

Plan for your best health

Advanced Control Plan - Aetna: Federal and Postal Service Employees

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

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 Previous versions are no longer in effect.

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

2026 Pharmacy Drug Guide

Advanced Control Plan - Aetna: Federal Employees

Table of Contents

INFORMATIONAL SECTION.....	4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....	13
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....	24
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	38
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	51
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	65
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	102
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	148
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS.....	156
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	160
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM.....	167
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	185
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	190
OTHER.....	195
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	195
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	206

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:** Through e-prescribe
 - 2. Fax:** [1-800-323-2445](tel:1-800-323-2445)
 - 3. Phone:** [1-800-237-2767](tel:1-800-237-2767) (TTY: [711](tel:1-800-237-2767))

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

CVS Caremark Mail Service Pharmacy™

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

Get started right away

You can submit your order using one of these options:

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

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

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

Frequently asked questions

How can I save on prescriptions?

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

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

What are generic drugs?

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

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

What is precertification/prior authorization (PA)?*

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.

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

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 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

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

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

1-800-648-7817 (TTY: 711),

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

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)**.

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 လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အိၣ်အကီၢ်,ကိးဘၣ်လီၤတၢ်စိနီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂံၢ် (ID) အလီၤန့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بو دەسپێرێ ئاگهیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بو تو، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjelōk wōṇean ñan kwe, kwōn kallok nōm̄ba eo ilo kaat in ID eo am̄.
Micronesia-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowol doo búáh ílínígóó naaltsoos bee atah nílíggo nanitinígíí bee néého'dólzínígíí béésh bee hane'í biká'ígíí ááji' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cìn wëu kor keek tënɔŋ yin. Ke yin col ran ye koc kuony në namba de abac tō në ID kard duɔn de tīt de nyin de panakim kōu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.

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

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

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

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

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

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

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

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

In accordance with state law, fully insured Commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added to the Precertification or Step-Therapy Lists will continue to have those drugs covered for as long as the prescriber prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

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

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

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

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

Advanced Control Plan - Aetna: Federal Employees

Coverage Requirements and Limits

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

Drug Tier

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

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

NP = Non-Preferred Brand and Generic

NPSP = Non-Preferred Specialty

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</i>	NP	
<i>celecoxib oral capsule 50 mg</i>	NP	N8 (Listing does not include certain NDCs)
ELYXYB ORAL SOLUTION 120 MG/4.8ML (<i>celecoxib (migraine)</i>)	NF	
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	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diclofenac potassium</i> (Lofena Oral Tablet 25 Mg)	NF	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	PG	
<i>mefenamic acid oral capsule 250 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>meloxicam oral capsule 10 mg, 5 mg</i>	NF	
<i>meloxicam oral suspension 7.5 mg/5ml</i>	NF	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PG	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PG	N8 (Listing does not include certain NDCs)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	NF	
<i>naproxen oral suspension 125 mg/5ml</i>	NF	
<i>naproxen oral tablet 250 mg, 375 mg, 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	
PENNSAID EXTERNAL SOLUTION 2 % (<i>diclofenac sodium</i>)	NF	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PG	
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	NF	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	PG	
TOLECTIN 600 ORAL TABLET 600 MG (<i>tolmetin sodium</i>)	NF	
<i>tolmetin sodium oral capsule 400 mg</i>	NF	
<i>tolmetin sodium oral tablet 600 mg</i>	NF	
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	NF	
NSAIDS, COMBINATIONS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	NF	
COMBOGESIC ORAL TABLET 325-97.5 MG (<i>ibuprofen-acetaminophen</i>)	NF	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	NF	
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	NF	
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG (<i>naproxen-esomeprazole</i>)	NF	
OPIOID ANALGESICS		
<i>acetaminophen-codeine oral solution 300-30 mg/12.5ml</i>	PG	N8 (Subject to initial limit); QL (2700 ML per 25 DAYs)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	PG	N8 (Subject to initial limit); QL (400 TABLETS per 25 DAYs)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	PG	N8 (Subject to initial limit); QL (360 TABLETS per 25 Days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 Days)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	NF	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	NP	N8 (Subject to initial limit); QL (300 CAPSULES per 25 days)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	NF	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	PG	STX; N8 (Listing does not include certain NDCs); QL (48 CAPSULES per 25 DAYs)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	PG	STX; QL (48 CAPSULES per 25 DAYs)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	PG	STX; QL (48 CAPSULES per 25 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	NP	QL (2 BOTTLES per 25 DAYs)
<i>codeine sulfate oral tablet 30 mg</i>	PG	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
<i>codeine sulfate oral tablet 60 mg</i>	NP	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	NP	STX; QL (48 CAPSULES per 25 DAYs)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	NF	
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	NF	
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml</i>	PG	N8 (Subject to initial limit); QL (2025 ML per 25 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	PG	N8 (Subject to initial limit); QL (2700 ML per 25 DAYs)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	PG	N8 (Subject to initial limit); QL (2700 ML per 25 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	PG	N8 (Subject to initial limit); QL (360 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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYS)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	PG	N8 (Subject to initial limit); QL (50 TABLETS per 25 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg</i>	NP	ST; QL (30 TABLETS per 25 DAYS)
<i>hydromorphone hcl er oral tablet extended release 24 hour 32 mg</i>	NP	ST
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	PG	N8 (Subject to initial limit); QL (480 ML per 25 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 4 mg</i>	PG	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	PG	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	NF	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	NF	
<i>meperidine hcl oral solution 50 mg/5ml</i>	NF	
<i>meperidine hcl oral tablet 50 mg</i>	NF	
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	NP	ST; QL (45 ML per 25 days)
<i>methadone hcl oral concentrate 10 mg/ml</i>	NP	QL (30 ML per 25 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	PG	ST; QL (225 ML per 25 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	PG	ST; QL (450 ML per 25 DAYS)
<i>methadone hcl oral tablet 10 mg</i>	PG	ST; QL (30 TABLETS per 25 days)
<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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 10 mg/0.5ml</i>	PG	N8 (Subject to initial limit); QL (135 ML per 25 Days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	PG	ST
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	PG	ST; QL (30 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	PG	ST; QL (60 CAPSULES per 25 days)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	PG	ST
<i>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg</i>	PG	ST; QL (30 CAPSULES per 25 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	PG	ST
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	PG	ST; QL (90 TABLETS per 25 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (900 ML per 25 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (675 ML per 25 DAYs)
<i>morphine sulfate oral tablet 15 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>morphine sulfate oral tablet 30 mg</i>	PG	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG (<i>morphine sulfate</i>)	NP	ST; QL (90 TABLETS per 25 DAYs)
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG (<i>morphine sulfate</i>)	NP	ST
<i>nalocet oral tablet 2.5-300 mg</i>	NF	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG (<i>tapentadol hcl</i>)	PB	ST; QL (60 TABLETS per 25 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG (<i>tapentadol hcl</i>)	PB	ST

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2026

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
ROXICODONE ORAL TABLET 15 MG (<i>oxycodone hcl</i>)	NP	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
ROXICODONE ORAL TABLET 30 MG (<i>oxycodone hcl</i>)	NP	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	NF	
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NF	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg</i>	PG	ST; QL (30 TABLETS per 25 days)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</i>	PG	ST
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	PG	ST; QL (30 TABLETS per 25 days)
<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, 75 mg</i>	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tramadol hcl oral tablet 50 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	PG	N8 (Subject to initial limit); QL (40 TABLETS per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG (<i>oxycodone</i>)	PB	ST; QL (60 CAPSULES per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (<i>oxycodone</i>)	PB	ST
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG (<i>buprenorphine hcl</i>)	PB	ST; QL (60 FILMS per 25 DAYS)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	PB	ST
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	PG	ST; QL (4 PATCH WEEKLY per 25 days)
<i>buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr</i>	PG	ST
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	NF	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	NP	STX; N8 (Subject to initial limit.); QL (120 TABLETS per 25 days)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	PSP	
SALICYLATES		
<i>aspirin childrens oral tablet chewable 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Min 12 Years and Max 59 Years)
<i>aspirin oral tablet delayed release 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 Days); AL (Min 12 Years and Max 59 Years)
<i>diflunisal oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
DOLOBID ORAL TABLET 250 MG, 375 MG (<i>diflunisal</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	NF	
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>)	PSP	PA
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (<i>hylan g-f 20</i>)	NF	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (<i>hylan g-f 20</i>)	NF	
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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>ivermectin oral tablet 6 mg</i>	PG	PA; QL (9 TABLETS per 75 DAYS)
<i>praziquantel oral tablet 600 mg</i>	PG	QL (24 TABLETS per 365 DAYS)
STROMEKTOL ORAL TABLET 3 MG (<i>ivermectin</i>)	NP	PA; QL (9 TABLETS per 75 DAYS)
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	NPSP	PA
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	NF	
<i>neomycin sulfate oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>sulfadiazine oral tablet 500 mg</i>	NF	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	NP	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
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>griseofulvin ultramicrosize oral tablet 165 mg</i>	NF	
<i>itraconazole oral capsule 100 mg</i>	PG	
<i>itraconazole oral solution 10 mg/ml</i>	NP	PA

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>)	NP	QL (60 TABLETS per 30 days)
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG (<i>rilpivirine hcl</i>)	NP	QL (180 TABLETS per 30 DAYS)
<i>efavirenz oral tablet 600 mg</i>	PG	QL (30 TABLETS per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	PG	QL (30 TABLETS per 30 DAYS)
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	NP	QL (30 CAPSULES per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	NP	QL (680 ML per 28 days)
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	NP	QL (900 ML per 30 days)
EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>)	NP	QL (60 tablets per 30 days)
EPIVIR ORAL TABLET 300 MG (<i>lamivudine</i>)	NP	QL (30 tablets per 30 days)
<i>etravirine oral tablet 100 mg</i>	PG	QL (120 TABLETS per 30 DAYS)
<i>etravirine oral tablet 200 mg</i>	PG	QL (60 TABLETS per 30 DAYS)
<i>fosamprenavir calcium oral tablet 700 mg</i>	PG	QL (120 TABLETS per 30 DAYS)
INTELENCE ORAL TABLET 100 MG, 25 MG (<i>etravirine</i>)	NP	QL (120 TABLETS per 30 days)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	NP	QL (60 TABLETS per 30 days)
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	PB	QL (60 TABLETS per 30 DAYS)
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	PB	QL (60 PACKETS per 30 days)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	PB	QL (120 TABLETS per 30 DAYS)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	PB	QL (180 TABLETS per 30 DAYS)
<i>lamivudine oral solution 10 mg/ml</i>	PG	QL (900 ML per 30 DAYS)
<i>lamivudine oral tablet 150 mg</i>	PG	QL (60 TABLETS per 30 days)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lamivudine oral tablet 300 mg</i>	PG	QL (30 TABLETS per 30 days)
<i>maraviroc oral tablet 150 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
<i>maraviroc oral tablet 300 mg</i>	PG	QL (120 TABLETS per 30 DAYs)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
<i>nevirapine oral suspension 50 mg/5ml</i>	PG	QL (1200 ML per 30 DAYs)
<i>nevirapine oral tablet 200 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	PB	QL (360 PACKETS per 30 DAYs)
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	PB	QL (360 TABLETS per 30 days)
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	NF	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	PB	QL (400 ML per 30 DAYs)
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	PB	QL (180 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 600 MG (<i>darunavir</i>)	PB	QL (60 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	PB	QL (300 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 800 MG (<i>darunavir</i>)	PB	QL (30 TABLETS per 30 DAYs)
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	NP	QL (180 CAPSULES per 30 DAYs)
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	NP	QL (1800 ML per 30 DAYs)
REYATAZ ORAL CAPSULE 200 MG (<i>atazanavir sulfate</i>)	NP	QL (60 CAPSULES per 30 days)
REYATAZ ORAL CAPSULE 300 MG (<i>atazanavir sulfate</i>)	NP	QL (30 CAPSULES per 30 days)
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	NP	QL (180 PACKET per 30 days)
<i>ritonavir oral tablet 100 mg</i>	PG	QL (360 TABLETS per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	NP	QL (60 TABLETS per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	NP	QL (1840 ML per 30 days)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELZENTRY ORAL TABLET 150 MG (<i>maraviroc</i>)	NP	QL (60 TABLETS per 30 DAYS)
SELZENTRY ORAL TABLET 300 MG (<i>maraviroc</i>)	NP	QL (120 TABLETS per 30 DAYS)
SUNLENCA ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	NF	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (<i>lenacapavir sodium</i>)	NF	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	PG	QL (30 TABLETS per 30 DAYS)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	PB	QL (60 TABLETS per 30 DAYS)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	PB	QL (360 TABLETS per 30 days)
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 G per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (<i>tenofovir disoproxil fumarate</i>)	NP	QL (30 TABLETS per 30 days)
YEZTUGO ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	NF	
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	NP	QL (900 ML per 30 days)
<i>zidovudine oral capsule 100 mg</i>	PG	QL (180 CAPSULES per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	PG	QL (1800 ML per 30 DAYS)
<i>zidovudine oral tablet 300 mg</i>	PG	QL (60 TABLETS per 30 days)
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	PG	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG (<i>bictegravir-emtricitab-tenofovir</i>)	PB	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYS)
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYS)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	PG	QL (300 TABLETS per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	PG	QL (120 TABLETS per 30 DAYS)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofof af</i>)	PB	QL (30 TABLETS per 30 DAYS)
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	PB	QL (30 TABLETS per 30 DAYS)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	NF	
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	NP	QL (30 TABLETS per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	PB	QL (30 TABLETS per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	NP	QL (30 TABLETS per 30 days)
<i>triumeq pd oral tablet soluble 60-5-30 mg</i>	NP	QL (180 TABLETS per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (<i>emtricitabine-tenofovir df</i>)	NF	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine oral capsule 250 mg</i>	NP	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	PG	
<i>isoniazid oral syrup 50 mg/5ml</i>	PG	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>pyrazinamide oral tablet 500 mg</i>	PG	
<i>rifabutin oral capsule 150 mg</i>	PG	
<i>rifampin oral capsule 150 mg, 300 mg</i>	PG	N8 (Listing does not include certain NDCs)
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	NPSP	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir oral capsule 200 mg</i>	PG	
<i>acyclovir oral suspension 200 mg/5ml</i>	PG	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	PG	
<i>cidofovir intravenous solution 75 mg/ml</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>cephalexin oral capsule 750 mg</i>	PG	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	PG	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	PG	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	PG	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	PB	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	PB	
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	PG	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	PG	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	PG	
<i>erythromycin base oral tablet delayed release 333 mg</i>	PG	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	PG	
<i>erythromycin oral tablet delayed release 250 mg, 500 mg</i>	PG	
<i>fidaxomicin oral tablet 200 mg</i>	PG	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>levofloxacin oral solution 25 mg/ml</i>	PG	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>moxifloxacin hcl oral tablet 400 mg</i>	PG	
HEPATITIS B		
<i>adefovir dipivoxil oral tablet 10 mg</i>	PG	
BARACLUDGE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	NPSP	PA; QL (630 ML per 30 days)
BARACLUDGE 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 (<i>sofosbuvir-velpatasvir</i>)	PSP	PA; IBC (Preferred for all genotypes); QL (28 PELLETS per 28 DAYs)

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	NP	PA
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NF	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	PG	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	PG	N8 (Listing does not include certain NDCs)
VANCOCIN ORAL CAPSULE 125 MG (<i>vancomycin hcl</i>)	NP	QL (80 CAPSULES per 10 Days)
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	NP	QL (80 CAPSULES per 10 days)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	NF	
XIFAXAN ORAL TABLET 200 MG, 550 MG (<i>rifaximin</i>)	NF	
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	N8 (Listing does not include certain NDCs)
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>amoxicillin oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	PG	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	PG	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	PG	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>ampicillin oral capsule 500 mg</i>	PG	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	PG	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	PG	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	NP	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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 suspension 2000 mg/100ml</i>	CE	PA; N7 (PSP)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N7 (PG)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	PG	
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	CE	PA; N7 (NPSP); QL (14 TABLETS per 28 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	CE	PA; N7 (NPSP)
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	CE	N7 (NPSP)
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>)	NF	
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	CE	N7 (NF)
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	CE	PA; N7 (PSP); QL (28 CAPSULES per 28 DAYs)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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, 7.5 MG (<i>leuprolide acetate</i>)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NF	
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	CE	N7 (NPSP)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N7 (PG)
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	N7 (NF)
ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hydrochloride</i>)	CE	N7 (NF)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N7 (PG); AL (Min 35 Years)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N7 (PG)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	NF	
VABRINTY SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
VABRINTY SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NF	
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYS)
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYS)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 5 MG (<i>everolimus</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG (<i>everolimus</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
AFINITOR ORAL TABLET 10 MG (<i>everolimus</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
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 (NPSP); QL (30 TABLETS per 30 days)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
AUGTYRO ORAL CAPSULE 160 MG, 40 MG (<i>repotrectinib</i>)	CE	N7 (NF)
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG (<i>avutometinib-defactinib</i>)	CE	N7 (NF)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	CE	N7 (NF)
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPSP); QL (84 TABLETS per 28 days)
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPSP); QL (28 TABLETS per 28 days)
BOSULIF ORAL CAPSULE 100 MG (<i>bosutinib</i>)	CE	PA; N7 (PSP); QL (300 CAPSULES per 30 DAYs)
BOSULIF ORAL CAPSULE 50 MG (<i>bosutinib</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 DAYs)
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	CE	PA; N7 (PSP); QL (180 CAPSULES per 30 days)
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
BRUKINSA ORAL TABLET 160 MG (<i>zanubrutinib</i>)	CE	PA; N7 (PSP)
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 (NPSP); QL (63 TABLETS per 21 days)
DANZITEN ORAL TABLET 71 MG, 95 MG (<i>nilotinib tartrate</i>)	CE	N7 (NF)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
<i>dasatinib oral tablet 20 mg</i>	CE	PA; N7 (PSP); QL (90 TABLETS per 30 DAYS)
ENSACOVE ORAL CAPSULE 100 MG, 25 MG (<i>ensartinib hcl</i>)	CE	N7 (NF)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
<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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>everolimus oral tablet soluble 3 mg</i>	CE	PA; N7 (PSP); QL (90 TABLETS per 30 DAYS)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	CE	N7 (NF)
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (<i>fruquintinib</i>)	CE	N7 (NF)
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	CE	N7 (NF)
<i>gefitinib oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>)	CE	N7 (NF)
GOMEKLI ORAL CAPSULE 1 MG, 2 MG (<i>mirdametinib</i>)	CE	N7 (NF)
GOMEKLI ORAL TABLET SOLUBLE 1 MG (<i>mirdametinib</i>)	CE	N7 (NF)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; N7 (PSP); QL (21 TABLETS per 28 days)
IBTROZI ORAL CAPSULE 200 MG (<i>taletrectinib adipate</i>)	CE	N7 (NF)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	CE	N7 (NF)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; N7 (PG); QL (120 TABLETS per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; N7 (PG); QL (60 TABLETS per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	CE	PA; N7 (NPSP); QL (216 ML per 36 DAYS)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
<i>imkeldi oral solution 80 mg/ml</i>	CE	N7 (NF)
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	CE	N7 (NF)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
ITOVEBI ORAL TABLET 3 MG (<i>inavolisib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
ITOVEBI ORAL TABLET 9 MG (<i>inavolisib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>)	CE	N7 (NF)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (21 TABLETS per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (42 TABLETS per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (180 TABLETS per 30 DAYS)
LAZCLUZE ORAL TABLET 240 MG, 80 MG (<i>lazertinib mesylate</i>)	CE	N7 (NF)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPSP); 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 (NPSP); 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 (NPSP); 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 (NPSP); 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 (NPSP); 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 (NPSP); QL (90 CAPSULES per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPSP); 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 (NPSP); QL (60 CAPSULES per 30 days)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>)	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	CE	N7 (NF)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	CE	N7 (NF)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	CE	N7 (NF)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (PSP); QL (1080 ML per 28 days)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	CE	PA; N7 (PSP); QL (180 TABLETS per 30 days)
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
<i>nilotinib d-tartrate oral capsule 150 mg, 200 mg, 50 mg</i>	CE	N7 (NF)
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	CE	PA; N7 (PSP); N8 (Generic of Tassigna); QL (120 CAPSULES per 30 DAYs)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (<i>tovorafenib</i>)	CE	N7 (NF)
OJEMDA ORAL TABLET 100 MG (<i>tovorafenib</i>)	CE	N7 (NF)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (<i>momelotinib dihydrochloride</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
<i>pazopanib hcl oral tablet 200 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 Days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	CE	N7 (NF)
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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 TABLET 120 MG, 160 MG, 40 MG, 80 MG (<i>selpercatinib</i>)	CE	N7 (NF)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (<i>vimseltinib</i>)	CE	N7 (NF)
ROZLYTREK ORAL CAPSULE 100 MG (<i>entrectinib</i>)	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG (<i>entrectinib</i>)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
ROZLYTREK ORAL PACKET 50 MG (<i>entrectinib</i>)	CE	PA; N7 (NPSP); QL (8 CARTONS per 28 days)
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	CE	PA; N7 (PSP); QL (224 CAPSULES per 28 days)
SCSEMBLIX ORAL TABLET 100 MG (<i>asciminib hcl</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
SCSEMBLIX ORAL TABLET 20 MG (<i>asciminib hcl</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
SCSEMBLIX ORAL TABLET 40 MG (<i>asciminib hcl</i>)	CE	PA; N7 (PSP); QL (240 TABLETS per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYS)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	CE	N7 (NF)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	CE	PA; N7 (PSP); QL (84 TABLETS per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 DAYS)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	CE	N7 (NF)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG (<i>dabrafenib mesylate</i>)	CE	PA; N7 (PSP); QL (840 TABLETS per 28 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TARCEVA ORAL TABLET 100 MG (<i>erlotinib hcl</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	CE	N7 (NF)
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	CE	N7 (NF)
TRUQAP ORAL TABLET 200 MG (<i>capivasertib</i>)	CE	PA; N7 (NPSP); QL (64 TABLETS per 28 days)
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG (<i>capivasertib</i>)	CE	PA; N7 (NPSP); QL (64 TABLETS per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hcl</i>)	CE	N7 (NF)
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	CE	N7 (NF)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	CE	PA; N7 (NPSP); QL (60 CAPSULES per 30 days)
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	CE	PA; N7 (NPSP); QL (180 CAPSULES per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	CE	PA; N7 (NPSP); 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	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 DAYs)
XALKORI ORAL CAPSULE SPRINKLE 150 MG (<i>crizotinib</i>)	CE	PA; N7 (NPSP); QL (180 CAPSULES per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG, 50 MG (<i>crizotinib</i>)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	CE	N7 (NF)
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 days)
MISCELLANEOUS		
<i>bexarotene oral capsule 75 mg</i>	CE	PA; N7 (PSP)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N7 (PG)
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	CE	N7 (NF)
LUMAKRAS ORAL TABLET 120 MG (<i>sotorasib</i>)	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
LUMAKRAS ORAL TABLET 240 MG (<i>sotorasib</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
LUMAKRAS ORAL TABLET 320 MG (<i>sotorasib</i>)	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 DAYs)
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (<i>nirogacestat hydrobromide</i>)	CE	N7 (NF)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG (<i>revumenib citrate</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	PA; ST; N7 (NPSP)
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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PSP	QL (20 PACKETS per 5 days)
VORANIGO ORAL TABLET 10 MG (<i>vorasidenib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 DAYs)
VORANIGO ORAL TABLET 40 MG (<i>vorasidenib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 DAYs)
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	CE	N7 (NF)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	CE	N7 (NF)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG (<i>selinexor</i>)	CE	N7 (NF)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	CE	N7 (NF)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	CE	N7 (NF)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	N7 (NF)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	CE	N7 (NF)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	N7 (NF)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYs)
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)
PROTEASOME INHIBITORS		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	CE	PA; N7 (PSP); QL (3 CAPSULES per 28 days)
PROTECTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	CE	N7 (PG)
TOPOISOMERASE INHIBITOR		
HYCAMTIN ORAL CAPSULE 0.25 MG (<i>topotecan hcl</i>)	CE	PA; N7 (NPSP)
TOPOISOMERASE INHIBITORS		
<i>etoposide oral capsule 50 mg</i>	CE	N7 (PG)
HYCAMTIN ORAL CAPSULE 1 MG (<i>topotecan hcl</i>)	CE	PA; N7 (NPSP)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	PG	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	PG	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	NF	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	PG	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	PG	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PG	N8 (Listing does not include certain NDCs)
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	NF	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	PG	
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	NF	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg</i>	PG	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	NF	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>enalapril maleate oral solution 1 mg/ml</i>	PG	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	NP	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	PG	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	NF	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	NP	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG (<i>finerenone</i>)	NP	
<i>spironolactone oral suspension 25 mg/5ml</i>	NF	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	PG	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	PG	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	NP	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	PG	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	NF	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	NF	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	NF	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	PG	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	NF	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	NF	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	NF	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	NF	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	PG	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	PG	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	NF	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	PG	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	NP	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	NP	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	PG	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	PG	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ARB LI ORAL SUSPENSION 10 MG/ML (<i>losartan potassium</i>)	NF	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	NF	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	NF	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	NF	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	NF	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NF	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICARDIS ORAL TABLET 40 MG, 80 MG (<i>telmisartan</i>)	NF	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	PG	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>valsartan oral solution 4 mg/ml</i>	NF	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	PG	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	PG	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	NF	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	PG	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	PSP	PA
<i>flecainide acetate oral tablet 100 mg, 150 mg</i>	PG	
<i>flecainide acetate oral tablet 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	PB	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NF	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	PG	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	PG	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	NF	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	PG	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	PG	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	NPSP	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	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	N8 (Listing does not include certain NDCs)
<i>fenofibrate micronized oral capsule 43 mg</i>	NP	
<i>fenofibrate oral capsule 150 mg</i>	NP	
<i>fenofibrate oral capsule 200 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>fenofibrate oral capsule 50 mg</i>	NF	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NF	
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	PG	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	PG	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	NP	
<i>gemfibrozil oral tablet 600 mg</i>	PG	N8 (Listing does not include certain NDCs)
TRICOR ORAL TABLET 145 MG, 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	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	N7 (PG); AL (Min 40 Years and Max 75 Years)
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	PG	N8 (Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	NF	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	PG	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	PG	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (<i>fluvastatin sodium</i>)	NF	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (<i>atorvastatin calcium</i>)	NF	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	NF	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PG	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	NF	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<i>rosuvastatin calcium oral tablet 40 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	N7 (PG); AL (Min 40 Years and Max 75 Years)
<i>simvastatin oral tablet 80 mg</i>	PG	N8 (Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	PG	
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
JUXTAPID ORAL CAPSULE 10 MG, 5 MG (<i>lomitapide mesylate</i>)	NPSP	PA; QL (28 CAPSULES per 28 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG (<i>lomitapide mesylate</i>)	NPSP	PA; QL (56 CAPSULES per 28 days)
<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>)	NP	PA
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	PG	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (<i>icosapent ethyl</i>)	PB	
ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	NF	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	PB	PA; QL (3 SYRINGES per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	PB	PA; QL (3 PENS per 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	PG	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	PG	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	PG	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	PG	
<i>bisoprolol fumarate oral tablet 2.5 mg</i>	NF	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>nebivolol hcl</i>)	NF	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	PG	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	NP	N8 (Listing does not include certain NDCs)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	NF	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	NF	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NF	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NF	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NF	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>labetalol hcl oral tablet 400 mg</i>	NF	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	PG	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>pindolol oral tablet 10 mg, 5 mg</i>	PG	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	PG	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	PG	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NF	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	NP	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
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	N8 (Listing does not include certain NDCs)
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	PG	
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	PG	
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	PG	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levamlodipine maleate oral tablet 2.5 mg, 5 mg</i>	NF	
<i>diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	NF	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	PG	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nimodipine oral capsule 30 mg</i>	PG	
<i>nimodipine oral solution 60 mg/20ml</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 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, 240 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg</i>	PG	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	PG	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	PG	N8 (Listing does not include certain NDCs)
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digoxin oral solution 0.05 mg/ml</i>	PG	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	PG	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (<i>digoxin</i>)	NF	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	PG	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	NP	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acetazolamide oral tablet 125 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>acetazolamide oral tablet 250 mg</i>	PG	
<i>amiloride hcl oral tablet 5 mg</i>	PG	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	PG	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	PG	
<i>dichlorphenamide oral tablet 50 mg</i>	PSP	PA; QL (120 TABLETS per 30 DAYs)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	NF	
<i>ethacrynic acid oral tablet 25 mg</i>	NP	
<i>furosemide oral tablet 20 mg, 40 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>furosemide oral tablet 80 mg</i>	PG	
HEMICLOR ORAL TABLET 12.5 MG (<i>chlorthalidone</i>)	NF	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	PG	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	PG	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>hydrochlorothiazide</i>)	NF	
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	NPSP	PA; QL (120 TABLETS per 30 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	PG	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (<i>torseamide</i>)	NF	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	PG	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	NF	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>triamterene oral capsule 100 mg, 50 mg</i>	PG	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	PG	
HEART FAILURE		
INPEFA ORAL TABLET 200 MG, 400 MG (<i>sotagliflozin</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	PG	
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	PG	
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	PG	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	PB	
MISCELLANEOUS		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG (<i>ranolazine</i>)	NF	
ATTRUBY ORAL TABLET THERAPY PACK 356 MG (<i>acoramidis hcl</i>)	NF	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
<i>clonidine er oral tablet extended release 24 hour 0.17 mg</i>	NF	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	PG	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	NP	N8 (Listing does not include certain NDCs)
DEMSER ORAL CAPSULE 250 MG (<i>metyrosine</i>)	NPSP	PA; QL (480 CAPSULES per 30 DAYS)
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	NP	ST; QL (360 CAPSULES per 25 days)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	PSP	PA; QL (180 CAPSULES per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
LODOCO ORAL TABLET 0.5 MG (<i>colchicine</i>)	NF	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	PG	
<i>metyrosine oral capsule 250 mg</i>	PSP	PA; QL (480 CAPSULES per 30 days)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	PG	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (<i>clonidine</i>)	NF	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>)	NF	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	PG	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>olezarsen sodium</i>)	NF	
TRYVIO ORAL TABLET 12.5 MG (<i>aprocitentan</i>)	NF	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	NP	
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	PSP	PA; QL (30 CAPSULES per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	PSP	PA; QL (120 CAPSULES per 30 days)
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (<i>isosorbide dinitrate</i>)	NF	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>isosorbide dinitrate oral tablet 40 mg</i>	NF	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	PG	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	PG	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	PG	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	PG	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	PG	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	PSP	PA; QL (90 TABLETS per 30 days)
<i>tadalafil (pah) (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	
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	PSP	PA; QL (30 TABLETS per 30 days)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (<i>macitentan-tadalafil</i>)	NF	
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	NF	
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	NF	
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	NF	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	NF	
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	NF	
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	NF	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	PSP	PA; QL (784 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	PG	PA; QL (360 TABLETS per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	NF	
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>)	NPSP	PA; QL (112 CARTRIDGES per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	NPSP	PA; QL (252 CARTRIDGES per 28 days)
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	PA; QL (28 ML per 28 days)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	PA; QL (28 ML per 28 days)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NPSP	PA; QL (28 ML per 28 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	PSP	PA; QL (60 TABLETS per 30 days)
UPTRAVI ORAL TABLET 200 MCG (<i>selexipag</i>)	PSP	PA; QL (140 TABLETS per 28 days)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG (<i>sotatercept-csrk</i>)	NPSP	PA; QL (2 VIALS per 21 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG (<i>sotatercept-csrk</i>)	NPSP	PA; QL (1 VIAL per 21 days)
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG (<i>treprostinil sodium</i>)	NF	
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	NP	
<i>disulfiram oral tablet 250 mg</i>	PG	
<i>disulfiram oral tablet 500 mg</i>	NF	
AMYOTROPHIC LATERAL SCLEROSIS (ALS) - DRUGS TO TREAT ALS		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	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)
<i>riluzole oral tablet 50 mg</i>	PG	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	NF	
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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG (<i>clomipramine hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 days); AL (Max 65 Years)
ANAFRANIL ORAL CAPSULE 75 MG (<i>clomipramine hcl</i>)	NP	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 days); AL (Max 65 Years)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	NF	
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG (<i>bupirone hcl</i>)	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	N8 (Listing does not include certain NDCs)
<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	N8 (Listing does not include certain NDCs); QL (150 TABLETS per 25 days)
<i>lorazepam oral tablet 2 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (150 TABLETS per 25 DAYS)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (<i>lorazepam</i>)	NF	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	PG	QL (120 CAPSULES per 25 DAYS)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	NF	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (<i>alprazolam</i>)	NF	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (<i>donepezil hcl</i>)	NF	
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>donepezil hcl oral tablet 23 mg</i>	NP	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	
<i>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	
<i>memantine hcl oral solution 2 mg/ml</i>	PG	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	PG	
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	PG	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	NP	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	NP	
ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG (<i>benzgalantamine gluconate</i>)	NF	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (150 TABLETS per 25 days); AL (Max 65 Years)
<i>amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg</i>	PG	QLR (Members 65 and older subject to PA); AL (Max 65 Years)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (<i>duloxetine hcl</i>)	NF	
<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	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	PG	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>fluoxetine hcl oral tablet 60 mg</i>	NF	
<i>imipramine hcl oral tablet 10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 days); AL (Max 65 Years)
<i>imipramine hcl oral tablet 25 mg</i>	PG	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs.); QL (120 TABLETS per 25 days); AL (Max 65 Years)
<i>imipramine hcl oral tablet 50 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>imipramine pamoate oral capsule 100 mg, 75 mg</i>	NP	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	NP	AL (Max 65 Years)

