

Plan for your best health

Advanced Control Plan - Aetna: Banner | Aetna

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Table of Contents

INFORMATIONAL SECTION.....	4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....	13
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....	25
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	39
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	51
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	66
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	105
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	153
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS...161	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	165
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM....	173
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	188
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	194
OTHER.....	199
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	199
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	212

How to use this guide

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

Your plan includes

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

What you can expect to pay

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

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

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

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

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

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

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

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

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

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

Have more questions about your pharmacy benefits?

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

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

Specialty Pharmacy Network

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

How to get started with a specialty pharmacy

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

- **To transfer your prescription**, just call us toll-free at **[1-866-353-1892](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.
- 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)**.

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TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የ ቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎ ላይ ያለውን ቁጥር ይደውሉ፡፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավիճար խորհրդաստվություն ստանալու համար զանգահարեք ձեր բժշկական ապահովագրության քարտի վրա նշված հեռախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku Karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d'identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lengguâhi ni dibåtde para hægu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ႮႰႃ႗ ႰႣႃႃ႗ Ⴃ႗Ⴃ႗Ⴃ႗ Ⴃ Ⴃ႗႗႗ ႣႣႣႣ႗႗ Ⴃ႗, Ⴃ႗႗႗႗႗႗ Ⴃ႗႗႗ Ⴃ႗႗႗ Ⴃ႗႗႗႗႗ Ⴃ႗႗႗ Ⴃ႗႗႗ Ⴃ႗႗႗႗႗ Ⴃ႗႗႗.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pilla ho ish i payahinla kvt chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei anininis eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf, lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઈ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઈડી કાર્ડ પર રહેલ નંબર પર કોલ કરવો.

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	လၢတၢ်ကမၤန့ၢ်ကိၣ်တၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အိၣ်အဂီၢ်,ကိးဘၣ်လီၤတဖၣ်နီၣ်ဂံၢ်လၢအအိၣ်လၢနနီၣ်ဂီၢ် (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 wōñean 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	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowol doo búáh ílínígóó naaltsoos bee atah níłjigo nanitinígíí bee néého'dólzínígíí 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.

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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.

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Coverage Requirements and Limits

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

Drug Tier

CE = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.
 NF = Non-formulary, not covered unless exception request granted
 NP = Non-Preferred Brand and Generic
 NPSP = Non-Preferred Specialty
 PB = Preferred Brand
 PG = Preferred Generic
 PSP = Preferred Specialty

lowercase italics = Generic drugs
UPPERCASE = Brand name drugs

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

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NSAIDS		
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	NF	
COXANTO ORAL CAPSULE 300 MG (<i>oxaprozin</i>)	NF	
<i>diclofenac potassium oral capsule 25 mg</i>	NF	
<i>diclofenac potassium oral tablet 25 mg</i>	NF	
<i>diclofenac potassium oral tablet 50 mg</i>	PG	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	NF	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	PG	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	PG	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	PG	
<i>etodolac oral capsule 200 mg, 300 mg</i>	PG	
<i>etodolac oral tablet 400 mg, 500 mg</i>	PG	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	NF	
<i>fenoprofen calcium oral tablet 600 mg</i>	NF	N10 (Non-Preferred Generic tier applies to Student Health members residing in Connecticut.)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	PG	
<i>ibuprofen (Ibu Oral Tablet 600 Mg)</i>	PG	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	PG	
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	NF	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PG	STX
<i>indomethacin oral suspension 25 mg/5ml</i>	NF	
<i>indomethacin rectal suppository 50 mg</i>	NF	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NF	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	NF	
<i>ketorolac tromethamine oral tablet 10 mg</i>	PG	QL (20 TABLETS per 25 DAYs)
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	NF	
<i>diclofenac potassium (Lofena Oral Tablet 25 Mg)</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	PG	
<i>mefenamic acid oral capsule 250 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>meloxicam oral capsule 10 mg, 5 mg</i>	NF	
<i>meloxicam oral suspension 7.5 mg/5ml</i>	NF	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PG	N8 (Listing does not include certain NDCs)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	NF	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	NF	
<i>naproxen oral suspension 125 mg/5ml</i>	NF	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PG	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	PG	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	NF	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	PG	
<i>oxaprozin oral capsule 300 mg</i>	NF	
<i>oxaprozin oral tablet 600 mg</i>	PG	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PG	
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	NF	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	PG	
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	NF	
NSAIDS, COMBINATIONS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	NF	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	PG	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	NF	N10 (Non-Preferred Generic tier applies to Student Health members residing in Connecticut.)
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	NF	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	NF	
OPIOID ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (2700 ML per 25 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	PG	N8 (Subject to initial limit); QL (400 TABLETS per 25 DAYS)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	PG	N8 (Subject to initial limit); QL (360 TABLETS per 25 Days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 Days)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	NF	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	NP	N8 (Subject to initial limit); QL (300 CAPSULES per 25 days)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	NF	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	PG	STX; N8 (Listing does not include certain NDCs); QL (48 CAPSULES per 25 DAYS)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	PG	STX; QL (48 CAPSULES per 25 DAYS)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	PG	STX; QL (48 CAPSULES per 25 DAYS)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	NP	QL (2 BOTTLES per 25 DAYS)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>codeine sulfate oral tablet 30 mg</i>	PG	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
<i>codeine sulfate oral tablet 60 mg</i>	NP	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>tramadol hcl</i>)	NP	ST; QL (30 CAPSULES per 25 DAYS)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (<i>tramadol hcl</i>)	NP	ST
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	NP	N8 (Subject to initial limit); QL (480 ML per 25 days)
DILAUDID ORAL TABLET 2 MG (<i>hydromorphone hcl</i>)	NP	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
DILAUDID ORAL TABLET 4 MG (<i>hydromorphone hcl</i>)	NP	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
DILAUDID ORAL TABLET 8 MG (<i>hydromorphone hcl</i>)	NP	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	NP	PA; QL (120 LOZENGES per 25 DAYS)
<i>fentanyl citrate buccal tablet 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	PG	PA; QL (120 TABLETS per 25 DAYS)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	PG	ST
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr</i>	PG	ST; QL (10 PATCHES per 25 DAYS)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	NF	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	NP	STX; QL (48 CAPSULES per 25 DAYS)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	NF	
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	NP	N8 (Subject to initial limit); QL (2700 ML per 25 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	PG	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	PG	N8 (Subject to initial limit); QL (50 TABLETS per 25 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg</i>	NP	ST; QL (30 TABLETS per 25 DAYS)
<i>hydromorphone hcl er oral tablet extended release 24 hour 32 mg</i>	NP	ST
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	PG	N8 (Subject to initial limit); QL (480 ML per 25 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 4 mg</i>	PG	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	PG	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	NF	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	NF	
<i>meperidine hcl oral solution 50 mg/5ml</i>	NF	
<i>meperidine hcl oral tablet 50 mg</i>	NF	
<i>methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)</i>	NP	ST; QL (45 ML per 25 days)
<i>methadone hcl oral concentrate 10 mg/ml</i>	NP	QL (30 ML per 25 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	PG	ST; QL (225 ML per 25 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methadone hcl oral solution 5 mg/5ml</i>	PG	ST; QL (450 ML per 25 DAYs)
<i>methadone hcl oral tablet 10 mg</i>	PG	ST; QL (30 TABLETS per 25 days)
<i>methadone hcl oral tablet 5 mg</i>	PG	ST; QL (90 TABLETS per 25 days)
<i>methadone hcl oral tablet soluble 40 mg</i>	PG	QL (9 TABLETS per 25 DAYs)
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NP	QL (30 ML per 25 DAYs)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NP	QL (30 ML per 25 DAYs)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (135 ML per 25 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	PG	ST
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	PG	ST; QL (30 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	PG	ST; QL (60 CAPSULES per 25 days)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	PG	ST
<i>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg</i>	PG	ST; QL (30 CAPSULES per 25 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	PG	ST
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	PG	ST; QL (90 TABLETS per 25 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (900 ML per 25 days)
<i>morphine sulfate oral tablet 15 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>morphine sulfate oral tablet 30 mg</i>	PG	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG (<i>morphine sulfate</i>)	NP	ST

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

20

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG (<i>morphine sulfate</i>)	NP	ST; QL (90 TABLETS per 25 DAYS)
<i>nalocet oral tablet 2.5-300 mg</i>	NF	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<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</i>	PG	ST; QL (60 TABLETS per 25 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg, 80 mg</i>	PG	ST
<i>oxycodone hcl oral capsule 5 mg</i>	PG	N8 (Subject to initial limit); QL (180 CAPSULES per 25 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (90 ML per 25 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (900 ML per 25 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 15 mg</i>	PG	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 20 mg</i>	PG	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 30 mg</i>	PG	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml, 5-325 mg/5ml</i>	NF	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	NF	
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYS)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	PG	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	PG	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	NF	
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	NF	
<i>oxymorphone hcl oral tablet 10 mg</i>	PG	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	NF	
PROLATE ORAL SOLUTION 10-300 MG/5ML (<i>oxycodone-acetaminophen</i>)	NF	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NF	
QDOLO ORAL SOLUTION 5 MG/ML (<i>tramadol hcl</i>)	NF	
ROXICODONE ORAL TABLET 15 MG (<i>oxycodone hcl</i>)	NP	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
ROXICODONE ORAL TABLET 30 MG (<i>oxycodone hcl</i>)	NP	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	NF	
SEGLENTIS ORAL TABLET 56-44 MG (<i>celecoxib-tramadol hcl</i>)	NF	
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NF	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg</i>	PG	ST; QL (30 TABLETS per 25 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</i>	PG	ST
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	PG	ST; QL (30 TABLETS per 25 days)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	PG	ST
<i>tramadol hcl oral solution 5 mg/ml</i>	NF	
<i>tramadol hcl oral tablet 100 mg, 25 mg</i>	NF	
<i>tramadol hcl oral tablet 50 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	PG	N8 (Subject to initial limit); QL (40 TABLETS per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (<i>oxycodone</i>)	NF	
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG (<i>buprenorphine hcl</i>)	PB	ST; QL (60 FILMS per 25 DAYS)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	PB	ST
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	PG	ST; QL (4 PATCH WEEKLY per 25 days)
<i>buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr</i>	PG	ST
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	NF	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	NP	STX; N8 (Subject to initial limit.); QL (120 TABLETS per 25 days)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	PSP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SALICYLATES		
<i>aspirin childrens oral tablet chewable 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYs); AL (Min 12 Years and Max 59 Years)
<i>aspirin oral tablet delayed release 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 Days); AL (Min 12 Years and Max 59 Years)
<i>diflunisal oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
VISCOSUPPLEMENTS		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (<i>cross-linked hyaluronate</i>)	NF	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (<i>hyaluronan</i>)	NF	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (<i>hyaluronan</i>)	NF	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (<i>hyaluronan</i>)	NF	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (<i>hylan g-f 20</i>)	NF	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (<i>hylan g-f 20</i>)	NF	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTHELMINTICS - DRUGS FOR WORM INFECTION		
<i>albendazole oral tablet 200 mg</i>	NP	QL (336 TABLETS per 365 days)
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	NP	QL (24 TABLETS per 365 DAYS)
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	NP	QL (12 TABLETS per 365 days)
<i>ivermectin oral tablet 3 mg</i>	PG	PA; QL (9 TABLETS per 75 days)
<i>praziquantel oral tablet 600 mg</i>	PG	QL (24 TABLETS per 365 DAYS)
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	NPSP	PA
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	NF	
<i>neomycin sulfate oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>sulfadiazine oral tablet 500 mg</i>	NF	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	PG	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	NP	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	NP	ST; QL (4 TABLETS per 7 DAYs)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (<i>isavuconazonium sulfate</i>)	NF	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	PG	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
<i>flucytosine oral capsule 250 mg</i>	NP	STX
<i>flucytosine oral capsule 500 mg</i>	NF	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>griseofulvin microsize oral tablet 500 mg</i>	PG	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	PG	
<i>itraconazole oral capsule 100 mg</i>	PG	
<i>itraconazole oral solution 10 mg/ml</i>	NP	PA
<i>ketoconazole oral tablet 200 mg</i>	PG	PA; STX
NOXAFIL ORAL PACKET 300 MG (<i>posaconazole</i>)	NF	
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	NF	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (<i>posaconazole</i>)	NF	
<i>nystatin oral tablet 500000 unit</i>	PG	N8 (Listing does not include certain NDCs)
<i>posaconazole oral suspension 40 mg/ml</i>	NF	
<i>posaconazole oral tablet delayed release 100 mg</i>	NF	
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	NF	
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	NF	
<i>terbinafine hcl oral tablet 250 mg</i>	PG	
<i>tolsura oral capsule 65 mg</i>	NF	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (<i>oteseconazole</i>)	NP	PA; QL (18 CAPSULES per 336 DAYs)
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>voriconazole oral tablet 200 mg, 50 mg</i>	PG	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	NF	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	NP	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	PG	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	NF	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	NF	
<i>mefloquine hcl oral tablet 250 mg</i>	NP	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	PG	
<i>quinine sulfate oral capsule 324 mg</i>	NP	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate oral solution 20 mg/ml</i>	PG	QL (900 ML per 30 DAYs)
<i>abacavir sulfate oral tablet 300 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	NF	
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	PG	QL (30 CAPSULES per 30 DAYs)
<i>atazanavir sulfate oral capsule 200 mg</i>	PG	QL (60 CAPSULES per 30 DAYs)
<i>darunavir oral tablet 600 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
<i>darunavir oral tablet 800 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	NF	
<i>efavirenz oral tablet 600 mg</i>	PG	QL (30 TABLETS per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	PB	QL (30 CAPSULES per 30 DAYs)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	PB	QL (680 ML per 28 DAYs)
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	NP	QL (900 mls per 30 days)
EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>)	NP	QL (60 tablets per 30 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	NF	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	NF	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (<i>darunavir</i>)	NF	
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	NP	QL (180 CAPSULES per 30 DAYS)
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	NP	QL (1800 ML per 30 DAYS)
REYATAZ ORAL CAPSULE 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NF	
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	NF	
<i>ritonavir oral tablet 100 mg</i>	PG	QL (360 TABLETS per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	NP	QL (60 TABLETS per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	NF	
SELZENTRY ORAL TABLET 150 MG, 300 MG (<i>maraviroc</i>)	NF	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (<i>lenacapavir sodium</i>)	NF	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	PG	QL (30 TABLETS per 30 DAYS)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	PB	QL (60 TABLETS per 30 DAYS)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	PB	QL (360 TABLETS per 30 days)
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	NP	QL (30 TABLETS per 30 DAYS)
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	NF	
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	NP	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (<i>tenofovir disoproxil fumarate</i>)	NP	QL (30 TABLETS per 30 days)
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	NP	QL (900 ML per 30 days)
<i>zidovudine oral capsule 100 mg</i>	PG	QL (180 CAPSULES per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	PG	QL (1800 ML per 30 DAYS)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zidovudine oral tablet 300 mg</i>	PG	QL (60 TABLETS per 30 days)
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	PG	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG (<i>bictegravir-emtricitab-tenofovir</i>)	PB	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYS)
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYS)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	NF	
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofovir df</i>)	NF	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine-tenofovir af</i>)	PB	QL (30 TABLETS per 30 DAYS)
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	PB	QL (30 TABLETS per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	PG	QL (30 TABLETS per 30 Days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	PG	QL (30 TABLETS per 30 DAYS)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	PG	QL (30 TABLETS per 30 DAYS)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	CE	N7 (PG); N8 (\$0 copay applies for pre-exposure prophylaxis only); QL (30 TABLETS per 30 days)
EPZICOM ORAL TABLET 600-300 MG (<i>abacavir sulfate-lamivudine</i>)	NP	QL (30 TABLETS per 30 DAYS)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	NP	QL (30 TABLETS per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	PB	QL (30 TABLETS per 30 DAYS)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	NP	QL (30 TABLETS per 30 DAYS)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	PG	QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	PG	QL (300 TABLETS per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	PG	QL (120 TABLETS per 30 DAYs)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab- rilpivir-tenofovir af</i>)	PB	QL (30 TABLETS per 30 DAYs)
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir- cobicistat</i>)	NP	QL (30 TABLETS per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg- cobic-emtricit-tenofovir df</i>)	NF	
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz- lamivudine-tenofovir</i>)	NP	QL (30 TABLETS per 30 days)
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz- lamivudine-tenofovir</i>)	NP	QL (30 TABLETS per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun- cobic-emtricit-tenofovir</i>)	PB	QL (30 TABLETS per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir- dolutegravir-lamivudine</i>)	PB	QL (30 TABLETS per 30 DAYs)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (<i>abacavir-dolutegravir-lamivudine</i>)	PB	QL (180 TABLETS per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (<i>emtricitabine-tenofovir df</i>)	NF	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine oral capsule 250 mg</i>	NP	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	PG	
<i>isoniazid oral syrup 50 mg/5ml</i>	PG	
<i>isoniazid oral tablet 100 mg</i>	PG	
<i>isoniazid oral tablet 300 mg</i>	PG	N8 (Listing does not include certain NDCs)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pretomanid oral tablet 200 mg</i>	NP	PA
<i>pyrazinamide oral tablet 500 mg</i>	PG	
<i>rifabutin oral capsule 150 mg</i>	PG	
<i>rifampin oral capsule 150 mg, 300 mg</i>	PG	N8 (Listing does not include certain NDCs)
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	NPSP	PA
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir oral capsule 200 mg</i>	PG	
<i>acyclovir oral suspension 200 mg/5ml</i>	PG	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	PG	
<i>cidofovir intravenous solution 75 mg/ml</i>	PG	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	PG	
<i>ganciclovir intravenous solution 500 mg/250ml</i>	NF	
<i>ganciclovir sodium intravenous solution 500 mg/10ml</i>	NF	
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	PG	
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	NPSP	PA; QL (120 TABLETS per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	PG	QL (40 CAPSULES per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	PG	QL (20 CAPSULES per 90 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	PG	QL (360 ML per 90 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	NP	QL (40 TABLETS per 30 DAYS)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	NP	QL (60 TABLETS per 30 DAYS)
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	NP	QL (1 TABLET per 1 DAY)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	PB	QL (2 inhalers per 90 days)
<i>rimantadine hcl oral tablet 100 mg</i>	PG	
SITAVIG BUCCAL TABLET 50 MG (<i>acyclovir</i>)	NF	
TAMIFLU ORAL CAPSULE 30 MG (<i>oseltamivir phosphate</i>)	NP	QL (40 CAPSULES per 90 DAYS)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	NP	QL (20 CAPSULES per 90 DAYS)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (<i>oseltamivir phosphate</i>)	NP	QL (360 ML per 90 days)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	PG	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (<i>valganciclovir hcl</i>)	NF	
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	NF	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PG	PA; QL (1000 ML per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	PG	PA; QL (120 TABLETS per 30 days)
VALTREX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	NF	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	NF	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	NF	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	NF	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	PG	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	PG	
<i>cefadroxil oral capsule 500 mg</i>	PG	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	PG	
<i>cefadroxil oral tablet 1 gm</i>	PG	
<i>cefdinir oral capsule 300 mg</i>	PG	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefixime oral capsule 400 mg</i>	NP	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	NP	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	PG	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	PG	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	PG	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cephalexin oral capsule 250 mg, 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>cephalexin oral capsule 750 mg</i>	PG	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	PG	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin oral packet 1 gm</i>	PG	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	PG	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	PG	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	PG	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	PG	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	PB	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	PB	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	
<i>erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)</i>	PG	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	PG	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	PG	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	PG	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	PG	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>levofloxacin oral solution 25 mg/ml</i>	PG	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>moxifloxacin hcl oral tablet 400 mg</i>	PG	
HEPATITIS B		
<i>adefovir dipivoxil oral tablet 10 mg</i>	PG	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	NPSP	PA; QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	NF	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PG	QL (30 TABLETS per 30 days)
<i>lamivudine oral tablet 100 mg</i>	PG	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	PSP	QL (30 TABLETS per 30 days)
HEPATITIS C		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	PA; IBC (Preferred for all genotypes); QL (28 PELLETS per 28 DAYS)
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 DAYS)
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; QL (28 PACKET per 28 DAYS)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	PA; IBC (Preferred for genotypes 1,4,5,6); QL (28 TABLETS per 28 days)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NF	
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	NF	
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	NF	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	NF	
<i>ribavirin oral capsule 200 mg</i>	PG	PA
<i>ribavirin oral tablet 200 mg</i>	PG	PA
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NF	
SOVALDI ORAL PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	NPSP	PA; QL (28 PELLETS per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG (<i>sofosbuvir</i>)	NPSP	PA; QL (28 TABLETS per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	PSP	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	NF	
MISCELLANEOUS		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>nitazoxanide</i>)	NP	QL (540 ML per 25 DAYs); AL (Min 1 Years)
ALINIA ORAL TABLET 500 MG (<i>nitazoxanide</i>)	NP	QL (20 TABLETS per 25 DAYs); AL (Min 12 Years)
<i>atovaquone oral suspension 750 mg/5ml</i>	PG	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	PG	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	PG	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	PG	
<i>dapsone oral tablet 100 mg, 25 mg</i>	PG	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	NF	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	NF	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	NF	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PG	PA
<i>linezolid oral tablet 600 mg</i>	PG	PA; N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	NF	
MEPRON ORAL SUSPENSION 750 MG/5ML (<i>atovaquone</i>)	PB	
<i>methenamine hippurate oral tablet 1 gm</i>	PG	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	PG	
<i>metronidazole oral capsule 375 mg</i>	PG	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nitazoxanide oral tablet 500 mg</i>	PG	QL (20 TABLETS per 25 DAYs); AL (Min 12 Years)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	PG	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	NP	N8 (Listing does not include certain NDCs)
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	NF	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	PG	
<i>pyrimethamine oral tablet 25 mg</i>	PG	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	NP	PA
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NF	
VANCOCIN ORAL CAPSULE 125 MG (<i>vancomycin hcl</i>)	NP	QL (80 CAPSULES per 10 Days)
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	NP	QL (80 CAPSULES per 10 days)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	NF	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	NF	
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	PB	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	NF	
ZYVOX ORAL TABLET 600 MG (<i>linezolid</i>)	NF	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	PG	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	PG	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	PG	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	PG	
<i>ampicillin oral capsule 500 mg</i>	PG	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	PG	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	PG	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	NP	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG (doxycycline hyclate)	NF	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline hyclate oral tablet 100 mg</i>	PG	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet 20 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>	NF	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	PG	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 75 mg</i>	NP	
<i>doxycycline monohydrate oral tablet 50 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>minocycline hcl er oral capsule extended release 24 hour 135 mg, 45 mg, 90 mg</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	NF	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	PG	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	NP	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (<i>minocycline hcl</i>)	NF	
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	NPSP	PA; QL (30 TABLETS per 14 DAYS)
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	NF	
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>	PG	QL (120 CAPSULES per 25 days)
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>doxycycline monohydrate</i>)	NP	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (<i>minocycline hcl</i>)	NF	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N7 (PG)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	CE	N7 (NPSP)
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	CE	N7 (PB)
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	CE	N7 (PSP)
<i>melphalan oral tablet 2 mg</i>	CE	N7 (PG)
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	CE	N7 (PB)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; N7 (PG)
ANTIMETABOLITES		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	CE	PA; N7 (PG)
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	CE	PA; N7 (NPSP); QL (5 TABLETS per 28 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	CE	N7 (NF)
LONSURF ORAL TABLET 15-6.14 MG (<i>trifluridine-tipiracil</i>)	CE	PA; N7 (PSP); QL (100 TABLETS per 30 days)
LONSURF ORAL TABLET 20-8.19 MG (<i>trifluridine-tipiracil</i>)	CE	PA; N7 (PSP); QL (80 TABLETS per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N7 (PG)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	PG	
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	CE	PA; N7 (NPSP); QL (14 TABLETS per 28 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	CE	PA; N7 (NPSP)
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	CE	N7 (PB)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	CE	N7 (PB)
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	CE	N7 (NPSP)
XELODA ORAL TABLET 150 MG, 500 MG (<i>capecitabine</i>)	CE	PA; ST; N7 (NPSP)
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 50 MG (<i>venetoclax</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	CE	PA; N7 (NPSP); QL (1 TABLET THERAPY PACK per 28 days)
BIOLOGIC RESPONSE MODIFIERS		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	PSP	PA; QL (2 SYRINGES per 28 days)
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	CE	N7 (NF)
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	CE	PA; N7 (NPSP); QL (21 CAPSULES per 28 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

40

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>lenalidomide</i>)	CE	PA; N7 (PSP); QL (28 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG (<i>lenalidomide</i>)	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	PSP	PA; QL (28 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG (<i>thalidomide</i>)	PSP	PA; QL (56 CAPSULES per 28 days)
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYS)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (<i>niraparib-abiraterone acetate</i>)	CE	N7 (NF)
<i>anastrozole oral tablet 1 mg</i>	CE	N7 (PG); AL (Min 35 Years)
<i>bicalutamide oral tablet 50 mg</i>	CE	N7 (PG)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	PSP	PA
ERLEADA ORAL TABLET 240 MG (<i>apalutamide</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
EULEXIN ORAL CAPSULE 125 MG (<i>flutamide</i>)	CE	N7 (NF)
<i>exemestane oral tablet 25 mg</i>	CE	N7 (PG); AL (Min 35 Years)
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (<i>fulvestrant</i>)	NPSP	PA

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	NF	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	NF	
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	PSP	PA
<i>letrozole oral tablet 2.5 mg</i>	CE	N7 (PG)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PSP	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (<i>leuprolide acetate</i>)	NPSP	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate (3 month)</i>)	NPSP	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NF	
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	CE	N7 (PSP)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N7 (PG)
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	CE	N7 (NF)
<i>nilutamide oral tablet 150 mg</i>	CE	N7 (PG)
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hydrochloride</i>)	CE	N7 (NF)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N7 (PG); AL (Min 35 Years)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N7 (PG)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYS)
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYS)
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate micronized</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG (<i>abiraterone acetate</i>)	CE	N7 (NF)
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (<i>everolimus</i>)	CE	N7 (Not Covered)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	CE	N7 (NF)
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG (<i>brigatinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
AUGTYRO ORAL CAPSULE 40 MG (<i>repotrectinib</i>)	CE	N7 (NF)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	CE	N7 (NF)
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPSP); QL (84 TABLETS per 28 days)
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPSP); QL (28 TABLETS per 28 days)
BOSULIF ORAL CAPSULE 100 MG (<i>bosutinib</i>)	CE	PA; N7 (PSP); QL (300 CAPSULES per 30 DAYS)
BOSULIF ORAL CAPSULE 50 MG (<i>bosutinib</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 DAYS)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	CE	PA; N7 (PSP); QL (180 CAPSULES per 30 days)
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
CALQUENCE ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPSP); QL (56 CAPSULES per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPSP); QL (112 CAPSULES per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPSP); QL (1 KIT per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	CE	PA; N7 (PSP); QL (56 CAPSULES per 28 days)
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	CE	PA; N7 (PSP); QL (63 TABLETS per 21 days)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
<i>everolimus oral tablet soluble 2 mg, 5 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYS)
<i>everolimus oral tablet soluble 3 mg</i>	CE	PA; N7 (PSP); QL (90 TABLETS per 30 DAYS)
EXKIVITY ORAL CAPSULE 40 MG (<i>mobocertinib succinate</i>)	CE	N7 (NF)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	CE	N7 (NF)
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (<i>fruquintinib</i>)	CE	N7 (NF)
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
<i>gefitinib oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>)	CE	N7 (NF)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; N7 (PSP); QL (21 TABLETS per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	CE	N7 (NF)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; N7 (PG); QL (120 TABLETS per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; N7 (PG); QL (60 TABLETS per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	CE	N7 (NF)
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	CE	N7 (NF)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	CE	N7 (NF)
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	CE	PA; N7 (PSP); QL (240 TABLETS per 30 days)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	CE	N7 (NF)
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	CE	N7 (NF)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	CE	PA; IBC (Not covered for polycythemia vera); N7 (NPSP); QL (60 TABLETS per 30 days)
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>)	CE	N7 (NF)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	PA; N7 (PSP); QL (49 TABLETS per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	PA; N7 (PSP); QL (70 TABLETS per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	CE	PA; N7 (PSP); QL (91 TABLETS per 28 days)
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (180 TABLETS per 30 DAYs)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	CE	N7 (NF)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	CE	N7 (NF)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	CE	N7 (NF)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	CE	N7 (NF)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	CE	N7 (NF)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	N7 (NF)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	N7 (Not Covered)
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	CE	PA; N7 (PSP); QL (180 TABLETS per 30 days)
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	CE	N7 (NF)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (<i>momelotinib dihydrochloride</i>)	NF	
<i>pazopanib hcl oral tablet 200 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 Days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	CE	N7 (NF)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	CE	PA; N7 (NPSP); QL (28 TABLETS per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (<i>alpelisib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	CE	N7 (NF)
RETEVMO ORAL CAPSULE 40 MG (<i>selpercatinib</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
RETEVMO ORAL CAPSULE 80 MG (<i>selpercatinib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG (<i>entrectinib</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG (<i>entrectinib</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROZLYTREK ORAL PACKET 50 MG (<i>entrectinib</i>)	CE	PA; N7 (PSP); QL (8 CARTONS per 28 days)
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	CE	PA; N7 (PSP); QL (224 CAPSULES per 28 days)
SCEMBLIX ORAL TABLET 20 MG, 40 MG (<i>asciminib hcl</i>)	CE	N7 (NF)
<i>sorafenib tosylate oral tablet 200 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYs)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
SPRYCEL ORAL TABLET 20 MG (<i>dasatinib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	CE	PA; N7 (PSP); QL (84 TABLETS per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 DAYs)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	CE	N7 (NF)
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	CE	N7 (NF)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	CE	N7 (Not Covered)
TAFINLAR ORAL TABLET SOLUBLE 10 MG (<i>dabrafenib mesylate</i>)	CE	N7 (NF)
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
TARCEVA ORAL TABLET 25 MG (<i>erlotinib hcl</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	CE	N7 (NF)
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	CE	N7 (NF)
TRUQAP ORAL TABLET 160 MG, 200 MG (<i>capivasertib</i>)	CE	N7 (NF)
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hcl</i>)	CE	N7 (NF)

