB	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR ( <i>asenapine</i> )	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG ( <i>quetiapine fumarate</i> )	NF	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	G	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
VERSACLOZ ORAL SUSPENSION 50 MG/ML ( <i>clozapine</i> )	NPB	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG ( <i>cariprazine hcl</i> )	PB	
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG ( <i>cariprazine hcl</i> )	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	G	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG ( <i>olanzapine pamoate</i> )	NPB	
<b>ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES</b>		
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	
BANZEL ORAL TABLET 200 MG, 400 MG ( <i>rufinamide</i> )	NF	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML ( <i>brivaracetam</i> )	NPB	
BRIVIACT ORAL SOLUTION 10 MG/ML ( <i>brivaracetam</i> )	NPB	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG ( <i>brivaracetam</i> )	NPB	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	G	
<i>carbamazepine oral suspension 100 mg/5ml</i>	G	
<i>carbamazepine oral tablet 200 mg</i>	G	
<i>carbamazepine oral tablet chewable 100 mg</i>	G	
CELONTIN ORAL CAPSULE 300 MG ( <i>methsuximide</i> )	NPB	
<i>clobazam oral suspension 2.5 mg/ml</i>	G	
<i>clobazam oral tablet 10 mg, 20 mg</i>	G	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	G	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG ( <i>divalproex sodium</i> )	NF	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG ( <i>divalproex sodium</i> )	NF	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG ( <i>divalproex sodium</i> )	NF	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG ( <i>stiripentol</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
DIACOMIT ORAL PACKET 250 MG, 500 MG ( <i>stiripentol</i> )	NF	
<i>diazepam injection solution 5 mg/ml</i>	NPB	
<i>diazepam oral concentrate 5 mg/ml</i>	G	
<i>diazepam oral solution 5 mg/5ml</i>	G	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	G	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	G	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG ( <i>phenytoin</i> )	NF	
DILANTIN ORAL CAPSULE 100 MG, 30 MG ( <i>phenytoin sodium extended</i> )	NF	
DILANTIN ORAL SUSPENSION 125 MG/5ML ( <i>phenytoin</i> )	NF	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	G	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	G	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	G	
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	
<i>carbamazepine (Epitol Oral Tablet 200 Mg)</i>	G	
EPRONTIA ORAL SOLUTION 25 MG/ML ( <i>topiramate</i> )	NF	
<i>ethosuximide oral capsule 250 mg</i>	G	
<i>ethosuximide oral solution 250 mg/5ml</i>	G	
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML ( <i>gabapentin</i> )	NF	
<i>felbamate oral suspension 600 mg/5ml</i>	G	
<i>felbamate oral tablet 400 mg, 600 mg</i>	G	
FINTEPLA ORAL SOLUTION 2.2 MG/ML ( <i>fenfluramine hcl</i> )	NF	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML ( <i>perampanel</i> )	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>	G	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	G	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML ( <i>levetiracetam</i> )	NF	
KEPPRA ORAL SOLUTION 100 MG/ML ( <i>levetiracetam</i> )	NF	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG ( <i>levetiracetam</i> )	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG ( <i>levetiracetam</i> )	NF	
KLONOPIN ORAL TABLET 0.5 MG, 2 MG ( <i>clonazepam</i> )	NPB	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG ( <i>lamotrigine</i> )	NF	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG ( <i>lamotrigine</i> )	NF	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG ( <i>lamotrigine</i> )	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG ( <i>lamotrigine</i> )	NF	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG ( <i>lamotrigine</i> )	NF	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG ( <i>lamotrigine</i> )	NF	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG ( <i>lamotrigine</i> )	NF	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	G	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	G	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	G	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	G	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	G	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	G	
<i>levetiracetam oral solution 100 mg/ml</i>	G	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	G	



Prescription Drug Name	Drug Tier	Drug Notes
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	
ONFI ORAL SUSPENSION 2.5 MG/ML ( <i>clobazam</i> )	NF	
ONFI ORAL TABLET 10 MG, 20 MG ( <i>clobazam</i> )	NF	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	G	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	G	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG ( <i>oxcarbazepine</i> )	PB	
<i>phenobarbital oral elixir 20 mg/5ml</i>	G	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	G	
<i>phenytoin oral suspension 125 mg/5ml</i>	G	
<i>phenytoin oral tablet chewable 50 mg</i>	G	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	G	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	G	
<i>pregabalin oral solution 20 mg/ml</i>	G	
<i>primidone oral tablet 250 mg, 50 mg</i>	G	
<i>levetiracetam (Roweepra Oral Tablet 500 Mg)</i>	G	
SABRIL ORAL PACKET 500 MG ( <i>vigabatrin</i> )	NPSP	
SABRIL ORAL TABLET 500 MG ( <i>vigabatrin</i> )	NPSP	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG ( <i>levetiracetam</i> )	NF	
<i>lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)</i>	G	
<i>lamotrigine (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)</i>	G	
<i>lamotrigine (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg &amp; 14X100 Mg)</i>	G	
<i>lamotrigine (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg &amp; 7 X 100 Mg)</i>	G	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG ( <i>clobazam</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
TEGRETOL ORAL SUSPENSION 100 MG/5ML ( <i>carbamazepine</i> )	NF	
TEGRETOL ORAL TABLET 200 MG ( <i>carbamazepine</i> )	NF	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG ( <i>carbamazepine</i> )	NF	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	G	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NF	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	G	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML ( <i>oxcarbazepine</i> )	NF	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG ( <i>oxcarbazepine</i> )	NF	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG ( <i>topiramate</i> )	PB	
<i>valproic acid oral capsule 250 mg</i>	G	
<i>valproic acid oral solution 250 mg/5ml</i>	G	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML ( <i>diazepam</i> )	PB	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML ( <i>diazepam</i> )	PB	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML ( <i>diazepam</i> )	PB	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML ( <i>diazepam</i> )	PB	
<i>vigabatrin oral packet 500 mg</i>	G	
<i>vigabatrin oral tablet 500 mg</i>	G	
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	G	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML ( <i>lacosamide</i> )	NF	
VIMPAT ORAL SOLUTION 10 MG/ML ( <i>lacosamide</i> )	NF	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>lacosamide</i> )	NF	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG ( <i>cenobamate</i> )	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

70

Prescription Drug Name	Drug Tier	Drug Notes
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 X 200 MG, 14 X 50 MG & 14 X 100 MG ( <i>cenobamate</i> )	PB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG ( <i>zonisamide</i> )	NF	
ZONISADE ORAL SUSPENSION 100 MG/5ML ( <i>zonisamide</i> )	NF	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	G	
ZTALMY ORAL SUSPENSION 50 MG/ML ( <i>ganaxolone</i> )	NF	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD</b>		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG ( <i>amphetamine-dextroamphetamine</i> )	NF	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG ( <i>amphetamine-dextroamphetamine</i> )	NF	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG ( <i>amphetamine</i> )	NF	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	G	
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	G	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG ( <i>methylphenidate hcl</i> )	NF	
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	G	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG ( <i>serdexmethylphen-dexmethylphen</i> )	PB	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	G	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG ( <i>methylphenidate hcl</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG ( <i>methylphenidate</i> )	NF	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR ( <i>methylphenidate</i> )	NF	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	G	
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	G	
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	G	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML ( <i>amphetamine</i> )	NF	
DYANAVAL 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	
EVEKEO ORAL TABLET 10 MG, 5 MG ( <i>amphetamine sulfate</i> )	NF	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG ( <i>dexmethylphenidate hcl</i> )	NF	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG ( <i>guanfacine hcl</i> )	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG ( <i>methylphenidate hcl</i> )	NF	
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	G	
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	G	
<i>methamphetamine hcl oral tablet 5 mg</i>	G	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	G	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	G	
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	NF	
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	NPB	
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	G	
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	G	
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	G	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	G	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>amphetamine-dextroamphetamine</i> )	NF	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG ( <i>viloxazine hcl</i> )	PB	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG ( <i>methylphenidate hcl</i> )	NF	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML ( <i>methylphenidate hcl</i> )	NF	
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG ( <i>methylphenidate hcl</i> )	NF	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG ( <i>lisdexamfetamine dimesylate</i> )	NPB	
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG ( <i>lisdexamfetamine dimesylate</i> )	NPB	
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> (Zenedi Oral Tablet 10 Mg, 5 Mg)	G	
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 15 Mg, 2.5 Mg, 20 Mg, 30 Mg, 7.5 Mg)	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<b>FIBROMYALGIA</b>		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG ( <i>milnacipran hcl</i> )	NPB	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG ( <i>milnacipran hcl</i> )	NPB	
<b>HYPNOTICS - DRUGS TO TREAT INSOMNIA</b>		
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	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG ( <i>zolpidem tartrate</i> )	NF	
<i>estazolam oral tablet 1 mg, 2 mg</i>	G	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	G	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML ( <i>tasimelteon</i> )	NPB	
HETLIOZ ORAL CAPSULE 20 MG ( <i>tasimelteon</i> )	NPB	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG ( <i>eszopiclone</i> )	NF	
<i>midazolam hcl oral syrup 2 mg/ml</i>	G	
<i>quazepam oral tablet 15 mg</i>	NF	
QUVIVIQ ORAL TABLET 25 MG, 50 MG ( <i>daridorexant hcl</i> )	NF	
<i>ramelteon oral tablet 8 mg</i>	G	
ROZEREM ORAL TABLET 8 MG ( <i>ramelteon</i> )	NF	
SILENOR ORAL TABLET 3 MG, 6 MG ( <i>doxepin hcl</i> )	NF	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	G	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	G	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	G	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	G	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	G	
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NF	
<b>MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML ( <i>erenumab-aooe</i> )	NF	



Prescription Drug Name	Drug Tier	Drug Notes
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	PB	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )	PB	
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	G	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	G	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NF	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	G	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>galcanezumab-gnlm</i> )	PB	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG ( <i>ergotamine tartrate</i> )	NPB	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	NF	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	G	
MAXALT ORAL TABLET 10 MG ( <i>rizatriptan benzoate</i> )	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG ( <i>rizatriptan benzoate</i> )	NF	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG ( <i>ergotamine-caffeine</i> )	NF	
MIGRANAL NASAL SOLUTION 4 MG/ML ( <i>dihydroergotamine mesylate</i> )	NF	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	G	
NURTEC ORAL TABLET DISPERSIBLE 75 MG ( <i>rimegepant sulfate</i> )	PB	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC ( <i>sumatriptan succinate</i> )	NPB	
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG ( <i>atogepant</i> )	PB	
REYVOW ORAL TABLET 100 MG, 50 MG ( <i>lasmiditan succinate</i> )	NPB	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	G	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	G	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	G	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	G	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	G	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NF	
TOSYMRA NASAL SOLUTION 10 MG/ACT ( <i>sumatriptan</i> )	NF	
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> )	NPB	
UBRELVY ORAL TABLET 100 MG, 50 MG ( <i>ubrogepant</i> )	PB	
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> )	NPB	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	G	
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	G	
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG ( <i>zolmitriptan</i> )	NPB	
<b>MISCELLANEOUS</b>		
DAYBUE ORAL SOLUTION 200 MG/ML ( <i>trofinetide</i> )	NPSP	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML ( <i>risdiplam</i> )	NPB	
EXSERVAN ORAL FILM 50 MG ( <i>riluzole</i> )	NF	
FIRDAPSE ORAL TABLET 10 MG ( <i>amifampridine phosphate</i> )	NPB	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	G	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	G	
<i>lithium carbonate oral tablet 300 mg</i>	G	
MESTINON ORAL SOLUTION 60 MG/5ML ( <i>pyridostigmine bromide</i> )	NF	
MESTINON ORAL TABLET 60 MG ( <i>pyridostigmine bromide</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	G	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	G	
<i>pyridostigmine bromide oral tablet 60 mg</i>	G	
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML ( <i>edaravone</i> )	NPSP	
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML ( <i>edaravone</i> )	NPSP	
RELYVRIO ORAL PACKET 3-1 GM ( <i>phenylbutyrate- taurursodiol</i> )	NF	
<i>riluzole oral tablet 50 mg</i>	G	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML ( <i>riluzole</i> )	NF	
<b>MOVEMENT DISORDERS</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG ( <i>deutetrabenazine</i> )	PSP	
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG ( <i>deutetrabenazine</i> )	PSP	
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG ( <i>deutetrabenazine</i> )	PSP	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG ( <i>valbenazine tosylate</i> )	PSP	
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG ( <i>valbenazine tosylate</i> )	PSP	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	G	
XENAZINE ORAL TABLET 12.5 MG, 25 MG ( <i>tetrabenazine</i> )	NF	
<b>MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS</b>		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG ( <i>dalfampridine</i> )	NPSP	
AUBAGIO ORAL TABLET 14 MG, 7 MG ( <i>teriflunomide</i> )	NF	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	PSP	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	PSP	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG ( <i>monomethyl fumarate</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPSP	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPSP	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPSP	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN- INJECTOR 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPSP	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	NPSP	
PONVORY ORAL TABLET 20 MG ( <i>ponesimod</i> )	NPSP	
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ( <i>ponesimod</i> )	NPSP	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	PSP	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	PSP	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )	PSP	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )	PSP	
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG ( <i>fingolimod lauryl sulfate</i> )	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG ( <i>dimethyl fumarate</i> )	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG ( <i>dimethyl fumarate</i> )	NF	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML ( <i>natalizumab</i> )	PSP	
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG ( <i>diroximel fumarate</i> )	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ( <i>ozanimod hcl</i> )	PSP	IBC (Preferred agent for Ulcerative Colitis)
ZEPOSIA ORAL CAPSULE 0.92 MG ( <i>ozanimod hcl</i> )	PSP	IBC (Preferred agent for Ulcerative Colitis)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) ( <i>ozanimod hcl</i> )	PSP	IBC (Preferred agent for Ulcerative Colitis)
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG ( <i>cyclobenzaprine hcl</i> )	NF	
<i>baclofen oral suspension 25 mg/5ml</i>	NF	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	G	
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>	G	N8 (Listing does not include certain NDCs)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	NF	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	NF	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	G	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	NF	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	G	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT ( <i>abobotulinumtoxinA</i> )	PSP	
<i>cyclobenzaprine hcl (Fexmid Oral Tablet 7.5 Mg)</i>	NF	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML ( <i>baclofen</i> )	NF	
<i>chlorzoxazone (Lorzone Oral Tablet 375 Mg, 750 Mg)</i>	NF	
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG ( <i>baclofen</i> )	PB	
METAXALL CP COMBINATION KIT 800 & 0.025 MG & % ( <i>metaxalone-capsaicin</i> )	NF	
<i>metaxalone oral tablet 400 mg</i>	NF	
<i>metaxalone oral tablet 800 mg</i>	G	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	NF	
<i>norgesic forte oral tablet 50-770-60 mg</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	G	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NF	
<i>orphenadrine-aspirin-caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)</i>	NF	
OZOBAX DS ORAL SOLUTION 10 MG/5ML ( <i>baclofen</i> )	NF	
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML ( <i>cyclobenzaprine hcl-msm</i> )	NF	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	G	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	G	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT ( <i>incobotulinumtoxina</i> )	PSP	
<b>NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM ( <i>sodium oxybate</i> )	PSP	
<i>modafinil oral tablet 100 mg, 200 mg</i>	G	
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG ( <i>armodafinil</i> )	NF	
PROVIGIL ORAL TABLET 100 MG, 200 MG ( <i>modafinil</i> )	NF	
<i>sodium oxybate oral solution 500 mg/ml</i>	NF	
SUNOSI ORAL TABLET 150 MG, 75 MG ( <i>solriamfetol hcl</i> )	PB	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG ( <i>pitolisant hcl</i> )	PSP	
XYREM ORAL SOLUTION 500 MG/ML ( <i>sodium oxybate</i> )	NF	
XYWAV ORAL SOLUTION 500 MG/ML ( <i>ca, mg, k, and na oxybates</i> )	PSP	
<b>OPIOID AGONIST/ANTAGONIST</b>		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	G	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	G	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	PB	
<b>OPIOID ANTAGONIST</b>		
KLOXXADO NASAL LIQUID 8 MG/0.1ML ( <i>naloxone hcl</i> )	NPB	
<i>nalmefene hcl injection solution 1 mg/ml</i>	NF	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	G	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	G	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	G	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	G	
<i>naltrexone hcl oral tablet 50 mg</i>	G	
NARCAN NASAL LIQUID 4 MG/0.1ML ( <i>naloxone hcl</i> )	NPB	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG ( <i>naltrexone</i> )	NPSP	
<b>OPIOID PARTIAL AGONISTS</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	G	
<b>POSTHERPETIC NEURALGIA (PHN)</b>		
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG ( <i>gabapentin (once-daily)</i> )	PB	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG ( <i>gabapentin enacarbil</i> )	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG ( <i>pregabalin</i> )	NF	
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	G	
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	NF	
LUCEMYRA ORAL TABLET 0.18 MG ( <i>lofexidine hcl</i> )	NF	
NUEDEXTA ORAL CAPSULE 20-10 MG ( <i>dextromethorphan-quinidine</i> )	NF	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	G	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NF	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	G	
<i>pimozide oral tablet 1 mg, 2 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML ( <i>bremelanotide acetate</i> )	NF	
<b>SMOKING DETERRENENTS</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	
<i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	
<i>eq nicotine mouth/throat lozenge 4 mg</i>	CE	
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
<i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>gnp nicotine mouth/throat gum 4 mg</i>	CE	
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	CE	
<i>goodsense nicotine mouth/throat gum 4 mg</i>	CE	
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	CE	
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR ( <i>nicotine</i> )	CE	
<i>hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	CE	
KLS QUIT2 MOUTH/THROAT GUM 2 MG ( <i>nicotine polacrilex</i> )	CE	
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG ( <i>nicotine polacrilex</i> )	CE	
KLS QUIT4 MOUTH/THROAT GUM 4 MG ( <i>nicotine polacrilex</i> )	CE	
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG ( <i>nicotine polacrilex</i> )	CE	
NICORELIEF MOUTH/THROAT GUM 2 MG ( <i>nicotine polacrilex</i> )	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>nicotine mini mouth/throat lozenge 2 mg</i>	CE	
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	CE	
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	CE	
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	CE	
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	CE	
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	
NICOTROL INHALATION INHALER 10 MG ( <i>nicotine</i> )	CE	
NICOTROL NS NASAL SOLUTION 10 MG/ML ( <i>nicotine</i> )	CE	
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
<i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>ra nicotine mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
<i>sm nicotine mouth/throat gum 4 mg</i>	CE	
<i>sm nicotine mouth/throat lozenge 2 mg</i>	CE	
<i>sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	
THRIVE MOUTH/THROAT GUM 2 MG ( <i>nicotine polacrilex</i> )	CE	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>	CE	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	CE	
<b>ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES</b>		
<b>ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH</b>		
<i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>	NF	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG ( <i>octreotide acetate</i> )	NF	

Prescription Drug Name	Drug Tier	Drug Notes
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	G	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML ( <i>octreotide acetate</i> )	NPSP	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG ( <i>octreotide acetate</i> )	NF	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML ( <i>lanreotide acetate</i> )	PSP	
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>pegvisomant</i> )	NF	
<b>ANDROGENS - DRUGS TO REGULATE MALE HORMONES</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR ( <i>testosterone</i> )	NPB	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) ( <i>testosterone</i> )	NF	
<i>testosterone cypionate</i> (Depo-Testosterone Intramuscular Solution 100 Mg/MI, 200 Mg/MI)	NPB	
<i>ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %</i>	NF	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) ( <i>testosterone</i> )	NF	
INTRAROSA VAGINAL INSERT 6.5 MG ( <i>prasterone</i> )	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG ( <i>testosterone undecanoate</i> )	NPB	
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG ( <i>testosterone undecanoate</i> )	NF	
<i>methitest oral tablet 10 mg</i>	NPB	
<i>methyltestosterone oral capsule 10 mg</i>	G	
NATESTO NASAL GEL 5.5 MG/ACT ( <i>testosterone</i> )	PB	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) ( <i>testosterone</i> )	NF	
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML ( <i>testosterone cypionate</i> )	NF	
TESTOPEL IMPLANT PELLETT 75 MG ( <i>testosterone</i> )	NPB	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	G	
<i>testosterone gel 12.5 mg/lact (1%) transdermal</i>	G	
<i>testosterone gel 12.5 mg/lact (1%) transdermal</i>	NF	
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	G	
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	NF	
<i>testosterone transdermal gel 1.62 %, 10 mg/lact (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	G	
<i>testosterone transdermal solution 30 mg/lact</i>	G	
TLANDO ORAL CAPSULE 112.5 MG ( <i>testosterone undecanoate</i> )	NF	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) ( <i>testosterone</i> )	NF	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) ( <i>testosterone</i> )	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML ( <i>testosterone enanthate</i> )	NPB	
<b>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<b>ANTIDIABETICS, AMYLIN ANALOGS</b>		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML ( <i>pramlintide acetate</i> )	PB	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML ( <i>pramlintide acetate</i> )	PB	
<b>ANTIDIABETICS, BIGUANIDE</b>		
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, 750 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>metformin hcl oral solution 500 mg/5ml</i>	NPB	
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>	G	
<i>metformin hcl oral tablet 850 mg</i>	CE	
RIOMET ORAL SOLUTION 500 MG/5ML ( <i>metformin hcl</i> )	NF	
<b>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</b>		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	G	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	G	
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS</b>		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	NF	
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	NF	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	PB	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	PB	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG ( <i>linagliptin-metformin hcl</i> )	NF	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG ( <i>linagliptin-metformin hcl</i> )	NF	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG ( <i>saxagliptin-metformin</i> )	NF	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG ( <i>empagliflozin-linagliptin-metformin</i> )	PB	
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<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> )	PB	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG ( <i>saxagliptin hcl</i> )	NF	
TRADJENTA ORAL TABLET 5 MG ( <i>linagliptin</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<b>ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS</b>		
CYCLOSET ORAL TABLET 0.8 MG ( <i>bromocriptine mesylate</i> )	NF	
<b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML ( <i>exenatide</i> )	NF	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML ( <i>exenatide</i> )	NF	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML ( <i>exenatide</i> )	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 ( <i>tirzepatide</i> )	PB	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML ( <i>semaglutide</i> )	PB	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML ( <i>semaglutide</i> )	PB	
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML ( <i>semaglutide</i> )	PB	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG ( <i>semaglutide</i> )	PB	
TRULICITY SUBCUTANEOUS SOLUTION 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	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide</i> )	PB	
<b>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</b>		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML ( <i>insulin glargine-lixisenatide</i> )	PB	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML ( <i>insulin degludec-liraglutide</i> )	PB	
<b>ANTIDIABETICS, INSULIN</b>		
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	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT ( <i>insulin regular human</i> )	NF	
APIDRA INJECTION SOLUTION 100 UNIT/ML ( <i>insulin glulisine</i> )	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glulisine</i> )	NF	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	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	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )	PB	
HUMALOG INJECTION SOLUTION 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 &amp; lispro</i> )	NF	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	NF	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	NF	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	NF	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin lispro</i> )	NF	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	NF	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	NF	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	NF	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	NF	
HUMULIN R U-500 (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 degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i>	NF	
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	NF	
<i>insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml</i>	NF	
<i>insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml, 300 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	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	PB	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine</i> )	PB	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin detemir</i> )	NF	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin detemir</i> )	NF	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	NF	

Prescription Drug Name	Drug Tier	Drug Notes
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	NF	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	PB	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PB	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	NF	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin regular human</i> )	PB	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin regular human</i> )	NF	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	PB	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )	NF	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	NF	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart</i> )	NF	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	PB	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin aspart prot &amp; aspart</i> )	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart</i> )	PB	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML ( <i>insulin aspart</i> )	NF	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine-aglr</i> )	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine-yfgn</i> )	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine-yfgn</i> )	NF	
SEMGLEE SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine</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	
<b>ANTIDIABETICS, INSULIN SENSITIZER</b>		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>pioglitazone hcl</i> )	NF	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	G	
<b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	G	
<b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</b>		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	G	
<b>ANTIDIABETICS, MEGLITINIDE</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	G	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<b>ANTIDIABETICS, MISCELLANEOUS</b>		
KORLYM ORAL TABLET 300 MG ( <i>mifepristone</i> )	NF	
<b>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG ( <i>empagliflozin-linagliptin</i> )	PB	
QTERN ORAL TABLET 10-5 MG, 5-5 MG ( <i>dapagliflozin-saxagliptin</i> )	NPB	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG ( <i>ertugliflozin-sitagliptin</i> )	NF	
<b>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGTL2) COMBINATIONS</b>		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG ( <i>canagliflozin-metformin hcl</i> )	NF	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG ( <i>canagliflozin-metformin hcl</i> )	NF	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG ( <i>ertugliflozin-metformin hcl</i> )	NF	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG ( <i>empagliflozin-metformin hcl</i> )	PB	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG ( <i>empagliflozin-metformin hcl</i> )	PB	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG ( <i>dapagliflozin prop-metformin</i> )	PB	
<b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2 (SGLT2) INHIBITORS</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG ( <i>dapagliflozin propanediol</i> )	PB	
INVOKANA ORAL TABLET 100 MG, 300 MG ( <i>canagliflozin</i> )	NF	
JARDIANCE ORAL TABLET 10 MG, 25 MG ( <i>empagliflozin</i> )	PB	
STEGLATRO ORAL TABLET 15 MG, 5 MG ( <i>ertugliflozin l-pyroglutamicac</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<b>ANTIDIABETICS, SULFONYLUREA</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	G	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>glipizide oral tablet 10 mg, 5 mg</i>	G	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	G	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	G	
<b>ANTIOBESITY</b>		
CONTRAIVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG ( <i>naltrexone-bupropion hcl</i> )	NF	
LOMAIRA ORAL TABLET 8 MG ( <i>phentermine hcl</i> )	NF	
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	NF	
PLENITY ORAL CAPSULE ( <i>carboxymeth-cellulose-citricac</i> )	NF	
PLENITY WELCOME KIT ORAL CAPSULE ( <i>carboxymeth-cellulose-citricac</i> )	NF	
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG ( <i>phentermine-topiramate</i> )	PB	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide -weight management</i> )	PB	
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML ( <i>semaglutide-weight management</i> )	PB	
XENICAL ORAL CAPSULE 120 MG ( <i>orlistat</i> )	NF	
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML ( <i>tirzepatide-weight management</i> )	NF	
<b>CALCIUM RECEPTOR AGONISTS</b>		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	G	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG ( <i>cinacalcet hcl</i> )	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
<b>CALCIUM REGULATORS, BISPHOSPHONATES</b>		
<i>alendronate sodium oral solution 70 mg/75ml</i>	G	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	G	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG ( <i>alendronate sodium</i> )	NPB	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT ( <i>alendronate-cholecalciferol</i> )	NPB	
<i>ibandronate sodium oral tablet 150 mg</i>	G	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML ( <i>zoledronic acid</i> )	NPSP	
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	G	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	G	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	G	
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	NPSP	
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	G	
<b>CALCIUM REGULATORS, MISCELLANEOUS</b>		
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	G	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML ( <i>calcitonin (salmon)</i> )	NF	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML ( <i>denosumab</i> )	PSP	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML ( <i>denosumab</i> )	NPSP	
<b>CALCIUM REGULATORS, PARATHYROID HORMONES</b>		
FORTEO SUBCUTANEOUS SOLUTION PEN- INJECTOR 600 MCG/2.4ML ( <i>teriparatide (recombinant)</i> )	PSP	
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	NF	
TYMLOS SUBCUTANEOUS SOLUTION PEN- INJECTOR 3120 MCG/1.56ML ( <i>abaloparatide</i> )	PSP	
<b>CARNITINE DEFICIENCY AGENTS</b>		
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 gml/10ml</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>levocarnitine oral tablet 330 mg</i>	G	
<b>CHELATING AGENTS</b>		
CHEMET ORAL CAPSULE 100 MG ( <i>succimer</i> )	NPB	
CUPRIMINE ORAL CAPSULE 250 MG ( <i>penicillamine</i> )	NF	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	G	
<i>deferoxamine mesylate injection solution reconstituted 2 gm</i>	NPSP	
DEPEN TITRATABS ORAL TABLET 250 MG ( <i>penicillamine</i> )	NPB	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG ( <i>deferoxamine mesylate</i> )	NF	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG ( <i>deferasirox</i> )	NF	
FERRIPROX ORAL SOLUTION 100 MG/ML ( <i>deferiprone</i> )	NF	
FERRIPROX ORAL TABLET 1000 MG, 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	
<i>penicillamine oral capsule 250 mg</i>	G	
SYPRINE ORAL CAPSULE 250 MG ( <i>trientine hcl</i> )	NF	
<i>trientine hcl oral capsule 250 mg</i>	G	
<b>CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL</b>		
<i>levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	
AFTERA ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
AFTERPILL ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
<i>levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	
<i>levonorgest-eth estrad 91-day (Amethia Oral Tablet 0.15-0.03 &amp;0.01 Mg)</i>	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	CE	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR ( <i>segesterone-ethinyl estradiol</i> )	CE	
<i>desogestrel-ethinyl estradiol</i> (Aprri Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	
BEYAZ ORAL TABLET 3-0.02-0.451 MG ( <i>drospiren-eth estrad-levomefol</i> )	NF	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	
<i>norethindrone (Camila Oral Tablet 0.35 Mg)</i>	CE	
<i>levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 &amp; 0.01 Mg)</i>	CE	
<i>levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &amp; 0.01 Mg)</i>	CE	
CAYA VAGINAL DIAPHRAGM ( <i>diaphragm arc-spring</i> )	CE	
<i>norethin ace-eth estrad-fe (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))</i>	CE	
<i>levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	
<i>condoms</i>	CE	
<i>norgestrel-ethinyl estradiol (Cryelle-28 Oral Tablet 0.3-30 Mg-Mcg)</i>	CE	
CURAE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
<i>desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)</i>	CE	
<i>norethindrone-eth estradiol (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)</i>	CE	
<i>norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)</i>	CE	
<i>levonorgest-eth estrad 91-day (Daysee Oral Tablet 0.15-0.03 &amp; 0.01 Mg)</i>	CE	
<i>norethindrone (Deblitane Oral Tablet 0.35 Mg)</i>	CE	
<i>levonorgestrel-ethinyl estrad (Delyla Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML ( <i>medroxyprogesterone acetate</i> )	CE	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	
<i>levonorgestrel-ethinyl estrad (Dolishale Oral Tablet 90-20 Mcg)</i>	CE	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	CE	
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	
<i>etonogestrel-ethinyl estradiol</i> (Enilloring Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	CE	
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	
FC2 FEMALE CONDOM ( <i>condoms - female</i> )	CE	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM ( <i>cervical caps</i> )	CE	
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	CE	
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	
HER STYLE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg)	CE	
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	
<i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))	CE	
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

100

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG ( <i>levonorgestrel</i> )	CE	
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
<i>levonorgest-eth est &amp; eth est oral tablet 42-21-21-7 days</i>	CE	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	CE	
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	CE	
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY ( <i>levonorgestrel</i> )	CE	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG ( <i>norethin-eth estrad-fe biphas</i> )	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

102

Prescription Drug Name	Drug Tier	Drug Notes
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY ( <i>levonorgestrel</i> )	CE	
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	
MY CHOICE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
MY WAY ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG ( <i>estradiol valerate-dienogest</i> )	CE	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
NEW DAY ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG ( <i>etonogestrel</i> )	CE	
NEXTSTELLIS ORAL TABLET 3-14.2 MG ( <i>drospirenone-estetrol</i> )	CE	
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	CE	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	CE	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	CE	
<i>norethindrone oral tablet 0.35 mg</i>	CE	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	CE	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	
<i>norethindrone</i> (Norlyda Oral Tablet 0.35 Mg)	CE	
<i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg)	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR ( <i>etonogestrel-ethinyl estradiol</i> )	PB	
<i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet 3-0.03 Mg)	CE	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM ( <i>diaphragms</i> )	CE	
OPCICON ONE-STEP ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
OPTION 2 ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	CE	
ORTHO TRI-CYCLEN LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG ( <i>norgestim-eth estrad triphasic</i> )	NF	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE ( <i>copper</i> )	CE	
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	
REACT ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

104

Prescription Drug Name	Drug Tier	Drug Notes
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG ( <i>drospiren-eth estrad-levomefol</i> )	NPB	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG ( <i>levonorgestrel</i> )	CE	
SLYND ORAL TABLET 4 MG ( <i>drospirenone</i> )	CE	
<i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	
TAKE ACTION ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	CE	
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	CE	
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) ( <i>norethin ace-eth estrad-fe</i> )	NF	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet 0.3-30 Mg-Mcg)	CE	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR ( <i>levonorgestrel-eth estradiol</i> )	CE	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG ( <i>levonorgestrel-ethinyl estrad</i> )	CE	
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG ( <i>desogestrel-ethinyl estradiol</i> )	CE	
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>levonorgestrel-ethinyl estrad</i> (Vienna Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	CE	
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
YASMIN 28 ORAL TABLET 3-0.03 MG ( <i>drospirenone-ethinyl estradiol</i> )	NF	
YAZ ORAL TABLET 3-0.02 MG ( <i>drospirenone-ethinyl estradiol</i> )	NF	
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)</i>	CE	
<b>CORTISOL SYNTHESIS INHIBITORS</b>		
ISTURISA ORAL TABLET 1 MG, 5 MG ( <i>osilodrostat phosphate</i> )	NF	
RECORLEV ORAL TABLET 150 MG ( <i>levoketoconazole</i> )	NF	
<b>DIABETIC SUPPLIES</b>		
12-PANEL POC TOXICOLOGY SYSTEM IN VITRO KIT ( <i>drug assay (urine)</i> )	NPB	
<i>1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm , 33g x 4 mm</i>	NF	
<i>1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	NF	
ACCU-CHEK AVIVA PLUS IN VITRO STRIP ( <i>glucose blood</i> )	PB	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	PB	
ACCU-CHEK FASTCLIX LANCET KIT ( <i>lancets misc.</i> )	NPB	
ACCU-CHEK FASTCLIX LANCETS ( <i>lancets</i> )	NPB	
ACCU-CHEK GUIDE IN VITRO STRIP ( <i>glucose blood</i> )	PB	
ACCU-CHEK GUIDE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	PB	
ACCU-CHEK GUIDE ME KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	PB	
ACCU-CHEK LINKASSIST ( <i>insulin pump accessories</i> )	NPB	
ACCU-CHEK PLASTIC CARTRIDGE ( <i>insulin infusion pump supplies</i> )	NPB	
ACCU-CHEK SAFE-T PRO LANCETS ( <i>lancets</i> )	NPB	
ACCU-CHEK SMARTVIEW IN VITRO STRIP ( <i>glucose blood</i> )	PB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT ( <i>lancets misc.</i> )	NPB	
ACCU-CHEK SOFTCLIX LANCETS ( <i>lancets</i> )	NPB	
ACCU-CHEK ULTRAFLEX INF SET ( <i>insulin infusion pump supplies</i> )	NPB	
ACCU-CHEK ULTRAFLEX-1 INF SET ( <i>insulin infusion pump supplies</i> )	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

108

Prescription Drug Name	Drug Tier	Drug Notes
ACCUTREND GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>acti-lance 28g</i>	NPB	
<i>acti-lance lite lancets 28g</i>	NPB	
<i>acti-lance special lancets 17g</i>	NPB	
<i>acti-lance universal 23g</i>	NPB	
<i>adjustable lancing device</i>	NPB	
ADVANCE INTUITION METER DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
ADVANCE INTUITION MONITOR KIT ( <i>blood glucose monitoring suppl</i> )	NF	
ADVANCE INTUITION TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ADVANCE MICRO-DRAW METER DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ADVOCATE BLOOD GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM ( <i>insulin pen needle</i> )	NF	
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
ADVOCATE LANCETS 30G ( <i>lancets</i> )	NPB	
ADVOCATE LANCING DEVICE ( <i>lancet devices</i> )	NPB	
ADVOCATE RAPID-SAFE LANCING ( <i>lancet devices</i> )	NPB	
ADVOCATE REDI-CODE DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
ADVOCATE REDI-CODE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ADVOCATE REDI-CODE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ADVOCATE REDI-CODE+ DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ADVOCATE SAFETY LANCETS ( <i>lancets</i> )	NPB	
ADVOCATE SAFETY LANCETS 26G ( <i>lancets</i> )	NPB	
ADVOCATE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
AGAMATRIX AMP DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
AGAMATRIX AMP TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
AGAMATRIX JAZZ TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
AGAMATRIX KEYNOTE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
AGAMATRIX PRESTO KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
AGAMATRIX PRESTO PRO METER DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
AGAMATRIX PRESTO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
AGAMATRIX ULTRA-THIN LANCETS ( <i>lancets</i> )	NPB	
<i>aimsco twist lancets 32g</i>	NPB	
AIMSCO TWIST LANCETS 33G ( <i>lancets</i> )	NPB	
AQUALANCE LANCETS 30G ( <i>lancets</i> )	NPB	
ASSURE 3 METER KIT ( <i>blood glucose monitoring suppl</i> )	NF	
ASSURE 3 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ASSURE 4 METER DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
ASSURE 4 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>assure comfort lancets 28g</i>	NPB	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )	NF	
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

110



Prescription Drug Name	Drug Tier	Drug Notes
ASSURE ID PRO PEN NEEDLES 30G X 5 MM ( <i>insulin pen needle</i> )	NF	
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM ( <i>insulin pen needle</i> )	NF	
ASSURE II CHECK IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ASSURE II IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ASSURE PLATINUM IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ASSURE PLATINUM METER DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
ASSURE PRISM MULTI TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ASSURE PRO BLOOD GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
ASSURE PRO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>aum mini insulin pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm</i>	NF	
<i>aum pen needle 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	NF	
<i>aurora lancet super thin 30g</i>	NPB	
<i>aurora lancet thin 23g</i>	NPB	
<i>aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
AUTO-LANCET ( <i>lancet devices</i> )	NPB	
AUTO-LANCET MINI ( <i>lancet devices</i> )	NPB	
AUTOLET II CLINISAFE KIT ( <i>lancets misc.</i> )	NPB	
AUTOLET LITE CLINISAFE KIT ( <i>lancets misc.</i> )	NPB	
AUTOLET LITE STARTER PACK KIT ( <i>lancets misc.</i> )	NPB	
AUTOLET MINI ( <i>lancet devices</i> )	NPB	
AUTOLET PLATFORMS ( <i>lancets misc.</i> )	NPB	
AUTOLET PLUS ( <i>lancet devices</i> )	NPB	
AUTOSOFT 30 INFUSION SET ( <i>insulin infusion pump supplies</i> )	NPB	
AUTOSOFT 90 INFUSION SET ( <i>insulin infusion pump supplies</i> )	NPB	
AUTOSOFT XC INFUSION SET ( <i>insulin infusion pump supplies</i> )	NPB	
BD AUTOSHIELD DUO 30G X 5 MM ( <i>insulin pen needle</i> )	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD INSULIN SYRINGE U-100 1 ML ( <i>insulin syringes (disposable)</i> )	PB	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML ( <i>insulin syringe/needle u-500</i> )	PB	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD LATITUDE DIABETES KIT ( <i>blood glucose monitoring suppl</i> )	NF	
BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
BD MICROTAINER LANCETS ( <i>lancets</i> )	NPB	
BD PEN NEEDLE MICRO U/F 32G X 6 MM ( <i>insulin pen needle</i> )	PB	
BD PEN NEEDLE MINI U/F 31G X 5 MM ( <i>insulin pen needle</i> )	PB	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM ( <i>insulin pen needle</i> )	PB	
BD PEN NEEDLE NANO U/F 32G X 4 MM ( <i>insulin pen needle</i> )	PB	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM ( <i>insulin pen needle</i> )	PB	
BD PEN NEEDLE SHORT U/F 31G X 8 MM ( <i>insulin pen needle</i> )	PB	
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	PB	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

112

Prescription Drug Name	Drug Tier	Drug Notes
BIGFOOT UNITY PROGRAM KIT ( <i>blood glucose monitoring suppl</i> )	NF	
BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
BIOTEL CARE TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>blood glucose monitor system kit w/device</i>	NF	
<i>blood glucose monitoring 333 device</i>	NF	
<i>blood glucose system pak kit</i>	NF	
<i>blood glucose test in vitro strip</i>	NF	
<i>blood glucose test strips 333 in vitro strip</i>	NF	
BLULINK GLUCOSE MONITORING SYS DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
BLULINK GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
CARDIOCOM LANCING DEVICE ( <i>lancet devices</i> )	NPB	
CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM ( <i>insulin pen needle</i> )	NF	
<i>careone advanced lancing dev</i>	NPB	
CAREONE BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>careone insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
CAREONE LANCET SUPER THIN 30G ( <i>lancets</i> )	NPB	
<i>careone lancet thin 23g</i>	NPB	
<i>careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
CARESENS LANCETS 30G ( <i>lancets</i> )	NPB	
CARESENS N FELIZ BT DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
CARESENS N FELIZ DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
CARESENS N GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
CARESENS N GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
CARESENS N VOICE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
CARETOUCH LANCING/EJECTOR ( <i>lancet devices</i> )	NPB	
CARETOUCH MONITOR SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
CARETOUCH PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM ( <i>insulin pen needle</i> )	NF	
CARETOUCH SAFETY LANCETS ( <i>lancets</i> )	NPB	
CARETOUCH SAFETY LANCETS 26G ( <i>lancets</i> )	NPB	
CARETOUCH TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
CARETOUCH TWIST LANCETS 28G ( <i>lancets</i> )	NPB	
CARETOUCH TWIST LANCETS 30G ( <i>lancets</i> )	NPB	
CARETOUCH TWIST LANCETS 33G ( <i>lancets</i> )	NPB	
CARETOUCH TWIST MC LANCETS 30G ( <i>lancets</i> )	NPB	
CHEMSTRIP K IN VITRO STRIP ( <i>acetone (urine) test</i> )	NPB	
CHEMSTRIP UGK IN VITRO STRIP ( <i>urine glucose-ketones test</i> )	NPB	
CLEANLET LANCETS 28G ( <i>lancets</i> )	NPB	
CLEVER CHEK AUTO-CODE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
CLEVER CHEK AUTO-CODE VOICE DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
CLEVER CHEK LANCETS ( <i>lancets</i> )	NPB	
CLEVER CHEK SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
CLEVER CHEK TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

114

Prescription Drug Name	Drug Tier	Drug Notes
CLEVER CHOICE AUTO-CODE SYSTEM DEVICE (blood glucose monitoring suppl)	NF	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (glucose blood)	NF	
CLEVER CHOICE COMFORT EZ (lancets)	NPB	
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM (insulin pen needle)	NF	
CLEVER CHOICE LANCETS 21G (lancets)	NPB	
CLEVER CHOICE LANCETS 23G (lancets)	NPB	
CLEVER CHOICE LANCETS 28G (lancets)	NPB	
CLEVER CHOICE MICRO SYSTEM KIT W/DEVICE (blood glucose monitoring suppl)	NF	
CLEVER CHOICE MICRO TEST IN VITRO STRIP (glucose blood)	NF	
CLEVER CHOICE MINI SYSTEM DEVICE (blood glucose monitoring suppl)	NF	
CLEVER CHOICE NO CODING IN VITRO STRIP (glucose blood)	NF	
CLEVER CHOICE TALK SYSTEM DEVICE (blood glucose monitoring suppl)	NF	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (glucose blood)	NF	
CLICKFINE PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM (insulin pen needle)	NF	
clickfine pen needles 31g x 8 mm	NF	
COAGUCHEK LANCETS (lancets)	NPB	
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML (insulin syringe-needle u-100)	NF	
comfort assured lancets 28g	NPB	
comfort assured lancets 33g	NPB	
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (insulin syringe-needle u-100)	NF	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM (insulin pen needle)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM ( <i>insulin pen needle</i> )	NF	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM ( <i>insulin pen needle</i> )	NF	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )	NF	
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM ( <i>insulin pen needle</i> )	NF	
COMFORT TOUCH LANCETS 31G ( <i>lancets</i> )	NPB	
COMFORT TOUCH PLUS LANCETS 28G ( <i>lancets</i> )	NPB	
COMFORT TOUCH PLUS LANCETS 30G ( <i>lancets</i> )	NPB	
CONTOUR MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
CONTOUR NEXT EZ KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
CONTOUR NEXT GEN MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
CONTOUR NEXT LINK KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
CONTOUR NEXT MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
CONTOUR NEXT ONE KIT ( <i>blood glucose monitoring suppl</i> )	NF	
CONTOUR NEXT TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
CONTOUR TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )	NF	
COOL MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
COOL MONITOR KIT KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
CVS BLOOD GLUCOSE METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>cvs glucose meter test strips in vitro strip</i>	NF	
CVS KETONE CARE IN VITRO STRIP ( <i>urine glucose-ketones test</i> )	NPB	
<i>cvs lancets 21g</i>	NPB	
<i>cvs lancets micro thin 33g</i>	NPB	
<i>cvs lancets original</i>	NPB	
<i>cvs lancets thin 26g</i>	NPB	
<i>cvs lancets ultra thin 30g</i>	NPB	
<i>cvs lancets ultra-thin 30g</i>	NPB	
<i>cvs lancing device</i>	NPB	
<i>cvs ultra thin lancets</i>	NPB	
D-CARE BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
D-CARE GLUCOMETER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
DEXCOM G6 RECEIVER DEVICE ( <i>continuous blood gluc receiver</i> )	PB	
DEXCOM G6 SENSOR ( <i>continuous blood gluc sensor</i> )	PB	
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	
DIASTIX IN VITRO STRIP ( <i>glucose urine test-glucose ox</i> )	NPB	
DIATHRIVE BLOOD GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
DIATHRIVE LANCET ULTRA THIN 30 ( <i>lancets</i> )	NPB	
DIATHRIVE LANCETS ( <i>lancets</i> )	NPB	
DIATHRIVE LANCING DEVICE ( <i>lancet devices</i> )	NPB	
DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NF	
DIATHRIVE+ GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>diatrue plus blood glucose device</i>	NF	
<i>diatrue plus test in vitro strip</i>	NF	
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
DROPLET LANCETS ULTRA THIN 30G ( <i>lancets</i> )	NPB	
DROPLET LANCING DEVICE ( <i>lancet devices</i> )	NPB	
DROPLET MICRON 34G X 3.5 MM ( <i>insulin pen needle</i> )	NF	
DROPLET PEN NEEDLES 29G X 10MM , 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM ( <i>insulin pen needle</i> )	NF	
DROPLET PERSONAL LANCETS 30G ( <i>lancets</i> )	NPB	
<i>dropsafe safety pen needles 31g x 6 mm , 31g x 8 mm</i>	NF	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
<i>drug mart lancets thin 26g</i>	NPB	
DRUG MART ON-THE-GO LANCET 30G ( <i>lancets</i> )	NPB	
<i>drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
<i>drug mart unifine pentips plus 32g x 4 mm</i>	NF	
DUO-CARE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i>	NF	
<i>easy comfort lancets</i>	NPB	
<i>easy comfort lancets twist top</i>	NPB	
<i>easy comfort pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