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>)	NF	
<i>selegiline hcl oral capsule 5 mg</i>	PG	
<i>selegiline hcl oral tablet 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	NP	
TASMAR ORAL TABLET 100 MG (<i>tolcapone</i>)	NF	
<i>tolcapone oral tablet 100 mg</i>	NP	STX
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	PG	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	PG	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML (<i>foscarbidopa-foslevodopa</i>)	NF	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	NF	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (<i>aripiprazole</i>)	NF	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	NF	
<i>aripiprazole oral solution 1 mg/ml</i>	PG	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	NP	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	NP	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	PG	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	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	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (<i>xanomeline-trospium chloride</i>)	NF	
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG (<i>xanomeline-trospium chloride</i>)	NF	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	NF	
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	NF	
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG (<i>iloperidone</i>)	NF	
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG (<i>iloperidone</i>)	NF	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	PG	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	PG	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	NF	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NF	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	PG	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	PG	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (<i>paliperidone palmitate</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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</i>	PG	
<i>olanzapine oral tablet 5 mg, 7.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	PG	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (<i>aripiprazole</i>)	NF	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	NP	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	PG	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	PB	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	NP	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	PG	
<i>quetiapine fumarate oral tablet 150 mg</i>	NF	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	NF	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	NP	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	NP	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	NF	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML (<i>risperidone</i>)	NF	
VRAYLAR ORAL CAPSULE 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)
<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>)	NF	
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	NF	
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	NF	
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	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	N8 (Listing does not include certain NDCs)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbamazepine oral suspension 100 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>carbamazepine oral tablet 200 mg</i>	PG	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	PG	
<i>clobazam oral suspension 2.5 mg/ml</i>	PG	
<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)
DIACOMIT ORAL CAPSULE 250 MG (<i>stiripentol</i>)	NPSP	PA; QL (360 CAPSULES per 30 days)
DIACOMIT ORAL CAPSULE 500 MG (<i>stiripentol</i>)	NPSP	PA; QL (180 CAPSULES per 30 days)
DIACOMIT ORAL PACKET 250 MG (<i>stiripentol</i>)	NPSP	PA; QL (360 PACKETS per 30 days)
DIACOMIT ORAL PACKET 500 MG (<i>stiripentol</i>)	NPSP	PA; QL (180 PACKETS per 30 days)
<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	N8 (Listing does not include certain NDCs); QL (1200 ML per 25 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (120 TABLETS per 25 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	PG	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	NF	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (<i>phenytoin sodium extended</i>)	NF	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	NF	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PG	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PG	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	PG	
<i>ethosuximide oral capsule 250 mg</i>	PG	
<i>ethosuximide oral solution 250 mg/5ml</i>	PG	
<i>felbamate oral suspension 600 mg/5ml</i>	PG	
<i>felbamate oral tablet 400 mg, 600 mg</i>	PG	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	NPSP	PA; QL (360 ML per 30 days)
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)
GABARONE ORAL TABLET 100 MG, 400 MG (<i>gabapentin</i>)	NF	
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	NF	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	NP	QL (300 TABLETS per 25 days)
<i>lacosamide oral solution 10 mg/ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
<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 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	PG	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	PG	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	NP	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	PG	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	PG	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	PG	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	PG	
<i>levetiracetam oral solution 100 mg/ml</i>	PG	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	PG	
<i>levetiracetam oral tablet disintegrating soluble 250 mg</i>	NF	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	NF	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	NF	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	NF	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	PB	QL (10 SOLUTION per 25 days)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	NP	QL (6 CAPSULES per 1 day)
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	NP	QL (72 ML per 1 day)
NEURONTIN ORAL TABLET 600 MG (<i>gabapentin</i>)	NP	QL (6 TABLETS per 1 day)
NEURONTIN ORAL TABLET 800 MG (<i>gabapentin</i>)	NP	QL (4 TABLETS per 1 day)
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	NF	
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	NF	
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg</i>	PG	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	PG	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	PG	
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	PG	
<i>phenobarbital oral elixir 30 mg/7.5ml, 60 mg/15ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	PG	
<i>phenytoin oral suspension 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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pregabalin oral capsule 200 mg</i>	PG	QL (90 CAPSULES per 25 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>pregabalin oral solution 20 mg/ml</i>	PG	QL (900 ML per 25 days)
<i>primidone oral tablet 125 mg</i>	NF	
<i>primidone oral tablet 250 mg</i>	PG	
<i>primidone oral tablet 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>rufinamide oral suspension 40 mg/ml</i>	PG	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	PG	PA
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	NF	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	NF	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG (<i>levetiracetam</i>)	NF	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	NF	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	PG	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NF	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	PG	
<i>topiramate oral solution 25 mg/ml</i>	PG	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
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)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML (<i>diazepam</i>)	PB	QL (10 BLISTER per 25 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vigabatrin oral packet 500 mg</i>	PSP	PA; QL (180 PACKETS per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	PSP	PA; QL (180 TABLETS per 30 days)
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	PSP	PA; QL (180 PACKETS per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML (<i>vigabatrin</i>)	NF	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (<i>cenobamate</i>)	PB	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (<i>cenobamate</i>)	PB	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>cenobamate</i>)	PB	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG (<i>cenobamate</i>)	PB	
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	
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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg, 5 mg, 7.5 mg</i>	PG	QL (90 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	PG	QL (60 TABLETS per 25 DAYS)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	PG	QL (30 TABLETS per 25 days)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	NF	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NF	
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	PG	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	PB	QL (30 CAPSULES per 25 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (<i>methylphenidate hcl</i>)	NF	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NF	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	NF	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (<i>dextroamphetamine sulfate</i>)	NP	ST; QL (120 CAPSULES per 25 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG (<i>dextroamphetamine sulfate</i>)	NP	ST; QL (60 CAPSULES per 25 DAYs)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	PG	QL (60 CAPSULES per 25 DAYs)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 40 mg</i>	PG	QL (30 CAPSULES per 25 DAYs)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 35 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	PG	QL (120 TABLETS per 25 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	PG	QL (120 CAPSULES per 25 days)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	PG	QL (1200 ML per 25 DAYs)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	PG	QL (120 TABLETS per 25 DAYs)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	NF	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	NF	
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NF	
FOCALIN ORAL TABLET 10 MG (<i>dexmethylphenidate hcl</i>)	NP	QL (60 TABLETS per 25 days)
FOCALIN ORAL TABLET 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NP	QL (120 TABLETS per 25 days)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NF	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	NP	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (<i>guanfacine hcl</i>)	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	NF	
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg</i>	PG	QL (30 TABLETS per 25 days)
METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NF	
<i>methamphetamine hcl oral tablet 5 mg</i>	PG	STX; QL (150 TABLETS per 25 days)
METHYLIN ORAL SOLUTION 10 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL (900 ML per 25 DAYs)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
METHYLIN ORAL SOLUTION 5 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL (1800 ML per 25 DAYs)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 36 mg</i>	PG	QL (60 tablets per 25 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	NF	
<i>methylphenidate hcl er (osm) oral tablet extended release 54 mg</i>	PG	QL (30 tablets per 25 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	PG	QL (30 TABLETS per 25 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	PG	QL (90 TABLETS per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	PG	QL (30 TABLETS per 25 days)
<i>methylphenidate hcl 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	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML (<i>clonidine hcl</i>)	NF	
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution 5 Mg/5Ml)	PG	QL (1200 ML per 25 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	NP	QL (90 CAPSULES per 25 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	NF	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	NF	
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG (<i>methylphenidate hcl</i>)	NF	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG (<i>methylphenidate hcl</i>)	NP	QL (60 CAPSULES per 25 DAYS)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>methylphenidate hcl</i>)	NP	QL (30 CAPSULES per 25 DAYS)
RITALIN ORAL TABLET 10 MG (<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)
RITALIN ORAL TABLET 5 MG (<i>methylphenidate hcl</i>)	NP	QL (180 TABLETS per 25 DAYS)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	NF	
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	NF	
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (<i>dextroamphetamine</i>)	NF	
<i>dextroamphetamine sulfate</i> (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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BOTULINUM TOXINS		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxin</i>)	NPSP	PA
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (<i>daxibotulinumtoxin-lanm</i>)	NF	
DYSPORE INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxin</i>)	PSP	PA; N8 (Not covered for cosmetic use)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxin</i>)	PSP	PA; N8 (Not covered for cosmetic use)
FIBROMYALGIA		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	NP	ST
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>)	PB	
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	NF	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Max 65 Years)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NF	
<i>estazolam oral tablet 1 mg, 2 mg</i>	PG	QL (15 TABLETS per 25 DAYS)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	PG	QL (15 TABLETS per 25 DAYS)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	NF	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	NP	QL (10 TABLETS per 25 DAYS)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	NPSP	PA; QL (158 ML per 30 days)
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>midazolam hcl oral syrup 2 mg/ml</i>	NP	
<i>quazepam oral tablet 15 mg</i>	NF	
QUVIVIQ ORAL TABLET 25 MG, 50 MG (<i>daridorexant hcl</i>)	NF	
<i>ramelteon oral tablet 8 mg</i>	PG	QL (15 TABLETS per 25 DAYs)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	NP	QL (15 CAPSULES per 25 DAYs)
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	NF	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	NF	
<i>tasimelteon oral capsule 20 mg</i>	PSP	PA; QL (30 CAPSULES per 30 DAYs)
<i>temazepam oral capsule 15 mg, 30 mg</i>	PG	QL (15 CAPSULES per 25 DAYs)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	PG	QL (15 CAPSULES per 25 days)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	PG	QL (10 TABLETS per 25 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	PG	QL (15 CAPSULES per 25 DAYs)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	NP	QL (15 TABLETS per 25 days)
<i>zolpidem tartrate oral capsule 7.5 mg</i>	NF	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (15 TABLETS per 25 DAYs)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NF	
MIGRAINE - ERGOTAMINE DERIVATIVES - DRUGS TO TREAT SEVERE HEADACHES		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	NP	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NF	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	NF	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	NF	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (<i>dihydroergotamine mesylate hfa</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIGRAINE - MISCELLANEOUS - DRUGS TO TREAT SEVERE HEADACHES		
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	PB	ST; QL (16 TABLETS per 25 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	PB	ST; QL (30 TABLETS per 25 days)
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)
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	
MIGRAINE - MONOCLONAL ANTIBODIES - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	PB	ST; QL (1 SYRINGE per 25 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	NF	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	NF	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	PB	ST; QL (3 SYRINGES per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	ST; N8 (Quantity limit will be 2 syringes for the initial month); QL (1 SYRINGE per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	ST; N8 (Quantity limit will be 2 syringes for the initial month); QL (1 SYRINGE per 25 days)
MIGRAINE - TRIPTANS AND COMBINATIONS - DRUGS TO TREAT SEVERE HEADACHES		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	NP	QL (12 TABLETS per 25 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	NP	QL (12 TABLETS per 25 days)
FROVA ORAL TABLET 2.5 MG (<i>frovatriptan succinate</i>)	NP	ST; QL (18 TABLETS per 25 days)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 SOLUTION CARTRIDGE per 25 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (18 SYRINGES per 25 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (12 SOLUTION AUTO-INJECTOR 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	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	PG	QL (12 TABLETS per 25 days)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	NP	ST; QL (8 POUCHES per 25 days)
RELPAX ORAL TABLET 20 MG, 40 MG (<i>eletriptan hydrobromide</i>)	NP	ST; QL (12 TABLETS per 25 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	PG	QL (18 TABLETS per 25 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	PG	QL (18 TABLETS per 25 days)
<i>sumatriptan nasal solution 20 mg/act</i>	PG	QL (12 SPRAYS per 25 days)
<i>sumatriptan nasal solution 5 mg/act</i>	PG	QL (24 SPRAYS per 25 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	QL (12 TABLETS per 25 days)
<i>sumatriptan succinate 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 SOLUTION CARTRIDGE per 25 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	PG	QL (12 VIALS per 25 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	PG	QL (18 SYRINGES per 25 days)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	PG	QL (12 SOLUTION AUTO-INJECTOR per 25 days)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NF	
SYMBRAVO ORAL TABLET 20-10 MG (<i>meloxicam-rizatriptan</i>)	NF	
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	NF	
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	NF	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (24 INJECTORS per 25 days)
<i>zolmitriptan nasal solution 2.5 mg</i>	PG	QL (12 SPRAYS per 25 DAYS)
<i>zolmitriptan nasal solution 5 mg</i>	PG	QL (12 SPRAYS per 25 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (12 TABLETS per 25 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	PG	QL (12 TABLETS per 25 days)
ZOMIG NASAL SOLUTION 2.5 MG (<i>zolmitriptan</i>)	NP	ST; QL (12 SPRAYS per 25 DAYS)
ZOMIG NASAL SOLUTION 5 MG (<i>zolmitriptan</i>)	NP	ST; QL (12 SPRAYS per 25 days)
MISCELLANEOUS		
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	NPSP	PA; QL (3600 ML per 30 days)
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	PSP	PA; QL (1 SYRINGE per 28 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	NPSP	PA; QL (2 BOTTLES per 24 days)
EVRYSDI ORAL TABLET 5 MG (<i>risdiplam</i>)	NPSP	PA; QL (30 TABLETS per 30 DAYS)
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPSP	PA; QL (300 TABLETS per 30 days)
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	NPSP	PA; QL (90 CAPSULES per 30 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (<i>ziluocoplan sodium</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOOD STABILIZERS - DRUGS TO TREAT MOOD DISORDERS		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	PG	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	PG	
<i>lithium carbonate oral tablet 300 mg</i>	PG	
<i>lithium oral solution 8 meq/5ml</i>	PG	
MOVEMENT DISORDERS		
AUSTEDO ORAL TABLET 12 MG, 9 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (120 TABLETS per 30 days)
AUSTEDO ORAL TABLET 6 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (60 TABLETS per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (<i>deutetrabenazine</i>)	NF	
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (<i>deutetrabenazine</i>)	NF	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	PSP	PA; QL (30 CAPSULES per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	PSP	PA; QL (30 CAPSULES per 30 DAYS)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	PSP	PA; QL (1 PACK per 28 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	PSP	PA; QL (240 TABLETS per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>)	NF	
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	NF	
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>)	NPSP	PA; QL (4 SYRINGES per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	NPSP	PA; QL (4 SYRINGES per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 40 MG/ML (<i>glatiramer acetate</i>)	NF	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	PSP	PA; N8 (Listing does not include certain NDCs); QL (14 CAPSULES per 28 DAYS)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	PSP	PA; QL (60 CAPSULES per 30 DAYS)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	PSP	PA; QL (1 KIT per 30 DAYS)
<i>fingolimod hcl oral capsule 0.5 mg</i>	PSP	PA; QL (30 CAPSULES per 30 DAYS)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i>fingolimod hcl</i>)	NF	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	PSP	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	PSP	PA; QL (12 ML per 28 days)
<i>glatiramer acetate (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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 AUTO-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	PA; QL (2 INJECTIONS per 28 days)
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	NF	
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (<i>ponesimod</i>)	NF	
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	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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; QL (1 PACK per 7 days)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	PSP	PA; ST; 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; 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, 15 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>baclofen oral tablet 20 mg, 5 mg</i>	PG	
<i>carisoprodol oral tablet 250 mg</i>	NF	
<i>carisoprodol oral tablet 350 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (84 TABLETS per 28 days)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	NF	
<i>chlorzoxazone oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<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	
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (<i>givinostat hcl</i>)	NF	
<i>cyclobenzaprine hcl (Fexmid Oral Tablet 7.5 Mg)</i>	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (<i>baclofen</i>)	NF	
<i>metaxalone oral tablet 400 mg, 640 mg</i>	NF	
<i>metaxalone oral tablet 800 mg</i>	NP	
<i>methocarbamol oral tablet 1000 mg</i>	NF	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>norgesic forte oral tablet 50-770-60 mg</i>	NF	
NORGESIC ORAL TABLET 25-385-30 MG (<i>orphenadrine-aspirin-caffeine</i>)	NF	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NF	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (<i>orphenadrine-aspirin-caffeine</i>)	NF	
OZOBAX DS ORAL SOLUTION 10 MG/5ML (<i>baclofen</i>)	NF	
SOHONOS ORAL CAPSULE 1 MG, 2.5 MG, 5 MG (<i>palovarotene</i>)	NPSP	PA; QL (28 CAPSULES per 28 days)
SOHONOS ORAL CAPSULE 1.5 MG, 10 MG (<i>palovarotene</i>)	NPSP	PA; QL (56 CAPSULES per 28 days)
SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>)	NP	QL (84 TABLETS per 28 DAYS)
<i>methocarbamol (Tanlor Oral Tablet 1000 Mg)</i>	NF	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	NP	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	PG	
MYASTHENIA GRAVIS - DRUGS TO TREAT MYASTHENIA GRAVIS		
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	NF	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NF	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	
<i>pyridostigmine bromide oral tablet 30 mg</i>	NF	
<i>pyridostigmine bromide oral tablet 60 mg</i>	PG	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML (<i>efgartigimod alfa-hyalur-qvfc</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	NF	
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (<i>sodium oxybate</i>)	NF	
<i>modafinil oral tablet 100 mg, 200 mg</i>	PG	PA; QL (60 TABLETS per 25 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (<i>armodafinil</i>)	NF	
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	NF	
<i>sodium oxybate oral solution 500 mg/ml</i>	PSP	PA; QL (540 ML per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	PB	PA; QL (30 TABLETS per 25 days)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	NF	
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	NF	
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	PSP	PA; QL (540 ML per 30 days)
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	PG	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	CE	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	
OPIOID ANTAGONIST		
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	NF	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	PG	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	PG	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	PG	
<i>naltrexone hcl oral tablet 50 mg</i>	CE	N8 (Listing does not include certain NDCs)
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	NP	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (<i>nalmefene hcl</i>)	NF	
REXTOVY NASAL LIQUID 4 MG/0.25ML (<i>naloxone hcl</i>)	NF	
RIVIVE NASAL LIQUID 3 MG/0.1ML (<i>naloxone hcl</i>)	NP	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	NPSP	QL (380 MG per 28 days)
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	
POSTHERPETIC NEURALGIA (PHN)		
<i>gabapentin (once-daily) oral tablet 300 mg</i>	PG	ST; QL (150 TABLETS per 25 DAYs)
<i>gabapentin (once-daily) oral tablet 600 mg</i>	PG	ST; QL (90 TABLETS per 25 DAYs)
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	PB	ST; QL (150 TABLETS per 25 days)
GRALISE ORAL TABLET 450 MG (<i>gabapentin (once-daily)</i>)	PB	ST; QL (90 TABLETS per 25 DAYs)
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	PB	ST; QL (90 TABLETS per 25 days)
GRALISE ORAL TABLET 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	PB	ST; QL (60 TABLETS per 25 DAYs)
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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 (pmd) oral tablet 10 mg, 20 mg</i>	NF	
<i>lofexidine hcl oral tablet 0.18 mg</i>	PG	
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NF	
<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 TABLET 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 TABLET per 25 days); AL (Max 65 Years)
<i>perphenazine-amitriptyline oral tablet 4-10 mg</i>	PG	QLR (QL applies to members age 65 and older); QL (120 TABLET 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 TABLET 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 CYCLES per 365 days)
<i>cvs nicotine mouth/throat gum 4 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 DAYS)