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TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	CE	N7 (NF)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	CE	PA; N7 (PSP); QL (180 CAPSULES per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	CE	PA; N7 (PSP); QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	CE	N7 (NF)
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	CE	N7 (NF)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	CE	N7 (NF)
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG (<i>crizotinib</i>)	CE	N7 (NF)
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	CE	PA; N7 (PSP); QL (240 TABLETS per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
MISCELLANEOUS		
<i>bexarotene oral capsule 75 mg</i>	CE	PA; N7 (PSP)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N7 (PG)
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	CE	PA; N7 (NPSP)
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	CE	PA; N7 (PSP); QL (180 TABLETS per 30 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUMAKRAS ORAL TABLET 120 MG (<i>sotorasib</i>)	CE	PA; N7 (PSP); QL (240 TABLETS per 30 days)
LUMAKRAS ORAL TABLET 320 MG (<i>sotorasib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
OGSIVEO ORAL TABLET 50 MG (<i>nirogacestat hydrobromide</i>)	CE	N7 (NF)
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	CE	N7 (NF)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	CE	N7 (NF)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	CE	N7 (NF)
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	CE	N7 (NF)
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>)	CE	N7 (NF)
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
<i>tretinoin oral capsule 10 mg</i>	CE	N7 (PG)
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PSP	QL (20 PACKETS per 5 DAYs)
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	CE	N7 (NF)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (8 TABLETS per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (4 TABLETS per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (8 TABLETS per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (4 TABLETS per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (24 TABLETS per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (8 TABLETS per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (32 TABLETS per 28 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
PROTEASOME INHIBITORS		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	CE	PA; N7 (PSP); QL (3 CAPSULES per 28 days)
PROTECTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N7 (PG)
TOPOISOMERASE INHIBITORS		
<i>etoposide oral capsule 50 mg</i>	CE	N7 (PG)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	CE	PA; N7 (NPSP)
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	PG	LGC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	PG	LGC
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	NF	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	PG	LGC
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	PG	LGC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	LGC
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	NF	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	NF	LGC
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg</i>	PG	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	PG	LGC
<i>enalapril maleate oral solution 1 mg/ml</i>	PG	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	NF	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	PG	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	NP	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	PG	LGC
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	NP	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	PG	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	PG	LGC
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	NP	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	PG	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	NF	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	NF	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	PG	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	NF	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	NF	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	NF	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	NF	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	NF	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	PG	LGC
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	PG	LGC
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	NF	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	PG	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	NP	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	NP	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	PG	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	PG	LGC
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	NF	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	LGC
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	NF	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	NF	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NF	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	PG	LGC
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (<i>telmisartan</i>)	NF	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	PG	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>valsartan oral solution 4 mg/ml</i>	NF	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	PG	LGC
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	PG	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	NF	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	PG	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	PSP	PA
<i>flecainide acetate oral tablet 100 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>flecainide acetate oral tablet 150 mg</i>	PG	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	PB	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NF	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	PG	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	PG	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sotalol hcl (af) oral tablet 120 mg</i>	PG	LGC
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	PG	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	PG	LGC
<i>sotalol hcl oral tablet 160 mg, 240 mg</i>	PG	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	NPSP	PA; ST
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	PB	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	PB	
ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine light oral packet 4 gm</i>	PG	
<i>cholestyramine light oral powder 4 gm/dose</i>	PG	
<i>cholestyramine oral packet 4 gm</i>	PG	
<i>cholestyramine oral powder 4 gm/dose</i>	PG	N8 (Listing does not include certain NDCs)
<i>colesevelam hcl oral packet 3.75 gm</i>	PG	
<i>colesevelam hcl oral tablet 625 mg</i>	PG	
<i>colestipol hcl oral granules 5 gm</i>	PG	
<i>colestipol hcl oral packet 5 gm</i>	PG	
<i>colestipol hcl oral tablet 1 gm</i>	PG	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe oral tablet 10 mg</i>	PG	
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	NF	
ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>fenofibrate micronized oral capsule 130 mg</i>	NF	
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	PG	
<i>fenofibrate micronized oral capsule 43 mg</i>	NP	
<i>fenofibrate oral capsule 150 mg</i>	NP	
<i>fenofibrate oral capsule 200 mg</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fenofibrate oral capsule 50 mg</i>	NF	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NF	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	PG	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	PG	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	NP	
FENOGLIDE ORAL TABLET 120 MG (<i>fenofibrate</i>)	NF	
FIBRICOR ORAL TABLET 105 MG (<i>fenofibric acid</i>)	NF	
<i>gemfibrozil oral tablet 600 mg</i>	PG	LGC
TRICOR ORAL TABLET 145 MG, 48 MG (<i>fenofibrate</i>)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	NF	
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (<i>atorvastatin calcium</i>)	NF	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	LGC; N7 (PG); AL (Min 40 Years and Max 75 Years)
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	PG	LGC; N8 (Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	NF	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	PG	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	PG	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (<i>fluvastatin sodium</i>)	NF	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (<i>atorvastatin calcium</i>)	NF	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	NF	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	LGC
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	LGC
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	LGC; N7 (PG); AL (Min 40 Years and Max 75 Years)
<i>simvastatin oral tablet 80 mg</i>	PG	LGC; N8 (Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i>	NF	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	PG	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (<i>ezetimibe-rosuvastatin</i>)	NF	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	NF	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	PG	
NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>)	NF	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	NF	
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	NF	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (<i>icosapent ethyl</i>)	PB	N8 (Listing does not include certain NDCs)
ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	NF	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	PSP	PA; QL (1 CARTRIDGE per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	PSP	PA; QL (3 SYRINGES per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	PSP	PA; QL (3 PENS per 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	PG	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	PG	LGC
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	PG	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	PG	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	PG	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>nebivolol hcl</i>)	NF	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	PG	LGC
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	NP	N8 (Listing does not include certain NDCs)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	NF	

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

60

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nifedipine oral capsule 10 mg, 20 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nimodipine oral capsule 30 mg</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	PG	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	NF	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	NF	
<i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i>	NF	
<i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i>	PG	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	PG	
<i>verapamil hcl er oral tablet extended release 120 mg</i>	PG	LGC
<i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i>	PG	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digoxin oral solution 0.05 mg/ml</i>	PG	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	PG	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (<i>digoxin</i>)	NF	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	PG	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>amiloride hcl oral tablet 5 mg</i>	PG	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	PG	LGC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	NF	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISCELLANEOUS		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG (<i>ranolazine</i>)	NF	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
<i>clonidine hcl er oral tablet extended release 24 hour 0.17 mg</i>	NF	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	PG	LGC
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	NP	N8 (Listing does not include certain NDCs)
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	NP	ST; QL (360 CAPSULES per 25 days)
<i>droxidopa oral capsule 100 mg</i>	PSP	PA; QL (90 CAPSULES per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	PSP	PA; QL (180 CAPSULES per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>hydralazine hcl oral tablet 25 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
LODOCO ORAL TABLET 0.5 MG (<i>colchicine</i>)	NF	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	NF	
<i>metyrosine oral capsule 250 mg</i>	NP	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	PG	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (<i>clonidine hcl</i>)	NF	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>)	NF	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	PG	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	PG	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	NP	PA
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	NF	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (<i>isosorbide dinitrate</i>)	NF	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>isosorbide dinitrate oral tablet 40 mg</i>	NF	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	PG	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	PG	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	PG	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	PG	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	PG	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	PSP	PA; QL (90 TABLETS per 30 days)
<i>tadalafil (pah) (Alyq Oral Tablet 20 Mg)</i>	PSP	PA; QL (60 TABLETS per 30 DAYS)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PSP	PA; QL (30 TABLETS per 30 DAYS)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	PSP	PA
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	NF	
LIQREV ORAL SUSPENSION 10 MG/ML (<i>sildenafil citrate</i>)	NF	
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	PSP	PA; QL (30 TABLETS per 30 days)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	PSP	PA

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	PSP	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	PSP	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	PSP	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	NF	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	NF	
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	NF	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	PSP	PA; QL (784 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	PG	PA; QL (360 TABLETS per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	PSP	PA; QL (300 ML per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	NF	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PSP	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	NF	
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (<i>treprostinil</i>)	NF	
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	PA; QL (28 ML per 28 days)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	PA; QL (28 ML per 28 days)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	PA; QL (28 ML per 28 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	PSP	PA; QL (60 TABLETS per 30 days)
UPTRAVI ORAL TABLET 200 MCG (<i>selexipag</i>)	PSP	PA; QL (140 TABLETS per 28 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	PSP	PA; QL (1 TABLET THERAPY PACK per 28 days)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	NPSP	PA; QL (270 ML per 30 days)
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	NP	
<i>disulfiram oral tablet 250 mg</i>	PG	
<i>disulfiram oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
ANTI-ANXIETY - DRUGS TO TREAT ANXIETY		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 DAYS)
<i>alprazolam er oral tablet extended release 24 hour 3 mg</i>	PG	QL (90 TABLETS per 25 DAYS)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	NP	QL (300 ML per 25 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 days)
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG (<i>clomipramine hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 days); AL (Max 65 Years)
ANAFRANIL ORAL CAPSULE 75 MG (<i>clomipramine hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 days); AL (Max 65 Years)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>donepezil hcl oral tablet 23 mg</i>	NP	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	
<i>ergoloid mesylates oral tablet 1 mg</i>	NP	STX
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	NP	PA
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	NP	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	NP	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	NP	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	PG	PA; AL (Min 29 Years)
<i>memantine hcl oral solution 2 mg/ml</i>	PG	PA; AL (Min 29 Years)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	PG	PA; N8 (Listing does not include certain NDCs); AL (Min 29 Years)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	PG	PA; AL (Min 29 Years)
NAMENDA ORAL TABLET 5 MG (<i>memantine hcl</i>)	NP	PA; AL (Min 29 Years)
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (<i>memantine hcl</i>)	NP	PA; AL (Min 29 Years)
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG (<i>memantine hcl</i>)	NF	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	NP	PA
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	NP	PA
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (150 TABLETS per 25 days); AL (Max 65 Years)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amitriptyline hcl oral tablet 100 mg, 150 mg</i>	PG	AL (Max 65 Years)
<i>amitriptyline hcl oral tablet 25 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>amitriptyline hcl oral tablet 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Max 65 Years)
<i>amitriptyline hcl oral tablet 75 mg</i>	PG	QLR (Members 65 and older subject to PA); AL (Max 65 Years)
<i>amoxapine oral tablet 100 mg, 25 mg, 50 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (90 TABLETS per 25 days); AL (Max 65 Years)
<i>amoxapine oral tablet 150 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (60 TABLETS per 25 days); AL (Max 65 Years)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	NF	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (<i>dextromethorphan-bupropion</i>)	NF	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	PG	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	PG	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NF	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>citalopram hydrobromide oral capsule 30 mg</i>	NF	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	PG	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	PG	LGC

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

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

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAMELOR ORAL CAPSULE 10 MG (<i>nortriptyline hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 25 MG (<i>nortriptyline hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 50 MG (<i>nortriptyline hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 75 MG (<i>nortriptyline hcl</i>)	NP	AL (Max 65 Years)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg</i>	PG	
<i>paroxetine hcl er oral tablet extended release 24 hour 37.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	NF	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	NF	
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	NF	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	NF	
<i>phenelzine sulfate oral tablet 15 mg</i>	PG	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NF	
<i>protriptyline hcl oral tablet 10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>protriptyline hcl oral tablet 5 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 days); AL (Max 65 Years)
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (<i>fluoxetine hcl</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	NF	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	PG	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	PG	LGC
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPSP	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPSP	PA
<i>tranylcypromine sulfate oral tablet 10 mg</i>	PG	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	PG	
<i>trimipramine maleate oral capsule 100 mg</i>	NP	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	NP	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (60 CAPSULES per 25 days); AL (Max 65 Years)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	PB	ST
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	NF	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	PG	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	NF	
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	PG	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	NF	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	NF	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>bupropion hcl</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOLOFT ORAL CONCENTRATE 20 MG/ML (<i>sertraline hcl</i>)	NF	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sertraline hcl</i>)	NF	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (<i>zuranolone</i>)	NF	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl oral capsule 100 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>amantadine hcl oral solution 50 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>amantadine hcl oral tablet 100 mg</i>	PG	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	NF	
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	NF	
<i>benztropine mesylate oral tablet 0.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>benztropine mesylate oral tablet 1 mg, 2 mg</i>	PG	
<i>bromocriptine mesylate oral capsule 5 mg</i>	PG	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	PG	
<i>carbidopa oral tablet 25 mg</i>	PG	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	PG	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	NP	
DHIVY ORAL TABLET 25-100 MG (<i>carbidopa-levodopa</i>)	NP	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	NPSP	PA
<i>entacapone oral tablet 200 mg</i>	PG	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	NF	
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	PSP	PA; QL (300 CAPSULES per 30 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	PB	
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	NF	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	NF	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG (<i>amantadine hcl</i>)	NF	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	NP	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	PG	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	PG	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	NP	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	PG	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	PB	
<i>selegiline hcl oral capsule 5 mg</i>	PG	
<i>selegiline hcl oral tablet 5 mg</i>	PG	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	NP	
<i>tolcapone oral tablet 100 mg</i>	NP	STX
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	PG	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	PG	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	NF	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (<i>aripiprazole</i>)	NF	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	NF	
<i>aripiprazole oral solution 1 mg/ml</i>	PG	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PG	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	NP	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	NP	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	PG	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	NF	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	NF	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	PG	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	NF	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	NF	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	PG	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	PG	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	NF	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NF	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	PG	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (<i>paliperidone palmitate</i>)	NF	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG (<i>paliperidone</i>)	NP	PA; QL (30 TABLETS per 25 DAYS)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (<i>paliperidone</i>)	NP	PA; QL (60 TABLETS per 25 DAYS)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (<i>paliperidone palmitate</i>)	NF	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)	NF	
<i>loxapine succinate oral capsule 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>loxapine succinate oral capsule 25 mg, 50 mg</i>	PG	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine-samidorphan</i>)	NF	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	PG	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	PG	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	NP	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	PG	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	PB	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	NP	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	PG	
<i>quetiapine fumarate oral tablet 150 mg</i>	NF	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	NP	PA; QL (30 TABLETS per 25 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	NP	
<i>risperidone oral solution 1 mg/ml</i>	PG	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (<i>risperidone</i>)	NF	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	NP	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	NF	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML (<i>risperidone</i>)	NF	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	NP	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG (<i>cariprazine hcl</i>)	PB	PA; QL (60 CAPSULES per 25 DAYs)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	PB	PA; QL (30 CAPSULES per 25 DAYs)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>)	PB	PA; QL (60 CAPSULES per 25 DAYs)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	PG	
ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	PB	
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	NF	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (<i>phenytoin sodium extended</i>)	NF	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	NF	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PG	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PG	
<i>divalproex sodium oral tablet delayed release 125 mg, 500 mg</i>	PG	
<i>divalproex sodium oral tablet delayed release 250 mg</i>	PG	N8 (Listing does not include certain NDCs)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (<i>levetiracetam</i>)	NF	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	NPSP	PA; QL (800 ML per 30 days)
EPRONTIA ORAL SOLUTION 25 MG/ML (<i>topiramate</i>)	NF	
<i>ethosuximide oral capsule 250 mg</i>	PG	
<i>ethosuximide oral solution 250 mg/5ml</i>	PG	
<i>felbamate oral suspension 600 mg/5ml</i>	PG	
<i>felbamate oral tablet 400 mg, 600 mg</i>	PG	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	NF	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	PB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	PB	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	PG	QL (6 CAPSULES per 1 day)
<i>gabapentin oral solution 250 mg/5ml</i>	PG	QL (72 ML per 1 day)
<i>gabapentin oral solution 300 mg/6ml</i>	PG	QL (72 ML per 1 Day)
<i>gabapentin oral tablet 600 mg</i>	PG	QL (6 TABLETS per 1 day)
<i>gabapentin oral tablet 800 mg</i>	PG	QL (4 TABLETS per 1 day)
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	NF	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)	NP	QL (300 TABLETS per 25 days)
<i>lacosamide oral solution 10 mg/ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (lamotrigine)	NF	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (lamotrigine)	NF	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (lamotrigine)	NF	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (lamotrigine)	NF	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (lamotrigine)	NF	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (lamotrigine)	NF	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	PG	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	PG	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	NP	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	PG	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	PG	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	PG	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	PG	
<i>levetiracetam oral solution 100 mg/ml</i>	PG	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	PG	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (<i>diazepam</i>)	PB	QL (10 BLISTER per 25 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (<i>diazepam</i>)	PB	QL (10 BLISTER per 25 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>)	PB	QL (10 BLISTER per 25 days)
<i>vigabatrin oral packet 500 mg</i>	PSP	PA; QL (180 PACKETS per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	PSP	PA; N8 (Listing does not include certain NDCs); QL (180 TABLETS per 30 days)
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	PSP	PA; QL (180 PACKETS per 30 days)
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	NF	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	NF	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (<i>cenobamate</i>)	PB	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (<i>cenobamate</i>)	PB	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>cenobamate</i>)	PB	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG (<i>cenobamate</i>)	PB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	NF	
ZONISADE ORAL SUSPENSION 100 MG/5ML (<i>zonisamide</i>)	NF	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	NF	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	NF	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	NP	STX; QL (120 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 5 mg</i>	PG	QL (90 CAPSULES per 25 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg</i>	PG	QL (90 TABLETS per 25 DAYS)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg, 5 mg, 7.5 mg</i>	PG	QL (90 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	PG	QL (60 TABLETS per 25 DAYS)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	PG	QL (30 TABLETS per 25 DAYS)
<i>amphetamine-dextroamphetamine 3-bead oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	NF	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NF	
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	PG	QL (120 CAPSULES per 25 DAYS)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	PG	QL (30 CAPSULES per 25 DAYS)
<i>atomoxetine hcl oral capsule 40 mg</i>	PG	QL (60 CAPSULES per 25 DAYS)
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	PB	QL (30 CAPSULES per 25 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (<i>methylphenidate hcl</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NF	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	NF	
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	NP	QL (150 TABLETS per 25 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (<i>dextroamphetamine sulfate</i>)	NP	ST; QL (120 CAPSULES per 25 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	PG	QL (60 CAPSULES per 25 DAYS)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 40 mg</i>	PG	QL (30 CAPSULES per 25 DAYS)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 35 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	PG	QL (120 TABLETS per 25 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	PG	QL (120 CAPSULES per 25 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	PG	QL (1200 ML per 25 DAYS)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	PG	QL (120 TABLETS per 25 DAYS)
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 ORAL TABLET 10 MG (<i>dexmethylphenidate hcl</i>)	NP	QL (60 TABLETS per 25 DAYS)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOCALIN ORAL TABLET 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NP	QL (120 TABLETS per 25 DAYS)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NF	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	NP	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (<i>guanfacine hcl</i>)	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	NF	
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 DAYS)
<i>lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	PG	QL (30 CAPSULES per 25 DAYS)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg</i>	PG	QL (60 TABLETS per 25 DAYS)
<i>lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg</i>	PG	QL (30 TABLETS per 25 DAYS)
<i>methamphetamine hcl oral tablet 5 mg</i>	PG	STX; QL (150 TABLETS per 25 days)
METHYLIN ORAL SOLUTION 10 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL (900 ML per 25 DAYS)
METHYLIN ORAL SOLUTION 5 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL (1800 ML per 25 DAYS)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 DAYS)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i>	PG	QL (60 CAPSULES per 25 DAYS)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg</i>	PG	QL (60 TABLETS per 25 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG (<i>methylphenidate hcl</i>)	NF	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG (<i>methylphenidate hcl</i>)	NP	QL (60 CAPSULES per 25 DAYS)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>methylphenidate hcl</i>)	NP	QL (30 CAPSULES per 25 DAYS)
RITALIN ORAL TABLET 10 MG, 5 MG (<i>methylphenidate hcl</i>)	NP	QL (180 TABLETS per 25 DAYS)
RITALIN ORAL TABLET 20 MG (<i>methylphenidate hcl</i>)	NP	QL (90 TABLETS per 25 DAYS)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG (<i>atomoxetine hcl</i>)	NP	QL (120 CAPSULES per 25 DAYS)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	NP	QL (30 CAPSULES per 25 DAYS)
STRATTERA ORAL CAPSULE 40 MG (<i>atomoxetine hcl</i>)	NP	QL (60 CAPSULES per 25 DAYS)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	NP	QL (60 CAPSULES per 25 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	NP	QL (30 CAPSULES per 25 days)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	NP	QL (60 TABLETS per 25 days)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	NP	QL (30 TABLETS per 25 days)
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (<i>dextroamphetamine</i>)	NF	
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 15 Mg, 20 Mg)	PG	QL (60 TABLETS per 25 days)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 2.5 Mg, 7.5 Mg)	PG	QL (120 TABLETS per 25 days)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 30 Mg)	PG	QL (30 TABLETS per 25 days)
BOTULINUM TOXINS		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxinA</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIBROMYALGIA		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	NP	ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	NP	ST
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (<i>zolpidem tartrate</i>)	NP	ST; QL (15 TABLETS per 25 days)
AMBIEN ORAL TABLET 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NP	ST; QL (15 TABLETS per 25 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	NF	
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	NF	
DORAL ORAL TABLET 15 MG (<i>quazepam</i>)	NP	STX; QL (15 TABLETS per 25 days)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Max 65 Years)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NF	
<i>estazolam oral tablet 1 mg, 2 mg</i>	PG	QL (15 TABLETS per 25 DAYS)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	PG	QL (15 TABLETS per 25 DAYS)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	NF	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	NP	QL (10 TABLETS per 25 DAYS)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	NPSP	PA; QL (5 ML per 1 day)
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	NF	
<i>midazolam hcl oral syrup 2 mg/ml</i>	NP	
<i>quazepam oral tablet 15 mg</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUVIVIQ ORAL TABLET 25 MG, 50 MG (<i>daridorexant hcl</i>)	NF	
<i>ramelteon oral tablet 8 mg</i>	PG	QL (15 TABLETS per 25 DAYs)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	NP	QL (15 CAPSULES per 25 DAYs)
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	NF	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	NF	
<i>tasimelteon oral capsule 20 mg</i>	PSP	PA; QL (30 CAPSULES per 30 DAYs)
<i>temazepam oral capsule 15 mg, 30 mg</i>	PG	QL (15 CAPSULES per 25 DAYs)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	PG	QL (15 CAPSULES per 25 days)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	PG	QL (10 TABLETS per 25 DAYs)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	PG	QL (15 CAPSULES per 25 DAYs)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>	NP	ST; QL (15 TABLETS per 25 DAYs)
<i>zolpidem tartrate er oral tablet extended release 6.25 mg</i>	NP	ST; QL (15 TABLETS per 25 days)
<i>zolpidem tartrate oral capsule 7.5 mg</i>	NF	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	PG	QL (15 TABLETS per 25 DAYs)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NF	
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	NF	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	ST; QL (3 ML per 75 DAYs)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	ST; QL (3 ML per 75 days)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	NP	QL (12 TABLETS per 25 days)
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	NP	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	NP	QL (12 TABLETS per 25 DAYS)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	PB	ST; QL (3 ML per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	ST; QL (2 syringes first month, then 1 syringe per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	ST; QL (2 syringes first month, then 1 syringe per 25 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	NF	
FROVA ORAL TABLET 2.5 MG (<i>frovatriptan succinate</i>)	NP	ST; QL (18 TABLETS per 25 DAYS)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	NP	QL (18 TABLETS per 25 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sumatriptan succinate</i>)	NP	ST; QL (12 TABLETS per 25 DAYS)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (18 SYRINGES per 25 DAYS)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (12 CARTRIDGES per 25 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (18 SYRINGES per 25 DAYS)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (12 INJECTIONS per 25 days)
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (<i>rizatriptan benzoate</i>)	NF	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	NF	
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (<i>dihydroergotamine mesylate hfa</i>)	NP	QL (3 PACKAGES per 25 days)
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	PB	ST; QL (16 TABLETS per 25 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (<i>zavegepant hcl</i>)	NF	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (24 INJECTORS per 25 DAYS)
<i>zolmitriptan nasal solution 5 mg</i>	PG	QL (12 SPRAYS per 25 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	PG	QL (12 TABLETS per 25 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	PG	QL (12 TABLETS per 25 days)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (<i>zolmitriptan</i>)	NP	ST; QL (12 SPRAYS per 25 days)
ZOMIG ORAL TABLET 5 MG (<i>zolmitriptan</i>)	NP	ST; QL (12 TABLETS per 25 days)
MISCELLANEOUS		
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	NPSP	PA; QL (3600 ML per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	NPSP	PA; QL (2 BOTTLES per 24 days)
EXSERVAN ORAL FILM 50 MG (<i>riluzole</i>)	NF	
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPSP	PA; QL (240 TABLETS per 30 DAYS)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	PG	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	PG	
<i>lithium carbonate oral tablet 300 mg</i>	PG	
<i>lithium oral solution 8 meq/5ml</i>	NF	
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	NF	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NF	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	
<i>pyridostigmine bromide oral tablet 30 mg</i>	NF	
<i>pyridostigmine bromide oral tablet 60 mg</i>	PG	
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	NPSP	PA; QL (50 ML per 28 DAYs)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	NPSP	PA; QL (70 ML per 28 DAYs)
RELYVRIO ORAL PACKET 3-1 GM (<i>phenylbutyrate- taurursodiol</i>)	NF	
<i>riluzole oral tablet 50 mg</i>	PG	
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	NF	
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (<i>zilucoplan sodium</i>)	NF	
MOVEMENT DISORDERS		
AUSTEDO ORAL TABLET 12 MG, 9 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (120 TABLETS per 30 days)
AUSTEDO ORAL TABLET 6 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (60 TABLETS per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (120 TABLETS per 30 DAYs)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (60 TABLETS per 30 DAYs)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (90 TABLETS per 30 DAYs)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (42 TABLETS per 28 DAYs)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	PSP	PA; QL (30 CAPSULES per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	PSP	PA; QL (1 PACK (28 capsules) per 28 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	PSP	PA; QL (240 TABLETS per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PSP	PA; QL (12 ML per 28 days)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)</i>	PSP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/ML)</i>	PSP	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	PSP	PA; QL (1 PEN per 28 days)
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	PA; QL (20 TABLETS per 270 days)
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (12 TABLETS per 5 days)
MAYZENT ORAL TABLET 1 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (30 TABLETS per 30 days)
MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (30 TABLETS per 30 DAYS)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (12 TABLETS per 5 Days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	PSP	PA; QL (7 TABLETS per 4 days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (<i>ponesimod</i>)	NPSP	PA; QL (14 TABLETS per 14 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; QL (12 PENS per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	PA; QL (1 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	PA; QL (12 SYRINGES per 28 DAYS)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	PA; QL (1 ML per 28 days)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (<i>fingolimod lauryl sulfate</i>)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (<i>dimethyl fumarate</i>)	NF	
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	PSP	PA; QL (30 TABLETS per 30 DAYS)
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	PSP	PA; QL (1 ML per 28 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	PSP	PA; QL (120 CAPSULES per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	PSP	PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (1 PACK per 7 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	PSP	PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (30 CAPSULES per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (<i>ozanimod hcl</i>)	PSP	PA; ST; IBC (Preferred agent for Ulcerative Colitis); QL (1 KIT per 28 days)
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>cyclobenzaprine hcl</i>)	NF	
<i>baclofen oral solution 10 mg/5ml, 5 mg/5ml</i>	NF	
<i>baclofen oral suspension 25 mg/5ml</i>	NF	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>carisoprodol oral tablet 250 mg</i>	NF	
<i>carisoprodol oral tablet 350 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (84 TABLETS per 28 days)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	NF	
<i>chlorzoxazone oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	NF	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	NF	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxinA</i>)	PSP	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (<i>baclofen</i>)	NF	
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG (<i>baclofen</i>)	PB	PA; QL (120 PACKETS per 25 days)
<i>metaxalone oral tablet 400 mg</i>	NF	
<i>metaxalone oral tablet 800 mg</i>	NP	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>norgesic forte oral tablet 50-770-60 mg</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

100

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>orphenadrine-aspirin-caffeine</i> (Norgesic Oral Tablet 25-385-30 Mg)	NF	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NF	
<i>orphenadrine-aspirin-caffeine</i> (Orphengesic Forte Oral Tablet 50-770-60 Mg)	NF	
OZOBAX DS ORAL SOLUTION 10 MG/5ML (<i>baclofen</i>)	NF	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (<i>palovarotene</i>)	NF	
SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>)	NP	QL (84 TABLETS per 28 DAYs)
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	NP	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	PG	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	PSP	PA
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	PG	PA; QL (30 TABLETS per 25 days)
<i>armodafinil oral tablet 50 mg</i>	PG	PA; QL (60 TABLETS per 25 days)
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	PSP	PA; QL (30 PACKETS per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	PG	PA; QL (60 TABLETS per 25 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (<i>armodafinil</i>)	NF	
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	NF	
<i>sodium oxybate oral solution 500 mg/ml</i>	NF	
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	PB	PA; QL (30 TABLETS per 25 days)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	PSP	PA; QL (60 TABLETS per 30 days)
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	NF	
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	PSP	PA; QL (540 ML per 30 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	PG	QL (60 FILM per 25 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	PG	QL (90 FILM per 25 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	CE	N7 (PG); QL (90 TABLETS per 25 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (90 TABLETS per 25 DAYS)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (30 TABLETS per 25 DAYS)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	QL (60 TABLETS per 25 DAYS)
OPIOID ANTAGONIST		
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	NP	QL (4 SPRAYS per 25 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	PG	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	PG	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	PG	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	PG	QL (4 SPRAYS per 25 days)
<i>naltrexone hcl oral tablet 50 mg</i>	CE	N7 (PG)
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	NP	QL (4 SPRAYS per 25 days)
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (<i>nalmefene hcl</i>)	NF	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	NPSP	QL (380 MG per 28 days)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	NF	
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	CE	N7 (PG); QL (90 TABLETS per 25 DAYS)
POSTHERPETIC NEURALGIA (PHN)		
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	PB	ST; QL (150 TABLETS per 25 days)
GRALISE ORAL TABLET 450 MG (<i>gabapentin (once-daily)</i>)	PB	ST; QL (90 TABLETS per 25 DAYS)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

102

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	PB	ST; QL (90 TABLETS per 25 days)
GRALISE ORAL TABLET 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	PB	ST; QL (60 TABLETS per 25 DAYS)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	NF	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	NF	
PSYCHOTHERAPEUTIC-MISC		
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	NP	SPC
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 days); AL (Max 65 Years)
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	NF	
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NF	
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	NF	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	NP	STX
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NF	
<i>perphenazine-amitriptyline oral tablet 2-10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (150 TABLETS per 25 days); AL (Max 65 Years)
<i>perphenazine-amitriptyline oral tablet 2-25 mg, 4-25 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>perphenazine-amitriptyline oral tablet 4-10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 days); AL (Max 65 Years)
<i>perphenazine-amitriptyline oral tablet 4-50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Max 65 Years)
<i>pimozide oral tablet 1 mg, 2 mg</i>	NP	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	NF	
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT per 365 days)
<i>cvs nicotine mouth/throat gum 4 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 DAYS)
<i>cvs nicotine polacrilex mouth/throat gum 2 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
<i>cvs nicotine polacrilex mouth/throat gum 4 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 treatment cycles per 1 year)
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
<i>cvs nicotine polacrilex mouth/throat lozenge 4 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 treatment cycles per 1 year)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

104

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 treatment cycles per 1 year)
<i>cvs nicotine transdermal patch 24 hour 21 mg/24hr</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 1 YEAR)
<i>cvs nicotine transdermal patch 24 hour 7 mg/24hr</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	CE	N7 (NP); N8 (\$0 copay limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	N7 (NP); N8 (\$0 copay limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	CE	N7 (PG); N8 (\$0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 Days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	CE	N7 (PG); N8 (\$0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH		
<i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>	NF	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	PA; QL (90 ML per 30 days)
<i>octreotide acetate injection solution 1000 mcg/ml</i>	PG	PA; QL (45 ML per 30 days)
<i>octreotide acetate injection solution 200 mcg/ml</i>	PG	PA; QL (225 ML per 30 days)
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	PA; QL (90 ML per 30 days)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NPSP	PA; QL (90 ML per 30 DAYS)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	NF	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	PSP	PA; QL (1 INJECTION per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	NF	
ANDROGENS		
TLANDO ORAL CAPSULE 112.5 MG (<i>testosterone undecanoate</i>)	NF	
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (<i>testosterone</i>)	NP	PA
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	NF	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (<i>testosterone undecanoate</i>)	NPSP	PA
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (<i>testosterone</i>)	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (<i>testosterone undecanoate</i>)	NP	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (<i>testosterone undecanoate</i>)	NF	
<i>methitest oral tablet 10 mg</i>	NP	PA; STX
<i>methyltestosterone oral capsule 10 mg</i>	PG	PA; STX
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	PB	PA

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
<i>testosterone cypionate injection solution 200 mg/ml</i>	NF	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	PG	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	PG	PA
<i>testosterone transdermal gel 10 mg/lact (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	PG	PA
<i>testosterone transdermal gel 12.5 mg/lact (1%), 50 mg/5gm (1%)</i>	PG	PA; N8 (Listing does not include certain NDCs)
<i>testosterone transdermal solution 30 mg/lact</i>	NP	PA
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	NF	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	NP	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	PB	ST
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	PB	ST
ANTIDIABETICS, BIGUANIDE		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	NF	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	PG	LGC