118

Prescription Drug Name	Drug Tier	Drug Notes
<i>easy glide pen needles 33g x 4 mm</i>	NF	
<i>easy mini eject lancing device</i>	NPB	
<i>easy mini lancing device</i>	NPB	
<i>easy plus ii glucose system device</i>	NF	
<i>easy plus ii glucose test in vitro strip</i>	NF	
EASY STEP GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
EASY STEP TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>easy talk blood glucose system device</i>	NF	
<i>easy talk blood glucose test in vitro strip</i>	NF	
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	NF	
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
EASY TOUCH LANCETS 21G ( <i>lancets</i> )	NPB	
EASY TOUCH LANCETS 23G ( <i>lancets</i> )	NPB	
EASY TOUCH LANCETS 28G ( <i>lancets</i> )	NPB	
EASY TOUCH LANCETS 30G ( <i>lancets</i> )	NPB	
EASY TOUCH LANCETS 32G ( <i>lancets</i> )	NPB	
EASY TOUCH LANCING DEVICE ( <i>lancet devices</i> )	NPB	
EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM ( <i>insulin pen needle</i> )	NF	
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM ( <i>insulin pen needle</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
EASY TOUCH TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>easy trak blood glucose system device</i>	NF	
<i>easy trak blood glucose test in vitro strip</i>	NF	
<i>easy trak ii blood glucose sys device</i>	NF	
<i>easy trak ii glucose test in vitro strip</i>	NF	
EASYGLUCO IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EASYGLUCO KIT ( <i>blood glucose monitoring suppl</i> )	NF	
EASYMAX 15 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EASYMAX NG BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
EASYMAX TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EASYMAX V BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EASYPRO PLUS IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EASYPRO PLUS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
ELEMENT AUTOCODE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
<i>element compact glucose system device</i>	NF	
<i>element compact test in vitro strip</i>	NF	
<i>element compact v glucose sys device</i>	NF	
ELEMENT PLUS DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
ELEMENT TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EMBRACE BLOOD GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

120

Prescription Drug Name	Drug Tier	Drug Notes
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EMBRACE EVO GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
EMBRACE LANCETS ULTRA THIN 30G ( <i>lancets</i> )	NPB	
EMBRACE PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NF	
EMBRACE PRESSURE ACTIVATED 21G ( <i>lancets</i> )	NPB	
EMBRACE PRESSURE ACTIVATED 28G ( <i>lancets</i> )	NPB	
EMBRACE PRO GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EMBRACE TALK BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
EMBRACE WAVE BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
EMBRACE WAVE GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
ENLITE GLUCOSE SENSOR ( <i>continuous blood gluc sensor</i> )	NF	
ENLITE SERTER ( <i>insulin infusion pump supplies</i> )	NPB	
<i>eq blood glucose test in vitro strip</i>	NF	
<i>eq color lancets 21g</i>	NPB	
<i>eq color lancets micro 33g</i>	NPB	
<i>eq insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>eq super thin lancets 30g</i>	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>eql thin lancets 26g</i>	NPB	
EVERSENSE E3 SENSOR/HOLDER ( <i>continuous blood gluc sensor</i> )	NF	
EVERSENSE E3 SMART TRANSMITTER ( <i>continuous blood gluc transmit</i> )	NF	
EVERSENSE SENSOR/HOLDER ( <i>continuous blood gluc sensor</i> )	NF	
EVERSENSE SMART TRANSMITTER ( <i>continuous blood gluc transmit</i> )	NF	
EVOLUTION AUTOCODE DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
EVOLUTION AUTOCODE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
E-Z JECT LANCET MICRO-THIN 33G ( <i>lancets</i> )	NPB	
E-Z JECT LANCET SUPER THIN 30G ( <i>lancets</i> )	NPB	
E-Z JECT LANCETS ( <i>lancets</i> )	NPB	
E-Z JECT LANCETS 21G ( <i>lancets</i> )	NPB	
E-Z JECT LANCETS THIN 26G ( <i>lancets</i> )	NPB	
EZ-LETS LANCETS 21G ( <i>lancets</i> )	NPB	
EZ-LETS LANCETS 26G ( <i>lancets</i> )	NPB	
EZ-LETS LANCETS 28G ( <i>lancets</i> )	NPB	
EZ-LETS LANCETS 30G ( <i>lancets</i> )	NPB	
FIFTY50 GLUCOSE METER 2.0 KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )	NF	
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
FIFTY50 UNILET LANCETS 33G ( <i>lancets</i> )	NPB	
FINGERSTIX LANCETS ( <i>lancets</i> )	NPB	
FORA 6 CONNECT IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

122

Prescription Drug Name	Drug Tier	Drug Notes
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 SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA G30A BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FORA GD20 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA GTEL BLOOD KETONE TEST IN VITRO STRIP ( <i>ketone blood test</i> )	NPB	
FORA LANCETS ( <i>lancets</i> )	NPB	
FORA LANCING DEVICE ( <i>lancet devices</i> )	NPB	
FORA PREMIUM V10 BLE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FORA TEST N' GO MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FORA TN'G VOICE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
FORA TN'G/TN'G VOICE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA V10 BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA V12 BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA V20 BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORA V30A BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FORA V30A BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORACARE GD40 MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FORACARE GD40 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORACARE PREMIUM V10 DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FORACARE PREMIUM V10 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORACARE TEST N GO MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FORACARE TEST N GO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORTISCARE G1 TEST STRIP IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FORTISCARE T1 GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FORTISCARE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FREESTYLE FREEDOM LITE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

124



Prescription Drug Name	Drug Tier	Drug Notes
FREESTYLE INSULINX TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FREESTYLE LIBRE 14 DAY READER DEVICE ( <i>continuous blood gluc receiver</i> )	NF	
FREESTYLE LIBRE 14 DAY SENSOR ( <i>continuous blood gluc sensor</i> )	NF	
FREESTYLE LIBRE 2 READER DEVICE ( <i>continuous blood gluc receiver</i> )	NF	
FREESTYLE LIBRE 2 SENSOR ( <i>continuous blood gluc sensor</i> )	NF	
FREESTYLE LIBRE 3 READER DEVICE ( <i>continuous blood gluc receiver</i> )	NF	
FREESTYLE LIBRE 3 SENSOR ( <i>continuous blood gluc sensor</i> )	NF	
FREESTYLE LIBRE READER DEVICE ( <i>continuous blood gluc receiver</i> )	NF	
FREESTYLE LITE DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FREESTYLE LITE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FREESTYLE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
FREESTYLE UNISTICK II LANCETS ( <i>lancets</i> )	NPB	
<i>ge100 blood glucose system device</i>	NF	
<i>ge100 blood glucose system kit w/device</i>	NF	
<i>ge100 blood glucose test in vitro strip</i>	NF	
GENTEEL BUTTERFLY TOUCH LANCET ( <i>lancets</i> )	NPB	
GENTEEL CONTACT TIPS (BLUE) ( <i>lancets misc.</i> )	NPB	
GENTEEL CONTACT TIPS (CLEAR) ( <i>lancets misc.</i> )	NPB	
GENTEEL CONTACT TIPS (GREEN) ( <i>lancets misc.</i> )	NPB	
GENTEEL CONTACT TIPS (ORANGE) ( <i>lancets misc.</i> )	NPB	
GENTEEL CONTACT TIPS (RAINBOW) ( <i>lancets misc.</i> )	NPB	
GENTEEL CONTACT TIPS (VIOLET) ( <i>lancets misc.</i> )	NPB	
GENTEEL CONTACT TIPS (YELLOW) ( <i>lancets misc.</i> )	NPB	
GENTEEL LANCING KIT (BLUE) KIT ( <i>lancets misc.</i> )	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
GENTEEL NOZZLES ( <i>lancets misc.</i> )	NPB	
GENTEEL PLUS LANCING (BLACK) ( <i>lancet devices</i> )	NPB	
GENTEEL PLUS LANCING (PURPLE) ( <i>lancet devices</i> )	NPB	
GENTEEL PLUS LANCING (WHITE) ( <i>lancet devices</i> )	NPB	
GENTEEL PLUS LANCING DEV(BLUE) ( <i>lancet devices</i> )	NPB	
GENTEEL PLUS LANCING DEV(PINK) ( <i>lancet devices</i> )	NPB	
GENTLE-LET GP LANCETS ( <i>lancets</i> )	NPB	
GENTLE-LET LANCETS ( <i>lancets</i> )	NPB	
GENTLE-LET PLATFORMS ( <i>lancets misc.</i> )	NPB	
GENULTIMATE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	
<i>ght blood glucose monitor kit w/device</i>	NF	
<i>ght test in vitro strip</i>	NF	
<i>global ease inject pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
<i>global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml</i>	NF	
<i>global easy glide pen needles 32g x 4 mm</i>	NF	
<i>global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>global inject ease lancets 28g</i>	NPB	
<i>global inject ease lancets 30g</i>	NPB	
<i>global insulin syringes 30g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml</i>	NF	
<i>global lancing device</i>	NPB	
GLUCO PERFECT 3 METER DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
GLUCO PERFECT 3 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
GLUCOCARD 01 BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
GLUCOCARD 01 BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP ( <i>glucose blood</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

126

Prescription Drug Name	Drug Tier	Drug Notes
GLUCOCARD 01-MINI GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
GLUCOCARD EXPRESSION MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
GLUCOCARD SHINE CONNEX KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
GLUCOCARD SHINE EXPRESS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
GLUCOCARD SHINE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NPB	
GLUCOCARD SHINE XL DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
GLUCOCARD VITAL MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
GLUCOCARD VITAL TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
GLUCOCARD X-METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
GLUCOCARD X-SENSOR IN VITRO STRIP ( <i>glucose blood</i> )	NF	
GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
GLUCOCOM LANCETS 28G ( <i>lancets</i> )	NPB	
GLUCOCOM LANCETS 30G ( <i>lancets</i> )	NPB	
GLUCOCOM LANCETS 33G ( <i>lancets</i> )	NPB	
GLUCOCOM MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
GLUCOCOM TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
GLUCONAVII BLOOD GLUCOSE SYS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
GLUCOPRO SYR RES 3ML 22GX3/8" ( <i>insulin infusion pump supplies</i> )	NPB	
<i>glucose meter test in vitro strip</i>	NF	
<i>gnp clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>	NF	
GNP EASY TOUCH GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
<i>gnp easy touch glucose test in vitro strip</i>	NF	
<i>gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>gnp lancets 21g</i>	NPB	
<i>gnp lancets thin 26g</i>	NPB	
<i>gnp sterile lancets 28g</i>	NPB	
<i>gnp sterile lancets 30g</i>	NPB	
<i>gnp sterile lancets 33g</i>	NPB	
<i>gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>	NF	
GNP ULTIGUARD SAFEPACK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )	NF	
<i>gnp ultra com insulin syringe 28g x 1/2" 1 ml</i>	NF	
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP ( <i>glucose blood</i> )	NF	
GOJJI STERILE LANCETS ( <i>lancets</i> )	NPB	
<i>goodsense blood glucose in vitro strip</i>	NF	
<i>goodsense blood glucose kit w/device</i>	NF	
<i>goodsense clickfine pen needle 31g x 5 mm</i>	NF	
<i>goodsense lancets 26g univ</i>	NPB	
<i>goodsense lancets 30g univ</i>	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

128

Prescription Drug Name	Drug Tier	Drug Notes
<i>goodsense lancets 33g univ</i>	NPB	
<i>goodsense lancing device</i>	NPB	
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )	NF	
GUARDIAN 4 GLUCOSE SENSOR ( <i>continuous blood gluc sensor</i> )	NF	
GUARDIAN 4 TRANSMITTER ( <i>continuous blood gluc transmit</i> )	NF	
GUARDIAN CONNECT TRANSMITTER ( <i>continuous blood gluc transmit</i> )	NF	
GUARDIAN LINK 3 TRANSMITTER ( <i>continuous blood gluc transmit</i> )	NF	
GUARDIAN REAL-TIME CHARGER ( <i>continuous glucose monitor sup</i> )	NPB	
GUARDIAN REAL-TIME REPLACE PED DEVICE ( <i>continuous blood gluc receiver</i> )	NF	
GUARDIAN REAL-TIME TEST PLUG ( <i>continuous glucose monitor sup</i> )	NPB	
GUARDIAN SENSOR (3) ( <i>continuous blood gluc sensor</i> )	NF	
<i>guardian sensor 3</i>	NF	
HEALTH CARE LANCING DEVICE ( <i>lancet devices</i> )	NPB	
<i>healthwise insulin syr/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>healthwise micron pen needles 32g x 4 mm</i>	NF	
<i>healthwise short pen needles 31g x 5 mm , 31g x 8 mm</i>	NF	
<i>h-e-b incontrol adv lancing</i>	NPB	
<i>h-e-b incontrol lancets 28g</i>	NPB	
<i>h-e-b incontrol lancets 30g</i>	NPB	
<i>h-e-b incontrol lancets 33g</i>	NPB	
<i>h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM ( <i>insulin pen needle</i> )	NF	
HM EMBRACE TALK SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	NF	
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )	NF	
HW EMBRACE PRO GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
HW EMBRACE TALK BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
HY-VEE LANCETS ( <i>lancets</i> )	NPB	
<i>hy-vee thin lancets</i>	NPB	
IGLUCOSE MONITORING SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
IGLUCOSE TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )	NF	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
IN TOUCH DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
IN TOUCH LANCING DEVICE ( <i>lancet devices</i> )	NPB	
IN TOUCH STERILE LANCETS 30G ( <i>lancets</i> )	NPB	
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM ( <i>insulin pen needle</i> )	NF	
INFINITY BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
INFINITY VOICE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
INFINITY VOICE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
<i>insulin syringe 29g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml</i>	NF	

Prescription Drug Name	Drug Tier	Drug Notes
<i>insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
<b>KETO-DIASTIX IN VITRO STRIP</b> ( <i>urine glucose-ketones test</i> )	NPB	
<i>ketone test in vitro strip</i>	NPB	
<b>KETOSTIX IN VITRO STRIP</b> ( <i>acetone (urine) test</i> )	NPB	
<i>kinney lancets</i>	NPB	
<i>kinney thin lancets</i>	NPB	
<i>kinray insulin syringe 29g x 1/2" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>kmart valu insulin syringe 29g u-100 0.5 ml, u-100 1 ml</i>	NF	
<i>kmart valu insulin syringe 30g u-100 0.3 ml, u-100 0.5 ml, u-100 1 ml</i>	NF	
<i>kroger blood glucose kit w/device</i>	NF	
<i>kroger blood glucose test in vitro strip</i>	NF	
<b>KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP</b> ( <i>glucose blood</i> )	NF	
<i>kroger insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>kroger lancets</i>	NPB	
<i>kroger lancets super thin</i>	NPB	
<i>kroger lancets thin</i>	NPB	
<i>kroger pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>	NF	
<i>kroger premium blood glucose kit w/device</i>	NF	
<i>kroger premium glucose test in vitro strip</i>	NF	
<i>lancet device</i>	NPB	
<i>lancet device with ejector</i>	NPB	
<i>lancet transporter case</i>	NPB	
<i>lancets</i>	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
<i>lancets 30g</i>	NPB	
<i>lancets 33g</i>	NPB	
<i>lancets micro thin 33g</i>	NPB	
<i>lancets thin</i>	NPB	
LANCETS ULTRA THIN ( <i>lancets</i> )	NPB	
<i>lancets ultra thin 30g</i>	NPB	
<i>lancing device</i>	NPB	
LANZO ( <i>lancet devices</i> )	NPB	
<i>leader insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NF	
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NF	
<i>liberty blood glucose meter device</i>	NF	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
LIBERTY NXT GENERATION MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
<i>liberty test in vitro strip</i>	NF	
<i>lite touch lancets</i>	NPB	
LITE TOUCH LANCING PEN ( <i>lancet devices</i> )	NPB	
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
LITETOUCH LANCETS ( <i>lancets</i> )	NPB	
LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NF	
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>	NF	
<i>longs lancets standard</i>	NPB	
<i>longs lancets thin</i>	NPB	
<i>longs lancets ultra thin</i>	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NF	
MAXICOMFORT II PEN NEEDLE 31G X 6 MM ( <i>insulin pen needle</i> )	NF	
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM ( <i>insulin pen needle</i> )	NF	
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
<i>medic insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml</i>	NF	
<i>medichoice safety lancet extra</i>	NPB	
<i>medicine shoppe pen needles 29g x 12mm , 31g x 8 mm</i>	NF	
MEDLANCE PLUS EXTRA 21G ( <i>lancets</i> )	NPB	
MEDLANCE PLUS LITE 25G ( <i>lancets</i> )	NPB	
MEDLANCE PLUS SPECIAL 0.8MM ( <i>lancets</i> )	NPB	
MEDLANCE PLUS SUPERLITE 30G ( <i>lancets</i> )	NPB	
MEDLANCE PLUS UNIVERSAL 21G ( <i>lancets</i> )	NPB	
<i>meijer blood glucose kit w/device</i>	NF	
<i>meijer blood glucose test in vitro strip</i>	NF	
<i>meijer essential blood glucose kit w/device</i>	NF	
<i>meijer essential glucose test in vitro strip</i>	NF	
MEIJER LANCETS THIN ( <i>lancets</i> )	NPB	
MEIJER LANCETS UNIVERSAL 21G ( <i>lancets</i> )	NPB	
MEIJER LANCETS UNIVERSAL 30G ( <i>lancets</i> )	NPB	
MEIJER LANCETS UNIVERSAL 33G ( <i>lancets</i> )	NPB	
<i>meijer pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
<i>meijer premium blood glucose kit w/device</i>	NF	
MEIJER SUPER THIN LANCETS ( <i>lancets</i> )	NPB	
MEIJER TRUE2GO BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
MEIJER TRUERESULT GLUCOSE SYS KIT W/DEVICE (blood glucose monitoring suppl)	NF	
MEIJER TRUETEST TEST IN VITRO STRIP (glucose blood)	NF	
MEIJER TRUETRACK GLUCOSE SYS KIT W/DEVICE (blood glucose monitoring suppl)	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP (glucose blood)	NF	
MICRODOT BLOOD GLUCOSE SYSTEM KIT W/DEVICE (blood glucose monitoring suppl)	NF	
MICRODOT PEN NEEDLE 31G X 6 MM , 32G X 4 MM , 33G X 4 MM (insulin pen needle)	NF	
MICRODOT TEST IN VITRO STRIP (glucose blood)	NF	
MICROLET LANCETS (lancets)	NPB	
MICROLET NEXT LANCING DEVICE (lancet devices)	NPB	
mini lancing device	NPB	
MINILINK REAL-TIME TRANSMITTER (continuous blood gluc transmit)	NF	
MINIMED 630G GUARDIAN PRESS (continuous blood gluc transmit)	NF	
MINIMED PUMP RESERVOIR 3ML (insulin infusion pump supplies)	NPB	
MINIMED RESERVOIR 1.8ML (insulin infusion pump supplies)	NPB	
MINIMED RESERVOIR 3ML (insulin infusion pump supplies)	NPB	
MM BLOOD GLUCOSE SYSTEM KIT W/DEVICE (blood glucose monitoring suppl)	NF	
MM BLOOD GLUCOSE SYSTEM REFILL KIT (blood glucose monitoring suppl)	NF	
MM BLULINK GLUCOSE MONIT SYS DEVICE (blood glucose monitoring suppl)	NF	
MM BLULINK GLUCOSE TEST IN VITRO STRIP (glucose blood)	NF	
MM EASY TOUCH GLUCOSE IN VITRO STRIP (glucose blood)	NF	
MM EASY TOUCH GLUCOSE METER KIT W/DEVICE (blood glucose monitoring suppl)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

134

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

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
NOVA SAFETY LANCETS 28G ( <i>lancets</i> )	NPB	
NOVA SUREFLEX LANCETS ( <i>lancets</i> )	NPB	
NOVA SUREFLEX LANCING DEVICE ( <i>lancet devices</i> )	NPB	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM ( <i>insulin pen needle</i> )	NF	
NOVOFINE PEN NEEDLE 32G X 6 MM ( <i>insulin pen needle</i> )	NF	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM ( <i>insulin pen needle</i> )	NF	
OMNIPOD 5 G6 INTRO (GEN 5) KIT ( <i>insulin disposable pump</i> )	PB	
OMNIPOD 5 G6 PODS (GEN 5) ( <i>insulin disposable pump</i> )	PB	
OMNIPOD 5 G7 PODS (GEN 5) ( <i>insulin disposable pump</i> )	PB	
OMNIPOD CLASSIC PODS (GEN 3) ( <i>insulin disposable pump</i> )	PB	
OMNIPOD DASH PODS (GEN 4) ( <i>insulin disposable pump</i> )	PB	
OMNIPOD POD PALS ( <i>insulin dispos pmp accessories</i> )	NF	
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
ON CALL EXPRESS MONITORING SYS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
<i>one drop blood glucose monitor kit w/device</i>	NF	
<i>one drop test in vitro strip</i>	NF	
ONETOUCH DELICA PLUS LANCET30G ( <i>lancets</i> )	PB	
ONETOUCH DELICA PLUS LANCET33G ( <i>lancets</i> )	PB	
ONETOUCH DELICA PLUS LANCING ( <i>lancet devices</i> )	PB	
ONETOUCH DELICA SAFETY LANCING ( <i>lancet devices</i> )	PB	
ONETOUCH ULTRA 2 KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	PB	
ONETOUCH ULTRA IN VITRO STRIP ( <i>glucose blood</i> )	PB	
ONETOUCH ULTRASOFT 2 LANCETS ( <i>lancets</i> )	PB	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	PB	
ONETOUCH VERIO IN VITRO STRIP ( <i>glucose blood</i> )	PB	
ONETOUCH VERIO REFLECT KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
OPTIUMEZ TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
PARADIGM PUMP RESERVOIR 1.8ML ( <i>insulin infusion pump supplies</i> )	NPB	
PARADIGM PUMP RESERVOIR 3ML ( <i>insulin infusion pump supplies</i> )	NPB	
PARADIGM REAL-TIME TRANSMITTER ( <i>continuous blood gluc transmit</i> )	NF	
PARADIGM SILHOUETTE COMBO 23" ( <i>insulin infusion pump supplies</i> )	NPB	
<i>pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
<i>pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm</i>	NF	
<i>pen needles 5/16" 31g x 8 mm</i>	NF	
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )	NF	
PERFECT LANCETS 28G ( <i>lancets</i> )	NPB	
PERFECT LANCETS 30G ( <i>lancets</i> )	NPB	
<i>ph strips in vitro diagnostic test</i>	NPB	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
PHARMACIST CHOICE AUTOCODE SYS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
PHARMACIST CHOICE LANCETS ( <i>lancets</i> )	NPB	
PHARMACIST CHOICE MINI SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
<i>pharmacist choice no coding in vitro strip</i>	NF	
PHARMACY COUNTER LANCETS ( <i>lancets</i> )	NPB	
PIP BLOOD GLUCOSE MONITORING DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP ( <i>glucose blood</i> )	NF	
<i>pip lancets 28g</i>	NPB	
<i>pip lancets 30g</i>	NPB	
POCKETCHEM EZ SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
POCKETCHEM EZ TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
POGO AUTOMATIC BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST ( <i>glucose blood</i> )	NF	
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )	NF	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	NF	
PRECISION XTRA KETONE IN VITRO STRIP ( <i>ketone blood test</i> )	NPB	
PRECISION XTRA KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	NF	
<i>preferred plus lancets colored</i>	NPB	
<i>preferred plus lancets thin</i>	NPB	
<i>preferred plus unifine pentips 29g x 12mm</i>	NF	
<i>premium blood glucose test in vitro strip</i>	NF	
PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM ( <i>insulin pen needle</i> )	NF	
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
<i>pro comfort lancets 30g</i>	NPB	
<i>pro comfort lancets 31g</i>	NPB	
<i>pro comfort pen needles 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>	NF	
<i>pro comfort safety lancets 30g</i>	NPB	
<i>pro voice v8 glucose system device</i>	NF	
<i>pro voice v8/v9 glucose in vitro strip</i>	NF	
<i>pro voice v9 glucose system device</i>	NF	
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

138



Prescription Drug Name	Drug Tier	Drug Notes
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	NF	
PRODIGY LANCETS 28G ( <i>lancets</i> )	NPB	
PRODIGY LANCING DEVICE ( <i>lancet devices</i> )	NPB	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP ( <i>glucose blood</i> )	NF	
PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
PRODIGY SAFETY LANCETS 26G ( <i>lancets</i> )	NPB	
PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
PSS SELECT GP LANCETS ( <i>lancets</i> )	NPB	
PSS SELECT PLATFORMS ( <i>lancets misc.</i> )	NPB	
PSS SELECT SAFETY LANCETS ( <i>lancets</i> )	NPB	
<i>pure comfort lancets 30g</i>	NPB	
<i>pure comfort safety pen needle 31g x 6 mm , 32g x 4 mm</i>	NF	
<i>px extra short pen needles 31g x 6 mm</i>	NF	
<i>px insulin syringe 30g x 1/2" 0.5 ml</i>	NF	
<i>px lancets microthin 33g</i>	NPB	
<i>px mini pen needles 31g x 5 mm</i>	NF	
<i>px pen needle 29g x 12mm , 31g x 8 mm</i>	NF	
<i>qc advanced lancing device</i>	NPB	
<i>qc lancets super thin 30g</i>	NPB	
<i>qc lancets ultra thin</i>	NPB	
<i>qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
<i>qc unifine pentips 32g x 4 mm</i>	NF	
<i>qc unilet lancets 28g</i>	NPB	
<i>qc unilet lancets micro thin</i>	NPB	
QUICKTEK KIT ( <i>blood glucose monitoring suppl</i> )	NF	
QUICKTEK TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
QUICKTEK/METER KIT ( <i>blood glucose monitoring suppl</i> )	NF	
QUINTET AC BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
QUINTET BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
RA E-ZJECT LANCETS 28G ( <i>lancets</i> )	NPB	
RA E-ZJECT LANCETS THIN 26G ( <i>lancets</i> )	NPB	
RA E-ZJECT LANCETS THIN 28G ( <i>lancets</i> )	NPB	
RA E-ZJECT LANCETS ULTRA THIN ( <i>lancets</i> )	NPB	
<i>ra insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	NF	
<i>ra pen needles 31g x 5 mm , 31g x 8 mm</i>	NF	
<i>raya sure pen needle 29g x 12mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>	NF	
READYLANCE SAFETY LANCETS ( <i>lancets</i> )	NPB	
<i>reality insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	NF	
<i>reality lancets</i>	NPB	
<i>reality trigger lancets</i>	NPB	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
RELION CONFIRM GLUCOSE MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
RELION CONFIRM/MICRO TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
RELION KETONE TEST IN VITRO STRIP ( <i>acetone (urine) test</i> )	NPB	
RELION LANCET DEVICES 30G ( <i>lancet devices</i> )	NPB	
RELION LANCETS MICRO-THIN 33G ( <i>lancets</i> )	NPB	
RELION LANCETS THIN 26G ( <i>lancets</i> )	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
RELION LANCETS ULTRA-THIN 30G ( <i>lancets</i> )	NPB	
RELION LANCING DEVICE ( <i>lancet devices</i> )	NPB	
RELION LANCING DEVICE KIT ( <i>lancets misc.</i> )	NPB	
RELION MICRO KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
RELION MINI PEN NEEDLES 31G X 6 MM ( <i>insulin pen needle</i> )	NF	
RELION PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NF	
RELION PREMIER BLU MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
RELION PREMIER COMPACT SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
RELION PREMIER VOICE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
RELION PRIME MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
RELION PRIME TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
RELION SHORT PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )	NF	
RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
RELION ULTIMA TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
RELION ULTRA THIN LANCETS 30G ( <i>lancets</i> )	NPB	
RELION ULTRA THIN PLUS LANCETS ( <i>lancets</i> )	NPB	
REXALL BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
RIGHTEST ALTERNATE SITE ADAPT ( <i>lancets misc.</i> )	NPB	
RIGHTEST GD500 LANCING DEVICE ( <i>lancet devices</i> )	NPB	
RIGHTEST GL300 LANCETS ( <i>lancets</i> )	NPB	
RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE (blood glucose monitoring suppl)	NF	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	NF	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	NF	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	NF	
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (glucose blood)	NF	
SAFE-T-LANCE (lancets)	NPB	
SAFE-T-LANCE PLUS (lancets)	NPB	
safety lancet 30g/pressure act	NPB	
SAFETY LANCETS 21G (lancets)	NPB	
SAFETY LANCETS 23G (lancets)	NPB	
safety lancets 28g	NPB	
safety pen needles 30g x 5 mm , 30g x 8 mm	NF	
saps health twist top lancets	NPB	
saps twist top lancets	NPB	
sapscore twist top lancets	NPB	
sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 1 ml	NF	
sb lancets thin	NPB	
sb lancets ultra thin	NPB	
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (insulin syringe-needle u-100)	NF	
select-lite lancing device	NPB	
SIMPLE DIAGNOSTICS LANCING DEV (lancet devices)	NPB	
SINGLE-LET (lancets)	NPB	
sm lancets 33g	NPB	
SM TRUEDRAW LANCING DEVICE (lancet devices)	NPB	
SMART DIABETES VANTAGE LANCING (lancet devices)	NPB	
SMART SENSE COLOR LANCETS 33G (lancets)	NPB	
SMART SENSE PREMIUM SYSTEM KIT W/DEVICE (blood glucose monitoring suppl)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

142

Prescription Drug Name	Drug Tier	Drug Notes
SMART SENSE PREMIUM TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
SMART SENSE STANDARD LANCETS ( <i>lancets</i> )	NPB	
SMART SENSE SUPER THIN LANCETS ( <i>lancets</i> )	NPB	
SMART SENSE THIN LANCETS 26G ( <i>lancets</i> )	NPB	
SMART SENSE VALUE GLUCOSE SYS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
SMART SENSE VALUE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
SMARTEST EJECT DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
SMARTEST EJECT STARTER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
SMARTEST LANCETS 28G ( <i>lancets</i> )	NPB	
SMARTEST PERSONA STARTER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
SMARTEST PRONTO STARTER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
SMARTEST PROTEGE DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
SMARTEST PROTEGE STARTER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
SOLUS V2 LANCETS 28G ( <i>lancets</i> )	NPB	
SOLUS V2 LANCING DEVICE ( <i>lancet devices</i> )	NPB	
SOLUS V2 TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
SOLUS V2 TWIST LANCETS 30G ( <i>lancets</i> )	NPB	
STERILANCE PA ( <i>lancets misc.</i> )	NPB	
STERILANCE TL ( <i>lancets</i> )	NPB	
<i>super thin lancets</i>	NPB	
SUPREME TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>sure comfort lancets 18g</i>	NPB	
<i>sure comfort lancets 21g</i>	NPB	
<i>sure comfort lancets 23g</i>	NPB	
<i>sure comfort lancets 30g</i>	NPB	
<i>sure comfort lancing pen</i>	NPB	
<i>sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>	NF	
SURELITE LANCETS ( <i>lancets</i> )	NPB	
T:FLEX T:LOCK CARTRIDGE 4.8ML ( <i>insulin infusion pump supplies</i> )	NPB	
<i>techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
TECHLITE LANCETS ( <i>lancets</i> )	NPB	
TECHLITE PEN NEEDLES 29G X 10MM , 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )	NF	
TEMPO REFILL KIT ( <i>blood glucose monitoring suppl</i> )	NF	
TEMPO WELCOME KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
<i>tgt blood glucose monitoring kit w/device</i>	NF	
<i>tgt blood glucose test in vitro strip</i>	NF	
<i>tgt lancet micro thin 33g</i>	NPB	
<i>tgt lancet thin 26g</i>	NPB	
<i>tgt lancet ultra thin 30g</i>	NPB	
<i>tgt lancing device</i>	NPB	
THINLETS GP LANCETS ( <i>lancets</i> )	NPB	
<i>today's health pen needles 29g x 12mm</i>	NF	
<i>today's health short pen needle 31g x 8 mm</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>topcare clickfine pen needles 31g x 6 mm , 31g x 8 mm</i>	NF	
<i>topcare lancets micro-thin 33g</i>	NPB	
<i>topcare ultra comfort ins syr 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
TOXICOLOGY MED COLLECTION SYS IN VITRO KIT ( <i>drug assay (urine)</i> )	NPB	
TRAVEL LANCETS ADVANCED 28G ( <i>lancets</i> )	NPB	
<i>true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 1 ml</i>	NF	
<i>true comfort pen needles 31g x 5 mm , 31g x 6 mm , 32g x 4 mm</i>	NF	
<i>true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 32g x 5/16" 1 ml</i>	NF	
<i>true comfort safety lancets</i>	NPB	
<i>true comfort twist top lancets</i>	NPB	
TRUE FOCUS BLOOD GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
<i>true focus blood glucose strip in vitro strip</i>	NF	
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
TRUE METRIX GO GLUCOSE METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
TRUE METRIX METER DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
TRUE METRIX METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NF	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
TRUEPLUS LANCETS 26G ( <i>lancets</i> )	NPB	
TRUEPLUS LANCETS 28G ( <i>lancets</i> )	NPB	
TRUEPLUS LANCETS 30G ( <i>lancets</i> )	NPB	
TRUEPLUS LANCETS 33G ( <i>lancets</i> )	NPB	
TRUEPLUS PEN NEEDLES 31G X 6 MM ( <i>insulin pen needle</i> )	NF	
TRUEPLUS SAFETY LANCETS 28G ( <i>lancets</i> )	NPB	
TRUERESULT BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
TRUETEST TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
TRUETRACK BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
TRUETRACK BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
TRUETRACK SMART SYSTEM KIT ( <i>blood glucose monitoring suppl</i> )	NF	
TRUETRACK TEST IN VITRO STRIP ( <i>glucose blood</i> )	NF	
TRUSTEEL INFUSION SET ( <i>insulin infusion pump supplies</i> )	NPB	
<i>twist top lancets 30g</i>	NPB	
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NF	
ULTICARE MINI PEN NEEDLES 31G X 6 MM , 32G X 6 MM ( <i>insulin pen needle</i> )	NF	
ULTICARE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM ( <i>insulin pen needle</i> )	NF	
ULTICARE SHORT PEN NEEDLES 31G X 8 MM ( <i>insulin pen needle</i> )	NF	

Prescription Drug Name	Drug Tier	Drug Notes
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )	NF	
ULTI-LANCE AUTOMATIC ( <i>lancet devices</i> )	NPB	
ULTILET CLASSIC LANCETS ( <i>lancets</i> )	NPB	
ULTILET LANCETS ( <i>lancets</i> )	NPB	
ULTILET PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NF	
ULTILET SAFETY LANCETS ( <i>lancets</i> )	NPB	
ULTILET SAFETY LANCETS 23G ( <i>lancets</i> )	NPB	
<i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>	NF	
<i>ultra thin lancets 31g</i>	NPB	
ULTRA THIN PEN NEEDLES 32G X 4 MM ( <i>insulin pen needle</i> )	NF	
<i>ultracare insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	NF	
<i>ultra-care lancets 30g</i>	NPB	
<i>ultracare pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm</i>	NF	
ULTRA-THIN II AUTO LANCET ( <i>lancets</i> )	NPB	
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
ULTRA-THIN II LANCETS ( <i>lancets</i> )	NPB	
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM ( <i>insulin pen needle</i> )	NF	
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM ( <i>insulin pen needle</i> )	NF	
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM ( <i>insulin pen needle</i> )	NF	
UNIFINE PENTIPS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM ( <i>insulin pen needle</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
UNIFINE PENTIPS PLUS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM ( <i>insulin pen needle</i> )	NF	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NF	
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NF	
UNILET COMFORTOUCH LANCET ( <i>lancets</i> )	NPB	
UNILET EXCELITE ( <i>lancets</i> )	NPB	
UNILET EXCELITE II ( <i>lancets</i> )	NPB	
UNILET G.P. LANCET ( <i>lancets</i> )	NPB	
UNILET G.P. SUPERLITE LANCET ( <i>lancets</i> )	NPB	
UNILET GP 28 ULTRA THIN ( <i>lancets</i> )	NPB	
UNILET LANCET ( <i>lancets</i> )	NPB	
UNILET MICRO-THIN 33G ( <i>lancets</i> )	NPB	
UNILET SUPERLITE LANCET ( <i>lancets</i> )	NPB	
UNILET SUPER-THIN 30G ( <i>lancets</i> )	NPB	
UNILET ULTRA-THIN 28G ( <i>lancets</i> )	NPB	
UNISTIK 1 ( <i>lancets misc.</i> )	NPB	
UNISTIK 2 ( <i>lancets misc.</i> )	NPB	
UNISTIK 2 COMFORT ( <i>lancets misc.</i> )	NPB	
UNISTIK 2 EXTRA ( <i>lancets misc.</i> )	NPB	
UNISTIK 2 NEONATAL ( <i>lancets misc.</i> )	NPB	
UNISTIK 2 NORMAL ( <i>lancets misc.</i> )	NPB	
UNISTIK 2 SUPER ( <i>lancets misc.</i> )	NPB	
UNISTIK 3 ( <i>lancets misc.</i> )	NPB	
UNISTIK 3 COMFORT ( <i>lancets misc.</i> )	NPB	
UNISTIK 3 EXTRA ( <i>lancets misc.</i> )	NPB	
UNISTIK 3 GENTLE ( <i>lancets</i> )	NPB	
UNISTIK 3 NEONATAL ( <i>lancets misc.</i> )	NPB	
UNISTIK 3 NORMAL ( <i>lancets misc.</i> )	NPB	
UNISTIK CZT COMFORT ( <i>lancets misc.</i> )	NPB	
UNISTIK CZT NORMAL ( <i>lancets misc.</i> )	NPB	
UNISTIK NORMAL ( <i>lancets misc.</i> )	NPB	
UNISTIK PRO SAFETY LANCET ( <i>lancets</i> )	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

148

Prescription Drug Name	Drug Tier	Drug Notes
UNISTIK SAFETY LANCETS 28G ( <i>lancets</i> )	NPB	
UNISTIK SAFETY LANCETS 30G ( <i>lancets</i> )	NPB	
UNISTIK TOUCH SAFETY LANC 21G ( <i>lancets</i> )	NPB	
UNISTIK TOUCH SAFETY LANC 23G ( <i>lancets</i> )	NPB	
UNISTIK TOUCH SAFETY LANC 28G ( <i>lancets</i> )	NPB	
UNISTIK TOUCH SAFETY LANC 30G ( <i>lancets</i> )	NPB	
UNISTRIP1 GENERIC IN VITRO STRIP ( <i>glucose blood</i> )	NF	
UNIVERSAL 1 LANCETS THIN 26G ( <i>lancets</i> )	NPB	
UNIVERSAL 1 LANCETS THIN 33G ( <i>lancets</i> )	NPB	
UNIVERSAL 1 LANCETS ULTRA THIN ( <i>lancets</i> )	NPB	
<i>value health insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>	NF	
<i>value plus lancet standard 21g</i>	NPB	
<i>value plus lancets super thin</i>	NPB	
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
VARISOFT INFUSION SET ( <i>insulin infusion pump supplies</i> )	NPB	
<i>verasens blood glucose meter device</i>	NF	
<i>verasens blood glucose system kit w/device</i>	NF	
<i>verasens blood glucose test in vitro strip</i>	NF	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM ( <i>insulin pen needle</i> )	NF	
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	NF	
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	NF	
VERIFINE SAFE LANCET MINI 21G ( <i>lancets</i> )	NPB	
VERIFINE SAFE LANCET MINI 23G ( <i>lancets</i> )	NPB	
VERIFINE SAFE LANCET MINI 28G ( <i>lancets</i> )	NPB	
VERIFINE SAFE LANCET MINI 30G ( <i>lancets</i> )	NPB	
VERIFINE UNIVERSAL LANCETS 28G ( <i>lancets</i> )	NPB	
VERIFINE UNIVERSAL LANCETS 30G ( <i>lancets</i> )	NPB	
VERIFINE UNIVERSAL LANCETS 33G ( <i>lancets</i> )	NPB	
V-GO 20 KIT 20 UNIT/24HR ( <i>insulin disposable pump</i> )	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
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	
VIVAGUARD INO GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )	NF	
VIVAGUARD LANCETS ( <i>lancets</i> )	NPB	
VIVAGUARD LANCING DEVICE ( <i>lancet devices</i> )	NPB	
<i>vp insulin syringe 29g x 1/2" 0.3 ml</i>	NF	
WALGREENS LANCETS ( <i>lancets</i> )	NPB	
<i>walgreens lancets micro thin</i>	NPB	
<i>walgreens lancets super thin</i>	NPB	
WALGREENS THIN LANCETS ( <i>lancets</i> )	NPB	
WALGREENS ULTRA THIN LANCETS ( <i>lancets</i> )	NPB	
WAVESENSE AMP KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	NF	
<i>wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
<i>zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	NF	
<i>zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>	NF	
<i>zevrx twist top lancets 30g</i>	NPB	
<b>ENDOMETRIOSIS</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	G	
ORLISSA ORAL TABLET 150 MG, 200 MG ( <i>elagolix sodium</i> )	PB	
<b>ENZYME REPLACEMENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT</b>		
BUPHENYL ORAL POWDER 3 GM/TSP ( <i>sodium phenylbutyrate</i> )	NF	
BUPHENYL ORAL TABLET 500 MG ( <i>sodium phenylbutyrate</i> )	NF	
CARBAGLU ORAL TABLET SOLUBLE 200 MG ( <i>carglumic acid</i> )	NF	
<i>carglumic acid oral tablet soluble 200 mg</i>	G	
CERDELGA ORAL CAPSULE 84 MG ( <i>eliglustat tartrate</i> )	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

150

Prescription Drug Name	Drug Tier	Drug Notes
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>imiglucerase</i> )	PSP	
CYSTADANE ORAL POWDER ( <i>betaine</i> )	NF	
KUVAN ORAL PACKET 100 MG, 500 MG ( <i>sapropterin dihydrochloride</i> )	NF	
KUVAN ORAL TABLET 100 MG ( <i>sapropterin dihydrochloride</i> )	NF	
<i>miglustat oral capsule 100 mg</i>	G	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG ( <i>metreleptin</i> )	NPB	
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	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG ( <i>nitisinone</i> )	PSP	
ORFADIN ORAL SUSPENSION 4 MG/ML ( <i>nitisinone</i> )	PSP	
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> )	PSP	
RAVICTI ORAL LIQUID 1.1 GM/ML ( <i>glycerol phenylbutyrate</i> )	NF	
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	G	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	G	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML ( <i>asfotase alfa</i> )	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>velaglucerase alfa</i> )	NPSP	
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>		
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)	G	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG ( <i>drospirenone-estradiol</i> )	NF	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG ( <i>estradiol-progesterone</i> )	PB	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY ( <i>estradiol-levonorgestrel</i> )	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	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML ( <i>estradiol valerate</i> )	NPB	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML ( <i>estradiol cypionate</i> )	NPB	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM ( <i>estradiol</i> )	PB	
<i>estradiol</i> (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	G	
DUAVEE ORAL TABLET 0.45-20 MG ( <i>conj estrogens-bazedoxifene</i> )	NF	
<i>ec-rx estradiol transdermal cream 0.4 %, 0.6 %</i>	NF	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) ( <i>estradiol</i> )	NF	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	G	