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>)	NF	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	PA; QL (90 ML per 30 days)
<i>octreotide acetate injection solution 1000 mcg/ml</i>	PG	PA; QL (45 ML per 30 days)
<i>octreotide acetate injection solution 200 mcg/ml</i>	PG	PA; QL (225 ML per 30 days)
<i>octreotide acetate intramuscular kit 10 mg</i>	PSP	PA; QL (1 INJECTION per 28 DAYs)
<i>octreotide acetate intramuscular kit 20 mg</i>	PSP	PA; QL (2 INJECTIONS per 28 days)
<i>octreotide acetate intramuscular kit 30 mg</i>	PSP	PA; QL (1 INJECTION per 28 days)
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	PA; QL (90 ML per 30 DAYs)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NPSP	PA; QL (90 ML per 30 DAYs)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	NF	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	PSP	PA; QL (1 INJECTION per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	NF	
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	NF	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (<i>testosterone undecanoate</i>)	NPSP	PA
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>testosterone cypionate</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (<i>testosterone undecanoate</i>)	NF	
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (<i>testosterone undecanoate</i>)	NF	
<i>methitest oral tablet 10 mg</i>	NP	PA; STX
<i>methyltestosterone oral capsule 10 mg</i>	PG	PA; STX
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	PB	PA
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
<i>testosterone cypionate injection solution 200 mg/ml</i>	NF	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	PG	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	PG	PA
<i>testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	PG	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	PG	PA; N8 (Listing does not include certain NDCs)
<i>testosterone transdermal solution 30 mg/act</i>	NP	PA
TLANDO ORAL CAPSULE 112.5 MG (<i>testosterone undecanoate</i>)	NF	
UNDECATREX ORAL CAPSULE 200 MG (<i>testosterone undecanoate</i>)	NF	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	NF	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	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, BIGUANIDE		
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin base-metformin hcl</i>)	PB	ST
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	NF	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	NF	
ONGLYZA ORAL TABLET 5 MG (<i>saxagliptin hcl</i>)	NF	
<i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>	NF	
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	NF	
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	NF	
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin</i>)	PB	ST
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	NF	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
<i>exenatide subcutaneous solution pen-injector 10 mcg/0.04ml, 5 mcg/0.02ml</i>	NF	
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	PG	PA; QL (3 PENS per 25 DAYS)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide</i>)	PB	PA; QL (4 PENS per 21 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (<i>semaglutide</i>)	PB	PA; QL (1 PEN per 28 DAYS)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (<i>semaglutide</i>)	PB	PA; QL (1 PEN per 28 DAYS)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (<i>semaglutide</i>)	PB	PA; QL (1 PEN per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	PB	PA; QL (30 TABLETS per 25 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	PB	PA; QL (4 PENS per 21 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	PB	ST
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	PB	ST
ANTIDIABETICS, INSULIN		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	NF	
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
<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	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	NF	
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	PB	
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	PB	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro injection solution 100 unit/ml</i>	NF	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	NF	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NF	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	NF	
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	
MERILOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart-szjj</i>)	NF	
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart-szjj</i>)	NF	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	NF	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	NF	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NF	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	PB	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-aglr</i>)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	NF	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	NF	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	PB	ST
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	NF	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
<i>bexagliflozin oral tablet 20 mg</i>	NF	
BRENZAVVY ORAL TABLET 20 MG (<i>bexagliflozin</i>)	NF	
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	NF	
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	NF	
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-pyroglytamidac</i>)	NF	
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	PG	
<i>glimepiride oral tablet 3 mg</i>	NF	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>glipizide oral tablet 10 mg, 5 mg</i>	PG	
<i>glipizide oral tablet 2.5 mg</i>	NF	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<i>phentermine hcl (Lomaira Oral Tablet 8 Mg)</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)
<i>phentermine hcl oral capsule 30 mg, 37.5 mg</i>	PG	PA; SPC; QL (30 CAPSULES per 25 days)
<i>phentermine hcl oral tablet 37.5 mg</i>	PG	PA; SPC; QL (30 TABLETS per 25 days)
<i>phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	PG	PA; SPC; QL (30 CAPSULES per 25 DAYS)
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine-topiramate</i>)	PB	PA; SPC; QL (30 CAPSULES per 25 days)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SENSIPAR ORAL TABLET 30 MG, 60 MG (<i>cinacalcet hcl</i>)	NPSP	PA; QL (60 TABLETS per 30 days)
SENSIPAR ORAL TABLET 90 MG (<i>cinacalcet hcl</i>)	NPSP	PA; QL (120 TABLETS per 30 days)
CALCIUM REGULATORS, BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>)	NP	ST; QL (1 TABLET per 21 days)
ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
<i>alendronate sodium oral solution 70 mg/75ml</i>	PG	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	PG	
AELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	NP	ST; QL (4 TABLETS per 21 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	NP	ST; QL (4 TABLETS per 21 days)
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	PG	
<i>ibandronate sodium oral tablet 150 mg</i>	NP	
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	PG	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	NPSP	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	NPSP	PA
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	NP	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	NP	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	PG	PA
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	NPSP	PA
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	PG	PA
CALCIUM REGULATORS, MISCELLANEOUS		
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-bnht</i>)	NF	
BOMYNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/1.7ML (<i>denosumab-bnht</i>)	NF	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONEXXENCE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-bnht</i>)	NF	
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-bbdz</i>)	NF	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-bmwo</i>)	NF	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	PSP	PA; QL (1 SYRINGE per 180 days)
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-bmwo</i>)	NF	
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-bbdz</i>)	NF	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	NPSP	PA; QL (1 VIAL per 28 days)
CALCIUM REGULATORS, PARATHYROID HORMONES		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (<i>teriparatide</i>)	NF	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (<i>teriparatide</i>)	NF	
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	NF	
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	PSP	PA; QL (1 PEN per 28 Days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	PSP	PA; QL (1 PEN per 30 days)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML (<i>palopegteriparatide</i>)	NF	
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
<i>levocarnitine oral solution 1 gm/10ml</i>	PG	
<i>levocarnitine oral tablet 330 mg</i>	PG	
CENTRAL PRECOCIOUS PUBERTY - DRUGS TO SUPPRESS PITUITARY HORMONES		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	PSP	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (<i>leuprolide acetate (3 month)</i>)	PSP	PA

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	PSP	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	NPSP	PA
CHELATING AGENTS		
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NF	
CUVRIOR ORAL TABLET 300 MG (<i>trientine tetrahydrochloride</i>)	NF	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	PSP	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	PSP	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PSP	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	PSP	PA
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	NPSP	PA
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NF	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	NF	
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	NF	
FERRIPROX ORAL TABLET 1000 MG (<i>deferiprone</i>)	NF	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>)	NF	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	
<i>penicillamine oral capsule 250 mg</i>	PSP	
<i>penicillamine oral tablet 250 mg</i>	PG	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	NF	
<i>trientine hcl oral capsule 250 mg, 500 mg</i>	PSP	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
<i>levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)</i>	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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N7 (PG)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	CE	N7 (PG)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	N7 (PB); QL (1 RING per 300 days)
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
AVERI ORAL TABLET 0.15-0.03 MG (<i>desogestrel-eth estrad-fe</i>)	CE	N7 (NF)
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	NF	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (PG)
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NF	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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)
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	N7 (NF)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet 90-20 Mcg)	CE	N7 (PG)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N7 (PG)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	N7 (NP)
<i>norethindrone</i> (Emzahh Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	N7 (PG)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	N7 (PG); QL (13 RING per 300 days)
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	N7 (NP); QL (12 CONDOMS per 25 days)
<i>norethin ace-eth estrad-fe</i> (Feirza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Feirza 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	N7 (NP); QL (1 DEVICE per 300 days)
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (<i>norethindrone acet-ethinyl est</i>)	CE	N7 (NF)
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin-eth estradiol-fe</i> (Galbriela Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 (PG); QL (13 RING per 300 DAYs)
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	N7 (PG)
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone</i> (Lyleq Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N7 (PG)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N7 (PG); QL (4 ML per 300 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N7 (PG); QL (4 ML per 300 days)
<i>norethindrone</i> (Meleya Oral Tablet 0.35 Mg)	CE	N7 (PG)
<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 Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estradiol-iron</i> (Minzoya Oral Tablet 0.1-20 Mg-Mcg(21))	CE	N7 (PG)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 Days)
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N7 (NF)
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	N7 (NF)
<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 1.5-30 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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	CE	N7 (NF)
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N7 (Not Covered)
<i>ethynodiol diac-eth estradiol</i> (Valtya 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	N7 (PG)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Vienna 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)
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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N7 (PG)
<i>norethindron-ethinyl estrad-fe</i> (Xarah Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estradiol-fe</i> (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N7 (PG)
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N7 (PG)
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	NF	
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	NF	
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	CE	N7 (PG)
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA ORAL TABLET 1 MG, 5 MG (<i>osilodrostat phosphate</i>)	NF	
RECORLEV ORAL TABLET 150 MG (<i>levoketoconazole</i>)	NF	
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA IN VITRO SOLUTION (<i>blood glucose calibration</i>)	PB	
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	N8 (Accu-Chek lancets and lancet devices are the only preferred options)
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	PB	N8 (Accu-Chek lancets and lancet devices are the only preferred options)
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	PB	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK GUIDE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (150 TEST STRIPS per 25 DAYS)
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	PB	N8 (Accu-Chek lancets and lancet devices are the only preferred options)
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (<i>blood glucose calibration</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	N8 (Accu-Chek lancets and lancet devices are the only preferred options)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	PB	N8 (Accu-Chek lancets and lancet devices are the only preferred options)
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX JAZZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>alcohol swabs pad</i>	NP	
ASSURE 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE 4 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE II CHECK IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE II IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PRISM MULTI TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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 and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
<i>blood glucose test in vitro strip</i>	NF	
CARESENS N GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (<i>glucose blood</i>)	NF	
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	PB	
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	PB	QL (3 SENSORS per 25 days)
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	PB	
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	PB	
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	PB	QL (3 SENSORS per 25 days)
DIASTIX IN VITRO STRIP (<i>glucose urine test-glucose ox</i>)	NP	N8 (Listing does not include certain NDCs)
DIASTIX REAGENT IN VITRO STRIP (<i>glucose urine test-glucose ox</i>)	NF	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
DUO-CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy plus ii glucose test in vitro strip</i>	NF	
EASY STEP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy talk blood glucose test in vitro strip</i>	NF	
<i>easy trak blood glucose test in vitro strip</i>	NF	
EASYGLUCO IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>element compact test in vitro strip</i>	NF	
ELEMENT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBECTA AUTOSHIELD DUO 30G X 5 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBECTA PEN NEEDLE NANO 32G X 4 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ENLITE GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	NF	
<i>eq blood glucose test in vitro strip</i>	NF	
EVERSENSE 365 SENSOR/HOLDER (<i>continuous glucose sensor</i>)	NF	
EVERSENSE 365 SMART TRANSMIT (<i>continuous glucose transmitter</i>)	NF	
EVERSENSE SENSOR/HOLDER (<i>continuous glucose sensor</i>)	NF	
EVERSENSE SMART TRANSMITTER (<i>continuous glucose transmitter</i>)	NF	
EVOLUTION AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA 6 CONNECT IN VITRO STRIP (<i>glucose blood</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2026

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>ge100 blood glucose test in vitro strip</i>	NF	
GENULTIMATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>ght test in vitro strip</i>	NF	
GLUCO PERFECT 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD SHINE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD X-SENSOR IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCOM TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>glucose 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	
GUARDIAN 4 GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	NF	
GUARDIAN 4 TRANSMITTER (<i>continuous glucose transmitter</i>)	NF	
GUARDIAN LINK 3 TRANSMITTER (<i>continuous glucose transmitter</i>)	NF	
GUARDIAN REAL-TIME REPLACE PED DEVICE (<i>continuous glucose receiver</i>)	NF	
GUARDIAN SENSOR (3) (<i>continuous glucose sensor</i>)	NF	
<i>guardian sensor 3</i>	NF	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
IGLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP (<i>glucose blood</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NF	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	NF	
MEIJER TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MULTISTIX 10 SG IN VITRO STRIP (<i>multiple urine tests</i>)	NF	
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	PB	
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>one drop test in vitro strip</i>	NF	
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	NF	
ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>)	NF	
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	NF	
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ONETOUCH ULTRA TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ONETOUCH ULTRASOFT 2 LANCETS (<i>lancets</i>)	NF	
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	NF	
OPTIUMEZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	N8 (Listing does not include certain NDCs); QL (150 TEST per 25 days)
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TWIIST REFILL KIT KIT (<i>insulin disposable pump</i>)	PB	
TWIIST REFILL KIT/INFUSION SET KIT (<i>insulin disposable pump</i>)	PB	
TWIIST STARTER KIT KIT (<i>insulin disposable pump</i>)	PB	
UNISTRIP CONTROL IN VITRO SOLUTION LOW (<i>blood glucose calibration</i>)	NP	N8 (Listing does not include certain NDCs)
UNISTRIP1 GENERIC IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>verasens blood glucose test in vitro strip</i>	NF	
V-GO 20 KIT 20 UNIT/24HR (<i>insulin disposable pump</i>)	NF	
V-GO 30 KIT 30 UNIT/24HR (<i>insulin disposable pump</i>)	NF	
V-GO 40 KIT 40 UNIT/24HR (<i>insulin disposable pump</i>)	NF	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
ENDOMETRIOSIS		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
ORLISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	PB	PA
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	NP	PA
FERTILITY REGULATORS		
<i>cetorelix acetate subcutaneous kit 0.25 mg</i>	PSP	PA; SPC
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	NPSP	PA
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	NF	
<i>clomiphene citrate (Clomid Oral Tablet 50 Mg)</i>	NP	SPC
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>)	NF	
<i>ganirelix acetate (Fyremadel Subcutaneous Solution Prefilled Syringe 250 Mcg/0.5ml)</i>	NF	
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMADY ORAL TABLET 20 MG (<i>dexamethasone</i>)	NF	
<i>dexamethasone</i> (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	PG	
<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>hydrocortisone oral tablet 20 mg</i>	PG	
KHINDIVI ORAL SOLUTION 1 MG/ML (<i>hydrocortisone</i>)	NF	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	PG	
<i>prednisolone oral solution 15 mg/5ml</i>	PG	
<i>prednisolone oral tablet 5 mg</i>	NF	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	NF	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	NP	
<i>prednisone oral solution 5 mg/5ml</i>	PG	
<i>prednisone oral tablet 1 mg, 20 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>prednisone oral tablet 10 mg, 2.5 mg, 50 mg</i>	PG	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	PG	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (<i>prednisone</i>)	NF	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	NF	
<i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NF	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM (<i>dextrose (diabetic use)</i>)	NP	
<i>diazoxide oral suspension 50 mg/ml</i>	PG	
<i>glucagon emergency injection kit 1 mg</i>	PG	
<i>glucagon emergency injection solution reconstituted 1 mg/ml</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	
<i>lanreotide acetate solution 120 mg/0.5ml subcutaneous</i>	NF	
<i>lanreotide acetate solution 120 mg/0.5ml subcutaneous</i>	PSP	PA; QL (1 INJECTION per 28 days)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	NF	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	NF	
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, 20 mg, 5 mg</i>	PSP	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NPSP	PA
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	NF	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (<i>somatropin</i>)	NF	
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (<i>somatropin</i>)	PSP	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (<i>somatrogon-ghla</i>)	NF	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 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	
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	
LYSOSOMAL STORAGE DISORDERS - DRUGS TO TREAT LYSOSOMAL STORAGE DISORDERS		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (<i>laronidase</i>)	NPSP	PA
AQNEURSA ORAL PACKET 1 GM (<i>levacetyleucine</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	NPSP	PA
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (<i>sebelipase alfa</i>)	NPSP	PA
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (<i>arimoclomol citrate</i>)	NF	
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (<i>galsulfase</i>)	NPSP	PA
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	NF	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (<i>elosulfase alfa</i>)	NPSP	PA
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE - DRUGS TO TREAT FABRY DISEASE		
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML, 5 MG/2.5ML (<i>pegunigalsidase alfa-iwxj</i>)	PSP	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (<i>agalsidase beta</i>)	PSP	PA
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	NPSP	PA
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE - DRUGS TO TREAT GAUCHER DISEASE		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	PSP	PA; QL (56 CAPSULES per 28 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	PSP	PA; QL (15 VIALS per 14 days)
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)
MENOPAUSAL SYMPTOM AGENTS - DRUGS TO TREAT MENOPAUSE		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	NF	
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	NF	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	NF	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	PG	
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	NF	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	
<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	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	PB	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</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	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	NF	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	PG	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	NF	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	NF	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	NF	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	NF	
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	PB	
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	
MISCELLANEOUS		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	NPSP	PA; QL (28 PENS per 28 days)
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	PA; QL (35 ML per 21 days)
<i>betaine oral powder</i>	PSP	PA
<i>cabergoline oral tablet 0.5 mg</i>	PG	
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	NPSP	PA; QL (28 SYRINGES per 28 days)
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	PA; QL (35 ML per 21 days)
CRENESSITY ORAL CAPSULE 100 MG, 50 MG (<i>crinecerfont</i>)	NPSP	PA; QL (60 CAPSULES per 30 days)
CRENESSITY ORAL CAPSULE 25 MG (<i>crinecerfont</i>)	NPSP	PA
CRENESSITY ORAL SOLUTION 50 MG/ML (<i>crinecerfont</i>)	NPSP	PA; QL (120 ML per 30 days)
CYSTADANE ORAL POWDER (<i>betaine</i>)	NPSP	PA
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	
HARLIKU ORAL TABLET 2 MG (<i>nitisinone (aku)</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (<i>tolvaptan</i>)	NPSP	PA; QL (60 TABLETS per 30 days)
JYNARQUE ORAL TABLET 30 MG (<i>tolvaptan</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG (<i>tolvaptan</i>)	NPSP	PA; QL (56 TABLETS per 28 DAYS)
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	NPSP	PA; QL (56 TABLETS per 28 days)
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	NPSP	PA; QL (120 TABLETS per 30 days)
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	NF	
KUVAN ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	NF	
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	PG	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	PG	
<i>mifepristone oral tablet 300 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	NPSP	PA; QL (30 VIALS per 30 days)
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	NF	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	NF	
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N7 (PG); AL (Min 35 Years)
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (<i>resmetirom</i>)	NF	
SAMSCA ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	NPSP	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	PSP	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	PSP	PA
SEPHIENCE ORAL PACKET 1000 MG, 250 MG (<i>sepiapterin</i>)	NF	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspertate</i>)	NPSP	PA; QL (60 ML per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	NPSP	PA
<i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>	PSP	PA; N8 (Generic of Jynarque); QL (56 TABLETS per 28 DAYS)
<i>tolvaptan tablet 15 mg oral</i>	PSP	PA; N8 (Generic of Jynarque); QL (60 EA per 30 Days)
<i>tolvaptan tablet 15 mg oral</i>	PSP	PA; N8 (Generic of Samsca)
<i>tolvaptan tablet 30 mg oral</i>	PSP	PA; N8 (Generic of Jynarque); QL (30 EA per 30 Days)
<i>tolvaptan tablet 30 mg oral</i>	PSP	PA; N8 (Generic of Samsca)
VEOZAH ORAL TABLET 45 MG (<i>fezolinetant</i>)	NP	PA; QL (30 TABLETS per 25 days)
VIJOICE ORAL PACKET 50 MG (<i>alpelisib</i>)	NF	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG (<i>alpelisib</i>)	NF	
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG (<i>diazoxide choline</i>)	NF	
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	NPSP	QL (4 PACKETS per 1 DAY)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	NPSP	PA; QL (120 CAPSULES per 30 days)
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (<i>ferric citrate</i>)	NF	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PG	
<i>ferric citrate oral tablet 1 gm 210 mg(fe)</i>	PG	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	NF	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	NF	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	NF	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	PG	
<i>sevelamer carbonate oral tablet 800 mg</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PG	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	NF	
XPHOZAH ORAL TABLET 20 MG, 30 MG (<i>tenapanor hcl (ckd)</i>)	NF	
POLYNEUROPATHY		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (<i>eplontersen sodium</i>)	NF	
POTASSIUM-REMOVING AGENTS - DRUGS TO REGULATE POTASSIUM LEVELS		
<i>sodium polystyrene sulfonate</i> (Kionex Combination Suspension 15 Gm/60ML)	PG	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	PB	
<i>sodium polystyrene sulfonate oral powder</i>	PG	
<i>sodium polystyrene sulfonate</i> (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60ML)	PG	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	PB	
PROGESTINS - DRUGS TO REGULATE PROGESTIN		
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, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</i>)	NF	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	NF	
ERMEZA ORAL SOLUTION 150 MCG/5ML (<i>levothyroxine sodium</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	NF	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	PG	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	PG	
<i>methimazole oral tablet 10 mg, 5 mg</i>	PG	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	NF	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</i>)	NF	
<i>propylthiouracil oral tablet 50 mg</i>	PG	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</i>)	NF	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (<i>levothyroxine sodium</i>)	NF	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	NF	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	NF	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	NF	
UREA CYCLE DISORDER - DRUGS TO TREAT UREA CYCLE DISORDER		
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	NF	
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	NF	
CARBAGLU ORAL TABLET SOLUBLE 200 MG (<i>carglumic acid</i>)	NPSP	PA
<i>carglumic acid oral tablet soluble 200 mg</i>	PSP	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM (<i>sodium phenylbutyrate</i>)	NF	
PHEBURANE ORAL PELLETT 483 MG/GM (<i>sodium phenylbutyrate</i>)	PSP	PA; QL (672 G per 30 days)
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NF	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	PSP	PA; QL (798 G per 30 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PSP	PA; QL (1200 TABLETS per 30 days)
UTERINE FIBROIDS - DRUGS TO TREAT UTERINE FIBROIDS		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix- estradiol-norethind</i>)	NP	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	PB	PA
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	NP	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	PG	
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	NPSP	PA
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	PG	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	PG	
VITAMIN D ANALOGS		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	PG	N8 (Listing does not include certain NDCs)
<i>calcitriol oral solution 1 mcg/ml</i>	PG	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	PG	N8 (Listing does not include certain NDCs)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	PG	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	NP	ST