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	PG	
<i>metformin hcl oral solution 500 mg/5ml</i>	NP	
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>	PG	LGC
<i>metformin hcl oral tablet 625 mg</i>	NF	
<i>metformin hcl oral tablet 850 mg</i>	CE	LGC; N7 (PG); AL (Min 35 Years and Max 70 Years)
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	NF	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	NF	
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	NF	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PB	ST
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	
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>	NF	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	PB	ST
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

108

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	PB	ST
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (<i>saxagliptin hcl</i>)	NF	
<i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>	NF	
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	NF	
<i>zituvio oral tablet 100 mg, 25 mg, 50 mg</i>	NF	
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	NF	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
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	PA; QL (4 PENS per 21 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (<i>semaglutide</i>)	PB	PA; QL (1 PEN per 28 DAYs)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (<i>semaglutide</i>)	PB	PA; QL (1 PEN per 28 DAYs)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (<i>semaglutide</i>)	PB	PA; QL (1 PEN per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	PB	PA; QL (30 TABLETS per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	PB	PA; QL (4 PENS per 21 DAYs)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	PB	PA; QL (3 PENS per 25 DAYs)
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	PB	ST

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	PB	ST
ANTIDIABETICS, INSULIN		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	NF	
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NF	
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	N8 (Listing does not include certain NDCs)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	NF	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	NF	

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	NF	
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i>	NF	
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	NF	
<i>insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml</i>	NF	
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	NF	
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	NF	
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro injection solution 100 unit/ml</i>	NF	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	NF	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	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	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	NF	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	NF	
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro-aabc</i>)	NF	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular (human) in nacl</i>)	NF	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	PB	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-aglr</i>)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	NF	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	PB	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	PB	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	PB	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	PB	
ANTIDIABETICS, INSULIN SENSITIZER		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (<i>pioglitazone hcl</i>)	NF	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	PG	LGC
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	PG	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	PG	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	PG	LGC
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	NP	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, MISCELLANEOUS		
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	NF	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg</i>	NF	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NF	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NF	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	NF	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	PB	ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	PB	ST
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	PB	ST
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	PB	ST
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	NF	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	NF	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
<i>bexagliflozin oral tablet 20 mg</i>	NF	
BRENZAVVY ORAL TABLET 20 MG (<i>bexagliflozin</i>)	NF	
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	NF	
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	PB	ST

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	NF	
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	PB	ST
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyroglutamicac</i>)	NF	
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	PG	LGC
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
<i>glipizide oral tablet 10 mg, 5 mg</i>	PG	LGC
<i>glipizide oral tablet 2.5 mg</i>	NF	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	LGC
ANTI OBESITY		
ADIPEX-P ORAL TABLET 37.5 MG (<i>phentermine hcl</i>)	NP	PA; SPC; QL (30 TABLETS per 25 days)
<i>benzphetamine hcl oral tablet 50 mg</i>	PG	PA; SPC; QL (90 TABLETS per 25 days)
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>)	NF	
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	PG	PA; SPC; N8 (Listing does not include certain NDCs); QL (30 TABLETS per 25 days)
<i>diethylpropion hcl oral tablet 25 mg</i>	PG	PA; SPC; QL (90 TABLETS per 25 days)
LOMAIRA ORAL TABLET 8 MG (<i>phentermine hcl</i>)	NF	
<i>orlistat oral capsule 120 mg</i>	PG	PA; SPC; QL (90 CAPSULES per 25 days)
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	NF	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	PG	PA; SPC; QL (180 TABLETS per 25 days)
<i>phentermine hcl oral capsule 15 mg</i>	PG	PA; SPC; QL (60 CAPSULES per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phentermine hcl oral capsule 30 mg, 37.5 mg</i>	PG	PA; SPC; QL (30 CAPSULES per 25 days)
<i>phentermine hcl oral tablet 37.5 mg</i>	PG	PA; SPC; QL (30 TABLETS per 25 days)
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine-topiramate</i>)	PB	PA; SPC; QL (30 CAPSULES per 25 days)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	PB	PA; SPC; QL (5 PENS per 25 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (<i>semaglutide-weight management</i>)	PB	PA; SPC; QL (4 PENS per 21 days)
XENICAL ORAL CAPSULE 120 MG (<i>orlistat</i>)	NF	
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	NF	
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (<i>etelcalcetide hcl</i>)	NF	
SENSIPAR ORAL TABLET 30 MG, 60 MG (<i>cinacalcet hcl</i>)	NPSP	PA; QL (60 TABLETS per 30 days)
SENSIPAR ORAL TABLET 90 MG (<i>cinacalcet hcl</i>)	NPSP	PA; QL (120 TABLETS per 30 days)
CALCIUM REGULATORS, BISPHTHONATES		
ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>)	NP	ST; QL (1 TABLET per 21 days)
ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
<i>alendronate sodium oral solution 70 mg/75ml</i>	PG	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	PG	
AELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	NP	ST; QL (4 TABLETS per 21 days)
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	PG	
<i>ibandronate sodium oral tablet 150 mg</i>	NP	
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	PG	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	NPSP	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	NPSP	PA
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	NP	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	NP	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	PG	PA
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	NPSP	PA
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	PG	PA
CALCIUM REGULATORS, MISCELLANEOUS		
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	PG	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	PSP	PA; QL (60 ML per 168 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	NPSP	PA
CALCIUM REGULATORS, PARATHYROID HORMONES		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	PSP	PA; QL (1 PEN per 28 Days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	NF	
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	PSP	PA; QL (1 PEN per 28 DAYs)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	PSP	PA; QL (1 PEN per 30 DAYs)
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

118

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>	PG	
<i>levocarnitine oral tablet 330 mg</i>	PG	
CENTRAL PRECOCIOUS PUBERTY - DRUGS TO SUPPRESS PITUITARY HORMONES		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	PSP	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (<i>leuprolide acetate (3 month)</i>)	PSP	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	NF	
CHELATING AGENTS		
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NF	
CUVRIOR ORAL TABLET 300 MG (<i>trientine tetrahydrochloride</i>)	NF	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	PSP	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	PSP	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PSP	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	PSP	PA
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	NPSP	PA
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	NP	PA
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NF	
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	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

120

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
CURAE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	N7 (NF)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg</i> (21/5)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet 90-20 Mcg)	CE	N7 (PG)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N7 (PG)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	N7 (NP)
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N7 (Not Covered)
<i>etonogestrel-ethinyl estradiol</i> (Enilloring Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N7 (NF)
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	CE	N7 (PG)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

122

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	N7 (PG)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	N7 (NP); QL (12 CONDOMS per 25 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	N7 (NP); QL (1 DEVICE per 300 days)
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Gemmy Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N7 (Not Covered)
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	N7 (PG)
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N7 (PG)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Jolesa Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

124

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (PG)
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	CE	N7 (PG)
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	N7 (PG)
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	CE	N7 (NF)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	CE	N7 (PB)
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	N7 (PG)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone</i> (Lyleq Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N7 (PG)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N7 (PG); QL (4 ML per 300 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N7 (PG); QL (4 ML per 300 days)
<i>norethin ace-eth estrad-fe</i> (Merzee Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Microgestin 24 Fe Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 Days)
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	N7 (PB)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

126

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	N7 (NP); QL (1 IMPLANT per 300 days)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	CE	N7 (NF)
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	CE	N7 (PG)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	CE	N7 (PG)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	N7 (PG)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	CE	N7 (PG)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N7 (PG)
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	CE	N7 (PG)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	CE	N7 (PG)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	N7 (PG)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	N7 (PG)
<i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	PB	QL (13 RING per 300 days)
<i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestimate-eth estradiol</i> (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet 3-0.03 Mg)	CE	N7 (PG)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N7 (NP); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
REACT ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N7 (PG)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NP	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	CE	N7 (NF)
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	N7 (PG)
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (PG)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NF	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	CE	N7 (NF)
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N7 (Not Covered)
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	N7 (PG)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (PG)
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE MICRO U/F 32G X 6 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE MINI U/F 31G X 5 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE NANO U/F 32G X 4 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
BD PEN NEEDLE SHORT U/F 31G X 8 MM (<i>insulin pen needle</i>)	PB	N8 (BD syringes and needles are the only preferred options)
<i>blood glucose test in vitro strip</i>	NF	
CARESENS N GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE NO CODING IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (<i>glucose blood</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
DEXCOM G6 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G6 SENSOR (<i>continuous blood gluc sensor</i>)	PB	QL (3 SENSORS per 25 days)
DEXCOM G6 TRANSMITTER (<i>continuous blood gluc transmit</i>)	PB	
DEXCOM G7 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	PB	
DEXCOM G7 SENSOR (<i>continuous blood gluc sensor</i>)	PB	QL (3 SENSORS per 25 days)
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>diatrue plus test in vitro strip</i>	NF	
DUO-CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy plus ii glucose test in vitro strip</i>	NF	
EASY STEP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy talk blood glucose test in vitro strip</i>	NF	
<i>easy trak blood glucose test in vitro strip</i>	NF	
EASYGLUCO IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>element compact test in vitro strip</i>	NF	
ELEMENT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ENLITE GLUCOSE SENSOR (<i>continuous blood gluc sensor</i>)	NF	
<i>eq blood glucose test in vitro strip</i>	NF	
EVERSENSE SENSOR/HOLDER (<i>continuous blood gluc sensor</i>)	NF	
EVERSENSE SMART TRANSMITTER (<i>continuous blood gluc transmit</i>)	NF	
EVOLUTION AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA 6 CONNECT IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GD20 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA TN'G ADVANCE PRO IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA TN'G/TN'G VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE GD40 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE TEST N GO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORTISCARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous blood gluc sensor</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 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>ge100 blood glucose test in vitro strip</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
IGLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>liberty test in vitro strip</i>	NF	
<i>meijer essential glucose test in vitro strip</i>	NF	
MEIJER TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
OMNIPOD 5 G6 INTRO (GEN 5) KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD 5 G6 PODS (GEN 5) (<i>insulin disposable pump</i>)	PB	
OMNIPOD CLASSIC PODS (GEN 3) (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	PB	
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR (<i>insulin disposable pump</i>)	NF	
<i>one drop test in vitro strip</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 ULTRA IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (150 TEST STRIPS per 25 days)
ONETOUCH ULTRASOFT 2 LANCETS (<i>lancets</i>)	PB	
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (150 TEST STRIPS per 25 days)
OPTIUMEZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>pharmacist choice no coding in vitro strip</i>	NF	
POCKETCHEM EZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (<i>glucose blood</i>)	NF	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>premium blood glucose test in vitro strip</i>	NF	
<i>pro voice v8/v9 glucose in vitro strip</i>	NF	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	NF	
PTS PANELS EGLU TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
QUICKTEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION CONFIRM/MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION PRIME TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION ULTIMA TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
SMART SENSE PREMIUM TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SOLUS V2 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SUPREME TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>true focus blood glucose strip in vitro strip</i>	NF	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
UNISTRIP1 GENERIC IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>verasens blood glucose test in vitro strip</i>	NF	
V-GO 20 KIT 20 UNIT/24HR (<i>insulin disposable pump</i>)	PB	
V-GO 30 KIT 30 UNIT/24HR (<i>insulin disposable pump</i>)	PB	
V-GO 40 KIT 40 UNIT/24HR (<i>insulin disposable pump</i>)	PB	
ENDOMETRIOSIS		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
ORILISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	PB	PA
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	NP	PA
ENZYME REPLACEMENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (<i>laronidase</i>)	NPSP	PA
<i>betaine oral powder</i>	PSP	PA
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

140

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	NF	
CARBAGLU ORAL TABLET SOLUBLE 200 MG (<i>carglumic acid</i>)	NF	
<i>carglumic acid oral tablet soluble 200 mg</i>	PSP	PA
CYSTADANE ORAL POWDER (<i>betaine</i>)	NF	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	NPSP	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (<i>agalsidase beta</i>)	NPSP	PA
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	NPSP	PA; QL (14 CAPSULES per 28 days)
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (<i>sebelipase alfa</i>)	NPSP	PA
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	NF	
KUVAN ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	NF	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>alglucosidase alfa</i>)	NPSP	PA
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	NPSP	PA; QL (30 SOLUTION RECONSTITUTED per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (<i>galsulfase</i>)	NPSP	PA
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM (<i>sodium phenylbutyrate</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	NF	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	NF	
PHEBURANE ORAL PELLETT 483 MG/GM (<i>sodium phenylbutyrate</i>)	PSP	PA; QL (672 G per 30 days)
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NF	
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	PSP	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	PSP	PA
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	PSP	PA; QL (798 G per 30 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PSP	PA; QL (1200 TABLETS per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	NPSP	PA
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (<i>elosulfase alfa</i>)	NPSP	PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
<i>estradiol-norethindrone acet (Amabelz Oral Tablet 0.5-0.1 Mg)</i>	PG	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	PB	
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	NF	N10 (NP,PA applies)
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	NF	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	PG	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	
<i>estradiol vaginal cream 0.1 mg/gm</i>	PG	
<i>estradiol vaginal tablet 10 mcg</i>	NF	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	PG	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	PG	
ESTRING VAGINAL RING 7.5 MCG/24HR (<i>estradiol</i>)	NF	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	NF	
<i>norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)</i>	PG	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	PB	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	PB	
<i>norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)</i>	PG	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>esterified estrogens</i>)	NF	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	NF	
<i>estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)</i>	PG	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	PB	PA
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	PB	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	NF	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	NF	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	NF	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	NF	
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	PB	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
<i>estradiol</i> (Yuvafem Vaginal Tablet 10 Mcg)	NF	
FERTILITY REGULATORS		
<i>cetorelix acetate subcutaneous kit 0.25 mg</i>	PSP	PA; SPC
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	NF	
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	NF	
CLOMID ORAL TABLET 50 MG (<i>clomiphene citrate</i>)	NP	SPC
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>)	PSP	PA; SPC
<i>ganirelix acetate</i> (Fyremadel Subcutaneous Solution Prefilled Syringe 250 Mcg/0.5ml)	NF	
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	NF	
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	PSP	PA; SPC
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (<i>follitropin alfa</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/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	PA; SPC
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (<i>chorionic gonadotropin</i>)	NF	
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	PSP	PA; SPC
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	NF	
GAUCHER DISEASE - DRUGS TO TREAT GAUCHER DISEASE		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	PSP	PA; QL (56 CAPSULES per 28 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	PSP	PA; QL (15 VIALS per 14 days)
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	NF	
<i>miglustat oral capsule 100 mg</i>	PSP	PA; QL (90 CAPSULES per 30 days)
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglucerase alfa</i>)	NPSP	PA; QL (15 VIALS per 14 days)
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	NPSP	PA; QL (90 CAPSULES per 30 days)
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
AGAMREE ORAL SUSPENSION 40 MG/ML (<i>vamorolone</i>)	NF	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	NF	
<i>cortisone acetate oral tablet 25 mg</i>	NF	
<i>dexabliss oral tablet therapy pack 1.5 mg (39)</i>	NF	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg</i>	PG	
<i>dexamethasone oral tablet 1.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	PG	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (<i>deflazacort</i>)	NF	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	PG	
HEMADY ORAL TABLET 20 MG (<i>dexamethasone</i>)	NF	
<i>dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))</i>	PG	
<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>hydrocortisone oral tablet 20 mg</i>	PG	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	PG	
<i>prednisolone oral solution 15 mg/5ml</i>	PG	
<i>prednisolone oral tablet 5 mg</i>	NF	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	NF	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	NP	
<i>prednisone oral solution 5 mg/5ml</i>	PG	
<i>prednisone oral tablet 1 mg, 20 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>prednisone oral tablet 10 mg, 2.5 mg, 50 mg</i>	PG	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (<i>prednisone</i>)	NF	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	NF	
<i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NF	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM (<i>dextrose (diabetic use)</i>)	NP	
<i>diazoxide oral suspension 50 mg/ml</i>	PG	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	NF	
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	NF	
<i>glucagon emergency kit 1 mg injection</i>	PG	
<i>glucagon emergency kit 1 mg injection</i>	NF	
<i>glucose oral tablet chewable 4 gm</i>	NP	
<i>gnp glucose gummies oral tablet chewable 2 gm</i>	PG	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	PB	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	PB	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	PB	
GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	NPSP	PA; QL (30 VIALS per 30 days)
HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	PSP	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NF	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	PSP	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	PSP	PA
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	NF	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (<i>somatropin</i>)	NF	
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (<i>somatropin</i>)	PSP	PA
NGENLA SUBCUTANEOUS SOLUTION PEN- INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (<i>somatrogon-ghla</i>)	NF	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	PSP	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

148

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (<i>somatropin (non-refrigerated)</i>)	NF	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	NPSP	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	NF	
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (<i>somapacitan-beco</i>)	PSP	PA; QL (4 PENS per 28 days)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	NF	
MINERALOCORTICOID RECEPTOR ANTAGONISTS - DRUGS TO TREAT CHRONIC KIDNEY DISEASE ASSOCIATED WITH TYPE 2 DIABETES		
KERENDIA ORAL TABLET 10 MG, 20 MG (<i>finerenone</i>)	PB	
MISCELLANEOUS		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	PA; QL (35 ML per 21 days)
<i>cabergoline oral tablet 0.5 mg</i>	PG	
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	PA; QL (35 ML per 21 days)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	PSP	PA
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	NF	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	NF	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	NPSP	PA
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	NF	
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	NF	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	NF	
<i>methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)</i>	PG	QL (4 TABLETS per 1 day)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylergonovine maleate oral tablet 0.2 mg</i>	PG	QL (4 TABLETS per 1 DAY)
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	NF	N10 (NP,PA applies)
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N7 (PG); AL (Min 35 Years)
SAMSCA ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	NPSP	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspartate</i>)	NPSP	PA; QL (60 ML per 30 days)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	PSP	PA
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>)	NPSP	QL (4 PACKETS per 1 DAY)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	NPSP	PA; QL (120 CAPSULES per 30 days)
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (<i>ferric citrate</i>)	PB	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PG	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	NF	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	NF	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	NF	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (<i>sevelamer carbonate</i>)	NF	
RENVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	NF	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	PG	
<i>sevelamer carbonate oral tablet 800 mg</i>	PG	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	NF	
XPHOZAH ORAL TABLET 20 MG, 30 MG (<i>tenapanor hcl</i> (<i>ckd</i>))	NF	
POLYNEUROPATHY		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>)	PSP	PA; QL (4 syringes per 28 days)
WAINUA SUBCUTANEOUS SOLUTION AUTO- INJECTOR 45 MG/0.8ML (<i>eplontersen sodium</i>)	NF	
POTASSIUM-REMOVING AGENTS		
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium</i> <i>zirconium cyclosilicate</i>)	NF	
<i>sodium polystyrene sulfonate oral powder</i>	PG	
SPS ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene</i> <i>sulfonate</i>)	PG	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	PB	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
CRINONE VAGINAL GEL 4 %, 8 % (<i>progesterone</i>)	NF	
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	PB	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>megestrol acetate oral suspension 40 mg/ml</i>	CE	N7 (PG)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N7 (NP)
<i>norethindrone acetate oral tablet 5 mg</i>	PG	
<i>progesterone oral capsule 100 mg, 200 mg</i>	PG	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone</i>)	NF	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ADTHYZA ORAL TABLET 120 MG, 130 MG, 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG (<i>thyroid</i>)	NF	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ERMEZA ORAL SOLUTION 150 MCG/5ML (<i>levothyroxine sodium</i>)	NF	
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	NF	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	PG	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	PG	
<i>methimazole oral tablet 10 mg, 5 mg</i>	PG	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	NF	
<i>propylthiouracil oral tablet 50 mg</i>	PG	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (<i>levothyroxine sodium</i>)	NF	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	NF	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	NF	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	NF	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	NP	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	PG	
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	NPSP	PA
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	PG	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	PG	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	NP	PA
VITAMINS - VITAMINS AND SUPPLEMENTS		
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	NP	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	NP	
<i>dicyclomine hcl oral capsule 10 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dicyclomine hcl oral tablet 20 mg</i>	PG	N8 (Listing does not include certain NDCs)
GLYCATÉ ORAL TABLET 1.5 MG (<i>glycopyrrolate</i>)	NF	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	PG	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>glycopyrrolate oral tablet 1.5 mg</i>	NF	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	NP	
ROBINUL ORAL TABLET 1 MG (<i>glycopyrrolate</i>)	NF	
ROBINUL-FORTE ORAL TABLET 2 MG (<i>glycopyrrolate</i>)	NF	
ANTIDIARRHEALS		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	PG	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	PG	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	NF	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	NF	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	NF	
ANTIVERT ORAL TABLET 50 MG (<i>meclizine hcl</i>)	NF	
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	NF	
<i>aprepitant oral capsule 125 mg</i>	PG	QL (2 CAPSULES per 21 days)
<i>aprepitant oral capsule 40 mg</i>	PG	QL (3 CAPSULES per 180 DAYs)
<i>aprepitant oral capsule 80 & 125 mg</i>	PG	QL (2 PACKS per 21 DAYs)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aprepitant oral capsule 80 mg</i>	PG	QL (4 CAPSULES per 21 days)
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	PG	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	PG	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	NP	PA; QL (120 CAPSULES per 25 DAYS)
EMEND ORAL CAPSULE 80 MG (<i>aprepitant</i>)	NF	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	NF	
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG (<i>aprepitant</i>)	NF	
<i>granisetron hcl oral tablet 1 mg</i>	NP	QL (12 TABLETS per 21 days)
MARINOL ORAL CAPSULE 2.5 MG (<i>dronabinol</i>)	NP	PA; QL (120 CAPSULES per 25 days)
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	PG	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	PG	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PG	QL (200 ML per 21 DAYS)
<i>ondansetron hcl oral tablet 24 mg</i>	PG	QL (2 TABLETS per 21 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	PG	QL (18 TABLETS per 21 DAYS)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	PG	QL (18 TABLETS per 21 DAYS)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PG	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	PB	QL (2 PATCHES per 21 days)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	PG	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	NF	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	NF	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	PG	N8 (Listing does not include certain NDCs)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	NF	
ANTISPASMODICS - DRUGS FOR MUSCLE SPASM		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	NP	N8 (Listing does not include certain NDCs)
LIBRAX ORAL CAPSULE 5-2.5 MG (<i>chlordiazepoxide-clidinium</i>)	NF	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	PG	
<i>famotidine oral tablet 40 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PG	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	NP	
<i>balsalazide disodium oral capsule 750 mg</i>	PG	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	NF	
<i>budesonide oral capsule delayed release particles 3 mg</i>	PG	
<i>budesonide rectal foam 2 mg</i>	NF	
CANASA RECTAL SUPPOSITORY 1000 MG (<i>mesalamine</i>)	NF	
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	NF	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	PB	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (<i>mesalamine</i>)	NF	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	NP	PA

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	NF	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	PG	
<i>mesalamine oral capsule delayed release 400 mg</i>	PG	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	PG	
<i>mesalamine rectal enema 4 gm</i>	PG	
<i>mesalamine rectal suppository 1000 mg</i>	PG	N8 (Listing does not include certain NDCs)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>)	NF	
ROWASA RECTAL KIT 4 GM (<i>mesalamine-cleanser</i>)	NF	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	NF	
<i>sulfasalazine oral tablet 500 mg</i>	PG	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	PG	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	PB	
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	NF	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
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	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	PG	N8 (Listing does not include certain NDCs)
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	PG	PA
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	NP	PA
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	PB	PA
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/175ML (<i>sod picosulfate-mag ox-cit acd</i>)	CE	N7 (PB); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
<i>enulose oral solution 10 gm/15ml</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	PG	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	PG	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	NF	
KRISTALOSE ORAL PACKET 10 GM (<i>lactulose</i>)	NP	
<i>lactulose oral packet 10 gm</i>	NF	
<i>lactulose oral solution 10 gm/15ml</i>	PG	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	NF	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	CE	N7 (PG); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	PG	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	PG	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	N7 (NF)
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	CE	N7 (NP); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	N7 (NF); N8 (\$0 copay for members age 45 through 75, otherwise not covered)
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (<i>peg 3350-kcl-nacl-nasulf-mgsul</i>)	CE	N7 (Not Covered); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	NF	
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-mag sulfate-kcl</i>)	CE	N7 (NF); N8 (\$0 copay for members age 45 through 75, otherwise not covered)
MISCELLANEOUS		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (<i>odevixibat</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (odevixibat)	NF	
CARAFATE ORAL SUSPENSION 1 GM/10ML (sucralfate)	NF	
CARAFATE ORAL TABLET 1 GM (sucralfate)	NF	
CHENODAL ORAL TABLET 250 MG (chenodiol)	NPSP	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)	NPSP	PA
GATTEX SUBCUTANEOUS KIT 5 MG (teduglutide (rdna))	NPSP	PA; QL (1 KIT per 30 days)
GIMOTI NASAL SOLUTION 15 MG/ACT (metoclopramide hcl)	NF	
LIVMARLI ORAL SOLUTION 9.5 MG/ML (maralixibat chloride)	NPSP	PA; QL (90 ML per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	PG	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride succinate)	NF	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (naloxegol oxalate)	NF	
OICALIVA ORAL TABLET 10 MG, 5 MG (obeticholic acid)	NPSP	PA; QL (30 TABLETS per 30 days)
RELISTOR ORAL TABLET 150 MG (methylnaltrexone bromide)	NF	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (methylnaltrexone bromide)	NF	
RELTONE ORAL CAPSULE 200 MG, 400 MG (ursodiol)	NF	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (sacrosidase)	NPSP	PA; QL (3 BOTTLES per 25 days)
sucralfate oral suspension 1 gml/10ml	NF	
sucralfate oral tablet 1 gm	PG	N8 (Listing does not include certain NDCs)
SYMPROIC ORAL TABLET 0.2 MG (naldemedine tosylate)	PB	PA
ursodiol oral capsule 200 mg, 400 mg	NF	
ursodiol oral capsule 300 mg	PG	
ursodiol oral tablet 250 mg, 500 mg	NP	
VOQUEZNA ORAL TABLET 10 MG, 20 MG (vonoprazan fumarate)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

158

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	NPSP	PA; QL (12 CAPSULES per 30 DAYs)
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NPSP	PA; QL (90 TABLETS per 30 days)
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NF	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NF	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	NF	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	NF	
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	NF	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	PG	QL (90 CAPSULES per 365 DAYs)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	PG	QL (90 PACKET per 365 DAYs)
<i>esomeprazole magnesium oral tablet delayed release 20 mg</i>	PG	Select OTC; QL (90 TABLETS per 365 DAYs)
KONVOMEF ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (<i>omeprazole-sodium bicarbonate</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

160

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>qc lansoprazole oral capsule delayed release 15 mg</i>	PG	Select OTC; QL (90 CAPSULES per 365 DAYs)
<i>ra omeprazole oral tablet delayed release 20 mg</i>	PG	Select OTC; QL (90 TABLETS per 365 days)
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NP	QL (90 CAPSULES per 365 DAYs)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	PG	QL (90 TABLETS per 365 days)
ZEGERID ORAL CAPSULE 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	NF	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	NF	
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone (perianal) external cream 2.5 %</i>	PG	
PROCTOCORT EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	NF	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	PB	
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	PG	
ULCER THERAPY COMBINATIONS		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	PG	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	PG	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	NF	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (<i>amoxicill-rifabutin-omeprazole</i>)	PB	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	PG	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dutasteride oral capsule 0.5 mg</i>	PG	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	PG	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	NF	
<i>finasteride oral tablet 5 mg</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	NF	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	NP	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	NF	
<i>silodosin oral capsule 4 mg, 8 mg</i>	PG	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	PG	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	LGC; N8 (Listing does not include certain NDCs)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	NF	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	CE	N7 (NP)
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
ERECTILE DYSFUNCTION		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	NP	SPC; QL (6 KITS per 25 days)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG (<i>alprostadil (vasodilator)</i>)	NP	SPC; QL (6 VIALS per 25 days)
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG (<i>tadalafil</i>)	NF	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	NP	SPC; QL (6 VIALS per 25 days)
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG (<i>alprostadil (vasodilator)</i>)	PB	SPC; QL (6 SUPPOSITORIES per 25 days)
<i>phenylephrine hcl intracavernosal solution 2 mg/2ml</i>	NF	
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

162

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	SPC; QL (6 TABLETS per 25 DAYS)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	NF	
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	NF	
<i>tadalafil oral tablet 10 mg</i>	PG	SPC; QL (6 TABLETS per 25 DAYS)
<i>tadalafil oral tablet 2.5 mg</i>	PG	SPC; QL (30 TABLETS per 25 DAYS)
<i>tadalafil oral tablet 20 mg</i>	PG	SPC; N8 (Listing does not include certain NDCs); QL (6 TABLETS per 25 days)
<i>tadalafil oral tablet 5 mg</i>	PG	SPC; N8 (Listing does not include certain NDCs); QL (30 TABLETS per 25 days)
<i>varденаfil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	SPC; QL (6 TABLETS per 25 days)
<i>varденаfil hcl oral tablet dispersible 10 mg</i>	PG	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>)	NF	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	NF	
MISCELLANEOUS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	NF	
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	NF	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	NF	
<i>pot & sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (<i>budesonide</i>)	NF	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	NF	
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	NF	
<i>tiopronin oral tablet 100 mg</i>	PSP	PA
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	NP	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	NF	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	PG	
<i>flavoxate hcl oral tablet 100 mg</i>	PG	
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	NF	
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	PB	ST; QL (30 TABLETS per 25 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (<i>mirabegron</i>)	NF	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	NF	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>oxybutynin chloride oral tablet 2.5 mg</i>	NF	
<i>oxybutynin chloride oral tablet 5 mg</i>	PG	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	PG	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	PG	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

164

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	NF	
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	PG	
<i>tropium chloride oral tablet 20 mg</i>	PG	N8 (Listing does not include certain NDCs)
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	NF	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
<i>clindamycin phosphate vaginal cream 2 %</i>	PG	
<i>metronidazole vaginal gel 0.75 %</i>	PG	
<i>miconazole 3 vaginal suppository 200 mg</i>	NP	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	NF	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	PG	
<i>terconazole vaginal suppository 80 mg</i>	PG	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>	NF	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	PB	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	PG	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	PG	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	NP	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	NF	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	NF	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	PG	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	NF	
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	NF	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	NF	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	PG	LGC
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	PB	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	PB	
BLEEDING DISORDERS AGENTS		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	NF	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	NPSP	PA
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	NPSP	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cmplx</i>)	NF	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	NPSP	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (<i>prothrombin complex conc human</i>)	NPSP	PA
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	PSP	PA

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	NPSP	PA
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (<i>coagulation factor viia-jncw</i>)	PSP	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	NF	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	PSP	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	PSP	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	NF	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	NF	
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-pbbk</i>)	PSP	PA; QL (2 SYRINGES per 28 days)
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>)	NF	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	NF	
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>daprodustat</i>)	NF	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (<i>sargramostim</i>)	NF	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	NF	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	NF	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	NF	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	PSP	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	PSP	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-apgf</i>)	PSP	PA; QL (2 SYRINGES per 28 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	PSP	PA
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>	NF	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	PSP	PA
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (<i>eflapegrastim-xnst</i>)	NF	
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-fpgk</i>)	NF	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	NF	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	NF	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	NF	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMOPHILIA A AGENTS		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PSP	PA
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	PSP	PA
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	PSP	PA
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten-ehl</i>)	NF	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiiifc)</i>)	PSP	PA
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact rcm b gpeg-exei</i>)	PSP	PA
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	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucl)</i>)	PSP	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>)	PSP	PA