Prescription Drug Name	Drug Tier	Drug Notes
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	G	
<i>estradiol vaginal cream 0.1 mg/gm</i>	G	
<i>estradiol vaginal tablet 10 mcg</i>	NF	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	G	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	G	
ESTRING VAGINAL RING 7.5 MCG/24HR ( <i>estradiol</i> )	NF	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) ( <i>estradiol</i> )	NF	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY ( <i>estradiol</i> )	NPB	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	G	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG ( <i>estradiol</i> )	PB	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG ( <i>estradiol</i> )	PB	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	G	
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)	G	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> )	NF	
MYFEMBREE ORAL TABLET 40-1-0.5 MG ( <i>relugolix-estradiol-norethind</i> )	PB	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	G	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ( <i>elagolix-estradiol-norethind</i> )	PB	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG ( <i>estrogens conjugated</i> )	NF	
PREMARIN VAGINAL CREAM 0.625 MG/GM ( <i>estrogens, conjugated</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
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	
<b>FERTILITY REGULATORS</b>		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG ( <i>cetorelix acetate</i> )	NF	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML ( <i>follitropin beta</i> )	PSP	
<i>ganirelix acetate</i> (Fyremadel Subcutaneous Solution Prefilled Syringe 250 Mcg/0.5ml)	NF	
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	NF	
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	PSP	
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT ( <i>follitropin alfa</i> )	NF	
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNIT/0.75ML, 900 UNIT/1.5ML ( <i>follitropin alfa</i> )	NF	
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>follitropin alfa</i> )	NF	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>menotropins</i> )	PSP	
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML ( <i>choriogonadotropin alfa</i> )	PSP	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT ( <i>chorionic gonadotropin</i> )	NF	
<b>GAUCHER DISEASE - DRUGS TO TREAT GAUCHER DISEASE</b>		
ZAVESCA ORAL CAPSULE 100 MG ( <i>miglustat</i> )	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

154

Prescription Drug Name	Drug Tier	Drug Notes
<b>GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG ( <i>hydrocortisone</i> )	NF	
<i>betamethasone combo injection suspension 6 (3-3) mg/ml, 7 (4-3) mg/ml</i>	NF	
<i>betamethasone sod phos &amp; acet injection suspension 7 (4-3) mg/ml</i>	NF	
<i>dexamethasone (la) injection suspension 8 mg/ml</i>	NF	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>dexamethasone</i> )	NPB	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	G	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	G	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	G	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	NPB	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML ( <i>dexamethasone sodium phosphate</i> )	NF	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML ( <i>deflazacort</i> )	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG ( <i>deflazacort</i> )	NF	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	G	
HEMADY ORAL TABLET 20 MG ( <i>dexamethasone</i> )	NF	
<i>dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	G	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	G	
MEDROL ORAL TABLET 2 MG ( <i>methylprednisolone</i> )	NPB	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	NPB	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	G	
<i>prednisolone oral solution 15 mg/5ml</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<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, 6.7 (5 base) mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	G	
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML ( <i>prednisone</i> )	NPB	
<i>prednisone oral solution 5 mg/5ml</i>	G	
<i>prednisone oral tablet 1 mg, 20 mg, 5 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>prednisone oral tablet 10 mg, 2.5 mg, 50 mg</i>	G	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	G	
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	
<b>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</b>		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	PB	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG ( <i>glucagon hcl (rdna)</i> )	NF	
<i>glucagon emergency injection kit 1 mg</i>	NF	
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	NF	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

156

Prescription Drug Name	Drug Tier	Drug Notes
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML ( <i>glucagon</i> )	PB	
PROGLYCEM ORAL SUSPENSION 50 MG/ML ( <i>diazoxide</i> )	NPB	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML ( <i>dasiglucagon hcl</i> )	PB	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML ( <i>dasiglucagon hcl</i> )	PB	
<b>GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH</b>		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG ( <i>vosoritide</i> )	NPSP	
<b>HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT</b>		
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>nitisinone</i> )	NF	
<b>HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES</b>		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG ( <i>somatropin</i> )	NF	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG ( <i>somatropin</i> )	NF	
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG ( <i>somatropin</i> )	PSP	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML ( <i>somatrogon-ghla</i> )	NF	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML ( <i>somatropin</i> )	PSP	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML ( <i>somatropin</i> )	NF	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML ( <i>somatropin</i> )	NF	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML ( <i>somatropin</i> )	NF	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML ( <i>somatropin</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
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	
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG ( <i>lonapegsomatropin-tcgd</i> )	NF	
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML ( <i>somapacitan-beco</i> )	PSP	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG ( <i>somatropin</i> )	NF	
<b>LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS</b>		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )	PSP	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG ( <i>leuprolide acetate</i> )	PSP	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG ( <i>leuprolide acetate (3 month)</i> )	PSP	
SYNAREL NASAL SOLUTION 2 MG/ML ( <i>nafarelin acetate</i> )	NPB	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG ( <i>triptorelin pamoate</i> )	NF	
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS - DRUGS TO TREAT CHRONIC KIDNEY DISEASE ASSOCIATED WITH TYPE 2 DIABETES</b>		
KERENDIA ORAL TABLET 10 MG, 20 MG ( <i>finerenone</i> )	PB	
<b>MISCELLANEOUS</b>		
ACTHAR INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	NPSP	
<i>cabergoline oral tablet 0.5 mg</i>	G	
CORTROPHIN INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	NPSP	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG ( <i>cysteamine bitartrate</i> )	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

158



Prescription Drug Name	Drug Tier	Drug Notes
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML ( <i>romosozumab-aqqg</i> )	NF	
GALAFOLD ORAL CAPSULE 123 MG ( <i>migalastat hcl</i> )	NPB	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>setmelanotide acetate</i> )	NF	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML ( <i>mecasermin</i> )	NPSP	
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)	G	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	G	
OSPHENA ORAL TABLET 60 MG ( <i>ospemifene</i> )	NF	
<i>raloxifene hcl oral tablet 60 mg</i>	CE	
SAMSCA ORAL TABLET 15 MG, 30 MG ( <i>tolvaptan</i> )	NPSP	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG ( <i>pasireotide pamoate</i> )	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML ( <i>pasireotide diaspertate</i> )	NPB	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG ( <i>histrelin acetate (cpp)</i> )	PSP	
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	
XURIDEN ORAL PACKET 2 GM ( <i>uridine triacetate</i> )	NPB	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG ( <i>lonafarnib</i> )	NPSP	
<b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b>		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) ( <i>ferric citrate</i> )	PB	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	G	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	G	
FOSRENOL ORAL PACKET 1000 MG, 750 MG ( <i>lanthanum carbonate</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG ( <i>lanthanum carbonate</i> )	NF	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	NF	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM ( <i>sevelamer carbonate</i> )	NF	
RENVELA ORAL TABLET 800 MG ( <i>sevelamer carbonate</i> )	NF	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	G	
<i>sevelamer carbonate oral tablet 800 mg</i>	G	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG ( <i>sucroferric oxyhydroxide</i> )	NF	
<b>POLYNEUROPATHY</b>		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML ( <i>inotersen sodium</i> )	PSP	
<b>POTASSIUM-REMOVING AGENTS</b>		
LOKELMA ORAL PACKET 10 GM, 5 GM ( <i>sodium zirconium cyclosilicate</i> )	NF	
<i>sodium polystyrene sulfonate oral powder</i>	G	
SPS ORAL SUSPENSION 15 GM/60ML ( <i>sodium polystyrene sulfonate</i> )	G	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM ( <i>patiromer sorbitex calcium</i> )	PB	
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>		
CRINONE VAGINAL GEL 4 %, 8 % ( <i>progesterone</i> )	NF	
<i>ec-rx progesterone transdermal cream 20 %</i>	NF	
ENDOMETRIN VAGINAL INSERT 100 MG ( <i>progesterone</i> )	PB	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	G	
<i>norethindrone acetate oral tablet 5 mg</i>	G	
<i>progesterone intramuscular oil 50 mg/ml</i>	G	
<i>progesterone oral capsule 100 mg, 200 mg</i>	G	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG ( <i>progesterone</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

160

Prescription Drug Name	Drug Tier	Drug Notes
<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG ( <i>thyroid</i> )	NPB	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG ( <i>liothyronine sodium</i> )	NF	
ERMEZA ORAL SOLUTION 150 MCG/5ML ( <i>levothyroxine sodium</i> )	NF	
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
<i>levothyroxine sodium</i> (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
<i>levothyroxine sodium intravenous solution reconstituted 100 mcg, 500 mcg</i>	NPB	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	G	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	G	
<i>methimazole oral tablet 10 mg, 5 mg</i>	G	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG ( <i>thyroid</i> )	NPB	
<i>propylthiouracil oral tablet 50 mg</i>	G	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG ( <i>levothyroxine sodium</i> )	NPB	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML ( <i>levothyroxine sodium</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	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML ( <i>levothyroxine sodium</i> )	NF	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
<b>VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES</b>		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	G	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	G	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	G	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG ( <i>desmopressin acetate</i> )	NPB	
<b>VITAMINS - VITAMINS AND SUPPLEMENTS</b>		
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG ( <i>calcifediol</i> )	NPB	
<b>GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b>		
<b>ANTICHOLINERGICS</b>		
CUVPOSA ORAL SOLUTION 1 MG/5ML ( <i>glycopyrrolate</i> )	NPB	
<i>dicyclomine hcl oral capsule 10 mg</i>	G	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	G	
<i>dicyclomine hcl oral tablet 20 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	G	
<i>glycopyrrolate oral tablet 1.5 mg</i>	NF	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	NF	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	G	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	G	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	G	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	G	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

162

Prescription Drug Name	Drug Tier	Drug Notes
<i>hyoscyamine sulfate</i> (Nulev Oral Tablet Dispersible 0.125 Mg)	G	
<i>oscimin oral tablet 0.125 mg</i>	G	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	G	
ROBINUL ORAL TABLET 1 MG ( <i>glycopyrrolate</i> )	NF	
ROBINUL-FORTE ORAL TABLET 2 MG ( <i>glycopyrrolate</i> )	NF	
<b>ANTIDIARRHEALS</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	G	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	G	
LACTEROL ORAL CAPSULE ( <i>probiotic product</i> )	NF	
<i>loperamide hcl oral capsule 2 mg</i>	G	
MOTOFEN ORAL TABLET 1-0.025 MG ( <i>difenoxin-atropine</i> )	NF	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG ( <i>crofelemer</i> )	NF	
<i>wellpro 31 oral capsule</i>	NF	
<i>zelac oral capsule</i>	NF	
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>		
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG ( <i>fosnetupitant-palonosetron</i> )	NF	
AKYNZEO ORAL CAPSULE 300-0.5 MG ( <i>netupitant-palonosetron</i> )	NF	
ANTIVERT ORAL TABLET 50 MG ( <i>meclizine hcl</i> )	NF	
ANTIVERT ORAL TABLET CHEWABLE 25 MG ( <i>meclizine hcl</i> )	NF	
ANZEMET ORAL TABLET 50 MG ( <i>dolasetron mesylate</i> )	NF	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>	G	
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG ( <i>doxylamine-pyridoxine</i> )	NPB	
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML ( <i>aprepitant</i> )	NF	
<i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)	G	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	G	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG ( <i>fosaprepitant dimeglumine</i> )	NF	
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>	G	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	G	
<i>meclizine hcl oral tablet chewable 25 mg</i>	NF	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	G	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	G	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	G	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	G	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	G	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	G	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	G	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	G	
<i>prochlorperazine rectal suppository 25 mg</i>	G	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	G	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	G	
<i>promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)</i>	G	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG ( <i>promethazine hcl</i> )	G	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR ( <i>granisetron</i> )	PB	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	G	
SYNDROS ORAL SOLUTION 5 MG/ML ( <i>dronabinol</i> )	NF	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS ( <i>scopolamine base</i> )	NF	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	G	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG ( <i>rolapitant hcl</i> )	NF	

Prescription Drug Name	Drug Tier	Drug Notes
<b>ANTISPASMODICS - DRUGS FOR MUSCLE SPASM</b>		
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	NPB	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	NF	
LIBRAX ORAL CAPSULE 5-2.5 MG ( <i>chlordiazepoxide-clidinium</i> )	NF	
<b>H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	G	
<i>eq famotidine max st oral tablet 20 mg</i>	G	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	G	
<i>famotidine oral tablet 20 mg, 40 mg</i>	G	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	G	
<b>INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS</b>		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ( <i>mesalamine</i> )	NPB	
<i>balsalazide disodium oral capsule 750 mg</i>	G	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	NF	
<i>budesonide oral capsule delayed release particles 3 mg</i>	G	
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> )	NPB	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	G	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM ( <i>mesalamine</i> )	NF	
<i>mesalamine oral capsule delayed release 400 mg</i>	G	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	G	
<i>mesalamine rectal enema 4 gm</i>	G	
<i>mesalamine rectal suppository 1000 mg</i>	G	
<i>mesalamine-cleanser rectal kit 4 gm</i>	G	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG ( <i>mesalamine</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
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>	G	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	G	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG ( <i>budesonide</i> )	PB	
UCERIS RECTAL FOAM 2 MG/ACT ( <i>budesonide</i> )	NF	
<b>IRRITABLE BOWEL SYNDROME</b>		
TRULANCE ORAL TABLET 3 MG ( <i>plecanatide</i> )	NPB	
VIBERZI ORAL TABLET 100 MG, 75 MG ( <i>eluxadoline</i> )	PB	
<b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>		
AMITIZA ORAL CAPSULE 24 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	
<b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	G	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG ( <i>alosetron hcl</i> )	NPB	
<b>LAXATIVES - DRUGS FOR CONSTIPATION</b>		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/175ML ( <i>sod picosulfate-mag ox-cit acd</i> )	CE	
<i>constulose oral solution 10 gm/15ml</i>	G	
<i>enulose oral solution 10 gm/15ml</i>	G	
<i>generlac oral solution 10 gm/15ml</i>	G	
GIALAX ORAL KIT ( <i>polyethylene glycol 3350</i> )	NF	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM ( <i>peg 3350-kcl-nabcb-nacl-nasulf</i> )	NF	
KRISTALOSE ORAL PACKET 10 GM, 20 GM ( <i>lactulose</i> )	NPB	
<i>lactulose oral packet 10 gm</i>	NF	
<i>lactulose oral solution 10 gm/15ml</i>	G	
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	



Prescription Drug Name	Drug Tier	Drug Notes
<i>peg-3350/electrolytes/ascorbic acid oral solution reconstituted 100 gm</i>	CE	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	
PEG-PREP ORAL KIT 5-210 MG-GM ( <i>bisacodyl-peg-kcl-nabicyclate-nacl</i> )	CE	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	CE	
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM ( <i>peg 3350-kcl-nacl-nasulf-mg-sulf</i> )	CE	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML ( <i>na sulfate-k sulfate-mg sulf</i> )	NF	
SUTAB ORAL TABLET 1479-225-188 MG ( <i>sodium sulfate-mag sulfate-kcl</i> )	CE	
<b>MISCELLANEOUS</b>		
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> )	NPB	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG ( <i>cholic acid</i> )	NPSP	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	G	
ENTEREG ORAL CAPSULE 12 MG ( <i>alvimopan</i> )	NPB	
GATTEX SUBCUTANEOUS KIT 5 MG ( <i>teduglutide (rdna)</i> )	NPSP	
GIMOTI NASAL SOLUTION 15 MG/ACT ( <i>metoclopramide hcl</i> )	NF	
LIVMARLI ORAL SOLUTION 9.5 MG/ML ( <i>maralixibat chloride</i> )	NPSP	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	G	
MOTEGRITY ORAL TABLET 1 MG, 2 MG ( <i>prucalopride succinate</i> )	NF	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG ( <i>naloxegol oxalate</i> )	NF	
OICALIVA ORAL TABLET 10 MG, 5 MG ( <i>obeticholic acid</i> )	NPSP	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
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> )	NPB	
<i>sucralfate oral suspension 1 gm/10ml</i>	NF	
<i>sucralfate oral tablet 1 gm</i>	G	N8 (Listing does not include certain NDCs)
SYMPROIC ORAL TABLET 0.2 MG ( <i>naldemedine tosylate</i> )	PB	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	NF	
<i>ursodiol oral capsule 300 mg</i>	G	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	G	
VOWST ORAL CAPSULE ( <i>fecal microb spores, live-brpk</i> )	NPSP	
XERMELO ORAL TABLET 250 MG ( <i>telotristat etiprate</i> )	NPB	
<b>PANCREATIC ENZYMES</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	PB	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	NF	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	NF	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	PB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	PB	
<b>PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG ( <i>rabeprazole sodium</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

168

Prescription Drug Name	Drug Tier	Drug Notes
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG ( <i>dexlansoprazole</i> )	NF	
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	NF	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	G	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	G	
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	NF	
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE 20 MG ( <i>esomeprazole magnesium</i> )	NF	
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG ( <i>esomeprazole magnesium</i> )	NF	
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG ( <i>esomeprazole magnesium</i> )	NF	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG ( <i>esomeprazole magnesium</i> )	NF	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	G	
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	NF	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NF	
<i>pantoprazole sodium oral packet 40 mg</i>	NF	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	G	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG ( <i>lansoprazole</i> )	NF	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG ( <i>lansoprazole</i> )	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG ( <i>lansoprazole</i> )	NF	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG ( <i>omeprazole magnesium</i> )	NF	
PROTONIX ORAL PACKET 40 MG ( <i>pantoprazole sodium</i> )	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG ( <i>pantoprazole sodium</i> )	NF	
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NPB	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	G	
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG ( <i>omeprazole-sodium bicarbonate</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG ( <i>omeprazole-sodium bicarbonate</i> )	NF	
<b>RECTAL, CORTICOSTEROIDS</b>		
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	G	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	G	
PROCORT EXTERNAL CREAM 1.85-1.15 % ( <i>hydrocortisone ace-pramoxine</i> )	NF	
PROCTOCORT EXTERNAL CREAM 1 % ( <i>hydrocortisone</i> )	NF	
PROCTOCORT RECTAL SUPPOSITORY 30 MG ( <i>hydrocortisone acetate</i> )	NF	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % ( <i>hydrocortisone ace-pramoxine</i> )	PB	
<i>hydrocortisone (Procto-Med Hc External Cream 2.5 %)</i>	G	
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	G	
<b>ULCER THERAPY COMBINATIONS</b>		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 &amp; 500 &amp; 30 mg</i>	G	
OMECLAMOX-PAK ORAL 500-500-20 MG ( <i>amoxicill-clarithro-omeprazole</i> )	NPB	
PYLERA ORAL CAPSULE 140-125-125 MG ( <i>bis subcit-metronid-tetracyc</i> )	NPB	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG ( <i>amoxicill-rifabutin-omeprazole</i> )	PB	
<b>GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS</b>		
<b>BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	G	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>doxazosin mesylate</i> )	NPB	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	G	
<i>dutasteride oral capsule 0.5 mg</i>	G	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	G	
ENTADFI ORAL CAPSULE 5-5 MG ( <i>finasteride-tadalafil</i> )	NF	
<i>finasteride oral tablet 5 mg</i>	G	
JALYN ORAL CAPSULE 0.5-0.4 MG ( <i>dutasteride-tamsulosin hcl</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

170

Prescription Drug Name	Drug Tier	Drug Notes
RAPAFLO ORAL CAPSULE 4 MG, 8 MG ( <i>silodosin</i> )	NF	
<i>silodosin oral capsule 4 mg, 8 mg</i>	G	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	G	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	N8 (Listing does not include certain NDCs)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG ( <i>alfuzosin hcl</i> )	NF	
<b>CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL</b>		
ENCARE VAGINAL SUPPOSITORY 100 MG ( <i>nonoxynol-9</i> )	CE	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % ( <i>nonoxynol-9</i> )	CE	
PHEXXI VAGINAL GEL 1.8-1-0.4 % ( <i>lactic ac-citric ac-pot bitart</i> )	CE	
TODAY SPONGE VAGINAL 1000 MG ( <i>nonoxynol-9</i> )	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % ( <i>nonoxynol-9</i> )	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % ( <i>nonoxynol-9</i> )	CE	
<b>ERECTILE DYSFUNCTION</b>		
<i>bi-mix intracavernosal solution reconstituted 150-5 mg</i>	NF	
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>tadalafil</i> )	NF	
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	NF	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG ( <i>avanafil</i> )	NF	
<i>super bi-mix intracavernosal solution reconstituted 150-10 mg</i>	NF	
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	NF	
<i>super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg</i>	NF	
<i>tri-mix intracavernosal solution reconstituted 150-5-50 mg-mg-mcg</i>	NF	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sildenafil citrate</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>		
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR ( <i>estradiol acetate</i> )	NF	
<b>MISCELLANEOUS</b>		
<i>cytra k crystals oral packet 3300-1002 mg</i>	NPB	
ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )	NF	
LITHOSTAT ORAL TABLET 250 MG ( <i>acetohydroxamic acid</i> )	NF	
ORACIT ORAL SOLUTION 490-640 MG/5ML ( <i>sod citrate-citric acid</i> )	NPB	
<i>phenazopyridine hcl (Phenazo Oral Tablet 200 Mg)</i>	G	
<i>pot &amp; sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	G	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	G	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
PROCYSBI ORAL PACKET 300 MG, 75 MG ( <i>cysteamine bitartrate</i> )	NF	
RIMSO-50 INTRAVESICAL SOLUTION 50 % ( <i>dimethyl sulfoxide</i> )	NF	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG ( <i>budesonide</i> )	NF	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG ( <i>tiopronin</i> )	NF	
THIOLA ORAL TABLET 100 MG ( <i>tiopronin</i> )	NF	
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	G	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG ( <i>tolterodine tartrate</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

172

Prescription Drug Name	Drug Tier	Drug Notes
<i>flavoxate hcl oral tablet 100 mg</i>	G	
GELNIQUE TRANSDERMAL GEL 10 % ( <i>oxybutynin chloride</i> )	NF	
GEMTESA ORAL TABLET 75 MG ( <i>vibegron</i> )	PB	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML ( <i>mirabegron</i> )	NF	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG ( <i>mirabegron</i> )	NF	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	G	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	G	
<i>oxybutynin chloride oral tablet 5 mg</i>	G	
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR ( <i>oxybutynin</i> )	NF	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR ( <i>oxybutynin</i> )	NF	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	G	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	G	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	G	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>fesoterodine fumarate</i> )	NF	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	G	
<i>trospium chloride oral tablet 20 mg</i>	G	
VESICARE LS ORAL SUSPENSION 5 MG/5ML ( <i>solifenacin succinate</i> )	NPB	
VESICARE ORAL TABLET 10 MG, 5 MG ( <i>solifenacin succinate</i> )	NF	
<b>VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG ( <i>clindamycin phosphate</i> )	NPB	
<i>clindamycin phosphate vaginal cream 2 %</i>	G	
CLINDESSE VAGINAL CREAM 2 % ( <i>clindamycin phosphate (1 dose)</i> )	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
GYNAZOLE-1 VAGINAL CREAM 2 % ( <i>butoconazole nitrate (1 dose)</i> )	NPB	
<i>metronidazole vaginal gel 0.75 %</i>	G	
<i>miconazole 3 vaginal suppository 200 mg</i>	G	
NUVESSA VAGINAL GEL 1.3 % ( <i>metronidazole</i> )	NF	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	G	
<i>terconazole vaginal suppository 80 mg</i>	G	
VANDAZOLE VAGINAL GEL 0.75 % ( <i>metronidazole</i> )	NF	
XACIATO VAGINAL GEL 2 % ( <i>clindamycin phosphate</i> )	NPB	
<b>HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS</b>		
<b>ANTICOAGULANTS - BLOOD THINNERS</b>		
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>	G	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	G	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	G	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML ( <i>dalteparin sodium</i> )	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 sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	NF	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	G	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	G	
<i>hepmed combination kit 100&amp;0.9&amp;2.5-2.5 ut/ml&amp;%</i>	NF	
<i>warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)</i>	G	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG ( <i>dabigatran etexilate mesylate</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG ( <i>dabigatran etexilate mesylate</i> )	NF	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG ( <i>edoxaban tosylate</i> )	NF	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	G	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML ( <i>rivaroxaban</i> )	PB	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG ( <i>rivaroxaban</i> )	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG ( <i>rivaroxaban</i> )	PB	
<b>BLEEDING DISORDERS AGENTS</b>		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor-vwf</i> )	NPSP	
CABLIVI INJECTION KIT 11 MG ( <i>caplacizumab-yhdp</i> )	NF	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT ( <i>coagulation factor x (human)</i> )	NPSP	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT ( <i>antiinhibitor coagulant cmplx</i> )	NF	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT ( <i>antihemophilic factor-vwf</i> )	NPSP	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG ( <i>coagulation factor viia recomb</i> )	PSP	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG ( <i>coagulation factor viia-jncw</i> )	PSP	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT ( <i>von willebrand factor (recomb)</i> )	NF	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT ( <i>antihemophilic factor-vwf</i> )	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML ( <i>darbepoetin alfa</i> )	PSP	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML ( <i>darbepoetin alfa</i> )	PSP	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML ( <i>epoetin alfa</i> )	NF	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-jmdb</i> )	NF	
FYLNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-pbbk</i> )	PSP	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG ( <i>sargramostim</i> )	NF	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML ( <i>methoxy peg-epoetin beta</i> )	NF	
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML ( <i>pegfilgrastim</i> )	NF	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim</i> )	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML ( <i>filgrastim-aafi</i> )	PSP	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-aafi</i> )	PSP	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-apgf</i> )	PSP	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML ( <i>epoetin alfa</i> )	PSP	
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>	NF	

Prescription Drug Name	Drug Tier	Drug Notes
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	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML ( <i>pegfilgrastim-cbqv</i> )	NF	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-cbqv</i> )	NF	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-bmez</i> )	NF	
<b>HEMOPHILIA A AGENTS</b>		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihemophil factor (rahf-pfm)</i> )	PSP	
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	PSP	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil fact single chain</i> )	PSP	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT ( <i>antihem fact (bdd-rfviiiic)</i> )	PSP	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil fact rcm b gpeg-exei</i> )	PSP	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML ( <i>emicizumab-kxwh</i> )	NPSP	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	NPSP	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT ( <i>ahf (bdd-rfviii peg-aucl)</i> )	PSP	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	NPSP	

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

Prescription Drug Name	Drug Tier	Drug Notes
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	
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	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT ( <i>coagulation factor ix glycopeg</i> )	PSP	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT ( <i>coagulation factor ix glycopeg</i> )	PB	
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	NF	
<b>MISCELLANEOUS</b>		
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	G	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	G	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	G	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG ( <i>hydroxyurea</i> )	NPB	
ENDARI ORAL PACKET 5 GM ( <i>glutamine (sickle cell)</i> )	PSP	
OXBRYTA ORAL TABLET 500 MG ( <i>voxelotor</i> )	NF	
OXBRYTA ORAL TABLET SOLUBLE 300 MG ( <i>voxelotor</i> )	NF	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	G	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG ( <i>mitapivat sulfate</i> )	NF	
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG ( <i>mitapivat sulfate</i> )	NF	
SIKLOS ORAL TABLET 100 MG, 1000 MG ( <i>hydroxyurea</i> )	PB	
TAVNEOS ORAL CAPSULE 10 MG ( <i>avacopan</i> )	NPSP	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>tranexamic acid oral tablet 650 mg</i>	G	
<b>PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML ( <i>pegcetacoplan</i> )	PSP	
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML ( <i>ravulizumab-cwvz</i> )	NPSP	
<b>PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	G	
BRILINTA ORAL TABLET 60 MG, 90 MG ( <i>ticagrelor</i> )	PB	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	G	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	G	
PLAVIX ORAL TABLET 75 MG ( <i>clopidogrel bisulfate</i> )	NF	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	G	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG ( <i>aspirin-omeprazole</i> )	NF	
ZONTIVITY ORAL TABLET 2.08 MG ( <i>vorapaxar sulfate</i> )	NF	
<b>SICKLE CELL DISEASE</b>		
OXBRYTA ORAL TABLET 300 MG ( <i>voxelotor</i> )	NF	
<b>THROMBOCYTOPENIA AGENTS</b>		
DOPTELET ORAL TABLET 20 MG ( <i>avatrombopag maleate</i> )	PSP	
MULPLETA ORAL TABLET 3 MG ( <i>lusutrombopag</i> )	NPSP	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG ( <i>romiplostim</i> )	NF	
PROMACTA ORAL PACKET 12.5 MG, 25 MG ( <i>eltrombopag olamine</i> )	PSP	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG ( <i>eltrombopag olamine</i> )	PSP	
TAVALISSE ORAL TABLET 100 MG, 150 MG ( <i>fostatinib disodium</i> )	PSP	
<b>VITAMINS - VITAMINS AND SUPPLEMENTS</b>		
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML ( <i>cyanocobalamin</i> )	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

180



Prescription Drug Name	Drug Tier	Drug Notes
<b>IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM</b>		
<b>ALLERGENIC EXTRACTS</b>		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU ( <i>timothy grass pollen allergen</i> )	PB	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM ( <i>dust mite mixed allergen ext</i> )	NPB	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR ( <i>grass mix pollens allergen ext</i> )	PB	
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG ( <i>peanut powder-dnfp</i> )	NF	
PALFORZIA INITIAL 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	
<i>sorrelldock mix subcutaneous solution 1:20</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<b>AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)</b>		
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> )	PSP	
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	
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	
RENFLIXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-abda</i> )	NF	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML ( <i>golimumab</i> )	PSP	
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED)</b>		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-afzb</i> )	NF	
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-afzb</i> )	NF	
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-afzb</i> )	NF	
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML ( <i>tocilizumab</i> )	NF	
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	PSP	
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	PSP	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML ( <i>adalimumab-atto</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

182

Prescription Drug Name	Drug Tier	Drug Notes
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-atto</i> )	NF	
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML ( <i>adalimumab-atto</i> )	NF	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML ( <i>adalimumab-atto</i> )	NF	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML ( <i>bimekizumab-bkzx</i> )	PSP	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML ( <i>bimekizumab-bkzx</i> )	PSP	
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML ( <i>certolizumab pegol</i> )	PSP	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.)
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML ( <i>certolizumab pegol</i> )	PSP	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.)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	PSP	IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	PSP	IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis)

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	PSP	IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML ( <i>secukinumab</i> )	PSP	IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>secukinumab</i> )	PSP	IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis.)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ( <i>etanercept</i> )	PSP	IBC (Preferred agent for all conditions except Psoriasis)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ( <i>etanercept</i> )	PSP	IBC (Preferred agent for all conditions except Psoriasis)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML ( <i>etanercept</i> )	PSP	IBC (Preferred agent for all conditions except Psoriasis)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )	PSP	IBC (Preferred agent for all conditions except Psoriasis)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML ( <i>adalimumab</i> )	NF	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab</i> )	NF	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML ( <i>adalimumab</i> )	NF	
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	NF	
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML ( <i>adalimumab</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

184

Prescription Drug Name	Drug Tier	Drug Notes
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	NF	
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	NF	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML ( <i>adalimumab-adaz</i> )	PSP	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-adaz</i> )	PSP	
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML ( <i>adalimumab-adaz</i> )	PSP	
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab-adaz</i> )	PSP	
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML ( <i>adalimumab-adaz</i> )	PSP	
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab-adaz</i> )	PSP	
KEVZARA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	PSP	IBC (Preferred agent for Rheumatoid Arthritis)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	PSP	IBC (Preferred agent for Rheumatoid Arthritis)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML ( <i>anakinra</i> )	NF	
LITFULO ORAL CAPSULE 50 MG ( <i>ritlecitinib tosylate</i> )	NPSP	
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	IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions)

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML ( <i>abatacept</i> )	PSP	IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions)
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG ( <i>upadacitinib</i> )	PSP	IBC (Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Atopic Dermatitis, Ankylosing Spondylitis, Ulcerative Colitis, Non-radiographical Axial Spondyloarthritis, and Crohn's Disease)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG ( <i>upadacitinib</i> )	PSP	IBC (Preferred agent for Atopic Dermatitis, Ulcerative Colitis, and Crohn's Disease)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG ( <i>upadacitinib</i> )	PSP	IBC (Preferred agent for Ulcerative Colitis and Crohn's Disease)
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	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML ( <i>risankizumab-rzaa</i> )	PSP	IBC (Preferred agent for Crohn's Disease)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>risankizumab-rzaa</i> )	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
SOTYKTU ORAL TABLET 6 MG ( <i>deucravacitinib</i> )	PSP	IBC (Preferred agent for Psoriasis)

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab</i> )	PSP	IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab</i> )	PSP	IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML ( <i>ixekizumab</i> )	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis or Ankylosing Spondylitis)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML ( <i>ixekizumab</i> )	PSP	IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis or Ankylosing Spondylitis)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML ( <i>guselkumab</i> )	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>guselkumab</i> )	PSP	IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
XELJANZ ORAL SOLUTION 1 MG/ML ( <i>tofacitinib citrate</i> )	PSP	IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis)
XELJANZ ORAL TABLET 10 MG, 5 MG ( <i>tofacitinib citrate</i> )	PSP	IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis)



Prescription Drug Name	Drug Tier	Drug Notes
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG ( <i>tofacitinib citrate</i> )	PSP	IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis)
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab-aaty</i> )	NF	
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab-aaty</i> )	NF	
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS</b>		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	G	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	G	
<i>methotrexate sodium oral tablet 2.5 mg</i>	G	
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	
<b>HEREDITARY ANGIOEDEMA</b>		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )	NF	
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML ( <i>icatibant acetate</i> )	NF	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT ( <i>c1 esterase inhibitor (human)</i> )	NPSP	
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	G	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG ( <i>berotralstat hcl</i> )	PSP	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT ( <i>c1 esterase inhibitor (recomb)</i> )	PSP	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML ( <i>lanadelumab-flyo</i> )	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (lanadelumab-flyo)	PSP	
<b>IMMUNOGLOBULIN</b>		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (immune globulin (human)-sira)	NF	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML (immune globulin (human))	NPSP	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (immune globulin (human)-hipp)	PSP	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (immune globulin (human))	NF	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (immune globulin (human))	NPSP	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (immune globulin (human))	NPSP	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (immune globulin (human))	NPSP	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (immune globulin (human))	NPSP	
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (immune globulin (human))	NPSP	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (immune globulin (human))	NPSP	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (immune globulin (human))	NPSP	
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (immune globulin (human))	NPSP	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin-hyaluronidase</i> )	NF	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NF	
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin (human)-ifas</i> )	NF	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML ( <i>immune globulin (human)</i> )	NPSP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)-klhw</i> )	NPSP	
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML ( <i>interferon gamma-1b</i> )	NPSP	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG ( <i>rilonacept</i> )	NF	
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )	NPSP	
<i>azathioprine oral tablet 50 mg</i>	G	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG ( <i>belimumab</i> )	NPSP	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML ( <i>belimumab</i> )	NPSP	
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML ( <i>belimumab</i> )	NPSP	
CELLCEPT ORAL CAPSULE 250 MG ( <i>mycophenolate mofetil</i> )	NPSP	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML ( <i>mycophenolate mofetil</i> )	NPSP	
CELLCEPT ORAL TABLET 500 MG ( <i>mycophenolate mofetil</i> )	NPSP	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>cyclosporine modified oral solution 100 mg/ml</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

190

Prescription Drug Name	Drug Tier	Drug Notes
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	G	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>satralizumab-mwge</i> )	PSP	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG ( <i>tacrolimus</i> )	NPSP	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	G	
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	G	
LUPKYNIS ORAL CAPSULE 7.9 MG ( <i>voclosporin</i> )	NF	
<i>mycophenolate mofetil oral capsule 250 mg</i>	G	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	G	
<i>mycophenolate mofetil oral tablet 500 mg</i>	G	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	G	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG ( <i>mycophenolate sodium</i> )	NPSP	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )	NPSP	
PROGRAF ORAL PACKET 0.2 MG, 1 MG ( <i>tacrolimus</i> )	NPSP	
RAPAMUNE ORAL SOLUTION 1 MG/ML ( <i>sirolimus</i> )	NPSP	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>sirolimus</i> )	NPSP	
REZUROCK ORAL TABLET 200 MG ( <i>belumosudil mesylate</i> )	NF	
SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )	NPSP	
<i>sirolimus oral solution 1 mg/ml</i>	G	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	G	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG ( <i>everolimus</i> )	NPSP	
<b>MISCELLANEOUS</b>		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML ( <i>nirsevimab-alip</i> )	NPB	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML ( <i>canakinumab</i> )	NPSP	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML ( <i>palivizumab</i> )	NPSP	
<b>VACCINES</b>		
ROTARIX ORAL SUSPENSION ( <i>rotavirus vaccine live oral</i> )	NPB	
<b>MEDICAL DEVICES</b>		
<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>		
<i>d-xylose powder</i>	NPB	
GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM ( <i>aminolevulinic acid hcl</i> )	NPB	
<b>NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS</b>		
<b>ELECTROLYTES</b>		
<i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent 25 Meq)	G	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	G	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	G	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	G	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	G	
<i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)	G	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	G	
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	G	
K-PHOS ORAL TABLET 500 MG ( <i>potassium phosphate monobasic</i> )	NPB	
<i>potassium bicarbonate</i> (K-Prime Oral Tablet Effervescent 25 Meq)	G	
<i>magnesium sulfate injection solution 50 %</i>	NPB	
<i>k phos mono-sod phos di &amp; mono</i> (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	G	
<i>phosphorous oral tablet 155-852-130 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

192

Prescription Drug Name	Drug Tier	Drug Notes
<i>k phos mono-sod phos di &amp; mono (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)</i>	G	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	G	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	G	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	G	
<i>potassium chloride oral packet 20 meq</i>	G	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	G	
<i>potassium phosphates(66 meq k) intravenous solution 45 mmole/15ml</i>	NPB	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	
<b>MISCELLANEOUS</b>		
<i>cupric chloride intravenous solution 0.4 mg/ml</i>	NPB	
<i>zinc chloride intravenous solution 1 mg/ml</i>	NPB	
<i>zinc sulfate intravenous solution 5 mg/ml</i>	NPB	
<b>PRENATAL VITAMINS</b>		
<b>ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG</b> ( <i>prenatal vit-dss-fe cbn-fa</i> )	NF	
<b>ATABEX OB ORAL TABLET 29-1 MG</b> ( <i>prenatal vit w/ fe bisg-fa</i> )	NF	
<b>azesco oral tablet 13-1 mg</b>	NF	
<b>CITRANATAL 90 DHA ORAL 90-1 &amp; 300 MG</b> ( <i>prenat w/o a-fecbgl-dss-fa-dha</i> )	NF	
<b>CITRANATAL ASSURE ORAL 35-1 &amp; 300 MG</b> ( <i>prenat w/o a-fecbgl-dss-fa-dha</i> )	NF	
<b>CITRANATAL B-CALM ORAL 20-1 MG &amp; 2 X 25 MG</b> ( <i>prenat w/o a fecbnfeglu-fa &amp;b6</i> )	NF	
<b>CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG</b> ( <i>prenat-fefmcb-dss-fa-dha w/o a</i> )	NF	
<b>c-nate dha oral capsule 28-1-200 mg</b>	NF	
<b>completenate oral tablet chewable 29-1 mg</b>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
CO-NATAL FA ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	NF	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG ( <i>prenat-fefum-fepo-fa-omega 3</i> )	NF	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG ( <i>prenat wlo a vit-fefum-fepo-fa</i> )	NF	
DERMACINRX PRETRATE ORAL TABLET 1 MG ( <i>prenatal multivit-min-fe-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 wlo a vit-fefum-fepo-fa</i> )	NF	
INATAL GT ORAL TABLET ( <i>prenatal vit-dss-fe cbn-fa</i> )	G	
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	NF	
<i>kosher prenatal plus iron oral tablet 30-1 mg</i>	NF	
<i>m-natal plus oral tablet 27-1 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 wloa-fefum-methf-omegas</i> )	NF	
<i>neonatal + dha oral 29-1 &amp; 200 mg</i>	NF	
<i>neonatal 19 oral tablet 1 mg</i>	NF	
<i>neonatal complete oral tablet 27-1 mg, 29-1 mg</i>	NF	
<i>neonatal fe oral tablet 90-1 mg</i>	NF	
NEONATAL PLUS ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	NF	
NESTABS DHA ORAL 32-1 MG ( <i>prenat-wloa-fe bisgly-fa-omega</i> )	NF	
NESTABS ONE ORAL CAPSULE 38-1-225 MG ( <i>prenat-fe-methylfol-dha wlo a</i> )	NF	
NESTABS ORAL TABLET 32-1 MG ( <i>prenat-fe bisgly-fa-wlo vit a</i> )	NF	



Prescription Drug Name	Drug Tier	Drug Notes
NIVA-PLUS ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	NF	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG ( <i>prenat-fecbn-feaspgl-fa-fish</i> )	NF	
OB COMPLETE ORAL TABLET 50-1.25 MG ( <i>prenatal vit-iron carbonyl-fa</i> )	NF	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG ( <i>prenat-fecbn-feaspgl-fa-omega</i> )	NF	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG ( <i>prenatal-fe cbn-fe asp gly-fa</i> )	NF	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG ( <i>prenat-fecbn-feaspgl-fa-omega</i> )	NF	
OBSTETRIX DHA ORAL 29-1 & 350 MG ( <i>prenatal mv-min-fe cbn-fa-dha</i> )	NF	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG ( <i>prenatal-fe cbn-fa-dha wlo a</i> )	NF	
<i>one vite womens plus oral tablet 27-1 mg</i>	NF	
<i>pnv prenatal plus multivit+dha oral 27-1 &amp; 312 mg</i>	NF	
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	NPB	
<i>pnv tabs 20-1 oral tablet 20-1 mg</i>	NF	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	G	
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	NF	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	NF	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	G	
<i>pregen dha oral capsule 28-1-35 mg</i>	NF	
<i>pregenna oral tablet 20-1 mg</i>	NF	
PREMESISRX ORAL TABLET 1 MG ( <i>prenatal ca-b6-b12-fa-ginger</i> )	NF	
<i>prena 1 true oral 30-1.4 &amp; 300 mg</i>	NF	
<i>prenal oral tablet chewable 1.4 mg</i>	NF	
<i>prenal pearl oral capsule extended release 30-1.4-200 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	
PRENATABS RX ORAL TABLET 29-1 MG ( <i>prenatal vit-iron carbonyl-fa</i> )	G	
<i>prenatal 19 oral tablet</i>	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>prenatal 19 oral tablet 29-1 mg</i>	NF	
<i>prenatal 19 oral tablet chewable</i>	G	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	NF	
<i>prenatal oral tablet 27-1 mg</i>	NF	
<i>prenatal plus oral tablet 27-1 mg</i>	NF	
PRENATAL-U ORAL CAPSULE 106.5-1 MG ( <i>prenatal w/o a vit-fe fum-fa</i> )	NF	
PRENATE AM ORAL TABLET 1 MG ( <i>prenatal ca-b6-b12-fa-ginger</i> )	NF	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )	NF	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG ( <i>prenatal-feasp-gly-methylfol-fa</i> )	NF	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	NF	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )	NF	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG ( <i>prenat-fecbn-feasp-meth-fa-dha</i> )	NF	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG ( <i>prenat mv-min-methylfolate-fa</i> )	NF	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )	NF	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	NF	
PRENATRIX ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	NF	
PRENATRYL ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	NF	
<i>prenatvite complete oral tablet 1 mg</i>	NF	
<i>prenatvite plus oral tablet 1 mg</i>	NF	
<i>prenatvite rx oral tablet 0.8 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	
<i>relnate dha oral capsule 28-1-200 mg</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