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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)
<i>dicyclomine hcl oral tablet 40 mg</i>	NF	
GLYCATE ORAL TABLET 1.5 MG (<i>glycopyrrolate</i>)	NF	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	PG	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>glycopyrrolate oral tablet 1.5 mg</i>	NF	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	NP	
ANTIDIARRHEALS		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	PG	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	PG	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	NF	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	NF	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	NF	
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	NF	
<i>aprepitant oral capsule 125 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (2 CAPSULES per 21 days)
<i>aprepitant oral capsule 40 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (3 CAPSULES per 180 DAYS)
<i>aprepitant oral capsule 80 & 125 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (2 PACKS per 21 DAYS)
<i>aprepitant oral capsule 80 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (4 CAPSULES per 21 days)
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	PG	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	NP	PA; QL (120 CAPSULES per 25 days)
EMEND BIPACK ORAL CAPSULE 80 MG (<i>aprepitant</i>)	NF	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	NF	
EMEND TRIPACK ORAL CAPSULE 80 & 125 MG (<i>aprepitant</i>)	NF	
<i>granisetron hcl oral tablet 1 mg</i>	NP	QL (12 TABLETS per 21 days)
<i>meclizine hcl oral tablet 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	PG	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PG	QL (200 ML per 21 DAYs)
<i>ondansetron hcl oral tablet 24 mg</i>	PG	QL (2 TABLETS per 21 days)
<i>ondansetron hcl oral tablet 4 mg</i>	PG	QL (18 TABLETS per 21 days)
<i>ondansetron hcl oral tablet 8 mg</i>	PG	QL (18 TABLETS per 21 DAYs)
<i>ondansetron oral tablet dispersible 16 mg</i>	NF	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	PG	QL (18 TABLETS per 21 days)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	NF	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PG	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	PG	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	PB	QL (2 PATCHES per 21 days)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	PG	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 hcl oral solution 300 mg/5ml</i>	PG	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	PG	
<i>famotidine oral tablet 40 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PG	
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>	PG	
<i>budesonide oral capsule delayed release particles 3 mg</i>	PG	
<i>budesonide rectal foam 2 mg</i>	PG	
CANASA RECTAL SUPPOSITORY 1000 MG (<i>mesalamine</i>)	NF	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>)	PB	
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>)	NF	
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	NF	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	NF	
IBSRELA ORAL TABLET 50 MG (<i>tenapanor hcl</i>)	NF	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	PB	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	PG	N8 (Listing does not include certain NDCs)
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	NF	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	PG	PA
LOTROXON 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 acid</i>)	CE	N7 (PB); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
<i>enulose oral solution 10 gm/15ml</i>	PG	N8 (Listing does not include certain NDCs)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	PG	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	PG	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	NF	
<i>lactulose</i> (Kristalose Oral Packet 10 Gm)	NP	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lactulose</i> (Kristalose Oral Packet 20 Gm)	PG	
<i>lactulose oral packet 10 gm</i>	NP	N8 (Listing does not include certain NDCs)
<i>lactulose oral packet 20 gm</i>	PG	N8 (Listing does not include certain NDCs)
<i>lactulose oral solution 10 gm/15ml</i>	PG	N8 (Listing does not include certain NDCs)
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	NF	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	CE	N7 (PG); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	PG	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	PG	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	N7 (NF)
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	CE	N7 (NP); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	N7 (NF); N8 (\$0 copay for members age 45 through 75, otherwise not covered)
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (<i>peg 3350-kcl-nacl-nasulf-mgsul</i>)	CE	N7 (Not Covered); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	NF	
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-mag sulfate-kcl</i>)	CE	N7 (NF); N8 (\$0 copay for members age 45 through 75, otherwise not covered)
MISCELLANEOUS		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (<i>odevixibat</i>)	NF	
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (<i>odevixibat</i>)	NF	
CARAFATE ORAL SUSPENSION 1 GM/10ML (<i>sucrafate</i>)	NF	
CARAFATE ORAL TABLET 1 GM (<i>sucrafate</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	PSP	PA; QL (90 TABLETS per 30 days)
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	NPSP	PA
CTEXLI ORAL TABLET 250 MG (<i>chenodiol</i>)	NF	
EOHILIA ORAL SUSPENSION 2 MG/10ML (<i>budesonide</i>)	NF	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	NPSP	PA; QL (1 KIT per 30 days)
GIMOTI NASAL SOLUTION 15 MG/ACT (<i>metoclopramide hcl</i>)	NF	
IQIRVO ORAL TABLET 80 MG (<i>elafibranor</i>)	PSP	PA; QL (30 TABLETS per 30 days)
LIVDELZI ORAL CAPSULE 10 MG (<i>seladelpar lysine</i>)	NF	
LIVMARLI ORAL SOLUTION 19 MG/ML (<i>maralixibat chloride</i>)	NPSP	PA; QL (60 ML per 30 DAYs)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	NPSP	PA; QL (90 ML per 30 days)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG (<i>maralixibat chloride</i>)	NF	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PG	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	NF	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	PB	
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	NF	
<i>prucalopride succinate oral tablet 1 mg, 2 mg</i>	NF	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	NF	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	NF	
RELTONE ORAL CAPSULE 200 MG, 400 MG (<i>ursodiol</i>)	NF	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	NPSP	PA; QL (3 BOTTLES per 25 days)
<i>sucrafate oral suspension 1 gm/10ml</i>	NF	
<i>sucrafate oral tablet 1 gm</i>	PG	N8 (Listing does not include certain NDCs)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	PB	PA
<i>ursodiol oral capsule 200 mg, 400 mg</i>	NF	
<i>ursodiol oral capsule 300 mg</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ursodiol oral tablet 250 mg, 500 mg</i>	NP	
VOQUEZNA ORAL TABLET 10 MG, 20 MG (<i>vonoprazan fumarate</i>)	NF	
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	NPSP	PA; QL (12 CAPSULES per 30 DAYs)
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NPSP	PA; QL (84 TABLETS per 28 days)
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>)	NP	QL (90 CAPSULES per 365 days)
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	PG	QL (90 CAPSULES per 365 days)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	PG	QL (90 CAPSULES per 365 DAYs)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	PG	QL (90 CAPSULES per 365 days)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	PG	QL (90 PACKET per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>esomeprazole magnesium oral packet 2.5 mg, 5 mg</i>	PG	QL (90 PACKETS per 365 DAYS)
<i>lansoprazole oral capsule delayed release 15 mg</i>	PG	Select OTC; QL (90 CAPSULES per 365 DAYS)
<i>lansoprazole oral capsule delayed release 30 mg</i>	PG	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	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	NF	
<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 OTC ORAL CAPSULE 20-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	PG	Select OTC; QL (90 CAPSULES per 365 days)
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone (perianal) external cream 2.5 %</i>	PG	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	PB	
<i>hydrocortisone (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	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	PG	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dutasteride oral capsule 0.5 mg</i>	PG	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	PG	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	NF	
<i>finasteride oral tablet 5 mg</i>	PG	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	NF	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	NP	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	NF	
<i>silodosin oral capsule 4 mg, 8 mg</i>	PG	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
TEZRULY ORAL SOLUTION 1 MG/ML (<i>terazosin hcl</i>)	NF	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	NF	
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		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	NF	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	NP	SPC; QL (6 KITS per 25 days)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG (<i>alprostadil (vasodilator)</i>)	NP	SPC; QL (6 VIALS per 25 days)
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG (<i>tadalafil</i>)	NF	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	NP	SPC; QL (6 VIALS per 25 days)
<i>phenylephrine hcl intracavernosal solution 2 mg/2ml</i>	NF	
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	NF	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	SPC; QL (6 TABLETS per 25 DAYS)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	NF	
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	NF	
<i>tadalafil oral tablet 10 mg</i>	PG	SPC; QL (6 TABLETS per 25 days)
<i>tadalafil oral tablet 2.5 mg</i>	PG	SPC; QL (30 TABLETS per 25 days)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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>vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	SPC; QL (6 TABLETS per 25 days)
<i>vardenafil hcl oral tablet dispersible 10 mg</i>	PG	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>)	NF	
MISCELLANEOUS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	NF	
FILSPARI ORAL TABLET 200 MG (<i>sparsentan</i>)	PSP	PA; QL (60 TABLETS per 30 days)
FILSPARI ORAL TABLET 400 MG (<i>sparsentan</i>)	PSP	PA; QL (30 TABLETS per 30 days)
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	NF	
<i>oral citrate oral solution 490-640 mg/5ml</i>	NF	
<i>pot & sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	PG	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (<i>nedosiran sodium</i>)	NF	
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML (<i>nedosiran sodium</i>)	NF	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (<i>budesonide</i>)	NF	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	NF	
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tiopronin oral tablet 100 mg</i>	PSP	PA
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	PSP	PA
VANRAFIA ORAL TABLET 0.75 MG (<i>atrasentan hcl</i>)	PSP	PA; QL (30 TABLETS per 30 days)
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	NP	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	PG	
<i>flavoxate hcl oral tablet 100 mg</i>	PG	
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	NF	
<i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i>	PG	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (<i>mirabegron</i>)	PB	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	PB	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>oxybutynin chloride oral tablet 2.5 mg</i>	NF	
<i>oxybutynin chloride oral tablet 5 mg</i>	PG	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	PG	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	PG	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	PG	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	NF	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	PG	
<i>trospium chloride oral tablet 20 mg</i>	PG	N8 (Listing does not include certain NDCs)
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	NF	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
<i>clindamycin phosphate vaginal cream 2 %</i>	PG	
<i>metronidazole vaginal gel 0.75 %</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>miconazole 3 vaginal suppository 200 mg</i>	NP	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	NF	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	PG	
<i>terconazole vaginal suppository 80 mg</i>	PG	
VANDAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	NF	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	PG	N8 (Listing does not include certain NDCs)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	PB	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	PG	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	PG	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	NP	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	NF	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	NF	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	PG	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 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	
<i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>	PG	
<i>rivaroxaban oral tablet 2.5 mg</i>	PG	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	NF	

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	NF	
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>	NF	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	PSP	PA
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (<i>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	
XOLREMDI ORAL CAPSULE 100 MG (<i>mavorixafor</i>)	NF	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	NF	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	NF	
HEMOPHILIA A AGENTS		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PSP	PA
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	PSP	PA
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	PSP	PA
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten-ehl</i>)	PSP	PA
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiiic)</i>)	PSP	PA

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	PSP	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	NPSP	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucl)</i>)	PSP	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>)	PSP	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PSP	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	PSP	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PSP	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PSP	PA
<i>obizur intravenous solution reconstituted 500 unit</i>	NF	
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>)	NPSP	PA
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	NPSP	PA

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMOPHILIA A AND B AGENTS		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML (<i>concizumab-mtci</i>)	NF	
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>marstacimab-hncq</i>)	NF	
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML (<i>fitusiran sodium</i>)	NF	
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>fitusiran sodium</i>)	NF	
HEMOPHILIA B AGENTS		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	NPSP	PA
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	PSP	PA
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	PSP	PA
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	NPSP	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NPSP	PA
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>	NPSP	PA
MISCELLANEOUS		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	PG	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	PG	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	PG	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	PG	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	NF	
<i>tranexamic acid oral tablet 650 mg</i>	NP	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	NF	
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	PSP	PA; QL (60 CAPSULES per 30 days)
VOYDEYA ORAL TABLET 100 MG (<i>danicopan</i>)	NF	
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (<i>danicopan</i>)	NF	
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	PG	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	PG	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	PG	
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	NF	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	NP	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	PG	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	NF	
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	NF	
SICKLE CELL DISEASE		
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	NPSP	PA; QL (180 PACKETS per 30 days)
<i>l-glutamine oral packet 5 gm</i>	PSP	PA; QL (180 PACKETS per 30 DAYs)
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	PB	
XROMI ORAL SOLUTION 100 MG/ML (<i>hydroxyurea</i>)	CE	N7 (NF)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THROMBOCYTOPENIA AGENTS - DRUGS TO TREAT PLATELET DISORDERS		
ALVAIZ ORAL TABLET 18 MG, 36 MG (<i>eltrombopag choline</i>)	PSP	PA; QL (90 TABLETS per 30 days)
ALVAIZ ORAL TABLET 54 MG, 9 MG (<i>eltrombopag choline</i>)	PSP	PA; QL (60 TABLETS per 30 days)
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	PSP	PA; QL (60 TABLETS per 30 days)
<i>eltrombopag olamine oral packet 12.5 mg</i>	PSP	PA; QL (120 PACKETS per 30 DAYs)
<i>eltrombopag olamine oral packet 25 mg</i>	PSP	PA; QL (180 PACKETS per 30 DAYs)
<i>eltrombopag olamine oral tablet 12.5 mg, 75 mg</i>	PSP	PA; QL (60 TABLETS per 30 DAYs)
<i>eltrombopag olamine oral tablet 25 mg, 50 mg</i>	PSP	PA; QL (90 TABLETS per 30 DAYs)
MUPLETA 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>)	NPSP	PA
PROMACTA ORAL PACKET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	NF	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	NF	
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	NPSP	PA; QL (60 TABLETS per 30 days)
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 (1 MG DAILY DOSE) ORAL 1 X 1 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (<i>peanut powder-dnfp</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG (<i>peanut powder-dnfp</i>)	NF	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (<i>peanut powder-dnfp</i>)	NF	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	PB	PA
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	NF	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	NF	IBC (Available as NPSP with PA for Ulcerative Colitis)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	NF	
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-srlf</i>)	NF	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	NF	
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-afzb</i>)	NF	
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
<i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml</i>	NF	
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml</i>	NF	
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	PSP	PA; ST; QL (4 PENS per 28 days)
<i>adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml</i>	PSP	PA; ST; QL (2 PENS per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml</i>	PSP	PA; ST; QL (2 SYRINGES per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml</i>	PSP	PA; ST; QL (4 SYRINGES per 28 days)
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml</i>	NF	
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	NF	
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	PSP	PA; ST; QL (4 PENS per 28 days)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	PSP	PA; ST; QL (4 SYRINGES per 28 days)
<i>adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	NF	
<i>adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	NF	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab-atto</i>)	NF	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-atto</i>)	NF	
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	NF	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML (<i>adalimumab-atto</i>)	NF	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML (<i>bimekizumab-bkzx</i>)	NF	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML (<i>bimekizumab-bkzx</i>)	NF	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	PSP	PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis); QL (2 KITS per 28 days)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	PSP	PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis); QL (1 KIT per 28 days)

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	NF	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	PSP	PA; IBC (Preferred agent for Asthma and Atopic Dermatitis); QL (2 PENS per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; IBC (Preferred agent for Asthma and Atopic Dermatitis); QL (4 PENS per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	PSP	PA; IBC (Preferred agent for Asthma and Atopic Dermatitis); QL (2 SYRINGES per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; IBC (Preferred agent for Asthma and Atopic Dermatitis); QL (4 SYRINGES per 28 days)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 CARTRIDGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 VIALS per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 SYRINGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days)
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	NPSP	PA; QL (2 PENS per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	NF	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	NF	
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	NF	
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	NF	
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	NF	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	NF	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	NF	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	NF	
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	NF	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (4 PENS per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (2 PENS per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (4 SYRINGES per 28 days)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (1 KIT per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 PENS per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 SYRINGES per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	NF	
LEQSELVI ORAL TABLET 8 MG (<i>deuruxolitinib phosphate</i>)	NF	
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	PSP	PA; IBC (Preferred agent for Alopecia Areata); QL (28 CAPSULES per 28 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma. Not covered for other conditions); QL (3 INJECTIONS per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma. Not covered for other conditions); QL (3 INJECTIONS per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma. Not covered for other conditions); QL (1 SYRINGE per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	NF	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	PSP	PA; IBC (Preferred agent for Alopecia Areata. Not covered for Rheumatoid Arthritis); QL (30 TABLETS per 30 days)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML (<i>mirikizumab-mrkz</i>)	NF	
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML (<i>mirikizumab-mrkz</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	NF	
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mirikizumab-mrkz</i>)	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	PSP	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 20 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 DAYS)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 days)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 DAYS)
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-aauz</i>)	NF	
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-ttwe</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis, Crohn's Disease, Ulcerative Colitis. Not covered for Psoriatic Arthritis)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab-ttwe</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis, Crohn's Disease, Ulcerative Colitis. Not covered for Psoriatic Arthritis); QL (1 SYRINGE per 84 days)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab-ttwe</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis, Crohn's Disease, Ulcerative Colitis. Not covered for Psoriatic Arthritis); QL (1 SYRINGE per 56 days)
RINVOQ LQ ORAL SOLUTION 1 MG/ML (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Psoriatic Arthritis); QL (2 BOTTLES per 30 DAYS)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Atopic Dermatitis, Ankylosing Spondylitis, Ulcerative Colitis, Non-radiographical Axial Spondyloarthritis, and Crohn's Disease); QL (30 TABLETS per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Atopic Dermatitis, Ulcerative Colitis, and Crohn's Disease); QL (30 TABLETS per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Ulcerative Colitis and Crohn's Disease); QL (1 FILL per 1 INDUCTION PERIOD)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-aekn</i>)	NF	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	NF	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab-ryvk</i>)	NF	
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab-ryvk</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	NF	
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	NF	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NF	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NF	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease and Ulcerative Colitis); QL (1 CARTRIDGE per 56 DAYS)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease and Ulcerative Colitis); QL (1 CARTRIDGE per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days)
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	NF	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis, Crohn's Disease, Ulcerative Colitis. Not covered for Psoriatic Arthritis); QL (1 SYRINGE per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis, Crohn's Disease, Ulcerative Colitis. Not covered for Psoriatic Arthritis); QL (1 SYRINGE per 84 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis, Crohn's Disease, Ulcerative Colitis. Not covered for Psoriatic Arthritis); QL (1 SYRINGE per 56 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-stba</i>)	NF	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis and Non-radiographical Axial Spondyloarthritis); QL (1 INJECTION per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML (<i>ixekizumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis and Non-radiographical Axial Spondyloarthritis); QL (1 INJECTION per 28 days)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	PSP	PA; ST; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 PEN per 56 Days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	PSP	PA; ST; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 PEN per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	PSP	PA; ST; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 syringe per 56 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	PSP	PA; ST; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab-aazg</i>)	NF	
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab-aazg</i>)	NF	
<i>ustekinumab subcutaneous solution 45 mg/0.5ml</i>	NF	
<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	NF	
<i>ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	NF	
<i>ustekinumab-ttwe subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	NF	
VELSIPITY ORAL TABLET 2 MG (<i>etrasimod arginine</i>)	PSP	PA; IBC (Preferred agent for Ulcerative Colitis); QL (30 TABLETS per 30 days)
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-auub</i>)	NF	
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-auub</i>)	NF	
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis, 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)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma); QL (8 INJECTIONS per 28 days)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma); QL (4 INJECTIONS per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma); QL (2 INJECTIONS per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma); QL (8 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma); QL (4 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma); QL (2 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma); QL (8 VIALS per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-kfce</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis, Crohn's Disease, Ulcerative Colitis. Not covered for Psoriatic Arthritis); QL (1 VIAL per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab-kfce</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis, Crohn's Disease, Ulcerative Colitis. Not covered for Psoriatic Arthritis); QL (1 SYRINGE per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab-kfce</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis, Crohn's Disease, Ulcerative Colitis. Not covered for Psoriatic Arthritis); QL (1 SYRINGE per 56 days)
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-aaty</i>)	NF	
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-aaty</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqvh</i>)	NF	
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	NF	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	NF	
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	PG	
<i>methotrexate sodium oral tablet 2.5 mg</i>	CE	N7 (PG); N8 (Listing does not include certain NDCs)
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>)	NPSP	PA; QL (4 INJECTIONS per 28 DAYS)
SOVUNA ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	NF	
HEREDITARY ANGIOEDEMA		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML (<i>garadacimab-gxii</i>)	NF	
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NF	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NPSP	PA; QL (20 VIALS per 30 days)
EKTERLY ORAL TABLET 300 MG (<i>sebetralstat</i>)	NF	
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (<i>icatibant acetate</i>)	NPSP	PA; QL (45 SYRINGES per 90 days)
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>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 VIALS 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		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)-stwk</i>)	NF	
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-slra</i>)	NF	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	PSP	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	NF	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAGARD 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>)	NF	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NF	
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	PA
HYPERRHO 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	
<i>kedrab injection solution 1500 unit/10ml, 300 unit/2ml</i>	NPSP	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	NF	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	NPSP	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	NPSP	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (<i>varicella-zoster immune glob</i>)	NPSP	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (<i>rho d immune globulin</i>)	NPSP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	NF	
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (<i>interferon gamma-1b</i>)	NPSP	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	NPSP	PA; QL (8 VIALS per 28 days)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>)	NF	
IMMUNOSUPPRESSANTS		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (<i>lymphocyte,anti-thymo imm glob</i>)	NP	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	PG	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	NPSP	PA; QL (4 INJECTIONS per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	NPSP	PA; QL (4 INJECTIONS per 28 days)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>cyclosporine modified oral solution 100 mg/ml</i>	PG	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	PG	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	PG	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	PG	
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	PG	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	NP	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	NF	
<i>mycophenolate mofetil oral capsule 250 mg</i>	PG	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	PG	
<i>mycophenolate mofetil oral tablet 500 mg</i>	PG	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	PG	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (<i>mycophenolate mofetil</i>)	NF	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	NPSP	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	NPSP	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	NPSP	
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	NF	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	NPSP	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	NPSP	
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (<i>basiliximab</i>)	NP	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sirolimus oral solution 1 mg/ml</i>	PG	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	PG	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (<i>anti-thymocyte glob (rabbit)</i>)	NP	
MISCELLANEOUS		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	NPSP	PA; QL (2 VIALS per 28 days)
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	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ (<i>potassium chloride</i>)	PG	
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, 15 meq, 20 meq, 8 meq</i>	PG	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	PG	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	NP	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
ATABEX OB ORAL TABLET 29-1 MG (<i>prenatal vit w/ fe bisg-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>)	PB	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	PB	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (<i>prenat-fefmcb-dss-fa-dha w/o a</i>)	PB	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	PB	
<i>complete natal dha oral 29-1-200 & 200 mg</i>	NF	
<i>completenate oral tablet chewable 29-1 mg</i>	NF	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	NF	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	PG	
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	NF	
<i>kosher prenatal plus iron oral tablet 30-1 mg</i>	NF	
MATERNACEL ORAL TABLET 20-1 MG (<i>prenatal vit w/ fe bisg-fa</i>)	NF	
<i>natal pnv oral tablet 6-0.5 mg</i>	NF	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (<i>prenat w/oa-fefum-methf-omegas</i>)	NF	
NESTABS DHA ORAL 32-1 MG (<i>prenat-w/oa-fe bisgly-fa-omega</i>)	NF	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o a</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	NF	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (<i>prenat-fecbn-feasp-gl-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-feasp-gl-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-feasp-gl-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>prena1 oral tablet chewable 1.4 mg</i>	NF	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>prenatal w/o a vit-fe fum-fa</i>)	NF	
PRENATE AM ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	NF	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NF	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-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	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (prenat w/o a-fe-methfol-fa-dha)	NF	
PRENATOL-M ORAL TABLET 27-1.2 MG (prenatal vit-fe fumarate-fa)	NF	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (prenat w/o a vit-fefum-fepo-fa)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (prenat vit-fepoly-methylfol-fa)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (prenatal vit-fe psac cmplx-fa)	NF	
SELECT-OB+DHA ORAL 29-1 & 250 MG (prenatal vit-fepoly-fa-dha)	NF	
TARON-C DHA ORAL CAPSULE 35-1 MG (prenat-fefum-fepo-fa-omega 3)	NF	
trinatal rx 1 oral tablet 60-1 mg	NF	
TRINATE ORAL TABLET (prenatal vit-fe fumarate-fa)	PG	
tristart dha oral capsule 31-0.6-0.4-200 mg	NF	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	NF	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (prenatal vit-fe phos-fa-omega)	NF	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (prenat-fe poly-methfol-fa-dha)	NF	
VITAFOL-OB ORAL TABLET (prenatal vit-fe fumarate-fa)	NF	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	NF	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (prenatal vit-fepoly-fa-dha)	NF	
vitalara oral tablet 20-1 mg	NF	
VIVA DHA ORAL CAPSULE 28-1-200 MG (prenatal vit-fe fum-fa-omega)	NF	
wescap-pn dha oral capsule 27-0.6-0.4-300 mg	NF	
westgel dha oral capsule 31-0.6-0.4-200 mg	NF	
zalvit oral tablet 13-1 mg	NF	
ziphex oral tablet 13-1 mg	NF	
VITAMINS - VITAMINS AND SUPPLEMENTS		
ACCRUFER ORAL CAPSULE 30 MG (ferric maltol)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML (<i>ascorbic acid</i>)	NF	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	PG	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	NF	
DAVIMET-IRON ORAL TABLET CHEWABLE (<i>multiple vitamins-iron</i>)	NF	
FA-8 ORAL CAPSULE 0.8 MG (<i>folic acid</i>)	CE	N7 (Not Covered); QL (100 CAPSULES per 30 days); AL (Max 55 Years)
FERRO-PLEX ORAL TABLET 115-1 MG (<i>fe fum-fa-c-e-b12-intrins fact</i>)	NF	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	NF	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG, 1 MG (<i>ped multiple vit-minerals-fl</i>)	NF	
<i>folic acid oral tablet 400 mcg</i>	CE	N7 (Not Covered); N8 (Listing does not include certain NDCs); QL (100 tablets per 30 days); AL (Max 55 Years)
<i>folic acid oral tablet 800 mcg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Max 55 Years)
FOLICORE B COMPLEX ORAL TABLET 1-10-0.4 MG (<i>folic acid-vit b6-vit b12</i>)	NF	
FOLVITA COMPLEX ORAL TABLET 1-10-0.4 MG (<i>folic acid-vit b6-vit b12</i>)	NF	
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	PG	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	NF	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (<i>niacinamide-zn-cu-methfo-se-cr</i>)	NF	
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	NF	
<i>phytonadione oral tablet 5 mg</i>	PG	
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	
<i>reno caps oral capsule 1 mg</i>	PG	Select OTC