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PSP	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	PSP	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PSP	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PSP	PA
<i>obizur intravenous solution reconstituted 500 unit</i>	NPSP	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihem factor recomb (rfviii)</i>)	NPSP	PA
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	PSP	PA
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	PSP	PA
HEMOPHILIA B AGENTS		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	NPSP	PA
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	PSP	PA
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NF	
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	NPSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NF	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	NPSP	PA
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	PSP	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	NF	
MISCELLANEOUS		
AGRYLIN ORAL CAPSULE 0.5 MG (<i>anagrelide hcl</i>)	NP	QL (180 CAPSULES per 25 DAYs)
<i>aminocaproic acid oral solution 0.25 g/ml</i>	PG	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	PG	
<i>anagrelide hcl oral capsule 0.5 mg</i>	PG	QL (180 CAPSULES per 25 days)
<i>anagrelide hcl oral capsule 1 mg</i>	PG	QL (90 CAPSULES per 25 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	PG	QL (60 TABLETS per 25 DAYs)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	PG	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfate</i>)	NF	
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (<i>mitapivat sulfate</i>)	NF	
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	NPSP	PA; QL (180 CAPSULES per 30 days)
<i>tranexamic acid oral tablet 650 mg</i>	NP	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	PSP	PA; QL (10 VIALS per 30 days)
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	PG	QL (60 CAPSULES per 25 days)
BRILINTA ORAL TABLET 60 MG (<i>ticagrelor</i>)	PB	QL (60 TABLETS per 25 DAYs)
BRILINTA ORAL TABLET 90 MG (<i>ticagrelor</i>)	PB	QL (60 TABLETS per 25 days)
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	PG	
<i>dipyridamole oral tablet 25 mg, 75 mg</i>	PG	QL (120 TABLETS per 25 days)
<i>dipyridamole oral tablet 50 mg</i>	PG	QL (240 TABLETS per 25 days)
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	NP	QL (30 TABLETS per 25 days)
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	NF	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	NP	QL (30 TABLETS per 25 DAYs)
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	NF	
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfite</i>)	NF	
SICKLE CELL DISEASE		
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	PSP	PA; QL (180 PACKETS per 30 days)
OXBRYTA ORAL TABLET 300 MG, 500 MG (<i>voxelotor</i>)	NF	
OXBRYTA ORAL TABLET SOLUBLE 300 MG (<i>voxelotor</i>)	NF	
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	PB	
THROMBOCYTOPENIA AGENTS		
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	PSP	PA; QL (60 TABLETS per 30 days)
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	NPSP	PA; QL (7 TABLETS per 14 days)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	NF	
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	PSP	PA; QL (120 PACKETS per 30 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

172

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROMACTA ORAL PACKET 25 MG (<i>eltrombopag olamine</i>)	PSP	PA; QL (180 PACKETS per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	PSP	PA; QL (30 TABLETS per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG (<i>eltrombopag olamine</i>)	PSP	PA; QL (60 TABLETS per 30 days)
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	PSP	PA; QL (60 TABLETS per 30 days)
VITAMINS - VITAMINS AND SUPPLEMENTS		
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	NF	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	NF	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	PB	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	NP	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	PSP	PA
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	PA
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	NF	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	PSP	PA; ST; QL (5 VIALS per 42 days)
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	NF	IBC (Available as NPSP with PA for Ulcerative Colitis)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	PSP	PA; QL (1 SYRINGE per 90 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	NF	
<i>infliximab intravenous solution reconstituted 100 mg</i>	NF	
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	NF	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	PSP	PA; QL (5 VIALS per 42 days)
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	NF	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	PSP	PA; QL (4 VIALS per 56 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

174

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	NF	
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-afzb</i>)	NF	
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
<i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	PSP	PA; ST; QL (4 PENS per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	PSP	PA; ST; QL (4 SYRINGES per 28 days)
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml</i>	NF	
<i>adalimumab-adbm(cdluchhs strt) subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-adbm(psluv starter) subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-fkjp subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-fkjp subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	NF	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab-atto</i>)	NF	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-atto</i>)	NF	
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	NF	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML (<i>adalimumab-atto</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (<i>bimekizumab-bkzx</i>)	PSP	PA; IBC (Preferred agent for Psoriasis after the failure of two preferred agents); QL (2 INJECTIONS per 56 days)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>bimekizumab-bkzx</i>)	PSP	PA; IBC (Preferred agent for Psoriasis after the failure of two preferred agents); QL (2 INJECTIONS per 56 days)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	PSP	PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.); QL (1 KIT per 28 days)
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>)	PSP	PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.); QL (2 KITS per 28 Days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (2 SYRINGES per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (2 PENS per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 PEN per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 SYRINGE per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis and Non-radiographical Axial Spondyloarthritis. Not covered for Psoriasis); QL (1 PEN per 28 days)
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>)	NF	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	NF	

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
HUMIRA-PSORIASIS/UVEIT 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 (<i>adalimumab-adaz</i>)	PSP	PA; ST; QL (4 PENS per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; QL (2 PENS per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; QL (2 SYRINGES per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; QL (4 SYRINGES per 28 days)
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; QL (1 KIT per 28 days)
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; QL (1 KIT per 28 days)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; QL (1 KIT per 28 days)
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	NF	
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	NF	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 PENS per 28 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 SYRINGES per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	NF	
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	NPSP	PA; QL (28 CAPSULES per 28 DAYS)
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	NF	
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Atopic Dermatitis, Ankylosing Spondylitis, Ulcerative Colitis, Non-radiographical Axial Spondyloarthritis, and Crohn's Disease); QL (30 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Atopic Dermatitis, Ulcerative Colitis, and Crohn's Disease); QL (30 TABLETS per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Ulcerative Colitis and Crohn's Disease); QL (1 FILL per 1 INDUCTION PERIOD)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	NF	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NF	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NF	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease); QL (1 CARTRIDGE per 56 DAYS)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease); QL (1 CARTRIDGE per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days)
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	PSP	PA; IBC (Preferred agent for Psoriasis); QL (30 TABLETS per 30 DAYS)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 56 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis or Ankylosing Spondylitis); QL (1 INJECTION per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Non-Radiographic Axial Spondyloarthritis or Ankylosing Spondylitis); QL (1 INJECTION per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 ML per 56 DAYS)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 ML per 56 days)
VELSIPITY ORAL TABLET 2 MG (<i>etrasimod arginine</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (240 ML per 24 days)
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (60 TABLETS per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (30 TABLETS per 30 days)
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-aaty</i>)	NF	
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	NF	
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqvh</i>)	NF	
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PG	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	PG	
<i>methotrexate sodium oral tablet 2.5 mg</i>	CE	N7 (PG); N8 (Listing does not include certain NDCs)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	PSP	PA; QL (4 ML per 28 days)
HEREDITARY ANGIOEDEMA		
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NF	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NF	
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (<i>icatibant acetate</i>)	NF	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	NPSP	PA; QL (20 VIALS per 30 days)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	PSP	PA; QL (45 SYRINGES per 90 days)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	NPSP	PA; QL (30 ML per 90 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	PSP	PA; QL (28 CAPSULES per 28 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	PSP	PA; QL (60 VIALS per 90 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	PSP	PA; QL (2 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (<i>lanadelumab-flyo</i>)	PSP	PA; QL (2 SYRINGES per 28 DAYs)
IMMUNOGLOBULIN		
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-slra</i>)	NF	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	PSP	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	NF	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	PA
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (<i>rho d immune globulin</i>)	NPSP	
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML (<i>tetanus immune globulin</i>)	NPSP	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	NF	
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML (<i>rabies immune globulin</i>)	NPSP	
<i>kedrab injection solution 1500 unit/10ml, 300 unit/2ml</i>	NPSP	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (<i>rho d immune globulin</i>)	NPSP	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NF	
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	NF	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	NPSP	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	NPSP	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (<i>varicella-zoster immune glob</i>)	NPSP	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (<i>rho d immune globulin</i>)	NPSP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	NPSP	PA
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (<i>interferon gamma-1b</i>)	NPSP	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	NF	
JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>)	NF	
IMMUNOSUPPRESSANTS		
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML (<i>lymphocyte,anti-thymo imm glob</i>)	NP	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	PG	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	NPSP	PA; QL (4 INJECTIONS per 28 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

186

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	NPSP	PA; QL (4 INJECTIONS per 28 days)
<i>cyclosporine intravenous solution 50 mg/ml</i>	PG	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>cyclosporine modified oral solution 100 mg/ml</i>	PG	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	PG	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	PSP	PA; QL (1 SYRINGE per 28 days)
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	PG	
<i>cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)</i>	PG	
<i>cyclosporine modified (Gengraf Oral Solution 100 Mg/ML)</i>	PG	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	NP	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	NF	
<i>mycophenolate mofetil oral capsule 250 mg</i>	PG	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	PG	
<i>mycophenolate mofetil oral tablet 500 mg</i>	PG	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	PG	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	NPSP	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	NPSP	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	NPSP	
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	NF	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	NPSP	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	NPSP	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	NPSP	
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (<i>basiliximab</i>)	NP	
<i>sirolimus oral solution 1 mg/ml</i>	PG	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	PG	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (<i>anti-thymocyte glob (rabbit)</i>)	NP	
MISCELLANEOUS		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	NPSP	PA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	NPSP	PA
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	PG	
<i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)	NP	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	PG	N8 (Listing does not include certain NDCs)
POKONZA ORAL PACKET 10 MEQ (<i>potassium chloride</i>)	NF	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	PG	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	PG	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq</i>	PG	
<i>potassium chloride er oral tablet extended release 8 meq</i>	PG	N8 (Listing does not include certain NDCs)
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	PG	N8 (Listing does not include certain NDCs)
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	NP	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N7 (Not Covered); AL (Max 5 Years)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

188

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	PG	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	PG	
PRENATAL VITAMINS		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (<i>prenatal vit-dss-fe cbn-fa</i>)	NF	
<i>azesco oral tablet 13-1 mg</i>	NF	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NF	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NF	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG (<i>prenat w/o a fecbnfeglu-fa &b6</i>)	NF	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (<i>prenat-fefmcb-dss-fa-dha w/o a</i>)	NF	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	NF	
<i>complete natal dha oral 29-1-200 & 200 mg</i>	NF	
<i>completenate oral tablet chewable 29-1 mg</i>	NF	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	
DUET DHA 400 ORAL 25-1 & 400 MG (<i>prenat-fepoly-fered-fa-omega 3</i>)	NF	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	NF	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	PG	
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	NF	
<i>kosher prenatal plus iron oral tablet 30-1 mg</i>	NF	
NATACHEW ORAL TABLET CHEWABLE 28-1 MG (<i>prenatal vit-fe fum-fe bisg-fa</i>)	NF	
<i>natal pnv oral tablet 6-0.5 mg</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 & 200 mg</i>	NF	
<i>neonatal 19 oral tablet 1 mg</i>	NF	
<i>neonatal fe oral tablet 90-1 mg</i>	NF	
NESTABS DHA ORAL 32-1 MG (<i>prenat-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	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (<i>prenat-fecbn-feaspgl-fa-fish</i>)	NF	
OB COMPLETE ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	NF	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NF	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal-fe cbn-fe asp gly-fa</i>)	NF	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NF	
<i>pnv prenatal plus multivit+dha oral 27-1 & 312 mg</i>	NF	
<i>pnv tabs 20-1 oral tablet 20-1 mg</i>	NF	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	PG	
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	NF	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	NF	
<i>pregen dha oral capsule 28-1-35 mg</i>	NF	
<i>pregenna oral tablet 20-1 mg</i>	NF	
<i>prena 1 true oral 30-1.4 & 300 mg</i>	NF	
<i>prenaissance oral capsule 29-1.25-325 mg</i>	NF	
<i>prenaissance plus oral capsule 28-1-250 mg</i>	NF	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>prenatal wlo a vit-fe fum-fa</i>)	NF	
PRENATE AM ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

190

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	NF	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	NF	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NF	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NF	
<i>prenatvite plus oral tablet 1 mg</i>	NF	
PRIMACARE ORAL CAPSULE 30-1-470 MG (<i>pren-fe-meth-fa-omeg w/o a</i>)	NF	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (<i>prenat vit-fepoly-methylfol-fa</i>)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmlx-fa</i>)	NF	
SELECT-OB+DHA ORAL 29-1 & 250 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NF	
TARON-C DHA ORAL CAPSULE 35-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	NF	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	PG	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	NF	
VINATE II ORAL TABLET 29-1 MG (<i>prenatal vit wl fe bisg-fa</i>)	NF	
VINATE ONE ORAL TABLET 60-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NF	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NF	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (<i>prenatal vit-fe phos-fa-omega</i>)	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAFOL STRIPS ORAL FILM 1 MG (<i>prenatal-b6-b12-d3-folic acid</i>)	NF	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NF	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (<i>prenatal-fe fum-methf-fa wlo a</i>)	NF	
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NF	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	NF	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NF	
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE 1.4 MG (<i>prenat-b2-b6-b12-d3-fa</i>)	NF	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha wloa</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>westgel dha oral capsule 31-0.6-0.4-200 mg</i>	NF	
<i>zalvit oral tablet 13-1 mg</i>	NF	
VITAMINS - VITAMINS AND SUPPLEMENTS		
ACCRUFER ORAL CAPSULE 30 MG (<i>ferric maltol</i>)	NF	
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML (<i>ascorbic acid</i>)	NF	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	PG	N8 (Listing does not include certain NDCs)
<i>calcitriol oral solution 1 mcg/ml</i>	PG	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	PG	
<i>b complex-c-folic acid</i> (Dexifol Oral Tablet 5 Mg)	NF	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	PG	N8 (Listing does not include certain NDCs)
FA-8 ORAL CAPSULE 0.8 MG (<i>folic acid</i>)	CE	N7 (Not Covered); QL (100 CAPSULES per 30 days); AL (Max 55 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FERRO-PLEX ORAL TABLET 115-1 MG (<i>fe fum-fa-c-e-b12-intrins fact</i>)	NF	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	NF	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>ped multiple vit-minerals-fl</i>)	NF	
<i>folbee plus oral tablet</i>	PG	
FOLGARD OS ORAL TABLET 500-1.1 MG (<i>multiple vit-min-calcium-fa</i>)	NF	
<i>folic acid oral tablet 400 mcg</i>	CE	N7 (Not Covered); QL (100 tablets per 30 days); AL (Max 55 Years)
<i>folic acid oral tablet 800 mcg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYs); AL (Max 55 Years)
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	PG	
NEPHPLEX RX ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	NF	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (<i>niacinamide-zn-cu-methfo-se-cr</i>)	NF	
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	NF	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	PG	
<i>phytonadione oral tablet 5 mg</i>	PG	QL (25 TABLETS per 25 days)
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	NF	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (<i>ped multivitamins-fl-iron</i>)	NF	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (<i>multi vit-min-fluoride-fe-fa</i>)	NF	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (<i>ped multivitamins-fl-iron</i>)	NF	
RENATABS WITH IRON ORAL 1 & 100 MG (<i>b complex-c-biotin-e-fa-fe cbn</i>)	NF	
<i>reno caps oral capsule 1 mg</i>	PG	Select OTC
<i>tri-vi-floro oral suspension 0.25 mg/ml</i>	NF	
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (<i>iron sucrose</i>)	NPSP	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	PG	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	NF	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	NF	
<i>cromolyn sodium ophthalmic solution 4 %</i>	PG	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>ketotifen fumarate ophthalmic solution 0.025 %, 0.035 %</i>	PG	Select OTC
ZADITOR OPHTHALMIC SOLUTION 0.035 % (<i>ketotifen fumarate</i>)	PG	Select OTC
ZERVIAE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	NF	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % (<i>brimonidine tartrate</i>)	PB	
AZOPT OPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	NF	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	PG	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	NF	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	NF	
<i>bimatoprost ophthalmic solution 0.03 %</i>	PG	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	PG	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	PG	
<i>brinzolamide ophthalmic suspension 1 %</i>	NF	N10 (NP)
<i>carteolol hcl ophthalmic solution 1 %</i>	PG	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	NF	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	NF	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	PG	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	PG	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	NF	
IYUZEH OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	NF	
<i>latanoprost ophthalmic solution 0.005 %</i>	PG	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	PG	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	NF	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	PG	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	NF	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	NF	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	PB	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	PG	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	NP	
<i>timolol maleate (Timolol Maleate OcuDose Ophthalmic Solution 0.5 %)</i>	NF	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	NF	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NF	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	NF	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	PG	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	NF	
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	NF	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	PG	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	PG	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	NF	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	NF	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	PG	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	NF	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	PG	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	PG	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	NF	N10 (NP)
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	NF	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	PG	
<i>erythromycin ointment 5 mg/gm ophthalmic</i>	NF	
<i>erythromycin ointment 5 mg/gm ophthalmic</i>	PG	N8 (Listing does not include certain NDCs)
<i>gatifloxacin ophthalmic solution 0.5 %</i>	NP	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	PG	QL (20 ML per 25 days)
KLARITY-A OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	NF	
<i>levofloxacin ophthalmic solution 1.5 %</i>	NF	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	PG	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	PG	
<i>ofloxacin ophthalmic solution 0.3 %</i>	PG	N8 (Listing does not include certain NDCs)
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	PG	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	PG	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	PG	
<i>tobramycin ophthalmic solution 0.3 %</i>	PG	
<i>trifluridine ophthalmic solution 1 %</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

196

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOTEMAX SM OPHTHALMIC GEL 0.38 % (<i>loteprednol etabonate</i>)	NF	
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	NF	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	PG	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	NF	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	NF	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (<i>prednisolone acetate</i>)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	NF	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PG	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	NF	
DRY EYE DISEASE		
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	NF	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	NF	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	NF	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	PB	
VEVYE OPHTHALMIC SOLUTION 0.1 % (<i>cyclosporine</i>)	NF	
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	PB	
MISCELLANEOUS		
<i>atropine sulfate ophthalmic solution 1 %</i>	PG	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	NPSP	PA; QL (4 BOTTLES per 28 days)
LACRISERT OPHTHALMIC INSERT 5 MG (<i>artificial tear insert</i>)	NF	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	NPSP	PA; QL (2 ML per 7 DAYs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	PG	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (<i>varenicline tartrate</i>)	NF	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (<i>oxymetazoline hcl</i>)	NF	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	NF	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>)	NPSP	PA
RETINAL DISORDERS		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (<i>ranibizumab-nuna</i>)	PSP	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab-eqrn</i>)	PSP	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	NF	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	NF	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	NF	
OTHER		
IRRIGATION SOLUTIONS		
<i>sterile water for irrigation irrigation solution</i>	NP	STX
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	NF	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (<i>alpha1-proteinase inhibitor</i>)	NF	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	PSP	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	PSP	PA

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (<i>alpha1-proteinase inhibitor</i>)	PSP	PA
ANAPHYLAXIS TREATMENT AGENTS		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	PB	QL (4 INJECTIONS per 25 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	PG	QL (4 INJECTIONS per 25 DAYs)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	NF	
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	PG	N8 (Listing does not include certain NDCs); QL (4 INJ per 25 days)
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	NF	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	NF	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	PB	QL (1 package per 25 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	NF	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	PB	QL (1 PACKAGE per 25 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	NP	QL (2 PACKAGES per 25 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	PG	QL (6 BOXES per 25 DAYs)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	PB	QL (1 PACKAGE per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	PB	QL (1 package per 25 days)
ANTICHOLINERGICS		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	NF	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	NF	
<i>ipratropium bromide inhalation solution 0.02 %</i>	PG	QL (5 ML per 25 days)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	PG	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 PACKAGE per 25 DAYs)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 PACKAGE per 25 DAYs)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	PB	QL (1 PACKAGE per 25 days)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	PG	QL (1 PACKAGE per 25 DAYs)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	NF	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	PB	QL (30 ML per 25 days)
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	PG	QL (1 GM per 25 DAYs)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	NF	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	NF	
ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES		
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (<i>fexofenadine hcl</i>)	PG	Select OTC

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (<i>fexofenadine hcl</i>)	PG	Select OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (<i>fexofenadine hcl</i>)	PG	Select OTC
<i>allergy rel child (cetirizine) oral tablet dispersible 10 mg</i>	PG	Select OTC
<i>azelastine hcl nasal solution 0.1 %</i>	PG	QL (2 BOTTLES per 25 DAYs)
<i>carbinoxamine maleate oral tablet 4 mg</i>	PG	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NF	
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	PG	Select OTC
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	PG	Select OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	PG	Select OTC
CLARITIN ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL CAPSULE 10 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL TABLET 10 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL TABLET CHEWABLE 10 MG (<i>loratadine</i>)	PG	LGC; Select OTC
CLARITIN ORAL TABLET CHEWABLE 5 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>loratadine</i>)	PG	Select OTC
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>cvs allergy relief childrens oral suspension 30 mg/5ml</i>	PG	Select OTC
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	PG	
<i>cyproheptadine hcl oral tablet 4 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>desloratadine oral tablet 5 mg</i>	PG	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	NP	
<i>eq loratadine childrens oral tablet chewable 5 mg</i>	PG	Select OTC
<i>fexofenadine hcl oral tablet 180 mg</i>	PG	Select OTC
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	PG	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

202

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	NP	ST
<i>kp fexofenadine hcl oral tablet 60 mg</i>	PG	Select OTC
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	PG	Select OTC
<i>loratadine oral capsule 10 mg</i>	PG	Select OTC
<i>loratadine oral tablet 10 mg</i>	PG	Select OTC
<i>olopatadine hcl nasal solution 0.6 %</i>	NP	QL (1 BOTTLE per 25 days)
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	NF	
RYVENT ORAL TABLET 6 MG (<i>carbinoxamine maleate</i>)	NF	
<i>sm loratadine allergy relief oral tablet dispersible 10 mg</i>	PG	Select OTC
<i>sm loratadine oral solution 5 mg/5ml</i>	PG	Select OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (<i>levocetirizine dihydrochloride</i>)	PG	Select OTC
ZYRTEC ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 10 MG (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 2.5 MG (<i>cetirizine hcl</i>)	PG	LGC; Select OTC
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact</i>	PG	N8 (Listing does not include certain NDCs); QL (2 INHALERS per 25 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	PG	QL (5 BOXES per 25 DAYS)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	QL (5 BOXES per 25 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	PG	QL (60 ML per 25 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PG	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	NF	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (<i>arformoterol tartrate</i>)	NF	
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	PG	QL (2 BOXES per 25 DAYS)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	QL (300 ML per 25 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	PG	QL (45 NEBULIZATION SOLUTION per 25 days)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	NP	QL (2 INHALERS per 25 DAYS)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	NP	QL (60 VIALS per 25 days)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate (sensor)</i>)	NF	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	NF	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	PB	QL (1 PACKAGE per 25 DAYS)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COLD/COUGH		
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (<i>fexofenadine-pseudoephedrine</i>)	PG	Select OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (<i>fexofenadine-pseudoephedrine</i>)	PG	Select OTC
<i>benzonatate oral capsule 100 mg, 200 mg</i>	PG	
<i>benzonatate oral capsule 150 mg</i>	NP	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	PG	Select OTC
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	PG	Select OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	PG	Select OTC
<i>coditussin ac oral liquid 200-10 mg/5ml</i>	PG	Select OTC; QL (60 ML per 1 day)
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	PG	Select OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	PG	Select OTC
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (<i>hydrocodone bit-homatrop mbr</i>)	NF	
HYCODAN ORAL TABLET 5-1.5 MG (<i>hydrocodone bit-homatrop mbr</i>)	NF	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	NP	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	PG	QL (30 ML per 1 day)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	PG	QL (6 TABLETS per 1 day)
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	PG	Select OTC
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	PG	
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	PG	QL (30 ML per 1 DAY)
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	PG	QL (30 ML per 1 DAY)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

206

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	PSP	PA; QL (224 ML per 28 DAYs)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PSP	PA; QL (280 ML per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacafti</i>)	NPSP	PA; QL (84 TABLETS per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacafti</i>)	NPSP	PA; QL (56 PACKETS per 28 days)
LEUKOTRIENE MODIFIERS		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	NF	N10 (NP)
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	NF	
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
<i>montelukast sodium oral packet 4 mg</i>	PG	
<i>montelukast sodium oral tablet 10 mg</i>	PG	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	PG	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	NF	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	PG	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PG	QL (2 BOXES per 25 DAYs)
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	PG	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	NF	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	PG	
<i>sodium chloride inhalation nebulization solution 10 %, 3 %</i>	PG	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>budesonide nasal suspension 32 mcg/lact</i>	PG	Select OTC; QL (2 packages per 25 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLONASE ALLERGY RELIEF NASAL SUSPENSION 50 MCG/ACT (<i>fluticasone propionate</i>)	PG	Select OTC; QL (1 ML per 25 DAYs)
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	PG	QL (3 CONTAINERS per 25 DAYs)
<i>fluticasone propionate nasal suspension 50 mcglact</i>	PG	Select OTC; QL (1 ML per 25 DAYs)
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (<i>triamcinolone acetonide</i>)	PG	Select OTC; QL (1 PACKAGE per 25 DAYs)
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	NF	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NF	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NF	
<i>triamcinolone acetonide nasal aerosol 55 mcglact</i>	PG	Select OTC; QL (1 ML per 25 DAYs)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	NP	PA; QL (2 PACKAGES per 25 days)
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (<i>ciclesonide</i>)	NF	
PRENATAL VITAMINS		
<i>allergy relief (cetirizine) oral capsule 10 mg</i>	PG	
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	NF	
ESBRIET ORAL TABLET 267 MG, 801 MG (<i>pirfenidone</i>)	NF	
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	PSP	PA; QL (60 CAPSULES per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	PSP	PA; QL (270 CAPSULES per 30 DAYs)
<i>pirfenidone oral tablet 267 mg</i>	PSP	PA; QL (270 TABLETS per 30 Days)
<i>pirfenidone oral tablet 534 mg</i>	NF	
<i>pirfenidone oral tablet 801 mg</i>	PSP	PA; QL (90 TABLETS per 30 Days)
SEVERE ASTHMA AGENTS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	PSP	PA; QL (1 ML per 56 DAYs)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

208

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	PSP	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	PSP	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	PSP	PA; QL (1 SYRINGE per 28 DAYs)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	NF	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	PSP	PA; QL (1 PEN per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	PSP	PA; QL (8 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	PSP	PA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	PSP	PA; QL (8 VIALS per 28 days)
STERIOD INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	NF	
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (<i>fluticasone propionate(sensor)</i>)	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	NF	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>mometasone furoate</i>)	NF	
<i>budesonide inhalation suspension 0.25 mg/2ml</i>	PG	QL (3 ML per 25 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	PG	QL (2 ML per 25 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	PG	QL (1 ML per 25 days)
<i>fluticasone 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, 44 mcglact</i>	NF	N8 (Covered for members age 6 years and younger)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT (<i>budesonide</i>)	PB	QL (2 AEROSOL POWDER BREATH ACTIVATED per 25 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT (<i>budesonide</i>)	PB	QL (3 AEROSOL POWDER BREATH ACTIVATED per 25 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	NF	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	NF	N8 (Covered for members age 6 years and younger); AL (Max 6 Years)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (<i>fluticasone-salmeterol</i>)	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	
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	

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>theophylline oral elixir 80 mg/15ml</i>	PG	
<i>theophylline oral solution 80 mg/15ml</i>	PG	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	NF	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	NF	
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phosph benzoyl perox</i>)	NF	
<i>isotretinoin</i> (Accutane Oral Capsule 20 Mg, 30 Mg, 40 Mg)	NP	PA
ACZONE EXTERNAL GEL 5 %, 7.5 % (<i>dapsone</i>)	NF	
<i>adapalene external cream 0.1 %</i>	NP	PA; QL (45 G per 25 days); AL (Max 35 Years)
<i>adapalene external gel 0.1 %</i>	PG	PA; Select OTC; QL (45 G per 25 days); AL (Max 35 Years)
<i>adapalene external gel 0.3 %</i>	NP	PA; QL (45 G per 25 days); AL (Max 35 Years)
<i>adapalene external pad 0.1 %</i>	NF	
<i>adapalene external solution 0.1 %</i>	NF	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	PG	PA; AL (Max 35 Years)
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	PB	PA
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	NF	
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	NP	PA
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	NF	
ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>)	NF	
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	NF	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	NF	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	PG	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (<i>adapalene-benzoyl per-clindamy</i>)	NF	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	NP	PA