196

Prescription Drug Name	Drug Tier	Drug Notes
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (prenat vit-fepoly-methylfol-fa)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (prenatal vit-fe psac cmlx-fa)	NF	
SELECT-OB+DHA ORAL 29-1 & 250 MG (prenatal vit-fepoly-fa-dha)	NF	
se-natal 19 oral tablet 29-1 mg	NF	
se-natal 19 oral tablet chewable 29-1 mg	NF	
TARON-C DHA ORAL CAPSULE 35-1 MG (prenat-fefum-fepo-fa-omega 3)	NF	
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	NPB	
thrivite rx oral tablet 29-1 mg	NF	
trinatal rx 1 oral tablet 60-1 mg	NF	
TRINATE ORAL TABLET (prenatal vit-fe fumarate-fa)	G	
tristart dha oral capsule 31-0.6-0.4-200 mg	NF	
VINATE DHA RF ORAL CAPSULE 27-1.13 MG (prenat wloa-fefum-methf-omegas)	NF	
VINATE II ORAL TABLET 29-1 MG (prenatal vit w/ fe bisg-fa)	NF	
VINATE ONE ORAL TABLET 60-1 MG (prenatal vit-fe fumarate-fa)	NF	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	NF	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (prenatal vit-fe phos-fa-omega)	NF	
VITAFOL STRIPS ORAL FILM 1 MG (prenatal-b6-b12-d3-folic acid)	NF	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	NF	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (prenatal-fe fum-methf-fa wlo a)	NF	
VITAFOL-OB ORAL TABLET (prenatal vit-fe fumarate-fa)	NF	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	NF	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (prenatal vit-fepoly-fa-dha)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG ( <i>prenat w/o a-fe-methfol-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	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	NF	
VITATRUE ORAL 30-1.4 & 300 MG ( <i>prenat-fechel-fa-dha w/o vit a</i> )	NF	
VIVA DHA ORAL CAPSULE 28-1-200 MG ( <i>prenatal vit-fe fum-fa-omega</i> )	NF	
<i>wescap-c dha oral capsule 53.5-38-1 mg</i>	NF	
<i>wescap-pn dha oral capsule 27-0.6-0.4-300 mg</i>	NF	
<i>wesnatal dha complete oral 29-1-200 &amp; 200 mg</i>	NF	
<i>wesnate dha oral capsule 28-1-200 mg</i>	NF	
<i>westab plus oral tablet 27-1 mg</i>	NF	
<i>westgel dha oral capsule 31-0.6-0.4-200 mg</i>	NF	
<i>zalvit oral tablet 13-1 mg</i>	NF	
<i>ziphex oral tablet 13-1 mg</i>	NF	
<b>VITAMINS - VITAMINS AND SUPPLEMENTS</b>		
ACCRUFER ORAL CAPSULE 30 MG ( <i>ferric maltol</i> )	NF	
<i>active fe oral tablet 75-1.25 mg</i>	NPB	
<i>activite oral tablet 1 mg</i>	NF	
<i>adclf (0.5mg/ml) oral solution 0.5 mg/ml</i>	G	
<i>folic acid-vit b6-vit b12 (Airavite Oral Tablet 2.5-25-1 Mg)</i>	G	
AMLADEX ORAL TABLET ( <i>multiple vitamin</i> )	NF	
ASTAMED MYO ORAL CAPSULE ( <i>astaxanthin-tocotrienol-zn-d3</i> )	NF	
<i>b-6 folic acid oral capsule 8.333-100-1 mg</i>	NPB	
BACMIN ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
BENTIVITE ORAL TABLET 35-1 MG ( <i>ferrous sulfate-folic acid</i> )	NF	
<i>biocel oral tablet</i>	G	
<i>bp vit 3 oral capsule 1 mg</i>	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

198

Prescription Drug Name	Drug Tier	Drug Notes
<i>b-plex oral tablet</i>	G	
<i>b-plex plus oral tablet</i>	G	
CALCIFOL ORAL WAFER 1342-1.6 MG ( <i>ca carb-fa-d-b6-b12-boron-mg</i> )	NPB	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	G	
<i>calcitriol oral solution 1 mcg/ml</i>	G	
<i>calcium gluconate intravenous solution 10 %</i>	NPB	
CENFOL ORAL TABLET 2.3-24.5-2 MG ( <i>folic acid-vit b6-vit b12</i> )	NPB	
CHOLEXMAX ORAL POWDER ( <i>dietary management product</i> )	NF	
CHOLEXTRA T/F ORAL POWDER ( <i>dietary management product</i> )	NF	
CIFEREX ORAL CAPSULE 1-3775 MG-UNIT ( <i>folic acid-cholecalciferol</i> )	NF	
CORVITE 150 ORAL TABLET ( <i>iron combinations</i> )	NPB	
<i>corvite fe oral tablet</i>	NPB	
<i>cvs folic acid oral tablet 800 mcg</i>	CE	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	G	
<i>dayavite oral tablet</i>	NF	
DERMACINRX DAVIMET ORAL TABLET CHEWABLE ( <i>multiple vitamin</i> )	NF	
DERMACINRX DOTREMIN ORAL TABLET 1-10000 MG-UNIT ( <i>folic acid-cholecalciferol</i> )	NF	
DERMACINRX FOLTAMIN ORAL TABLET 125-1 MCG-MG ( <i>folic acid-cholecalciferol</i> )	NF	
DERMACINRX MULTITAM ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
DERMACINRX RIBOTIN-E ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
DERMACINRX ZINTREXYL-C ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
<i>b complex-c-folic acid</i> (Dexifol Oral Tablet 5 Mg)	NF	
DIALYVITE SUPREME D ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
DIALYVITE/ZINC ORAL TABLET ( <i>b complex-c-zn-folic acid</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
DIATROL ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	G	N8 (Listing does not include certain NDCs)
ELFOLATE PLUS ORAL TABLET 3-35-2 MG ( <i>l-methylfolate-b6-b12</i> )	NF	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	G	
FA-8 ORAL CAPSULE 0.8 MG ( <i>folic acid</i> )	CE	
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>	G	
<i>ferocon oral capsule</i>	G	
<i>ferotrinsic oral capsule</i>	G	
<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i> (Ferrocite Plus Oral Tablet 106-1 Mg)	G	
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	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML ( <i>pediatric multivitamins-fl</i> )	NF	
<i>folagent dha oral capsule</i>	NF	
<i>folamax oral tablet</i>	NF	
<i>folamed dha oral capsule</i>	NF	
<i>folate oral tablet 400 mcg</i>	CE	
<i>folbee oral tablet 2.5-25-1 mg</i>	G	
<i>folbee plus oral tablet</i>	G	
FOLBIC ORAL TABLET 2.5-25-2 MG ( <i>fa-pyridoxine-cyanocobalamin</i> )	NPB	
FOLCYTEINE ORAL TABLET ( <i>multiple vitamin</i> )	NF	
FOLDITAM ORAL TABLET 1-10000 MG-UNIT ( <i>folic acid-cholecalciferol</i> )	NF	
FOLGARD OS ORAL TABLET 500-1.1 MG ( <i>multiple vit-min-calcium-fa</i> )	NF	
<i>folic acid injection solution 5 mg/ml</i>	G	
<i>folic acid oral capsule 0.8 mg</i>	CE	
<i>folic acid oral tablet 400 mcg</i>	CE	
FOLI-D ORAL TABLET 1-2000 MG-UNIT ( <i>folic acid-cholecalciferol</i> )	NF	

Prescription Drug Name	Drug Tier	Drug Notes
FOLIFLEX ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
<i>folite oral tablet</i>	NF	
FOLITIN-Z ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	G	
FOLTANX RF ORAL CAPSULE 3-90.314-2-35 MG ( <i>l-methylfolate-algae-b12-b6</i> )	NPB	
<i>foltrin oral capsule</i>	G	
<i>folic acid-cholecalciferol</i> (Folvite-D Oral Tablet 1-3775 Mg-Unit)	NF	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT ( <i>genistein-zn chelate-vit d</i> )	NF	
FOSTEUM PLUS ORAL CAPSULE ( <i>dietary management product</i> )	NF	
FUSION PLUS ORAL CAPSULE ( <i>iron-fa-b cmp-c-biot-probiotic</i> )	NPB	
GENICIN VITA-D ORAL TABLET 1-3775 MG-UNIT ( <i>folic acid-cholecalciferol</i> )	NF	
GENICIN VITA-Q ORAL TABLET ( <i>multiple vitamin</i> )	NF	
<i>b complex-c-folic acid</i> (Genicin Vita-S Oral Tablet 1 Mg)	NF	
<i>gnp folic acid oral tablet 400 mcg</i>	CE	
<i>hematinic plus vit/minerals oral tablet 106-1 mg</i>	G	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG ( <i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i> )	NPB	
<i>hylavite oral tablet</i>	NF	
<i>hylazinc oral tablet</i>	NF	
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG ( <i>iron-vit c-vit b12-folic acid</i> )	NF	
<i>iron polysacch cmplx-b12-fa</i> (IfereX 150 Forte Oral Capsule 150-25-1 Mg-Mcg-Mg)	G	
INFUVITE ADULT INTRAVENOUS INJECTABLE ( <i>multiple vitamin</i> )	NF	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION ( <i>pediatric multiple vitamins</i> )	NF	
INTEGRA PLUS ORAL CAPSULE ( <i>fefum-fepoly-fa-b cmp-c-biot</i> )	NPB	
<i>keyfolic oral tablet</i>	NF	
KEYLOSA ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
<i>fefum-fepo-fa-b cmp-c-zn-mn-cu</i> (K-Tan Plus Oral Capsule 162-115.2-1 Mg)	G	
LDL CARE ORAL POWDER ( <i>dietary management product</i> )	NF	
<i>l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg</i>	NPB	
<i>multiple vitamins-minerals</i> (Lysiplex Plus Oral Tablet)	G	
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG ( <i>methylfol-algae-b12-acetylcyst</i> )	NPB	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG ( <i>fe asp gly-succ-c-thre-b12-fa</i> )	NPB	
MULTIGEN ORAL TABLET 70 MG ( <i>fe-succ-c-thre-b12-des stomach</i> )	NPB	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG ( <i>feasp-fefum -suc-c-thre-b12-fa</i> )	NPB	
<i>multi-pro oral capsule</i>	NF	
<i>multi-vitiron/fluoride oral solution 0.25-10 mg/ml</i>	G	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	NF	
<i>multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	G	
<i>multi-vitamin/fluoride oral solution 0.5 mg/ml</i>	G	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	G	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	G	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG ( <i>pediatric multivitamins-fl</i> )	NF	
NEOKE BCAA4 ORAL POWDER ( <i>dietary management product</i> )	NF	
<i>neoke bhb oral powder</i>	NF	
<i>neovite oral tablet</i>	NF	
NEPHPLEX RX ORAL TABLET ( <i>b complex-c-zn-folic acid</i> )	NF	
<i>b complex-c-folic acid</i> (Nephronex Oral Tablet)	G	
NICADAN ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
NICAPRIN ORAL TABLET ( <i>dietary management product</i> )	NF	
NICAZEL FORTE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
NICAZEL ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG ( <i>niacinamide-zn-cu-methfo-se-cr</i> )	NF	

Prescription Drug Name	Drug Tier	Drug Notes
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	NF	
<i>nitrovia oral capsule</i>	NF	
<i>folic acid-vit b6-vit b12 (Nufol Oral Tablet 2.5-25-1 Mg)</i>	G	
NUTRICAP ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
<i>multiple vitamins-minerals (Nutrifac Zx Oral Tablet)</i>	G	
OCUVEL ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	NF	
<i>onevite oral tablet</i>	NF	
<i>ortho df oral capsule 1-3775 mg-unit</i>	NF	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	G	
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	G	
<i>phytonadione oral tablet 5 mg</i>	G	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	G	
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	G	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML ( <i>pediatric multivitamins-fl</i> )	NF	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG ( <i>pediatric multivitamins-fl</i> )	NF	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML ( <i>ped multivitamins-fl-iron</i> )	NF	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5- 10 MG ( <i>ped multivitamins-fl-iron</i> )	NF	
<i>profola oral tablet</i>	NF	
<i>pyridoxine hcl injection solution 100 mg/ml</i>	NPB	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG ( <i>multi vit-min-fluoride-fe-fa</i> )	NF	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML ( <i>ped multivitamins-fl-iron</i> )	NF	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML ( <i>pediatric multivitamins-fl</i> )	NF	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG ( <i>pediatric multivitamins-fl</i> )	NF	
<i>ra folic acid oral tablet 400 mcg</i>	CE	
REMEDIENT ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )	NF	
RENATABS WITH IRON ORAL 1 & 100 MG ( <i>b complex-c- biotin-e-fa-fe cbn</i> )	NF	
<i>reno caps oral capsule 1 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
RHEUMATE ORAL CAPSULE ( <i>dietary management product</i> )	NF	
SIDEROL ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
<i>sm folic acid oral tablet 400 mcg</i>	CE	
STROVITE FORTE ORAL SYRUP ( <i>multiple vitamins-minerals</i> )	NF	
STROVITE ONE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
<i>support oral liquid</i>	NF	
TALIVA ORAL CAPSULE 1 MG ( <i>fa-b6-b12-omega 3-phytosterols</i> )	NF	
TOBAKIENT ORAL CAPSULE ( <i>dietary management product</i> )	NF	
<i>fe fumarate-b12-vit c-fa-ifc</i> (Tricon Oral Capsule)	G	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML ( <i>ped vit a-c-d-methylfolate-fl</i> )	NF	
<i>tri-vi-floro oral suspension 0.25 mg/ml, 0.5 mg/ml</i>	NF	
<i>tri-vitelfluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	G	
<i>tronvite oral tablet 1 mg</i>	NF	
UDAMIN SP ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
VASCULERA ORAL TABLET ( <i>dietary management product</i> )	NF	
<i>vb6 p5p oral powder</i>	NF	
<i>v-c forte oral capsule</i>	G	
VENEXA FE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
VENEXA ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
VENTRIXYL FE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
VENTRIXYL ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
<i>multiple vitamins-minerals</i> (Vic-Forte Oral Capsule)	G	
<i>virt-caps oral capsule 1 mg</i>	G	
<i>multiple vitamins-minerals</i> (Vita S Forte Oral Tablet)	G	
<i>multiple vitamins-minerals</i> (Vitacel Oral Tablet)	G	
VITAMEZ ORAL CAPSULE 1 MG ( <i>fa-b6-b12-omega 3-phytosterols</i> )	NPB	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

204

Prescription Drug Name	Drug Tier	Drug Notes
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	G	
<i>vita-min oral capsule</i>	G	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	G	
VITAROCA PLUS ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
<i>vitasure oral tablet 1 mg</i>	NF	
VITLIPID N INFANT INTRAVENOUS EMULSION ( <i>pediatric multiple vitamins</i> )	NF	
VITRAMYN ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
VITRANOL FE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
VITRANOL ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
VITREXATE FE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
VITREXATE ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
VITREXYL + IRON ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
VITREXYL ORAL TABLET ( <i>multiple vitamins-minerals</i> )	NF	
<i>wellfola oral tablet</i>	NF	
<i>xyzbac oral tablet</i>	NF	
<i>yl folic acid oral tablet 400 mcg</i>	CE	
<b>OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS</b>		
<b>ANTIALLERGENICS - DRUGS TO TREAT ALLERGIES</b>		
ALOCRILOPHthalmic SOLUTION 2 % ( <i>nedocromil sodium</i> )	NPB	
ALOMIDOPHthalmic SOLUTION 0.1 % ( <i>lodoxamide tromethamine</i> )	NPB	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	G	
BEPREVEOPHthalmic SOLUTION 1.5 % ( <i>bepotastine besilate</i> )	NF	
<i>cromolyn sodium ophthalmic solution 4 %</i>	G	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	G	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	G	
<b>ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA</b>		
ALPHAGAN P OPHthalmic SOLUTION 0.1 % ( <i>brimonidine tartrate</i> )	PB	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
AZOPT OPHTHALMIC SUSPENSION 1 % ( <i>brinzolamide</i> )	NF	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	G	
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>	G	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	G	
<i>carteolol hcl ophthalmic solution 1 %</i>	G	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % ( <i>brimonidine tartrate-timolol</i> )	NF	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % ( <i>dorzolamide hcl-timolol mal</i> )	NF	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	NPB	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	G	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	G	
IOPIDINE OPHTHALMIC SOLUTION 1 % ( <i>apraclonidine hcl</i> )	NPB	
ISTALOL OPHTHALMIC SOLUTION 0.5 % ( <i>timolol maleate</i> )	NF	
<i>latanoprost ophthalmic solution 0.005 %</i>	G	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	G	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % ( <i>bimatoprost</i> )	NF	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	G	
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>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	G	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	G	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	G	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % ( <i>timolol maleate</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

206

Prescription Drug Name	Drug Tier	Drug Notes
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (travoprost)	NF	
VUITY OPHTHALMIC SOLUTION 1.25 % (pilocarpine hcl)	NF	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (latanoprostene bunod)	NF	
XELPROS OPHTHALMIC EMULSION 0.005 % (latanoprost)	NF	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (tafluprost)	NPB	
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION</b>		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	G	
<i>double pm ophthalmic solution reconstituted 1-0.5 %</i>	NF	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	G	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	G	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	G	
<i>bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)</i>	G	
<i>prednisolone-gatifloxacin ophthalmic suspension 1-0.5 %</i>	NF	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	NF	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	NF	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	G	
<i>triple pmb ophthalmic solution reconstituted 1-0.5-0.09 %</i>	NF	
<i>triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %</i>	NF	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	NPB	
<b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>		
AZASITE OPHTHALMIC SOLUTION 1 % (azithromycin)	NF	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	G	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	G	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (besifloxacin hcl)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
CILOXAN OPHTHALMIC OINTMENT 0.3 % ( <i>ciprofloxacin hcl</i> )	NF	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	G	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	G	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	G	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	G	
KLARITY-A OPHTHALMIC SOLUTION 1 % ( <i>azithromycin</i> )	NF	
MITOSOL OPHTHALMIC KIT 0.2 MG ( <i>mitomycin</i> )	NPB	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	G	
NATACYN OPHTHALMIC SUSPENSION 5 % ( <i>natamycin</i> )	NPB	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	G	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	G	
<i>neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)</i>	G	
<i>ofloxacin ophthalmic solution 0.3 %</i>	G	
<i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)</i>	G	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	G	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	G	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	G	
<i>tobramycin ophthalmic solution 0.3 %</i>	G	
TOBREX OPHTHALMIC OINTMENT 0.3 % ( <i>tobramycin</i> )	NPB	
<i>trifluridine ophthalmic solution 1 %</i>	G	
ZIRGAN OPHTHALMIC GEL 0.15 % ( <i>ganciclovir</i> )	NF	
<b>ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION</b>		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % ( <i>ketorolac tromethamine</i> )	NF	
ALREX OPHTHALMIC SUSPENSION 0.2 % ( <i>loteprednol etabonate</i> )	NPB	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

208



Prescription Drug Name	Drug Tier	Drug Notes
BROMSITE OPHTHALMIC SOLUTION 0.075 % ( <i>bromfenac sodium</i> )	NF	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	G	
DEXTENZA OPHTHALMIC INSERT 0.4 MG ( <i>dexamethasone</i> )	NF	
DEXYCU INTRAOCULAR SUSPENSION 9 % ( <i>dexamethasone</i> )	NF	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % ( <i>difluprednate</i> )	NPB	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % ( <i>loteprednol etabonate</i> )	NPB	
FLAREX OPHTHALMIC SUSPENSION 0.1 % ( <i>fluorometholone acetate</i> )	NF	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	G	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % ( <i>fluorometholone</i> )	NF	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % ( <i>fluorometholone</i> )	NF	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % ( <i>nepafenac</i> )	NF	
INVELTYS OPHTHALMIC SUSPENSION 1 % ( <i>loteprednol etabonate</i> )	NF	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	G	
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 % ( <i>loteprednol etabonate</i> )	NF	
LOTEMAX OPHTHALMIC GEL 0.5 % ( <i>loteprednol etabonate</i> )	NF	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % ( <i>loteprednol etabonate</i> )	NF	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % ( <i>loteprednol etabonate</i> )	NF	
LOTEMAX SM OPHTHALMIC GEL 0.38 % ( <i>loteprednol etabonate</i> )	NF	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	G	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % ( <i>dexamethasone</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
NEVANAC OPHTHALMIC SUSPENSION 0.1 % ( <i>nepafenac</i> )	NF	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG ( <i>dexamethasone</i> )	NPSP	
PRED FORTE OPHTHALMIC SUSPENSION 1 % ( <i>prednisolone acetate</i> )	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % ( <i>prednisolone acetate</i> )	NF	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	G	
<i>prednisolone acetate p-f ophthalmic suspension 1 %</i>	NF	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	NPB	
PROLENSA OPHTHALMIC SOLUTION 0.07 % ( <i>bromfenac sodium</i> )	NF	
<b>DRY EYE DISEASE</b>		
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	
<b>MISCELLANEOUS</b>		
AKTEN OPHTHALMIC GEL 3.5 % ( <i>lidocaine hcl</i> )	NPB	
<i>tetracaine hcl</i> (Altacaine Ophthalmic Solution 0.5 %)	G	
<i>phenylephrine hcl</i> (Altafrin Ophthalmic Solution 10 %, 2.5 %)	G	
<i>atropine sulfate ophthalmic ointment 1 %</i>	G	
<i>atropine sulfate ophthalmic solution 1 %</i>	NPB	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	G	
CYCLOSPORINE IN KLARITY OPHTHALMIC EMULSION 0.1 % ( <i>cyclosporine</i> )	NF	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % ( <i>cysteamine hcl</i> )	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % ( <i>cysteamine hcl</i> )	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

210

Prescription Drug Name	Drug Tier	Drug Notes
LACRISERT OPHTHALMIC INSERT 5 MG ( <i>artificial tear insert</i> )	NF	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	G	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	G	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	G	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	G	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT ( <i>varenicline tartrate</i> )	NF	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % ( <i>oxymetazoline hcl</i> )	NF	
VERKAZIA OPHTHALMIC EMULSION 0.1 % ( <i>cyclosporine</i> )	NF	
<b>RETINAL DISORDERS</b>		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML ( <i>ranibizumab-nuna</i> )	PSP	
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML ( <i>ranibizumab-eqrn</i> )	PSP	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML ( <i>aflibercept</i> )	NF	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML ( <i>aflibercept</i> )	NF	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML ( <i>ranibizumab</i> )	NF	
<b>OTHER</b>		
<b>IRRIGATION SOLUTIONS</b>		
<i>water for irrigation, sterile</i> (Argyle Sterile Water Irrigation Solution)	G	
<i>lactated ringers irrigation solution</i>	G	
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	G	
<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	G	
<i>ringers irrigation irrigation solution</i>	G	
<i>sterile water for irrigation irrigation solution</i>	G	
<i>ringers irrigation</i> (Tis-U-Sol Irrigation Solution)	G	

Prescription Drug Name	Drug Tier	Drug Notes
<b>RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS</b>		
<b>ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT</b>		
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	
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG ( <i>alpha1-proteinase inhibitor</i> )	PSP	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG ( <i>alpha1-proteinase inhibitor</i> )	PSP	
<b>ANAPHYLAXIS TREATMENT AGENTS</b>		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML ( <i>epinephrine</i> )	NF	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML ( <i>epinephrine</i> )	PB	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	G	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	NF	
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	NF	N8 (Listing does not include certain NDCs)
<i>epinephrine professional injection kit 1 mg/ml</i>	NF	
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )	NF	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )	NF	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML ( <i>epinephrine</i> )	NF	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML ( <i>epinephrine</i> )	NF	
EPISNAP INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )	NF	

Prescription Drug Name	Drug Tier	Drug Notes
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD</b>		
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT ( <i>fluticasone-salmeterol</i> )	NF	
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	
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	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT ( <i>ipratropium-albuterol</i> )	NPB	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcglact, 232-14 mcglact, 55-14 mcglact</i>	NF	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	G	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT ( <i>tiotropium bromide-olodaterol</i> )	PB	
<b>ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD</b>		
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	
<b>ANTICHOLINERGICS</b>		
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>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	G	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG ( <i>tiotropium bromide monohydrate</i> )	PB	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	PB	
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	
<b>ANTIHISTAMINE COMBINATIONS</b>		
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT ( <i>azelastine-fluticasone</i> )	NF	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT ( <i>olopatadine-mometasone</i> )	NF	
<b>ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES</b>		
<i>azelastine hcl nasal solution 0.15 %, 137 mcg/spray</i>	G	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	G	
<i>carbinoxamine maleate oral tablet 4 mg</i>	G	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NF	
<i>cetirizine hcl oral solution 1 mg/ml</i>	G	
<i>clemastine fumarate oral tablet 2.68 mg</i>	G	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	G	
<i>cyproheptadine hcl oral tablet 4 mg</i>	G	N8 (Listing does not include certain NDCs)
<i>desloratadine oral tablet 5 mg</i>	G	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	G	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	G	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	G	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	G	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML ( <i>carbinoxamine maleate</i> )	NPB	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	G	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

214

Prescription Drug Name	Drug Tier	Drug Notes
<i>olopatadine hcl nasal solution 0.6 %</i>	G	
RYCLORA ORAL SOLUTION 2 MG/5ML ( <i>dexchlorpheniramine maleate</i> )	NF	
RYVENT ORAL TABLET 6 MG ( <i>carbinoxamine maleate</i> )	G	
<b>BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD</b>		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact</i>	G	N8 (Listing does not include certain NDCs)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	G	
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	G	N8 (Listing does not include certain NDCs)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	G	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	G	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML ( <i>arformoterol tartrate</i> )	NF	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	G	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/lact</i>	G	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML ( <i>formoterol fumarate</i> )	NPB	
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	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	G	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT ( <i>albuterol sulfate</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT ( <i>levalbuterol tartrate</i> )	NF	
<b>COLD/COUGH</b>		
ADRENALIN NASAL SOLUTION 0.1 % ( <i>epinephrine hcl</i> ( <i>nasal</i> ))	NPB	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	G	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG ( <i>desloratadine-</i> <i>pseudoephedrine</i> )	NPB	
<i>g tussin ac oral solution 100-10 mg/5ml</i>	G	
<i>guaiaatussin ac oral syrup 100-10 mg/5ml</i>	G	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	G	
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML ( <i>hydrocodone bit-homatrop mbr</i> )	NF	
HYCODAN ORAL TABLET 5-1.5 MG ( <i>hydrocodone bit-</i> <i>homatrop mbr</i> )	NF	
<i>hydrocod poli-chlorphe poli er oral suspension extended release</i> <i>10-8 mg/5ml</i>	G	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	G	
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	G	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	G	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	G	
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	G	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	G	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	G	N8 (Listing does not include certain NDCs)
TUSNEL C ORAL SYRUP 30-10-100 MG/5ML ( <i>pseudoephedrine-codeine-gg</i> )	NPB	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ( <i>chlorpheniramine-codeine</i> )	NF	
<i>virtussin a/c oral solution 100-10 mg/5ml</i>	G	
<b>CYSTIC FIBROSIS</b>		
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML ( <i>tobramycin</i> )	NF	
BRONCHITOL INHALATION CAPSULE 40 MG ( <i>mannitol (cystic fibrosis)</i> )	NF	

Prescription Drug Name	Drug Tier	Drug Notes
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG ( <i>mannitol (cystic fibrosis)</i> )	NF	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG ( <i>aztreonam lysine</i> )	NF	
KALYDECO ORAL PACKET 13.4 MG, 5.8 MG ( <i>ivacaftor</i> )	NPSP	
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG ( <i>ivacaftor</i> )	NPB	
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> )	NPB	
ORKAMBI ORAL PACKET 75-94 MG ( <i>lumacaftor-ivacaftor</i> )	NPSP	
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG ( <i>lumacaftor-ivacaftor</i> )	NPB	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML ( <i>dornase alfa</i> )	NPSP	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG ( <i>tezacaftor-ivacaftor</i> )	NPB	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG ( <i>tobramycin</i> )	NF	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	G	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG ( <i>elexacaftor-tezacaftor-ivacafti</i> )	NPB	
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG ( <i>elexacaftor-tezacaftor-ivacafti</i> )	NPSP	
<b>LEUKOTRIENE MODIFIERS</b>		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	NF	
ZYFLO ORAL TABLET 600 MG ( <i>zileuton</i> )	NPB	
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES</b>		
<i>montelukast sodium oral packet 4 mg</i>	G	
<i>montelukast sodium oral tablet 10 mg</i>	G	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
SINGULAIR ORAL PACKET 4 MG ( <i>montelukast sodium</i> )	NF	
SINGULAIR ORAL TABLET 10 MG ( <i>montelukast sodium</i> )	NF	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG ( <i>montelukast sodium</i> )	NF	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	G	
<b>MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	G	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	G	
DALIRESP ORAL TABLET 250 MCG, 500 MCG ( <i>roflumilast</i> )	NF	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % ( <i>sodium chloride</i> )	NPB	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	G	
<b>NASAL STEROIDS - DRUGS TO TREAT ALLERGIES</b>		
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	G	
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	G	
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	G	
OMNARIS NASAL SUSPENSION 50 MCG/ACT ( <i>ciclesonide</i> )	NF	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT ( <i>beclomethasone diprop (nasal)</i> )	NF	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT ( <i>beclomethasone diprop (nasal)</i> )	NF	
SINUVA NASAL IMPLANT 1350 MCG ( <i>mometasone furoate</i> )	NF	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT ( <i>fluticasone propionate</i> )	NPB	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT ( <i>ciclesonide</i> )	NF	
<b>PULMONARY FIBROSIS AGENTS</b>		
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	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

218

Prescription Drug Name	Drug Tier	Drug Notes
<i>pirfenidone oral tablet 534 mg</i>	NF	
<b>SEVERE ASTHMA AGENTS</b>		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML ( <i>benralizumab</i> )	PSP	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML ( <i>mepolizumab</i> )	PSP	
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG ( <i>mepolizumab</i> )	NF	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML ( <i>tezepelumab-ekko</i> )	PSP	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML ( <i>omalizumab</i> )	PSP	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML ( <i>omalizumab</i> )	PSP	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG ( <i>omalizumab</i> )	PSP	
<b>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</b>		
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 (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )	NF	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT ( <i>mometasone furoate</i> )	NF	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
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, 0.5 mg/2ml, 1 mg/2ml</i>	G	
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcglact, 250 mcglact, 50 mcglact</i>	NF	
<i>fluticasone propionate hfa inhalation aerosol 110 mcglact, 220 mcglact</i>	NF	N8 (Covered for members age 6 years and younger)
<i>fluticasone propionate hfa inhalation aerosol 44 mcglact</i>	NF	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT ( <i>budesonide</i> )	PB	
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)
<b>STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD</b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT ( <i>fluticasone-salmeterol</i> )	NF	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT ( <i>fluticasone-salmeterol</i> )	NF	
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	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT ( <i>fluticasone furoate-vilanterol</i> )	PB	N8 (Listing does not include certain NDCs)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	PB	
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcglact, 80-4.5 mcglact</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

220

Prescription Drug Name	Drug Tier	Drug Notes
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT ( <i>aclidinium br-formoterol fum</i> )	NF	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT ( <i>mometasone furo-formoterol fum</i> )	NPB	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcglact, 200-25 mcglact</i>	NF	
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcglact, 230-21 mcglact, 45-21 mcglact</i>	NF	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact</i>	G	N8 (Listing does not include certain NDCs)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate</i> )	NF	
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	G	
<b>XANTHINES - DRUGS TO TREAT COPD</b>		
<i>theophylline</i> (Elixophyllin Oral Elixir 80 Mg/15MI)	NPB	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline</i> )	NF	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	G	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	G	
<i>theophylline oral elixir 80 mg/15ml</i>	G	
<b>TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS</b>		
<b>DERMATOLOGY, ACNE</b>		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG ( <i>isotretinoin micronized</i> )	NF	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG ( <i>isotretinoin</i> )	NPB	
ACANYA EXTERNAL GEL 1.2-2.5 % ( <i>clindamycin phos-benzoyl perox</i> )	NF	
ACZONE EXTERNAL GEL 5 %, 7.5 % ( <i>dapsone</i> )	NF	
<i>adainzde external gel 0.3-2.5-1 %</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
<i>adainzoxia external gel 0.3-2.5-4 %</i>	NF	
<i>adapalene external cream 0.1 %</i>	G	
<i>adapalene external gel 0.1 %, 0.3 %</i>	G	
<i>adapalene external pad 0.1 %</i>	NF	
<i>adapalene external solution 0.1 %</i>	NF	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	G	
AKLIEF EXTERNAL CREAM 0.005 % ( <i>trifarotene</i> )	PB	
ALTRENO EXTERNAL LOTION 0.05 % ( <i>tretinoin</i> )	NF	
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	G	
AMZEEQ EXTERNAL FOAM 4 % ( <i>minocycline hcl micronized</i> )	NF	
ARAZLO EXTERNAL LOTION 0.045 % ( <i>tazarotene</i> )	NF	
ATRALIN EXTERNAL GEL 0.05 % ( <i>tretinoin</i> )	NF	
AZELEX EXTERNAL CREAM 20 % ( <i>azelaic acid</i> )	NF	
BENZEPRO CREAMY WASH EXTERNAL LIQUID 7 % ( <i>benzoyl peroxide</i> )	NPB	
<i>benzoyl peroxide</i> (Benzepro External Foam 5.3 %)	G	
<i>benzoyl perox-hydrocortisone external lotion 5-0.5 %</i>	G	
<i>benzoyl peroxide external foam 9.8 %</i>	G	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	G	
<i>bp wash external liquid 2.5 %</i>	G	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	
CLENIA PLUS EXTERNAL SUSPENSION 9-4.25 % ( <i>sulfacetamide sodium-sulfur</i> )	NF	
<i>clindamycin phosphate</i> (Clindacin Etz External Swab 1 %)	G	
<i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)	G	
CLINDAGEL EXTERNAL GEL 1 % ( <i>clindamycin phosphate</i> )	NF	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	G	
<i>clindamycin phosphate external foam 1 %</i>	G	
<i>clindamycin phosphate external gel 1 %</i>	NF	
<i>clindamycin phosphate external lotion 1 %</i>	G	
<i>clindamycin phosphate external solution 1 %</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

222



Prescription Drug Name	Drug Tier	Drug Notes
<i>clindamycin phosphate external swab 1 %</i>	G	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	G	N8 (Listing does not include certain NDCs)
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % ( <i>clindamycin-tretinoin-cholesty</i> )	NF	
<i>dapsone external gel 5 %</i>	G	
DIFFERIN EXTERNAL LOTION 0.1 % ( <i>adapalene</i> )	NF	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % ( <i>adapalene-benzoyl peroxide</i> )	PB	
<i>ery external pad 2 %</i>	G	
<i>erythromycin external gel 2 %</i>	G	
<i>erythromycin external solution 2 %</i>	G	
FABIOR EXTERNAL FOAM 0.1 % ( <i>tazarotene</i> )	NF	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	G	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	NF	
<i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel 1.2-5 %)	G	
NUCARACLINPAK EXTERNAL KIT 1 % ( <i>clindamycin phos- moisturizer</i> )	NF	
NUCARARXPAK EXTERNAL KIT 1-2.5 % ( <i>clindamycin-benzoyl per-moist</i> )	NF	
ONEXTON EXTERNAL GEL 1.2-3.75 % ( <i>clindamycin phos-benzoyl perox</i> )	PB	
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 % ( <i>benzoyl peroxide</i> )	NPB	
PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID 7 % ( <i>benzoyl peroxide</i> )	NPB	
<i>resorcinol-sulfur external lotion 2-5 %</i>	G	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % ( <i>tretinoin microsphere</i> )	NF	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % ( <i>tretinoin microsphere</i> )	NF	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	G	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	G	N8 (Listing does not include certain NDCs)
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	NF	
<i>sulfacetamide sodium-sulfur external suspension 9-4.25 %</i>	NF	
<i>sulfamez wash external emulsion 10-1 %</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>tazarotene external foam 0.1 %</i>	NF	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	G	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	G	
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	G	
<i>tretinoin microsphere pump external gel 0.04 %</i>	G	
TWYNEO EXTERNAL CREAM 0.1-3 % ( <i>tretinoin-benzoyl peroxide</i> )	PB	
<i>benzoyl perox-hydrocortisone</i> (Vanoxide-Hc External Lotion 5-0.5 %)	NF	
VELTIN EXTERNAL GEL 1.2-0.025 % ( <i>clindamycin-tretinoin</i> )	NF	
WINLEVI EXTERNAL CREAM 1 % ( <i>clascoterone</i> )	NPB	
<i>zaclir cleansing external lotion 8 %</i>	NPB	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	
ZIANA EXTERNAL GEL 1.2-0.025 % ( <i>clindamycin-tretinoin</i> )	NF	
<b>DERMATOLOGY, ACTINIC KERATOSIS</b>		
CARAC EXTERNAL CREAM 0.5 % ( <i>fluorouracil</i> )	NF	
<i>fluorouracil external cream 0.5 %</i>	NF	
<i>fluorouracil external cream 5 %</i>	G	
<i>fluorouracil external solution 2 %, 5 %</i>	G	
<i>imiquimod external cream 5 %</i>	G	
<i>imiquimod pump external cream 3.75 %</i>	G	
KLISYRI EXTERNAL OINTMENT 1 % ( <i>tirbanibulin</i> )	NF	
TOLAK EXTERNAL CREAM 4 % ( <i>fluorouracil</i> )	NPB	
ZYCLARA EXTERNAL CREAM 3.75 % ( <i>imiquimod</i> )	NF	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % ( <i>imiquimod</i> )	NF	
<b>DERMATOLOGY, ANTIBIOTICS</b>		
ALTABAX EXTERNAL OINTMENT 1 % ( <i>retapamulin</i> )	NPB	
<i>gentamicin sulfate external cream 0.1 %</i>	G	
<i>gentamicin sulfate external ointment 0.1 %</i>	G	
<i>mafenide acetate external packet 5 %</i>	G	
<i>mupirocin calcium external cream 2 %</i>	NF	

Prescription Drug Name	Drug Tier	Drug Notes
<i>mupirocin external ointment 2 %</i>	G	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % ( <i>neomycin-fluocinolone</i> )	NF	
<i>silver sulfadiazine external cream 1 %</i>	G	
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	G	
SULFAMYLON EXTERNAL CREAM 85 MG/GM ( <i>mafenide acetate</i> )	NPB	
XEPI EXTERNAL CREAM 1 % ( <i>ozenoxacin</i> )	NPB	
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox (Ciclodan External Solution 8 %)</i>	G	
<i>ciclopirox external gel 0.77 %</i>	G	
<i>ciclopirox external shampoo 1 %</i>	G	
<i>ciclopirox external solution 8 %</i>	G	
<i>ciclopirox olamine external cream 0.77 %</i>	G	
<i>ciclopirox olamine external suspension 0.77 %</i>	G	
<i>clotrimazole external cream 1 %</i>	G	
<i>clotrimazole external solution 1 %</i>	G	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	G	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	G	
DERMACINRX THERAZOLE PAK EXTERNAL THERAPY PACK 1-0.05 & 20 % ( <i>clotrimazole-betameth &amp; zn ox</i> )	NF	
<i>econazole nitrate external cream 1 %</i>	G	
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> )	NPB	
EXELDERM EXTERNAL SOLUTION 1 % ( <i>sulconazole nitrate</i> )	NPB	
<i>fungimez external solution</i>	NF	
<i>g-mycos nail external solution</i>	NF	
JUBLIA EXTERNAL SOLUTION 10 % ( <i>efinaconazole</i> )	NPB	
<i>ketoconazole external cream 2 %</i>	G	
<i>ketoconazole external foam 2 %</i>	NF	
<i>ketoconazole (Ketodan External Foam 2 %)</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>luliconazole external cream 1 %</i>	NF	
LUZU EXTERNAL CREAM 1 % ( <i>luliconazole</i> )	NF	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	G	
MYCO NAIL EXTERNAL SOLUTION , 25 % ( <i>misc antifungal combo products</i> )	NF	
<i>naftifine hcl external cream 1 %, 2 %</i>	G	
NAFTIN EXTERNAL GEL 1 %, 2 % ( <i>naftifine hcl</i> )	NF	
<i>nystatin (Nyamyc External Powder 100000 Unit/Gm)</i>	G	
<i>nystatin external cream 100000 unit/gm</i>	G	
<i>nystatin external ointment 100000 unit/gm</i>	G	
<i>nystatin external powder 100000 unit/gm</i>	G	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	G	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	G	
<i>nystatin (Nystop External Powder 100000 Unit/Gm)</i>	G	
<i>oxiconazole nitrate external cream 1 %</i>	NF	
OXISTAT EXTERNAL CREAM 1 % ( <i>oxiconazole nitrate</i> )	NF	
OXISTAT EXTERNAL LOTION 1 % ( <i>oxiconazole nitrate</i> )	NF	
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % ( <i>ketoconazole-urea</i> )	NF	
RECURA EXTERNAL CREAM ( <i>misc antifungal combo products</i> )	NF	
<i>tavaborole external solution 5 %</i>	NF	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % ( <i>miconazole-zinc oxide-petrolat</i> )	NF	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % ( <i>ketoconazole-hydrocortisone</i> )	NF	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % ( <i>ketoconazole &amp; pyrithione zinc</i> )	NF	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % ( <i>ketoconazole &amp; pyrithione zinc</i> )	NF	
<b>DERMATOLOGY, ANTIPRURITIC</b>		
<i>doxepin hcl external cream 5 %</i>	NF	
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	G	
<i>calcipotriene external cream 0.005 %</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

226

Prescription Drug Name	Drug Tier	Drug Notes
<i>calcipotriene external ointment 0.005 %</i>	G	
<i>calcipotriene external solution 0.005 %</i>	G	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NF	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	NF	
<i>calcipotriene (Calcitrene External Ointment 0.005 %)</i>	G	
<i>calcitriol external ointment 3 mcg/gm</i>	NF	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	PB	
<i>methoxsalen rapid oral capsule 10 mg</i>	G	
SORILUX EXTERNAL FOAM 0.005 % ( <i>calcipotriene</i> )	NF	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	PB	
<i>tazarotene external cream 0.1 %</i>	G	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % ( <i>tazarotene</i> )	NF	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % ( <i>tazarotene</i> )	NF	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM ( <i>calcitriol</i> )	NF	
VTAMA EXTERNAL CREAM 1 % ( <i>tapinarof</i> )	PB	
WYNZORA EXTERNAL CREAM 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	NF	
ZORYVE EXTERNAL CREAM 0.3 % ( <i>roflumilast</i> )	PB	
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>glycolic acid solution 70 %</i>	NPB	
<i>ketoconazole external shampoo 2 %</i>	G	
<i>selenium sulfide external lotion 2.5 %</i>	G	
ZORYVE EXTERNAL FOAM 0.3 % ( <i>roflumilast</i> ( <i>antiseborrheic</i> ))	NPB	
<b>DERMATOLOGY, ATOPIC DERMATITIS</b>		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>tralokinumab-ldrm</i> )	PSP	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG ( <i>abrocitinib</i> )	PSP	
DUPIXENT SUBCUTANEOUS SOLUTION PEN- INJECTOR 200 MG/1.14ML, 300 MG/2ML ( <i>dupilumab</i> )	PSP	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML ( <i>dupilumab</i> )	PSP	
OPZELURA EXTERNAL CREAM 1.5 % ( <i>ruxolitinib phosphate</i> )	PB	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 % ( <i>hydrocortisone</i> )	NF	
ALA SCALP EXTERNAL LOTION 2 % ( <i>hydrocortisone</i> )	NPB	
<i>ala-cort external cream 1 %</i>	G	
<i>alclometasone dipropionate external cream 0.05 %</i>	G	
<i>alclometasone dipropionate external ointment 0.05 %</i>	G	
<i>amcinonide external ointment 0.1 %</i>	NPB	
APEXICON E EXTERNAL CREAM 0.05 % ( <i>diflorasone diacet emoll base</i> )	NF	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	G	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	G	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	G	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	G	
<i>betamethasone dipropionate external cream 0.05 %</i>	G	
<i>betamethasone dipropionate external lotion 0.05 %</i>	G	
<i>betamethasone dipropionate external ointment 0.05 %</i>	NF	
<i>betamethasone valerate external cream 0.1 %</i>	G	
<i>betamethasone valerate external foam 0.12 %</i>	G	
<i>betamethasone valerate external lotion 0.1 %</i>	G	
<i>betamethasone valerate external ointment 0.1 %</i>	G	
BRYHALI EXTERNAL LOTION 0.01 % ( <i>halobetasol propionate</i> )	PB	
CAPEX EXTERNAL SHAMPOO 0.01 % ( <i>fluocinolone acetonide</i> )	NF	
<i>clobetasol prop emollient base external cream 0.05 %</i>	G	
<i>clobetasol propionate e external cream 0.05 %</i>	G	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	NF	
<i>clobetasol propionate external cream 0.05 %</i>	G	
<i>clobetasol propionate external foam 0.05 %</i>	G	
<i>clobetasol propionate external gel 0.05 %</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>clobetasol propionate external liquid 0.05 %</i>	NF	
<i>clobetasol propionate external lotion 0.05 %</i>	G	
<i>clobetasol propionate external ointment 0.05 %</i>	G	
<i>clobetasol propionate external shampoo 0.05 %</i>	G	
<i>clobetasol propionate external solution 0.05 %</i>	G	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % ( <i>clobetasol propionate</i> )	NF	
<i>clocortolone pivalate external cream 0.1 %</i>	NF	
<i>clobetasol propionate</i> (Clodan External Shampoo 0.05 %)	G	
CLODERM EXTERNAL CREAM 0.1 % ( <i>clocortolone pivalate</i> )	NPB	
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	
<i>desonide external cream 0.05 %</i>	G	
<i>desonide external gel 0.05 %</i>	NF	
<i>desonide external lotion 0.05 %</i>	G	
<i>desonide external ointment 0.05 %</i>	G	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	G	
<i>desoximetasone external gel 0.05 %</i>	G	
<i>desoximetasone external liquid 0.25 %</i>	G	
<i>desoximetasone external ointment 0.05 %</i>	NF	
<i>desoximetasone external ointment 0.25 %</i>	G	
<i>diflorasone diacetate external cream 0.05 %</i>	NF	
<i>diflorasone diacetate external ointment 0.05 %</i>	NF	
DUOBRII EXTERNAL LOTION 0.01-0.045 % ( <i>halobetasol prop-tazarotene</i> )	NF	
<i>fluocinolone acetonide body external oil 0.01 %</i>	G	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	G	
<i>fluocinolone acetonide external ointment 0.025 %</i>	G	
<i>fluocinolone acetonide external solution 0.01 %</i>	G	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	G	
<i>fluocinonide emulsified base external cream 0.05 %</i>	G	
<i>fluocinonide external cream 0.05 %</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024