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tri-vitamin with fluoride oral suspension 0.25 mg/ml</i>	NF	
<i>iron sucrose (Venofer Intravenous Solution 20 Mg/MI)</i>	NPSP	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	PG	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGENICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	NF	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	NF	
<i>cromolyn sodium ophthalmic solution 4 %</i>	PG	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	PG	Select OTC
ZADITOR OPHTHALMIC SOLUTION 0.035 % (<i>ketotifen fumarate</i>)	PG	Select OTC
ZERVIAE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	NF	
ANTIGLAUCOMA BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	PG	
BETIMOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol hemihydrate</i>)	NF	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	NF	
<i>carteolol hcl ophthalmic solution 1 %</i>	PG	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	NF	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	PG	
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	NF	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	NP	
<i>timolol maleate (Timolol Maleate Ocusol 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIGLAUCOMA COMBINATION AGENTS - DRUGS TO TREAT GLAUCOMA		
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	PG	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	NF	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	PG	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	PG	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	PB	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	PB	
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	
<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	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	NF	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	PG	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	PG	N8 (Listing does not include certain NDCs)
<i>gatifloxacin ophthalmic solution 0.5 %</i>	NP	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levofloxacin ophthalmic solution 0.5 %</i>	PG	
<i>levofloxacin ophthalmic solution 1.5 %</i>	NF	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	PG	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	PG	
<i>ofloxacin ophthalmic solution 0.3 %</i>	PG	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	PG	
<i>sulfacetamide sodium ophthalmic 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	
XDEMVY OPHTHALMIC SOLUTION 0.25 % (<i>lotilaner</i>)	NF	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	NF	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	NF	
ALREX OPHTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	NF	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	NP	
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	NF	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	NF	
<i>clobetasol propionate ophthalmic suspension 0.05 %</i>	NF	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	PG	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	PG	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	PG	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	NF	
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	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	NF	
INVELTYS OPHTHALMIC SUSPENSION 1 % (<i>loteprednol etabonate</i>)	NF	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	NP	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	PG	
LOTEMAX OPHTHALMIC GEL 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (<i>loteprednol etabonate</i>)	NF	
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	NF	
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	NF	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	PG	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	NF	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	NF	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (<i>prednisolone acetate</i>)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	NF	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PG	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	NF	
CARBONIC ANHYDRASE INHIBITORS - DRUGS TO TREAT GLAUCOMA		
AZOPT OPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	NF	
<i>brinzolamide ophthalmic suspension 1 %</i>	NF	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	PG	N8 (Listing does not include certain NDCs)
DRY EYE DISEASE		
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	NF	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	NF	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	PB	
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	PB	
TRYPYR OPHTHALMIC SOLUTION 0.003 % (<i>acoltremon</i>)	PB	
VEVYE OPHTHALMIC SOLUTION 0.1 % (<i>cyclosporine</i>)	NF	
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	NF	
MISCELLANEOUS		
<i>atropine sulfate ophthalmic solution 1 %</i>	PG	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	NPSP	PA; QL (4 BOTTLES per 28 days)
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	NPSP	PA; QL (2 ML per 7 DAYs)
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	PG	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	PG	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (<i>varenicline tartrate</i>)	NF	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (<i>oxymetazoline hcl</i>)	NF	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	NF	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>)	NPSP	PA
PROSTAGLANDINS - DRUGS TO TREAT GLAUCOMA		
<i>bimatoprost ophthalmic solution 0.03 %</i>	PG	
IYUZEH OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	NF	
<i>latanoprost ophthalmic solution 0.005 %</i>	PG	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	NF	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	PG	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	NF	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	PG	N8 (Listing does not include certain NDCs)
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	NF	
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETINAL DISORDERS		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (<i>ranibizumab-nuna</i>)	NPSP	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	PSP	PA
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	PSP	PA
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	NPSP	PA
RHO KINASE INHIBITORS - DRUGS TO TREAT EYE CONDITIONS		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	PB	
SYMPATHOMIMETICS - DRUGS TO TREAT GLAUCOMA		
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	PG	
OTHER		
IRRIGATION SOLUTIONS		
<i>sterile water for irrigation irrigation solution</i>	NP	STX
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	PSP	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML (<i>alpha1-proteinase inhibitor</i>)	PSP	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	NF	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (<i>alpha1-proteinase inhibitor</i>)	NF	
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>)	NF	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	PG	QL (4 INJECTIONS per 25 DAYS)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	PG	QL (4 SOLUTION AUTO-INJECTOR per 25 days)
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	PG	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>)	PB	QL (4 INJECTIONS per 25 DAYS)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	NP	QL (4 INJECTIONS per 25 days)
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML (<i>epinephrine</i>)	NF	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	NF	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-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)
<i>umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act</i>	NF	
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	PB	QL (1 PACKAGE per 25 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	PB	QL (1 package per 25 days)
ANTICHOLINERGICS		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	NF	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ipratropium bromide inhalation solution 0.02 %</i>	PG	N8 (Listing does not include certain NDCs); QL (5 boxes per 25 days)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	PG	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	NF	
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/act</i>	PG	QL (1 G per 25 days)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	NP	QL (1 PACKAGE per 25 days)
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	NF	
ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES		
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (<i>fexofenadine hcl</i>)	PG	Select OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (<i>fexofenadine hcl</i>)	PG	Select OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (<i>fexofenadine hcl</i>)	PG	Select OTC
<i>allergy rel child (cetirizine) oral tablet dispersible 10 mg</i>	PG	Select OTC
<i>azelastine hcl nasal solution 0.1 %</i>	PG	QL (2 BOTTLES per 25 DAYS)
<i>carbinoxamine maleate er oral suspension extended release 4 mg/5ml</i>	PG	ST
<i>carbinoxamine maleate oral tablet 4 mg</i>	PG	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	PG	Select OTC

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	PG	Select OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	PG	Select OTC
CLARITIN ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL CAPSULE 10 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL TABLET 10 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL TABLET CHEWABLE 10 MG, 5 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN REDITABS JUNIORS ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 5 MG (<i>loratadine</i>)	PG	Select OTC
<i>clemastine fumarate oral tablet 2.68 mg</i>	PG	
<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>gnp loratadine oral tablet dispersible 10 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</i>	PG	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
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 childrens oral solution 5 mg/5ml</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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra allergy relief oral capsule 10 mg</i>	PG	Select OTC
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	NF	
<i>carbinoxamine maleate</i> (Ryvent Oral Tablet 6 Mg)	NP	
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, 2.5 MG (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC ORAL TABLET CHEWABLE 10 MG (<i>cetirizine hcl</i>)	PG	Select OTC
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	PG	N8 (Listing does not include certain NDCs); QL (2 INHALERS per 25 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	PG	N8 (Listing does not include certain NDCs); QL (5 BOXES per 25 DAYs)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	N8 (Listing does not include certain NDCs); QL (5 BOXES per 25 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	PG	N8 (Listing does not include certain NDCs); QL (60 ML per 25 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PG	
<i>albuterol sulfate oral tablet 2 mg</i>	PG	
<i>albuterol sulfate oral tablet 4 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	NF	
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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	PG	QL (45 ML per 25 days)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	NP	QL (2 INHALERS per 25 DAYS)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	NP	QL (60 VIALS per 25 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	NF	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	PB	QL (1 PACKAGE per 25 DAYS)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	NF	
COLD/COUGH		
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (<i>fexofenadine-pseudoephedrine</i>)	PG	Select OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (<i>fexofenadine-pseudoephedrine</i>)	PG	Select OTC
<i>benzonatate oral capsule 100 mg, 200 mg</i>	PG	
<i>benzonatate oral capsule 150 mg</i>	NP	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	PG	Select OTC
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	PG	Select OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	PG	Select OTC
<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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ft allergy d-12 hour oral tablet extended release 12 hour 5-120 mg</i>	PG	Select OTC
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (<i>hydrocodone bit-homatrop mbr</i>)	NF	
HYCODAN ORAL TABLET 5-1.5 MG (<i>hydrocodone bit-homatrop mbr</i>)	NF	
<i>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
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	NF	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	PG	QL (30 ML per 1 DAY)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	PG	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	PG	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	NF	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>cetirizine-pseudoephedrine</i>)	PG	Select OTC
CYSTIC FIBROSIS		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (<i>vanzacaft-tezacaft-deutivacaft</i>)	NF	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	NPSP	PA; QL (224 ML per 28 days)
BRONCHITOL INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	NF	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	NPSP	PA; QL (84 ML per 28 days)
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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML (<i>ensifentrine</i>)	NF	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	PG	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>budesonide nasal suspension 32 mcg/act</i>	PG	Select OTC; QL (2 packages per 25 days)
FLONASE ALLERGY REL CHILDRENS NASAL SUSPENSION 50 MCG/ACT (<i>fluticasone propionate</i>)	PG	Select OTC; QL (1 ML per 25 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	PG	QL (3 CONTAINERS per 25 DAYs)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	PG	Select OTC; QL (1 ML per 25 DAYs)
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (<i>triamcinolone acetonide</i>)	PG	Select OTC; QL (1 PACKAGE per 25 DAYs)
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	NF	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NF	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NF	
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	PG	Select OTC; QL (1 ML per 25 DAYs)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	NP	PA; QL (2 PACKAGES per 25 days)
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	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pirfenidone oral tablet 801 mg</i>	PSP	PA; QL (90 TABLETS per 30 Days)
SEVERE ASTHMA AGENTS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	PSP	PA; QL (1 PEN per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (<i>benralizumab</i>)	PSP	PA; QL (1 SYRINGE per 56 days)
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	NF	
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (<i>fluticasone furoate</i>)	PB	QL (1 PACKAGE per 25 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>fluticasone furoate</i>)	PB	QL (1 PACKAGE per 25 DAYS)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>mometasone furoate</i>)	PB	QL (1 PACKAGE per 25 days)
<i>budesonide inhalation suspension 0.25 mg/2ml</i>	PG	QL (3 ML per 25 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	PG	QL (2 ML per 25 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	PG	QL (1 ML per 25 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act</i>	NF	
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>	NF	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	NF	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	NF	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	NF	
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	PB	QL (3 PACKAGES per 25 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (<i>fluticasone furoate-vilanterol</i>)	PB	N8 (Listing does not include certain NDCs); QL (1 package per 25 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	PB	QL (1 PACKAGE per 25 DAYs)
<i>budesonide-formoterol fumarate</i> (Breyna Inhalation Aerosol 160-4.5 Mcg/Act, 80-4.5 Mcg/Act)	PG	QL (3 PACKAGES per 25 DAYs)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	PG	QL (3 PACKAGES per 25 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium 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>)	PB	QL (3 PACKAGES per 25 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	NF	
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>	NF	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	PG	N8 (Listing does not include certain NDCs); QL (1 PACKAGE per 25 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	NF	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 300 mg, 450 mg</i>	PG	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PG	
<i>theophylline oral elixir 80 mg/15ml</i>	PG	
<i>theophylline oral solution 80 mg/15ml</i>	PG	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	NF	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	NF	
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	NF	
<i>isotretinoin</i> (Accutane Oral Capsule 20 Mg, 30 Mg, 40 Mg)	NP	PA
ACZONE EXTERNAL GEL 5 %, 7.5 % (<i>dapsone</i>)	NP	ST
<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; N8 (Listing does not include certain NDCs); 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 %</i>	PG	PA; N8 (PA applies to members 35 and older); AL (Max 35 Years)
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	PG	PA; AL (Max 35 Years)
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	NF	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

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

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluorouracil external cream 5 %</i>	PG	
<i>fluorouracil external solution 2 %, 5 %</i>	PG	
<i>imiquimod external cream 5 %</i>	PG	QL (2 BOXES per 21 days)
<i>imiquimod pump external cream 3.75 %</i>	NP	PA
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	NF	
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	NF	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	NF	
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	NF	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (<i>imiquimod</i>)	NF	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate external cream 0.1 %</i>	PG	
<i>gentamicin sulfate external ointment 0.1 %</i>	PG	
<i>mupirocin calcium external cream 2 %</i>	NF	
<i>mupirocin external ointment 2 %</i>	PG	QL (30 G 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</i> (Ssd External Cream 1 %)	PG	
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 G 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 G 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
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	NP	ST

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	NF	
<i>ketconazole external cream 2 %</i>	PG	
<i>ketconazole 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 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 G per 25 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	PG	STX; QL (60 G 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 LOTION 1 % (<i>oxiconazole nitrate</i>)	NF	
<i>sulconazole nitrate external cream 1 %</i>	PG	
<i>sulconazole nitrate external solution 1 %</i>	PG	
<i>tavaborole external solution 5 %</i>	NF	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	NF	
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl external cream 5 %</i>	NF	
PRUDOXIN EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	NP	ST; QL (45 G per 25 days)
ZONALON EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	NP	ST; QL (45 G per 25 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	PG	PA; QL (60 CAPSULES per 25 days)
<i>calcipotriene external cream 0.005 %</i>	NF	
<i>calcipotriene external foam 0.005 %</i>	NF	
<i>calcipotriene external ointment 0.005 %</i>	NP	ST; QL (60 G per 25 days)
<i>calcipotriene external solution 0.005 %</i>	NP	ST; QL (60 ML per 25 days)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>spesolimab-sbzo</i>)	NPSP	PA; QL (2 SYRINGES per 28 days)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>spesolimab-sbzo</i>)	NPSP	PA
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
<i>tazarotene external cream 0.05 %</i>	NF	
<i>tazarotene external cream 0.1 %</i>	PG	PA; AL (Max 35 Years)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	NF	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	NF	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	NF	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	NF	
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	PB	
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	
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast</i>)	NF	
DERMATOLOGY, ATOPIC DERMATITIS		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>tralokinumab-ldrm</i>)	NF	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	NF	
ANZUPGO EXTERNAL CREAM 20 MG/GM (<i>delgocitinib</i>)	NF	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	NF	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	PSP	PA; QL (2 PENS per 28 DAYS)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	PSP	PA; QL (2 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>)	NF	
<i>pimecrolimus external cream 1 %</i>	NP	PA
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	NP	PA
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast</i>)	NF	
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate external cream 0.05 %</i>	PG	QL (120 G per 25 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	PG	QL (120 G per 25 days)
<i>amcinonide external cream 0.1 %</i>	NF	
<i>amcinonide external ointment 0.1 %</i>	NF	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	PG	QL (120 G per 25 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	PG	QL (120 G 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 G per 25 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	PG	QL (120 G 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 G 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 G per 25 days)
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	PB	QL (120 G per 25 days)
<i>clobetasol propionate e external cream 0.05 %</i>	NP	QL (120 G per 25 days)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	NF	
<i>clobetasol propionate external cream 0.025 %</i>	PG	QL (120 G per 25 DAYs)
<i>clobetasol propionate external cream 0.05 %</i>	NP	QL (120 G per 25 days)
<i>clobetasol propionate external foam 0.05 %</i>	NP	QL (120 G per 25 days)
<i>clobetasol propionate external gel 0.05 %</i>	NP	QL (120 G 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 G per 25 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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 G per 25 days)
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 G 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 G per 25 days)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	NP	QL (120 G per 25 days)
<i>desoximetasone external gel 0.05 %</i>	NP	QL (120 G per 25 days)
<i>desoximetasone external liquid 0.25 %</i>	PG	QL (120 ML per 25 days)
<i>desoximetasone external ointment 0.05 %</i>	NF	
<i>desoximetasone external ointment 0.25 %</i>	NP	QL (120 G 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 G per 25 days)
DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	PB	
<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 G 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)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluocinonide emulsified base external cream 0.05 %</i>	PG	QL (120 G per 25 days)
<i>fluocinonide external cream 0.05 %</i>	NP	QL (120 G per 25 days)
<i>fluocinonide external cream 0.1 %</i>	NF	
<i>fluocinonide external gel 0.05 %</i>	NP	QL (120 G per 25 days)
<i>fluocinonide external ointment 0.05 %</i>	NP	QL (120 G per 25 days)
<i>fluocinonide external solution 0.05 %</i>	PG	QL (120 ML per 25 days)
<i>flurandrenolide external lotion 0.05 %</i>	NF	
<i>fluticasone propionate external cream 0.05 %</i>	NP	QL (120 G 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 G per 25 days)
<i>halcinonide external cream 0.1 %</i>	NF	
<i>halcinonide external solution 0.1 %</i>	PG	QL (120 ML per 25 DAYs)
<i>halobetasol propionate external cream 0.05 %</i>	NP	QL (120 G per 25 days)
<i>halobetasol propionate external foam 0.05 %</i>	NF	
<i>halobetasol propionate external ointment 0.05 %</i>	NP	QL (120 G per 25 days)
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	NF	
<i>hydrocortisone butyrate external cream 0.1 %</i>	PG	QL (120 G per 25 days)
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NF	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	PG	QL (120 G per 25 days)
<i>hydrocortisone butyrate external solution 0.1 %</i>	PG	QL (120 ML per 25 DAYs)
<i>hydrocortisone external cream 2.5 %</i>	PG	QL (120 G per 25 days)
<i>hydrocortisone external lotion 2 %</i>	NF	
<i>hydrocortisone external lotion 2.5 %</i>	PG	QL (120 ML per 25 days)
<i>hydrocortisone external ointment 2.5 %</i>	PG	QL (120 G per 25 days)
<i>hydrocortisone external solution 2.5 %</i>	NF	
<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	
<i>halobetasol propionate</i> (Lexette External Foam 0.05 %)	NF	
MICORT HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone acetate</i>)	NF	
<i>mometasone furoate external cream 0.1 %</i>	NP	QL (120 G per 25 days)
<i>mometasone furoate external ointment 0.1 %</i>	NP	QL (120 G per 25 days)
<i>mometasone furoate external solution 0.1 %</i>	PG	QL (120 ML per 25 days)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	NP	PA; QL (120 ML per 25 DAYs)
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	NP	PA; QL (180 G per 25 days)
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	NP	PA; QL (180 G per 25 days)
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	PG	PA; QL (120 ML per 25 days)
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	NP	PA; QL (180 G per 25 days)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	NP	PA; QL (180 ML per 25 DAYs)
<i>clobetasol propionate emulsion</i> (Tovet External Foam 0.05 %)	NF	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NF	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	PG	QL (120 G per 25 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	PG	QL (120 ML per 25 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	PG	QL (120 G per 25 days)
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NF	
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	NF	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine external ointment 5 %</i>	NP	QL (50 G 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)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>)	PG	Select OTC
<i>acyclovir external cream 5 %</i>	NF	
<i>acyclovir external ointment 5 %</i>	NP	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	NF	
<i>bexarotene external gel 1 %</i>	PSP	PA
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	NF	
<i>docosanol external cream 10 %</i>	PG	Select OTC

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG (<i>nemolizumab-ilto</i>)	NF	
<i>penciclovir external cream 1 %</i>	NF	
<i>podofilox external gel 0.5 %</i>	NP	
<i>podofilox external solution 0.5 %</i>	PG	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	NP	PA
SOFDRA EXTERNAL GEL 12.45 % (<i>sofipironium bromide</i>)	NF	
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	NPSP	PA
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl topical</i>)	NPSP	PA; QL (2 G per 30 days)
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	NF	
ZELSUVM EXTERNAL GEL 10.3 % (<i>berdazimer sodium</i>)	NF	
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	NF	
DERMATOLOGY, ROSACEA		
<i>azelaic acid external gel 15 %</i>	NP	
<i>brimonidine tartrate external gel 0.33 %</i>	NF	
<i>doxycycline oral capsule delayed release 40 mg</i>	NF	
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>minocycline hcl micronized</i>)	NF	
EPSOLAY EXTERNAL CREAM 5 % (<i>benzoyl peroxide</i>)	NF	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	PB	PA
<i>ivermectin external cream 1 %</i>	PG	PA
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	NP	ST; QL (60 G per 25 days)
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	NF	
<i>metronidazole external cream 0.75 %</i>	PG	N8 (Listing does not include certain NDCs); QL (60 G per 25 days)
<i>metronidazole external gel 0.75 %</i>	PG	QL (60 G per 25 days)
<i>metronidazole external gel 1 %</i>	NP	QL (60 G per 25 days)
<i>metronidazole external lotion 0.75 %</i>	PG	N8 (Listing does not include certain NDCs); QL (60 ML per 25 days)

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	NF	
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NF	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	PB	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	NF	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	NF	
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	NF	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	PG	
ELIMITE EXTERNAL CREAM 5 % (<i>permethrin</i>)	NF	
<i>malathion external lotion 0.5 %</i>	PG	
<i>permethrin external cream 5 %</i>	PG	
<i>spinosad external suspension 0.9 %</i>	PG	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation solution 0.25 %</i>	PG	
<i>sodium chloride irrigation solution 0.9 %</i>	PG	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	PG	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	PG	N8 (Listing does not include certain NDCs)
<i>clotrimazole mouth/throat troche 10 mg</i>	PG	QL (90 LOZENGES per 25 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	PG	
<i>nystatin suspension 100000 unit/ml mouth/throat</i>	NF	
<i>nystatin suspension 100000 unit/ml mouth/throat</i>	PG	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	NP	QL (14 TABLETS per 25 days)
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	PG	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	PG	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid otic solution 2 %</i>	PG	N8 (Listing does not include certain NDCs)
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	NF	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	NP	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	PG	

2026 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	NF	
<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>	26	ACUVAIL.....	192	AGAMATRIX JAZZ TEST.....	127
<i>abacavir sulfate-lamivudine</i>	29	<i>acyclovir</i>	31, 215	AGAMATRIX PRESTO TEST.....	127
ABILIFY.....	75	ACZONE.....	206	AGAMREE.....	136
ABILIFY ASIMTUFII.....	75	<i>adalimumab-aacf (2 pen)</i>	169	AIMOVIG.....	90
ABILIFY MAINTENA.....	75	<i>adalimumab-aacf (2 syringe)</i>	169	AIRSUPRA.....	205
<i>abiraterone acetate</i>	40	<i>adalimumab-aaty (1 pen)</i>	169	AJOVY.....	90
ABREVA.....	215	<i>adalimumab-aaty (2 syringe)</i>	169	AKEEGA.....	40
ABRILADA (1 PEN).....	169	<i>adalimumab-adaz</i>	169	AKLIEF.....	206
ABRILADA (2 PEN).....	169	<i>adalimumab-adbm (2 pen)</i>	169	AKYNZEO.....	148
ABRILADA (2 SYRINGE).....	169	<i>adalimumab-adbm (2 syringe)</i>	170	<i>albendazole</i>	24
ABSORICA.....	206	<i>adalimumab-adbm(ps/uv</i> <i>starter)</i>	170	<i>albuterol sulfate</i>	199
ABSORICA LD.....	206	<i>adalimumab-fkjp (2 pen)</i>	170	<i>albuterol sulfate hfa</i>	199
<i>acamprosate calcium</i>	65	<i>adalimumab-fkjp (2 syringe)</i>	170	<i>alclometasone dipropionate</i>	212
ACANYA.....	206	<i>adalimumab-ryvk (2 pen)</i>	170	<i>alcohol swabs</i>	127
<i>acarbose</i>	103	<i>adalimumab-ryvk (2 syringe)</i>	170	ALDURAZYME.....	139
ACCRUFER.....	188	<i>adalimumab-ryvk (2 syringe)</i>	170	ALECENSA.....	42
ACCU-CHEK AVIVA.....	126	<i>adapalene</i>	206	<i>alendronate sodium</i>	113
ACCU-CHEK AVIVA PLUS..	126	<i>adapalene-benzoyl peroxide</i>	206	<i>alfuzosin hcl er</i>	156
ACCU-CHEK FASTCLIX LANCET.....	126	ADBRY.....	211	ALHEMO.....	165
ACCU-CHEK FASTCLIX LANCETS.....	126	ADCIRCA.....	63	<i>aliskiren fumarate</i>	60
ACCU-CHEK GUIDE CONTROL.....	126	ADDERALL.....	83	ALKINDI SPRINKLE.....	136
ACCU-CHEK GUIDE TEST..	127	ADDERALL XR.....	83	ALLEGRA ALLERGY.....	197
ACCU-CHEK SAFE-T PRO LANCETS.....	127	ADDYI.....	99	ALLEGRA ALLERGY CHILDRENS.....	197
ACCU-CHEK SMARTVIEW..	127	<i>adefovir dipivoxil</i>	34	ALLEGRA-D ALLERGY & CONGESTION.....	200
ACCU-CHEK SMARTVIEW CONTROL.....	127	ADEMPAS.....	63	<i>allergy rel child (cetirizine)</i>	197
ACCU-CHEK SOFTCLIX LANCET DEV.....	127	ADIPEX-P.....	111	<i>allopurinol</i>	13
ACCU-CHEK SOFTCLIX LANCETS.....	127	ADLARITY.....	67	ALLZITAL.....	14
Accutane.....	206	ADMELOG.....	106	<i>almotriptan malate</i>	90
ACCUTREND GLUCOSE.....	127	ADMELOG SOLOSTAR.....	106	<i>alogliptin benzoate</i>	105
<i>acebutolol hcl</i>	58	ADTHYZA.....	145	<i>alogliptin-metformin hcl</i>	104
<i>acetaminophen-codeine</i>	17	ADVAIR DISKUS.....	205	<i>alogliptin-pioglitazone</i>	104
<i>acetazolamide</i>	61	ADVAIR HFA.....	205	ALORA.....	140
<i>acetazolamide er</i>	60	ADVANCE INTUITION TEST	127	<i>alosetron hcl</i>	151
<i>acetic acid</i>	217	ADVANCE MICRO-DRAW TEST.....	127	ALPHANATE.....	161
<i>acetylcysteine</i>	203	ADVATE.....	163	ALPHANINE SD.....	165
ACIPHEX.....	154	ADVOCATE REDI-CODE.....	127	<i>alprazolam</i>	65
<i>acitretin</i>	210	ADVOCATE REDI-CODE+ TEST.....	127	<i>alprazolam er</i>	65
ACTEMRA.....	169	ADVOCATE TEST.....	127	ALPRAZOLAM INTENSOL.....	65
ACTEMRA ACTPEN.....	169	<i>adynovate</i>	163	ALPROLIX.....	165
ACTHAR.....	142	ADZENYS XR-ODT.....	83	ALREX.....	192
ACTHAR GEL.....	142	AFINITOR.....	42	Altavera.....	116
ACTIMMUNE.....	183	AFINITOR DISPERZ.....	42	ALTOPREV.....	55
ACTONEL.....	113	Afirmelle.....	115	ALTRENO.....	207
ACTOS.....	110	AFREZZA.....	106	ALTUVIIIIO.....	163
		AFSTYLA.....	163	ALUNBRIG.....	42
		AFTERA.....	115	ALVAIZ.....	167
		AFTERPILL.....	115	ALVESCO.....	204
		AGAMATRIX AMP TEST.....	127	<i>alyacen 1/35</i>	116
				<i>alyacen 7/7/7</i>	116