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

212

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	NP	QL (60 ML per 25 DAYs)
<i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)	PG	
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NF	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	PG	
<i>clindamycin phos-benzoyl perox external gel 1.2-3.75 %</i>	PG	N8 (Listing does not include certain NDCs)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	NP	
<i>clindamycin phosphate external foam 1 %</i>	NP	N8 (Listing does not include certain NDCs)
<i>clindamycin phosphate external gel 1 %</i>	NP	N8 (Listing does not include certain NDCs); QL (75 G per 25 days)
<i>clindamycin phosphate external lotion 1 %</i>	NP	QL (60 ML per 25 days)
<i>clindamycin phosphate external solution 1 %</i>	NP	QL (60 ML per 25 days)
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	NP	PA; N8 (Listing does not include certain NDCs); AL (Max 35 Years)
<i>dapsone external gel 5 %, 7.5 %</i>	PG	
DIFFERIN EXTERNAL CREAM 0.1 % (<i>adapalene</i>)	NP	PA; QL (45 G per 25 days); AL (Max 35 Years)
DIFFERIN EXTERNAL GEL 0.1 % (<i>adapalene</i>)	PG	PA; Select OTC; QL (45 G per 25 days); AL (Max 35 Years)
DIFFERIN EXTERNAL GEL 0.3 % (<i>adapalene</i>)	NP	PA; QL (45 G per 25 days); AL (Max 35 Years)
DIFFERIN EXTERNAL LOTION 0.1 % (<i>adapalene</i>)	NF	
EPIDUO EXTERNAL GEL 0.1-2.5 % (<i>adapalene-benzoyl peroxide</i>)	PB	PA; AL (Max 35 Years)
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	PB	PA; AL (Max 35 Years)
<i>ery external pad 2 %</i>	PG	
ERYGEL EXTERNAL GEL 2 % (<i>erythromycin</i>)	NP	QL (60 G per 25 DAYs)
<i>erythromycin external gel 2 %</i>	PG	QL (60 G per 25 days)
<i>erythromycin external solution 2 %</i>	PG	QL (60 ML per 25 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	NF	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	NP	PA
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	NF	
KLARON EXTERNAL LOTION 10 % (<i>sulfacetamide sodium (acne)</i>)	NP	ST
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phosphobenzoyl perox</i>)	PB	
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	NP	PA; AL (Max 35 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (<i>tretinoin</i>)	NP	PA; AL (Max 35 Years)
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	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>	PG	
<i>tazarotene external foam 0.1 %</i>	NF	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	PG	PA; AL (Max 35 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	PG	PA; AL (Max 35 Years)
<i>tretinoin external gel 0.05 %</i>	NP	PA; AL (Max 35 Years)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	PG	PA; AL (Max 35 Years)
<i>tretinoin microsphere pump external gel 0.08 %</i>	NF	
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	PB	
VELTIN EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NF	
WINLEVI EXTERNAL CREAM 1 % (<i>clascoterone</i>)	PB	PA
<i>isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	NP	PA
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NF	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC EXTERNAL CREAM 0.5 % (<i>fluorouracil</i>)	NF	
<i>fluorouracil external cream 0.5 %</i>	NF	
<i>fluorouracil external cream 5 %</i>	PG	
<i>fluorouracil external solution 2 %, 5 %</i>	PG	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>imiquimod external cream 5 %</i>	PG	QL (2 BOXES per 21 days)
<i>imiquimod pump external cream 3.75 %</i>	NP	PA
KLISYRI EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	NF	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	NF	
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	NF	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (<i>imiquimod</i>)	NF	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate external cream 0.1 %</i>	PG	QL (120 G per 25 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	PG	QL (120 G per 25 days)
<i>mafenide acetate external packet 5 %</i>	PG	
<i>mupirocin calcium external cream 2 %</i>	NF	
<i>mupirocin external ointment 2 %</i>	PG	QL (30 GM per 25 DAYS)
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	NF	
<i>silver sulfadiazine external cream 1 %</i>	PG	
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	PG	
XEPI EXTERNAL CREAM 1 % (<i>ozenoxacin</i>)	NP	PA; QL (30 G per 25 DAYS)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox external gel 0.77 %</i>	NP	
<i>ciclopirox external shampoo 1 %</i>	NP	
<i>ciclopirox external solution 8 %</i>	PG	PA; STX; QL (6.6 ML per 21 days)
<i>ciclopirox olamine external cream 0.77 %</i>	PG	
<i>ciclopirox olamine external suspension 0.77 %</i>	NP	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	PG	STX; QL (60 GM per 25 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	PG	STX; QL (60 ML per 25 days)
<i>econazole nitrate external cream 1 %</i>	NP	QL (85 GM per 25 days)
ECOZA EXTERNAL FOAM 1 % (<i>econazole nitrate</i>)	NF	
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	NF	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	NP	ST; QL (60 GRAMS per 25 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	NP	ST; QL (60 ML per 25 days)
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	NP	PA; QL (4 ML per 21 days)
<i>ketoconazole external cream 2 %</i>	PG	
<i>ketoconazole external foam 2 %</i>	NF	
<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>	NP	
<i>naftifine hcl external cream 1 %, 2 %</i>	NP	
<i>naftifine hcl external gel 2 %</i>	NF	
NAFTIN EXTERNAL GEL 1 %, 2 % (<i>naftifine hcl</i>)	NF	
<i>nystatin external cream 100000 unit/gm</i>	PG	
<i>nystatin external ointment 100000 unit/gm</i>	PG	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	PG	STX; QL (60 GM per 25 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	PG	STX; QL (60 GM per 25 DAYS)
<i>oxiconazole nitrate external cream 1 %</i>	NP	N8 (Listing does not include certain NDCs); QL (60 G per 25 days)
OXISTAT EXTERNAL CREAM 1 % (<i>oxiconazole nitrate</i>)	NF	
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	NF	
<i>sulconazole nitrate external cream 1 %</i>	PG	QL (60 GRAMS per 25 days)
<i>sulconazole nitrate external solution 1 %</i>	PG	QL (60 ML per 25 days)
<i>tavaborole external solution 5 %</i>	NF	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	NF	
DERMATOLOGY, ANTI-PRURITIC		
<i>doxepin hcl external cream 5 %</i>	NF	
PRUDOXIN EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	NP	ST; QL (45 G per 25 days)
ZONALON EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	NP	ST; QL (45 G per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	PG	PA; QL (60 CAPSULES per 25 days)
<i>calcipotriene external cream 0.005 %</i>	NF	
<i>calcipotriene external ointment 0.005 %</i>	NP	ST; QL (60 GM per 25 days)
<i>calcipotriene external solution 0.005 %</i>	NP	ST; QL (60 ML per 25 days)
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NF	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	NF	
<i>calcitriol external ointment 3 mcg/gm</i>	NF	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
<i>methoxsalen rapid oral capsule 10 mg</i>	PG	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NF	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
<i>tazarotene external cream 0.1 %</i>	PG	PA; AL (Max 35 Years)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	NF	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	NF	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	NF	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	NF	
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	PB	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NF	
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	PB	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole external shampoo 2 %</i>	PG	
DERMATOLOGY, ATOPIC DERMATITIS		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	PSP	PA; QL (4 SYRINGES per 28 days)
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	PSP	PA; QL (30 TABLETS per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	PSP	PA; QL (2 PENS per 28 Days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; QL (4 PENS per 28 Days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	PSP	PA; QL (2 SYRINGES per 28 Days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; QL (4 SYRINGES per 28 Days)
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	NF	
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	PB	
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	PB	PA; QL (60 G per 28 days)
<i>pimecrolimus external cream 1 %</i>	NP	PA
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	NP	PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate external cream 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>alclometasone dipropionate external ointment 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>amcinonide external ointment 0.1 %</i>	NF	
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	NF	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	PG	QL (120 ML per 25 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>betamethasone dipropionate external cream 0.05 %</i>	PG	QL (120 GM per 25 DAYS)
<i>betamethasone dipropionate external lotion 0.05 %</i>	PG	QL (120 ML per 25 DAYS)
<i>betamethasone dipropionate external ointment 0.05 %</i>	NF	
<i>betamethasone valerate external cream 0.1 %</i>	NP	QL (120 GM per 25 DAYS)
<i>betamethasone valerate external foam 0.12 %</i>	NP	QL (120 G per 25 days)
<i>betamethasone valerate external lotion 0.1 %</i>	NP	QL (120 ML per 25 DAYS)
<i>betamethasone valerate external ointment 0.1 %</i>	NP	QL (120 GM per 25 DAYS)
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	PB	QL (120 GM per 25 days)
CAPEX EXTERNAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	NF	
<i>clobetasol propionate e external cream 0.05 %</i>	NP	QL (120 GM per 25 DAYS)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

218

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

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

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

220

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone external cream 2.5 %</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone external lotion 2.5 %</i>	PG	QL (120 ML per 25 DAYs)
<i>hydrocortisone external ointment 2.5 %</i>	PG	QL (120 GM per 25 DAYs)
<i>hydrocortisone valerate external cream 0.2 %</i>	PG	QL (120 G per 25 days)
<i>hydrocortisone valerate external ointment 0.2 %</i>	PG	QL (120 G per 25 days)
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	NF	
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (<i>triamcinolone acetonide</i>)	NF	
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	NF	
LOCOID EXTERNAL LOTION 0.1 % (<i>hydrocortisone butyrate</i>)	NP	PA; QL (180 ML per 25 DAYs)
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyr lipo base</i>)	NP	PA; QL (180 GM per 25 DAYs)
<i>mometasone furoate external cream 0.1 %</i>	NP	QL (120 GM per 25 DAYs)
<i>mometasone furoate external ointment 0.1 %</i>	NP	QL (120 GM per 25 DAYs)
<i>mometasone furoate external solution 0.1 %</i>	PG	QL (120 ML per 25 DAYs)
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	NP	PA; QL (180 G per 25 days)
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	NP	PA; QL (180 GM per 25 DAYs)
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	NP	PA; QL (180 GM per 25 DAYs)
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	NP	PA; QL (120 ML per 25 days)
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (<i>desoximetasone</i>)	NP	PA; QL (180 GM per 25 DAYs)
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	NP	PA; QL (180 GM per 25 DAYs)
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	NP	PA; QL (180 GM per 25 DAYs)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	NP	PA; QL (180 ML per 25 DAYs)
<i>clobetasol propionate emulsion (Tovet External Foam 0.05 %)</i>	NF	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	PG	QL (120 GM per 25 DAYs)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	PG	QL (120 ML per 25 DAYs)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	PG	QL (120 GM per 25 DAYs)
<i>triamcinolone acetonide external ointment 0.5 %</i>	PG	QL (120 G per 25 days)
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NF	
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	NF	
VERDESO EXTERNAL FOAM 0.05 % (<i>desonide</i>)	NF	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine external ointment 5 %</i>	NP	QL (50 GM per 25 DAYs)
<i>lidocaine external patch 5 %</i>	NP	PA; N8 (Listing does not include certain NDCs); QL (90 PATCHES per 25 DAYs)
<i>lidocaine hcl external solution 4 %</i>	PG	QL (50 ML per 25 DAYs)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	PG	QL (30 G per 25 days)
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	NP	PA; QL (90 PATCHES per 25 DAYs)
PLIAGLIS EXTERNAL CREAM 7-7 % (<i>lidocaine-tetracaine</i>)	NF	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>)	PG	Select OTC
<i>acyclovir external cream 5 %</i>	NF	
<i>acyclovir external ointment 5 %</i>	NP	
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (<i>interferon alfa-n3</i>)	NPSP	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	NF	
<i>bexarotene external gel 1 %</i>	PSP	PA
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	NF	
<i>diclofenac epolamine external patch 1.3 %</i>	PG	STX; QL (30 PATCHES per 25 Days)
<i>diclofenac sodium external gel 3 %</i>	NP	PA; QL (100 G per 25 days)
<i>diclofenac sodium external solution 1.5 %</i>	PG	PA; QL (300 ML per 21 days)
<i>diclofenac sodium external solution 2 %</i>	NF	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

222

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>docosanol external cream 10 %</i>	PG	Select OTC
FLECTOR EXTERNAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	NF	
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	NF	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	NPSP	QL (1 STICK per 25 DAYs)
LICART EXTERNAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	NF	
<i>penciclovir external cream 1 %</i>	NF	
PENNSAID EXTERNAL SOLUTION 2 % (<i>diclofenac sodium</i>)	NF	
<i>podofilox external gel 0.5 %</i>	NP	
<i>podofilox external solution 0.5 %</i>	PG	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	NP	PA
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	NF	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	NPSP	PA; QL (2 GM per 30 days)
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	NF	
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	NF	
DERMATOLOGY, ROSACEA		
<i>azelaic acid external gel 15 %</i>	NP	
<i>brimonidine tartrate external gel 0.33 %</i>	NF	
<i>doxycycline oral capsule delayed release 40 mg</i>	NF	
EPSOLAY EXTERNAL CREAM 5 % (<i>benzoyl peroxide</i>)	NF	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	PB	PA
FINACEA EXTERNAL GEL 15 % (<i>azelaic acid</i>)	NF	
<i>ivermectin external cream 1 %</i>	NF	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	NP	ST; QL (60 G per 25 days)
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	NF	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	NP	QL (60 ML per 25 DAYs)
<i>metronidazole external cream 0.75 %</i>	PG	QL (60 G per 25 days)

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month
04/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metronidazole external gel 0.75 %</i>	PG	QL (60 G per 25 days)
<i>metronidazole external gel 1 %</i>	NP	QL (60 G per 25 days)
<i>metronidazole external lotion 0.75 %</i>	PG	QL (60 ML per 25 days)
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	NF	
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NF	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	PB	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	NF	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	PB	
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	NF	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	PG	
<i>malathion external lotion 0.5 %</i>	PG	
<i>permethrin external cream 5 %</i>	PG	
<i>spinosad external suspension 0.9 %</i>	PG	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation solution 0.25 %</i>	PG	
REGRANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	NP	PA; QL (30 G per 25 days)
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	PG	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	PG	N8 (Listing does not include certain NDCs)
<i>clotrimazole mouth/throat troche 10 mg</i>	PG	QL (90 LOZENGES per 25 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	PG	N8 (Listing does not include certain NDCs)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	PG	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	NP	QL (14 TABLETS per 25 days)
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	PG	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid otic solution 2 %</i>	PG	

2024 Pharmacy Drug Guide - Advanced Control Plan - Aetna: Banner | Aetna

The formulary is updated the first week of each month

04/01/2024

224

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

Index

<i>abacavir sulfate</i>	27	ACZONE.....	212	AGAMATRIX PRESTO TEST.....	132
<i>abacavir sulfate-lamivudine</i>	30	<i>adalimumab-aacf (2 pen)</i>	175	AGAMREE.....	145
ABILIFY.....	77	<i>adalimumab-adaz</i>	175	AGRYLIN.....	171
ABILIFY ASIMTUFII.....	76	<i>adalimumab-adbm (2 pen)</i>	175	AIMOVIG.....	92
ABILIFY MAINTENA....	76, 77	<i>adalimumab-adbm (2 syringe)</i>	175	AIRDUO DIGIHALER.....	210
<i>abiraterone acetate</i>	41	<i>adalimumab-adbm(cdluclhs strt)</i>	175	AIRDUO RESPICLICK 113/14.....	210
ABREVA.....	222	<i>adalimumab-adbm(psluv starter)</i>	175	AIRDUO RESPICLICK 232/14.....	210
ABRILADA (1 PEN).....	174	<i>adalimumab-fkjp</i>	175	AIRDUO RESPICLICK 55/14.....	210
ABRILADA (2 PEN).....	175	<i>adapalene</i>	212	AIRSUPRA.....	211
ABRILADA (2 SYRINGE)..	175	<i>adapalene-benzoyl peroxide</i>	212	AJOVY.....	92
ABSORICA.....	212	ADBRY.....	217	AKEEGA.....	41
ABSORICA LD.....	212	ADCIRCA.....	64	AKLIEF.....	212
<i>acamprosate calcium</i>	66	ADDERALL.....	85	AKYNZEO.....	153
ACANYA.....	212	ADDERALL XR.....	86	<i>albendazole</i>	25
<i>acarbose</i>	107	ADDYI.....	103	<i>albuterol sulfate</i>	203, 204
ACCRUFER.....	192	<i>adefovir dipivoxil</i>	35	<i>albuterol sulfate hfa</i>	203
ACCU-CHEK AVIVA PLUS.....	131	ADEMPAS.....	64	<i>alclometasone dipropionate</i>	218
ACCU-CHEK FASTCLIX LANCET.....	131	ADIPEX-P.....	116	<i>alcohol swabs</i>	132
ACCU-CHEK FASTCLIX LANCETS.....	131	ADLARITY.....	67	ALDURAZYME.....	140
ACCU-CHEK GUIDE.....	132	ADMELOG.....	110	ALECENSA.....	43
ACCU-CHEK SAFE-T PRO LANCETS.....	132	ADMELOG SOLOSTAR....	110	<i>alendronate sodium</i>	117
ACCU-CHEK SMARTVIEW.....	132	ADTHYZA.....	151	ALFERON N.....	222
ACCU-CHEK SOFTCLIX LANCET DEV.....	132	ADV AIR DISKUS.....	210	<i>alfuzosin hcl er</i>	161
ACCU-CHEK SOFTCLIX LANCETS.....	132	ADV AIR HFA.....	210	ALINIA.....	36
Accutane.....	212	ADVANCE INTUITION TEST.....	132	<i>aliskiren fumarate</i>	61
ACCUTREND GLUCOSE..	132	ADVANCE MICRO-DRAW TEST.....	132	ALKINDI SPRINKLE.....	145
<i>acebutolol hcl</i>	58	ADVATE.....	169	ALLEGRA ALLERGY.....	202
<i>acetaminophen-codeine</i>	17	ADVOCATE REDI-CODE..	132	ALLEGRA ALLERGY CHILDRENS.....	201, 202
<i>acetazolamide</i>	61	ADVOCATE REDI-CODE+ TEST.....	132	ALLEGRA-D ALLERGY & CONGESTION.....	205
<i>acetazolamide er</i>	61	ADVOCATE TEST.....	132	<i>allergy rel child (cetirizine)</i>	202
<i>acetic acid</i>	224	<i>adynovate</i>	169	<i>allergy relief (cetirizine)</i>	208
<i>acetylcysteine</i>	207	ADZENYS XR-ODT.....	86	<i>allopurinol</i>	13
ACIPHEX.....	159	AFINITOR.....	43	ALLZITAL.....	14
<i>acitretin</i>	217	Afirmelle.....	120	<i>almotriptan malate</i>	92
ACTEMRA.....	174, 175	AFREZZA.....	110	<i>alogliptin benzoate</i>	108
ACTEMRA ACTPEN.....	175	AFSTYLA.....	169	<i>alogliptin-metformin hcl</i>	108
ACTHAR.....	149	AFTERA.....	120	<i>alogliptin-pioglitazone</i>	108
ACTIMMUNE.....	186	AFTERPILL.....	120	ALORA.....	142
ACTONEL.....	117	AGAMATRIX AMP TEST..	132	<i>alose tron hcl</i>	156
ACTOS.....	114	AGAMATRIX JAZZ TEST..	132	ALPHAGAN P.....	194
ACUVAIL.....	197	AGAMATRIX KEYNOTE TEST.....	132	ALPHANATE.....	166
<i>acyclovir</i>	32, 222			ALPHANINE SD.....	170
				<i>alprazolam</i>	66

<i>alprazolam er</i>	66	AMPYRA.....	97	ASMANEX (30 METERED	
ALPRAZOLAM INTENSOL	66	AMRIX.....	100	DOSES).....	209
ALPROLIX.....	170	AMZEEQ.....	212	ASMANEX (60 METERED	
ALREX.....	197	ANAFRANIL.....	66	DOSES).....	209
Altavera.....	120	<i>anagrelide hcl</i>	171	ASMANEX HFA.....	209
ALTOPREV.....	56	<i>anastrozole</i>	41	<i>aspirin</i>	24
ALTRENO.....	212	ANDRODERM.....	106	<i>aspirin childrens</i>	24
ALTUVIHO.....	169	ANDROGEL PUMP.....	106	<i>aspirin-dipyridamole er</i>	172
ALUNBRIG.....	43	ANGELIQ.....	142	ASPRUZYO SPRINKLE.....	63
ALVESCO.....	209	ANNOVERA.....	120	ASSURE 3 TEST.....	132
<i>alyacen 1/35</i>	120	ANORO ELLIPTA.....	200	ASSURE 4 TEST.....	132
<i>alyacen 7/7/7</i>	120	ANTIVERT.....	153	ASSURE II.....	132
Alyq.....	64	ANZEMET.....	153	ASSURE II CHECK.....	132
Amabelz.....	142	APADAZ.....	17	ASSURE PLATINUM.....	132
<i>amantadine hcl</i>	75	<i>apap-caff-dihydrocodeine</i>	17	ASSURE PRISM MULTI	
AMBIEN.....	91	APEXICON E.....	218	TEST.....	132
AMBIEN CR.....	91	APIDRA.....	110	ASSURE PRO TEST.....	132
<i>ambrisentan</i>	64	APIDRA SOLOSTAR.....	110	ATABEX EC.....	189
<i>amcinonide</i>	218	APLENZIN.....	69	ATACAND.....	53
AMELUZ.....	222	APOKYN.....	75	ATACAND HCT.....	52
Amethia.....	120	<i>apomorphine hcl</i>	75	<i>atazanavir sulfate</i>	27
Amethyst.....	120	<i>aprepitant</i>	153, 154	ATELVIA.....	117
<i>amiloride hcl</i>	61	Apri.....	120	<i>atenolol</i>	58
<i>amiloride-hydrochlorothiazide</i> ..	61	APRISO.....	155	<i>atenolol-chlorthalidone</i>	58
<i>aminocaproic acid</i>	171	APTENSIO XR.....	86	ATGAM.....	186
<i>amiodarone hcl</i>	54	APTIOM.....	79	ATIVAN.....	67
AMITIZA.....	156	APTIVUS.....	27	<i>atomoxetine hcl</i>	86
<i>amitriptyline hcl</i>	68, 69	ARAKODA.....	27	ATORVALIQ.....	56
AMJEVITA.....	175	ARALAST NP.....	199	<i>atorvastatin calcium</i>	56
AMJEVITA-PED.10KG.TO.	175	Aranelle.....	120	<i>atovaquone</i>	36
AMJEVITA-PED.15KG.TO.	175	ARANESP (ALBUMIN		<i>atovaquone-proguanil hcl</i>	27
<i>amlodipine besy-benazepril hcl</i> ..	51	FREE).....	167	ATRALIN.....	212
<i>amlodipine besylate</i>	60	ARAZLO.....	212	<i>atropine sulfate</i>	198
<i>amlodipine besylate-valsartan</i> ...	52	ARCALYST.....	186	ATROVENT HFA.....	201
<i>amlodipine-atorvastatin</i>	59	<i>arformoterol tartrate</i>	204	AUBAGIO.....	97
<i>amlodipine-olmesartan</i>	52	ARIKAYCE.....	25	Aubra Eq.....	120
<i>amlodipine-valsartan-hctz</i>	52	<i>aripiprazole</i>	77	AUGTYRO.....	43
Amnesteem.....	212	ARISTADA.....	77	Aurovela 1.5/30.....	120
<i>amoxapine</i>	69	ARISTADA INITIO.....	77	Aurovela 1/20.....	120
<i>amoxicill-clarithro-lansopraz</i> ..	161	<i>armodafinil</i>	101	Aurovela 24 Fe.....	120
<i>amoxicillin</i>	37	ARMONAIR DIGIHALER.....	209	Aurovela Fe 1.5/30.....	121
<i>amoxicillin-pot clavulanate</i>	38	ARNUITY ELLIPTA.....	209	Aurovela Fe 1/20.....	121
<i>amoxicillin-pot clavulanate er</i> ...	38	ARTHROTEC.....	16	AURYXIA.....	150
<i>amphetamine sulfate</i>	86	ASCENIV.....	184	AUSTEDO.....	96
<i>amphetamine-dextroamphet er</i> ..	86	ASCOR.....	192	AUSTEDO XR.....	96
<i>amphetamine-</i>		<i>asenapine maleate</i>	77	AUSTEDO XR PATIENT	
<i>dextroamphetamine</i>	86	Ashlyna.....	120	TITRATION.....	96
<i>amphet-dextroamphet 3-bead</i>		ASMANEX (120 METERED		AUVELITY.....	69
<i>er</i>	86	DOSES).....	209	AUVI-Q.....	200
<i>ampicillin</i>	38			AVEED.....	106

Aviane.....	121	<i>benazepril hcl</i>	52	<i>blood glucose test</i>	133
AVONEX PEN.....	97	<i>benazepril-hydrochlorothiazide</i> ..	51	<i>bosentan</i>	64
AVONEX PREFILLED.....	97	BENEFIX.....	170	BOSULIF.....	43, 44
AVSOLA.....	174	BENICAR.....	54	BOTOX.....	90
Ayuna.....	121	BENICAR HCT.....	53	BRAFTOVI.....	44
AYVAKIT.....	43	BENLYSTA.....	186, 187	BRENZAVVY.....	115
AZASITE.....	196	<i>benzhydrocodone-</i>		BREO ELLIPTA.....	211
<i>azathioprine</i>	186	<i>acetaminophen</i>	17	BREXAFEMME.....	26
<i>azelaic acid</i>	223	<i>benzonatate</i>	205	BREZTRI AEROSPHERE..	200
<i>azelastine hcl</i>	194, 202	<i>benzoyl peroxide-erythromycin</i>		<i>briellyn</i>	121
<i>azelastine-fluticasone</i>	201	.....	212	BRILINTA.....	172
AZELEX.....	212	<i>benzphetamine hcl</i>	116	<i>brimonidine tartrate</i>	194, 223
<i>azesco</i>	189	<i>benztropine mesylate</i>	75	<i>brimonidine tartrate-timolol</i> ...	194
<i>azithromycin</i>	34	<i>bepotastine besilate</i>	194	<i>brinzolamide</i>	194
AZOPT.....	194	BEPREVE.....	194	BRIVIACT.....	80
AZOR.....	53	BERINERT.....	184	<i>bromfenac sodium</i>	197
AZSTARYS.....	86	BESIVANCE.....	196	<i>bromfenac sodium (once-daily)</i>	
Azurette.....	121	BESREMI.....	40	.....	197
Bac.....	14	<i>betaine</i>	140	<i>bromocriptine mesylate</i>	75
<i>bacitracin</i>	196	<i>betamethasone dipropionate</i>	218	BROMSITE.....	197
<i>bacitracin-polymyxin b</i>	196	<i>betamethasone dipropionate</i>		BRONCHITOL.....	206
<i>baclofen</i>	100	<i>aug</i>	218	BROVANA.....	204
BAFIERTAM.....	97	<i>betamethasone valerate</i>	218	BRUKINSA.....	44
BALCOLTRA.....	121	BETAPACE.....	54	BRYHALI.....	218
<i>balsalazide disodium</i>	155	BETAPACE AF.....	54	<i>budesonide</i>	155, 207, 209, 210
BALVERSA.....	43	BETASERON.....	97	<i>budesonide er</i>	155
Balziva.....	121	<i>betaxolol hcl</i>	58, 194	<i>budesonide-formoterol</i>	
BANZEL.....	79, 80	<i>bethanechol chloride</i>	163	<i>fumarate</i>	211
BAQSIMI ONE PACK.....	147	BETHKIS.....	206	<i>bumetanide</i>	61
BAQSIMI TWO PACK.....	147	BETIMOL.....	194	Bupap.....	14
BARACLUDGE.....	35	BETOPTIC-S.....	194	BUPHENYL.....	140, 141
BASAGLAR KWIKPEN.....	110	BEVESPI AEROSPHERE.....	200	<i>buprenorphine</i>	23
BASAGLAR TEMPO PEN..	110	<i>bexagliflozin</i>	115	<i>buprenorphine hcl</i>	102
BD GLUCOSE.....	147	<i>bexarotene</i>	49, 222	<i>buprenorphine hcl-naloxone hcl</i>	
BD INSULIN SYRINGE U-		BEYAZ.....	121	.....	102
500.....	133	<i>bicalutamide</i>	41	<i>bupropion hcl</i>	69
BD PEN NEEDLE MICRO		BIJUVA.....	142	<i>bupropion hcl er (smoking det)</i>	
U/F.....	133	BIKTARVY.....	30	.....	104
BD PEN NEEDLE MINI		BILTRICIDE.....	25	<i>bupropion hcl er (sr)</i>	69
U/F.....	133	<i>bimatoprost</i>	194	<i>bupropion hcl er (xl)</i>	69
BD PEN NEEDLE NANO		BIMZELX.....	176	<i>buspironone hcl</i>	67
2ND GEN.....	133	BINOSTO.....	118	<i>butalbital-acetaminophen</i>	14
BD PEN NEEDLE NANO		<i>bismuth/metronidaz/tetracyclin</i>		<i>butalbital-apap-caff-cod</i>	17
U/F.....	133	.....	161	<i>butalbital-apap-caffeine</i>	14
BD PEN NEEDLE		<i>bisoprolol fumarate</i>	58	<i>butalbital-asa-caff-codeine</i>	17
ORIGINAL U/F.....	133	<i>bisoprolol-hydrochlorothiazide</i> ..	58	<i>butalbital-aspirin-caffeine</i>	14
BD PEN NEEDLE SHORT		BIVIGAM.....	184	<i>butorphanol tartrate</i>	17
U/F.....	133	Blisovi 24 Fe.....	121	BUTRANS.....	23
BELBUCA.....	23	Blisovi Fe 1.5/30.....	121	BYDUREON BCISE.....	109
BELSOMRA.....	91	Blisovi Fe 1/20.....	121	BYETTA 10 MCG PEN.....	109

BYETTA 5 MCG PEN.....	109	<i>carteolol hcl</i>	194	<i>cimetidine</i>	155
BYLVAY.....	158	<i>carvedilol</i>	58	CIMZIA.....	176
BYLVAY (PELLETS).....	157	<i>carvedilol phosphate er</i>	58	CIMZIA STARTER KIT.....	176
BYOOVIZ.....	199	CAVERJECT.....	162	<i>cinacalcet hcl</i>	117
BYSTOLIC.....	58	CAVERJECT IMPULSE.....	162	CINRYZE.....	184
<i>cabergoline</i>	149	CAYA.....	121	CIPRO HC.....	225
CABLIVI.....	166	CAYSTON.....	206	<i>ciprofloxacin hcl</i>	35, 196, 225
CABOMETYX.....	44	<i>cefaclor</i>	33	<i>ciprofloxacin-dexamethasone</i> ..	225
CABTREO.....	212	<i>cefadroxil</i>	33	<i>ciprofloxacin-fluocinolone pf.</i>	225
<i>calcipotriene</i>	217	<i>cefdinir</i>	33	<i>citalopram hydrobromide</i>	69
<i>calcipotriene-betameth diprop</i>	217	<i>cefixime</i>	33	CITRANATAL 90 DHA.....	189
<i>calcitonin (salmon)</i>	118	<i>cefpodoxime proxetil</i>	33	CITRANATAL ASSURE....	189
<i>calcitriol</i>	192, 217	<i>cefprozil</i>	33	CITRANATAL B-CALM....	189
<i>calcium acetate (phos binder)</i>	150	<i>cefuroxime axetil</i>	33	CITRANATAL HARMONY	
CALQUENCE.....	44	CELEBREX.....	13	.....	189
CAMBIA.....	15	<i>celecoxib</i>	13	CITRANATAL MEDLEY ..	189
Camila.....	121	<i>cephalexin</i>	34	Claravis.....	212
Camrese.....	121	CEQUA.....	198	<i>clarithromycin</i>	34
Camrese Lo.....	121	CERDELGA.....	145	<i>clarithromycin er</i>	34
CAMZYOS.....	63	CEREZYME.....	145	CLARITIN.....	202
CANASA.....	155	<i>cetirizine hcl</i>	202	CLARITIN ALLERGY	
<i>candesartan cilexetil</i>	54	<i>cetirizine hcl allergy child</i>	202	CHILDRENS.....	202
<i>candesartan cilexetil-hctz</i>	53	<i>cetirizine-pseudoephedrine er.</i>	205	CLARITIN REDITABS.....	202
<i>capecitabine</i>	39	<i>cetorelix acetate</i>	144	CLARITIN-D 12 HOUR.....	205
CAPEX.....	218	CETROTIDE.....	144	CLARITIN-D 24 HOUR.....	205
CAPLYTA.....	77	<i>cevimeline hcl</i>	224	<i>clemastine fumarate</i>	202
CAPRELSA.....	44	Charlotte 24 Fe.....	121	CLENPIQ.....	156
<i>captopril</i>	52	Chateal Eq.....	121	CLEOCIN-T.....	213
<i>captopril-hydrochlorothiazide</i> ..	51	CHENODAL.....	158	CLEVER CHEK AUTO-	
CARAC.....	214	<i>chlordiazepoxide hcl</i>	67	CODE TEST.....	133
CARAFATE.....	158	<i>chlordiazepoxide-amitriptyline</i>	103	CLEVER CHEK AUTO-	
CARBAGLU.....	141	<i>chlordiazepoxide-clidinium</i>	155	CODE VOICE.....	133
<i>carbamazepine</i>	80	<i>chlorhexidine gluconate</i>	224	CLEVER CHEK TEST.....	133
<i>carbamazepine er</i>	80	<i>chloroquine phosphate</i>	27	CLEVER CHOICE AUTO-	
<i>carbidopa</i>	75	<i>chlorpromazine hcl</i>	77	CODE TEST.....	133
<i>carbidopa-levodopa</i>	75	<i>chlorthalidone</i>	61	CLEVER CHOICE MICRO	
<i>carbidopa-levodopa er</i>	75	<i>chlorzoxazone</i>	100	TEST.....	133
<i>carbidopa-levodopa-entacapone</i>	75	CHOLBAM.....	158	CLEVER CHOICE NO	
<i>carbinoxamine maleate</i>	202	<i>cholestyramine</i>	55	CODING.....	133
CARDIZEM.....	60	<i>cholestyramine light</i>	55	CLEVER CHOICE TALK	
CARDIZEM CD.....	60	<i>chorionic gonadotropin</i>	144	SYSTEM.....	133
CARDIZEM LA.....	60	CIALIS.....	162	CLIMARA.....	142
CARESENS N GLUCOSE		CIBINQO.....	217	CLIMARA PRO.....	142
TEST.....	133	<i>ciclopirox</i>	215	Clindacin-P.....	213
CARETOUCH TEST.....	133	<i>ciclopirox olamine</i>	215	CLINDAGEL.....	213
<i>carglumic acid</i>	141	<i>cidofovir</i>	32	<i>clindamycin hcl</i>	36
<i>carisoprodol</i>	100	<i>cilostazol</i>	171	<i>clindamycin palmitate hcl</i>	36
CARNITOR.....	118, 119	CILOXAN.....	196	<i>clindamycin phos-benzoyl</i>	
CARNITOR SF.....	119	CIMDUO.....	30	<i>perox</i>	213
CAROSPIR.....	61	CIMERLI.....	199	<i>clindamycin phosphate</i>	165, 213