Prescription Drug Name	Drug Tier	Drug Notes
<i>fluocinonide external cream 0.1 %</i>	NF	
<i>fluocinonide external gel 0.05 %</i>	G	
<i>fluocinonide external ointment 0.05 %</i>	G	
<i>fluocinonide external solution 0.05 %</i>	G	
<i>flurandrenolide external cream 0.05 %</i>	NF	
<i>flurandrenolide external lotion 0.05 %</i>	NF	
<i>fluticasone propionate external cream 0.05 %</i>	G	
<i>fluticasone propionate external lotion 0.05 %</i>	G	
<i>fluticasone propionate external ointment 0.005 %</i>	G	
<i>halcinonide external cream 0.1 %</i>	NF	
<i>halobetasol propionate external cream 0.05 %</i>	G	
<i>halobetasol propionate external foam 0.05 %</i>	NF	
<i>halobetasol propionate external ointment 0.05 %</i>	G	
HALOG EXTERNAL CREAM 0.1 % ( <i>halcinonide</i> )	NF	
HALOG EXTERNAL OINTMENT 0.1 % ( <i>halcinonide</i> )	NF	
HALOG EXTERNAL SOLUTION 0.1 % ( <i>halcinonide</i> )	NF	
<i>hydrocortisone butyrate external cream 0.1 %</i>	NF	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NF	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	G	
<i>hydrocortisone butyrate external solution 0.1 %</i>	G	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	G	
<i>hydrocortisone external lotion 2.5 %</i>	G	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	G	
<i>hydrocortisone valerate external cream 0.2 %</i>	G	
<i>hydrocortisone valerate external ointment 0.2 %</i>	G	
IMPOYZ EXTERNAL CREAM 0.025 % ( <i>clobetasol propionate</i> )	NF	
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM ( <i>triamcinolone acetonide</i> )	NF	
LEXETTE EXTERNAL FOAM 0.05 % ( <i>halobetasol propionate</i> )	NF	
<i>mometasone furoate external cream 0.1 %</i>	G	
<i>mometasone furoate external ointment 0.1 %</i>	G	
<i>mometasone furoate external solution 0.1 %</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
OLUX-E EXTERNAL FOAM 0.05 % ( <i>clobetasol propionate emulsion</i> )	NF	
PANDEL EXTERNAL CREAM 0.1 % ( <i>hydrocortisone probutate</i> )	NPB	
SERNIVO EXTERNAL EMULSION 0.05 % ( <i>betamethasone dipropionate</i> )	NPB	
TEXACORT EXTERNAL SOLUTION 2.5 % ( <i>hydrocortisone</i> )	NPB	
<i>clobetasol propionate emulsion</i> (Tovet External Foam 0.05 %)	NF	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NF	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	G	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	G	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	G	
<i>triamcinolone acetonide external ointment 0.05 %</i>	NF	
<i>triamcinolone in absorbase external ointment 0.05 %</i>	NF	
<i>triamcinolone acetonide</i> (Triderm External Cream 0.5 %)	G	
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	
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine hcl</i> (7T Lido External Gel 2 %)	G	
ACCUCAINE COMBINATION KIT 1 % ( <i>lido-pentaf-tetrafl-ultrasound</i> )	NF	
ALOCANE EMERGENCY BURN MAX STR EXTERNAL GEL 4 % ( <i>lidocaine hcl</i> )	NF	
APRIZIO PAK EXTERNAL KIT 2.5-2.5 % ( <i>lidocaine-prilocaine-dressing</i> )	NF	
ASTERO EXTERNAL GEL 4 % ( <i>lidocaine hcl</i> )	NF	
CADIRAMD EXTERNAL KIT 2.5-2.5 % ( <i>lido-prilocaine-blood collect</i> )	NF	
CETACAINE EXTERNAL GEL 2-2-14 % ( <i>butamben-tetracaine-benzocaine</i> )	NF	
CETACAINE EXTERNAL LIQUID 2-2-14 % ( <i>butamben-tetracaine-benzocaine</i> )	NF	

Prescription Drug Name	Drug Tier	Drug Notes
DERMACINRX PHN EXTERNAL THERAPY PACK 5 & 5 % ( <i>lidocaine-dimethicone</i> )	NF	
DERMACINRX ZRM EXTERNAL THERAPY PACK 5 % ( <i>lidocaine-emollient</i> )	NF	
<i>dermalid external therapy pack 5 %</i>	NF	
<i>lidocaine hcl</i> (Glydo External Prefilled Syringe 2 %)	G	
ICY HOT PM EXTERNAL PATCH 0.025-5 % ( <i>capsaicin-menthol</i> )	NF	
L.E.T. EXTERNAL GEL 4-0.05-0.5 % ( <i>lido-epinephrine-tetracaine</i> )	NF	
LDO PLUS EXTERNAL GEL 4 % ( <i>lidocaine hcl</i> )	NF	
<i>lidocaine external ointment 5 %</i>	G	
<i>lidocaine external patch 5 %</i>	G	
<i>lidocaine hcl external solution 4 %</i>	G	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	G	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	G	
LIDOCARE ARM/NECK/LEG EXTERNAL PATCH 4 % ( <i>lidocaine</i> )	NF	
LIDOCARE BACK/SHOULDER EXTERNAL PATCH 4 % ( <i>lidocaine</i> )	NF	
LIDODERM EXTERNAL PATCH 5 % ( <i>lidocaine</i> )	NPB	
<i>lidopin external cream 3.25 %</i>	NF	
LIDOPURE PATCH EXTERNAL KIT 5 % ( <i>lidocaine-adhesive sheets</i> )	NF	
LIDOTHOL EXTERNAL GEL 4.5-5 % ( <i>lidocaine-menthol</i> )	NF	
LIDOTHOL EXTERNAL PATCH 4.5-5 % ( <i>lidocaine-menthol</i> )	NF	
LIDOTRAL EXTERNAL CREAM 3.88 % ( <i>lidocaine hcl</i> )	NF	
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % ( <i>lidocaine-camphor-menthol</i> )	NF	
<i>paingo kft external kit 2.5-2.5-10-30 %</i>	NF	
PLIAGLIS EXTERNAL CREAM 7-7 % ( <i>lidocaine-tetracaine</i> )	NF	
<i>premium scar external patch 2-4-30 %</i>	NF	
<i>prepiv supply combination kit 2.5-2.5 &amp; 0.9 %</i>	NF	
QUTENZA (2 PATCH) EXTERNAL KIT 8 % ( <i>capsaicin-cleansing gel</i> )	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

232

Prescription Drug Name	Drug Tier	Drug Notes
QUTENZA EXTERNAL KIT 8 % ( <i>capsaicin-cleansing gel</i> )	NPB	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % ( <i>lidocaine hcl-blood collection</i> )	NF	
<i>wpr plus wound healing system external therapy pack 4 &amp; 10-30 %</i>	NF	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
ACUICYN EXTERNAL SOLUTION ( <i>eyelid cleansers</i> )	NF	
<i>acyclovir external cream 5 %</i>	NF	
<i>acyclovir external ointment 5 %</i>	G	
AMELUZ EXTERNAL GEL 10 % ( <i>aminolevulinic acid hcl</i> )	NF	
<i>ammonium lactate external cream 12 %</i>	G	
<i>ammonium lactate external lotion 12 %</i>	G	
AVENOVA EXTERNAL SOLUTION 0.01 % ( <i>eyelid cleansers</i> )	NF	
<i>bensal hp external ointment 3 %</i>	NF	
CONDYLOX EXTERNAL GEL 0.5 % ( <i>podofilox</i> )	NPB	
DENAVIR EXTERNAL CREAM 1 % ( <i>penciclovir</i> )	NF	
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT) ( <i>chlorhex-mupir-dimeth-silicone</i> )	NF	
<i>dermacinrx surgical combopak combination kit</i>	NF	
<i>diclofenac epolamine external patch 1.3 %</i>	G	
<i>diclofenac sodium external gel 3 %</i>	G	
<i>diclofenac sodium external solution 1.5 %</i>	G	
<i>diclofenac sodium external solution 2 %</i>	NF	
DICLOFONO EXTERNAL GEL 1.6 % ( <i>diclofenac sodium</i> )	NF	
ELIDEL EXTERNAL CREAM 1 % ( <i>pimecrolimus</i> )	NF	
<i>enovarx-diclofenac sodium external cream 2.5 %</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	
<i>iodine tincture external tincture 2 %</i>	NPB	
<i>lactic acid external lotion 10 %</i>	NPB	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % ( <i>aminolevulinic acid hcl</i> )	NPB	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
LICART EXTERNAL PATCH 24 HOUR 1.3 % ( <i>diclofenac epolamine</i> )	NF	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) ( <i>chlorhex-mupir-dimeth-silicone</i> )	NF	
PENNSAID EXTERNAL SOLUTION 2 % ( <i>diclofenac sodium</i> )	NF	
<i>pimecrolimus external cream 1 %</i>	G	
<i>podofilox external solution 0.5 %</i>	G	
RECTIV RECTAL OINTMENT 0.4 % ( <i>nitroglycerin</i> )	NPB	
<i>salicylic acid external ointment 3 %</i>	NF	
<i>salimez forte external cream 10 %</i>	NPB	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM ( <i>collagenase</i> )	NPB	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	G	
TARGRETIN EXTERNAL GEL 1 % ( <i>bexarotene</i> )	NF	
VALCHLOR EXTERNAL GEL 0.016 % ( <i>mechlorethamine hcl (topical)</i> )	NPB	
VEREGEN EXTERNAL OINTMENT 15 % ( <i>sinecatechins</i> )	NF	
VOLTAREN EXTERNAL GEL 1 % ( <i>diclofenac sodium</i> )	NPB	
XALIX EXTERNAL SOLUTION 28 % ( <i>salicylic acid</i> )	NF	
XERAC AC EXTERNAL SOLUTION 6.25 % ( <i>aluminum chloride in alcohol</i> )	NPB	
ZOVIRAX EXTERNAL CREAM 5 % ( <i>acyclovir</i> )	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % ( <i>acyclovir</i> )	NF	
<b>DERMATOLOGY, ROSACEA</b>		
<i>azelaic acid external gel 15 %</i>	G	
<i>doxycycline oral capsule delayed release 40 mg</i>	NF	
EPSOLAY EXTERNAL CREAM 5 % ( <i>benzoyl peroxide</i> )	NF	
FINACEA EXTERNAL FOAM 15 % ( <i>azelaic acid</i> )	PB	
FINACEA EXTERNAL GEL 15 % ( <i>azelaic acid</i> )	NF	
<i>ivermectin external cream 1 %</i>	NF	
METROGEL EXTERNAL GEL 1 % ( <i>metronidazole</i> )	NF	
<i>metronidazole external cream 0.75 %</i>	G	
<i>metronidazole external gel 0.75 %, 1 %</i>	G	
<i>metronidazole external lotion 0.75 %</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

234

Prescription Drug Name	Drug Tier	Drug Notes
MIRVASO EXTERNAL GEL 0.33 % ( <i>brimonidine tartrate</i> )	NF	
NORITATE EXTERNAL CREAM 1 % ( <i>metronidazole</i> )	NF	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG ( <i>doxycycline</i> )	PB	
RHOFADE EXTERNAL CREAM 1 % ( <i>oxymetazoline hcl</i> )	NF	
SOOLANTRA EXTERNAL CREAM 1 % ( <i>ivermectin</i> )	PB	
ZILXI EXTERNAL FOAM 1.5 % ( <i>minocycline hcl micronized</i> )	NF	
<b>DERMATOLOGY, SCABICIDES AND PEDICULICIDES</b>		
CROTAN EXTERNAL LOTION 10 % ( <i>crotamiton</i> )	G	
<i>malathion external lotion 0.5 %</i>	G	
<i>permethrin external cream 5 %</i>	G	
<i>spinosad external suspension 0.9 %</i>	G	
<i>sulfurated lime external solution</i>	NPB	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>acetic acid irrigation solution 0.25 %</i>	G	
<i>sodium chloride (gu irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)</i>	G	
AZADROX EXTERNAL GEL ( <i>silver</i> )	NF	
BASADROX EXTERNAL GEL ( <i>silver</i> )	NF	
<i>sodium chloride (gu irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)</i>	G	
<i>glycine irrigation solution 1.5 %</i>	G	
KERASTAT EXTERNAL CREAM ( <i>keratin</i> )	NF	
KERASTAT EXTERNAL GEL 5 % ( <i>keratin</i> )	NF	
REGRANEX EXTERNAL GEL 0.01 % ( <i>becaplermin</i> )	NPB	
RENACIDIN IRRIGATION SOLUTION ( <i>citric ac-gluconolact-mg carb</i> )	NPB	
<i>sodium chloride irrigation solution 0.9 %</i>	G	
<i>sorbitol irrigation solution 3 %</i>	NPB	
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gml/100ml</i>	NPB	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl oral capsule 30 mg</i>	G	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	G	
<i>clotrimazole mouth/throat troche 10 mg</i>	G	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

Prescription Drug Name	Drug Tier	Drug Notes
<i>lidocaine hcl mouth/throat solution 4 %</i>	G	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	G	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	G	
<i>triamcinolone acetonide (Oralene Mouth/Throat Paste 0.1 %)</i>	G	
ORAVIG BUCCAL TABLET 50 MG ( <i>miconazole</i> )	NPB	
<i>chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)</i>	G	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	G	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % ( <i>sodium fluoride</i> )	NF	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % ( <i>sodium fluoride</i> )	NF	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % ( <i>sodium fluoride</i> )	NF	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % ( <i>sodium fluoride</i> )	NF	
PREVIDENT DENTAL GEL 1.1 % ( <i>sodium fluoride</i> )	NF	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % ( <i>sodium fluoride</i> )	NF	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	G	
<b>OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR</b>		
<i>acetic acid otic solution 2 %</i>	G	
CIPRO HC OTIC SUSPENSION 0.2-1 % ( <i>ciprofloxacin-hydrocortisone</i> )	NF	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	G	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	NF	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML ( <i>neomycin-colist-hc-thonzonium</i> )	NPB	
<i>fluocinolone acetonide (Flac Otic Oil 0.01 %)</i>	G	
<i>fluocinolone acetonide otic oil 0.01 %</i>	G	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	G	
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	G	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	G	
<i>ofloxacin otic solution 0.3 %</i>	G	
OTOVEL OTIC SOLUTION 0.3-0.025 % ( <i>ciprofloxacin-fluocinolone</i> )	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan Banner | Aetna

The formulary is updated the first week of each month.

04/01/2024

236



## Index

12-PANEL POC TOXICOLOGY SYSTEM.....	108	<i>acebutolol hcl</i> .....	49	ADVANCE MICRO-DRAW METER.....	109
<i>1st tier unifine pentips</i> .....	108	<i>acetaminophen-codeine</i> .....	16	ADVANCE MICRO-DRAW TEST.....	109
<i>1st tier unifine pentips plus</i> .....	108	<i>acetazolamide</i> .....	52	ADVANCED ALLERGY COLLECTION.....	228
7T Lido.....	231	<i>acetazolamide er</i> .....	52	ADVATE.....	177
<i>abacavir sulfate</i> .....	24	<i>acetic acid</i> .....	235, 236	ADVOCATE BLOOD GLUCOSE MONITOR.....	109
<i>abacavir sulfate-lamivudine</i> .....	26	<i>acetylcysteine</i> .....	218	ADVOCATE BLOOD GLUCOSE SYSTEM.....	109
ABILIFY.....	63	ACIPHEX.....	168	ADVOCATE INSULIN PEN NEEDLES.....	109
ABILIFY MAINTENANCE KIT.....	63	<i>acitretin</i> .....	226	ADVOCATE INSULIN SYRINGE.....	109
ABILIFY MYCITE MAINTENANCE KIT.....	63	ACTEMRA.....	182	ADVOCATE LANCETS 30G.....	109
ABILIFY MYCITE STARTER KIT.....	63	ACTEMRA ACTPEN.....	182	ADVOCATE LANCING DEVICE.....	109
<i>abiraterone acetate</i> .....	36	ACTHAR.....	158	ADVOCATE RAPID-SAFE LANCING.....	109
ABRILADA (1 PEN).....	182	<i>acti-lance 28g</i> .....	109	ADVOCATE REDI-CODE..	109
ABRILADA (2 PEN).....	182	<i>acti-lance lite lancets 28g</i> .....	109	ADVOCATE REDI-CODE+110	
ABRILADA (2 SYRINGE)..	182	<i>acti-lance special lancets 17g..</i>	109	ADVOCATE REDI-CODE+ TEST.....	110
ABSORICA.....	221	<i>acti-lance universal 23g</i> .....	109	ADVOCATE SAFETY LANCETS.....	110
ABSORICA LD.....	221	ACTIMMUNE.....	190	ADVOCATE SAFETY LANCETS 26G.....	110
<i>acamprosate calcium</i> .....	57	<i>active fe</i> .....	198	ADVOCATE TEST.....	110
ACANYA.....	221	<i>activite</i> .....	198	<i>adynovate</i> .....	177
<i>acarbose</i> .....	86	ACTOS.....	92	ADZENYS XR-ODT.....	71
ACCRUFER.....	198	ACUICYN.....	233	AFINITOR.....	37
ACCUCAINE.....	231	ACUVAIL.....	208	AFINITOR DISPERZ.....	37
ACCU-CHEK AVIVA PLUS.....	108	<i>acyclovir</i> .....	27, 28, 233	Afirmelle.....	96
ACCU-CHEK FASTCLIX LANCET.....	108	ACZONE.....	221	AFREZZA.....	89
ACCU-CHEK FASTCLIX LANCETS.....	108	<i>adainzde</i> .....	221	AFSTYLA.....	177
ACCU-CHEK GUIDE.....	108	<i>adainzoxia</i> .....	222	AFTERA.....	96
ACCU-CHEK GUIDE ME..	108	<i>adalimumab-adaz</i> .....	182	AFTERPILL.....	96
ACCU-CHEK LINKASSIST.....	108	<i>adapalene</i> .....	222	AGAMATRIX AMP.....	110
ACCU-CHEK PLASTIC CARTRIDGE.....	108	<i>adapalene-benzoyl peroxide</i> ....	222	AGAMATRIX AMP TEST..	110
ACCU-CHEK SAFE-T PRO LANCETS.....	108	ADASUVE.....	63	AGAMATRIX JAZZ TEST..	110
ACCU-CHEK SMARTVIEW.....	108	ADBRY.....	227	AGAMATRIX JAZZ WIRELESS 2.....	110
ACCU-CHEK SOFTCLIX LANCET DEV.....	108	<i>adclf (0.5mg/ml)</i> .....	198	AGAMATRIX KEYNOTE TEST.....	110
ACCU-CHEK SOFTCLIX LANCETS.....	108	ADCIRCA.....	55	AGAMATRIX PRESTO.....	110
ACCU-CHEK ULTRAFLEX INF SET.....	108	ADDERALL.....	71	AGAMATRIX PRESTO PRO METER.....	110
ACCU-CHEK ULTRAFLEX-1 INF SET...	108	ADDERALL XR.....	71		
ACCUTREND GLUCOSE..	109	<i>adefovir dipivoxil</i> .....	30		
		ADEMPAS.....	55		
		<i>adjustable lancing device</i> .....	109		
		ADLARITY.....	58		
		ADMELOG.....	88		
		ADMELOG SOLOSTAR.....	88		
		ADRENALIN.....	212, 216		
		ADVAIR DISKUS.....	220		
		ADVAIR HFA.....	220		
		ADVANCE INTUITION METER.....	109		
		ADVANCE INTUITION MONITOR.....	109		
		ADVANCE INTUITION TEST.....	109		

AGAMATRIX PRESTO TEST.....	110	<i>alprazolam er</i> .....	57	<i>ampicillin-sulbactam sodium</i> .....	33
AGAMATRIX ULTRA-THIN LANCETS.....	110	ALPRAZOLAM INTENSOL	57	AMPYRA.....	77
AIMOVIG.....	74	<i>alprazolam xr</i> .....	57	AMRIX.....	80
<i>aimSCO twist lancets 32g</i> .....	110	ALPROLIX.....	178	AMZEEQ.....	222
AIMSCO TWIST LANCETS 33G.....	110	ALREX.....	208	<i>anagrelide hcl</i> .....	179
Airavite.....	198	ALTABAX.....	224	<i>anastrozole</i> .....	36
AIRDUO DIGIHALER.....	220	Altacaine.....	210	ANDRODERM.....	85
AIRDUO RESPICLICK 113/14.....	213	Altafrin.....	210	ANDROGEL PUMP.....	85
AIRDUO RESPICLICK 232/14.....	213	Altavera.....	96	ANGELIQ.....	152
AIRDUO RESPICLICK 55/14.....	213	ALTOPREV.....	47	ANNOVERA.....	97
AIRSUPRA.....	220	ALTRENO.....	222	ANORO ELLIPTA.....	213
AJOVY.....	75	ALUNBRIG.....	37	ANTIVERT.....	163
AKLIEF.....	222	ALVESCO.....	219	ANZEMET.....	163
AKTEN.....	210	<i>alyacen 1/35</i> .....	96	APADAZ.....	17
AKYNZEO.....	163	<i>alyacen 7/7/7</i> .....	96	<i>apap-cafff-dihydrocodeine</i> .....	17
ALA SCALP.....	228	Alyq.....	55	APEXICON E.....	228
<i>ala-cort</i> .....	228	Amabelz.....	152	APIDRA.....	89
<i>albendazole</i> .....	22	<i>amantadine hcl</i> .....	61	APIDRA SOLOSTAR.....	89
<i>albuterol sulfate</i> .....	215	<i>ambrisentan</i> .....	55	APLENZIN.....	58
<i>albuterol sulfate hfa</i> .....	215	<i>amcinonide</i> .....	228	APOKYN.....	61
<i>alclometasone dipropionate</i> .....	228	AMELUZ.....	233	<i>apraclonidine hcl</i> .....	205
ALECENSA.....	37	Amethia.....	96	<i>aprepitant</i> .....	163
<i>alendronate sodium</i> .....	95	Amethyst.....	97	Apri.....	97
<i>alfuzosin hcl er</i> .....	170	<i>amiloride hcl</i> .....	52	APRISO.....	165
ALIMTA.....	34	<i>amiloride-hydrochlorothiazide</i> ..	52	APRIZIO PAK.....	231
ALINIA.....	31	<i>aminocaproic acid</i> .....	179	APTENSIO XR.....	71
<i>aliskiren fumarate</i> .....	52	<i>amiodarone hcl</i> .....	45	APTIOM.....	66
ALKINDI SPRINKLE.....	155	AMITIZA.....	166	APTIVUS.....	24
<i>allopurinol</i> .....	13	<i>amitriptyline hcl</i> .....	58	AQUALANCE LANCETS 30G.....	110
ALLZITAL.....	13	AMJEVITA.....	182, 183	ARAKODA.....	24
<i>almotriptan malate</i> .....	75	AMJEVITA-PED.10KG.TO.	183	ARALAST NP.....	212
ALOCANE EMERGENCY BURN MAX STR.....	231	AMJEVITA-PED.15KG.TO.	183	Aranelle.....	97
ALOCRIL.....	205	AMLADEX.....	198	ARANESP (ALBUMIN FREE).....	176
<i>alogliptin benzoate</i> .....	87	<i>amlodipine besy-benazepril hcl</i> ..	43	ARAZLO.....	222
<i>alogliptin-metformin hcl</i> .....	87	<i>amlodipine besylate</i> .....	51	ARCALYST.....	190
<i>alogliptin-pioglitazone</i> .....	87	<i>amlodipine besylate-valsartan</i> ..	44	Argyle Sterile Saline.....	235
ALOMIDE.....	205	<i>amlodipine-atorvastatin</i> .....	50	Argyle Sterile Water.....	211
ALORA.....	152	<i>amlodipine-olmesartan</i> .....	44	ARIKAYCE.....	23
<i>alosetron hcl</i> .....	166	<i>ammonium lactate</i> .....	233	<i>aripiprazole</i> .....	63
ALPHAGAN P.....	205	Amnesteem.....	222	ARISTADA.....	63
ALPHANATE.....	175	<i>amoxapine</i> .....	58	ARISTADA INITIO.....	63
ALPHANINE SD.....	178	<i>amoxicill-clarithro-lansopraz</i> ..	170	<i>armodafinil</i> .....	81
<i>alprazolam</i> .....	57	<i>amoxicillin</i> .....	32	ARMONAIR DIGIHALER.....	219
		<i>amoxicillin-pot clavulanate</i> ..	32, 33	ARMOUR THYROID.....	161
		<i>amoxicillin-pot clavulanate er</i> ...	32	ARNUITY ELLIPTA.....	219
		<i>amphetamine sulfate</i> .....	71	ARTHROTEC.....	16
		<i>amphetamine-dextroamphet er</i> ..	71	ASCENIV.....	189
		<i>amphetamine-dextroamphetamine</i> .....	71	Ascomp-Codeine.....	17
		<i>ampicillin</i> .....	33		

Ashlyna.....	97	<i>atenolol-chlorthalidone</i> .....	49	Ayuna.....	97
ASMANEX (120 METERED DOSES).....	219	ATIVAN.....	57	AYVAKIT.....	37
ASMANEX (14 METERED DOSES).....	219	<i>atomoxetine hcl</i> .....	71	AZADROX.....	235
ASMANEX (30 METERED DOSES).....	219	<i>atorvastatin calcium</i> .....	47	AZASITE.....	207
ASMANEX (60 METERED DOSES).....	219	<i>atovaquone</i> .....	31	<i>azathioprine</i> .....	190
ASMANEX HFA.....	220	<i>atovaquone-proguanil hcl</i> .....	24	<i>azelaic acid</i> .....	234
<i>aspirin</i> .....	20	ATRALIN.....	222	<i>azelastine hcl</i> .....	205, 214
<i>aspirin adult low dose</i> .....	20	ATRIPLA.....	26	AZELEX.....	222
<i>aspirin ec low strength</i> .....	20	<i>atropine sulfate</i> .....	210	<i>azesco</i> .....	193
<i>aspirin low dose</i> .....	20	ATROVENT HFA.....	213	<i>azithromycin</i> .....	29
<i>aspirin regimen</i> .....	20	AUBAGIO.....	77	AZOPT.....	206
<i>aspirin-dipyridamole er</i> .....	180	Aubra Eq.....	97	AZOR.....	44
ASPIR-LOW.....	21	<i>aum mini insulin pen needle</i> ....	111	AZSTARYS.....	71
ASPRUZYO SPRINKLE.....	54	<i>aum pen needle</i> .....	111	Azurette.....	97
ASSURE 3 METER.....	110	<i>aurora lancet super thin 30g</i> ....	111	<i>b-6 folic acid</i> .....	198
ASSURE 3 TEST.....	110	<i>aurora lancet thin 23g</i> .....	111	Bac.....	14
ASSURE 4 METER.....	110	<i>aurora pen needles</i> .....	111	<i>bacitracin</i> .....	207
ASSURE 4 TEST.....	110	Aurovela 1.5/30.....	97	<i>bacitracin-polymyxin b</i> .....	207
<i>assure comfort lancets 28g</i> ....	110	Aurovela 1/20.....	97	<i>bacitra-neomycin-polymyxin- hc</i> .....	207
ASSURE ID DUO PRO PEN NEEDLES.....	110	Aurovela 24 Fe.....	97	<i>baclofen</i> .....	80
ASSURE ID INSULIN SAFETY SYR.....	110	Aurovela Fe 1.5/30.....	97	BACMIN.....	198
ASSURE ID PRO PEN NEEDLES.....	111	Aurovela Fe 1/20.....	97	BAFIERTAM.....	77
ASSURE ID SAFETY PEN NEEDLES.....	111	AURYXIA.....	159	<i>balsalazide disodium</i> .....	165
ASSURE II.....	111	AUSTEDO.....	77	BALVERSA.....	37
ASSURE II CHECK.....	111	AUSTEDO XR.....	77	Balziva.....	97
ASSURE PLATINUM.....	111	AUSTEDO XR PATIENT TITRATION.....	77	BANZEL.....	66
ASSURE PLATINUM METER.....	111	AUTO-LANCET.....	111	BAQSIMI ONE PACK.....	156
ASSURE PRISM MULTI TEST.....	111	AUTO-LANCET MINI.....	111	BAQSIMI TWO PACK.....	156
ASSURE PRO BLOOD GLUCOSE METER.....	111	AUTOLET II CLINISAFE..	111	BARACLUDGE.....	30
ASSURE PRO TEST.....	111	AUTOLET LITE CLINISAFE.....	111	BASADROX.....	235
ASTAGRAF XL.....	190	AUTOLET LITE STARTER PACK.....	111	BASAGLAR KWIKPEN.....	89
ASTAMED MYO.....	198	AUTOLET MINI.....	111	BASAGLAR TEMPO PEN...89	
ASTERO.....	231	AUTOLET PLATFORMS...111		BAXDELA.....	30
ATABEX EC.....	193	AUTOLET PLUS.....	111	BAYER ASPIRIN EC LOW DOSE.....	21
ATABEX OB.....	193	AUTOLET PLUS.....	111	BAYER LOW DOSE.....	21
ATACAND.....	45	AUTOSOFT 30 INFUSION SET.....	111	BD AUTOSHIELD DUO....	111
ATACAND HCT.....	44	AUTOSOFT 90 INFUSION SET.....	111	BD INSULIN SYRINGE....	112
<i>atazanavir sulfate</i> .....	24	AUTOSOFT XC INFUSION SET.....	111	BD INSULIN SYRINGE MICROFINE.....	112
<i>atenolol</i> .....	49	AUVI-Q.....	212	BD INSULIN SYRINGE U/F.....	112
		AVENOVA.....	233	BD INSULIN SYRINGE U- 500.....	112
		Aviane.....	97	BD INSULIN SYRINGE ULTRAFINE.....	112
		<i>avidoxy</i> .....	33	BD LATITUDE DIABETES	112
		AVONEX PEN.....	77	BD LOGIC BLOOD GLUCOSE MONITOR.....	112
		AVONEX PREFILLED.....	77		
		AVSOLA.....	182		





<i>cabergoline</i> .....	158	CAREONE LANCET		<i>cefprozil</i> .....	29
CABLIVI.....	175	SUPER THIN 30G.....	113	<i>cefuroxime axetil</i> .....	29
CABOMETYX.....	37	<i>careone lancet thin 23g</i> .....	113	CELEBREX.....	13
CADIRAMD.....	231	<i>careone unifine pentips plus</i> .....	113	<i>celecoxib</i> .....	13
CALCIFOL.....	199	CARESENS LANCETS 30G.....	113	CELLCEPT.....	190
<i>calcipotriene</i> .....	226, 227	CARESENS N FELIZ.....	113	CELONTIN.....	66
<i>calcipotriene-betameth diprop</i> .....	227	CARESENS N FELIZ BT ...	113	CENFOL.....	199
<i>calcitonin (salmon)</i> .....	95	CARESENS N GLUCOSE		<i>cephalexin</i> .....	29
Calcitrene.....	227	SYSTEM.....	114	CEQUA.....	210
<i>calcitriol</i> .....	199, 227	CARESENS N GLUCOSE		CERDELGA.....	150
<i>calcium acetate (phos binder)</i> .....	159	TEST.....	114	CEREZYME.....	151
<i>calcium gluconate</i> .....	199	CARESENS N VOICE		CETACAINE.....	231
CALQUENCE.....	38	SYSTEM.....	114	<i>cetirizine hcl</i> .....	214
CAMBIA.....	14	CARETOUCH INSULIN		CETROTIDE.....	154
Camila.....	98	SYRINGE.....	114	<i>cevimeline hcl</i> .....	235
Camrese.....	98	CARETOUCH		Charlotte 24 Fe.....	98
Camrese Lo.....	98	LANCING/EJECTOR.....	114	Chateal Eq.....	98
CAMZYOS.....	54	CARETOUCH MONITOR		CHEMET.....	96
CANASA.....	165	SYSTEM.....	114	CHEMSTRIP K.....	114
<i>candesartan cilexetil</i> .....	45	CARETOUCH PEN		CHEMSTRIP UGK.....	114
<i>candesartan cilexetil-hctz</i> .....	44	NEEDLES.....	114	CHENODAL.....	167
<i>capecitabine</i> .....	34	CARETOUCH SAFETY		<i>childrens aspirin</i> .....	21
CAPEX.....	228	LANCETS.....	114	<i>chlordiazepoxide hcl</i> .....	57
CAPLYTA.....	63	CARETOUCH SAFETY		<i>chlordiazepoxide-amitriptyline</i> .....	82
CAPRELSA.....	38	LANCETS 26G.....	114	<i>chlordiazepoxide-clidinium</i> .....	165
<i>captopril</i> .....	43	CARETOUCH TEST.....	114	<i>chlorhexidine gluconate</i> .....	235
CARAC.....	224	CARETOUCH TWIST		<i>chloroquine phosphate</i> .....	24
CARAFATE.....	167	LANCETS 28G.....	114	<i>chlorpromazine hcl</i> .....	63
CARBAGLU.....	150	CARETOUCH TWIST		<i>chlorthalidone</i> .....	53
<i>carbamazepine</i> .....	66	LANCETS 30G.....	114	<i>chlorzoxazone</i> .....	80
<i>carbamazepine er</i> .....	66	CARETOUCH TWIST		CHOLBAM.....	167
<i>carbidopa</i> .....	61	LANCETS 33G.....	114	<i>cholestyramine</i> .....	46
<i>carbidopa-levodopa</i> .....	61	CARETOUCH TWIST MC		<i>cholestyramine light</i> .....	46
<i>carbidopa-levodopa er</i> .....	61	LANCETS 30G.....	114	CHOLEXMAX.....	199
<i>carbidopa-levodopa-entacapone</i> .....	62	<i>carglumic acid</i> .....	150	CHOLEXTRA T/F.....	199
<i>carbinoxamine maleate</i> .....	214	<i>carisoprodol</i> .....	80	CIALIS.....	171
CARDIOCOM LANCING		CARNITOR.....	95	CIBINQO.....	227
DEVICE.....	113	CARNITOR SF.....	95	Ciclodan.....	225
CARDIZEM.....	51	CAROSPIR.....	53	<i>ciclopirox</i> .....	225
CARDIZEM CD.....	51	<i>carteolol hcl</i> .....	206	<i>ciclopirox olamine</i> .....	225
CARDIZEM LA.....	51	Cartia Xt.....	51	CIFEREX.....	199
CARDURA XL.....	170	<i>carvedilol</i> .....	49	<i>cilostazol</i> .....	179
CAREFINE PEN NEEDLES		<i>carvedilol phosphate er</i> .....	49	CILOXAN.....	208
.....	113	CAYA.....	98	CIMDUO.....	26
<i>careone advanced lancing dev</i> .....	113	CAYSTON.....	217	CIMERLI.....	211
CAREONE BLOOD		<i>cefaclor</i> .....	28	<i>cimetidine</i> .....	165
GLUCOSE SYSTEM.....	113	<i>cefaclor er</i> .....	28	CIMZIA.....	183
CAREONE BLOOD		<i>cefadroxil</i> .....	28, 29	CIMZIA STARTER KIT.....	183
GLUCOSE TEST.....	113	<i>cefdinir</i> .....	29	<i>cinacalcet hcl</i> .....	94
<i>careone insulin syringe</i> .....	113	<i>cefixime</i> .....	29		

CINRYZE.....	188	CLEVER CHOICE NO		<i>colestipol hcl</i> .....	47
CINVANTI.....	163	CODING.....	115	COMBIGAN.....	206
CIPRO.....	30	CLEVER CHOICE TALK		COMBIPATCH.....	152
CIPRO HC.....	236	SYSTEM.....	115	COMBIVENT RESPIMAT..	213
<i>ciprofloxacin hcl</i> .....	30, 208, 236	CLICKFINE PEN		COMETRIQ (100 MG	
<i>ciprofloxacin-fluocinolone pf.</i>	236	NEEDLES.....	115	DAILY DOSE).....	38
<i>citalopram hydrobromide</i> .....	59	<i>clickfine pen needles</i> .....	115	COMETRIQ (140 MG	
CITRANATAL 90 DHA.....	193	CLIMARA.....	152	DAILY DOSE).....	38
CITRANATAL ASSURE....	193	CLIMARA PRO.....	152	COMETRIQ (60 MG DAILY	
CITRANATAL B-CALM....	193	Clindacin Etz.....	222	DOSE).....	38
CITRANATAL HARMONY		Clindacin-P.....	222	COMFORT ASSIST	
.....	193	CLINDAGEL.....	222	INSULIN SYRINGE.....	115
Claravis.....	222	<i>clindamycin hcl</i> .....	31	<i>comfort assured lancets 28g</i> ....	115
CLARINEX-D 12 HOUR....	216	<i>clindamycin palmitate hcl</i> .....	31	<i>comfort assured lancets 33g</i> ....	115
<i>clarithromycin</i> .....	29	<i>clindamycin phos-benzoyl</i>		COMFORT EZ INSULIN	
<i>clarithromycin er</i> .....	29	<i>perox</i> .....	222	SYRINGE.....	115
CLEANLET LANCETS 28G		<i>clindamycin phosphate</i>		COMFORT EZ MICRO	
.....	114	.....	173, 222, 223	PEN NEEDLES.....	115
<i>clemastine fumarate</i> .....	214	<i>clindamycin-tretinoin</i> .....	223	COMFORT EZ PEN	
CLENIA PLUS.....	222	CLINDESSE.....	173	NEEDLES.....	116
CLENPIQ.....	166	CLINOIN.....	223	COMFORT EZ PRO PEN	
CLEOCIN.....	173	<i>clobazam</i> .....	66	NEEDLES.....	116
CLEVER CHEK AUTO-		<i>clobetasol prop emollient base</i> ..	228	COMFORT EZ SHORT	
CODE SYSTEM.....	114	<i>clobetasol propionate</i> .....	228, 229	PEN NEEDLES.....	116
CLEVER CHEK AUTO-		<i>clobetasol propionate e</i> .....	228	COMFORT TOUCH	
CODE TEST.....	114	<i>clobetasol propionate emulsion</i>	228	INSULIN PEN NEED.....	116
CLEVER CHEK AUTO-		CLOBEX SPRAY.....	229	COMFORT TOUCH	
CODE VOICE.....	114	<i>clocortolone pivalate</i> .....	229	LANCETS 31G.....	116
CLEVER CHEK LANCETS	114	Clodan.....	229	COMFORT TOUCH PLUS	
CLEVER CHEK SYSTEM..	114	CLODERM.....	229	LANCETS 28G.....	116
CLEVER CHEK TEST.....	114	<i>clomipramine hcl</i> .....	57	COMFORT TOUCH PLUS	
CLEVER CHOICE AUTO-		<i>clonazepam</i> .....	66	LANCETS 30G.....	116
CODE SYSTEM.....	115	<i>clonidine</i> .....	54	COMPLERA.....	26
CLEVER CHOICE AUTO-		<i>clonidine hcl</i> .....	54	<i>completenate</i> .....	193
CODE TEST.....	115	<i>clonidine hcl er</i> .....	71	Compro.....	163
CLEVER CHOICE		<i>clopidogrel bisulfate</i> .....	180	CO-NATAL FA.....	194
COMFORT EZ.....	115	<i>clorazepate dipotassium</i> .....	66	CONCEPT DHA.....	194
CLEVER CHOICE		<i>clotrimazole</i> .....	225, 235	CONCEPT OB.....	194
LANCETS 21G.....	115	<i>clotrimazole-betamethasone</i> ....	225	CONCERTA.....	71
CLEVER CHOICE		<i>clozapine</i> .....	63	<i>condoms</i> .....	98
LANCETS 23G.....	115	CLOZARIL.....	63	CONDYLOX.....	233
CLEVER CHOICE		<i>c-nate dha</i> .....	193	CONJUPRI.....	51
LANCETS 28G.....	115	COAGADEX.....	175	<i>constulose</i> .....	166
CLEVER CHOICE MICRO		COAGUCHEK LANCETS..	115	CONTOUR MONITOR.....	116
SYSTEM.....	115	COARTEM.....	24	CONTOUR NEXT EZ.....	116
CLEVER CHOICE MICRO		<i>codeine sulfate</i> .....	17	CONTOUR NEXT GEN	
TEST.....	115	COLAZAL.....	165	MONITOR.....	116
CLEVER CHOICE MINI		<i>colchicine</i> .....	13	CONTOUR NEXT LINK....	116
SYSTEM.....	115	<i>colchicine-probenecid</i> .....	13	CONTOUR NEXT	
		<i>colesevelam hcl</i> .....	47	MONITOR.....	116

CONTOUR NEXT ONE.....	116	CVS BLOOD GLUCOSE		D-CARE BLOOD	
CONTOUR NEXT TEST.....	116	METER.....	116	GLUCOSE.....	117
CONTOUR TEST.....	116	<i>cvs folic acid</i> .....	199	D-CARE GLUCOMETER..	117
CONTRACE.....	94	<i>cvs glucose meter test strips</i> ....	117	Deblitane.....	98
CONZIP.....	17	CVS KETONE CARE.....	117	<i>deferasirox</i> .....	96
COOL BLOOD GLUCOSE		<i>cvs lancets 21g</i> .....	117	<i>deferoxamine mesylate</i> .....	96
TEST STRIPS.....	116	<i>cvs lancets micro thin 33g</i> .....	117	DELESTROGEN.....	152
COOL MONITOR.....	116	<i>cvs lancets original</i> .....	117	DELSTRIGO.....	26
COOL MONITOR KIT.....	116	<i>cvs lancets thin 26g</i> .....	117	Delyla.....	98
COPAXONE.....	78	<i>cvs lancets ultra thin 30g</i> .....	117	DELZICOL.....	165
COPIKTRA.....	38	<i>cvs lancets ultra-thin 30g</i> .....	117	<i>demeclocycline hcl</i> .....	33
CORDRAN.....	229	<i>cvs lancing device</i> .....	117	DEM SER.....	54
COREG CR.....	50	<i>cvs nicotine</i> .....	83	DENAVIR.....	233
CORLANOR.....	53	<i>cvs nicotine polacrilex</i> .....	83	DEPAKOTE.....	66
CORTIFOAM.....	165	<i>cvs ultra thin lancets</i> .....	117	DEPAKOTE ER.....	66
CORTISPORIN-TC.....	236	<i>cyanocobalamin</i> .....	199	DEPAKOTE SPRINKLES....	66
CORTROPHIN.....	158	<i>cyclobenzaprine hcl</i> .....	80	DEPEN TITRATABS.....	96
CORVITE 150.....	199	<i>cyclobenzaprine hcl er</i> .....	80	DEPO-ESTRADIOL.....	152
<i>corvite fe</i> .....	199	<i>cyclopentolate hcl</i> .....	210	DEPO-SUBQ PROVERA	
COSENTYX.....	184	<i>cyclophosphamide</i> .....	34	104.....	98
COSENTYX (300 MG		<i>cycloserine</i> .....	27	Depo-Testosterone.....	85
DOSE).....	183	CYCLOSET.....	88	DERMACINRX	
COSENTYX		<i>cyclosporine</i> .....	191, 210	CLORHEXACIN.....	233
SENSOREADY (300 MG)...	183	CYCLOSPORINE IN		DERMACINRX DAVIMET	199
COSENTYX		KLARITY.....	210	DERMACINRX	
SENSOREADY PEN.....	184	<i>cyclosporine modified</i> .....	190	DOTREMIN.....	199
COSENTYX UNOREADY.	184	CYMBALTA.....	59	DERMACINRX	
COSOPT PF.....	206	<i>cyproheptadine hcl</i> .....	214	FOLTAMIN.....	199
COTELLIC.....	38	Cyred Eq.....	98	DERMACINRX	
COTEMPLA XR-ODT.....	72	CYSTADANE.....	151	MULTITAM.....	199
COZAAR.....	45	CYSTADROPS.....	210	DERMACINRX PHN.....	232
CREON.....	168	CYSTAGON.....	158	DERMACINRX	
CRESEMBA.....	23	CYSTARAN.....	210	PRETRATE.....	194
CRESTOR.....	48	CYTOMEL.....	161	DERMACINRX RIBOTIN-	
CRINONE.....	160	<i>cytra k crystals</i> .....	172	E.....	199
<i>cromolyn sodium</i> .....	167, 205, 218	<i>dalfampridine er</i> .....	78	<i>dermacinrx surgical combopak</i>	233
CROTAN.....	235	DALIRESP.....	218	DERMACINRX	
Cryselle-28.....	98	<i>danazol</i> .....	150	THERAZOLE PAK.....	225
<i>cupric chloride</i> .....	193	<i>dantrolene sodium</i> .....	80	DERMACINRX	
CUPRIMINE.....	96	<i>dapsone</i> .....	31, 223	ZINTREXYL-C.....	199
CURAE.....	98	DARAPRIM.....	31	DERMACINRX ZRM.....	232
Curity Sterile Saline.....	235	<i>darifenacin hydrobromide er</i> ...	172	<i>dermalid</i> .....	232
CUTAQUIG.....	189	Dasetta 1/35.....	98	DESCOVY.....	26
CUVITRU.....	189	Dasetta 7/7/7.....	98	DEFERAL.....	96
CUVPOSA.....	162	DAURISMO.....	35	<i>desipramine hcl</i> .....	59
CVS ADVANCED		<i>dayavite</i> .....	199	<i>desloratadine</i> .....	214
GLUCOSE TEST.....	116	DAYBUE.....	76	<i>desmopressin ace spray refrig.</i>	162
<i>cvs aspirin low dose</i> .....	21	Daysee.....	98	<i>desmopressin acetate</i> .....	162
<i>cvs aspirin low strength</i> .....	21	DAYTRANA.....	72	<i>desmopressin acetate spray</i> ....	162
		DAYVIGO.....	74	<i>desogestrel-ethinyl estradiol</i> ....	98