ALYFTREK.....	201	APADAZ.....	17	ATABEX EC.....	186
ALYGLO.....	182	<i>apap-caff-dihydrocodeine</i>	17	ATABEX OB.....	186
Alyq.....	63	APIDRA.....	106	ATACAND.....	53
<i>amantadine hcl</i>	73, 74	APIDRA SOLOSTAR.....	106	ATACAND HCT.....	52
AMBIEN.....	88	APLENZIN.....	68	<i>atazanavir sulfate</i>	26
AMBIEN CR.....	88	APOKYN.....	74	ATELVIA.....	113
<i>ambrisentan</i>	63	<i>apomorphine hcl</i>	74	<i>atenolol</i>	58
<i>amcinonide</i>	212	<i>aprepitant</i>	148	<i>atenolol-chlorthalidone</i>	57
AMELUZ.....	215	Apri.....	116	ATGAM.....	184
Amethyst.....	116	APRISO.....	150	ATIVAN.....	66
<i>amiloride hcl</i>	61	APTENSIO XR.....	84	<i>atomoxetine hcl</i>	84
<i>amiloride-hydrochlorothiazide</i> ... 61		APTIOM.....	78	ATORVALIQ.....	55
<i>aminocaproic acid</i>	165	APTIVUS.....	26	<i>atorvastatin calcium</i>	56
<i>amiodarone hcl</i>	54	AQNEURSA.....	139	<i>atovaquone</i>	36
AMITIZA.....	151	ARAKODA.....	26	<i>atovaquone-proguanil hcl</i>	26
<i>amitriptyline hcl</i>	67, 68	ARALAST NP.....	195	ATRALIN.....	207
AMJEVITA.....	170	Aranelle.....	116	<i>atropine sulfate</i>	194
AMJEVITA-PED 10KG TO		ARANESP (ALBUMIN FREE)		ATROVENT HFA.....	196
<15KG.....	170	.....	162	ATTRUBY.....	62
AMJEVITA-PED 15KG TO		ARBLI.....	53	AUBAGIO.....	93
<30KG.....	170	ARCALYST.....	183	Aubra Eq.....	116
<i>amlodipine besy-benazepril hcl</i> .. 51		<i>arformoterol tartrate</i>	199	AUGTYRO.....	42
<i>amlodipine besylate</i>	59	ARIKAYCE.....	25	Aurovela 1.5/30.....	116
<i>amlodipine besylate-valsartan</i> ... 52		<i>aripiprazole</i>	75	Aurovela 1/20.....	116
<i>amlodipine-atorvastatin</i>	59	ARISTADA.....	76	Aurovela 24 Fe.....	116
<i>amlodipine-olmesartan</i>	52	ARISTADA INITIO.....	76	Aurovela Fe 1.5/30.....	116
<i>amlodipine-valsartan-hctz</i>	52	<i>armodafinil</i>	98	Aurovela Fe 1/20.....	116
Amnesteem.....	207	ARNUITY ELLIPTA.....	204	AURYXIA.....	144
<i>amoxapine</i>	68	ARTHROTEC.....	16	AUSTEDO.....	93
<i>amoxicill-clarithro-lansopraz</i> ... 156		ASCENIV.....	182	AUSTEDO XR.....	93
<i>amoxicillin</i>	37	ASCOR.....	189	AUSTEDO XR PATIENT	
<i>amoxicillin-pot clavulanate</i>	37	<i>asenapine maleate</i>	76	TITRATION.....	93
<i>amoxicillin-pot clavulanate er</i> ... 37		Ashlyna.....	116	AUVELITY.....	68
<i>amphetamine sulfate</i>	83	ASMANEX (120 METERED		AUVI-Q.....	195
<i>amphetamine-dextroamphet er</i> ... 83		DOSES).....	204	<i>avanafil</i>	157
<i>amphetamine-</i>		ASMANEX (30 METERED		AVEED.....	102
<i>dextroamphetamine</i>	83, 84	DOSES).....	204	AVERI.....	116
<i>amphet-dextroamphet 3-bead er</i> .. 84		ASMANEX (60 METERED		Aviane.....	116
<i>ampicillin</i>	37	DOSES).....	204	AVMAPKI FAKZYNJA CO-	
AMPYRA.....	93	ASMANEX HFA.....	204	PACK.....	42
AMRIX.....	96	<i>aspirin</i>	23	AVONEX PEN.....	93
AMZEEQ.....	207	<i>aspirin childrens</i>	23	AVONEX PREFILLED.....	93
ANAFRANIL.....	66	<i>aspirin-dipyridamole er</i>	166	AVSOLA.....	168
<i>anagrelide hcl</i>	165	ASPRUZYO SPRINKLE.....	62	Ayuna.....	116
<i>anastrozole</i>	40	ASSURE 3 TEST.....	127	AYVAKIT.....	42
ANDEMBRY.....	181	ASSURE 4 TEST.....	127	AZASITE.....	191
ANDROGEL PUMP.....	102	ASSURE II.....	127	<i>azathioprine</i>	184
ANGELIQ.....	140	ASSURE II CHECK.....	127	<i>azelaic acid</i>	216
ANNOVERA.....	116	ASSURE PLATINUM.....	127	<i>azelastine hcl</i>	190, 197
ANORO ELLIPTA.....	196	ASSURE PRISM MULTI		<i>azelastine-fluticasone</i>	197
ANZEMET.....	148	TEST.....	127	AZELEX.....	207
ANZUPGO.....	211	ASSURE PRO TEST.....	127	<i>azesco</i>	186

<i>azithromycin</i>	33	BEPREVE.....	190	<i>bromfenac sodium</i>	192
AZMIRO.....	102	BERINERT.....	181	<i>bromfenac sodium (once-daily)</i>	192
AZOPT.....	193	BESIVANCE.....	191	<i>bromocriptine mesylate</i>	74
AZOR.....	52	BESREMI.....	39	BROMSITE.....	192
AZSTARYS.....	84	<i>betaine</i>	142	BRONCHITOL.....	201
Azurette.....	116	<i>betamethasone dipropionate</i>	212	BROVANA.....	199
<i>bacitracin</i>	191	<i>betamethasone dipropionate</i>		BRUKINSA.....	43
<i>bacitracin-polymyxin b</i>	191	<i>aug</i>	212	BRYHALI.....	212
<i>baclofen</i>	96	<i>betamethasone valerate</i>	212	BUCAPSOL.....	66
BAFIERTAM.....	93	BETAPACE.....	54	<i>budesonide</i>	150, 203, 204
BALCOLTRA.....	116	BETAPACE AF.....	54	<i>budesonide er</i>	150
<i>balsalazide disodium</i>	150	BETASERON.....	94	<i>budesonide-formoterol fumarate</i>	.....205
BALVERSA.....	42	<i>betaxolol hcl</i>	58, 190	<i>bumetanide</i>	61
Balziva.....	116	<i>bethanechol chloride</i>	158	BUPHENYL.....	146
BANZEL.....	78	BETHKIS.....	201	<i>buprenorphine</i>	23
BAQSIMI ONE PACK.....	137	BETIMOL.....	190	<i>buprenorphine hcl</i>	99
BAQSIMI TWO PACK.....	137	BETOPTIC-S.....	190	<i>buprenorphine hcl-naloxone hcl</i>	98
BARACLUDGE.....	34	BEVESPI AEROSPHERE.....	196	<i>bupropion hcl</i>	68
BASAGLAR KWIKPEN.....	106	<i>bexagliflozin</i>	111	<i>bupropion hcl er (smoking det)</i>	100
BASAGLAR TEMPO PEN.....	106	<i>bexarotene</i>	49, 215	<i>bupropion hcl er (sr)</i>	68
BD GLUCOSE.....	138	BEYAZ.....	116	<i>bupropion hcl er (xl)</i>	68
BD INSULIN SYRINGE U-500		<i>bicalutamide</i>	40	<i>buspirone hcl</i>	66
.....	128	BIJUVA.....	141	<i>butalbital-acetaminophen</i>	14
BD PEN NEEDLE MICRO		BIKTARVY.....	29	<i>butalbital-apap-caff-cod</i>	17
ULTRAFINE.....	128	BILTRICIDE.....	25	<i>butalbital-apap-caffeine</i>	14
BD PEN NEEDLE MINI		<i>bimatoprost</i>	194	<i>butalbital-asa-caff-codeine</i>	17
ULTRAFINE.....	128	BIMZELX.....	170	<i>butalbital-aspirin-caffeine</i>	14
BD PEN NEEDLE NANO 2ND		BINOSTO.....	113	<i>butorphanol tartrate</i>	17
GEN.....	128	<i>bismuth/metronidaz/tetracyclin</i>	156	BUTRANS.....	23
BD PEN NEEDLE NANO		<i>bisoprolol fumarate</i>	58	BYLVAY.....	152
ULTRAFINE.....	128	<i>bisoprolol-hydrochlorothiazide</i> ..	57	BYLVAY (PELLETS).....	152
BD PEN NEEDLE ORIG		BIVIGAM.....	182	BYOOVIZ.....	195
ULTRAFINE.....	128	Blisovi 24 Fe.....	116	BYSTOLIC.....	58
BD PEN NEEDLE SHORT		Blisovi Fe 1.5/30.....	117	<i>cabergoline</i>	142
ULTRAFINE.....	128	Blisovi Fe 1/20.....	117	CABLIVI.....	161
BD VEO INSULIN SYR		<i>blood glucose test</i>	128	CABOMETYX.....	43
ULTRAFINE.....	128	BOMYNTRA.....	113	CABTREO.....	207
BELBUCA.....	23	BONSITY.....	114	<i>calcipotriene</i>	210
BELSOMRA.....	88	<i>bosentan</i>	63	<i>calcipotriene-betameth diprop</i>	211
<i>benazepril hcl</i>	51	BOSULIF.....	42, 43	<i>calcitonin (salmon)</i>	113
<i>benazepril-hydrochlorothiazide</i> ..	51	BOTOX.....	88	<i>calcitriol</i>	147, 211
BENEFIX.....	165	BRAFTOVI.....	43	<i>calcium acetate (phos binder)</i> ...	144
BENICAR.....	53	BRENZAVVY.....	111	CALQUENCE.....	43
BENICAR HCT.....	52	BREO ELLIPTA.....	205	CAMBIA.....	14
BENLYSTA.....	184	BREXAFEMME.....	25	Camila.....	117
<i>benzhydrocodone-</i>		Breyna.....	205	Camrese.....	117
<i>acetaminophen</i>	17	BREZTRI AEROSPHERE.....	196	Camrese Lo.....	117
<i>benzonatate</i>	200	<i>briellyn</i>	117	CAMZYOS.....	62
<i>benzoyl peroxide-erythromycin</i>	207	<i>brimonidine tartrate</i>	195, 216	CANASA.....	150
<i>benzphetamine hcl</i>	111	<i>brimonidine tartrate-timolol</i>	191	<i>candesartan cilexetil</i>	53
<i>benztropine mesylate</i>	74	<i>brinzolamide</i>	193	<i>candesartan cilexetil-hctz</i>	52
<i>bepotastine besilate</i>	190	BRIVIACT.....	78		

<i>capecitabine</i>	39	Charlotte 24 Fe.....	117	CLEOCIN-T.....	207
CAPLYTA.....	76	Chateal Eq.....	117	CLEVER CHEK AUTO-CODE	
CAPRELSA.....	43	CHENODAL.....	153	TEST.....	128
<i>captopril</i>	51	<i>chlordiazepoxide hcl</i>	66	CLEVER CHEK AUTO-CODE	
<i>captopril-hydrochlorothiazide</i>	51	<i>chlordiazepoxide-amitriptyline</i>		VOICE.....	128
CARAFATE.....	152	.....	99, 100	CLEVER CHEK TEST.....	128
CARBAGLU.....	146	<i>chlordiazepoxide-clidinium</i>	150	CLEVER CHOICE AUTO-	
<i>carbamazepine</i>	79	<i>chlorhexidine gluconate</i>	217	CODE TEST.....	128
<i>carbamazepine er</i>	78	<i>chloroquine phosphate</i>	26	CLEVER CHOICE MICRO	
<i>carbidopa</i>	74	<i>chlorpromazine hcl</i>	76	TEST.....	128
<i>carbidopa-levodopa</i>	74	<i>chlorthalidone</i>	61	CLEVER CHOICE NO	
<i>carbidopa-levodopa er</i>	74	<i>chlorzoxazone</i>	96	CODING.....	128
<i>carbidopa-levodopa-entacapone</i>	74	CHOLBAM.....	153	CLEVER CHOICE TALK	
<i>carbinoxamine maleate</i>	197	<i>cholestyramine</i>	55	SYSTEM.....	129
<i>carbinoxamine maleate er</i>	197	<i>cholestyramine light</i>	54	CLIMARA PRO.....	141
CARDIZEM.....	59	<i>chorionic gonadotropin</i>	135	Clindacin-P.....	207
CARDIZEM CD.....	59	CIALIS.....	157	CLINDAGEL.....	207
CARDIZEM LA.....	59	CIBINQO.....	211	<i>clindamycin hcl</i>	36
CARESENS N GLUCOSE		<i>ciclopirox</i>	209	<i>clindamycin palmitate hcl</i>	36
TEST.....	128	<i>ciclopirox olamine</i>	209	<i>clindamycin phos (once-daily)</i> ..	207
CARETOUCH TEST.....	128	<i>cidofovir</i>	31	<i>clindamycin phos (twice-daily)</i> ..	207
<i>carglumic acid</i>	146	<i>cilostazol</i>	165	<i>clindamycin phos-benzoyl perox</i>	
<i>carisoprodol</i>	96	CILOXAN.....	191	.....	207
CARNITOR.....	114	CIMDUO.....	29	<i>clindamycin phosphate</i>	159, 207
CARNITOR SF.....	114	<i>cimetidine</i>	150	<i>clindamycin-tretinoin</i>	207
CAROSPIR.....	52	<i>cimetidine hcl</i>	150	<i>clobazam</i>	79
<i>carteolol hcl</i>	190	CIMZIA (2 SYRINGE).....	170	<i>clobetasol propionate</i> 192, 212, 213	
<i>carvedilol</i>	58	CIMZIA-STARTER.....	170	<i>clobetasol propionate e</i>	212
<i>carvedilol phosphate er</i>	58	<i>cinacalcet hcl</i>	112	<i>clobetasol propionate emulsion</i>	212
CAVERJECT.....	157	CINRYZE.....	181	CLOBEX.....	213
CAVERJECT IMPULSE.....	157	CIPRO HC.....	217	CLOBEX SPRAY.....	213
CAYA.....	117	<i>ciprofloxacin hcl</i>	34, 191, 217	<i>clocortolone pivalate</i>	213
CAYSTON.....	201	<i>ciprofloxacin-dexamethasone</i> ..	217	CLODERM.....	213
<i>ceftazidime</i>	33	<i>ciprofloxacin-fluocinolone pf</i> ...218		Clomid.....	135
<i>cefadroxil</i>	33	<i>citalopram hydrobromide</i>	68	<i>clomipramine hcl</i>	66
<i>cefdinir</i>	33	CITRANATAL 90 DHA.....	186	<i>clonazepam</i>	79
<i>cefixime</i>	33	CITRANATAL ASSURE.....	186	<i>clonidine</i>	62
<i>cefpodoxime proxetil</i>	33	CITRANATAL HARMONY..	186	<i>clonidine er</i>	62
<i>cefprozil</i>	33	CITRANATAL MEDLEY.....	186	<i>clonidine hcl</i>	62
<i>cefuroxime axetil</i>	33	Claravis.....	207	<i>clopidogrel bisulfate</i>	166
CELEBREX.....	13	<i>clarithromycin</i>	33	<i>clorazepate dipotassium</i>	79
<i>celecoxib</i>	13	<i>clarithromycin er</i>	33	<i>clotrimazole</i>	217
<i>cephalexin</i>	33	CLARITIN.....	198	<i>clotrimazole-betamethasone</i>	209
CEQUA.....	193	CLARITIN ALLERGY		<i>clozapine</i>	76
CERDELGA.....	140	CHILDRENS.....	198	COAGADEX.....	161
CEREZYME.....	140	CLARITIN REDITABS.....	198	COBENFY.....	76
<i>cetirizine hcl</i>	198	CLARITIN REDITABS		COBENFY STARTER PACK... 76	
<i>cetirizine hcl allergy child</i>	197	JUNIORS.....	198	<i>codeine sulfate</i>	17
<i>cetirizine-pseudoephedrine er</i> ..	200	CLARITIN-D 12 HOUR.....	200	<i>coditussin ac</i>	200
<i>cetrotelix acetate</i>	135	CLARITIN-D 24 HOUR.....	200	COLAZAL.....	150
CETROTIDE.....	135	<i>clemastine fumarate</i>	198	<i>colchicine</i>	14
<i>cevimeline hcl</i>	217	CLENPIQ.....	151	<i>colchicine-probenecid</i>	14

<i>colesevelam hcl</i>	55	CREXONT.....	74	DAYTRANA.....	84
<i>colestipol hcl</i>	55	CRINONE.....	145	DAYVIGO.....	88
<i>colistimethate sodium (cba)</i>	36	<i>cromolyn sodium</i>	190, 203	D-CARE BLOOD GLUCOSE.	129
COMBIPATCH.....	141	CROTAN.....	217	DDAVP.....	147
COMBIVENT RESPIMAT.....	196	Cryselle-28.....	117	Deblitane.....	117
COMBOGESIC.....	16	CTEXLI.....	153	<i>deferasirox</i>	115
COMETRIQ (100 MG DAILY DOSE).....	43	CUPRIMINE.....	115	<i>deferasirox granules</i>	115
COMETRIQ (140 MG DAILY DOSE).....	43	CUTAQUIG.....	182	<i>deferiprone</i>	115
COMETRIQ (60 MG DAILY DOSE).....	43	CUVITRU.....	182	<i>deferoxamine mesylate</i>	115
COMPLERA.....	30	CUVPOSA.....	148	<i>deflazacort</i>	136
<i>complete natal dha</i>	186	CUVRIOR.....	115	DELSTRIGO.....	30
<i>completenate</i>	186	CVS ADVANCED GLUCOSE TEST.....	129	Delyla.....	117
Compro.....	148	<i>cvs allergy relief childrens</i>	198	DELZICOL.....	150
CONCEPT OB.....	186	<i>cvs nicotine</i>	100, 101	<i>demeclocycline hcl</i>	37
CONCERTA.....	84	<i>cvs nicotine polacrilex</i>	101	DEMSEER.....	62
<i>condoms</i>	117	<i>cyanocobalamin</i>	189	DENAVIR.....	215
CONEXXENCE.....	114	<i>cyclobenzaprine hcl</i>	96	DEPO-SUBQ PROVERA 104.	117
CONJUPRI.....	59	<i>cyclobenzaprine hcl er</i>	96	DERMA-SMOOTHIE/FS BODY.....	213
CONTOUR NEXT TEST.....	129	<i>cyclophosphamide</i>	38	DERMA-SMOOTHIE/FS SCALP.....	213
CONTOUR TEST.....	129	<i>cycloserine</i>	31	DESCOVY.....	30
CONTRAVE.....	111	CYCLOSET.....	105	DESFERAL.....	115
CONZIP.....	18	<i>cyclosporine</i>	184, 193	<i>desipramine hcl</i>	68, 69
COOL BLOOD GLUCOSE TEST STRIPS.....	129	<i>cyclosporine modified</i>	184	<i>desloratadine</i>	198
COPAXONE.....	94	CYLTEZO (2 PEN).....	171	<i>desmopressin ace spray refrig.</i> ..	147
COPIKTRA.....	43	CYLTEZO (2 SYRINGE).....	172	<i>desmopressin acetate</i>	147
CORDRAN.....	213	<i>cyproheptadine hcl</i>	198	<i>desmopressin acetate spray</i>	147
COREG CR.....	58	Cyred Eq.....	117	<i>desogestrel-ethinyl estradiol</i>	117
CORIFACT.....	161	CYSTADANE.....	142	<i>desonide</i>	213
CORTIFOAM.....	150	CYSTADROPS.....	194	<i>desoximetasone</i>	213
<i>cortisone acetate</i>	136	CYSTAGON.....	142	<i>desvenlafaxine er</i>	69
CORTROPHIN.....	142	CYSTARAN.....	194	<i>desvenlafaxine succinate er</i>	69
CORTROPHIN GEL.....	142	CYTOMEL.....	145	<i>dexamethasone</i>	136
COSENTYX.....	171	<i>dabigatran etexilate mesylate</i> ..	160	<i>dexamethasone sodium phosphate</i>	192
COSENTYX (300 MG DOSE).	171	<i>dalfampridine er</i>	94	DEXCOM G6 RECEIVER.....	129
COSENTYX SENSOREADY (300 MG).....	171	<i>danazol</i>	135	DEXCOM G6 SENSOR.....	129
COSENTYX SENSOREADY PEN.....	171	<i>dantrolene sodium</i>	96	DEXCOM G6 TRANSMITTER.....	129
COSENTYX UNOREADY.....	171	DANZITEN.....	43	DEXCOM G7 RECEIVER.....	129
COSOPT PF.....	191	<i>dapagliflozin pro-metformin er</i> ..	110	DEXCOM G7 SENSOR.....	129
COTELLIC.....	43	<i>dapagliflozin propanediol</i>	111	DEXEDRINE.....	84
COTEMPLA XR-ODT.....	84	<i>dapsone</i>	36, 207	DEXILANT.....	154
COXANTO.....	14	DARAPRIM.....	36	<i>dexlansoprazole</i>	154
COZAAR.....	53	<i>darifenacin hydrobromide er</i>	159	<i>dexmethylphenidate hcl</i>	84
CRENESSITY.....	142	<i>darunavir</i>	27	<i>dexmethylphenidate hcl er</i>	84
CREON.....	154	<i>dasatinib</i>	43	<i>dextroamphetamine sulfate</i>	85
CRESEMBA.....	25	Dasetta 1/35 (28).....	117	<i>dextroamphetamine sulfate er</i>	84, 85
CRESTOR.....	56	Dasetta 7/7/7.....	117	DHIVY.....	74
		DAURISMO.....	39	DIACOMIT.....	79
		DAVIMET-IRON.....	189		
		DAXXIFY.....	88		
		DAYBUE.....	92		
		Daysee.....	117		