<i>clindamycin-tretinoin</i>	213	COOL BLOOD GLUCOSE		CYLTEZO (2 PEN).....	177
<i>clobazam</i>	80	TEST STRIPS.....	134	CYLTEZO (2 SYRINGE)....	177
<i>clobetasol propionate</i>	219	COPAXONE.....	97	CYMBALTA.....	70
<i>clobetasol propionate e</i>	218	COPIKTRA.....	44	<i>cyproheptadine hcl</i>	202
<i>clobetasol propionate emulsion</i>	218	CORDRAN.....	219	Cyred Eq.....	122
CLOBEX.....	219	COREG CR.....	58	CYSTADANE.....	141
CLOBEX SPRAY.....	219	CORIFACT.....	166	CYSTADROPS.....	198
<i>clocortolone pivalate</i>	219	CORLANOR.....	62	CYSTAGON.....	149
CLODERM.....	219	CORTIFOAM.....	155	CYSTARAN.....	198
CLOMID.....	144	<i>cortisone acetate</i>	145	CYTOMEL.....	151
<i>clomipramine hcl</i>	67	CORTROPHIN.....	149	<i>dabigatran etexilate mesylate</i> ..	165
<i>clonazepam</i>	80	COSENTYX.....	177	<i>dalfampridine er</i>	97
<i>clonidine</i>	63	COSENTYX (300 MG		DALIRESP.....	207
<i>clonidine hcl</i>	63	DOSE).....	176	<i>danazol</i>	140
<i>clonidine hcl er</i>	63	COSENTYX		<i>dantrolene sodium</i>	100
<i>clopidogrel bisulfate</i>	172	SENSOREADY (300 MG)...	177	<i>dapagliflozin pro-metformin er</i>	115
<i>clorazepate dipotassium</i>	80	COSENTYX		<i>dapagliflozin propanediol</i>	115
<i>clotrimazole</i>	224	SENSOREADY PEN.....	177	<i>dapsone</i>	36, 213
<i>clotrimazole-betamethasone</i>	215	COSENTYX UNOREADY..	177	DARAPRIM.....	36
<i>clozapine</i>	77	COSOPT PF.....	194	<i>darifenacin hydrobromide er</i> ...	164
COAGADEX.....	166	COTELLIC.....	44	<i>darunavir</i>	27
<i>codeine sulfate</i>	18	COTEMPLA XR-ODT.....	87	Dasetta 1/35.....	122
<i>coditussin ac</i>	205	COXANTO.....	15	Dasetta 7/7/7.....	122
COLAZAL.....	155	COZAAR.....	54	DAURISMO.....	40
<i>colchicine</i>	14	CREON.....	159	DAYBUE.....	95
<i>colchicine-probenecid</i>	14	CRESEMBA.....	26	Daysee.....	122
<i>colesevelam hcl</i>	55	CRESTOR.....	56	DAYTRANA.....	87
<i>colestipol hcl</i>	55	CRINONE.....	151	DAYVIGO.....	91
<i>colistimethate sodium (cba)</i>	36	<i>cromolyn sodium</i>	194, 207	D-CARE BLOOD	
COMBIGAN.....	194	CROTAN.....	224	GLUCOSE.....	134
COMBIPATCH.....	142	Cryselle-28.....	122	DDAVP.....	152
COMBIVENT RESPIMAT..	200	CUPRIMINE.....	119	Deblitane.....	122
COMETRIQ (100 MG		CURAE.....	122	<i>deferasirox</i>	119
DAILY DOSE).....	44	CUTAQUIG.....	184	<i>deferasirox granules</i>	119
COMETRIQ (140 MG		CUVITRU.....	185	<i>deferiprone</i>	119
DAILY DOSE).....	44	CUVPOSA.....	153	<i>deferoxamine mesylate</i>	119
COMETRIQ (60 MG DAILY		CUVRIOR.....	119	DELSTRIGO.....	30
DOSE).....	44	CVS ADVANCED		Delyla.....	122
COMPLERA.....	30	GLUCOSE TEST.....	134	DELZICOL.....	155
<i>complete natal dha</i>	189	<i>cvs allergy relief childrens</i>	202	<i>demeclocycline hcl</i>	38
<i>completenate</i>	189	<i>cvs nicotine</i>	104, 105	DENAVIR.....	222
Compro.....	154	<i>cvs nicotine polacrilex</i>	104	DEPAKOTE.....	80
CONCEPT OB.....	189	<i>cyanocobalamin</i>	173, 192	DEPAKOTE ER.....	80
CONCERTA.....	86	<i>cyclobenzaprine hcl</i>	100	DEPAKOTE SPRINKLES....	80
<i>condoms</i>	121	<i>cyclobenzaprine hcl er</i>	100	DEPEN TITRATABS.....	119
CONJUPRI.....	60	<i>cyclophosphamide</i>	39	DEPO-SUBQ PROVERA	
CONTOUR NEXT TEST....	134	<i>cycloserine</i>	31	104.....	122
CONTOUR TEST.....	134	CYCLOSET.....	109	DERMA-SMOOTH/FS	
CONTRAVE.....	116	<i>cyclosporine</i>	187, 198	BODY.....	219
CONZIP.....	18	<i>cyclosporine modified</i>	187		

DERMA-SMOOTH/FS		
SCALP.....	219	
DESCOVY.....	30	
DESFERAL.....	119	
<i>desipramine hcl</i>	70	
<i>desloratadine</i>	202	
<i>desmopressin ace spray refrig.</i>	152	
<i>desmopressin acetate</i>	152	
<i>desmopressin acetate spray</i>	152	
<i>desogestrel-ethinyl estradiol</i>	122	
<i>desonide</i>	219	
DESOWEN.....	219	
<i>desoximetasone</i>	219, 220	
DESOXYN.....	87	
<i>desvenlafaxine er</i>	70	
<i>desvenlafaxine succinate er</i>	70	
DETROL LA.....	164	
<i>dexabliss</i>	145	
<i>dexamethasone</i>	145, 146	
<i>dexamethasone sodium phosphate</i>	197	
DEXCOM G6 RECEIVER..	134	
DEXCOM G6 SENSOR.....	134	
DEXCOM G6 TRANSMITTER.....	134	
DEXCOM G7 RECEIVER..	134	
DEXCOM G7 SENSOR.....	134	
DEXEDRINE.....	87	
Dexifol.....	192	
DEXILANT.....	159	
<i>dexlansoprazole</i>	159	
<i>dexmethylphenidate hcl</i>	87	
<i>dexmethylphenidate hcl er</i>	87	
<i>dextroamphetamine sulfate</i>	87	
<i>dextroamphetamine sulfate er</i> ...	87	
DHIVY.....	75	
DIACOMIT.....	80	
DIATHRIVE GLUCOSE TEST.....	134	
<i>diatrue plus test</i>	134	
<i>diazepam</i>	80	
Diazepam Intensol.....	80	
<i>diazoxide</i>	147	
DIBENZYLINE.....	63	
<i>dichlorphenamide</i>	62	
<i>diclofenac epolamine</i>	222	
<i>diclofenac potassium</i>	15	
<i>diclofenac</i>		
<i>potassium(migraine)</i>	15	
<i>diclofenac sodium</i>	15, 197, 222	
<i>diclofenac sodium er</i>	15	
<i>diclofenac-misoprostol</i>	16	
<i>dicloxacillin sodium</i>	38	
<i>dicyclomine hcl</i>	153	
<i>diethylpropion hcl</i>	116	
<i>diethylpropion hcl er</i>	116	
DIFFERIN.....	213	
DIFICID.....	34	
<i>diflorasone diacetate</i>	220	
<i>diflunisal</i>	24	
<i>difluprednate</i>	197	
<i>digoxin</i>	61	
<i>dihydroergotamine mesylate</i>	92	
DILANTIN.....	81	
DILANTIN INFATABS.....	81	
DILAUDID.....	18	
<i>diltiazem hcl</i>	60	
<i>diltiazem hcl er</i>	60	
<i>diltiazem hcl er beads</i>	60	
<i>diltiazem hcl er coated beads</i>	60	
<i>dilt-xr</i>	60	
<i>dimethyl fumarate</i>	97	
<i>dimethyl fumarate starter pack</i> ..	97	
DIOVAN.....	54	
DIOVAN HCT.....	53	
DIPENTUM.....	155	
<i>diphenoxylate-atropine</i>	153	
DIPROLENE.....	220	
<i>dipyridamole</i>	172	
<i>disopyramide phosphate</i>	54	
<i>disulfiram</i>	66	
<i>divalproex sodium</i>	81	
<i>divalproex sodium er</i>	81	
DIVIGEL.....	143	
<i>docosanol</i>	223	
<i>dofetilide</i>	54	
Dolishale.....	122	
<i>donepezil hcl</i>	68	
DOPTELET.....	172	
DORAL.....	91	
DORYX MPC.....	38	
<i>dorzolamide hcl</i>	194	
<i>dorzolamide hcl-timolol mal</i>	194	
<i>dorzolamide hcl-timolol mal pf</i> 194		
DOVATO.....	30	
<i>doxazosin mesylate</i>	161	
<i>doxepin hcl</i>	70, 71, 91, 216	
<i>doxercalciferol</i>	192	
<i>doxycycline</i>	223	
<i>doxycycline hyclate</i>	38	
<i>doxycycline monohydrate</i>	38	
<i>doxylamine-pyridoxine</i>	154	
<i>dronabinol</i>	154	
<i>drospiren-eth estrad-levomefol</i>	122	
<i>drospirenone-ethinyl estradiol</i> ..	122	
<i>droxidopa</i>	63	
DUAKLIR PRESSAIR.....	211	
DUAVEE.....	143	
DUET DHA 400.....	189	
DUEXIS.....	16	
DULERA.....	211	
<i>duloxetine hcl</i>	71	
DUOBRII.....	220	
DUO-CARE TEST.....	134	
DUOPA.....	75	
DUPIXENT.....	217, 218	
DUROLANE.....	24	
<i>dutasteride</i>	161	
<i>dutasteride-tamsulosin hcl</i>	161	
DYANAVEL XR.....	87	
DYMISTA.....	201	
DYRENIUM.....	62	
DYSPORT.....	100	
E.E.S. GRANULES.....	34	
<i>easy plus ii glucose test</i>	134	
EASY STEP TEST.....	134	
<i>easy talk blood glucose test</i>	134	
<i>easy trak blood glucose test</i>	134	
EASYGLUCO.....	134	
EASYMAX 15 TEST.....	134	
EASYMAX TEST.....	134	
EASYPRO BLOOD GLUCOSE TEST.....	134	
EASYPRO PLUS.....	134	
<i>econazole nitrate</i>	215	
ECONTRA ONE-STEP.....	122	
ECOZA.....	215	
EDARBI.....	54	
EDARBYCLOR.....	53	
EDEX.....	162	
EDLUAR.....	91	
EDURANT.....	27	
<i>efavirenz</i>	27	
<i>efavirenz-emtricitab-tenofo df</i> ...30		
<i>efavirenz-lamivudine-tenofovir</i> ..	30	
EFFEXOR XR.....	71	
EFFIENT.....	172	
ELAPRASE.....	141	
ELELYSO.....	145	
<i>element compact test</i>	134	

ELEMENT TEST.....	134	Enskyce.....	122	Estarylla.....	123
ELEPSIA XR.....	81	ENSPRYNG.....	187	<i>estazolam</i>	91
ELESTRIN.....	143	ENSTILAR.....	217	<i>estradiol</i>	143
<i>eletriptan hydrobromide</i>	93	<i>entacapone</i>	75	<i>estradiol valerate</i>	143
ELIDEL.....	218	ENTADFI.....	161	<i>estradiol-norethindrone acet...</i>	143
ELIGARD.....	41	<i>entecavir</i>	35	ESTRING.....	143
Elinest.....	122	ENTRESTO.....	62	ESTROGEL.....	143
ELIQUIS.....	165	ENTYVIO.....	174, 178	<i>eszopiclone</i>	91
ELIQUIS DVT/PE		<i>enulose</i>	156	<i>ethacrynic acid</i>	62
STARTER PACK.....	165	EPANED.....	52	<i>ethambutol hcl</i>	31
ELLA.....	122	EPCLUSA.....	35	<i>ethosuximide</i>	81
ELMIRON.....	163	EPIDIOLEX.....	81	<i>ethynodiol diac-eth estradiol...</i>	123
ELOCTATE.....	169	EPIDUO.....	213	<i>etodolac</i>	15
Eluryng.....	122	EPIDUO FORTE.....	213	<i>etodolac er</i>	15
ELYXYB.....	13	<i>epinastine hcl</i>	194	<i>etonogestrel-ethinyl estradiol..</i>	123
EMBRACE BLOOD		<i>epinephrine</i>	200	<i>etoposide</i>	51
GLUCOSE TEST.....	134	EPINEPHRINESNAP-V.....	200	<i>etravirine</i>	28
EMBRACE EVO BLOOD		EPIPEN 2-PAK.....	200	EUCRISA.....	218
GLUCOSE TEST.....	135	EPIPEN JR 2-PAK.....	200	EUFLEXXA.....	24
EMBRACE PRO GLUCOSE		EPIVIR.....	27, 28	EULEXIN.....	41
TEST.....	135	<i>eplerenone</i>	52	EVEKEO.....	87
EMBRACE TALK		EPOGEN.....	167	EVEKEO ODT.....	87
GLUCOSE TEST.....	135	<i>epoprostenol sodium</i>	64	EVENITY.....	149
EMBRACE WAVE BLOOD		EPRONTIA.....	81	<i>everolimus</i>	44, 187
GLUCOSE.....	135	EPSOLAY.....	223	EVERSENSE	
EMEND.....	154	EPZICOM.....	30	SENSOR/HOLDER.....	135
EMEND TRI-PACK.....	154	<i>eq blood glucose test</i>	135	EVERSENSE SMART	
EMFLAZA.....	146	<i>eq loratadine childrens</i>	202	TRANSMITTER.....	135
EMGALITY.....	93	<i>ergoloid mesylates</i>	68	EVOLUTION AUTOCODE	135
EMGALITY (300 MG		<i>ergotamine-caffeine</i>	93	EVOTAZ.....	30
DOSE).....	93	ERIVEDGE.....	40	EVRYSOI.....	95
EMPAVELI.....	171	ERLEADA.....	41	EXELDERM.....	215, 216
<i>emtricitabine</i>	27	<i>erlotinib hcl</i>	44	EXELON.....	68
<i>emtricitabine-tenofovir df</i>	30	ERMEZA.....	152	<i>exemestane</i>	41
EMTRIVA.....	27	Errin.....	122	EXFORGE.....	53
EMVERM.....	25	ERTACZO.....	215	EXFORGE HCT.....	53
<i>enalapril maleate</i>	52	<i>ery</i>	213	EXJADE.....	119
<i>enalapril-hydrochlorothiazide</i> ...	51	ERYGEL.....	213	EXKIVITY.....	44
ENBRACE HR.....	189	ERYPED 200.....	34	EXSERVAN.....	95
ENBREL.....	178	ERYPED 400.....	34	EXTAVIA.....	97
ENBREL MINI.....	178	Ery-Tab.....	34	EYLEA.....	199
ENBREL SURECLICK.....	178	ERYTHROCIN STEARATE	34	EYSUVIS.....	197
ENCARE.....	162	<i>erythromycin</i>	196, 213	EZALLOR SPRINKLE.....	56
ENDARI.....	172	<i>erythromycin base</i>	34	<i>ezetimibe</i>	55
ENDOMETRIN.....	151	<i>erythromycin ethylsuccinate</i>	34	<i>ezetimibe-rosuvastatin</i>	57
Enilloring.....	122	ESBRIET.....	208	<i>ezetimibe-simvastatin</i>	57
ENLITE GLUCOSE		<i>escitalopram oxalate</i>	71	FA-8.....	192
SENSOR.....	135	ESGIC.....	14	FABHALTA.....	171
<i>enoxaparin sodium</i>	165	<i>esomeprazole magnesium</i>	159	FABIOR.....	214
Enpresse-28.....	122	ESPEROCT.....	169	FABRAZYME.....	141

Falmina.....	123	FIRDAPSE.....	95	FOLIVANE-OB.....	189
<i>famciclovir</i>	32	FIRMAGON.....	42	FOLLISTIM AQ.....	144
<i>famotidine</i>	155	FIRMAGON (240 MG		<i>fondaparinux sodium</i>	165
FANAPT.....	77	DOSE).....	42	FORA 6 CONNECT.....	135
FANAPT TITRATION		FIRVANQ.....	36	FORA 6 CONNECT/GTEL	
PACK.....	77	FLAREX.....	197	TEST.....	135
FARXIGA.....	115	<i>flavoxate hcl</i>	164	FORA BLOOD GLUCOSE	
FASENRA PEN.....	208	FLEBOGAMMA DIF.....	185	TEST.....	135
FASLODEX.....	41	<i>flecainide acetate</i>	54	FORA D15G BLOOD	
FC2 FEMALE CONDOM...	123	FLECTOR.....	223	GLUCOSE TEST.....	135
<i>febuxostat</i>	14	FLEQSUVY.....	100	FORA D20 BLOOD	
FEIBA.....	166	FLOLAN.....	64	GLUCOSE TEST.....	135
<i>felbamate</i>	81	<i>flolipid</i>	56	FORA D40/G31 BLOOD	
<i>felodipine er</i>	60	FLONASE ALLERGY		GLUCOSE.....	135
FEMCAP.....	123	RELIEF.....	208	FORA G20 BLOOD	
FEMRING.....	163	FLORIVA.....	193	GLUCOSE TEST.....	135
<i>fenofibrate</i>	55, 56	<i>fluconazole</i>	26	FORA G30/PREM V10	
<i>fenofibrate micronized</i>	55	<i>flucytosine</i>	26	GLUCOSE TEST.....	135
<i>fenofibric acid</i>	56	<i>fludrocortisone acetate</i>	146	FORA GD20 TEST.....	135
FENOGLIDE.....	56	<i>flunisolide</i>	208	FORA GD50 BLOOD	
<i>fenopropfen calcium</i>	15	<i>fluocinolone acetonide</i>	220, 225	GLUCOSE TEST.....	135
<i>fentanyl</i>	18	<i>fluocinolone acetonide body</i>	220	FORA GTEL BLOOD	
<i>fentanyl citrate</i>	18	<i>fluocinolone acetonide scalp</i>	220	GLUCOSE TEST.....	136
FENTORA.....	18	<i>fluocinonide</i>	220	FORA TN'G ADVANCE	
FERRIPROX.....	119	<i>fluocinonide emulsified base</i>	220	PRO.....	136
FERRIPROX TWICE-A-		<i>fluorometholone</i>	197	FORA TN'G/TN'G VOICE..	136
DAY.....	119	<i>fluorouracil</i>	214	FORA V10 BLOOD	
FERRO-PLEX.....	193	<i>fluoxetine hcl</i>	71	GLUCOSE TEST.....	136
<i>fesoterodine fumarate er</i>	164	<i>fluoxetine hcl (p added)</i>	103	FORA V12 BLOOD	
FETZIMA.....	71	<i>fluphenazine hcl</i>	77	GLUCOSE TEST.....	136
FETZIMA TITRATION.....	71	<i>flurandrenolide</i>	220	FORA V20 BLOOD	
<i>fexofenadine hcl</i>	202	<i>flurazepam hcl</i>	91	GLUCOSE TEST.....	136
<i>fexofenadine-pseudoephed er</i> ..	205	<i>flurbiprofen</i>	15	FORA V30A BLOOD	
FIASP.....	110	<i>flurbiprofen sodium</i>	197	GLUCOSE TEST.....	136
FIASP FLEXTOUCH.....	110	<i>fluticasone furoate-vilanterol</i> ..	211	FORACARE GD40 TEST...	136
FIASP PENFILL.....	110	<i>fluticasone propionate</i>	208, 220	FORACARE PREMIUM	
FIASP PUMPCART.....	110	<i>fluticasone propionate diskus</i> ..	210	V10 TEST.....	136
FIBRICOR.....	56	<i>fluticasone propionate hfa</i>	210	FORACARE TEST N GO	
FIBRYGA.....	166	<i>fluticasone-salmeterol</i>	211	TEST.....	136
FIFTY50 GLUCOSE TEST		<i>fluvastatin sodium</i>	56	<i>formoterol fumarate</i>	204
2.0.....	135	<i>fluvastatin sodium er</i>	56	FORTEO.....	118
FILSPARI.....	163	<i>fluvoxamine maleate</i>	67	FORTESTA.....	106
FINACEA.....	223	<i>fluvoxamine maleate er</i>	67	FORTISCARE TEST.....	136
<i>finasteride</i>	161	FML FORTE.....	197	FOSAMAX.....	118
<i>finngolimod hcl</i>	97	FML LIQUIFILM.....	197	FOSAMAX PLUS D.....	118
FINTEPLA.....	81	FOCALIN.....	87, 88	<i>fosamprenavir calcium</i>	28
Finzala.....	123	FOCALIN XR.....	88	<i>fosinopril sodium</i>	52
FIORICET.....	14	<i>folbee plus</i>	193	<i>fosinopril sodium-hctz</i>	51
FIORICET/CODEINE.....	18	FOLGARD OS.....	193	FOSRENOL.....	150
FIRAZYR.....	184	<i>folic acid</i>	193	FOTIVDA.....	45

FRAGMIN.....	165	GELSYN-3.....	24	<i>gnp glucose gummies</i>	147
FREESTYLE INSULINX TEST.....	136	<i>gemfibrozil</i>	56	GOCOVRI.....	75
FREESTYLE LIBRE 14 DAY SENSOR.....	136	Gemmily.....	123	GOJJI BLOOD TEST STRIP/LANCETS.....	137
FREESTYLE LIBRE 2 SENSOR.....	136	GEMTESA.....	164	GOLYTELY.....	157
FREESTYLE LIBRE 3 READER.....	136	Gengraf.....	187	GONAL-F.....	144
FREESTYLE LIBRE 3 SENSOR.....	136	GENOTROPIN.....	148	GONAL-F RFF.....	145
FREESTYLE LIBRE READER.....	136	GENOTROPIN MINIQUICK.....	148	GONAL-F RFF REDIJECT	145
FREESTYLE LITE TEST... 136		<i>gentamicin sulfate</i>	196, 215	<i>goodsense blood glucose</i>	137
FREESTYLE PRECISION NEO TEST.....	136	GENULTIMATE TEST.....	137	GRALISE.....	102, 103
FREESTYLE TEST.....	136	GENVISC 850.....	24	<i>granisetron hcl</i>	154
FROVA.....	93	GENVOYA.....	30	GRANIX.....	167
<i>frovatriptan succinate</i>	93	GEODON.....	77	GRASTEK.....	173
FRUZAQLA.....	45	<i>ght test</i>	137	<i>griseofulvin microsize</i>	26
FULPHILA.....	167	GILENYA.....	97	<i>griseofulvin ultramicrosize</i>	26
<i>fulvestrant</i>	42	GILOTRIF.....	45	<i>guanfacine hcl</i>	63
<i>furosemide</i>	62	GIMOTI.....	158	<i>guanfacine hcl er</i>	88
FUZEON.....	28	GLASSIA.....	199	GUARDIAN 4 GLUCOSE SENSOR.....	137
Fyavolv.....	143	<i>glatiramer acetate</i>	97, 98	GUARDIAN 4 TRANSMITTER.....	137
FYCOMPA.....	81	Glatopa.....	98	GUARDIAN LINK 3 TRANSMITTER.....	137
FYLNETRA.....	167	GLEEVEC.....	45	GUARDIAN REAL-TIME REPLACE PED.....	137
Fyremadel.....	144	GLEOSTINE.....	39	GUARDIAN SENSOR (3)..	137
<i>gabapentin</i>	81	<i>glimepiride</i>	116	<i>guardian sensor 3</i>	137
GALAFOLD.....	141	<i>glipizide</i>	116	GVOKE HYPOPEN 1- PACK.....	147
<i>galantamine hydrobromide</i>	68	<i>glipizide er</i>	116	GVOKE HYPOPEN 2- PACK.....	147
<i>galantamine hydrobromide er</i> ...	68	<i>glipizide xl</i>	116	GVOKE KIT.....	147
GAMMAGARD.....	185	<i>glipizide-metformin hcl</i>	108	GVOKE PFS.....	147
GAMMAGARD S/D LESS IGA.....	185	GLUCAGEN HYPOKIT.....	147	HADLIMA.....	178
GAMMAKED.....	185	<i>glucagon emergency</i>	147	HADLIMA PUSH TOUCH..	178
GAMMAPLEX.....	185	GLUCO PERFECT 3 TEST.	137	HAEGARDA.....	184
GAMUNEX-C.....	185	GLUCOCARD 01 SENSOR PLUS.....	137	Hailey 1.5/30.....	123
<i>ganciclovir</i>	32	GLUCOCARD EXPRESSION TEST.....	137	Hailey 24 Fe.....	123
<i>ganciclovir sodium</i>	32	GLUCOCARD SHINE TEST.....	137	Hailey Fe 1.5/30.....	123
<i>ganirelix acetate</i>	144	GLUCOCARD VITAL TEST.....	137	Hailey Fe 1/20.....	123
<i>gatifloxacin</i>	196	GLUCOCARD X-SENSOR.	137	<i>halcinonide</i>	220
GATTEX.....	158	GLUCOCOM TEST.....	137	HALCION.....	91
GAVILYTE-C.....	157	GLUCONAVII BLOOD GLUCOSE TEST.....	137	<i>halobetasol propionate</i>	220
Gavilyte-G.....	157	<i>glucose</i>	147	Haloette.....	123
GAVRETO.....	45	<i>glucose control</i>	137	HALOG.....	220
<i>ge100 blood glucose test</i>	136	<i>glucose meter test</i>	137	<i>haloperidol</i>	77
<i>gefitinib</i>	45	GLUMETZA.....	107	<i>haloperidol lactate</i>	77
GELNIQUE.....	164	GLYCATE.....	153	HARVONI.....	35
GEL-ONE.....	24	<i>glycopyrrolate</i>	153	Heather.....	123
		GLYXAMBI.....	115	HELIDAC THERAPY.....	161
		<i>gnp easy touch glucose test</i>	137		

HEMADY	146	HW EMBRACE TALK		IDHIFA.....	49
HEMLIBRA.....	169	GLUCOSE TEST	138	IGLUCOSE TEST STRIPS..	138
HEMOFIL M.....	169	HYALGAN.....	24	ILARIS.....	188
<i>heparin sodium (porcine)</i>	165	HYCANTIN.....	51	ILEVRO.....	197
<i>heparin sodium (porcine) pf...</i>	166	HYCODAN.....	205	ILUMYA.....	174
HER STYLE.....	123	<i>hydralazine hcl</i>	63	<i>imatinib mesylate</i>	45
HETLIOZ.....	91	<i>hydrochlorothiazide</i>	62	IMBRUVICA.....	45
HETLIOZ LQ.....	91	<i>hydrocod poli-chlorphe poli er</i> ..	205	IMCIVREE.....	149
Hidex 6-Day	146	<i>hydrocodone bitartrate er</i>	18	<i>imipramine hcl</i>	71, 72
HIZENTRA.....	185	<i>hydrocodone bit-homatrop mbr</i>	205	<i>imipramine pamoate</i>	72
HORIZANT.....	103	.....	205	<i>imiquimod</i>	215
HULIO (2 PEN).....	178	<i>hydrocodone-acetaminophen</i>	19	<i>imiquimod pump</i>	215
HULIO (2 SYRINGE).....	178	<i>hydrocodone-ibuprofen</i>	19	IMITREX.....	93
HUMALOG.....	110, 111	<i>hydrocortisone</i>	146, 221	IMITREX STATDOSE	
HUMALOG JUNIOR		<i>hydrocortisone (perianal)</i>	161	REFILL.....	93
KWIKPEN.....	110	<i>hydrocortisone butyrate</i>	220	IMITREX STATDOSE	
HUMALOG KWIKPEN.....	110	<i>hydrocortisone valerate</i>	221	SYSTEM.....	93
HUMALOG MIX 50/50.....	111	<i>hydrocortisone-acetic acid</i>	225	IMOGAM RABIES-HT.....	185
HUMALOG MIX 50/50		<i>hydromorphone hcl</i>	19	IMPOYZ.....	221
KWIKPEN.....	111	<i>hydromorphone hcl er</i>	19	IMURAN.....	187
HUMALOG MIX 75/25.....	111	<i>hydroxychloroquine sulfate</i> 27, 183		IMVEXXY	
HUMALOG MIX 75/25		<i>hydroxyurea</i>	49	MAINTENANCE PACK.....	143
KWIKPEN.....	111	<i>hydroxyzine hcl</i>	202	IMVEXXY STARTER	
HUMALOG TEMPO PEN..	111	<i>hydroxyzine pamoate</i>	202	PACK.....	143
HUMATE-P.....	166	HYFTOR.....	223	IN TOUCH BLOOD	
HUMATIN.....	25	HYMOVIS.....	24	GLUCOSE TEST	138
HUMATROPE.....	148	HYPERRHO S/D.....	185	INATAL GT.....	189
HUMIRA (2 PEN).....	178	HYPERTET.....	185	INBRIJA.....	75
HUMIRA (2 SYRINGE).....	178	HYQVIA.....	185	Incassia.....	123
HUMIRA-CD/UC/HS		HYRIMOZ.....	179	INCRELEX.....	149
STARTER.....	179	HYRIMOZ-PED	179	INCRUSE ELLIPTA.....	201
HUMIRA-PED	179	HYRIMOZ-PED>/=40KG		<i>indapamide</i>	62
HUMIRA-PED>/=40KG		CROHN START.....	179	INDERAL LA.....	59
CROHNS START	179	HYRIMOZ-PLAQUE		INDERAL XL.....	59
HUMIRA-		PSORIASIS START.....	179	INDOCIN.....	15
PSORIASIS/UEVIT		HYSINGLA ER.....	19	<i>indomethacin</i>	15
STARTER.....	179	HYZAAR.....	53	INFINITY BLOOD	
HUMULIN 70/30.....	111	<i>ibandronate sodium</i>	118	GLUCOSE TEST	138
HUMULIN 70/30		IBRANCE.....	45	INFINITY VOICE.....	138
KWIKPEN.....	111	IBSRELA.....	156	INFLECTRA.....	174
HUMULIN N.....	111	Ibu.....	15	<i>infliximab</i>	174
HUMULIN N KWIKPEN..	111	<i>ibuprofen</i>	15	INGREZZA.....	96
HUMULIN R.....	111	<i>ibuprofen-famotidine</i>	17	INLYTA.....	45
HUMULIN R U-500		<i>icatibant acetate</i>	184	INNOPRAN XL.....	59
(CONCENTRATED).....	111	Iclevia.....	123	INPEFA.....	62
HUMULIN R U-500		ICLUSIG.....	45	INQOVI.....	39
KWIKPEN.....	111	<i>icosapent ethyl</i>	57	INREBIC.....	45
HW EMBRACE PRO		IDACIO (2 PEN).....	179	<i>insulin asp prot & asp flexpen.</i>	111
GLUCOSE TEST	137	IDACIO (2 SYRINGE).....	179	<i>insulin aspart</i>	111
		IDELVION.....	170	<i>insulin aspart flexpen</i>	111