<i>desonide</i> .....	229	<i>diatrue plus blood glucose</i> .....	118	Dotti.....	152
<i>desoximetasone</i> .....	229	<i>diatrue plus test</i> .....	118	<i>double pm</i> .....	207
<i>desvenlafaxine succinate er</i> .....	59	<i>diazepam</i> .....	67	DOVATO.....	26
DETROL LA.....	172	<i>diclofenac epolamine</i> .....	233	<i>doxazosin mesylate</i> .....	170
<i>dexamethasone</i> .....	155	<i>diclofenac potassium</i> .....	14	<i>doxepin hcl</i> .....	59, 226
<i>dexamethasone (la)</i> .....	155	<i>diclofenac</i>		<i>doxercalciferol</i> .....	200
DEXAMETHASONE		<i>potassium(migraine)</i> .....	14	<i>doxycycline</i> .....	234
INTENSOL.....	155	<i>diclofenac sodium</i> .....	14, 209, 233	<i>doxycycline hyclate</i> .....	33
<i>dexamethasone sodium</i>		<i>diclofenac sodium er</i> .....	14	<i>doxycycline monohydrate</i> .....	33
<i>phosphate</i> .....	155, 209	<i>diclofenac-misoprostol</i> .....	16	<i>doxylamine-pyridoxine</i> .....	163
DEXCOM G6 RECEIVER..	117	DICLOFONO.....	233	<i>dronabinol</i> .....	163
DEXCOM G6 SENSOR.....	117	<i>dicloxacillin sodium</i> .....	33	DROPLET INSULIN	
DEXCOM G6		<i>dicyclomine hcl</i> .....	162	SYRINGE.....	118
TRANSMITTER.....	117	DIFFERIN.....	223	DROPLET LANCETS	
DEXCOM G7 RECEIVER..	117	DIFICID.....	29	ULTRA THIN 30G.....	118
DEXCOM G7 SENSOR.....	117	<i>diflorasone diacetate</i> .....	229	DROPLET LANCING	
Dexifol.....	199	<i>diflunisal</i> .....	21	DEVICE.....	118
DEXILANT.....	169	Digox.....	52	DROPLET MICRON.....	118
<i>dexlansoprazole</i> .....	169	<i>digoxin</i> .....	52	DROPLET PEN NEEDLES	118
<i>dexmethylphenidate hcl</i> .....	72	<i>dihydroergotamine mesylate</i> .....	75	DROPLET PERSONAL	
<i>dexmethylphenidate hcl er</i> .....	72	DILANTIN.....	67	LANCETS 30G.....	118
DEXONTO 0.4%.....	155	DILANTIN INFATABS.....	67	<i>dropsafe safety pen needles</i> .....	118
DEXTENZA.....	209	DILAUDID.....	17	DROPSAFE SAFETY	
<i>dextroamphetamine sulfate</i> .....	72	<i>diltiazem hcl</i> .....	51	SYRINGE/NEEDLE.....	118
<i>dextroamphetamine sulfate er</i> ...	72	<i>diltiazem hcl er</i> .....	51	<i>drospiren-eth estrad-levomefol</i> ..	98
DEXYCU.....	209	<i>diltiazem hcl er beads</i> .....	51	<i>drospirenone-ethinyl estradiol</i> ..	98
<i>dfs dr/lmslmenth/cap pak</i> .....	14	<i>diltiazem hcl er coated beads</i> ....	51	DROXIA.....	179
DHIVY.....	62	<i>dilt-xr</i> .....	51	<i>drug mart lancets thin 26g</i> .....	118
DIACOMIT.....	66, 67	<i>dimethyl fumarate</i> .....	78	DRUG MART ON-THE-GO	
DIALYVITE SUPREME D.	199	<i>dimethyl fumarate starter pack</i> ..	78	LANCET 30G.....	118
DIALYVITE/ZINC.....	199	DIOVAN.....	45	<i>drug mart unifine pentips</i> .....	118
DIASITIX.....	117	DIOVAN HCT.....	44	<i>drug mart unifine pentips plus</i> ..	118
DIATHRIVE BLOOD		DIPENTUM.....	165	DSUVIA.....	17
GLUCOSE METER.....	117	<i>diphenhydramine hcl</i> .....	214	DUAKLIR PRESSAIR.....	221
DIATHRIVE BLOOD		<i>diphenoxylate-atropine</i> .....	163	DUAVEE.....	152
GLUCOSE TEST.....	117	<i>dipyridamole</i> .....	180	DUET DHA 400.....	194
DIATHRIVE GLUCOSE		<i>disopyramide phosphate</i> .....	45	DULERA.....	221
TEST.....	117	<i>disulfiram</i> .....	57	<i>duloxetine hcl</i> .....	59
DIATHRIVE LANCET		DIURIL.....	53	DUOBRII.....	229
ULTRA THIN 30.....	117	<i>divalproex sodium</i> .....	67	DUO-CARE TEST.....	118
DIATHRIVE LANCETS.....	117	<i>divalproex sodium er</i> .....	67	DUOPA.....	62
DIATHRIVE LANCING		DIVIGEL.....	152	DUPIXENT.....	227, 228
DEVICE.....	117	<i>dofetilide</i> .....	45	DUREZOL.....	209
DIATHRIVE PEN NEEDLE		Dolishale.....	98	DUROLANE.....	22
.....	117	<i>donepezil hcl</i> .....	58	<i>dutasteride</i> .....	170
DIATHRIVE+ GLUCOSE		DOPTELET.....	180	<i>dutasteride-tamsulosin hcl</i> .....	170
MONITOR.....	117	DORYX MPC.....	33	<i>d-xylose</i> .....	192
DIATHRIVE+ GLUCOSE		<i>dorzolamide hcl</i> .....	206	DYANAVEL XR.....	72
TEST.....	118	<i>dorzolamide hcl-timolol mal</i> ....	206	DYMISTA.....	214
DIATROL.....	200	<i>dorzolamide hcl-timolol mal pf</i>	206	DYRENIUM.....	53

DYSPORT.....	80	EASYMAX NG BLOOD		EMBRACE BLOOD	
E.E.S. 400.....	29	GLUCOSE.....	120	GLUCOSE MONITOR.....	120
E.E.S. GRANULES.....	29	EASYMAX TEST.....	120	EMBRACE BLOOD	
<i>easy comfort insulin syringe</i> ....	118	EASYMAX V BLOOD		GLUCOSE TEST.....	120
<i>easy comfort lancets</i> .....	118	GLUCOSE.....	120	EMBRACE EVO BLOOD	
<i>easy comfort lancets twist top</i> ..	118	EASYPRO BLOOD		GLUCOSE TEST.....	121
<i>easy comfort pen needles</i> .....	118	GLUCOSE MONITOR.....	120	EMBRACE EVO GLUCOSE	
<i>easy glide pen needles</i> .....	119	EASYPRO BLOOD		MONITOR.....	121
<i>easy mini eject lancing device</i> ..	119	GLUCOSE TEST.....	120	EMBRACE EVO GLUCOSE	
<i>easy mini lancing device</i> .....	119	EASYPRO PLUS.....	120	MONITORING.....	121
<i>easy plus ii glucose system</i> .....	119	<i>econazole nitrate</i> .....	225	EMBRACE LANCETS	
<i>easy plus ii glucose test</i> .....	119	ECONTRA ONE-STEP.....	98	ULTRA THIN 30G.....	121
EASY STEP GLUCOSE		ECOTRIN LOW		EMBRACE PEN NEEDLES	121
MONITOR.....	119	STRENGTH.....	21	EMBRACE PRESSURE	
EASY STEP TEST.....	119	ECOZA.....	225	ACTIVATED 21G.....	121
<i>easy talk blood glucose system</i>	119	<i>ec-rx estradiol</i> .....	152	EMBRACE PRESSURE	
<i>easy talk blood glucose test</i> ....	119	<i>ec-rx progesterone</i> .....	160	ACTIVATED 28G.....	121
EASY TOUCH FLIPLOCK		<i>ec-rx testosterone</i> .....	85	EMBRACE PRO GLUCOSE	
INSULIN SY.....	119	EDARBI.....	45	METER.....	121
EASY TOUCH GLUCOSE		EDARBYCLOR.....	44	EMBRACE PRO GLUCOSE	
SYSTEM.....	119	EDLUAR.....	74	TEST.....	121
EASY TOUCH INSULIN		EDURANT.....	24	EMBRACE TALK BLOOD	
SAFETY SYR.....	119	<i>efavirenz</i> .....	24	GLUCOSE.....	121
EASY TOUCH INSULIN		Effer-K.....	192	EMBRACE TALK	
SYRINGE.....	119	EFFEXOR XR.....	59	GLUCOSE TEST.....	121
EASY TOUCH LANCETS		ELEMENT AUTOCODE		EMBRACE TALK	
21G.....	119	SYSTEM.....	120	MONITORING SYSTEM...	121
EASY TOUCH LANCETS		<i>element compact glucose</i>		EMBRACE WAVE BLOOD	
23G.....	119	<i>system</i> .....	120	GLUCOSE.....	121
EASY TOUCH LANCETS		<i>element compact test</i> .....	120	EMBRACE WAVE	
28G.....	119	<i>element compact v glucose sys</i> ..	120	GLUCOSE METER.....	121
EASY TOUCH LANCETS		ELEMENT PLUS.....	120	EMCYT.....	34
30G.....	119	ELEMENT TEST.....	120	EMEND.....	164
EASY TOUCH LANCETS		ELEPSIA XR.....	67	EMEND TRI-PACK.....	164
32G.....	119	ELESTRIN.....	152	EMFLAZA.....	155
EASY TOUCH LANCING		<i>eletriptan hydrobromide</i> .....	75	EMGALITY.....	75
DEVICE.....	119	ELFOLATE PLUS.....	200	EMGALITY (300 MG	
EASY TOUCH PEN		ELIDEL.....	233	DOSE).....	75
NEEDLES.....	119	ELIGARD.....	36	EMPAVELI.....	180
EASY TOUCH SAFETY		Elinest.....	99	EMSAM.....	59
PEN NEEDLES.....	119	ELIQUIS.....	174	<i>emtricitabine-tenofovir df</i> .....	26
EASY TOUCH		ELIQUIS DVT/PE		EMTRIVA.....	24
SHEATHLOCK SYRINGE..	120	STARTER PACK.....	174	EMVERM.....	22
EASY TOUCH TEST.....	120	Elixophyllin.....	221	<i>enalapril maleate</i> .....	43
<i>easy trak blood glucose system</i>	120	ELLA.....	99	<i>enalapril-hydrochlorothiazide</i> ...	43
<i>easy trak blood glucose test</i> ....	120	ELMIRON.....	172	ENBRACE HR.....	194
<i>easy trak ii blood glucose sys</i> ..	120	ELOCTATE.....	177	ENBREL.....	184
<i>easy trak ii glucose test</i> .....	120	Eluryng.....	99	ENBREL MINI.....	184
EASYGLUCO.....	120	ELYXYB.....	13	ENBREL SURECLICK.....	184
EASYMAX 15 TEST.....	120			ENCARE.....	171

ENDARI.....	179	<i>eql thin lancets 26g</i> .....	122	EVERSENSE E3	
Endocet.....	17	EQUETRO.....	63	SENSOR/HOLDER.....	122
ENDOMETRIN.....	160	<i>ergocalciferol</i> .....	200	EVERSENSE E3 SMART	
Enilloring.....	99	<i>ergoloid mesylates</i> .....	58	TRANSMITTER.....	122
ENLITE GLUCOSE		ERGOMAR.....	75	EVERSENSE	
SENSOR.....	121	<i>ergotamine-caffeine</i> .....	75	SENSOR/HOLDER.....	122
ENLITE SERTER.....	121	ERIVEDGE.....	35	EVERSENSE SMART	
<i>enovarx-diclofenac sodium</i> .....	233	ERLEADA.....	36	TRANSMITTER.....	122
<i>enoxaparin sodium</i> .....	174	<i>erlotinib hcl</i> .....	38	EVOLUTION AUTOCODE	122
Enpresse-28.....	99	ERMEZA.....	161	EVOTAZ.....	26
Enskyce.....	99	Errin.....	99	EVRYSDI.....	76
ENSPRYNG.....	191	ERTACZO.....	225	EXELDERM.....	225
ENSTILAR.....	227	<i>ery</i> .....	223	<i>exemestane</i> .....	36
<i>entacapone</i> .....	62	ERYPED 200.....	29	EXFORGE.....	44
ENTADFI.....	170	ERYPED 400.....	30	EXFORGE HCT.....	44
<i>entecavir</i> .....	30	Ery-Tab.....	30	EXJADE.....	96
ENTEREG.....	167	ERYTHROCIN STEARATE	30	EXKIVITY.....	38
ENTRESTO.....	54	<i>erythromycin</i> .....	30, 208, 223	EXSERVAN.....	76
ENTYVIO.....	182	<i>erythromycin base</i> .....	30	EXTAVIA.....	78
<i>enulose</i> .....	166	<i>erythromycin ethylsuccinate</i> .....	30	EYLEA.....	211
ENVARUSUS XR.....	191	ESBRIET.....	218	EYSUVIS.....	209
EPANED.....	43	<i>escitalopram oxalate</i> .....	59	E-Z JECT LANCET	
EPCLUSA.....	30	Esgic.....	14	MICRO-THIN 33G.....	122
EPIDIOLEX.....	67	<i>esomeprazole magnesium</i> .....	169	E-Z JECT LANCET SUPER	
EPIDUO FORTE.....	223	ESPEROCT.....	177	THIN 30G.....	122
<i>epinastine hcl</i> .....	205	Estartylla.....	99	E-Z JECT LANCETS.....	122
<i>epinephrine</i> .....	212	<i>estazolam</i> .....	74	E-Z JECT LANCETS 21G....	122
<i>epinephrine professional</i> .....	212	<i>estradiol</i> .....	152, 153	E-Z JECT LANCETS THIN	
EPINEPHRINESNAP-EMS	212	<i>estradiol valerate</i> .....	153	26G.....	122
EPINEPHRINESNAP-V.....	212	<i>estradiol-norethindrone acet</i> ...	153	EZALLOR SPRINKLE.....	48
EPIPEN 2-PAK.....	212	ESTRING.....	153	<i>ezetimibe</i> .....	47
EPIPEN JR 2-PAK.....	212	ESTROGEL.....	153	<i>ezetimibe-simvastatin</i> .....	48
EPISNAP.....	212	<i>eszopiclone</i> .....	74	EZ-LETS LANCETS 21G....	122
Epitol.....	67	<i>ethacrynic acid</i> .....	53	EZ-LETS LANCETS 26G....	122
<i>eplerenone</i> .....	43	<i>ethambutol hcl</i> .....	27	EZ-LETS LANCETS 28G....	122
EPOGEN.....	176	<i>ethosuximide</i> .....	67	EZ-LETS LANCETS 30G....	122
<i>epoprostenol sodium</i> .....	55	<i>ethynodiol diac-eth estradiol</i> ....	99	FA-8.....	200
EPRONTIA.....	67	<i>etodolac</i> .....	14	FABIOR.....	223
EPSOLAY.....	234	<i>etodolac er</i> .....	14	Falmina.....	99
<i>eq aspirin low dose</i> .....	21	<i>etonogestrel-ethinyl estradiol</i> ....	99	<i>famciclovir</i> .....	28
<i>eq blood glucose test</i> .....	121	<i>etoposide</i> .....	42	<i>famotidine</i> .....	165
<i>eq famotidine max st</i> .....	165	EUCRISA.....	233	FANAPT.....	64
<i>eq nicotine</i> .....	83	EUFLEXXA.....	22	FANAPT TITRATION	
<i>eq nicotine polacrilex</i> .....	83	EULEXIN.....	36	PACK.....	64
<i>eq nicotine step 3</i> .....	83	Euthyrox.....	161	FANATREX FUSEPAQ.....	67
<i>eq aspirin low dose</i> .....	21	EVAMIST.....	153	FARXIGA.....	93
<i>eq color lancets 21g</i> .....	121	EVEKEO.....	72	FASENRA PEN.....	219
<i>eq color lancets micro 33g</i> .....	121	EVEKEO ODT.....	72	FASLODEX.....	36
<i>eq insulin syringe</i> .....	121	EVENTY.....	159	<i>fa-vitamin b-6-vitamin b-12</i> .....	200
<i>eq super thin lancets 30g</i> .....	121			FC2 FEMALE CONDOM.....	99

<i>febuxostat</i> .....	13	Flac.....	236	FOLDITAM.....	200
FEIBA.....	175	FLAREX.....	209	FOLGARD OS.....	200
<i>felbamate</i> .....	67	<i>flavoxate hcl</i> .....	173	<i>folic acid</i> .....	200
<i>felodipine er</i> .....	51	FLEBOGAMMA DIF.....	189	FOLI-D.....	200
FEMCAP.....	99	<i>flecainide acetate</i> .....	46	FOLIFLEX.....	201
FEMRING.....	172	FLECTOR.....	233	<i>folite</i> .....	201
<i>fenofibrate</i> .....	47	FLEQSUVY.....	80	FOLITIN-Z.....	201
<i>fenofibrate micronized</i> .....	47	FLOLAN.....	55	FOLIVANE-OB.....	194
<i>fenofibric acid</i> .....	47	<i>flolipid</i> .....	48	FOLLISTIM AQ.....	154
FENOGLIDE.....	47	FLORIVA.....	200	<i>folplex 2.2</i> .....	201
<i>fenopropfen calcium</i> .....	14	FLORIVA PLUS.....	200	FOLTANX RF.....	201
FENSOLVI (6 MONTH).....	158	<i>fluconazole</i> .....	23	<i>foltrin</i> .....	201
<i>fentanyl</i> .....	17	<i>flucytosine</i> .....	23	Folvite-D.....	201
<i>fentanyl citrate</i> .....	17	<i>fludarabine phosphate</i> .....	35	<i>fondaparinux sodium</i> .....	174
FENTORA.....	17	<i>fludrocortisone acetate</i> .....	155	FORA 6 CONNECT.....	122
<i>ferocon</i> .....	200	<i>flunisolide</i> .....	218	FORA 6 CONNECT/GTEL	
<i>ferotinsic</i> .....	200	<i>fluocinolone acetonide</i> .....	229, 236	TEST.....	122
FERRIPROX.....	96	<i>fluocinolone acetonide body</i> ....	229	FORA BLOOD GLUCOSE	
FERRIPROX TWICE-A-		<i>fluocinolone acetonide scalp</i> ....	229	TEST.....	123
DAY.....	96	<i>fluocinonide</i> .....	229, 230	FORA D15G BLOOD	
Ferrocite Plus.....	200	<i>fluocinonide emulsified base</i> ....	229	GLUCOSE TEST.....	123
FETZIMA.....	59	<i>fluorometholone</i> .....	209	FORA D20 BLOOD	
FETZIMA TITRATION.....	59	<i>fluorouracil</i> .....	224	GLUCOSE TEST.....	123
Fexmid.....	80	<i>fluoxetine hcl</i> .....	59	FORA D40/G31 BLOOD	
FIASP.....	89	<i>fluoxetine hcl (pmd)</i> .....	82	GLUCOSE.....	123
FIASP FLEXTOUCH.....	89	<i>fluphenazine decanoate</i> .....	64	FORA G20 BLOOD	
FIASP PENFILL.....	89	<i>fluphenazine hcl</i> .....	64	GLUCOSE SYSTEM.....	123
FIBRICOR.....	47	<i>flurandrenolide</i> .....	230	FORA G20 BLOOD	
FIFTY50 GLUCOSE		<i>flurbiprofen</i> .....	14	GLUCOSE TEST.....	123
METER 2.0.....	122	<i>flurbiprofen sodium</i> .....	209	FORA G30/PREM V10	
FIFTY50 GLUCOSE TEST		<i>fluticasone furoate-vilanterol</i> ..	221	GLUCOSE TEST.....	123
2.0.....	122	<i>fluticasone propionate</i> .....	218, 230	FORA G30A BLOOD	
FIFTY50 PEN NEEDLES... 122		<i>fluticasone propionate diskus</i> ..	220	GLUCOSE SYSTEM.....	123
FIFTY50 SUPERIOR		<i>fluticasone propionate hfa</i> .....	220	FORA GD20 BLOOD	
COMFORT SYR.....	122	<i>fluticasone-salmeterol</i> .....	213, 221	GLUCOSE SYSTEM.....	123
FIFTY50 UNILET		<i>fluvastatin sodium</i> .....	48	FORA GD20 TEST.....	123
LANCETS 33G.....	122	<i>fluvastatin sodium er</i> .....	48	FORA GD50 BLOOD	
FINACEA.....	234	<i>fluvoxamine maleate</i> .....	57	GLUCOSE SYSTEM.....	123
<i>finasteride</i> .....	170	<i>fluvoxamine maleate er</i> .....	57	FORA GD50 BLOOD	
FINGERSTIX LANCETS... 122		FML FORTE.....	209	GLUCOSE TEST.....	123
FINTEPLA.....	67	FML LIQUIFILM.....	209	FORA GTEL BLOOD	
Finzala.....	99	FOCALIN XR.....	72	GLUCOSE SYSTEM.....	123
FIORICET.....	14	<i>folagent dha</i> .....	200	FORA GTEL BLOOD	
FIRAZYR.....	188	<i>folamax</i> .....	200	GLUCOSE TEST.....	123
FIRDAPSE.....	76	<i>folamed dha</i> .....	200	FORA GTEL BLOOD	
FIRMAGON.....	36	<i>folate</i> .....	200	KETONE TEST.....	123
FIRMAGON (240 MG		<i>folbee</i> .....	200	FORA LANCETS.....	123
DOSE).....	36	<i>folbee plus</i> .....	200	FORA LANCING DEVICE	123
FIRST-METRONIDAZOLE. 31		FOLBIC.....	200	FORA PREMIUM V10 BLE	
FIRVANQ.....	31	FOLCYTEINE.....	200	SYSTEM.....	123



FORA TEST N' GO		
MONITOR.....	123	
FORA TN'G VOICE.....	123	
FORA TN'G/TN'G VOICE..	124	
FORA V10 BLOOD		
GLUCOSE SYSTEM.....	124	
FORA V10 BLOOD		
GLUCOSE TEST.....	124	
FORA V12 BLOOD		
GLUCOSE SYSTEM.....	124	
FORA V12 BLOOD		
GLUCOSE TEST.....	124	
FORA V20 BLOOD		
GLUCOSE SYSTEM.....	124	
FORA V20 BLOOD		
GLUCOSE TEST.....	124	
FORA V30A BLOOD		
GLUCOSE SYSTEM.....	124	
FORA V30A BLOOD		
GLUCOSE TEST.....	124	
FORACARE GD40		
MONITOR.....	124	
FORACARE GD40 TEST...	124	
FORACARE PREMIUM		
V10.....	124	
FORACARE PREMIUM		
V10 TEST.....	124	
FORACARE TEST N GO		
MONITOR.....	124	
FORACARE TEST N GO		
TEST.....	124	
FORTEO.....	95	
FORTESTA.....	85	
FORTISCARE G1 TEST		
STRIP.....	124	
FORTISCARE T1		
GLUCOSE SYSTEM.....	124	
FORTISCARE TEST.....	124	
FOSAMAX PLUS D.....	95	
<i>fosamprenavir calcium</i> .....	24	
<i>fosinopril sodium</i> .....	43	
<i>fosinopril sodium-hetz</i> .....	43	
FOSRENOL.....	159, 160	
FOSTEUM.....	201	
FOSTEUM PLUS.....	201	
FOTIVDA.....	38	
FRAGMIN.....	174	
FREESTYLE FREEDOM		
LITE.....	124	
FREESTYLE INSULINX		
TEST.....	125	
FREESTYLE LIBRE 14		
DAY READER.....	125	
FREESTYLE LIBRE 14		
DAY SENSOR.....	125	
FREESTYLE LIBRE 2		
READER.....	125	
FREESTYLE LIBRE 2		
SENSOR.....	125	
FREESTYLE LIBRE 3		
READER.....	125	
FREESTYLE LIBRE 3		
SENSOR.....	125	
FREESTYLE LIBRE		
READER.....	125	
FREESTYLE LITE.....	125	
FREESTYLE LITE TEST...	125	
FREESTYLE PRECISION		
NEO SYSTEM.....	125	
FREESTYLE PRECISION		
NEO TEST.....	125	
FREESTYLE TEST.....	125	
FREESTYLE UNISTICK II		
LANCETS.....	125	
<i>frovatriptan succinate</i> .....	75	
FULPHILA.....	176	
<i>fungimez</i> .....	225	
FUROSCIX.....	53	
<i>furosemide</i> .....	53	
FUSION PLUS.....	201	
FUZEON.....	25	
Fyavolv.....	153	
FYCOMPA.....	67	
FYLNETRA.....	176	
Fyremadel.....	154	
<i>g tussin ac</i> .....	216	
<i>gabapentin</i> .....	67	
GALAFOLD.....	159	
<i>galantamine hydrobromide</i> .....	58	
<i>galantamine hydrobromide er</i> ...	58	
GAMMAGARD.....	189	
GAMMAGARD S/D LESS		
IGA.....	189	
GAMMAKED.....	189	
GAMMAPLEX.....	189	
GAMUNEX-C.....	189	
<i>ganirelix acetate</i> .....	154	
<i>gatifloxacin</i> .....	208	
GATTEX.....	167	
GAVRETO.....	38	
<i>ge100 blood glucose system</i> .....	125	
<i>ge100 blood glucose test</i> .....	125	
GELNIQUE.....	173	
GEL-ONE.....	22	
GELSYN-3.....	22	
<i>gemfibrozil</i> .....	47	
Gemmily.....	99	
GEMTESA.....	173	
<i>generlac</i> .....	166	
Gengraf.....	191	
GENICIN VITA-D.....	201	
GENICIN VITA-Q.....	201	
Genicin Vita-S.....	201	
GENOTROPIN.....	157	
GENOTROPIN		
MINIQUICK.....	157	
<i>gentamicin sulfate</i> .....	208, 224	
GENTEEL BUTTERFLY		
TOUCH LANCET.....	125	
GENTEEL CONTACT TIPS		
(BLUE).....	125	
GENTEEL CONTACT TIPS		
(CLEAR).....	125	
GENTEEL CONTACT TIPS		
(GREEN).....	125	
GENTEEL CONTACT TIPS		
(ORANGE).....	125	
GENTEEL CONTACT TIPS		
(RAINBOW).....	125	
GENTEEL CONTACT TIPS		
(VIOLET).....	125	
GENTEEL CONTACT TIPS		
(YELLOW).....	125	
GENTEEL LANCING KIT		
(BLUE).....	125	
GENTEEL NOZZLES.....	126	
GENTEEL PLUS		
LANCING (BLACK).....	126	
GENTEEL PLUS		
LANCING (PURPLE).....	126	
GENTEEL PLUS		
LANCING (WHITE).....	126	
GENTEEL PLUS		
LANCING DEV(BLUE).....	126	
GENTEEL PLUS		
LANCING DEV(PINK).....	126	
GENTLE-LET GP		
LANCETS.....	126	
GENTLE-LET LANCETS...	126	

GENTLE-LET			<i>gnp nicotine</i> .....	83
PLATFORMS.....	126		<i>gnp nicotine mini</i> .....	83
GENULTIMATE TEST.....	126		<i>gnp nicotine polacrilex</i> .....	83
GENVISC 850.....	22		<i>gnp sterile lancets 28g</i> .....	128
GENVOYA.....	26		<i>gnp sterile lancets 30g</i> .....	128
GEODON.....	64		<i>gnp sterile lancets 33g</i> .....	128
<i>ght blood glucose monitor</i> .....	126		<i>gnp ulticare pen needles</i> .....	128
<i>ght test</i> .....	126		GNP ULTIGUARD	
GIALAX.....	166		SAFEPACK NEEDLE.....	128
GIAPREZA.....	54		<i>gnp ultra com insulin syringe</i> ...	128
GILENYA.....	78		GOCOVRI.....	62
GILOTRIF.....	38		GOJJI BLOOD GLUCOSE	
GIMOTI.....	167		TEST.....	128
GLASSIA.....	212		GOJJI BLOOD TEST	
<i>glatiramer acetate</i> .....	78		STRIP/LANCETS.....	128
Glatopa.....	78		GOJJI STERILE LANCETS	128
GLEOLAN.....	192		GOLYTELY.....	166
GLEOSTINE.....	34		GONAL-F.....	154
GLIADEL WAFER.....	34		GONAL-F RFF.....	154
<i>glimepiride</i> .....	94		GONAL-F RFF REDIJECT	154
<i>glipizide</i> .....	94		<i>goodsense aspirin low dose</i> .....	21
<i>glipizide er</i> .....	94		<i>goodsense blood glucose</i> .....	128
<i>glipizide xl</i> .....	94		<i>goodsense clickfine pen needle</i> .....	128
<i>glipizide-metformin hcl</i> .....	87		<i>goodsense lancets 26g univ</i> .....	128
<i>global ease inject pen needles</i> ..	126		<i>goodsense lancets 30g univ</i> .....	128
<i>global easy glide insulin syr</i> ....	126		<i>goodsense lancets 33g univ</i> .....	129
<i>global easy glide pen needles</i> ...	126		<i>goodsense lancing device</i> .....	129
<i>global inject ease insulin syr</i> ....	126		<i>goodsense nicotine</i> .....	83
<i>global inject ease lancets 28g</i> ..	126		GOODSENSE PEN	
<i>global inject ease lancets 30g</i> ..	126		NEEDLE PENFINE.....	129
<i>global insulin syringes</i> .....	126		GRALISE.....	82
<i>global lancing device</i> .....	126		<i>granisetron hcl</i> .....	164
GLUCAGEN HYPOKIT.....	156		GRASTEK.....	181
<i>glucagon emergency</i> .....	156		<i>griseofulvin microsize</i> .....	23
GLUCO PERFECT 3			<i>griseofulvin ultramicrosize</i> .....	23
METER.....	126		<i>guaiaatussin ac</i> .....	216
GLUCO PERFECT 3 TEST.....	126		<i>guaifenesin-codeine</i> .....	216
GLUCOCARD 01 BLOOD			<i>guanfacine hcl</i> .....	54
GLUCOSE.....	126		<i>guanfacine hcl er</i> .....	72
GLUCOCARD 01 SENSOR			GUARDIAN 4 GLUCOSE	
PLUS.....	126		SENSOR.....	129
GLUCOCARD 01-MINI			GUARDIAN 4	
GLUCOSE.....	127		TRANSMITTER.....	129
GLUCOCARD			GUARDIAN CONNECT	
EXPRESSION MONITOR..	127		TRANSMITTER.....	129
GLUCOCARD			GUARDIAN LINK 3	
EXPRESSION TEST.....	127		TRANSMITTER.....	129
GLUCOCARD SHINE			GUARDIAN REAL-TIME	
CONNEX.....	127		CHARGER.....	129
GLUCOCARD SHINE				
EXPRESS.....	127			
GLUCOCARD SHINE				
TEST.....	127			
GLUCOCARD SHINE XL..	127			
GLUCOCARD VITAL				
MONITOR.....	127			
GLUCOCARD VITAL				
TEST.....	127			
GLUCOCARD X-METER..	127			
GLUCOCARD X-SENSOR.....	127			
GLUCOCOM BLOOD				
GLUCOSE MONITOR.....	127			
GLUCOCOM LANCETS				
28G.....	127			
GLUCOCOM LANCETS				
30G.....	127			
GLUCOCOM LANCETS				
33G.....	127			
GLUCOCOM MONITOR..	127			
GLUCOCOM TEST.....	127			
GLUCONAVII BLOOD				
GLUCOSE SYS.....	127			
GLUCONAVII BLOOD				
GLUCOSE TEST.....	127			
GLUCOPRO INSULIN				
SYRINGE.....	128			
GLUCOPRO SYR RES 3ML				
22GX3/8".....	128			
<i>glucose meter test</i> .....	128			
GLUMETZA.....	86			
<i>glyburide</i> .....	94			
<i>glyburide micronized</i> .....	94			
<i>glyburide-metformin</i> .....	87			
<i>glycine</i> .....	235			
<i>glycolic acid</i> .....	227			
<i>glycopyrrolate</i> .....	162			
Glydo.....	232			
GLYXAMBI.....	93			
<i>g-myc</i> o nail.....	225			
<i>gnp adult aspirin low strength</i> ...	21			
<i>gnp aspirin</i> .....	21			
<i>gnp clickfine pen needles</i> .....	128			
GNP EASY TOUCH				
GLUCOSE METER.....	128			
<i>gnp easy touch glucose test</i> ....	128			
<i>gnp folic acid</i> .....	201			
<i>gnp insulin syringe</i> .....	128			
<i>gnp lancets 21g</i> .....	128			
<i>gnp lancets thin 26g</i> .....	128			



GUARDIAN REAL-TIME REPLACE PED.....	129	HER STYLE.....	99	HW EMBRACE TALK BLOOD GLUCOSE.....	130
GUARDIAN REAL-TIME TEST PLUG.....	129	HETLIOZ.....	74	HW EMBRACE TALK GLUCOSE TEST.....	130
GUARDIAN SENSOR (3)...	129	HETLIOZ LQ.....	74	HYALGAN.....	22
<i>guardian sensor 3</i> .....	129	Hidex 6-Day.....	155	HYCAMTIN.....	42
GVOKE HYPOPEN 1- PACK.....	156	HIZENTRA.....	189	HYCODAN.....	216
GVOKE HYPOPEN 2- PACK.....	156	HM EMBRACE TALK SYSTEM.....	129	<i>hydralazine hcl</i> .....	54
GVOKE PFS.....	157	<i>hm nicotine polacrilex</i> .....	83	<i>hydrochlorothiazide</i> .....	53
GYNAZOLE-1.....	174	HM ULTICARE INSULIN SYRINGE.....	130	<i>hydrocod poli-chlorphe poli er</i> .....	216
HABITROL.....	83	HM ULTICARE SHORT PEN NEEDLES.....	130	<i>hydrocodone bitartrate er</i> .....	17
HAEGARDA.....	188	HORIZANT.....	82	<i>hydrocodone bit-homatrop mbr</i> .....	216
Hailey 1.5/30.....	99	HUMALOG.....	89	<i>hydrocodone-acetaminophen</i> .....	17
Hailey 24 Fe.....	99	HUMALOG KWIKPEN.....	89	<i>hydrocodone-ibuprofen</i> .....	17
Hailey Fe 1.5/30.....	99	HUMALOG MIX 50/50.....	89	<i>hydrocortisone</i> .....	155, 165, 230
Hailey Fe 1/20.....	99	HUMALOG MIX 50/50 KWIKPEN.....	89	<i>hydrocortisone (perianal)</i> .....	170
<i>halcinonide</i> .....	230	HUMALOG MIX 75/25.....	89	<i>hydrocortisone ace-pramoxine</i> .....	170
<i>halobetasol propionate</i> .....	230	HUMALOG MIX 75/25 KWIKPEN.....	89	<i>hydrocortisone butyrate</i> .....	230
Haloette.....	99	HUMATE-P.....	175	<i>hydrocortisone valerate</i> .....	230
HALOG.....	230	HUMATIN.....	23	<i>hydrocortisone-acetic acid</i> .....	236
<i>haloperidol</i> .....	64	HUMATROPE.....	157	<i>hydromet</i> .....	216
<i>haloperidol decanoate</i> .....	64	HUMIRA (2 PEN).....	184	<i>hydromorphone hcl</i> .....	18
<i>haloperidol lactate</i> .....	64	HUMIRA (2 SYRINGE).....	184	<i>hydromorphone hcl er</i> .....	17
HARVONI.....	31	HUMIRA-CD/UC/HS STARTER.....	184	<i>hydroxychloroquine sulfate</i> .....	24, 188
HEALTH CARE LANCING DEVICE.....	129	HUMIRA-PED.....	184	<i>hydroxyurea</i> .....	41
<i>healthwise insulin syr/needle</i> ...	129	HUMIRA-PED>/=40KG CROHNS START.....	184	<i>hydroxyzine hcl</i> .....	214
<i>healthwise micron pen needles</i> .....	129	HUMIRA-PED>/=40KG UC STARTER.....	185	<i>hydroxyzine pamoate</i> .....	214
<i>healthwise short pen needles</i> .....	129	HUMIRA- PSORIASIS/UEVEIT STARTER.....	185	HYFTOR.....	233
Heather.....	99	HUMULIN 70/30.....	90	<i>hylavite</i> .....	201
<i>h-e-b aspirin</i> .....	21	HUMULIN 70/30 KWIKPEN.....	89	<i>hylazinc</i> .....	201
<i>h-e-b incontrol adv lancing</i> .....	129	HUMULIN N.....	90	HYMOVIS.....	22
<i>h-e-b incontrol lancets 28g</i> .....	129	HUMULIN N KWIKPEN.....	90	<i>hyoscyamine sulfate</i> .....	162
<i>h-e-b incontrol lancets 30g</i> .....	129	HUMULIN R.....	90	<i>hyoscyamine sulfate er</i> .....	162
<i>h-e-b incontrol lancets 33g</i> .....	129	HUMULIN R U-500 (CONCENTRATED).....	90	HYPERSAL.....	218
<i>h-e-b incontrol pen needles</i> .....	129	HUMULIN R U-500 KWIKPEN.....	90	HYQVIA.....	190
H-E-B INCONTROL UNIFINE PENTIP.....	129	HW EMBRACE PRO GLUCOSE METER.....	130	HYRIMOZ.....	185
HEMADY.....	155	HW EMBRACE PRO GLUCOSE TEST.....	130	HYRIMOZ-CROHNS/UC STARTER.....	185
HEMANGEOL.....	50			HYRIMOZ-PED.....	185
<i>hematinic plus vitlminerals</i> .....	201			HYRIMOZ-PED>/=40KG CROHN START.....	185
HEMLIBRA.....	177			HYRIMOZ-PLAQUE PSORIASIS START.....	185
HEMOCYTE PLUS.....	201			HYSINGLA ER.....	18
HEMOFIL M.....	177			HY-VEE LANCETS.....	130
<i>heparin sod (porcine) in d5w</i> ..	174			<i>hy-vee thin lancets</i> .....	130
<i>heparin sodium (porcine)</i> .....	174			HYZAAR.....	44
<i>heparin sodium (porcine) pf</i> ...	174			<i>ibandronate sodium</i> .....	95
<i>hepmed</i> .....	174			IBRANCE.....	38

IBSRELA.....	166	<i>indomethacin</i> .....	15	ISORDIL TITRADOSE.....	55
Ibu.....	14	<i>indomethacin er</i> .....	15	<i>isosorbide dinitrate</i> .....	55
<i>ibuprofen</i> .....	14, 15	INFINITY BLOOD		<i>isosorbide mononitrate</i> .....	55
<i>ibuprofen-famotidine</i> .....	16	GLUCOSE SYSTEM.....	130	<i>isosorbide mononitrate er</i> .....	55
ICAR-C PLUS.....	201	INFINITY BLOOD		<i>isotretinoin</i> .....	223
<i>icatibant acetate</i> .....	188	GLUCOSE TEST.....	130	<i>isradipine</i> .....	51
Iclevia.....	100	INFINITY VOICE.....	130	ISTALOL.....	206
ICLUSIG.....	38	Inflamacin.....	16	ISTURISA.....	108
<i>icosapent ethyl</i> .....	49	INFLECTRA.....	182	<i>itraconazole</i> .....	23
ICY HOT PM.....	232	<i>infliximab</i> .....	182	<i>ivermectin</i> .....	22, 234
IDELVION.....	179	INFUVITE ADULT.....	201	IWILFIN.....	41
IDHIFA.....	41	INFUVITE PEDIATRIC.....	201	IXINITY.....	179
Iferex 150 Forte.....	201	INGREZZA.....	77	JADENU.....	96
IGLUCOSE MONITORING		INLYTA.....	38	JADENU SPRINKLE.....	96
SYSTEM.....	130	INNOPRAN XL.....	50	Jaimiess.....	100
IGLUCOSE TEST STRIPS..	130	INPEFA.....	54	JAKAFI.....	38
ILARIS.....	191	INQOVI.....	35	JALYN.....	170
ILEVRO.....	209	INREBIC.....	38	Jantoven.....	174
ILUMYA.....	182	<i>insulin degludec</i> .....	90	JANUMET.....	87
<i>imatinib mesylate</i> .....	38	<i>insulin degludec flextouch</i> .....	90	JANUMET XR.....	87
IMBRUVICA.....	38	<i>insulin glargine</i> .....	90	JANUVIA.....	87
IMCIVREE.....	159	<i>insulin glargine max solostar</i> ....	90	JARDIANCE.....	93
<i>imipramine hcl</i> .....	59	<i>insulin glargine solostar</i> .....	90	Jasmiel.....	100
<i>imipramine pamoate</i> .....	60	<i>insulin glargine-yfgn</i> .....	90	JATENZO.....	85
<i>imiquimod</i> .....	224	<i>insulin syringe</i> .....	130	JAYPIRCA.....	38
<i>imiquimod pump</i> .....	224	<i>insulin syringe-needle u-100</i> ....	131	Jencycla.....	100
IMPOYZ.....	230	<i>insupen pen needles</i> .....	131	<i>jenliva prenatal/postnatal</i> .....	194
IMVEXXY		INTEGRA PLUS.....	201	JENTADUETO.....	87
MAINTENANCE PACK....	153	INTELENCE.....	25	JENTADUETO XR.....	87
IMVEXXY STARTER		INTRAROSA.....	85	Jinteli.....	153
PACK.....	153	Introvale.....	100	JIVI.....	177
IN TOUCH.....	130	INTUNIV.....	72	Jolessa.....	100
IN TOUCH BLOOD		INVEGA HAFYERA.....	64	JORNAY PM.....	72
GLUCOSE TEST.....	130	INVEGA SUSTENNA.....	64	Joyeaux.....	100
IN TOUCH LANCING		INVEGA TRINZA.....	64	JUBLIA.....	225
DEVICE.....	130	INVELTYS.....	209	Juleber.....	100
IN TOUCH STERILE		INVOKAMET.....	93	JULUCA.....	26
LANCETS 30G.....	130	INVOKAMET XR.....	93	Junel 1.5/30.....	100
INATAL GT.....	194	INVOKANA.....	93	Junel 1/20.....	100
INBRIJA.....	62	<i>iodine tincture</i> .....	233	Junel Fe 1.5/30.....	100
Incassia.....	100	IOPIDINE.....	206	Junel Fe 1/20.....	100
INCONTROL ULTICARE		<i>ipratropium bromide</i> .....	213, 214	Junel Fe 24.....	100
PEN NEEDLES.....	130	<i>ipratropium-albuterol</i> .....	213	JUXTAPID.....	48
INCRELEX.....	159	<i>irbesartan</i> .....	45	JYNARQUE.....	159
INCRUSE ELLIPTA.....	213	<i>irbesartan-hydrochlorothiazide</i> ..	44	Kaitlib Fe.....	100
<i>indapamide</i> .....	53	IRESSA.....	38	KALETRA.....	26
INDERAL LA.....	50	ISENTRESS.....	25	Kalliga.....	100
INDERAL XL.....	50	ISENTRESS HD.....	25	KALYDECO.....	217
INDOCIN.....	15	Isibloom.....	100	KAPSPARGO SPRINKLE....	50
Indocin.....	15	<i>isoniazid</i> .....	27	KARBINAL ER.....	214