DIASTIX.....	129	DORYX MPC.....	38	EDLUAR.....	88
DIASTIX REAGENT.....	129	<i>dorzolamide hcl</i>	193	EDURANT.....	27
DIATHRIVE GLUCOSE TEST		<i>dorzolamide hcl-timolol mal</i>	191	EDURANT PED.....	27
.....	129	<i>dorzolamide hcl-timolol mal pf</i>	191	<i>efavirenz</i>	27
<i>diazepam</i>	79	DOVATO.....	30	<i>efavirenz-emtricitab-tenofo df</i>	30
Diazepam Intensol.....	79	<i>doxazosin mesylate</i>	156	<i>efavirenz-lamivudine-tenofovir</i> ... 30	
<i>diazoxide</i>	138	<i>doxepin hcl</i>	69, 88, 210	EFFEXOR XR.....	70
DIBENZYLINE.....	62	<i>doxercalciferol</i>	147	EKTERLY.....	181
<i>dichlorphenamide</i>	61	<i>doxycycline</i>	216	ELAPRASE.....	140
<i>diclofenac epolamine</i>	15	<i>doxycycline hyclate</i>	38	ELELYSO.....	140
<i>diclofenac potassium</i>	15	<i>doxycycline monohydrate</i>	38	<i>element compact test</i>	129
<i>diclofenac potassium(migraine)</i> .. 15		<i>doxylamine-pyridoxine</i>	149	ELEMENT TEST.....	129
<i>diclofenac sodium</i>	15, 192, 208	DRIZALMA SPRINKLE.....	70	ELEPSIA XR.....	80
<i>diclofenac sodium er</i>	15	<i>dronabinol</i>	149	ELESTRIN.....	141
<i>diclofenac-misoprostol</i>	16	<i>drosipren-eth estrad-levomefol</i> ..117		<i>eletriptan hydrobromide</i>	90
<i>dicloxacillin sodium</i>	37	<i>drosiprenone-ethinyl estradiol</i> ..117		ELFABRIO.....	140
<i>dicyclomine hcl</i>	148	<i>droxidopa</i>	62	ELIDEL.....	212
<i>diethylpropion hcl</i>	112	DUAKLIR PRESSAIR.....	205	ELIGARD.....	40
<i>diethylpropion hcl er</i>	112	DUAVEE.....	141	ELIMITE.....	217
DIFFERIN.....	207	DULERA.....	205	Elinest.....	118
DIFICID.....	34	<i>duloxetine hcl</i>	70	ELIQUIS.....	160
<i>diflorasone diacetate</i>	213	DUOBRII.....	213	ELIQUIS DVT/PE STARTER	
<i>diflunisal</i>	23	DUO-CARE TEST.....	129	PACK.....	160
<i>difluprednate</i>	192	DUOPA.....	74	ELLA.....	118
<i>digoxin</i>	60	DUPIXENT.....	172	ELMIRON.....	158
<i>dihydroergotamine mesylate</i>	89	DUROLANE.....	24	ELOCTATE.....	163
DILANTIN.....	79	<i>dutasteride</i>	156	<i>eltrombopag olamine</i>	167
DILANTIN INFATABS.....	79	<i>dutasteride-tamsulosin hcl</i>	156	ELYXYB.....	13
DILANTIN-125.....	79	DUVYZAT.....	96	EMBECTA AUTOSHIELD	
DILAUDID.....	18	DYANAVEL XR.....	85	DUO.....	130
<i>diltiazem hcl</i>	59	DYMISTA.....	197	EMBECTA INSULIN SYR	
<i>diltiazem hcl er</i>	59	DYRENIUM.....	61	ULTRAFINE.....	130
<i>diltiazem hcl er beads</i>	59	DYSPORT.....	88	EMBECTA INSULIN	
<i>diltiazem hcl er coated beads</i>....59		E.E.S. 400.....	34	SYRINGE U-500.....	130
<i>dilt-xr</i>	59	E.E.S. GRANULES.....	34	EMBECTA PEN NEEDLE	
<i>dimethyl fumarate</i>	94	<i>easy plus ii glucose test</i>	129	NANO.....	130
<i>dimethyl fumarate starter pack</i> ...94		EASY STEP TEST.....	129	EMBECTA PEN NEEDLE	
DIOVAN.....	53	<i>easy talk blood glucose test</i>	129	ULTRAFINE.....	130
DIOVAN HCT.....	52	<i>easy trak blood glucose test</i>	129	EMBRACE BLOOD	
<i>diphenoxylate-atropine</i>	148	EASYGLUCO.....	129	GLUCOSE TEST.....	130
DIPROLENE.....	213	EASYMAX 15 TEST.....	129	EMBRACE EVO BLOOD	
<i>dipyridamole</i>	166	EASYMAX TEST.....	129	GLUCOSE TEST.....	130
<i>disopyramide phosphate</i>	54	EASYPRO BLOOD		EMBRACE PRO GLUCOSE	
<i>disulfiram</i>	65	GLUCOSE TEST.....	129	TEST.....	130
<i>divalproex sodium</i>	79	EASYPRO PLUS.....	129	EMBRACE TALK GLUCOSE	
<i>divalproex sodium er</i>	79	EBGLYSS.....	211, 212	TEST.....	130
<i>docosanol</i>	215	<i>econazole nitrate</i>	209	EMBRACE WAVE BLOOD	
<i>dofetilide</i>	54	ECONTRA ONE-STEP.....	118	GLUCOSE.....	130
Dolishale.....	117	ECOZA.....	209	EMEND.....	149
DOLOBID.....	23	EDARBI.....	53	EMEND BIPACK.....	149
<i>donepezil hcl</i>	67	EDARBYCLOR.....	52	EMEND TRIPACK.....	149
DOPTELET.....	167	EDEX.....	157	EMFLAZA.....	136

EMGALITY.....	90	ERMEZA.....	145	EXFORGE.....	53
EMGALITY (300 MG DOSE)...	90	Errin.....	118	EXFORGE HCT.....	53
EMPAVELI.....	166	ERTACZO.....	209	EXJADE.....	115
EMROSI.....	216	<i>ery</i>	208	EYLEA.....	195
<i>emtricitabine</i>	27	ERYGEL.....	208	EYSUVIS.....	192
<i>emtricitabine-tenofovir df</i>	30	ERYPED 400.....	34	EZALLOR SPRINKLE.....	56
<i>emtricitab-rilpivir-tenofov df</i>	30	<i>erythromycin</i>	34, 191, 208	<i>ezetimibe</i>	55
EMTRIVA.....	27	<i>erythromycin base</i>	34	<i>ezetimibe-simvastatin</i>	57
EMVERM.....	25	<i>erythromycin ethylsuccinate</i>	34	FA-8.....	189
Emzahh.....	118	ESBRIET.....	203	FABHALTA.....	166
<i>enalapril maleate</i>	51	<i>escitalopram oxalate</i>	70	FABIOR.....	208
<i>enalapril-hydrochlorothiazide</i>	51	<i>eslicarbazepine acetate</i>	80	FABRAZYME.....	140
ENBRACE HR.....	186	<i>esomeprazole magnesium</i> . 154, 155		Falmina.....	118
ENBREL.....	172	ESPEROCT.....	164	<i>famciclovir</i>	32
ENBREL MINI.....	172	Estartylla.....	118	<i>famotidine</i>	150
ENBREL SURECLICK.....	172	<i>estazolam</i>	88	FANAPT.....	76
ENCARE.....	157	<i>estradiol</i>	141	FANAPT TITRATION PACK	
ENDARI.....	166	<i>estradiol valerate</i>	141	A.....	76
ENDOMETRIN.....	145	<i>estradiol-norethindrone acet</i>	141	FANAPT TITRATION PACK	
ENLITE GLUCOSE SENSOR.130		ESTRING.....	141	B.....	76
<i>enoxaparin sodium</i>	160	ESTROGEL.....	141	FANAPT TITRATION PACK	
Enpresse-28.....	118	<i>eszopiclone</i>	88	C.....	76
ENSACOVE.....	43	<i>ethacrynic acid</i>	61	FARXIGA.....	111
Enskyce.....	118	<i>ethambutol hcl</i>	31	FASENRA.....	204
ENSPRYNG.....	92	<i>ethosuximide</i>	80	FASENRA PEN.....	204
ENSTILAR.....	211	<i>ethynodiol diac-eth estradiol</i> ... 118		FASLODEX.....	40
<i>entacapone</i>	74	<i>etodolac</i>	15	FC2 FEMALE CONDOM.....	118
ENTADFI.....	156	<i>etodolac er</i>	15	<i>febuxostat</i>	14
<i>entecavir</i>	34	<i>etonogestrel-ethinyl estradiol</i> ... 118		FEIBA.....	161
ENTYVIO.....	168	<i>etoposide</i>	50	Feirza 1.5/30.....	118
ENTYVIO PEN.....	172	<i>etravirine</i>	27	Feirza 1/20.....	118
<i>enulose</i>	151	EUCRISA.....	212	<i>felbamate</i>	80
EOHILIA.....	153	EUFLEXXA.....	24	<i>felodipine er</i>	59
EPCLUSA.....	34, 35	EULEXIN.....	40	FEMCAP.....	118
EPIDIOLEX.....	80	EVAMIST.....	141	FEMLYV.....	118
<i>epinastine hcl</i>	190	EVEKEO.....	85	FEMRING.....	141
<i>epinephrine</i>	195, 196	EVENITY.....	142	<i>fenofibrate</i>	55
EPINEPHRINESNAP-V.....	196	<i>everolimus</i>	43, 44, 184	<i>fenofibrate micronized</i>	55
EPIPEN 2-PAK.....	196	EVERSENSE 365		<i>fenofibric acid</i>	55
EPIPEN JR 2-PAK.....	196	SENSOR/HOLDER.....	130	<i>fenoprofen calcium</i>	15
EPIVIR.....	27	EVERSENSE 365 SMART		FENOPRON.....	15
<i>eplerenone</i>	52	TRANSMIT.....	130	<i>fentanyl</i>	18
EPOGEN.....	162	EVERSENSE		<i>ferric citrate</i>	144
<i>epoprostenol sodium</i>	63	SENSOR/HOLDER.....	130	FERRIPROX.....	115
EPRONTIA.....	80	EVERSENSE SMART		FERRIPROX TWICE-A-DAY.115	
EPSOLAY.....	216	TRANSMITTER.....	130	FERRO-PLEX.....	189
<i>eq blood glucose test</i>	130	EVOLUTION AUTOCODE... 130		<i>fesoterodine fumarate er</i>	159
<i>eq loratadine childrens</i>	198	EVOTAZ.....	30	FETZIMA.....	70
<i>ergotamine-caffeine</i>	89	EVRYSDI.....	92	FETZIMA TITRATION.....	70
ERIVEDGE.....	39	EXELDERM.....	209	Fexmid.....	96
ERLEADA.....	40	<i>exemestane</i>	40	<i>fexofenadine hcl</i>	198
<i>erlotinib hcl</i>	43	<i>exenatide</i>	105	<i>fexofenadine-pseudoephed er</i> ... 200	

FIASP.....	106	<i>fluticasone propionate hfa</i>	204	FREESTYLE LIBRE 14 DAY	
FIASP FLEXTOUCH.....	106	<i>fluticasone-salmeterol</i>	205	SENSOR.....	131
FIASP PENFILL.....	106	<i>fluvastatin sodium</i>	56	FREESTYLE LIBRE 2 PLUS	
FIASP PUMPCART.....	106	<i>fluvastatin sodium er</i>	56	SENSOR.....	131
FIBRYGA.....	161	<i>fluvoxamine maleate</i>	66	FREESTYLE LIBRE 2	
<i>fidaxomicin</i>	34	<i>fluvoxamine maleate er</i>	66	SENSOR.....	131
FIFTY50 GLUCOSE TEST 2.0	130	FML FORTE.....	192	FREESTYLE LIBRE 3 PLUS	
FILSPARI.....	158	FML LIQUIFILM.....	192	SENSOR.....	131
FINACEA.....	216	FOCALIN.....	85	FREESTYLE LIBRE 3	
<i>finasteride</i>	156	FOCALIN XR.....	85	READER.....	131
<i> fingolimod hcl</i>	94	<i>folic acid</i>	189	FREESTYLE LIBRE 3	
FINTEPLA.....	80	FOLICORE B COMPLEX.....	189	SENSOR.....	131
Finzala.....	118	FOLIVANE-OB.....	186	FREESTYLE LIBRE READER	
FIORICET.....	14	FOLLISTIM AQ.....	135	.....	131
FIORICET/CODEINE.....	18	FOLVITA COMPLEX.....	189	FREESTYLE LITE TEST.....	131
FIRAZYR.....	181	<i>fondaparinux sodium</i>	160	FREESTYLE PRECISION	
FIRDAPSE.....	92	FORA 6 CONNECT.....	130	NEO TEST.....	132
FIRMAGON.....	40	FORA 6 CONNECT/GTEL		FREESTYLE TEST.....	132
FIRMAGON (240 MG DOSE)...	40	TEST.....	131	FROVA.....	90
FIRVANQ.....	36	FORA D40/G31 BLOOD		<i>frovatriptan succinate</i>	91
FLAREX.....	192	GLUCOSE.....	131	FRUZAQLA.....	44
<i>flavoxate hcl</i>	159	FORA G20 BLOOD		<i>ft allergy d-12 hour</i>	201
FLEBOGAMMA DIF.....	182	GLUCOSE TEST.....	131	FULPHILA.....	162
<i>flecainide acetate</i>	54	FORA GD20 TEST.....	131	<i>fulvestrant</i>	41
FLECTOR.....	15	FORA GD50 BLOOD		<i>furosemide</i>	61
FLEQSUVY.....	97	GLUCOSE TEST.....	131	Fyavolv.....	141
FLOLAN.....	63	FORA GTEL BLOOD		FYCOMPA.....	80
<i>flolipid</i>	56	GLUCOSE TEST.....	131	FYLNETRA.....	162
FLONASE ALLERGY REL		FORA TN'G ADVANCE PRO	131	Fyremadel.....	135
CHILDRENS.....	203	FORA TN'G/TN'G VOICE.....	131	<i>gabapentin</i>	80
FLORIVA.....	189	FORA V10 BLOOD		<i>gabapentin (once-daily)</i>	99
<i>fluconazole</i>	25	GLUCOSE TEST.....	131	GABARONE.....	80
<i>flucytosine</i>	25	FORA V30A BLOOD		GALAFOLD.....	140
<i>fludrocortisone acetate</i>	136	GLUCOSE TEST.....	131	<i>galantamine hydrobromide</i>	67
<i>flunisolide</i>	203	FORACARE GD40 TEST.....	131	<i>galantamine hydrobromide er</i>	67
<i>fluocinolone acetonide</i>	213, 218	FORACARE PREMIUM V10		Galbriela.....	118
<i>fluocinolone acetonide body</i>	213	TEST.....	131	GAMMAGARD.....	182
<i>fluocinolone acetonide scalp</i>	213	FORACARE TEST N GO		GAMMAGARD S/D LESS	
<i>fluocinonide</i>	214	TEST.....	131	IGA.....	182
<i>fluocinonide emulsified base</i>	214	<i>formoterol fumarate</i>	199	GAMMAKED.....	182
<i>fluorometholone</i>	192	FORTEO.....	114	GAMMAPLEX.....	182
<i>fluorouracil</i>	208, 209	FOSAMAX.....	113	GAMUNEX-C.....	182
<i>fluoxetine hcl</i>	70	FOSAMAX PLUS D.....	113	<i>ganciclovir sodium</i>	32
<i>fluoxetine hcl (padded)</i>	100	<i>fosamprenavir calcium</i>	27	<i>ganirelix acetate</i>	135, 136
<i>fluphenazine hcl</i>	76	<i>fosinopril sodium</i>	51	<i>gatifloxacin</i>	191
<i>flurandrenolide</i>	214	<i>fosinopril sodium-hctz</i>	51	GATTEX.....	153
<i>flurazepam hcl</i>	88	FOSRENOL.....	144	GAVILYTE-C.....	151
<i>flurbiprofen</i>	15	FOTIVDA.....	44	Gavilyte-G.....	151
<i>flurbiprofen sodium</i>	192	FRAGMIN.....	160	GAVRETO.....	44
<i>fluticasone furoate-vilanterol</i> ...	205	FREESTYLE INSULINX		<i>ge100 blood glucose test</i>	132
<i>fluticasone propionate</i>	203, 214	TEST.....	131	<i>gefitinib</i>	44
<i>fluticasone propionate diskus</i> ...	204			GEL-ONE.....	24

GELSYN-3.....	24	GONAL-F RFF REDIJECT.....	136	HULIO (2 PEN).....	173
<i>gemfibrozil</i>	55	GRALISE.....	99	HULIO (2 SYRINGE).....	173
Gemmily.....	118	<i>granisetron hcl</i>	149	HUMALOG.....	106, 107
GEMTESA.....	159	GRANIX.....	162	HUMALOG JUNIOR	
Gengraf.....	184	GRASTEK.....	167	KWIKPEN.....	106
GENOTROPIN.....	139	<i>griseofulvin microsize</i>	25	HUMALOG KWIKPEN.....	106
GENOTROPIN MINIQUICK..	139	<i>griseofulvin ultramicrosize</i>	25	HUMALOG MIX 50/50	
<i>gentamicin sulfate</i>	191, 209	<i>guanfacine hcl</i>	62	KWIKPEN.....	106
GENULTIMATE TEST.....	132	<i>guanfacine hcl er</i>	85	HUMALOG MIX 75/25.....	107
GENVISC 850.....	24	GUARDIAN 4 GLUCOSE		HUMALOG MIX 75/25	
GENVOYA.....	30	SENSOR.....	132	KWIKPEN.....	107
GEODON.....	76	GUARDIAN 4		HUMALOG TEMPO PEN.....	107
<i>ght test</i>	132	TRANSMITTER.....	132	HUMATE-P.....	161
GILENYA.....	94	GUARDIAN LINK 3		HUMATIN.....	25
GILOTRIF.....	44	TRANSMITTER.....	132	HUMATROPE.....	139
GIMOTI.....	153	GUARDIAN REAL-TIME		HUMIRA (1 PEN).....	173
GLASSIA.....	195	REPLACE PED.....	132	HUMIRA (2 PEN).....	173
<i>glatiramer acetate</i>	94	GUARDIAN SENSOR (3).....	132	HUMIRA (2 SYRINGE).....	173
Glatopa.....	94	<i>guardian sensor 3</i>	132	HUMIRA-CD/UC/HS	
GLEEVEC.....	44	GVOKE HYOPEN 1-PACK..	138	STARTER.....	173
GLEOSTINE.....	38	GVOKE HYOPEN 2-PACK..	138	HUMIRA-PSORIASIS/UEVIT	
<i>glimepiride</i>	111	GVOKE KIT.....	138	STARTER.....	173
<i>glipizide</i>	111	GVOKE PFS.....	138	HUMULIN 70/30.....	107
<i>glipizide er</i>	111	HADLIMA.....	173	HUMULIN 70/30 KWIKPEN..	107
<i>glipizide-metformin hcl</i>	104	HADLIMA PUSH TOUCH.....	173	HUMULIN N.....	107
GLOPERBA.....	14	HAEGARDA.....	181	HUMULIN N KWIKPEN.....	107
<i>glucagon emergency</i>	138	Hailey 1.5/30.....	118	HUMULIN R.....	107
GLUCO PERFECT 3 TEST.....	132	Hailey 24 Fe.....	118	HUMULIN R U-500	
GLUCOCARD 01 SENSOR		Hailey Fe 1.5/30.....	118	(CONCENTRATED).....	107
PLUS.....	132	Hailey Fe 1/20.....	119	HUMULIN R U-500	
GLUCOCARD EXPRESSION		<i>halcinonide</i>	214	KWIKPEN.....	107
TEST.....	132	HALCION.....	88	HW EMBRACE PRO	
GLUCOCARD SHINE TEST..	132	<i>halobetasol propionate</i>	214	GLUCOSE TEST.....	132
GLUCOCARD VITAL TEST..	132	Haloette.....	119	HW EMBRACE TALK	
GLUCOCARD X-SENSOR.....	132	HALOG.....	214	GLUCOSE TEST.....	132
GLUCOCOM TEST.....	132	<i>haloperidol</i>	76	HYALGAN.....	24
GLUCONAVII BLOOD		<i>haloperidol lactate</i>	76	HYCAMTIN.....	50
GLUCOSE TEST.....	132	HARLIKU.....	142	HYCODAN.....	201
<i>glucose</i>	138	HARVONI.....	35	<i>hydralazine hcl</i>	62
<i>glucose meter test</i>	132	Heather.....	119	<i>hydrochlorothiazide</i>	61
GLYCATÉ.....	148	HEMADY.....	137	<i>hydrocod poli-chlorphe poli er</i> ..	201
<i>glycopyrrolate</i>	148	HEMICLOR.....	61	<i>hydrocodone bitartrate er</i>	18
GLYXAMBI.....	111	HEMLIBRA.....	164	<i>hydrocodone bit-homatrop mbr</i>	201
<i>gnp easy touch glucose test</i>	132	HEMOFIL M.....	164	<i>hydrocodone-acetaminophen</i>	18, 19
<i>gnp glucose gummies</i>	138	<i>heparin sodium (porcine)</i>	160	<i>hydrocodone-ibuprofen</i>	19
<i>gnp loratadine</i>	198	<i>heparin sodium (porcine) pf</i>	160	<i>hydrocortisone</i>	137, 214
GOCOVRI.....	74	HER STYLE.....	119	<i>hydrocortisone (perianal)</i>	156
GOJJI BLOOD TEST		HETLIOZ.....	88	<i>hydrocortisone butyrate</i>	214
STRIP/LANCETS.....	132	HETLIOZ LQ.....	88	<i>hydrocortisone valerate</i>	214
GOLYTELY.....	151	Hidex 6-Day.....	137	<i>hydrocortisone-acetic acid</i>	218
GOMEKLI.....	44	HIZENTRA.....	182, 183	<i>hydromorphone hcl</i>	19
GONAL-F.....	136	HORIZANT.....	99	<i>hydromorphone hcl er</i>	19

<i>hydroxychloroquine sulfate</i> .26,	181	IN TOUCH BLOOD		<i>irbesartan</i>	53
<i>hydroxyurea</i>	49	GLUCOSE TEST	133	<i>irbesartan-hydrochlorothiazide</i> ..	53
<i>hydroxyzine hcl</i>	198	INATAL GT	186	IRESSA	45
<i>hydroxyzine pamoate</i>	198	INBRIJA	74	ISENTRESS	27
HYFTOR	216	Incassia	119	ISENTRESS HD	27
HYMOVIS	24	INCRELEX	143	Isibloom	119
HYMPAVZI	165	INCRUSE ELLIPTA	196	<i>isoniazid</i>	31
HYPERRHO S/D	183	<i>indapamide</i>	61	ISORDIL TITRADOSE	63
HYPERTET	183	INDERAL LA	58	<i>isosorb dinitrate-hydralazine</i>	62
HYQVIA	183	INDERAL XL	58	<i>isosorbide dinitrate</i>	63
HYRIMOZ	173	INDOCIN	15	<i>isosorbide mononitrate</i>	63
HYRIMOZ-PLAQUE		<i>indomethacin</i>	15	<i>isosorbide mononitrate er</i>	63
PSORIASIS START	174	INFINITY BLOOD GLUCOSE		<i>isotretinoin</i>	208
HYSINGLA ER	19	TEST	133	<i>isradipine</i>	59
HYZAAR	53	INFINITY VOICE	133	ISTALOL	190
<i>ibandronate sodium</i>	113	INFLECTRA	168	ISTURISA	126
IBRANCE	44	<i>infliximab</i>	169	ITOVEBI	45
IBSRELA	151	INGREZZA	93	<i>itraconazole</i>	25
IBTROZI	44	INLYTA	44	<i>ivabradine hcl</i>	62
<i>ibuprofen</i>	15	INNOPRAN XL	58	<i>ivermectin</i>	25, 216
<i>ibuprofen-famotidine</i>	17	INPEFA	61	IWILFIN	49
<i>icatibant acetate</i>	181	INQOVI	39	IXINITY	165
Iclevia	119	INREBIC	44	IYUZEH	194
ICLUSIG	44	<i>insulin asp prot & asp flexpen</i> ..	107	JADENU	115
<i>icosapent ethyl</i>	57	<i>insulin aspart</i>	107	JADENU SPRINKLE	115
IDELVION	165	<i>insulin aspart flexpen</i>	107	Jaimiess	119
IDHIFA	49	<i>insulin aspart penfill</i>	107	JAKAFI	45
IGLUCOSE TEST STRIPS	132	<i>insulin aspart prot & aspart</i>	107	JALYN	156
IHEALTH BLOOD GLUCOSE		<i>insulin degludec</i>	107	JANUMET	104
TEST STR	132	<i>insulin degludec flextouch</i>	107	JANUMET XR	104
ILARIS	185	<i>insulin glargine max solostar</i> ...	107	JANUVIA	105
ILEVRO	193	<i>insulin glargine solostar</i>	108	JARDIANCE	111
ILUMYA	168	<i>insulin glargine-yfgn</i>	108	Jasmiel	119
<i>imatinib mesylate</i>	44	<i>insulin lispro</i>	108	JATENZO	103
IMBRUVICA	44	<i>insulin lispro (1 unit dial)</i>	108	JAYPIRCA	45
IMCIVREE	143	<i>insulin lispro junior kwikpen</i> ...	108	Jencycla	119
<i>imipramine hcl</i>	70	<i>insulin lispro prot & lispro</i>	108	<i>jenliva prenatal/postnatal</i>	186
<i>imipramine pamoate</i>	70	INTELENCE	27	JENTADUETO	104
<i>imiquimod</i>	209	INTRAROSA	143	JENTADUETO XR	104
<i>imiquimod pump</i>	209	Introvale	119	Jinteli	141
IMITREX	91	INTUNIV	85	JIVI	164
IMITREX STATDOSE		INVEGA	77	JOENJA	184
REFILL	91	INVEGA HAFYERA	76	Jolessa	119
IMITREX STATDOSE		INVEGA TRINZA	77	JORNAY PM	85
SYSTEM	91	INVELTYS	193	JOURNAVX	14
<i>inkeldi</i>	44	INVOKAMET	110	Joyeaux	119
IMPOYZ	214	INVOKAMET XR	110	JUBBONTI	114
IMULDOSA	168	INVOKANA	111	JUBLIA	210
IMURAN	184	INZIRQO	61	Juleber	119
IMVEXXY MAINTENANCE		<i>ipratropium bromide</i>	197	JULUCA	30
PACK	141	<i>ipratropium-albuterol</i>	196	Junel 1.5/30	119
IMVEXXY STARTER PACK. 141		IQIRVO	153	Junel 1/20	119