<i>insulin aspart penfill</i>	111	JANUMET.....	108	<i>ketoprofen er</i>	15
<i>insulin aspart prot & aspart</i>	112	JANUMET XR.....	108	<i>ketorolac tromethamine</i>	15, 197
<i>insulin degludec</i>	112	JANUVIA.....	109	<i>ketotifen fumarate</i>	194
<i>insulin degludec flextouch</i>	112	JARDIANCE.....	116	KEVEYIS.....	62
<i>insulin glargine max solostar</i> ..	112	Jasmiel.....	123	KEVZARA.....	179, 180
<i>insulin glargine solostar</i>	112	JATENZO.....	106	KINERET.....	180
<i>insulin glargine-yfgn</i>	112	JAYPIRCA.....	45	KISQALI (200 MG DOSE)....	46
<i>insulin lispro</i>	112	Jencycla.....	124	KISQALI (400 MG DOSE)....	46
<i>insulin lispro (1 unit dial)</i>	112	<i>jenliva prenatal/postnatal</i>	189	KISQALI (600 MG DOSE)....	46
<i>insulin lispro junior kwikpen</i> ...	112	JENTADUETO.....	108	KISQALI FEMARA (200	
<i>insulin lispro prot & lispro</i>	112	JENTADUETO XR.....	108	MG DOSE).....	46
INTELENCE.....	28	JESDUVROQ.....	167	KISQALI FEMARA (400	
INTRAROSA.....	149	Jinteli.....	143	MG DOSE).....	46
Introvale.....	123	JIVI.....	169	KISQALI FEMARA (600	
INTUNIV.....	88	JOENJA.....	186	MG DOSE).....	46
INVEGA.....	78	Jolessa.....	124	KITABIS PAK.....	206
INVEGA HAFYERA.....	78	JORNAY PM.....	88	KLARITY-A.....	196
INVEGA TRINZA.....	78	Joyeaux.....	124	KLARON.....	214
INVELTYS.....	197	JUBLIA.....	216	KLISYRI.....	215
INVOKAMET.....	115	Juleber.....	124	KLONOPIN.....	82
INVOKAMET XR.....	115	JULUCA.....	30	Klor-Con.....	188
INVOKANA.....	116	Junel 1.5/30.....	124	Klor-Con 10.....	188
<i>ipratropium bromide</i>	201	Junel 1/20.....	124	Klor-Con M10.....	188
<i>ipratropium-albuterol</i>	200	Junel Fe 1.5/30.....	124	Klor-Con M15.....	188
<i>irbesartan</i>	54	Junel Fe 1/20.....	124	Klor-Con M20.....	188
<i>irbesartan-hydrochlorothiazide</i> ..	53	Junel Fe 24.....	124	KLOXXADO.....	102
IRESSA.....	45	JUXTAPID.....	57	KOATE.....	169
ISENTRESS.....	28	JYLAMVO.....	40	KOATE-DVI.....	169
ISENTRESS HD.....	28	JYNARQUE.....	149	KOGENATE FS.....	169
Isibloom.....	123	Kaitlib Fe.....	124	KOMBIGLYZE XR.....	108
<i>isoniazid</i>	31	KALBITOR.....	184	KONVOMEPE.....	159
ISORDIL TITRADOSE.....	64	KALETRA.....	31	KORLYM.....	115
<i>isosorb dinitrate-hydralazine</i>	62	Kalliga.....	124	KOSELUGO.....	46
<i>isosorbide dinitrate</i>	64	KALYDECO.....	206	<i>kosher prenatal plus iron</i>	189
<i>isosorbide mononitrate</i>	64	KANUMA.....	141	KOVALTRY.....	170
<i>isosorbide mononitrate er</i>	64	KAPSPARGO SPRINKLE....	59	<i>kp fexofenadine hcl</i>	203
<i>isotretinoin</i>	214	KARBINAL ER.....	203	KRAZATI.....	49
<i>isradipine</i>	60	Kariva.....	124	KRINTAFEL.....	27
ISTALOL.....	195	KATERZIA.....	60	KRISTALOSE.....	157
ISTURISA.....	131	KCENTRA.....	166	KRYSTEXXA.....	14
<i>itraconazole</i>	26	<i>kedrab</i>	185	Kurvelo.....	124
<i>ivermectin</i>	25, 223	Kelnor 1/35.....	124	KUVAN.....	141
IWILFIN.....	49	Kelnor 1/50.....	124	KYLEENA.....	124
IXINITY.....	171	KENALOG.....	221	KYZATREX.....	106
IYUZEH.....	195	KEPPRA.....	81	<i>labetalol hcl</i>	59
JADENU.....	119	KEPPRA XR.....	81	<i>lacosamide</i>	82
JADENU SPRINKLE.....	120	KERENDIA.....	149	LACRISERT.....	198
Jaimiess.....	123	KESIMPTA.....	98	<i>lactulose</i>	157
JAKAFI.....	45	<i>ketoconazole</i>	26, 216, 217	LAMICTAL.....	82
JALYN.....	162	<i>ketoprofen</i>	15	LAMICTAL ODT.....	82

LAMICTAL STARTER.....	82	<i>leuprolide acetate</i>	42	LITHOSTAT.....	163
LAMICTAL XR.....	82	<i>levabuterol hcl</i>	204	LIVALO.....	56
<i>lamivudine</i>	28, 35	<i>levabuterol tartrate</i>	204	LIVMARLI.....	158
<i>lamivudine-zidovudine</i>	31	<i>levamlodipine maleate</i>	60	LIVTENCITY.....	32
<i>lamotrigine</i>	82	LEVEMIR.....	112	LO LOESTRIN FE.....	125
<i>lamotrigine er</i>	82	LEVEMIR FLEXPEN.....	112	LOCOID.....	221
<i>lamotrigine starter kit-blue</i>	82	<i>levetiracetam</i>	82	LOCOID LIPOCREAM.....	221
<i>lamotrigine starter kit-green</i>	82	<i>levetiracetam er</i>	82	LODINE.....	15
<i>lamotrigine starter kit-orange</i>	82	<i>levobunolol hcl</i>	195	LODOCO.....	63
LANOXIN.....	61	<i>levocarnitine</i>	119	Loestrin 1.5/30 (21).....	125
<i>lanreotide acetate</i>	105	<i>levocetirizine dihydrochloride</i>	203	Loestrin 1/20 (21).....	125
<i>lansoprazole</i>	160	<i>levofloxacin</i>	35, 196	Loestrin Fe 1.5/30.....	125
<i>lanthanum carbonate</i>	150	Levonest.....	125	Loestrin Fe 1/20.....	125
LANTUS.....	112	<i>levonorgest-eth est & eth est</i>	125	Lofena.....	15
LANTUS SOLOSTAR.....	112	<i>levonorgest-eth estrad 91-day</i>	125	Lojaimiess.....	125
<i>lapatinib ditosylate</i>	46	<i>levonorgestrel</i>	125	LOKELMA.....	151
Larin 1.5/30.....	124	<i>levonorgestrel-ethinyl estrad</i>	125	LOMAIRA.....	116
Larin 1/20.....	124	<i>levonorg-eth estrad triphasic</i>	125	LONSURF.....	40
Larin 24 Fe.....	124	Levora 0.15/30 (28).....	125	<i>lopinavir-ritonavir</i>	31
Larin Fe 1.5/30.....	125	<i>levorphanol tartrate</i>	19	<i>loratadine</i>	203
Larin Fe 1/20.....	125	<i>levothyroxine sodium</i>	152	<i>loratadine-d 24hr</i>	205
<i>latanoprost</i>	195	LEVULAN KERASTICK.....	223	<i>lorazepam</i>	67
LATUDA.....	78	LEXAPRO.....	72	Lorazepam Intensol.....	67
Layolis Fe.....	125	LEXETTE.....	221	LORBRENA.....	46
<i>ledipasvir-sofosbuvir</i>	35	LEXIVA.....	28	LOREEV XR.....	67
Leena.....	125	LIALDA.....	156	Loryna.....	125
<i>leflunomide</i>	183	LIBERTY NEXT GENERATION TEST.....	138	<i>losartan potassium</i>	54
LENVIMA (10 MG DAILY DOSE).....	46	<i>liberty test</i>	138	<i>losartan potassium-hctz</i>	53
LENVIMA (12 MG DAILY DOSE).....	46	LIBRAX.....	155	LOTEMAX.....	197
LENVIMA (14 MG DAILY DOSE).....	46	LICART.....	223	LOTEMAX SM.....	198
LENVIMA (18 MG DAILY DOSE).....	46	<i>lidocaine</i>	222	<i>loteprednol etabonate</i>	198
LENVIMA (20 MG DAILY DOSE).....	46	<i>lidocaine hcl</i>	222	LOTRONEX.....	156
LENVIMA (24 MG DAILY DOSE).....	46	<i>lidocaine viscous hcl</i>	224	<i>lovastatin</i>	57
LENVIMA (4 MG DAILY DOSE).....	46	<i>lidocaine-prilocaine</i>	222	LOVAZA.....	57
LENVIMA (8 MG DAILY DOSE).....	46	LIDODERM.....	222	Low-Ogestrel.....	126
LESCOL XL.....	56	LIKMEZ.....	36	<i>loxapine succinate</i>	78
Lessina.....	125	LILETTA (52 MG).....	125	Lo-Zumandimine.....	126
LETAIRIS.....	64	<i>linezolid</i>	36	<i>lubiprostone</i>	156
<i>letrozole</i>	42	LINZESS.....	156	LUCEMYRA.....	103
<i>leucovorin calcium</i>	51	<i>liothyronine sodium</i>	152	LUCENTIS.....	199
LEUKERAN.....	39	LIPITOR.....	56	<i>luliconazole</i>	216
LEUKINE.....	167	LIQREV.....	64	LUMAKRAS.....	50
		<i>lisdexamphetamine dimesylate</i>	88	LUMIGAN.....	195
		<i>lisinopril</i>	52	LUMIZYME.....	141
		<i>lisinopril-hydrochlorothiazide</i>	51	LUMRYZ.....	101
		LITFULO.....	180	LUNESTA.....	91
		<i>lithium</i>	95	LUPKYNIS.....	187
		<i>lithium carbonate</i>	95	LUPRON DEPOT (1- MONTH).....	42
		<i>lithium carbonate er</i>	95		

LUPRON DEPOT (3-MONTH).....	42	MAYZENT STARTER PACK.....	98	<i>methyl</i> dopa.....	63
LUPRON DEPOT (4-MONTH).....	42	<i>meclofenamate sodium</i>	16	<i>methyl</i> ergonovine maleate.....	150
LUPRON DEPOT (6-MONTH).....	42	<i>medroxyprogesterone acetate</i>	126, 151	METHYLIN.....	88
LUPRON DEPOT-PED (1-MONTH).....	119	<i>mefenamic acid</i>	16	<i>methyl</i> phenidate.....	89
LUPRON DEPOT-PED (3-MONTH).....	119	<i>mefloquine hcl</i>	27	<i>methyl</i> phenidate hcl.....	89
<i>lurasidone hcl</i>	78	<i>megestrol acetate</i>	42, 151	<i>methyl</i> phenidate hcl er.....	89
Lutera.....	126	<i>meijer essential glucose test</i>	138	<i>methyl</i> phenidate hcl er (cd).....	88
LUZU.....	216	MEIJER TRUETEST TEST.....	138	<i>methyl</i> phenidate hcl er (la).....	88
LYBALVI.....	78	MEIJER TRUETRACK TEST.....	138	<i>methyl</i> phenidate hcl er (osm).....	88, 89
Lyleq.....	126	MEKINIST.....	47	<i>methyl</i> phenidate hcl er (xr).....	89
LYNPARZA.....	50	MEKTOVI.....	47	<i>methyl</i> prednisolone.....	146
LYRICA.....	82, 83	<i>meloxicam</i>	16	<i>methyl</i> testosterone.....	106
LYRICA CR.....	103	<i>melphalan</i>	39	<i>metoclopramide hcl</i>	154
LYSODREN.....	42	<i>memantine hcl</i>	68	<i>metolazone</i>	62
LYTGOBI (12 MG DAILY DOSE).....	46	<i>memantine hcl er</i>	68	<i>metoprolol succinate er</i>	59
LYTGOBI (16 MG DAILY DOSE).....	47	MENEST.....	143	<i>metoprolol tartrate</i>	59
LYTGOBI (20 MG DAILY DOSE).....	47	MENOPUR.....	145	<i>metoprolol-hydrochlorothiazide</i>	58
LYUMJEV.....	112	MENOSTAR.....	143	METROCREAM.....	223
LYUMJEV KWIKPEN.....	112	<i>meperidine hcl</i>	19	METROGEL.....	223
LYUMJEV TEMPO PEN....	112	MEPRON.....	37	METROLOTION.....	223
LYVISPAH.....	100	<i>mercaptopurine</i>	40	<i>metronidazole</i>	37, 165, 223, 224
Lyza.....	126	Merzee.....	126	<i>metyrosine</i>	63
MACRODANTIN.....	37	<i>mesalamine</i>	156	Mibelas 24 Fe.....	126
<i>mafenide acetate</i>	215	<i>mesalamine er</i>	156	MICARDIS.....	54
<i>malathion</i>	224	MESTINON.....	95	MICARDIS HCT.....	53
<i>maraviroc</i>	28	<i>metaxalone</i>	100	<i>miconazole 3</i>	165
MARINOL.....	154	<i>metformin hcl</i>	108	<i>miconazole-zinc oxide-petrolat</i>	216
<i>marlissa</i>	126	<i>metformin hcl er</i>	107, 108	MICRHOGAM ULTRA-FILTERED PLUS.....	186
MATULANE.....	39	<i>metformin hcl er (mod)</i>	107	MICRODOT TEST.....	138
Matzim La.....	60	<i>metformin hcl er (osm)</i>	107	Microgestin 1.5/30.....	126
MAVENCLAD (10 TABS)....	98	<i>methadone hcl</i>	19, 20	Microgestin 1/20.....	126
MAVENCLAD (4 TABS)....	98	Methadone Hcl Intensol.....	19	Microgestin 24 Fe.....	126
MAVENCLAD (5 TABS)....	98	METHADOSE.....	20	Microgestin Fe 1.5/30.....	126
MAVENCLAD (6 TABS)....	98	METHADOSE SUGAR-FREE.....	20	Microgestin Fe 1/20.....	126
MAVENCLAD (7 TABS)....	98	<i>methamphetamine hcl</i>	88	<i>midazolam hcl</i>	91
MAVENCLAD (8 TABS)....	98	<i>methazolamide</i>	62	<i>midodrine hcl</i>	63
MAVENCLAD (9 TABS)....	98	<i>methenamine hippurate</i>	37	MIEBO.....	198
MAVYRET.....	35	<i>methenamine mandelate</i>	37	MIGERGOT.....	93
MAXALT.....	93	Methergine.....	149	<i>miglitol</i>	107
MAXALT-MLT.....	93	<i>methimazole</i>	152	<i>miglustat</i>	145
MAXIDEX.....	198	<i>methitest</i>	106	MIGRANAL.....	93
MAYZENT.....	98	<i>methocarbamol</i>	100	Mili.....	126
		<i>methotrexate sodium</i>	40, 183	Mimvey.....	143
		<i>methotrexate sodium (pf)</i>	40	MINIVELLE.....	143
		<i>methoxsalen rapid</i>	217	<i>minocycline hcl</i>	39
		<i>methscopolamine bromide</i>	153	<i>minocycline hcl er</i>	38, 39
				MINOLIRA.....	39
				<i>minoxidil</i>	63

MIRCERA.....	167	NAGLAZYME.....	141	NEUTEK 2TEK TEST.....	138
MIRENA (52 MG).....	126	<i>nalocet</i>	21	NEVANAC.....	198
<i>mirtazapine</i>	72	<i>naloxone hcl</i>	102	<i>nevirapine</i>	28
MIRVASO.....	224	<i>naltrexone hcl</i>	102	<i>nevirapine er</i>	28
<i>misoprostol</i>	158	NAMENDA.....	68	NEW DAY.....	127
MITIGARE.....	14	NAMENDA TITRATION		NEXAVAR.....	47
<i>modafinil</i>	101	PAK.....	68	NEXICLON XR.....	63
<i>moexipril hcl</i>	52	NAMENDA XR.....	68	NEXIUM.....	160
<i>mometasone furoate</i>	221	NAMZARIC.....	68	NEXIUM 24HR.....	160
Mono-Linyah.....	126	NAPRELAN.....	16	NEXLETOL.....	55
MONOVISC.....	24	NAPROSYN.....	16	NEXLIZET.....	55
<i>montelukast sodium</i>	207	<i>naproxen</i>	16	NEXPLANON.....	127
<i>morphine sulfate</i>	20	<i>naproxen sodium</i>	16	NEXTSTELLIS.....	127
<i>morphine sulfate (concentrate)</i>	20	<i>naproxen sodium er</i>	16	NGENLA.....	148
<i>morphine sulfate er</i>	20	<i>naproxen-esomeprazole mg</i>	17	<i>niacin er (antihyperlipidemic)</i> ..	57
<i>morphine sulfate er beads</i>	20	<i>naratriptan hcl</i>	94	NIACOR.....	57
MOTEGRITY.....	158	NARCAN.....	102	<i>nicardipine hcl</i>	60
MOTOFEN.....	153	NASACORT ALLERGY		NICOMIDE.....	193
MOTPOLY XR.....	83	24HR.....	208	<i>nicotinamide</i>	193
MOUNJARO.....	109	NASCOBAL.....	173	NICOTROL.....	105
MOVANTIK.....	158	NATACHEW.....	189	NICOTROL NS.....	105
MOVIPREP.....	157	<i>natal pnv</i>	189	<i>nifedipine</i>	61
<i>moxifloxacin hcl</i>	35, 196	NATALVIT.....	190	<i>nifedipine er</i>	60
<i>moxifloxacin hcl (2x day)</i>	196	NATAZIA.....	126	<i>nifedipine er osmotic release</i>	60
MS CONTIN.....	20, 21	<i>nateglinide</i>	114	Nikki.....	127
MULPLETA.....	172	NATESTO.....	106	NILANDRON.....	42
MULTAQ.....	54	NAYZILAM.....	83	<i>nilutamide</i>	42
<i>mupirocin</i>	215	<i>nebivolol hcl</i>	59	<i>nimodipine</i>	61
<i>mupirocin calcium</i>	215	Necon 0.5/35 (28).....	127	NINLARO.....	51
MUSE.....	162	NEEVO DHA.....	190	<i>nisoldipine er</i>	61
MY CHOICE.....	126	<i>nefazodone hcl</i>	72	<i>nitazoxanide</i>	37
MY WAY.....	126	<i>neomycin sulfate</i>	25	<i>nitisinone</i>	148
MYALEPT.....	141	<i>neomycin-polymyxin-dexameth</i>		<i>nitrofurantoin</i>	37
MYCAPSSA.....	105	.....	195	<i>nitrofurantoin macrocrystal</i>	37
<i>mycophenolate mofetil</i>	187	<i>neomycin-polymyxin-hc</i>	225	<i>nitrofurantoin monohyd macro</i>	37
<i>mycophenolate sodium</i>	187	<i>neonatal + dha</i>	190	<i>nitroglycerin</i>	64
MYDAYIS.....	89	<i>neonatal 19</i>	190	NITYR.....	148
MYFEMBREE.....	144	<i>neonatal fe</i>	190	<i>niva thyroid</i>	152
MYGLUCOHEALTH TEST		NEORAL.....	187	NIVESTYM.....	168
.....	138	NEO-SYNALAR.....	215	<i>nizatidine</i>	155
MYLERAN.....	39	NEPHPLEX RX.....	193	NOC DURNA.....	152
MYRBETRIQ.....	164	NERLYNX.....	47	Nora-Be.....	127
MYTESI.....	153	NESTABS.....	190	NORDITROPIN FLEXPRO.....	148
MYXREDLIN.....	112	NESTABS DHA.....	190	<i>norethin ace-eth estrad-fe</i>	127
<i>na ferric gluc cplx in sucrose</i>	193	NESTABS ONE.....	190	<i>norethindrone</i>	127
<i>na sulfate-k sulfate-mg sulf</i>	157	NEULASTA.....	168	<i>norethindrone acetate</i>	151
<i>nabumetone</i>	16	NEULASTA ONPRO.....	168	<i>norethindrone acet-ethinyl est</i>	127
<i>nadolol</i>	59	NEUPOGEN.....	168	<i>norethindron-ethinyl estrad-fe</i>	127
<i>naftifine hcl</i>	216	NEUPRO.....	76	<i>norethin-eth estradiol-fe</i>	127
NAFTIN.....	216	NEURONTIN.....	83	Norgesic.....	101

<i>norgesic forte</i>	100	NUEDEXTA.....	103	<i>omega-3-acid ethyl esters</i>	57
<i>norgestimate-eth estradiol</i>	127	NUPLAZID.....	78	<i>omeprazole</i>	160
<i>norgestim-eth estrad triphasic</i>	127	NURTEC.....	94	<i>omeprazole magnesium</i>	160
NORITATE.....	224	NUTROPIN AQ NUSPIN 10		<i>omeprazole-sodium</i>	
NORLIQVA.....	61	.....	148	<i>bicarbonate</i>	160
Norlyroc.....	127	NUTROPIN AQ NUSPIN 20		OMNARIS.....	208
NORPACE.....	54	.....	148	OMNIFLEX DIAPHRAGM	128
NORPRAMIN.....	72	NUTROPIN AQ NUSPIN 5	148	OMNIPOD 5 G6 INTRO	
NORTHERA.....	63	NUVARING.....	127	(GEN 5).....	138
Nortrel 0.5/35 (28).....	127	NUVESSA.....	165	OMNIPOD 5 G6 PODS	
Nortrel 1/35 (21).....	127	NUVIGIL.....	101	(GEN 5).....	138
Nortrel 7/7/7.....	127	NUWIQ.....	170	OMNIPOD CLASSIC PODS	
<i>nortriptyline hcl</i>	72	NUZYRA.....	39	(GEN 3).....	138
NORVASC.....	61	Nylia 1/35.....	127	OMNIPOD DASH INTRO	
NORVIR.....	28	Nylia 7/7/7.....	127	(GEN 4).....	138
NOURIANZ.....	76	Nymyo.....	128	OMNIPOD DASH PDM	
NOVA MAX GLUCOSE		<i>nystatin</i>	26, 216, 224	(GEN 4).....	138
TEST.....	138	<i>nystatin-triamcinolone</i>	216	OMNIPOD DASH PODS	
NOVAREL.....	145	NYVEPRIA.....	168	(GEN 4).....	138
NOVOEIGHT.....	170	OB COMPLETE.....	190	OMNIPOD GO.....	138
NOVOLIN 70/30.....	113	OB COMPLETE ONE.....	190	OMNITROPE.....	148
NOVOLIN 70/30 FLEXPEN	113	OB COMPLETE PETITE....	190	OMVOH.....	180
NOVOLIN 70/30 FLEXPEN		OB COMPLETE PREMIER	190	<i>ondansetron</i>	154
RELION.....	113	OB COMPLETE/DHA.....	190	<i>ondansetron hcl</i>	154
NOVOLIN 70/30 RELION... 113		<i>obizur</i>	170	<i>one drop test</i>	138
NOVOLIN N.....	113	OCALIVA.....	158	ONETOUCH DELICA	
NOVOLIN N FLEXPEN.....	113	Ocella.....	128	PLUS LANCET30G.....	139
NOVOLIN N FLEXPEN		OCTAGAM.....	186	ONETOUCH DELICA	
RELION.....	113	<i>octreotide acetate</i>	106	PLUS LANCET33G.....	139
NOVOLIN N RELION.....	113	ODACTRA.....	173	ONETOUCH DELICA	
NOVOLIN R.....	113	ODEFSEY.....	31	PLUS LANCING.....	139
NOVOLIN R FLEXPEN.....	113	ODOMZO.....	50	ONETOUCH ULTRA.....	139
NOVOLIN R FLEXPEN		OFEV.....	208	ONETOUCH ULTRASOFT	
RELION.....	113	<i>ofloxacin</i>	196, 225	2 LANCETS.....	139
NOVOLIN R RELION.....	113	OGSIVEO.....	50	ONETOUCH VERIO.....	139
NOVOLOG.....	113	OJJAARA.....	47	ONEXTON.....	214
NOVOLOG 70/30 FLEXPEN		<i>olanzapine</i>	78	ONFI.....	83
RELION.....	113	<i>olanzapine-fluoxetine hcl</i>	103	ONGENTYS.....	76
NOVOLOG FLEXPEN.....	113	<i>olmesartan medoxomil</i>	54	ONGLYZA.....	109
NOVOLOG MIX 70/30.....	114	<i>olmesartan medoxomil-hctz</i>	53	ONUREG.....	40
NOVOLOG MIX 70/30		<i>olmesartan-amlodipine-hctz</i>	53	ONZETRA XSAIL.....	94
FLEXPEN.....	114	<i>olopatadine hcl</i>	203	OPCICON ONE-STEP.....	128
NOVOLOG PENFILL.....	114	OLPRUVA (2 GM DOSE)... 141		OPFOLDA.....	142
NOVOSEVEN RT.....	166	OLPRUVA (3 GM DOSE)... 141		OPSUMIT.....	64
NOXAFIL.....	26	OLPRUVA (4 GM DOSE)... 141		OPTION 2.....	128
NPLATE.....	172	OLPRUVA (5 GM DOSE)... 141		OPTIONS GYNOL II	
NUBEQA.....	42	OLPRUVA (6 GM DOSE)... 141		CONTRACEPTIVE.....	162
NUCALA.....	209	OLPRUVA (6.67 GM DOSE)		OPTIUMEZ TEST.....	139
NUCYNTA.....	21	.....	141	OPVEE.....	102
NUCYNTA ER.....	21	OLUMIANT.....	180	OPZELURA.....	218

ORACEA.....	224	PALFORZIA (120 MG DAILY DOSE).....	173	<i>penciclovir</i>	223
ORALAIR.....	173	PALFORZIA (160 MG DAILY DOSE).....	173	<i>penicillamine</i>	120
ORAVIG.....	224	PALFORZIA (20 MG DAILY DOSE).....	173	<i>penicillin v potassium</i>	38
ORENCIA.....	174, 180	PALFORZIA (200 MG DAILY DOSE).....	173	PENNSAID.....	223
ORENCIA CLICKJECT.....	180	PALFORZIA (240 MG DAILY DOSE).....	173	<i>pentamidine isethionate</i>	37
ORENITRAM.....	65	PALFORZIA (300 MG MAINTENANCE).....	173	PENTASA.....	156
ORENITRAM MONTH 1.....	64	PALFORZIA (300 MG TITRATION).....	174	<i>pentazocine-naloxone hcl</i>	23
ORENITRAM MONTH 2.....	65	PALFORZIA (40 MG DAILY DOSE).....	174	<i>pentoxifylline er</i>	171
ORENITRAM MONTH 3.....	65	PALFORZIA (6 MG DAILY DOSE).....	174	PERCOCET.....	22
ORFADIN.....	148	PALFORZIA (80 MG DAILY DOSE).....	174	PERFOROMIST.....	204
ORGOVYX.....	42	PALFORZIA INITIAL ESCALATION.....	174	<i>perindopril erbumine</i>	52
ORIAHNN.....	144	<i>paliperidone er</i>	78	<i>permethrin</i>	224
ORILISSA.....	140	PALYNZIQ.....	142	<i>perphenazine</i>	78
ORKAMBI.....	206	PAMELOR.....	73	<i>perphenazine-amitriptyline</i>	103, 104
ORLADEYO.....	184	<i>pamidronate disodium</i>	118	PERSERIS.....	78
<i>orlistat</i>	116	PANCREAZE.....	159	PERTZYE.....	159
<i>orphenadrine-aspirin-caffeine</i> ..	101	PANDEL.....	221	PHARMACIST CHOICE AUTOCODE.....	139
Orphengesic Forte.....	101	<i>pantoprazole sodium</i>	160	<i>pharmacist choice no coding</i> ...	139
ORSERDU.....	42	PANZYGA.....	186	PHEBURANE.....	142
ORTHOVISC.....	24	PARAGARD INTRAUTERINE COPPER.....	128	<i>phendimetrazine tartrate</i>	116
<i>oseltamivir phosphate</i>	32	<i>paricalcitol</i>	193	<i>phendimetrazine tartrate er</i>	116
OSMOLEX ER.....	76	<i>paroxetine hcl</i>	73	<i>phenelzine sulfate</i>	73
OSPHENA.....	150	<i>paroxetine hcl er</i>	73	<i>phenobarbital</i>	83
OTEZLA.....	180	<i>paroxetine mesylate</i>	103	<i>phenoxybenzamine hcl</i>	63
OTOVEL.....	225	PARSABIV.....	117	<i>phentermine hcl</i>	116, 117
OTREXUP.....	183	PAXIL.....	73	<i>phenylephrine hcl</i>	162
OVIDREL.....	145	PAXIL CR.....	73	<i>phenytoin</i>	83
<i>oxaprozin</i>	16	PAXLOVID (150/100).....	32	<i>phenytoin sodium extended</i>	83
<i>oxazepam</i>	67	PAXLOVID (300/100).....	32	PHEXXI.....	162
OXBRYTA.....	172	<i>pazopanib hcl</i>	47	Philith.....	128
<i>oxcarbazepine</i>	83	<i>peg 3350-kcl-na bicarb-nacl</i>	157	<i>phytonadione</i>	193
OXERVATE.....	198	<i>peg-3350/electrolytes</i>	157	PIFELTRO.....	29
<i>oxiconazole nitrate</i>	216	PEGASYS.....	36	<i>pilocarpine hcl</i>	195, 224
OXISTAT.....	216	<i>peg-kcl-nacl-nasulf-na asc-c</i>	157	<i>pimecrolimus</i>	218
OXTELLAR XR.....	83	PEG-PREP.....	157	<i>pimozide</i>	104
<i>oxybutynin chloride</i>	164	PEMAZYRE.....	47	Pimtrea.....	128
<i>oxybutynin chloride er</i>	164			<i>pindolol</i>	59
<i>oxycodone hcl</i>	21			<i>pioglitazone hcl</i>	114
<i>oxycodone hcl er</i>	21			<i>pioglitazone hcl-glimepiride</i>	114
<i>oxycodone-acetaminophen</i> ..	21, 22			<i>pioglitazone hcl-metformin hcl</i>	114
OXYCONTIN.....	22			PIQRAY (200 MG DAILY DOSE).....	47
<i>oxymorphone hcl</i>	22			PIQRAY (250 MG DAILY DOSE).....	47
<i>oxymorphone hcl er</i>	22			PIQRAY (300 MG DAILY DOSE).....	47
OZEMPIC (0.25 OR 0.5 MG/DOSE).....	109			<i>pirfenidone</i>	208
OZEMPIC (1 MG/DOSE)....	109			Pirmella 7/7/7.....	128
OZEMPIC (2 MG/DOSE)....	109				
OZOBAX DS.....	101				
PALFORZIA (12 MG DAILY DOSE).....	173				