Kariva.....	100	KLS QUIT4.....	83	<i>lamotrigine starter kit-green</i> ....	68
KATERZIA.....	51	<i>kmart valu insulin syringe 29g</i> ..	131	<i>lamotrigine starter kit-orange</i> ...	68
Kelnor 1/35.....	100	<i>kmart valu insulin syringe 30g</i> ..	131	LAMPIT.....	31
Kelnor 1/50.....	100	KOATE.....	177	<i>lancet device</i> .....	131
<i>kemoplat</i> .....	42	KOATE-DVI.....	178	<i>lancet device with ejector</i> .....	131
KENALOG.....	230	KOGENATE FS.....	178	<i>lancet transporter case</i> .....	131
KEPPRA.....	68	KOMBIGLYZE XR.....	87	<i>lancets</i> .....	131
KEPPRA XR.....	68	KORLYM.....	93	<i>lancets 30g</i> .....	132
KERASTAT.....	235	KOSELUGO.....	39	<i>lancets 33g</i> .....	132
KERENDIA.....	158	<i>kosher prenatal plus iron</i> .....	194	<i>lancets micro thin 33g</i> .....	132
KESIMPTA.....	78	KOVALTRY.....	178	<i>lancets thin</i> .....	132
<i>ketoconazole</i> .....	23, 225, 227	<i>kp aspirin</i> .....	21	LANCETS ULTRA THIN...	132
Ketodan.....	225	K-PHOS.....	192	<i>lancets ultra thin 30g</i> .....	132
KETO-DIASTIX.....	131	K-Prime.....	192	<i>lancing device</i> .....	132
<i>ketone test</i> .....	131	KRAZATI.....	41	LANOXIN.....	52
<i>ketoprofen</i> .....	15	KRINTAFEL.....	24	<i>lanreotide acetate</i> .....	84
<i>ketoprofen er</i> .....	15	KRISTALOSE.....	166	<i>lansoprazole</i> .....	169
<i>ketorolac tromethamine</i> ....	15, 209	<i>kruger blood glucose</i> .....	131	<i>lanthanum carbonate</i> .....	160
KETOSTIX.....	131	<i>kruger blood glucose test</i> .....	131	LANTUS.....	90
KEVEYIS.....	53	KROGER HEALTHPRO		LANTUS SOLOSTAR.....	90
KEVZARA.....	185	GLUCOSE TEST.....	131	LANZO.....	132
<i>keyfolic</i> .....	201	<i>kruger insulin syringe</i> .....	131	Larin 1.5/30.....	101
KEYLOSA.....	201	<i>kruger lancets</i> .....	131	Larin 1/20.....	101
KINERET.....	185	<i>kruger lancets super thin</i> .....	131	Larin 24 Fe.....	101
<i>kinney lancets</i> .....	131	<i>kruger lancets thin</i> .....	131	Larin Fe 1.5/30.....	101
<i>kinney thin lancets</i> .....	131	<i>kruger pen needles</i> .....	131	Larin Fe 1/20.....	101
<i>kinray insulin syringe</i> .....	131	<i>kruger premium blood glucose</i> ..	131	<i>latanoprost</i> .....	206
KISQALI (200 MG DOSE)....	39	<i>kruger premium glucose test</i> ...	131	LATUDA.....	64
KISQALI (400 MG DOSE)....	39	KRYSTEXXA.....	13	Layolis Fe.....	101
KISQALI (600 MG DOSE)....	39	K-Tan Plus.....	202	LDL CARE.....	202
KISQALI FEMARA (200		Kurvelo.....	101	LDO PLUS.....	232
MG DOSE).....	39	KUVAN.....	151	<i>leader insulin syringe</i> .....	132
KISQALI FEMARA (400		KYLEENA.....	101	LEADER UNIFINE	
MG DOSE).....	39	KYZATREX.....	85	PENTIPS.....	132
KISQALI FEMARA (600		L.E.T.....	232	LEADER UNIFINE	
MG DOSE).....	39	<i>labetalol hcl</i> .....	50	PENTIPS PLUS.....	132
KITABIS PAK.....	217	LACRISERT.....	211	Leena.....	101
KLARITY-A.....	208	<i>lactated ringers</i> .....	211	<i>leflunomide</i> .....	188
KLARITY-L.....	209	LACTEROL.....	163	LENVIMA (10 MG DAILY	
KLISYRI.....	224	<i>lactic acid</i> .....	233	DOSE).....	39
KLONOPIN.....	68	<i>lactulose</i> .....	166	LENVIMA (12 MG DAILY	
Klor-Con.....	192	LAMICTAL.....	68	DOSE).....	39
Klor-Con 10.....	192	LAMICTAL ODT.....	68	LENVIMA (14 MG DAILY	
Klor-Con M10.....	192	LAMICTAL STARTER.....	68	DOSE).....	39
Klor-Con M15.....	192	LAMICTAL XR.....	68	LENVIMA (18 MG DAILY	
Klor-Con M20.....	192	<i>lamivudine</i> .....	25, 30	DOSE).....	39
Klor-Con/Ef.....	192	<i>lamivudine-zidovudine</i> .....	27	LENVIMA (20 MG DAILY	
KLOXXADO.....	82	<i>lamotrigine</i> .....	68	DOSE).....	39
<i>kls aspirin low dose</i> .....	21	<i>lamotrigine er</i> .....	68	LENVIMA (24 MG DAILY	
KLS QUIT2.....	83	<i>lamotrigine starter kit-blue</i> .....	68	DOSE).....	39

LENVIMA (4 MG DAILY DOSE).....	39	<i>lidocaine hcl urethral/mucosal</i> .....	232	<i>longs lancets ultra thin</i> .....	132
LENVIMA (8 MG DAILY DOSE).....	39	<i>lidocaine viscous hcl</i> .....	236	LONSURF.....	35
LESCOL XL.....	48	<i>lidocaine-prilocaine</i> .....	232	<i>loperamide hcl</i> .....	163
Lessina.....	101	LIDOCARE		<i>lopinavir-ritonavir</i> .....	27
LETAIRIS.....	55	ARM/NECK/LEG.....	232	<i>lorazepam</i> .....	57
<i>letrozole</i> .....	36	LIDOCARE		LORBRENA.....	39
<i>leucovorin calcium</i> .....	42	BACK/SHOULDER.....	232	LOREEV XR.....	57
LEUKERAN.....	34	LIDODERM.....	232	Loryna.....	102
LEUKINE.....	176	<i>lidopin</i> .....	232	Lorzone.....	80
<i>leuprolide acetate</i> .....	36	LIDOPURE PATCH.....	232	<i>losartan potassium</i> .....	45
<i>levabuterol hcl</i> .....	215	LIDOTHOL.....	232	<i>losartan potassium-hctz</i> .....	44
<i>levabuterol tartrate</i> .....	215	LIDOTRAL.....	232	LOTEMAX.....	209
LEVEMIR.....	90	LILETTA (52 MG).....	101	LOTEMAX SM.....	209
LEVEMIR FLEXPEN.....	90	<i>linezolid</i> .....	31	<i>loteprednol etabonate</i> .....	209
<i>levetiracetam</i> .....	68	LINZESS.....	166	LOTRONEX.....	166
<i>levetiracetam er</i> .....	68	<i>liothyronine sodium</i> .....	161	<i>lovastatin</i> .....	48
<i>levobunolol hcl</i> .....	206	LIPITOR.....	48	LOVAZA.....	49
<i>levocarnitine</i> .....	95, 96	<i>lisdexamfetamine dimesylate</i> ....	72	Low-Ogestrel.....	102
<i>levocetirizine dihydrochloride</i> ..	214	<i>lisinopril</i> .....	43	<i>loxapine succinate</i> .....	64
<i>levofloxacin</i> .....	30	<i>lisinopril-hydrochlorothiazide</i> ...	43	Lo-Zumandimine.....	102
Levonest.....	101	<i>lite touch lancets</i> .....	132	LUCEMYRA.....	82
<i>levonorgest-eth est &amp; eth est</i> ....	101	LITE TOUCH LANCING		LUCENTIS.....	211
<i>levonorgest-eth estrad 91-day</i> ..	101	PEN.....	132	<i>luliconazole</i> .....	226
<i>levonorgest-eth estradiol-iron</i> ..	101	LITETOUCH INSULIN		LUMAKRAS.....	41
<i>levonorgestrel</i> .....	101	SYRINGE.....	132	LUMIGAN.....	206
<i>levonorgestrel-ethinyl estrad</i> ...	101	LITETOUCH LANCETS.....	132	LUMRYZ.....	81
<i>levonorg-eth estrad triphasic</i> ...	101	LITETOUCH PEN		LUNESTA.....	74
Levora 0.15/30 (28).....	101	NEEDLES.....	132	LUPKYNIS.....	191
<i>levorphanol tartrate</i> .....	18	LITFULO.....	185	LUPRON DEPOT (1-MONTH).....	36
Levo-T.....	161	<i>lithium carbonate</i> .....	76	LUPRON DEPOT (3-MONTH).....	36
<i>levothyroxine sodium</i> .....	161	<i>lithium carbonate er</i> .....	76	LUPRON DEPOT (4-MONTH).....	36
Levoxyl.....	161	LITHOSTAT.....	172	LUPRON DEPOT (6-MONTH).....	36
LEVULAN KERASTICK...	233	LIVALO.....	48	LUPRON DEPOT (6-MONTH).....	36
LEXAPRO.....	60	LIVMARLI.....	167	LUPRON DEPOT-PED (1-MONTH).....	158
LEXETTE.....	230	LIVTENCITY.....	28	LUPRON DEPOT-PED (3-MONTH).....	158
LEXIVA.....	25	<i>l-methylfolate forte</i> .....	202	Lutera.....	102
LIALDA.....	165	LMR PLUS.....	232	LUZU.....	226
<i>liberty blood glucose meter</i> .....	132	LO LOESTRIN FE.....	101	LYBALVI.....	64
LIBERTY NEXT		LODINE.....	15	Lyleq.....	102
GENERATION TEST.....	132	Loestrin 1.5/30 (21).....	102	LYNPARZA.....	41
LIBERTY NXT		Loestrin 1/20 (21).....	102	LYRICA.....	69
GENERATION MONITOR	132	Loestrin Fe 1.5/30.....	102	LYRICA CR.....	82
<i>liberty test</i> .....	132	Loestrin Fe 1/20.....	102	Lysiplex Plus.....	202
LIBRAX.....	165	Lofena.....	15	LYSODREN.....	36
LICART.....	234	Lojaimiess.....	102	LYVISPAH.....	80
<i>lidocaine</i> .....	232	LOKELMA.....	160		
<i>lidocaine hcl</i> .....	232, 236	LOMAIRA.....	94		
<i>lidocaine hcl (cardiac) pf</i> .....	46	<i>longs insulin syringe</i> .....	132		
		<i>longs lancets standard</i> .....	132		
		<i>longs lancets thin</i> .....	132		



Lyza.....	102	MEDLANCE PLUS		METAXALL CP.....	80
MACRODANTIN.....	31	UNIVERSAL 21G.....	133	<i>metaxalone</i> .....	80
<i>mafenide acetate</i> .....	224	MEDROL.....	155	<i>metformin hcl</i> .....	87
MAGELLAN INSULIN		<i>medroxyprogesterone acetate</i>		<i>metformin hcl er</i> .....	86
SAFETY SYR.....	133	.....	102, 160	<i>metformin hcl er (mod)</i> .....	86
<i>magnesium sulfate</i> .....	192	<i>mefenamic acid</i> .....	15	<i>metformin hcl er (osm)</i> .....	86
<i>malathion</i> .....	235	<i>mefloquine hcl</i> .....	24	<i>methadone hcl</i> .....	18
MARATHON MEDICAL		<i>megestrol acetate</i> .....	36, 160	Methadone Hcl Intensol.....	18
PENTIPS.....	133	<i>meijer blood glucose</i> .....	133	<i>methadone hcl-nacl</i> .....	18
MARGENZA.....	39	<i>meijer blood glucose test</i> .....	133	METHADOSE.....	18
<i>marlissa</i> .....	102	<i>meijer essential blood glucose</i> ..	133	Methadose.....	18
MARPLAN.....	60	<i>meijer essential glucose test</i> ....	133	METHADOSE SUGAR-	
MATULANE.....	34	MEIJER LANCETS THIN..	133	FREE.....	18
Matzim La.....	51	MEIJER LANCETS		<i>methamphetamine hcl</i> .....	72
MAVENCLAD (10 TABS).....	78	UNIVERSAL 21G.....	133	<i>methazolamide</i> .....	53
MAVENCLAD (4 TABS).....	78	MEIJER LANCETS		<i>methenamine hippurate</i> .....	31
MAVENCLAD (5 TABS).....	78	UNIVERSAL 30G.....	133	<i>methenamine mandelate</i> .....	32
MAVENCLAD (6 TABS).....	78	MEIJER LANCETS		Methergine.....	159
MAVENCLAD (7 TABS).....	78	UNIVERSAL 33G.....	133	<i>methimazole</i> .....	161
MAVENCLAD (8 TABS).....	78	<i>meijer pen needles</i> .....	133	<i>methitest</i> .....	85
MAVENCLAD (9 TABS).....	78	<i>meijer premium blood glucose</i> ..	133	<i>methocarbamol</i> .....	80
MAVYRET.....	31	MEIJER SUPER THIN		<i>methotrexate sodium</i> .....	35, 188
MAXALT.....	75	LANCETS.....	133	<i>methotrexate sodium (pf)</i> .....	35
MAXALT-MLT.....	75	MEIJER TRUE2GO		<i>methoxsalen rapid</i> .....	227
MAXICOMFORT II PEN		BLOOD GLUCOSE.....	133	<i>methscopolamine bromide</i> .....	162
NEEDLE.....	133	MEIJER TRUERESULT		<i>methyl dopa</i> .....	54
MAXI-COMFORT		GLUCOSE SYS.....	134	<i>methylergonovine maleate</i> .....	159
INSULIN SYRINGE.....	133	MEIJER TRUETEST TEST	134	<i>methylphenidate hcl</i> .....	73
MAXI-COMFORT SAFETY		MEIJER TRUETRACK		<i>methylphenidate hcl er</i> .....	73
PEN NEEDLE.....	133	GLUCOSE SYS.....	134	<i>methylphenidate hcl er (cd)</i> .....	72
MAXICOMFORT SYR 27G		MEIJER TRUETRACK		<i>methylphenidate hcl er (la)</i> .....	73
X 1/2".....	133	TEST.....	134	<i>methylphenidate hcl er (osm)</i> ...	73
MAXIDEX.....	209	MEKINIST.....	39	<i>methylprednisolone</i> .....	155
MAYZENT.....	78	MEKTOVI.....	39	<i>methylprednisolone acetate</i> ....	155
MAYZENT STARTER		<i>meloxicam</i> .....	15	<i>methyltestosterone</i> .....	85
PACK.....	78	<i>melpalalan</i> .....	34	<i>metoclopramide hcl</i> .....	164
<i>meclizine hcl</i> .....	164	<i>memantine hcl</i> .....	58	<i>metolazone</i> .....	53
<i>meclofenamate sodium</i> .....	15	<i>memantine hcl er</i> .....	58	<i>metoprolol succinate er</i> .....	50
<i>medic insulin syringe</i> .....	133	MENEST.....	153	<i>metoprolol tartrate</i> .....	50
<i>medichoice safety lancet extra</i>	133	MENOPUR.....	154	<i>metoprolol-hydrochlorothiazide</i>	49
<i>medicine shoppe pen needles</i> ....	133	MENOSTAR.....	153	METROGEL.....	234
MEDLANCE PLUS EXTRA		<i>meperidine hcl</i> .....	18	<i>metronidazole</i> .....	32, 174, 234
21G.....	133	<i>meprobamate</i> .....	57	METRONIDAZOLE	
MEDLANCE PLUS LITE		<i>mercaptopurine</i> .....	35	BENZO+SYRSPEND.....	32
25G.....	133	Merzee.....	102	<i>mexiletine hcl</i> .....	46
MEDLANCE PLUS		<i>mesalamine</i> .....	165	MIACALCIN.....	95
SPECIAL 0.8MM.....	133	<i>mesalamine-cleanser</i> .....	165	Mibelas 24 Fe.....	102
MEDLANCE PLUS		MESNEX.....	42	MICARDIS.....	45
SUPERLITE 30G.....	133	MESTINON.....	76	MICARDIS HCT.....	44
		METAFOBIC PLUS RF....	202	<i>miconazole 3</i> .....	174

<i>miconazole-zinc oxide-petrolat</i>	226	MM BLOOD GLUCOSE SYSTEM REFILL	134	<i>multivitamin w/fluoride</i>	202
MICRODOT BLOOD GLUCOSE SYSTEM	134	MM BLULINK GLUCOSE MONIT SYS	134	<i>multivitamin/fluoride</i>	202
MICRODOT PEN NEEDLE	134	MM BLULINK GLUCOSE TEST	134	<i>multi-vitamin/fluoride/iron</i>	202
MICRODOT TEST	134	MM EASY TOUCH GLUCOSE METER	134	MULTI-VIT-FLOR	202
Microgestin 1.5/30	102	mm insulin syringe/needle	135	<i>mupirocin</i>	225
Microgestin 1/20	102	MM PEN NEEDLES	135	<i>mupirocin calcium</i>	224
Microgestin 24 Fe	102	<i>m-natal plus</i>	194	MY CHOICE	103
Microgestin Fe 1.5/30	102	<i>modafinil</i>	81	MY WAY	103
Microgestin Fe 1/20	102	<i>moexipril hcl</i>	43	MYALEPT	151
MICROLET LANCETS	134	<i>molindone hcl</i>	64	MYCAPSSA	84
MICROLET NEXT LANCING DEVICE	134	<i>mometasone furoate</i>	218, 230	MYCO NAIL	226
<i>midazolam hcl</i>	74	Mondoxyne Nl	34	<i>mycophenolate mofetil</i>	191
<i>midodrine hcl</i>	54	MONOJECT INSULIN SYRINGE	135	<i>mycophenolate sodium</i>	191
MIEBO	210	MONOJECT ULTRA COMFORT SYRINGE	135	MYDAYIS	73
MIGERGOT	75	MONOLET LANCETS	135	MYFEMBREE	153
<i>miglitol</i>	86	MONOLET OPD LANCETS	135	MYFORTIC	191
<i>miglustat</i>	151	MONOLETTOR SAFETY LANCETS	135	MYGLUCOHEALTH BLOOD GLUCOSE	135
MIGRANAL	75	Mono-Linyah	103	MYGLUCOHEALTH LANCETS 30G	135
Mili	103	<i>montelukast sodium</i>	217	MYGLUCOHEALTH TEST	135
Mimvey	153	<i>morphine sulfate</i>	18	MYLERAN	34
<i>mini lancing device</i>	134	<i>morphine sulfate (concentrate)</i>	18	MYRBETRIQ	173
MINILINK REAL-TIME TRANSMITTER	134	<i>morphine sulfate er</i>	18	MYTESI	163
MINIMED 630G GUARDIAN PRESS	134	<i>morphine sulfate er beads</i>	18	<i>na sulfate-k sulfate-mg sulf</i>	166
MINIMED PUMP RESERVOIR 3ML	134	MOTTEGRITY	167	<i>nabumetone</i>	15
MINIMED RESERVOIR 1.8ML	134	MOTOFEN	163	<i>nadolol</i>	50
MINIMED RESERVOIR 3ML	134	MOUNJARO	88	<i>naftifine hcl</i>	226
MINIVELLE	153	MOVANTIK	167	NAFTIN	226
<i>minocycline hcl</i>	33	MOVIPREP	166	NALFON	15
<i>minocycline hcl er</i>	33	<i>moxifloxacin hcl</i>	30, 208	<i>nalmefene hcl</i>	82
MINOLIRA	34	MS CONTIN	18	<i>nalocet</i>	19
<i>minoxidil</i>	54	<i>ms insulin syringe</i>	135	<i>naloxone hcl</i>	82
MIRCERA	176	MULPLETA	180	<i>naltrexone hcl</i>	82
MIRENA (52 MG)	103	MULTAQ	46	NAMENDA XR	58
<i>mirtazapine</i>	60	MULTIGEN	202	NAMZARIC	58
MIRVASO	235	MULTIGEN FOLIC	202	NAPRELAN	15
<i>misoprostol</i>	167	MULTIGEN PLUS	202	NAPROSYN	15
MITIGARE	13	MULTI-LANCET DEVICE 2	135	<i>naproxen</i>	15
MITOSOL	208	<i>multipro</i>	202	<i>naproxen sodium</i>	15
<i>mm aspirin</i>	21	<i>multi-vit/iron/fluoride</i>	202	<i>naproxen sodium er</i>	15
MM BLOOD GLUCOSE SYSTEM	134			<i>naproxen-esomeprazole mg</i>	16
				<i>naratriptan hcl</i>	75
				NARCAN	82
				NASCOBAL	180
				NATACHEW	194
				NATACYN	208
				<i>natal pnv</i>	194



NATALVIT.....	194	NEXLETOL.....	46	<i>norethin ace-eth estrad-fe</i> .....	103
NATAZIA.....	103	NEXLIZET.....	46	<i>norethindrone</i> .....	103
<i>nateglinide</i> .....	92	NEXPLANON.....	103	<i>norethindrone acetate</i> .....	160
NATESTO.....	85	NEXTERONE.....	46	<i>norethindrone acet-ethinyl est.</i>	103
NAYZILAM.....	69	NEXTSTELLIS.....	103	<i>norethindrone-eth estradiol</i> .....	153
NEBUPENT.....	32	NGENLA.....	157	<i>norethindron-ethinyl estrad-fe.</i>	103
Necon 0.5/35 (28).....	103	<i>niacin (antihyperlipidemic)</i> .....	48	<i>norethin-eth estradiol-fe</i> .....	103
Necon 1/35 (28).....	103	<i>niacin er (antihyperlipidemic)</i> ..	48	<i>norgesic forte</i> .....	80
NEEVO DHA.....	194	NIACOR.....	48	<i>norgestimate-eth estradiol</i> .....	103
<i>nefazodone hcl</i> .....	60	NICADAN.....	202	<i>norgestim-eth estrad triphasic.</i>	103
NEOKE BCAA4.....	202	NICAPRIN.....	202	NORITATE.....	235
<i>neoke bhb</i> .....	202	<i>nicardipine hcl</i> .....	51	NORLIQVA.....	52
<i>neomycin sulfate</i> .....	23	NICAZEL.....	202	Norlyda.....	103
<i>neomycin-bacitracin zn-</i>		NICAZEL FORTE.....	202	Norlyroc.....	103
<i>polymyx</i> .....	208	NICOMIDE.....	202	NORPACE.....	46
<i>neomycin-polymyxin-dexameth</i>		NICORELIEF.....	83	NORPACE CR.....	46
.....	207	<i>nicotinamide</i> .....	203	NORTHERA.....	54
<i>neomycin-polymyxin-</i>		<i>nicotine</i> .....	84	Nortrel 0.5/35 (28).....	104
<i>gramicidin</i> .....	208	<i>nicotine mini</i> .....	84	Nortrel 1/35 (21).....	104
<i>neomycin-polymyxin-hc</i> ..	207, 236	<i>nicotine polacrilex</i> .....	84	Nortrel 1/35 (28).....	104
<i>neonatal + dha</i> .....	194	<i>nicotine polacrilex mini</i> .....	84	Nortrel 7/7/7.....	104
<i>neonatal 19</i> .....	194	<i>nicotine step 1</i> .....	84	<i>nortriptyline hcl</i> .....	60
<i>neonatal complete</i> .....	194	<i>nicotine step 2</i> .....	84	NORVASC.....	52
<i>neonatal fe</i> .....	194	<i>nicotine step 3</i> .....	84	NORVIR.....	25
NEONATAL PLUS.....	194	NICOTROL.....	84	NOURIANZ.....	62
Neo-Polycin.....	208	NICOTROL NS.....	84	NOVA MAX BLOOD	
Neo-Polycin Hc.....	207	<i>nifedipine</i> .....	52	GLUCOSE SYSTEM.....	135
NEO-SYNALAR.....	225	<i>nifedipine er</i> .....	51	NOVA MAX GLUCOSE	
<i>neovite</i> .....	202	<i>nifedipine er osmotic release</i> .....	52	TEST.....	135
NEPHPLEX RX.....	202	Nikki.....	103	NOVA MAX PLUS	
Nephronex.....	202	NILANDRON.....	36	KETONE TEST.....	135
NERLYNX.....	40	<i>nilutamide</i> .....	36	NOVA SAFETY LANCETS	
NESTABS.....	194	<i>nimodipine</i> .....	52	23G.....	135
NESTABS DHA.....	194	NINLARO.....	42	NOVA SAFETY LANCETS	
NESTABS ONE.....	194	NIPRIDE RTU.....	54	28G.....	136
Neuac.....	223	<i>nisoldipine er</i> .....	52	NOVA SUREFLEX	
NEULASTA.....	176	<i>nitrovia</i> .....	203	LANCETS.....	136
NEULASTA ONPRO.....	176	NITRO-BID.....	55	NOVA SUREFLEX	
NEUPRO.....	62	NITRO-DUR.....	55	LANCING DEVICE.....	136
NEUTEK 2TEK TEST.....	135	<i>nitrofurantoin</i> .....	32	NOVOEIGHT.....	178
NEVANAC.....	210	<i>nitrofurantoin macrocrystal</i> .....	32	NOVOFINE AUTOCOVER	
<i>nevirapine</i> .....	25	<i>nitrofurantoin monohyd macro.</i>	32	PEN NEEDLE.....	136
<i>nevirapine er</i> .....	25	<i>nitroglycerin</i> .....	55	NOVOFINE PEN NEEDLE	136
NEW DAY.....	103	NITYR.....	157	NOVOFINE PLUS PEN	
NEXAVAR.....	40	NIVA-PLUS.....	195	NEEDLE.....	136
NEXICLON XR.....	54	NIVESTYM.....	176	NOVOLIN 70/30.....	91
NEXIUM.....	169	<i>nizatidine</i> .....	165	NOVOLIN 70/30 FLEXPEN..	91
NEXIUM 24HR.....	169	NOCDURNA.....	162	NOVOLIN 70/30 FLEXPEN	
NEXIUM 24HR CLEAR		Nora-Be.....	103	RELION.....	90
MINIS.....	169	NORDITROPIN FLEXPRO	157	NOVOLIN 70/30 RELION.....	91

NOVOLIN N.....	91	NUTROPIN AQ NUSPIN 10	157	OLPRUVA (6.67 GM DOSE)	151
NOVOLIN N FLEXPEN.....	91	.....	157	OLUMIANT.....	185
NOVOLIN N RELION.....	91	NUTROPIN AQ NUSPIN 20	157	OLUX-E.....	231
NOVOLIN R.....	91	.....	157	OMECLAMOX-PAK.....	170
NOVOLIN R FLEXPEN.....	91	NUTROPIN AQ NUSPIN 5	157	<i>omega-3-acid ethyl esters</i> .....	49
NOVOLIN R FLEXPEN		NUVARING.....	104	<i>omeprazole</i> .....	169
RELION.....	91	NUVESSA.....	174	<i>omeprazole-sodium</i>	
NOVOLIN R RELION.....	91	NUVIGIL.....	81	<i>bicarbonate</i> .....	169
NOVOLOG.....	91	NUWIQ.....	178	OMNARIS.....	218
NOVOLOG 70/30 FLEXPEN		NUZYRA.....	34	OMNIFLEX DIAPHRAGM	104
RELION.....	91	Nyamyc.....	226	OMNIPOD 5 G6 INTRO	
NOVOLOG FLEXPEN.....	91	Nylia 1/35.....	104	(GEN 5).....	136
NOVOLOG FLEXPEN		Nylia 7/7/7.....	104	OMNIPOD 5 G6 PODS	
RELION.....	91	NYMALIZE.....	52	(GEN 5).....	136
NOVOLOG MIX 70/30.....	92	Nymyo.....	104	OMNIPOD 5 G7 PODS	
NOVOLOG MIX 70/30		<i>nystatin</i> .....	24, 226, 236	(GEN 5).....	136
FLEXPEN.....	91	<i>nystatin-triamcinolone</i> .....	226	OMNIPOD CLASSIC PODS	
NOVOLOG MIX 70/30		Nystop.....	226	(GEN 3).....	136
RELION.....	91	NYVEPRIA.....	176	OMNIPOD DASH PODS	
NOVOLOG PENFILL.....	92	OB COMPLETE.....	195	(GEN 4).....	136
NOVOLOG RELION.....	92	OB COMPLETE ONE.....	195	OMNIPOD POD PALS.....	136
NOVOSEVEN RT.....	175	OB COMPLETE PETITE....	195	OMNITROPE.....	157, 158
NOXAFIL.....	23	OB COMPLETE PREMIER	195	ON CALL EXPRESS	
NP THYROID.....	161	OB COMPLETE/DHA.....	195	BLOOD GLUCOSE.....	136
NPLATE.....	180	<i>obizur</i> .....	178	ON CALL EXPRESS	
NUBEQA.....	36	OBSTETRIX DHA.....	195	MONITORING SYS.....	136
NUCALA.....	219	OBSTETRIX ONE.....	195	<i>ondansetron</i> .....	164
NUCARACLINPAK.....	223	OCALIVA.....	167	<i>ondansetron hcl</i> .....	164
NUCARARXPAK.....	223	Ocella.....	104	<i>one drop blood glucose monitor</i>	
NUCYNTA.....	19	OCTAGAM.....	190	.....	136
NUCYNTA ER.....	19	<i>octreotide acetate</i> .....	85	<i>one drop test</i> .....	136
Nudiclo Tabpak.....	16	OCUVEL.....	203	<i>one vite womens plus</i> .....	195
NUDROXIPAK.....	16	ODACTRA.....	181	ONETOUCH DELICA	
NUDROXIPAK DSDR-50....	15	ODEFSEY.....	27	PLUS LANCET30G.....	136
NUDROXIPAK DSDR-75....	15	ODOMZO.....	41	ONETOUCH DELICA	
NUDROXIPAK E-400.....	15	OFEV.....	218	PLUS LANCET33G.....	136
NUDROXIPAK I-800.....	15	<i>ofloxacin</i> .....	30, 208, 236	ONETOUCH DELICA	
NUDROXIPAK M-15.....	16	<i>olanzapine</i> .....	65	PLUS LANCING.....	136
NUDROXIPAK N-500.....	16	<i>olanzapine-fluoxetine hcl</i> .....	82	ONETOUCH DELICA	
NUEDEXTA.....	82	<i>olmesartan medoxomil</i> .....	45	SAFETY LANCING.....	136
Nufol.....	203	<i>olmesartan medoxomil-hctz</i> .....	44	ONETOUCH ULTRA.....	136
Nulev.....	163	<i>olmesartan-amlodipine-hctz</i> .....	45	ONETOUCH ULTRA 2.....	136
NUPLAZID.....	64	<i>olopatadine hcl</i> .....	205, 215	ONETOUCH ULTRASOFT	
NURTEC.....	75	OLPRUVA (2 GM DOSE)...	151	2 LANCETS.....	136
NUSURGEPAK		OLPRUVA (3 GM DOSE)...	151	ONETOUCH VERIO.....	136
SURGICAL PREP/CARE....	234	OLPRUVA (4 GM DOSE)...	151	ONETOUCH VERIO FLEX	
NUTRICAP.....	203	OLPRUVA (5 GM DOSE)...	151	SYSTEM.....	136
Nutrifac Zx.....	203	OLPRUVA (6 GM DOSE)...	151	ONETOUCH VERIO	
				REFLECT.....	136

<i>onevite</i> .....	203	OXISTAT.....	226	<i>pantoprazole sodium</i> .....	169
ONEXTON.....	223	OXTELLAR XR.....	69	PANZYGA.....	190
ONFI.....	69	<i>oxybutynin chloride</i> .....	173	PARADIGM PUMP	
ONGENTYS.....	62	<i>oxybutynin chloride er</i> .....	173	RESERVOIR 1.8ML.....	137
ONGLYZA.....	87	<i>oxycodone hcl</i> .....	19	PARADIGM PUMP	
ONUREG.....	35	<i>oxycodone hcl er</i> .....	19	RESERVOIR 3ML.....	137
ONZETRA XSAIL.....	75	<i>oxycodone-acetaminophen</i> .....	19	PARADIGM REAL-TIME	
OPCICON ONE-STEP.....	104	OXYCONTIN.....	19	TRANSMITTER.....	137
OPSUMIT.....	55	<i>oxymorphone hcl</i> .....	19	PARADIGM SILHOUETTE	
OPTION 2.....	104	<i>oxymorphone hcl er</i> .....	19	COMBO 23".....	137
OPTIONS GYNOL II		OXYTROL.....	173	PARAGARD	
CONTRACEPTIVE.....	171	OXYTROL FOR WOMEN..	173	INTRAUTERINE COPPER	104
OPTIUMEZ TEST.....	137	OZEMPIC (0.25 OR 0.5		PARAPLATIN.....	42
OPZELURA.....	228	MG/DOSE).....	88	<i>paricalcitol</i> .....	203
ORACEA.....	235	OZEMPIC (1 MG/DOSE).....	88	<i>paroxetine hcl</i> .....	60
ORACIT.....	172	OZEMPIC (2 MG/DOSE).....	88	<i>paroxetine hcl er</i> .....	60
ORALAIR.....	181	OZOBAX DS.....	81	<i>paroxetine mesylate</i> .....	82
Oralone.....	236	OZURDEX.....	210	PAXIL.....	60
ORAVIG.....	236	Pacerone.....	46	PAXIL CR.....	60
ORENCIA.....	182, 186	<i>paingo kft</i> .....	232	PAXLOVID (150/100).....	28
ORENCIA CLICKJECT.....	185	PALFORZIA (12 MG		PAXLOVID (300/100).....	28
ORENITRAM.....	56	DAILY DOSE).....	181	<i>pc unifine pentips</i> .....	137
ORENITRAM MONTH 1.....	55	PALFORZIA (120 MG		<i>peg-3350/electrolytes/lascorbat</i>	167
ORENITRAM MONTH 2.....	55	DAILY DOSE).....	181	PEGASYS.....	31
ORENITRAM MONTH 3.....	56	PALFORZIA (160 MG		<i>peg-kcl-nacl-nasulf-na asc-c</i> ....	167
ORFADIN.....	151	DAILY DOSE).....	181	PEG-PREP.....	167
ORGOVYX.....	37	PALFORZIA (20 MG		PEMAZYRE.....	40
ORIAHNN.....	153	DAILY DOSE).....	181	<i>pen needles</i> .....	137
ORILISSA.....	150	PALFORZIA (200 MG		<i>pen needles 5/16"</i> .....	137
ORKAMBI.....	217	DAILY DOSE).....	181	<i>penicillamine</i> .....	96
ORLADEYO.....	188	PALFORZIA (240 MG		<i>penicillin v potassium</i> .....	33
<i>orphenadrine citrate er</i> .....	81	DAILY DOSE).....	181	PENNSAID.....	234
<i>orphenadrine-aspirin-caffeine</i> ...	81	PALFORZIA (3 MG DAILY		PENTASA.....	165
Orphengesic Forte.....	81	DOSE).....	181	<i>pentazocine-naloxone hcl</i> .....	20
Orsythia.....	104	PALFORZIA (300 MG		PENTIPS.....	137
<i>ortho df</i> .....	203	MAINTENANCE).....	181	<i>pentoxifylline er</i> .....	179
ORTHO TRI-CYCLEN LO.	104	PALFORZIA (300 MG		PERCOCET.....	19
<i>oscimin</i> .....	163	TITRATION).....	181	PERFECT LANCETS 28G..	137
<i>oseltamivir phosphate</i> .....	28	PALFORZIA (40 MG		PERFECT LANCETS 30G..	137
OSMOLEX ER.....	62	DAILY DOSE).....	181	PERFOROMIST.....	215
OSPHENA.....	159	PALFORZIA (6 MG DAILY		<i>perindopril erbumine</i> .....	43
OTEZLA.....	186	DOSE).....	181	Periogard.....	236
OTOVEL.....	236	PALFORZIA (80 MG		<i>permethrin</i> .....	235
OVIDREL.....	154	DAILY DOSE).....	181	<i>perphenazine</i> .....	65
<i>oxaliplatin</i> .....	42	PALFORZIA INITIAL		<i>perphenazine-amitriptyline</i> .....	82
<i>oxaprozin</i> .....	16	ESCALATION.....	181	PERSERIS.....	65
<i>oxazepam</i> .....	57	<i>paliperidone er</i> .....	65	PERTZYE.....	168
OXBRYTA.....	179, 180	PALYNZIQ.....	151	PFIZERPEN.....	33
<i>oxcarbazepine</i> .....	69	PANCREAZE.....	168	<i>ph strips</i> .....	137
<i>oxiconazole nitrate</i> .....	226	PANDEL.....	231		

PHARMACIST CHOICE	Pirmella 7/7/7 .....	104	PRALUENT .....	49
AUTOCODE .....	<i>piroxicam</i> .....	16	<i>pramipexole dihydrochloride</i> .....	62
PHARMACIST CHOICE	PLAVIX .....	180	<i>pramipexole dihydrochloride er</i> .....	62
AUTOCODE SYS .....	PLEGRIDY .....	79	<i>prasugrel hcl</i> .....	180
PHARMACIST CHOICE	PLEGRIDY STARTER		<i>pravastatin sodium</i> .....	48
LANCETS .....	PACK .....	79	<i>praziquantel</i> .....	23
PHARMACIST CHOICE	PLENITY .....	94	<i>prazosin hcl</i> .....	44
MINI SYSTEM .....	PLENITY WELCOME KIT ..	94	PRECISION SURE-DOSE	
<i>pharmacist choice no coding</i> ...	PLENVU .....	167	SYRINGE .....	138
PHARMACY COUNTER	PLIAGLIS .....	232	PRECISION XTRA .....	138
LANCETS .....	<i>pnv prenatal plus multivit+dha</i>	195	PRECISION XTRA BLOOD	
PHEBURANE .....	<i>pnv prenatal plus multivitamin</i>	195	GLUCOSE .....	138
Phenazo .....	<i>pnv tabs 20-1</i> .....	195	PRECISION XTRA	
<i>phendimetrazine tartrate er</i> .....	<i>pnv-dha</i> .....	195	KETONE .....	138
<i>phenelzine sulfate</i> .....	<i>pnv-dha+docusate</i> .....	195	PRED FORTE .....	210
<i>phenobarbital</i> .....	<i>pnv-omega</i> .....	195	PRED MILD .....	210
<i>phenoxybenzamine hcl</i> .....	<i>pnv-select</i> .....	195	<i>prednisolone</i> .....	155
<i>phenylephrine hcl</i> .....	POCKETCHEM EZ		<i>prednisolone acetate</i> .....	210
<i>phenytoin</i> .....	SYSTEM .....	137	<i>prednisolone acetate p-f</i> .....	210
<i>phenytoin sodium extended</i> .....	POCKETCHEM EZ TEST ...	137	<i>prednisolone sodium phosphate</i>	
PHEXXI .....	PODIATROLE .....	226	.....	156, 210
Philith .....	<i>podofilox</i> .....	234	<i>prednisolone-gatifloxacin</i> .....	207
Phospha 250 Neutral .....	POGO AUTOMATIC		<i>prednisone</i> .....	156
<i>phosphorous</i> .....	BLOOD GLUCOSE .....	138	PREDNISON INTENSOL	156
Phospho-Trin 250 Neutral ....	POGO AUTOMATIC TEST		<i>preferred plus insulin syringe</i> ...	138
Physiolyte .....	CARTRIDGES .....	138	<i>preferred plus lancets colored</i> ..	138
Physiosol Irrigation .....	Polycin .....	208	<i>preferred plus lancets thin</i> .....	138
<i>phytonadione</i> .....	<i>poly-iron 150 forte</i> .....	203	<i>preferred plus unifine pentips</i> ..	138
PIFELTRO .....	<i>polymyxin b-trimethoprim</i> .....	208	<i>pregabalin</i> .....	69
<i>pilocarpine hcl</i> .....	<i>polysaccharide iron forte</i> .....	203	<i>pregen dha</i> .....	195
<i>pimecrolimus</i> .....	POLY-VI-FLOR .....	203	<i>pregenna</i> .....	195
<i>pimozide</i> .....	POLY-VI-FLOR/IRON .....	203	PREGNYL .....	154
Pimtree .....	POMALYST .....	35	PREMARIN .....	153
<i>pindolol</i> .....	PONVORY .....	79	PREMESISRX .....	195
<i>pioglitazone hcl</i> .....	PONVORY STARTER		<i>premium blood glucose test</i> ....	138
<i>pioglitazone hcl-glimepiride</i> .....	PACK .....	79	<i>premium scar</i> .....	232
<i>pioglitazone hcl-metformin hcl</i> ..	Portia-28 .....	104	PREMPHASE .....	154
PIP BLOOD GLUCOSE	<i>posaconazole</i> .....	24	PREMPRO .....	154
MONITORING .....	<i>pot &amp; sod cit-cit ac</i> .....	172	<i>prena 1 true</i> .....	195
PIP BLOOD GLUCOSE	<i>potassium chloride</i> .....	193	<i>prena1</i> .....	195
TEST STRIP .....	<i>potassium chloride crys er</i> .....	193	<i>prena1 pearl</i> .....	195
<i>pip lancets 28g</i> .....	<i>potassium chloride er</i> .....	193	<i>prenaissance</i> .....	195
<i>pip lancets 30g</i> .....	<i>potassium citrate er</i> .....	172	<i>prenaissance plus</i> .....	195
PIQRAY (200 MG DAILY	<i>potassium citrate-citric acid</i> ...	172	PRENATABS RX .....	195
DOSE) .....	<i>potassium phosphates(66 meq</i>		<i>prenatal</i> .....	196
PIQRAY (250 MG DAILY	<i>k)</i> .....	193	<i>prenatal 19</i> .....	195, 196
DOSE) .....	PR BENZOYL PEROXIDE .....	223	<i>prenatal plus</i> .....	196
PIQRAY (300 MG DAILY	PR BENZOYL PEROXIDE		PRENATAL-U .....	196
DOSE) .....	WASH .....	223	PRENATE .....	196
<i>pirfenidone</i> .....	PRADAXA .....	174, 175	PRENATE AM .....	196



PRENATE DHA.....	196	PROAIR DIGIHALER.....	215	PROTONIX.....	169
PRENATE ELITE.....	196	PROAIR RESPICLICK.....	215	<i>protriptyline hcl</i> .....	60
PRENATE ENHANCE.....	196	<i>probenecid</i> .....	13	PROVENTIL HFA.....	215
PRENATE ESSENTIAL.....	196	<i>prochlorperazine</i> .....	164	PROVIDA OB.....	196
PRENATE MINI.....	196	<i>prochlorperazine edisylate</i> .....	164	PROVIGIL.....	81
PRENATE PIXIE.....	196	<i>prochlorperazine maleate</i> .....	164	PROZAC.....	60
PRENATE RESTORE.....	196	PROCORT.....	170	<i>pseudoeph-bromphen-dm</i> .....	216
PRENATRIX.....	196	PROCROT.....	176	PSS SELECT GP LANCETS	139
PRENATRYL.....	196	PROCTOCORT.....	170	PSS SELECT PLATFORMS	139
<i>prenatvite complete</i> .....	196	PROCTOFOAM HC.....	170	PSS SELECT SAFETY	
<i>prenatvite plus</i> .....	196	Procto-Med Hc.....	170	LANCETS.....	139
<i>prenatvite rx</i> .....	196	Proctozone-Hc.....	170	PULMICORT.....	220
<i>prepi supply</i> .....	232	PROCYSBI.....	172	PULMICORT	
PRESTALIA.....	43	PRODIGY AUTOCODE		FLEXHALER.....	220
<i>pretomanid</i> .....	27	BLOOD GLUCOSE.....	138	PULMOZYME.....	217
PREVACID.....	169	PRODIGY INSULIN		<i>pure comfort lancets 30g</i> .....	139
PREVACID 24HR.....	169	SYRINGE.....	139	<i>pure comfort safety pen needle</i>	139
PREVACID SOLUTAB.....	169	PRODIGY LANCETS 28G..	139	PURIXAN.....	35
Prevalite.....	47	PRODIGY LANCING		<i>px extra short pen needles</i> .....	139
PREVENT SAFETY PEN		DEVICE.....	139	<i>px insulin syringe</i> .....	139
NEEDLES.....	138	PRODIGY NO CODING		<i>px lancets microthin 33g</i> .....	139
PREVIDENT.....	236	BLOOD GLUC.....	139	<i>px mini pen needles</i> .....	139
PREVIDENT 5000		PRODIGY POCKET		<i>px pen needle</i> .....	139
BOOSTER PLUS.....	236	BLOOD GLUCOSE.....	139	PYLERA.....	170
PREVIDENT 5000 DRY		PRODIGY SAFETY		<i>pyrazinamide</i> .....	27
MOUTH.....	236	LANCETS 26G.....	139	<i>pyridostigmine bromide</i> .....	77
PREVIDENT 5000 ORTHO		PRODIGY VOICE BLOOD		<i>pyridostigmine bromide er</i> .....	77
DEFENSE.....	236	GLUCOSE.....	139	<i>pyridoxine hcl</i> .....	203
PREVIDENT 5000 PLUS.....	236	PROFILNINE.....	179	PYRUKYND.....	179
PREVIDOLRX		<i>profola</i> .....	203	PYRUKYND TAPER	
ANALGESIC.....	16	<i>progesterone</i> .....	160	PACK.....	179
PREVYMIS.....	28	PROGLYCEM.....	157	QBRELIS.....	43
PREZCOBIX.....	27	PROGRAF.....	191	<i>qc advanced lancing device</i> .....	139
PREZISTA.....	25	PROLASTIN-C.....	212	<i>qc aspirin low dose</i> .....	21
PRIFTIN.....	27	PROLATE.....	19	<i>qc childrens aspirin</i> .....	21
PRILOSEC.....	169	PROLENSA.....	210	<i>qc lancets super thin 30g</i> .....	139
PRIMACARE.....	196	PROLIA.....	95	<i>qc lancets ultra thin</i> .....	139
<i>primaquine phosphate</i> .....	24	PROMACTA.....	180	<i>qc nicotine transdermal system</i> .	84
<i>primidone</i> .....	69	<i>promethazine hcl</i> .....	164	<i>qc pen needles</i> .....	139
PRISTIQ.....	60	<i>promethazine-codeine</i> .....	216	<i>qc unifine pentips</i> .....	139
PRIVIGEN.....	190	<i>promethazine-dm</i> .....	216	<i>qc unilet lancets 28g</i> .....	139
PRO COMFORT INSULIN		Promethegan.....	164	<i>qc unilet lancets micro thin</i> .....	139
SYRINGE.....	138	PROMETHEGAN.....	164	QDOLO.....	19
<i>pro comfort lancets 30g</i> .....	138	PROMETRIUM.....	160	QELBREE.....	73
<i>pro comfort lancets 31g</i> .....	138	<i>propafenone hcl</i> .....	46	QINLOCK.....	40
<i>pro comfort pen needles</i> .....	138	<i>propafenone hcl er</i> .....	46	QNASL.....	218
<i>pro comfort safety lancets 30g</i>	138	<i>proparacaine hcl</i> .....	211	QNASL CHILDRENS.....	218
<i>pro voice v8 glucose system</i> .....	138	<i>propranolol hcl</i> .....	50	QSYMIA.....	94
<i>pro voice v8/v9 glucose</i> .....	138	<i>propranolol hcl er</i> .....	50	QTERN.....	93
<i>pro voice v9 glucose system</i> .....	138	<i>propylthiouracil</i> .....	161	<i>quad-mix</i> .....	171