<i>piroxicam</i>	16	<i>pregen dha</i>	190	PROGRAF.....	187
<i>pitavastatin calcium</i>	57	<i>pregenna</i>	190	PROLASTIN-C.....	199
PLAVIX.....	172	PREGNYL.....	145	PROLATE.....	22
PLEGRIDY.....	98, 99	PREMARIN.....	144	PROLENSA.....	198
PLEGRIDY STARTER		<i>premium blood glucose test</i>	139	PROLIA.....	118
PACK.....	98, 99	PREMPHASE.....	144	PROMACTA.....	172, 173
PLENVU.....	157	PREMPRO.....	144	<i>promethazine hcl</i>	154
PLIAGLIS.....	222	<i>prena 1 true</i>	190	<i>promethazine vc</i>	205
<i>pnv prenatal plus multivit+dha</i>	190	<i>prenaissance</i>	190	<i>promethazine vclcodeine</i>	205
<i>pnv tabs 20-1</i>	190	<i>prenaissance plus</i>	190	<i>promethazine-codeine</i>	205
<i>pnv-dha</i>	190	PRENATAL-U.....	190	<i>promethazine-dm</i>	205
<i>pnv-dha+docusate</i>	190	PRENATE.....	191	PROMETHEGAN.....	154
<i>pnv-omega</i>	190	PRENATE AM.....	190	PROMETRIUM.....	151
POCKETCHEM EZ TEST...139		PRENATE DHA.....	191	<i>propafenone hcl</i>	54
<i>podofilox</i>	223	PRENATE ELITE.....	191	<i>propafenone hcl er</i>	54
POGO AUTOMATIC TEST		PRENATE ENHANCE.....	191	<i>propranolol hcl</i>	59
CARTRIDGES.....	139	PRENATE MINI.....	191	<i>propranolol hcl er</i>	59
POKONZA.....	188	PRENATE PIXIE.....	191	<i>propylthiouracil</i>	152
<i>polymyxin b-trimethoprim</i>	196	PRENATE RESTORE.....	191	PROSCAR.....	162
POLY-VI-FLOR.....	193	<i>prenatvite plus</i>	191	PROTONIX.....	160
POLY-VI-FLOR/IRON.....	193	PRESTALIA.....	51	<i>protriptyline hcl</i>	73
POMALYST.....	40	<i>pretomanid</i>	32	PROVENTIL HFA.....	204
PONVORY.....	99	PREVACID.....	160	PROVIDA OB.....	191
PONVORY STARTER		PREVACID SOLUTAB.....	160	PROVIGIL.....	101
PACK.....	99	PREVYMIS.....	32	PROZAC.....	73
Portia-28.....	128	PREZCOBIX.....	31	PRUDOXIN.....	216
<i>posaconazole</i>	26	PREZISTA.....	29	<i>pseudoeph-bromphen-dm</i>	206
<i>pot & sod cit-cit ac</i>	163	PRIALT.....	14	PTS PANELS EGLU TEST.139	
<i>potassium chloride</i>	188	PRILOSEC.....	160	PULMICORT.....	210
<i>potassium chloride crys er</i>	188	PRILOSEC OTC.....	160	PULMICORT	
<i>potassium chloride er</i>	188	PRIMACARE.....	191	FLEXHALER.....	210
<i>potassium citrate er</i>	163	<i>primaquine phosphate</i>	27	PULMOZYME.....	206
PRADAXA.....	166	<i>primidone</i>	83	PURIXAN.....	40
PRALUENT.....	58	PRISTIQ.....	73	<i>pyrazinamide</i>	32
<i>pramipexole dihydrochloride</i>	76	PRIVIGEN.....	186	<i>pyridostigmine bromide</i>	96
<i>pramipexole dihydrochloride er</i>	76	<i>pro voice v8/v9 glucose</i>	139	<i>pyridostigmine bromide er</i>	95
<i>prasugrel hcl</i>	172	PROAIR DIGIHALER.....	204	<i>pyrimethamine</i>	37
<i>pravastatin sodium</i>	57	PROAIR RESPICLICK.....	204	PYRUKYND.....	171
<i>praziquantel</i>	25	<i>probenecid</i>	14	PYRUKYND TAPER	
<i>prazosin hcl</i>	52	Procentra.....	89	PACK.....	171
PRECISION XTRA BLOOD		<i>prochlorperazine maleate</i>	154	<i>qc lansoprazole</i>	161
GLUCOSE.....	139	PROCRIT.....	168	QDOLO.....	22
PRED FORTE.....	198	PROCTOCORT.....	161	QELBREE.....	89
PRED MILD.....	198	PROCTOFOAM HC.....	161	QINLOCK.....	47
<i>prednisolone</i>	146	Proctozone-Hc.....	161	QNASL.....	208
<i>prednisolone acetate</i>	198	PROCYSBI.....	164	QNASL CHILDRENS.....	208
<i>prednisolone sodium phosphate</i>	146	PRODIGY NO CODING		QSYMIA.....	117
<i>prednisone</i>	146	BLOOD GLUC.....	139	QTERN.....	115
<i>pregabalin</i>	83	PROFILNINE.....	171	<i>quad-mix</i>	162
<i>pregabalin er</i>	103	<i>progesterone</i>	151	<i>quazepam</i>	91

QUDEXY XR.....	84	RELAFEN DS.....	16	<i>rifampin</i>	32
<i>quetiapine fumarate</i>	78	RELENZA DISKHALER.....	32	RIGHTEST GS100 BLOOD	
<i>quetiapine fumarate er</i>	78	<i>releuko</i>	168	GLUCOSE.....	140
QUFLORA FE.....	193	RELEXXII.....	90	RIGHTEST GS300 BLOOD	
QUFLORA FE PEDIATRIC		RELION BLOOD		GLUCOSE.....	140
.....	193	GLUCOSE TEST.....	139	RIGHTEST GS550 BLOOD	
QUICKTEK TEST.....	139	RELION		GLUCOSE.....	140
QUILLICHEW ER.....	89	CONFIRM/MICRO TEST...	139	<i>riluzole</i>	96
QUILLIVANT XR.....	89	RELION PRIME TEST.....	139	<i>rimantadine hcl</i>	32
<i>quinapril hcl</i>	52	RELION ULTIMA TEST...	139	RINVOQ.....	180, 181
<i>quinapril-hydrochlorothiazide</i> ...	51	RELISTOR.....	158	RIOMET.....	108
<i>quinidine sulfate</i>	54	RELPAK.....	94	<i>risedronate sodium</i>	118
<i>quinine sulfate</i>	27	RELTONE.....	158	<i>risperidone</i>	79
QUINTET AC BLOOD		RELYVRIO.....	96	<i>risperidone microspheres er</i>	79
GLUCOSE TEST.....	139	REMICADE.....	174	RITALIN.....	90
QUINTET BLOOD		REMODULIN.....	65	RITALIN LA.....	90
GLUCOSE TEST.....	139	RENATABS WITH IRON...	193	<i>ritonavir</i>	29
QULIPTA.....	94	RENFLEXIS.....	174	<i>rivastigmine</i>	68
QUVIVIQ.....	92	<i>reno caps</i>	193	<i>rivastigmine tartrate</i>	68
QVAR REDIHALER.....	210	REVELA.....	150	Rivelsa.....	128
<i>ra omeprazole</i>	161	<i>repaglinide</i>	114	<i>rixubis</i>	171
<i>rabeprazole sodium</i>	161	REPATHA.....	58	<i>rizatriptan benzoate</i>	94
RADICAVA ORS.....	96	REPATHA PUSHTRONEX		ROBINUL.....	153
RADICAVA ORS		SYSTEM.....	58	ROBINUL-FORTE.....	153
STARTER KIT.....	96	REPATHA SURECLICK.....	58	ROCKLATAN.....	195
RAGWITEK.....	174	RESTASIS.....	198	<i>roflumilast</i>	207
<i>raloxifene hcl</i>	150	RESTASIS MULTIDOSE...	198	ROLVEDON.....	168
<i>ramelteon</i>	92	RESTORIL.....	92	<i>ropinirole hcl</i>	76
<i>ramipril</i>	52	RETACRIT.....	168	<i>ropinirole hcl er</i>	76
<i>ranolazine er</i>	63	RETEVMO.....	47	<i>rosuvastatin calcium</i>	57
RAPAFLO.....	162	RETIN-A.....	214	ROSZET.....	57
<i>rasagiline mesylate</i>	76	RETIN-A MICRO.....	214	ROWASA.....	156
RASUVO.....	184	RETIN-A MICRO PUMP...	214	ROXICODONE.....	22
RAVICTI.....	142	RETROVIR.....	29	ROXYBOND.....	22
RAYALDEE.....	152	REVATIO.....	65	ROZEREM.....	92
RAYOS.....	147	REVLIMID.....	41	ROZLYTREK.....	47, 48
REACT.....	128	REXULTI.....	78	RUBRACA.....	50
REBIF.....	99	REYATAZ.....	29	RUCONEST.....	184
REBIF REBIDOSE.....	99	REYVOW.....	94	<i>rufinamide</i>	84
REBIF REBIDOSE		REZLIDHIA.....	50	RUKOBIA.....	29
TITRATION PACK.....	99	REZUROCK.....	187	RYALTRIS.....	201
REBIF TITRATION PACK..	99	REZVOGLAR KWIKPEN..	114	RYBELSUS.....	109
REBINYN.....	171	RHOFADE.....	224	RYCLORA.....	203
RECLAST.....	118	RHOGAM ULTRA-		RYDAPT.....	48
Reclipsen.....	128	FILTERED PLUS.....	186	RYKINDO.....	79
RECOMBINATE.....	170	RHOPHYLAC.....	186	RYTARY.....	76
RECORLEV.....	131	RHOPRESSA.....	195	RYVENT.....	203
REFUAH PLUS BLOOD		RIASTAP.....	167	SABRIL.....	84
GLUCOSE TEST.....	139	<i>ribavirin</i>	36	SAFYRAL.....	128
REGRANEX.....	224	<i>rifabutin</i>	32	SAIZEN.....	149

SAMSCA.....	150	SIMPONI ARIA.....	174	<i>spironolactone-hctz</i>	62
SANCUSO.....	155	SIMULECT.....	187	SPORANOX.....	26
SANDIMMUNE.....	187	<i>simvastatin</i>	57	SPRAVATO (56 MG DOSE).....	74
SANDOSTATIN.....	106	SINEMET.....	76	SPRAVATO (84 MG DOSE).....	74
SANDOSTATIN LAR DEPOT.....	106	SINGULAIR.....	207	Sprintec 28.....	129
SANTYL.....	223	<i>sirolimus</i>	187	SPRITAM.....	84
SAPHRIS.....	79	SIRTURO.....	32	SPRIX.....	16
<i>sapropterin dihydrochloride</i>	142	SITAVIG.....	32	SPRYCEL.....	48
SAVAYSA.....	166	SIVEXTRO.....	37	SPS.....	151
SAVELLA.....	91	SKYCLARYS.....	96	Sronyx.....	129
SAVELLA TITRATION PACK.....	91	SKYLA.....	128	Ssd.....	215
<i>saxagliptin hcl</i>	109	SKYRIZI.....	181	STEGLATRO.....	116
<i>saxagliptin-metformin er</i>	108	SKYRIZI PEN.....	181	STEGLUJAN.....	115
SAXENDA.....	117	SKYTROFA.....	149	STELARA.....	181, 182
SCSEMBLIX.....	48	SLYND.....	129	STENDRA.....	163
<i>scopolamine</i>	155	<i>sm loratadine</i>	203	<i>sterile water for irrigation</i>	199
SECUADO.....	79	<i>sm loratadine allergy relief</i>	203	STIMUFEND.....	168
SEGLENTIS.....	22	<i>sm loratadine d 12hr</i>	206	STIOLTO RESPIMAT.....	200
SEGLUROMET.....	115	SMART SENSE PREMIUM TEST.....	140	STIVARGA.....	48
SELECT-OB.....	191	SMARTEST BLOOD GLUCOSE TEST.....	140	STRATTERA.....	90
SELECT-OB+DHA.....	191	SOANZ.....	62	STRENSIQ.....	142
<i>selegiline hcl</i>	76	<i>sodium chloride</i>	207	STRIBILD.....	31
SELZENTRY.....	29	<i>sodium fluoride</i>	188, 189	STRIVERDI RESPIMAT....	204
SEMGLEE (YFGN).....	114	<i>sodium oxybate</i>	101	SUBLOCADE.....	23
SENSIPAR.....	117	<i>sodium phenylbutyrate</i>	142	SUBOXONE.....	102
SEREVENT DISKUS.....	204	<i>sodium polystyrene sulfonate</i> ..	151	SUCRAID.....	158
SEROQUEL XR.....	79	<i>sofosbuvir-velpatasvir</i>	36	<i>sucralfate</i>	158
SEROSTIM.....	149	SOGROYA.....	149	SUFLAVE.....	157
<i>sertraline hcl</i>	74	SOHONOS.....	101	<i>sulconazole nitrate</i>	216
Setlakin.....	128	<i>solifenacin succinate</i>	164	<i>sulfacetamide sodium</i>	196
<i>sevelamer carbonate</i>	150	SOLQUA.....	109	<i>sulfacetamide sodium (acne)</i> ..	214
<i>sevelamer hcl</i>	150	SOLODYN.....	39	<i>sulfacetamide-prednisolone</i>	196
SEVENFACT.....	167	SOLOSEC.....	37	<i>sulfadiazine</i>	25
SEYSARA.....	39	SOLUS V2 TEST.....	140	<i>sulfamethoxazole-trimethoprim</i>	25, 26
SFROWASA.....	156	SOMA.....	101	<i>sulfasalazine</i>	156
Sharobel.....	128	SOMATULINE DEPOT.....	106	<i>sulindac</i>	16
SIGNIFOR.....	150	SOMAVERT.....	106	<i>sumatriptan</i>	94
SIGNIFOR LAR.....	150	SOOLANTRA.....	224	<i>sumatriptan succinate</i>	94
SIKLOS.....	172	<i>sorafenib tosylate</i>	48	<i>sumatriptan succinate refill</i>	94
<i>sildenafil citrate</i>	65, 163	SORILUX.....	217	<i>sumatriptan-naproxen sodium</i> ..	94
SILENOR.....	92	<i>sotalol hcl</i>	55	<i>sunitinib malate</i>	48
SILIQ.....	181	<i>sotalol hcl (af)</i>	55	SUNLENCA.....	29
<i>silodosin</i>	162	SOTYKTU.....	181	SUNOSI.....	101
<i>silver sulfadiazine</i>	215	SOVALDI.....	36	SUPARTZ FX.....	24
SIMBRINZA.....	195	<i>spinosad</i>	224	<i>super quad-mix</i>	163
Simliya.....	128	SPIRIVA HANDIHALER...	201	SUPREME TEST.....	140
Simpesse.....	128	SPIRIVA RESPIMAT.....	201	SUPREP BOWEL PREP KIT	157
SIMPONI.....	181	<i>spironolactone</i>	62	SUTAB.....	157

SUTENT.....	48	TASIGNA.....	48	TIKOSYN.....	55
Syeda.....	129	<i>tasimelteon</i>	92	Tilia Fe.....	129
SYMBICORT.....	211	<i>tavaborole</i>	216	<i>timolol maleate</i>	59, 195
SYMDEKO.....	206	TAVALISSE.....	173	<i>timolol maleate (once-daily)</i> ..	195
SYMFI.....	31	TAVNEOS.....	171	Timolol Maleate OcuDose.....	195
SYMFI LO.....	31	Taysofy.....	129	<i>timolol maleate pf</i>	195
SYMLINPEN 120.....	107	TAYTULLA.....	129	TIMOPTIC OCUDOSE.....	195
SYMLINPEN 60.....	107	<i>tazarotene</i>	214, 217	<i>tinidazole</i>	26
SYMPAZAN.....	84	TAZORAC.....	217	<i>tiopronin</i>	164
SYMPROIC.....	158	TAZVERIK.....	50	<i>tiotropium bromide</i>	
SYMTUZA.....	31	TECFIDERA.....	99	<i>monohydrate</i>	201
SYNAGIS.....	188	TEGRETOL.....	84	TIROSINT.....	152
SYNALAR.....	221	TEGRETOL-XR.....	84	TIROSINT-SOL.....	152
SYNAREL.....	140	TEGSEDI.....	151	TIVICAY.....	29
SYNDROS.....	155	<i>telmisartan</i>	54	TIVICAY PD.....	29
SYNJARDY.....	115	<i>telmisartan-amlodipine</i>	53	<i>tizanidine hcl</i>	101
SYNJARDY XR.....	115	<i>telmisartan-hctz</i>	53	TLANDO.....	106
SYNOJOYNT.....	25	<i>temazepam</i>	92	TOBI.....	206
SYNVISC.....	25	<i>temozolomide</i>	39	TOBI PODHALER.....	206
SYNVISC ONE.....	25	<i>tenofovir disoproxil fumarate</i>	29	TOBRADEX.....	196
SYPRINE.....	120	TEPMETKO.....	48	TOBRADEX ST.....	196
TABLOID.....	40	<i>terazosin hcl</i>	162	<i>tobramycin</i>	196, 207
TABRECTA.....	48	<i>terbinafine hcl</i>	26	<i>tobramycin-dexamethasone</i>	196
TACLONEX.....	217	<i>terbutaline sulfate</i>	204	TODAY SPONGE.....	162
<i>tacrolimus</i>	188, 218	<i>terconazole</i>	165	TOLAK.....	215
<i>tadalafil</i>	163	<i>teriflunomide</i>	99	<i>tolcapone</i>	76
<i>tadalafil (pah)</i>	65	<i>teriparatide</i>	118	<i>tolsura</i>	26
TADLIQ.....	65	<i>teriparatide (recombinant)</i>	118	<i>tolterodine tartrate</i>	164
TAFINLAR.....	48	TESTIM.....	107	<i>tolterodine tartrate er</i>	164
<i>tafluprost (pf)</i>	195	<i>testosterone</i>	107	<i>tolvaptan</i>	150
TAGRISSO.....	48	<i>testosterone cypionate</i>	107	TOPICORT.....	221
TAKE ACTION.....	129	<i>testosterone enanthate</i>	107	TOPICORT SPRAY.....	221
TAKHZYRO.....	184	<i>tetrabenazine</i>	96	<i>topiramate</i>	84
TALICIA.....	161	<i>tetracycline hcl</i>	39	<i>topiramate er</i>	84
TALTZ.....	182	TEXACORT.....	221	TOPROL XL.....	59
TALZENNA.....	50	TEZSPIRE.....	209	<i>toremifene citrate</i>	42
TAMIFLU.....	32, 33	THALITONE.....	62	<i>torseamide</i>	62
<i>tamoxifen citrate</i>	42	THALOMID.....	41	TOSYMRA.....	94
<i>tamsulosin hcl</i>	162	THEO-24.....	211	TOUJEO MAX SOLOSTAR.....	114
TAPERDEX 12-DAY.....	147	<i>theophylline</i>	212	TOUJEO SOLOSTAR.....	114
Taperdex 6-Day.....	147	<i>theophylline er</i>	211	Tovet.....	221
TAPERDEX 7-DAY.....	147	THIOLA.....	164	TOVIAZ.....	165
TARCEVA.....	48	THIOLA EC.....	164	TRACLEER.....	65
Targadox.....	39	<i>thioridazine hcl</i>	79	TRADJENTA.....	109
TARGRETIN.....	50, 223	<i>thiothixene</i>	79	<i>tramadol hcl</i>	23
Tarina 24 Fe.....	129	THYMOGLOBULIN.....	188	<i>tramadol hcl (er biphasic)</i> ..	22, 23
Tarina Fe 1/20 Eq.....	129	THYQUIDITY.....	152	<i>tramadol hcl er</i>	23
TARON-C DHA.....	191	<i>thyroid</i>	152	<i>tramadol-acetaminophen</i>	23
TARPEYO.....	164	<i>tiagabine hcl</i>	84	<i>trandolapril</i>	52
TASCENSO ODT.....	99	TIBSOVO.....	50	<i>trandolapril-verapamil hcl er</i>	51

<i>tranexamic acid</i>	171	TRIVISC.....	25	VAGIFEM.....	144
TRANSDERM-SCOP.....	155	Trivora (28).....	130	<i>valacyclovir hcl</i>	33
<i>tranylcypromine sulfate</i>	74	Tri-Vylibra.....	130	VALCHLOR.....	223
TRAVATAN Z.....	195	Tri-Vylibra Lo.....	130	VALCYTE.....	33
<i>travoprost (bak free)</i>	195	TROKENDI XR.....	84	<i>valganciclovir hcl</i>	33
<i>trazodone hcl</i>	74	<i>tropicamide</i>	199	VALIUM.....	84
TRELEGY ELLIPTA.....	201	<i>trospium chloride</i>	165	<i>valproic acid</i>	84
TRELSTAR MIXJECT.....	42	<i>trospium chloride er</i>	165	<i>valsartan</i>	54
TREMFYA.....	182	TRUDHESA.....	95	<i>valsartan-hydrochlorothiazide</i> ...53	
<i>treprostinil</i>	65	<i>true focus blood glucose strip</i> ..	140	VALTOCO 10 MG DOSE.....	84
TRESIBA.....	114	TRUE METRIX BLOOD		VALTOCO 15 MG DOSE.....	85
TRESIBA FLEXTOUCH.....	114	GLUCOSE TEST.....	140	VALTOCO 20 MG DOSE.....	85
<i>tretinoin</i>	50, 214	TRUETEST TEST.....	140	VALTOCO 5 MG DOSE.....	85
<i>tretinoin microsphere</i>	214	TRUETRACK TEST.....	140	VALTRESX.....	33
<i>tretinoin microsphere pump</i>	214	TRULICITY.....	109	VANCOCIN.....	37
TREXALL.....	40	TRUQAP.....	48	<i>vancomycin hcl</i>	37
TREXIMET.....	94	TRUVADA.....	31	VANFLYTA.....	49
<i>triamcinolone acetonide</i>		TUDORZA PRESSAIR.....	201	VANOS.....	222
.....	208, 221, 222, 224	TUKYSA.....	48	<i>varденаfil hcl</i>	163
<i>triamterene</i>	62	TURALIO.....	48	<i>varenicline tartrate</i>	105
<i>triamterene-hctz</i>	62	Turqoz.....	130	<i>varenicline tartrate (starter)</i> ..	105
<i>triazolam</i>	92	TUXARIN ER.....	206	VARIZIG.....	186
TRICOR.....	56	TWIRLA.....	130	VARUBI (180 MG DOSE)...	155
<i>trientine hcl</i>	120	TWYNEO.....	214	VASCEPA.....	58
Tri-Estarylla.....	129	TYBLUME.....	130	VCF VAGINAL	
<i>trifluoperazine hcl</i>	79	TYBOST.....	29	CONTRACEPTIVE.....	162
<i>trifluridine</i>	196	Tydemy.....	130	VECAMYL.....	63
<i>trihexyphenidyl hcl</i>	76	TYKERB.....	49	VECTICAL.....	217
TRIJARDY XR.....	108	TYMLOS.....	118	VELETRI.....	66
TRIKAFTA.....	207	TYRVAYA.....	199	VELIVET.....	130
Tri-Legest Fe.....	129	TYSABRI.....	99	VELPHORO.....	151
TRILEPTAL.....	84	TYVASO.....	65	VELSIPITY.....	182
Tri-Linyah.....	129	TYVASO DPI		VELTASSA.....	151
Tri-Lo-Estarylla.....	129	MAINTENANCE KIT.....	65	VELTIN.....	214
Tri-Lo-Marzia.....	129	TYVASO DPI TITRATION		VEMLIDY.....	35
Tri-Lo-Mili.....	129	KIT.....	65	VENCLEXTA.....	40
Tri-Lo-Sprintec.....	129	TYVASO REFILL.....	65	VENCLEXTA STARTING	
TRILURON.....	25	TYVASO STARTER.....	65	PACK.....	40
<i>trimethobenzamide hcl</i>	155	UBRELVY.....	95	<i>venlafaxine besylate er</i>	74
Tri-Mili.....	129	UCERIS.....	156	<i>venlafaxine hcl</i>	74
<i>trimipramine maleate</i>	74	UDENYCA.....	168	<i>venlafaxine hcl er</i>	74
TRINATE.....	191	ULORIC.....	14	VENOFER.....	193
TRINTELLIX.....	74	ULTRAVATE.....	222	VENTAVIS.....	66
Tri-Nymyo.....	129	UNISTRIP1 GENERIC.....	140	VENTOLIN HFA.....	204
TRIPTODUR.....	119	UPNEEQ.....	199	VEOZAH.....	150
Tri-Sprintec.....	129	UPTRAVI.....	66	<i>verapamil hcl</i>	61
<i>tristart dha</i>	191	UPTRAVI TITRATION.....	66	<i>verapamil hcl er</i>	61
TRIUMEQ.....	31	UROXATRAL.....	162	<i>verasens blood glucose test</i>	140
TRIUMEQ PD.....	31	<i>ursodiol</i>	158	VERDESO.....	222
<i>tri-vi-floro</i>	193	UZEDY.....	79	VEREGEN.....	223

VERKAZIA.....	199	VOGELXO.....	107	WINLEVI.....	214
VERQUVO.....	62	VOGELXO PUMP.....	107	WINRHO SDF.....	186
VERSACLOZ.....	79	Volnea.....	130	Wixela Inhub.....	211
VERZENIO.....	49	VONJO.....	49	Wymzya Fe.....	131
VESICARE.....	165	VONVENDI.....	167	WYNZORA.....	217
Vestura.....	130	VOQUEZNA.....	158	XADAGO.....	76
VEVYE.....	198	<i>voriconazole</i>	26, 27	XALKORI.....	49
V-GO 20.....	140	VOSEVI.....	36	XANAX.....	67
V-GO 30.....	140	VOTRIENT.....	49	XANAX XR.....	67
V-GO 40.....	140	VOWST.....	159	XARELTO.....	166
VIAGRA.....	163	VOXZOGO.....	148	XARELTO STARTER	
VIBERZI.....	156	VPRIV.....	145	PACK.....	166
VIBRAMYCIN.....	39	VRAYLAR.....	79	XATMEP.....	40
VICTOZA.....	109	VTAMA.....	217	XCOPRI.....	85
Vienna.....	130	VUMERITY.....	99	XCOPRI (250 MG DAILY	
<i>vigabatrin</i>	85	VUSION.....	216	DOSE).....	85
Vigadrone.....	85	Vyfemla.....	130	XCOPRI (350 MG DAILY	
VIIBRYD.....	74	VYLEESI.....	104	DOSE).....	85
VIJOICE.....	150	Vylibra.....	130	XDEMVY.....	197
<i>vilazodone hcl</i>	74	VYNDAMAX.....	63	XELJANZ.....	183
VIMIZIM.....	142	VYNDAQEL.....	64	XELJANZ XR.....	183
VIMOVO.....	17	VYVANSE.....	90	XELODA.....	40
VIMPAT.....	85	VYZULTA.....	195	XELPROS.....	195
VINATE II.....	191	WAINUA.....	151	XELSTRYM.....	90
VINATE ONE.....	191	WAKIX.....	101	XEMBIFY.....	186
VIOKACE.....	159	<i>warfarin sodium</i>	166	XENAZINE.....	97
<i>viorele</i>	130	WEGOVY.....	117	XENICAL.....	117
VIRACEPT.....	29	WELIREG.....	50	XEOMIN.....	101
VIREAD.....	29	WELLBUTRIN XL.....	74	XEPI.....	215
VISCO-3.....	25	Wera.....	130	XERESE.....	33
VISTOGARD.....	50	<i>wescap-c dha</i>	192	XERMELO.....	159
VISUDYNE.....	199	<i>wescap-pn dha</i>	192	XGEVA.....	118
VITAFOL FE+.....	191	<i>westgel dha</i>	192	XHANCE.....	208
VITAFOL GUMMIES.....	191	WIDE-SEAL DIAPHRAGM		XIFAXAN.....	37
VITAFOL STRIPS.....	192	60.....	130	XIGDUO XR.....	115
VITAFOL ULTRA.....	192	WIDE-SEAL DIAPHRAGM		XIIDRA.....	198
VITAFOL-NANO.....	192	65.....	130	XIMINO.....	39
VITAFOL-OB.....	192	WIDE-SEAL DIAPHRAGM		XOFLUZA (40 MG DOSE)...	33
VITAFOL-OB+DHA.....	192	70.....	130	XOFLUZA (80 MG DOSE)...	33
VITAFOL-ONE.....	192	WIDE-SEAL DIAPHRAGM		XOLAIR.....	209
VITAMEDMD REDICHEW		75.....	131	XOPENEX HFA.....	204
RX.....	192	WIDE-SEAL DIAPHRAGM		XOSPATA.....	49
<i>vitamin d (ergocalciferol)</i>	194	80.....	131	XPHOZAH.....	151
VITAPEARL.....	192	WIDE-SEAL DIAPHRAGM		XPOVIO (100 MG ONCE	
VITRAKVI.....	49	85.....	131	WEEKLY).....	50
VIVA DHA.....	192	WIDE-SEAL DIAPHRAGM		XPOVIO (40 MG ONCE	
VIVELLE-DOT.....	144	90.....	131	WEEKLY).....	50
VIVITROL.....	102	WIDE-SEAL DIAPHRAGM		XPOVIO (40 MG TWICE	
VIVJOA.....	26	95.....	131	WEEKLY).....	50
VIZIMPRO.....	49	WILATE.....	167		

XPOVIO (60 MG ONCE WEEKLY).....	50	ZEPOSIA 7-DAY STARTER PACK.....	99	ZYRTEC ALLERGY CHILDRENS.....	203
XPOVIO (60 MG TWICE WEEKLY).....	50	ZEPOSIA STARTER KIT... ..	100	ZYRTEC CHILDRENS ALLERGY.....	203
XPOVIO (80 MG ONCE WEEKLY).....	50	ZERVIAE.....	194	ZYRTEC-D ALLERGY & CONGESTION.....	206
XPOVIO (80 MG TWICE WEEKLY).....	50	ZESTORETIC.....	51	ZYTIGA.....	43
XTAMPZA ER.....	23	ZETIA.....	55	ZYVOX.....	37
XTANDI.....	43	ZETONNA.....	208		
Xulane.....	131	ZIAGEN.....	29		
XULTOPHY.....	110	ZIANA.....	214		
XURIDEN.....	150	<i>zidovudine</i>	29, 30		
XYNTHA.....	170	ZIEXTENZO.....	168		
XYNTHA SOLOFUSE.....	170	ZILBRYSQ.....	96		
XYOSTED.....	107	<i>zileuton er</i>	207		
XYREM.....	101	ZILXI.....	224		
XYWAV.....	101	ZIMHI.....	102		
XYZAL ALLERGY 24HR... ..	203	<i>ziprasidone hcl</i>	79		
YASMIN 28.....	131	<i>ziprasidone mesylate</i>	79		
YAZ.....	131	ZIPSOR.....	16		
YONSA.....	43	ZIRGAN.....	197		
YOSPRALA.....	172	<i>zitivio</i>	109		
YUFLYMA (1 PEN).....	183	ZOKINVY.....	150		
YUFLYMA (2 SYRINGE).. ..	183	<i>zoledronic acid</i>	118		
YUPELRI.....	201	ZOLINZA.....	51		
YUSIMRY.....	183	<i>zolmitriptan</i>	95		
Yuvafem.....	144	ZOLOFT.....	75		
ZADITOR.....	194	<i>zolpidem tartrate</i>	92		
Zafemy.....	131	<i>zolpidem tartrate er</i>	92		
<i>zafirlukast</i>	207	ZOMACTON.....	149		
<i>zaleplon</i>	92	ZOMIG.....	95		
<i>zalvit</i>	192	ZONALON.....	216		
ZARXIO.....	168	ZONEGRAN.....	85		
ZAVESCA.....	145	ZONISADE.....	85		
ZAVZPRET.....	95	<i>zonisamide</i>	85		
ZEGALOGUE.....	147, 148	ZONTIVITY.....	172		
ZEGERID.....	161	ZORYVE.....	217		
ZEJULA.....	51	Zovia 1/35 (28).....	131		
ZELAPAR.....	76	ZOVIRAX.....	223		
ZELBORAF.....	49	ZTALMY.....	85		
ZEMAIRA.....	200	ZUBSOLV.....	102		
ZEMBRACE SYMTOUCH... ..	95	Zumandimine.....	131		
Zenatane.....	214	ZURZUVAE.....	75		
ZENPEP.....	159	ZYCLARA.....	215		
Zenzedi.....	90	ZYCLARA PUMP.....	215		
ZEPATIER.....	36	ZYDELIG.....	49		
ZEPBOUND.....	117	ZYFLO.....	207		
ZEPOSIA.....	100	ZYKADIA.....	49		
		ZYLET.....	196		
		ZYPITAMAG.....	57		
		ZYRTEC ALLERGY.....	203		