<i>quazepam</i> .....	74	RAGWITEK.....	181	RELION LANCETS	
<i>quetiapine fumarate</i> .....	65	<i>raloxifene hcl</i> .....	159	MICRO-THIN 33G.....	140
<i>quetiapine fumarate er</i> .....	65	<i>ramelteon</i> .....	74	RELION LANCETS THIN	
QUFLORA FE.....	203	<i>ramipril</i> .....	43	26G.....	140
QUFLORA FE PEDIATRIC		<i>ranolazine er</i> .....	54	RELION LANCETS	
.....	203	RAPAFLO.....	171	ULTRA-THIN 30G.....	141
QUFLORA PEDIATRIC.....	203	RAPAMUNE.....	191	RELION LANCING	
QUICKTEK.....	139	<i>rasagiline mesylate</i> .....	62	DEVICE.....	141
QUICKTEK TEST.....	139	RASUVO.....	188	RELION MICRO.....	141
QUICKTEK/METER.....	139	RAVICTI.....	151	RELION MINI PEN	
QUILLICHEW ER.....	73	<i>raya sure pen needle</i> .....	140	NEEDLES.....	141
QUILLIVANT XR.....	73	RAYALDEE.....	162	RELION PEN NEEDLES...	141
<i>quinapril hcl</i> .....	43	RAYOS.....	156	RELION PREMIER BLU	
<i>quinapril-hydrochlorothiazide</i> ...	43	REACT.....	104	MONITOR.....	141
<i>quinidine gluconate er</i> .....	46	READYLANCE SAFETY		RELION PREMIER	
<i>quinidine sulfate</i> .....	46	LANCETS.....	140	COMPACT SYSTEM.....	141
<i>quinine sulfate</i> .....	24	<i>reality insulin syringe</i> .....	140	RELION PREMIER VOICE	
QUINTET AC BLOOD		<i>reality lancets</i> .....	140	MONITOR.....	141
GLUCOSE.....	139	<i>reality trigger lancets</i> .....	140	RELION PRIME	
QUINTET AC BLOOD		REBIF.....	79	MONITOR.....	141
GLUCOSE TEST.....	139	REBIF REBIDOSE.....	79	RELION PRIME TEST.....	141
QUINTET BLOOD		REBIF REBIDOSE		RELION SHORT PEN	
GLUCOSE SYSTEM.....	140	TITRATION PACK.....	79	NEEDLES.....	141
QUINTET BLOOD		REBIF TITRATION PACK..	79	RELION ULTIMA	
GLUCOSE TEST.....	140	REBINYN.....	179	GLUCOSE SYSTEM.....	141
QULIPTA.....	75	RECLAST.....	95	RELION ULTIMA TEST...	141
QUTENZA.....	233	Reclipsen.....	105	RELION ULTRA THIN	
QUTENZA (2 PATCH).....	232	RECOMBINATE.....	178	LANCETS 30G.....	141
QUVIVIQ.....	74	RECORLEV.....	108	RELION ULTRA THIN	
QVAR REDIHALER.....	220	RECTIV.....	234	PLUS LANCETS.....	141
<i>ra aspirin adult low dose</i> .....	21	RECURA.....	226	RELISTOR.....	168
<i>ra aspirin childrens</i> .....	21	REFUAH PLUS BLOOD		<i>relnate dha</i> .....	196
<i>ra aspirin ec adult low st</i> .....	21	GLUCOSE TEST.....	140	RELTONE.....	168
RA E-ZJECT LANCETS		REFUAH PLUS		RELYVRIO.....	77
28G.....	140	MONITORING SYSTEM..	140	REMEDIENT.....	203
RA E-ZJECT LANCETS		REGRANEX.....	235	REMICADE.....	182
THIN 26G.....	140	RELENZA DISKHALER.....	28	REMODULIN.....	56
RA E-ZJECT LANCETS		<i>releuko</i> .....	176	RENACIDIN.....	235
THIN 28G.....	140	RELEXXII.....	73	RENATABS WITH IRON..	203
RA E-ZJECT LANCETS		RELION BLOOD		RENFLEXIS.....	182
ULTRA THIN.....	140	GLUCOSE TEST.....	140	<i>reno caps</i> .....	203
<i>ra folic acid</i> .....	203	RELION CONFIRM		REVELA.....	160
<i>ra insulin syringe</i> .....	140	GLUCOSE MONITOR.....	140	<i>repaglinide</i> .....	92
<i>ra mini nicotine</i> .....	84	RELION		REPATHA.....	49
<i>ra nicotine</i> .....	84	CONFIRM/MICRO TEST...	140	REPATHA PUSHTRONEX	
<i>ra pen needles</i> .....	140	RELION INSULIN		SYSTEM.....	49
<i>rabeprazole sodium</i> .....	169	SYRINGE.....	140	REPATHA SURECLICK.....	49
RADICAVA ORS.....	77	RELION KETONE TEST...	140	<i>resorcinol-sulfur</i> .....	223
RADICAVA ORS		RELION LANCET		RESTASIS.....	210
STARTER KIT.....	77	DEVICES 30G.....	140	RESTASIS MULTIDOSE...	210



RETACRIT.....	177	<i>risperidone</i> .....	65	<i>saps twist top lancets</i> .....	142
RETEVMO.....	40	<i>ritonavir</i> .....	25	<i>sapscare twist top lancets</i> .....	142
RETIN-A MICRO.....	223	<i>rivastigmine</i> .....	58	SAVAYSA.....	175
RETIN-A MICRO PUMP....	223	<i>rivastigmine tartrate</i> .....	58	SAVELLA.....	74
REVATIO.....	56	Rivelsa.....	105	SAVELLA TITRATION	
REVLIMID.....	35	<i>rixubis</i> .....	179	PACK.....	74
REXALL BLOOD		<i>rizatRIPTAN benzoate</i> .....	75	SAXENDA.....	94
GLUCOSE SYSTEM.....	141	ROBINUL.....	163	<i>sb childrens aspirin</i> .....	21
REXALL BLOOD		ROBINUL-FORTE.....	163	<i>sb insulin syringe</i> .....	142
GLUCOSE TEST.....	141	ROCKLATAN.....	206	<i>sb lancets thin</i> .....	142
REXULTI.....	65	<i>ropinirole hcl</i> .....	62	<i>sb lancets ultra thin</i> .....	142
REYATAZ.....	25	<i>ropinirole hcl er</i> .....	62	SCSEMBLIX.....	40
REYVOW.....	75	<i>rosuvastatin calcium</i> .....	48	<i>scopolamine</i> .....	164
REZUROCK.....	191	ROSZET.....	48	SECUADO.....	65
REZVOGLAR KWIKPEN....	92	ROTARIX.....	192	SECURESAFE INSULIN	
RHEUMATE.....	204	ROWASA.....	166	SYRINGE.....	142
RHOFADE.....	235	Roweepra.....	69	SEGLENTIS.....	19
RHOPRESSA.....	206	ROXICODONE.....	19	SEGLUROMET.....	93
<i>ribavirin</i> .....	31	ROXYBOND.....	19	<i>select-lite lancing device</i> .....	142
RIDAURA.....	13	ROZEREM.....	74	SELECT-OB.....	197
<i>rifabutin</i> .....	27	ROZLYTREK.....	40	SELECT-OB+DHA.....	197
<i>rifampin</i> .....	27	RUCONEST.....	188	<i>selegiline hcl</i> .....	62
RIGHTEST ALTERNATE		RUKOBIA.....	25	<i>selenium sulfide</i> .....	227
SITE ADAPT.....	141	RYALTRIS.....	214	SELZENTRY.....	25
RIGHTEST GD500		RYBELSUS.....	88	SEMGLEE.....	92
LANCING DEVICE.....	141	RYCLORA.....	215	SEMGLEE (YFGN).....	92
RIGHTEST GL300		RYDAPT.....	40	<i>se-natal 19</i> .....	197
LANCETS.....	141	RYTARY.....	62	SENSIPAR.....	94
RIGHTEST GM100 BLOOD		RYVENT.....	215	SEREVENT DISKUS.....	215
GLUCOSE.....	141	SABRIL.....	69	SERNIVO.....	231
RIGHTEST GM300 BLOOD		SAFE-T-LANCE.....	142	SEROQUEL XR.....	65
GLUCOSE.....	141	SAFE-T-LANCE PLUS.....	142	SEROSTIM.....	158
RIGHTEST GM550 BLOOD		<i>safety lancet 30g/pressure act.</i>	142	<i>sertraline hcl</i> .....	60
GLUCOSE.....	142	SAFETY LANCETS 21G....	142	Setlakin.....	105
RIGHTEST GS100 BLOOD		SAFETY LANCETS 23G....	142	<i>sevelamer carbonate</i> .....	160
GLUCOSE.....	142	<i>safety lancets 28g</i> .....	142	<i>sevelamer hcl</i> .....	160
RIGHTEST GS300 BLOOD		<i>safety pen needles</i> .....	142	SEVENFACT.....	175
GLUCOSE.....	142	SAFYRAL.....	105	SEYSARA.....	34
RIGHTEST GS550 BLOOD		SAIZEN.....	158	SFROWASA.....	166
GLUCOSE.....	142	<i>salicylic acid</i> .....	234	Sharobel.....	105
RIGHTEST GT333		<i>salimez forte</i> .....	234	SIDEROL.....	204
GLUCOSE TEST.....	142	SAMSCA.....	159	SIGNIFOR.....	159
<i>riluzole</i> .....	77	SANCUSO.....	164	SIGNIFOR LAR.....	159
<i>rimantadine hcl</i> .....	28	SANDIMMUNE.....	191	SIKLOS.....	179
RIMSO-50.....	172	SANDOSTATIN.....	85	<i>sildenafil citrate</i> .....	56
<i>ringers irrigation</i> .....	211	SANDOSTATIN LAR		SILENOR.....	74
RINVOQ.....	186	DEPOT.....	85	SILIQ.....	186
RIOMET.....	87	SANTYL.....	234	<i>silodosin</i> .....	171
<i>risedronate sodium</i> .....	95	SAPHRIS.....	65	<i>silver sulfadiazine</i> .....	225
RISPERDAL CONSTA.....	65	<i>saps health twist top lancets</i> ....	142	SIMBRINZA.....	206

Simliya.....	105	SMARTEST EJECT		SPORANOX.....	24
Simpesse.....	105	STARTER.....	143	SPRAVATO (56 MG DOSE)..	60
SIMPLE DIAGNOSTICS		SMARTEST LANCETS 28G		SPRAVATO (84 MG DOSE)..	60
LANCING DEV.....	142	.....	143	Sprintec 28.....	105
SIMPONI.....	186	SMARTEST PERSONA		SPRITAM.....	69
SIMPONI ARIA.....	182	STARTER.....	143	SPRIX.....	16
<i>simvastatin</i> .....	48	SMARTEST PRONTO		SPRYCEL.....	40
SINGLE-LET.....	142	STARTER.....	143	SPS.....	160
SINGULAIR.....	218	SMARTEST PROTEGE.....	143	Sronyx.....	105
SINUVA.....	218	SMARTEST PROTEGE		Ssd.....	225
<i>sirolimus</i> .....	191	STARTER.....	143	ST JOSEPH LOW DOSE..	21, 22
SIRTURO.....	27	SOAANZ.....	53	STEGLATRO.....	93
SITAVIG.....	28	<i>sod citrate-citric acid</i> .....	172	STEGLUJAN.....	93
SIVEXTRO.....	32	<i>sodium chloride</i> .....	218, 235	STELARA.....	187
SKYLA.....	105	<i>sodium fluoride</i> .....	193	STENDRA.....	171
SKYRIZI.....	186	<i>sodium oxybate</i> .....	81	STERILANCE PA.....	143
SKYRIZI PEN.....	186	<i>sodium phenylbutyrate</i> .....	151	STERILANCE TL.....	143
SKYTROFA.....	158	<i>sodium polystyrene sulfonate</i> ..	160	<i>sterile water for irrigation</i> .....	211
SLYND.....	105	SOGROYA.....	158	STIOLTO RESPIMAT.....	213
<i>sm aspirin adult low strength</i> ....	21	Solia.....	105	STIVARGA.....	40
<i>sm aspirin low dose</i> .....	21	<i>solifenacin succinate</i> .....	173	STRENSIQ.....	151
<i>sm childrens aspirin</i> .....	21	SOLIQUA.....	88	STRIBILD.....	27
<i>sm folic acid</i> .....	204	SOLODYN.....	34	STRIVERDI RESPIMAT....	215
<i>sm lancets 33g</i> .....	142	SOLOSEC.....	32	STROVITE FORTE.....	204
<i>sm nicotine</i> .....	84	SOLTAMOX.....	37	STROVITE ONE.....	204
<i>sm nicotine polacrilex</i> .....	84	SOLUS V2 BLOOD		SUBLOCADE.....	20
SM TRUEDRAW		GLUCOSE SYSTEM.....	143	SUBOXONE.....	81
LANCING DEVICE.....	142	SOLUS V2 LANCETS 28G..	143	Subvenite.....	69
SMART DIABETES		SOLUS V2 LANCING		Subvenite Starter Kit-Blue.....	69
VANTAGE LANCING.....	142	DEVICE.....	143	Subvenite Starter Kit-Green....	69
SMART SENSE COLOR		SOLUS V2 TEST.....	143	Subvenite Starter Kit-Orange..	69
LANCETS 33G.....	142	SOLUS V2 TWIST		SUCRAID.....	168
SMART SENSE PREMIUM		LANCETS 30G.....	143	<i>sucralfate</i> .....	168
SYSTEM.....	142	SOMATULINE DEPOT.....	85	SUFLAVE.....	167
SMART SENSE PREMIUM		SOMAVERT.....	85	<i>sulfacetamide sodium</i> .....	208
TEST.....	143	SOOLANTRA.....	235	<i>sulfacetamide sodium (acne)</i> ..	223
SMART SENSE		<i>sorbitol</i> .....	235	<i>sulfacetamide sodium-sulfur</i> ....	223
STANDARD LANCETS.....	143	<i>sorbitol-mannitol</i> .....	235	<i>sulfacetamide-prednisolone</i> ....	207
SMART SENSE SUPER		SORILUX.....	227	<i>sulfadiazine</i> .....	23
THIN LANCETS.....	143	<i>sorrelldock mix</i> .....	181	<i>sulfamethoxazole-trimethoprim</i>	23
SMART SENSE THIN		<i>sotalol hcl</i> .....	46	<i>sulfamez wash</i> .....	223
LANCETS 26G.....	143	<i>sotalol hcl (af)</i> .....	46	SULFAMYLON.....	225
SMART SENSE VALUE		SOTYKTU.....	186	<i>sulfasalazine</i> .....	166
GLUCOSE SYS.....	143	SOTYLIZE.....	46	Sulfatrim Pediatric.....	23
SMART SENSE VALUE		SOVALDI.....	31	<i>sulfurated lime</i> .....	235
TEST.....	143	<i>spinosad</i> .....	235	<i>sulindac</i> .....	16
SMARTEST BLOOD		SPIRIVA HANDIHALER...	214	<i>sumatriptan</i> .....	76
GLUCOSE TEST.....	143	SPIRIVA RESPIMAT.....	214	<i>sumatriptan succinate</i> .....	76
SMARTEST EJECT.....	143	<i>spironolactone</i> .....	53	<i>sumatriptan succinate refill</i> .....	76
		<i>spironolactone-hetz</i> .....	53	<i>sumatriptan-naproxen sodium</i> ...	76

SUNOSI.....	81	TAGRISSO.....	40	<i>terazosin hcl</i> .....	171
SUPARTZ FX.....	22	TAKE ACTION.....	105	<i>terbinafine hcl</i> .....	24
<i>super bi-mix</i> .....	171	TAKHZYRO.....	188, 189	<i>terbutaline sulfate</i> .....	215
<i>super quad-mix</i> .....	171	TALICIA.....	170	<i>terconazole</i> .....	174
<i>super thin lancets</i> .....	143	TALIVA.....	204	<i>teriparatide (recombinant)</i> .....	95
<i>super tri-mix</i> .....	171	TALTZ.....	187	TESTIM.....	85
<i>support</i> .....	204	TALZENNA.....	41	TESTONE CIK.....	85
SUPPRELIN LA.....	159	<i>tamoxifen citrate</i> .....	37	TESTOPEL.....	85
SUPREME TEST.....	143	<i>tamsulosin hcl</i> .....	171	<i>testosterone</i> .....	86
SUPREP BOWEL PREP KIT		TAPERDEX 12-DAY.....	156	<i>testosterone cypionate</i> .....	85
.....	167	Taperdex 6-Day.....	156	<i>testosterone enanthate</i> .....	86
<i>sure comfort insulin syringe</i> ....	144	TAPERDEX 7-DAY.....	156	<i>tetrabenazine</i> .....	77
<i>sure comfort lancets 18g</i> .....	144	TARCEVA.....	40	<i>tetracaine hcl</i> .....	211
<i>sure comfort lancets 21g</i> .....	144	Targadox.....	34	<i>tetracycline hcl</i> .....	34
<i>sure comfort lancets 23g</i> .....	144	TARGRETIN.....	41, 234	TEXACORT.....	231
<i>sure comfort lancets 30g</i> .....	144	Tarina 24 Fe.....	105	TEZSPIRE.....	219
<i>sure comfort lancings pen</i> .....	144	Tarina Fe 1/20 Eq.....	105	<i>tgt blood glucose monitoring</i> ...	144
<i>sure comfort pen needles</i> .....	144	TARON-C DHA.....	197	<i>tgt blood glucose test</i> .....	144
SURELITE LANCETS.....	144	TARPEYO.....	172	<i>tgt lancet micro thin 33g</i> .....	144
SUTAB.....	167	TASCENSO ODT.....	79	<i>tgt lancet thin 26g</i> .....	144
SUTENT.....	40	<i>tavaborole</i> .....	226	<i>tgt lancet ultra thin 30g</i> .....	144
Syeda.....	105	TAVALISSE.....	180	<i>tgt lancings device</i> .....	144
SYMBICORT.....	221	TAVNEOS.....	179	THALITONE.....	53
SYMDEKO.....	217	Taysofy.....	105	THALOMID.....	35
SYMFI.....	27	TAYTULLA.....	105	THEO-24.....	221
SYMFI LO.....	27	<i>tazarotene</i> .....	224, 227	<i>theophylline</i> .....	221
SYMLINPEN 120.....	86	TAZORAC.....	227	<i>theophylline er</i> .....	221
SYMLINPEN 60.....	86	Taztia Xt.....	52	ThERANATAL CORE	
SYMPAZAN.....	69	TAZVERIK.....	41	NUTRITION.....	197
SYMPROIC.....	168	TECFIDERA.....	79	THINLETS GP LANCETS..	144
SYMTUZA.....	27	<i>techlite insulin syringe</i> .....	144	THIOLA.....	172
SYNAGIS.....	192	TECHLITE LANCETS.....	144	THIOLA EC.....	172
SYNAPRYN FUSEPAQ.....	20	TECHLITE PEN NEEDLES.....	144	<i>thioridazine hcl</i> .....	65
SYNAREL.....	158	TEGLUTIK.....	77	<i>thiothixene</i> .....	65
SYNDROS.....	164	TEGRETOL.....	70	THRIVE.....	84
SYNJARDY.....	93	TEGRETOL-XR.....	70	<i>thrivite rx</i> .....	197
SYNJARDY XR.....	93	TEGSEDI.....	160	THYQUIDITY.....	161
SYNOJOYNT.....	22	TEKTURNA.....	52	<i>tiagabine hcl</i> .....	70
SYNTHROID.....	161	<i>telmisartan</i> .....	45	TIBSOVO.....	41
SYPRINE.....	96	<i>telmisartan-amlodipine</i> .....	45	TICE BCG.....	35
T:FLEX T:LOCK		<i>telmisartan-hctz</i> .....	45	TIKOSYN.....	46
CARTRIDGE 4.8ML.....	144	<i>temazepam</i> .....	74	Tilia Fe.....	105
TABLOID.....	35	TEMBEXA.....	28	<i>timolol maleate</i> .....	50, 206
TABRADOL FUSEPAQ.....	81	TEMODAR.....	34	<i>timolol maleate (once-daily)</i> ..	206
TABRECTA.....	40	<i>temozolomide</i> .....	34	TIMOPTIC OCUDOSE.....	206
TACLONEX.....	227	TEMPO REFILL.....	144	<i>tinidazole</i> .....	23
<i>tacrolimus</i> .....	191, 234	TEMPO WELCOME.....	144	TIROSINT.....	161
<i>tadalafil (pah)</i> .....	56	TENCON.....	14	TIROSINT-SOL.....	162
TADLIQ.....	56	<i>tenofovir disoproxil fumarate</i> ....	25	Tis-U-Sol.....	211
TAFINLAR.....	40	TEPMETKO.....	40	TIVICAY.....	25

TIVICAY PD.....	25	TRAVEL LANCETS		<i>triple pmb</i> .....	207
<i>tizanidine hcl</i> .....	81	ADVANCED 28G.....	145	<i>triple pmk</i> .....	207
TLANDO.....	86	<i>trazodone hcl</i> .....	60	TRIPTODUR.....	158
TOBAKIENT.....	204	TRECTOR.....	27	Tri-Sprintec.....	106
TOBI.....	217	TRELEGY ELLIPTA.....	213	<i>tristart dha</i> .....	197
TOBI PODHALER.....	217	TRELSTAR MIXJECT.....	37	TRIUMEQ.....	27
TOBRADEX.....	207	TREMFYA.....	187	TRIUMEQ PD.....	27
TOBRADEX ST.....	207	<i>treprostinil</i> .....	56	TRI-VI-FLOR.....	204
<i>tobramycin</i> .....	208, 217	TRESIBA.....	92	<i>tri-vi-floro</i> .....	204
<i>tobramycin-dexamethasone</i> ....	207	TRESIBA FLEXTOUCH.....	92	TRIVISC.....	22
TOBREX.....	208	<i>tretinoin</i> .....	41, 224	<i>tri-vitelfluoride</i> .....	204
TODAY SPONGE.....	171	<i>tretinoin microsphere</i> .....	224	Trivora (28).....	106
<i>today's health pen needles</i> .....	144	<i>tretinoin microsphere pump</i> ....	224	Tri-Vylibra.....	106
<i>today's health short pen needle</i> ..	144	TREXALL.....	35	Tri-Vylibra Lo.....	106
TOLAK.....	224	TREXIMET.....	76	TROKENDI XR.....	70
<i>tolcapone</i> .....	62	TREZIX.....	20	<i>tronvite</i> .....	204
<i>tolsura</i> .....	24	Tri Femynor.....	105	<i>tropicamide</i> .....	211
<i>tolterodine tartrate</i> .....	173	<i>triamcinolone acetonide</i> ...231, 236		<i>trospium chloride</i> .....	173
<i>tolterodine tartrate er</i> .....	173	<i>triamcinolone in absorbase</i> .....	231	<i>trospium chloride er</i> .....	173
<i>topcare clickfine pen needles</i> ...	145	<i>triamterene</i> .....	53	TRUDHESA.....	76
<i>topcare lancets micro-thin 33g</i>	145	<i>triamterene-hctz</i> .....	53	<i>true comfort insulin syringe</i> ....	145
<i>topcare ultra comfort ins syr</i> ...	145	<i>triazolam</i> .....	74	<i>true comfort pen needles</i> .....	145
<i>topiramate</i> .....	70	<i>tricitrates</i> .....	172	<i>true comfort pro insulin syr</i> ....	145
<i>topiramate er</i> .....	70	Tricon.....	204	<i>true comfort safety lancets</i> .....	145
TOPROL XL.....	50	TRICOR.....	47	<i>true comfort twist top lancets</i> ..	145
<i>toremifene citrate</i> .....	37	Triderm.....	231	TRUE FOCUS BLOOD	
TORONOVA II SUIK.....	16	<i>trientine hcl</i> .....	96	GLUCOSE METER.....	145
TORONOVA SUIK.....	16	Tri-Estarylla.....	105	<i>true focus blood glucose strip</i> ..	145
<i>torseamide</i> .....	53	<i>trifluoperazine hcl</i> .....	65	TRUE METRIX AIR	
TOSYMRA.....	76	<i>trifluridine</i> .....	208	GLUCOSE METER.....	145
TOUJEO MAX SOLOSTAR.....	92	<i>trihexyphenidyl hcl</i> .....	62	TRUE METRIX BLOOD	
TOUJEO SOLOSTAR.....	92	TRIJARDY XR.....	87	GLUCOSE TEST.....	145
Tovet.....	231	TRIKAFTA.....	217	TRUE METRIX GO	
TOVIAZ.....	173	Tri-Legest Fe.....	106	GLUCOSE METER.....	145
TOXICOLOGY MED		TRILEPTAL.....	70	TRUE METRIX METER...	145
COLLECTION SYS.....	145	Tri-Linyah.....	106	TRUEPLUS 5-BEVEL PEN	
TPOXX.....	28	Tri-Lo-Estarylla.....	106	NEEDLES.....	145
TRACLEER.....	56	Tri-Lo-Marzia.....	106	TRUEPLUS INSULIN	
TRADJENTA.....	87	Tri-Lo-Mili.....	106	SYRINGE.....	145
<i>tramadol hcl</i> .....	20	Tri-Lo-Sprintec.....	106	TRUEPLUS LANCETS 26G146	
<i>tramadol hcl (er biphasic)</i> .....	20	<i>trimethobenzamide hcl</i> .....	164	TRUEPLUS LANCETS 28G146	
<i>tramadol hcl er</i> .....	20	<i>trimethoprim</i> .....	32	TRUEPLUS LANCETS 30G146	
<i>tramadol-acetaminophen</i> .....	20	Tri-Mili.....	106	TRUEPLUS LANCETS 33G146	
<i>trandolapril</i> .....	43	<i>trimipramine maleate</i> .....	60	TRUEPLUS PEN NEEDLES	
<i>trandolapril-verapamil hcl er</i> ....	43	<i>tri-mix</i> .....	171	.....	146
<i>tranexamic acid</i> .....	180	<i>trinatal rx 1</i> .....	197	TRUEPLUS SAFETY	
TRANSDERM-SCOP.....	164	TRINATE.....	197	LANCETS 28G.....	146
<i>tranylcypromine sulfate</i> .....	60	Trinessa (28).....	106	TRUERESULT BLOOD	
TRAVATAN Z.....	207	TRINTELLIX.....	61	GLUCOSE.....	146
		Tri-Nymyo.....	106	TRUETEST TEST.....	146



TRUETRACK BLOOD		UNILET GP 28 ULTRA	
GLUCOSE.....	146	THIN.....	148
TRUETRACK SMART		UNILET LANCET.....	148
SYSTEM.....	146	UNILET MICRO-THIN 33G	
TRUETRACK TEST.....	146	.....	148
TRULANCE.....	166	UNILET SUPERLITE	
TRULICITY.....	88	LANCET.....	148
TRUSTEEL INFUSION		UNILET SUPER-THIN 30G	
SET.....	146	.....	148
TRUVADA.....	27	UNILET ULTRA-THIN	
TRUXIMA.....	36	28G.....	148
TUDORZA PRESSAIR.....	214	UNISTIK 1.....	148
TUKYSA.....	40	UNISTIK 2.....	148
TURALIO.....	40	UNISTIK 2 COMFORT.....	148
Turqoz.....	106	UNISTIK 2 EXTRA.....	148
TUSNEL C.....	216	UNISTIK 2 NEONATAL....	148
TUXARIN ER.....	216	UNISTIK 2 NORMAL.....	148
TWIRLA.....	106	UNISTIK 2 SUPER.....	148
<i>twist top lancets 30g</i> .....	146	UNISTIK 3.....	148
TWYNEO.....	224	UNISTIK 3 COMFORT.....	148
TYBLUME.....	106	UNISTIK 3 EXTRA.....	148
TYBOST.....	26	UNISTIK 3 GENTLE.....	148
Tydemy.....	106	UNISTIK 3 NEONATAL....	148
TYKERB.....	40	UNISTIK 3 NORMAL.....	148
TYMLOS.....	95	UNISTIK CZT COMFORT.....	148
TYRVAYA.....	211	UNISTIK CZT NORMAL...	148
TYSABRI.....	79	UNISTIK NORMAL.....	148
TYVASO.....	56	UNISTIK PRO SAFETY	
TYVASO DPI		LANCET.....	148
MAINTENANCE KIT.....	56	UNISTIK SAFETY	
TYVASO DPI TITRATION		LANCETS 28G.....	149
KIT.....	56	UNISTIK SAFETY	
TYVASO REFILL.....	56	LANCETS 30G.....	149
TYVASO STARTER.....	56	UNISTIK TOUCH SAFETY	
UBRELVY.....	76	LANC 21G.....	149
UCERIS.....	166	UNISTIK TOUCH SAFETY	
UDAMIN SP.....	204	LANC 23G.....	149
UDENYCA.....	177	UNISTIK TOUCH SAFETY	
ULORIC.....	13	LANC 28G.....	149
ULTICARE INSULIN		UNISTIK TOUCH SAFETY	
SAFETY SYR.....	146	LANC 30G.....	149
ULTICARE INSULIN		UNISTRIP1 GENERIC.....	149
SYRINGE.....	146	Unithroid.....	162
ULTICARE MICRO PEN		UNIVERSAL 1 LANCETS	
NEEDLES.....	146	THIN 26G.....	149
ULTICARE MINI PEN		UNIVERSAL 1 LANCETS	
NEEDLES.....	146	THIN 33G.....	149
ULTICARE PEN NEEDLES		UNIVERSAL 1 LANCETS	
.....	146	ULTRA THIN.....	149
		UPNEEQ.....	211
ULTICARE SHORT PEN			
NEEDLES.....	146		
ULTIGUARD SAFEPACK			
PEN NEEDLE.....	147		
ULTI-LANCE			
AUTOMATIC.....	147		
ULTILET CLASSIC			
LANCETS.....	147		
ULTILET LANCETS.....	147		
ULTILET PEN NEEDLE....	147		
ULTILET SAFETY			
LANCETS.....	147		
ULTILET SAFETY			
LANCETS 23G.....	147		
ULTOMIRIS.....	180		
<i>ultra comfort insulin syringe</i> ...	147		
<i>ultra thin lancets 31g</i> .....	147		
ULTRA THIN PEN			
NEEDLES.....	147		
<i>ultracare insulin syringe</i> .....	147		
<i>ultra-care lancets 30g</i> .....	147		
<i>ultracare pen needles</i> .....	147		
ULTRA-THIN II AUTO			
LANCET.....	147		
ULTRA-THIN II INS SYR			
SHORT.....	147		
ULTRA-THIN II INSULIN			
SYRINGE.....	147		
ULTRA-THIN II LANCETS			
.....	147		
ULTRA-THIN II MINI PEN			
NEEDLE.....	147		
ULTRA-THIN II PEN			
NEEDLE SHORT.....	147		
ULTRA-THIN II PEN			
NEEDLES.....	147		
ULTRAVATE.....	231		
UNIFINE PENTIPS.....	147		
UNIFINE PENTIPS PLUS..	148		
UNIFINE PROTECT PEN			
NEEDLE.....	148		
UNIFINE SAFECONTROL			
PEN NEEDLE.....	148		
UNILET COMFORTOUCH			
LANCET.....	148		
UNILET EXCELITE.....	148		
UNILET EXCELITE II.....	148		
UNILET G.P. LANCET.....	148		
UNILET G.P. SUPERLITE			
LANCET.....	148		

UPTRAVI.....	56	VENCLEXTA STARTING		VIAGRA.....	171
UPTRAVI TITRATION.....	56	PACK.....	35	VIBERZI.....	166
UROXATRAL.....	171	VENEXA.....	204	Vic-Forte.....	204
<i>ursodiol</i> .....	168	VENEXA FE.....	204	VICTOZA.....	88
UVADEX.....	41	VENIPUNCTURE PX1		Vienna.....	107
VAGIFEM.....	154	PHLEBOTOMY.....	233	<i>vigabatrin</i> .....	70
<i>valacyclovir hcl</i> .....	28	<i>venlafaxine hcl</i> .....	61	Vigadrone.....	70
VALCHLOR.....	234	<i>venlafaxine hcl er</i> .....	61	VIIBRYD.....	61
VALCYTE.....	28	VENTAVIS.....	57	VIJOICE.....	159
<i>valganciclovir hcl</i> .....	28	VENTOLIN HFA.....	215	VIMOVO.....	16
<i>valproic acid</i> .....	70	VENTRIXYL.....	204	VIMPAT.....	70
<i>valsartan</i> .....	45	VENTRIXYL FE.....	204	VINATE DHA RF.....	197
<i>valsartan-hydrochlorothiazide</i> ...45		VEOZAH.....	159	VINATE II.....	197
VALTOCO 10 MG DOSE.....	70	<i>verapamil hcl</i> .....	52	VINATE ONE.....	197
VALTOCO 15 MG DOSE.....	70	<i>verapamil hcl er</i> .....	52	VIOKACE.....	168
VALTOCO 20 MG DOSE.....	70	<i>verasens blood glucose meter</i> ...149		<i>viorele</i> .....	107
VALTOCO 5 MG DOSE.....	70	<i>verasens blood glucose system</i> . 149		VIRACEPT.....	26
VALTRESX.....	28	<i>verasens blood glucose test</i> ..... 149		VIREAD.....	26
<i>value health insulin syringe</i> ..... 149		VERDESO.....	231	<i>virt-caps</i> .....	204
<i>value plus lancet standard 21g</i> .149		VEREGEN.....	234	<i>virtussin alc</i> .....	216
<i>value plus lancets super thin</i> .... 149		VERIFINE INSULIN PEN		VISCO-3.....	22
<i>vancomycin hcl</i> .....	32	NEEDLE.....	149	VISTOGARD.....	41
VANCOMYCIN+SYRSPEN		VERIFINE INSULIN		Vita S Forte.....	204
D SF.....	32	SYRINGE.....	149	Vitacel.....	204
VANDAZOLE.....	174	VERIFINE PLUS PEN		VITAFOL FE+.....	197
VANISHPOINT INSULIN		NEEDLE.....	149	VITAFOL GUMMIES.....	197
SYRINGE.....	149	VERIFINE SAFE LANCET		VITAFOL STRIPS.....	197
VANOS.....	231	MINI 21G.....	149	VITAFOL ULTRA.....	197
Vanoxide-Hc.....	224	VERIFINE SAFE LANCET		VITAFOL-NANO.....	197
<i>varenicline tartrate</i> .....	84	MINI 23G.....	149	VITAFOL-OB.....	197
<i>varenicline tartrate (starter)</i> .... 84		VERIFINE SAFE LANCET		VITAFOL-OB+DHA.....	197
VARISOFT INFUSION SET		MINI 28G.....	149	VITAFOL-ONE.....	197
.....	149	VERIFINE SAFE LANCET		VITAMEDMD ONE	
VARUBI (180 MG DOSE)... 164		MINI 30G.....	149	RX/QUATREFOLIC.....	198
VASCEPA.....	49	VERIFINE UNIVERSAL		VITAMEDMD REDICHEW	
VASCULERA.....	204	LANCETS 28G.....	149	RX.....	198
<i>vb6 p5p</i> .....	204	VERIFINE UNIVERSAL		VITAMEZ.....	204
<i>v-c forte</i> .....	204	LANCETS 30G.....	149	<i>vita-min</i> .....	205
VCF VAGINAL		VERIFINE UNIVERSAL		<i>vitamin d (ergocalciferol)</i> .....204	
CONTRACEPTIVE.....	171	LANCETS 33G.....	149	<i>vitamin k1</i> .....	205
VECAMYL.....	55	VERKAZIA.....	211	<i>vitamins acd-fluoride</i> .....	205
VECTICAL.....	227	VERQUVO.....	54	VITAPEARL.....	198
VELETRI.....	57	VERSACLOZ.....	65	VITAROCA PLUS.....	205
VELIVET.....	106	VERZENIO.....	41	<i>vitasure</i> .....	205
VELPHORO.....	160	VESICARE.....	173	VITATHELY WITH	
VELTASSA.....	160	VESICARE LS.....	173	GINGER.....	198
VELTIN.....	224	Vestura.....	106	VITATRUE.....	198
VEMLIDY.....	30	V-GO 20.....	149	VITLIPID N INFANT.....	205
VENCLEXTA.....	35	V-GO 30.....	150	VITRAKVI.....	41
		V-GO 40.....	150	VITRAMYN.....	205



VITRANOL.....	205	WALGREENS ULTRA		XCOPRI (250 MG DAILY	
VITRANOL FE.....	205	THIN LANCETS.....	150	DOSE).....	70
VITREXATE.....	205	<i>warfarin sodium</i> .....	175	XCOPRI (350 MG DAILY	
VITREXATE FE.....	205	WAVESENSE AMP.....	150	DOSE).....	71
VITREXYL.....	205	<i>wegmans unifine pentips plus</i> ..	150	XELJANZ.....	187
VITREXYL + IRON.....	205	WEGOVY.....	94	XELJANZ XR.....	188
VIVA DHA.....	198	WELIREG.....	42	XELODA.....	35
VIVAGUARD INO		WELLBUTRIN XL.....	61	XELPROS.....	207
GLUCOSE METER.....	150	<i>wellfola</i> .....	205	XELSTRYM.....	73
VIVAGUARD INO TEST		<i>wellpro 31</i> .....	163	XEMBIFY.....	190
STRIPS.....	150	Wera.....	107	XENAZINE.....	77
VIVAGUARD LANCETS...	150	<i>wescap-c dha</i> .....	198	XENICAL.....	94
VIVAGUARD LANCING		<i>wescap-pn dha</i> .....	198	XEOMIN.....	81
DEVICE.....	150	<i>wesnatal dha complete</i> .....	198	XEPI.....	225
VIVELLE-DOT.....	154	<i>wesnate dha</i> .....	198	XERAC AC.....	234
VIVITROL.....	82	<i>westab plus</i> .....	198	XERESE.....	28
VIVJOA.....	24	<i>westgel dha</i> .....	198	XERMELO.....	168
VIZIMPRO.....	41	WIDE-SEAL DIAPHRAGM		XGEVA.....	95
VOGELXO.....	86	60.....	107	XHANCE.....	218
VOGELXO PUMP.....	86	WIDE-SEAL DIAPHRAGM		XIFAXAN.....	32
Volnea.....	107	65.....	107	XIGDUO XR.....	93
VOLTAREN.....	234	WIDE-SEAL DIAPHRAGM		XIIDRA.....	210
VONJO.....	41	70.....	107	XIMINO.....	34
VONVENDI.....	175	WIDE-SEAL DIAPHRAGM		XOFIGO.....	42
<i>voriconazole</i> .....	24	75.....	107	XOFLUZA (40 MG DOSE)...	28
VOSEVI.....	31	WIDE-SEAL DIAPHRAGM		XOFLUZA (80 MG DOSE)...	28
VOTRIENT.....	41	80.....	107	XOLAIR.....	219
VOWST.....	168	WIDE-SEAL DIAPHRAGM		XOLEGEL COREPAK.....	226
VOXZOGO.....	157	85.....	107	XOLEGEL DUO/HEAD &	
<i>vp insulin syringe</i> .....	150	WIDE-SEAL DIAPHRAGM		SHOULDERS.....	226
VPRIV.....	152	90.....	107	XOLEGEL DUO/XOLEX...	226
VRAYLAR.....	65	WIDE-SEAL DIAPHRAGM		XOPENEX HFA.....	216
VTAMA.....	227	95.....	107	XOSPATA.....	41
VUITY.....	207	WILATE.....	175	XPOVIO (100 MG ONCE	
VUMERITY.....	79	WINLEVI.....	224	WEEKLY).....	42
VUSION.....	226	Wixela Inhub.....	221	XPOVIO (40 MG ONCE	
Vyfemla.....	107	<i>wpr plus wound healing system</i>	233	WEEKLY).....	42
VYLEESI.....	83	Wymzya Fe.....	107	XPOVIO (40 MG TWICE	
Vylibra.....	107	WYNZORA.....	227	WEEKLY).....	42
VYNDAMAX.....	54	XACIATO.....	174	XPOVIO (60 MG ONCE	
VYNDAQEL.....	54	XADAGO.....	62	WEEKLY).....	42
VYVANSE.....	73	XALIX.....	234	XPOVIO (60 MG TWICE	
VYZULTA.....	207	XALKORI.....	41	WEEKLY).....	42
WAKIX.....	81	XANAX.....	57	XPOVIO (80 MG ONCE	
WALGREENS LANCETS...	150	XANAX XR.....	58	WEEKLY).....	42
<i>walgreens lancets micro thin</i> ...	150	XARELTO.....	175	XPOVIO (80 MG TWICE	
<i>walgreens lancets super thin</i> ...	150	XARELTO STARTER		WEEKLY).....	42
WALGREENS THIN		PACK.....	175	XTAMPZA ER.....	20
LANCETS.....	150	XATMEP.....	35	XTANDI.....	37
		XCOPRI.....	71	Xulane.....	107

XULTOPHY .....	88	<i>zileuton er</i> .....	217
XURIDEN .....	159	ZILXI .....	235
XYNTHA .....	178	<i>zinc chloride</i> .....	193
XYNTHA SOLOFUSE .....	178	<i>zinc sulfate</i> .....	193
XYOSTED .....	86	ZIOPTAN .....	207
XYREM .....	81	<i>ziphex</i> .....	198
XYWAV .....	81	<i>ziprasidone hcl</i> .....	66
<i>xyzbac</i> .....	205	ZIPSOR .....	16
YASMIN 28 .....	107	ZIRGAN .....	208
YAZ .....	107	ZOKINVY .....	159
<i>yl folic acid</i> .....	205	ZOLADEX .....	37
YONSA .....	37	<i>zoledronic acid</i> .....	95
YOSPRALA .....	180	ZOLINZA .....	42
YUFLYMA (1 PEN) .....	188	<i>zolmitriptan</i> .....	76
YUFLYMA-CD/UC/HS STARTER .....	188	ZOLOFT .....	61
YUPELRI .....	214	<i>zolpidem tartrate</i> .....	74
Yuvaferm .....	154	<i>zolpidem tartrate er</i> .....	74
<i>zaclir cleansing</i> .....	224	ZOMACTON .....	158
Zafemy .....	107	ZOMIG .....	76
<i>zafirlukast</i> .....	218	ZONEGRAN .....	71
<i>zaleplon</i> .....	74	ZONISADE .....	71
<i>zalvit</i> .....	198	<i>zonisamide</i> .....	71
ZAVESCA .....	154	ZONTIVITY .....	180
ZAVZPRET .....	76	ZORTRESS .....	191
ZEGALOGUE .....	157	ZORYVE .....	227
ZEGERID .....	169, 170	Zovia 1/35 (28) .....	107
ZEJULA .....	42	ZOVIRAX .....	234
<i>zelac</i> .....	163	ZTALMY .....	71
ZELAPAR .....	63	ZUBSOLV .....	82
ZELBORAF .....	41	Zumandimine .....	108
ZEMAIRA .....	212	ZURZUVAE .....	61
ZEMBRACE SYMTOUCH... ..	76	ZYCLARA .....	224
Zenatane .....	224	ZYCLARA PUMP .....	224
ZENPEP .....	168	ZYDELIG .....	41
Zenzedi .....	73	ZYFLO .....	217
ZEPBOUND .....	94	ZYKADIA .....	41
ZEPOSIA .....	80	ZYLET .....	207
ZEPOSIA 7-DAY STARTER PACK .....	80	ZYPITAMAG .....	48
ZEPOSIA STARTER KIT .....	80	ZYPREXA RELPREVV .....	66
ZESTORETIC .....	43	ZYTIGA .....	37
ZETIA .....	47	ZYVOX .....	32
ZETONNA .....	218		
<i>zevrx insulin syringe</i> .....	150		
<i>zevrx pen needles</i> .....	150		
<i>zevrx twist top lancets 30g</i> .....	150		
ZIANA .....	224		
<i>zidovudine</i> .....	26		
ZIEXTENZO .....	177		