Junel Fe 1.5/30.....	119	KOATE-DVI.....	164	LENVIMA (20 MG DAILY	
Junel Fe 1/20.....	119	KOGENATE FS.....	164	DOSE).....	45
Junel Fe 24.....	119	KORLYM.....	143	LENVIMA (24 MG DAILY	
JUXTAPID.....	57	KOSELUGO.....	45	DOSE).....	45
JYLAMVO.....	39	<i>kosher prenatal plus iron</i>	186	LENVIMA (4 MG DAILY	
JYNARQUE.....	143	KOVALTRY.....	164	DOSE).....	45
Kaitlib Fe.....	119	<i>kp fexofenadine hcl</i>	198	LENVIMA (8 MG DAILY	
KALBITOR.....	181	KRAZATI.....	49	DOSE).....	45
KALETRA.....	30	KRINTAFEL.....	26	LEQSELVI.....	174
Kalliga.....	119	Kristalose.....	151, 152	LESCOL XL.....	56
KALYDECO.....	201	KRYSTEXXA.....	14	Lessina.....	120
KANUMA.....	140	Kurvelo.....	120	LETAIRIS.....	63
KAPSPARGO SPRINKLE.....	58	KUVAN.....	143	<i>letrozole</i>	41
KARBINAL ER.....	198	KYLEENA.....	120	<i>leucovorin calcium</i>	50
Kariva.....	119	KYZATREX.....	103	LEUKINE.....	162
KATERZIA.....	59	<i>labetalol hcl</i>	58	<i>leuprolide acetate</i>	41
KCENTRA.....	161	<i>lacosamide</i>	80	<i>levabuterol hcl</i>	199, 200
<i>kedrab</i>	183	<i>lactulose</i>	152	<i>levabuterol tartrate</i>	200
Kelnor 1/35.....	120	<i>lamivudine</i>	27, 28, 34	<i>levamlodipine maleate</i>	60
KEPPRA.....	80	<i>lamivudine-zidovudine</i>	30	<i>levetiracetam</i>	81
KEPPRA XR.....	80	<i>lamotrigine</i>	80	<i>levetiracetam er</i>	81
KERENDIA.....	52	<i>lamotrigine er</i>	80	<i>levobunolol hcl</i>	190
KESIMPTA.....	94	<i>lamotrigine starter kit-blue</i>	81	<i>levocarnitine</i>	114
<i>ketoconazole</i>	26, 210, 211	<i>lamotrigine starter kit-green</i>	81	<i>levocetirizine dihydrochloride</i> ..	198
KETO-DIASTIX.....	133	<i>lamotrigine starter kit-orange</i>	81	<i>levofloxacin</i>	34, 192
<i>ketoprofen</i>	15	LANOXIN.....	60	Levonest.....	120
<i>ketoprofen er</i>	15	<i>lanreotide acetate</i>	138	<i>levonorgest-eth est & eth est</i>	120
<i>ketorolac tromethamine</i>	15, 193	<i>lansoprazole</i>	155	<i>levonorgest-eth estrad 91-day</i> ..	120
KETOSTIX.....	133	<i>lanthanum carbonate</i>	144	<i>levonorgestrel</i>	120
<i>ketotifen fumarate</i>	190	LANTUS.....	108	<i>levonorgestrel-ethinyl estrad</i>	120
KEVEYIS.....	61	LANTUS SOLOSTAR.....	108	<i>levonorg-eth estrad triphasic</i>	120
KEVZARA.....	174	<i>lapatinib ditosylate</i>	45	Levora 0.15/30 (28).....	120
KHINDIVI.....	137	Larin 1.5/30.....	120	<i>levorphanol tartrate</i>	19
KINERET.....	174	Larin 1/20.....	120	<i>levothyroxine sodium</i>	146
Kionex.....	145	Larin 24 Fe.....	120	LEVULAN KERASTICK.....	216
KISQALI (200 MG DOSE).....	45	Larin Fe 1.5/30.....	120	LEXAPRO.....	71
KISQALI (400 MG DOSE).....	45	Larin Fe 1/20.....	120	Lexette.....	214
KISQALI (600 MG DOSE).....	45	<i>latanoprost</i>	194	<i>l-glutamine</i>	166
KITABIS PAK (W/ NEBULIZER).....	202	LATUDA.....	77	LIALDA.....	150
KLARON.....	208	LAZCLUZE.....	45	LIBRAX.....	150
KLISYRI (250 MG).....	209	<i>ledipasvir-sofosbuvir</i>	35	LICART.....	15
KLISYRI (350 MG).....	209	Leena.....	120	<i>lidocaine</i>	215
KLONOPIN.....	80	<i>leflunomide</i>	181	<i>lidocaine hcl</i>	215
Klor-Con.....	185	<i>lenalidomide</i>	39, 40	<i>lidocaine viscous hcl</i>	217
KLOR-CON.....	185	LENVIMA (10 MG DAILY		<i>lidocaine-prilocaine</i>	215
Klor-Con 10.....	185	DOSE).....	45	LIDODERM.....	215
Klor-Con M10.....	185	LENVIMA (12 MG DAILY		LIKMEZ.....	36
Klor-Con M15.....	185	DOSE).....	45	LILETTA (52 MG).....	120
Klor-Con M20.....	185	LENVIMA (14 MG DAILY		<i>linezolid</i>	36
KLOXXADO.....	98	DOSE).....	45	LINZESS.....	151
KOATE.....	164	LENVIMA (18 MG DAILY		<i>liothyronine sodium</i>	146
		DOSE).....	45	LIPITOR.....	56

<i>liraglutide</i>	105	LUMRYZ.....	98	MAYZENT.....	95
<i>lisdexamphetamine dimesylate</i>	85	LUMRYZ STARTER PACK.....	98	MAYZENT STARTER PACK..	95
<i>lisinopril</i>	51	LUNESTA.....	88	<i>meclizine hcl</i>	149
<i>lisinopril-hydrochlorothiazide</i>	51	LUPKYNIS.....	184	<i>meclofenamate sodium</i>	16
LITFULO.....	174	LUPRON DEPOT (1-MONTH).41		<i>medroxyprogesterone acetate</i>	
<i>lithium</i>	93	LUPRON DEPOT (3-MONTH).41		.....	121, 145
<i>lithium carbonate</i>	93	LUPRON DEPOT (4-MONTH).41		<i>mefenamic acid</i>	16
<i>lithium carbonate er</i>	93	LUPRON DEPOT (6-MONTH).41		<i>mefloquine hcl</i>	26
LITHOSTAT.....	158	LUPRON DEPOT-PED (1-		<i>megestrol acetate</i>	41, 145
LIVALO.....	56	MONTH).....	114	MEIJER TRUETEST TEST.....	133
LIVDELZI.....	153	LUPRON DEPOT-PED (3-		MEIJER TRUETRACK TEST.	133
LIVMARLI.....	153	MONTH).....	114	MEKINIST.....	46
LIVTENCITY.....	32	LUPRON DEPOT-PED (6-		MEKTOVI.....	46
LO LOESTRIN FE.....	120	MONTH).....	115	Meleya.....	121
LODINE.....	15	<i>lurasidone hcl</i>	77	<i>meloxicam</i>	16
LODOCO.....	62	Lutera.....	121	<i>memantine hcl</i>	67
Loestrin 1.5/30 (21).....	120	LUTRATE DEPOT.....	41	<i>memantine hcl er</i>	67
Loestrin 1/20 (21).....	121	LUZU.....	210	<i>memantine hcl-donepezil hcl</i>	67
Loestrin Fe 1.5/30.....	121	LYBALVI.....	77	MENOPUR.....	136
Loestrin Fe 1/20.....	121	Lyleq.....	121	MENOSTAR.....	142
Lofena.....	16	LYNPARZA.....	49	<i>meperidine hcl</i>	19
<i>lofexidine hcl</i>	100	LYRICA.....	81	MEPRON.....	36
Lojaimiess.....	121	LYRICA CR.....	99	<i>mercaptapurine</i>	39
LOKELMA.....	145	LYSODREN.....	41	MERILOG.....	108
Lomaira.....	112	LYTGOBI (12 MG DAILY		MERILOG SOLOSTAR.....	108
LONSURF.....	39	DOSE).....	46	Merzee.....	121
<i>lopinavir-ritonavir</i>	31	LYTGOBI (16 MG DAILY		<i>mesalamine</i>	150, 151
<i>loratadine</i>	198	DOSE).....	46	<i>mesalamine er</i>	150
<i>loratadine childrens</i>	198	LYTGOBI (20 MG DAILY		MESTINON.....	97
<i>loratadine-d 24hr</i>	201	DOSE).....	46	METADATE CD.....	85
<i>lorazepam</i>	66	LYUMJEV.....	108	<i>metaxalone</i>	97
Lorazepam Intensol.....	66	LYUMJEV KWIKPEN.....	108	<i>metformin hcl</i>	104
LORBRENA.....	46	LYUMJEV TEMPO PEN.....	108	<i>metformin hcl er</i>	104
LOREEV XR.....	66	Lyza.....	121	<i>metformin hcl er (mod)</i>	103
Loryna.....	121	MACRODANTIN.....	36	<i>metformin hcl er (osm)</i>	104
<i>losartan potassium</i>	53	<i>malathion</i>	217	<i>methadone hcl</i>	19
<i>losartan potassium-hctz</i>	53	<i>maraviroc</i>	28	Methadone Hcl Intensol.....	19
LOTEMAX.....	193	<i>marlissa</i>	121	METHADOSE.....	20
LOTEMAX SM.....	193	MATERNACEL.....	186	METHADOSE SUGAR-FREE..	20
<i>loteprednol etabonate</i>	193	MATULANE.....	38	<i>methamphetamine hcl</i>	85
LOTRONEX.....	151	Matzim La.....	60	<i>methazolamide</i>	61
<i>lovastatin</i>	56	MAVENCLAD (10 TABS).....	94	<i>methenamine hippurate</i>	36
LOVAZA.....	57	MAVENCLAD (4 TABS).....	94	<i>methenamine mandelate</i>	36
Low-Ogestrel.....	121	MAVENCLAD (5 TABS).....	94	Methergine.....	143
<i>loxapine succinate</i>	77	MAVENCLAD (6 TABS).....	94	<i>methimazole</i>	146
Lo-Zumandimine.....	121	MAVENCLAD (7 TABS).....	94	<i>methitest</i>	103
<i>lubiprostone</i>	151	MAVENCLAD (8 TABS).....	94	<i>methocarbamol</i>	97
LUCEMYRA.....	100	MAVENCLAD (9 TABS).....	95	<i>methotrexate sodium</i>	39, 181
LUCENTIS.....	195	MAVYRET.....	35	<i>methotrexate sodium (pf)</i>	39
<i>luliconazole</i>	210	MAXALT.....	91	<i>methoxsalen rapid</i>	211
LUMAKRAS.....	49	MAXALT-MLT.....	91	<i>methscopolamine bromide</i>	148
LUMIGAN.....	194	MAXIDEX.....	193	<i>methyldopa</i>	62

<i>methylergonovine maleate</i>	143	MITIGARE.....	14	<i>naproxen</i>	16
METHYLIN.....	85, 86	MIUDELLA INTRAUTERINE		<i>naproxen sodium</i>	16
<i>methylphenidate</i>	86	COPPER.....	122	<i>naproxen sodium er</i>	16
<i>methylphenidate hcl</i>	86	<i>modafinil</i>	98	<i>naproxen-esomeprazole mg</i>	17
<i>methylphenidate hcl er</i>	86	<i>moexipril hcl</i>	51	<i>naratriptan hcl</i>	91
<i>methylphenidate hcl er (cd)</i>	86	<i>mometasone furoate</i>	214	NARCAN.....	99
<i>methylphenidate hcl er (la)</i>	86	Mono-Linyah.....	122	NASACORT ALLERGY 24HR	
<i>methylphenidate hcl er (osm)</i>	86	MONOVISC.....	24	.....	203
<i>methylphenidate hcl er (xr)</i>	86	<i>montelukast sodium</i>	202	NASCOBAL.....	189
<i>methylprednisolone</i>	137	<i>morphine sulfate</i>	20	<i>natal pnv</i>	186
<i>methyltestosterone</i>	103	<i>morphine sulfate (concentrate)</i> ..	20	NATAZIA.....	122
<i>metoclopramide hcl</i>	149	<i>morphine sulfate er</i>	20	<i>nateglinide</i>	110
<i>metolazone</i>	61	<i>morphine sulfate er beads</i>	20	NATESTO.....	103
<i>metoprolol succinate er</i>	58	MOTEGRITY.....	153	NAYZILAM.....	81
<i>metoprolol tartrate</i>	58	MOTOFEN.....	148	<i>nebivolol hcl</i>	58
<i>metoprolol-hydrochlorothiazide</i> ..	57	MOTPOLY XR.....	81	Necon 0.5/35 (28).....	122
METROCREAM.....	216	MOUNJARO.....	105	NEEVO DHA.....	186
METROGEL.....	216	MOVANTIK.....	153	<i>nefazodone hcl</i>	71
<i>metronidazole</i>	36, 159, 216	MOVIPREP.....	152	NEFFY.....	196
<i>metyrosine</i>	62	<i>moxifloxacin hcl</i>	34, 192	NEMLUVIO.....	216
Mibelas 24 Fe.....	121	<i>moxifloxacin hcl (2x day)</i>	192	<i>neomycin sulfate</i>	25
MICARDIS.....	54	MS CONTIN.....	20	<i>neomycin-polymyxin-dexameth</i> ..	191
MICARDIS HCT.....	53	MULPLETA.....	167	<i>neomycin-polymyxin-hc</i>	218
<i>miconazole 3</i>	160	MULTAQ.....	54	NEORAL.....	184
<i>miconazole-zinc oxide-petrolat</i> ..	210	MULTISTIX 10 SG.....	133	NEO-SYNALAR.....	209
MICORT HC.....	214	<i>mupirocin</i>	209	NEOTUSS PLUS.....	201
MICRODOT TEST.....	133	<i>mupirocin calcium</i>	209	NERLYNX.....	46
Microgestin 1.5/30.....	121	MY CHOICE.....	122	NESTABS.....	187
Microgestin 1/20.....	121	MY WAY.....	122	NESTABS DHA.....	186
Microgestin Fe 1.5/30.....	121	MYALEPT.....	143	NESTABS ONE.....	186
Microgestin Fe 1/20.....	121	MYCAPSSA.....	102	NEULASTA.....	162
<i>midazolam hcl</i>	89	<i>mycophenolate mofetil</i>	184	NEULASTA ONPRO.....	162
<i>midodrine hcl</i>	62	<i>mycophenolate sodium</i>	184	NEUPOGEN.....	162
MIEBO.....	193	MYDAYIS.....	87	NEUPRO.....	74
<i>mifepristone</i>	143	MYFEMBREE.....	147	NEURONTIN.....	81
MIGERGOT.....	89	MYGLUCOHEALTH TEST...	133	NEUTEK 2TEK TEST.....	133
<i>miglitol</i>	103	MYHIBBIN.....	184	NEVANAC.....	193
<i>miglustat</i>	140	MYRBETRIQ.....	159	<i>nevirapine</i>	28
Mili.....	121	MYTESI.....	148	<i>nevirapine er</i>	28
Mimvey.....	142	MYXREDLIN.....	108	NEW DAY.....	122
MINIVELLE.....	142	<i>na ferric gluc cplx in sucrose</i> ...	189	NEXAVAR.....	46
<i>minocycline hcl</i>	38	<i>na sulfate-k sulfate-mg sulf</i>	152	NEXICLON XR.....	62
<i>minocycline hcl er</i>	38	<i>nabumetone</i>	16	NEXIUM.....	155
<i>minoxidil</i>	62	<i>nadolol</i>	58	NEXIUM 24HR.....	155
Minzoya.....	121	<i>naftifine hcl</i>	210	NEXLETOL.....	54
MIPLYFFA.....	140	NAFTIN.....	210	NEXLIZET.....	54
<i>mirabegron er</i>	159	NAGLAZYME.....	140	NEXPLANON.....	122
MIRCERA.....	162	<i>nalocet</i>	20	NEXTSTELLIS.....	122
MIRENA (52 MG).....	122	<i>naloxone hcl</i>	98, 99	NGENLA.....	139
<i>mirtazapine</i>	71	<i>naltrexone hcl</i>	99	<i>niacin er (antihyperlipidemic)</i>	57
MIRVASO.....	217	NAMZARIC.....	67	NIACOR.....	57
<i>misoprostol</i>	153	NAPRELAN.....	16	<i>nicardipine hcl</i>	60

NICOMIDE.....	189	NOVOEIGHT.....	164	OB COMPLETE/DHA.....	187	
<i>nicotinamide</i>	189	NOVOLIN 70/30.....	108	<i>obizur</i>	164	
NICOTROL NS.....	101	NOVOLIN 70/30 FLEXPEN...108	NOVOLIN 70/30 FLEXPEN	OICALIVA.....	153	
<i>nifedipine</i>	60	RELION.....	108	Ocella.....	123	
<i>nifedipine er</i>	60	NOVOLIN 70/30 RELION.....	108	OCTAGAM.....	183	
<i>nifedipine er osmotic release</i>	60	NOVOLIN N.....	109	<i>octreotide acetate</i>	102	
Nikki.....	122	NOVOLIN N FLEXPEN.....	109	ODACTRA.....	167	
NILANDRON.....	41	NOVOLIN N FLEXPEN	RELION.....	ODEFSEY.....	31	
<i>nilotinib d-tartrate</i>	46	RELION.....	109	ODOMZO.....	49	
<i>nilotinib hcl</i>	46	NOVOLIN N RELION.....	109	OFEV.....	203	
<i>nilutamide</i>	41	NOVOLIN R.....	109	<i>ofloxacin</i>	192, 218	
<i>nimodipine</i>	60	NOVOLIN R FLEXPEN.....	109	OGSIVEO.....	49	
NINLARO.....	50	NOVOLIN R FLEXPEN	RELION.....	OHTUVAYRE.....	203	
<i>nisoldipine er</i>	60	RELION.....	109	OJEMDA.....	46	
<i>nitazoxanide</i>	36	NOVOLIN R RELION.....	109	OJJAARA.....	46	
<i>nitisinone</i>	138	NOVOLOG.....	109	<i>olanzapine</i>	77	
<i>nitrofurantoin</i>	36	NOVOLOG 70/30 FLEXPEN	NOVOLOG.....	<i>olanzapine-fluoxetine hcl</i>	100	
<i>nitrofurantoin macrocrystal</i>	36	RELION.....	109	<i>olmesartan medoxomil</i>	54	
<i>nitrofurantoin monohyd macro</i> ...36		NOVOLOG FLEXPEN.....	109	<i>olmesartan medoxomil-hctz</i>	53	
<i>nitroglycerin</i>	63	NOVOLOG MIX 70/30.....	109	<i>olmesartan-amlodipine-hctz</i>	53	
NITYR.....	138	NOVOLOG MIX 70/30	RELION.....	<i>olopatadine hcl</i>	198	
<i>niva thyroid</i>	146	FLEXPEN.....	109	OLPRUVA (2 GM DOSE).....	146	
NIVESTYM.....	162	NOVOLOG PENFILL.....	109	OLPRUVA (3 GM DOSE).....	146	
<i>nizatidine</i>	150	NOVOSEVEN RT.....	161	OLPRUVA (4 GM DOSE).....	147	
Nora-Be.....	122	NOXAFIL.....	26	OLPRUVA (5 GM DOSE).....	147	
NORDITROPIN FLEXPRO....	139	NP THYROID.....	146	OLPRUVA (6 GM DOSE).....	147	
<i>norethin ace-eth estrad-fe</i>	122	NPLATE.....	167	OLPRUVA (6.67 GM DOSE)..	147	
<i>norethindrone</i>	122	NUBEQA.....	41	OLUMIANT.....	174	
<i>norethindrone acetate</i>	145	NUCALA.....	174	<i>omega-3-acid ethyl esters</i>	57	
<i>norethindrone acet-ethinyl est.</i> ..	122	NUCYNTA.....	21	<i>omeprazole</i>	155	
<i>norethindron-ethinyl estrad-fe</i> ..	122	NUCYNTA ER.....	20	<i>omeprazole magnesium</i>	155	
<i>norethin-eth estradiol-fe</i>	122	NUPLAZID.....	77	<i>omeprazole-sodium bicarbonate</i>	155
NORGESIC.....	97	NURTEC.....	90	OMNARIS.....	203	
<i>norgesic forte</i>	97	NUTROPIN AQ NUSPIN 10...139	OMNIFLEX DIAPHRAGM....	123		
<i>norgestimate-eth estradiol</i>	122	NUTROPIN AQ NUSPIN 20...139	OMNIPOD 5 DEXG7G6	INTRO GEN 5.....	133	
<i>norgestim-eth estrad triphasic</i> ..	122	NUTROPIN AQ NUSPIN 5....139	OMNIPOD 5 DEXG7G6 PODS	GEN 5.....	133	
NORITATE.....	217	NUVARING.....	123	OMNIPOD DASH INTRO	(GEN 4).....	133
NORLIQVA.....	60	NUVESSA.....	160	OMNIPOD DASH PDM (GEN	4).....	133
Norlyroc.....	122	NUVIGIL.....	98	OMNIPOD DASH PODS	(GEN 4).....	133
NORPACE.....	54	NUWIQ.....	164	OMNITROPE.....	139	
NORPRAMIN.....	71	NUZYRA.....	38	OMVOH.....	175	
NORTHERA.....	62	Nylia 1/35.....	123	OMVOH (300 MG DOSE).....	174	
Nortrel 0.5/35 (28).....	122	Nylia 7/7/7.....	123	ON CALL EXPRESS BLOOD	GLUCOSE.....	133
Nortrel 1/35 (21).....	122	NYPOZI.....	162	ONAPGO.....	74	
Nortrel 7/7/7.....	123	<i>nystatin</i>	26, 210, 217	<i>ondansetron</i>	149	
<i>nortriptyline hcl</i>	71	<i>nystatin-triamcinolone</i>	210			
NORVASC.....	60	NYVEPRIA.....	163			
NORVIR.....	28	OB COMPLETE.....	187			
NOURIANZ.....	74	OB COMPLETE ONE.....	187			
NOVA MAX GLUCOSE TEST		OB COMPLETE PETITE.....	187			
.....	133	OB COMPLETE PREMIER....	187			
NOVAREL.....	136					

<i>ondansetron hcl</i>	149	Orquidea.....	123	PALFORZIA (6 MG DAILY	
<i>one drop test</i>	133	ORSERDU.....	41	DOSE).....	168
ONETOUCH DELICA PLUS		ORTHOVISC.....	24	PALFORZIA (80 MG DAILY	
LANCET30G.....	133	<i>oseltamivir phosphate</i>	32	DOSE).....	168
ONETOUCH DELICA PLUS		OSEVELT.....	114	PALFORZIA INITIAL DOSE	
LANCET33G.....	133	OSPHENA.....	143	1-3YRS.....	168
ONETOUCH DELICA PLUS		OTEZLA.....	175	PALFORZIA INITIAL	
LANCING.....	133	OTOVEL.....	218	ESCALATION.....	168
ONETOUCH ULTRA BLUE		OTULFI.....	175	<i>paliperidone er</i>	77
TEST.....	133	OVIDREL.....	136	PALYNZIQ.....	143
ONETOUCH ULTRA TEST....	133	<i>oxaprozin</i>	16	PAMELOR.....	71
ONETOUCH ULTRASOFT 2		<i>oxazepam</i>	66	<i>pamidronate disodium</i>	113
LANCETS.....	133	<i>oxcarbazepine</i>	81	PANCREAZE.....	154
ONETOUCH VERIO.....	133	<i>oxcarbazepine er</i>	81	<i>pantoprazole sodium</i>	155
ONFI.....	81	OXERVATE.....	194	PANZYGA.....	183
ONGENTYS.....	74	<i>oxiconazole nitrate</i>	210	PARAGARD	
ONGLYZA.....	105	OXISTAT.....	210	INTRAUTERINE COPPER....	123
ONUREG.....	39	<i>oxybutynin chloride</i>	159	<i>paricalcitol</i>	147
ONYDA XR.....	87	<i>oxybutynin chloride er</i>	159	<i>paroxetine hcl</i>	72
ONZETRA XSAIL.....	91	<i>oxycodone hcl</i>	21	<i>paroxetine hcl er</i>	72
OPCICON ONE-STEP.....	123	<i>oxycodone-acetaminophen</i>	21, 22	<i>paroxetine mesylate</i>	100
OPFOLDA.....	140	OXYCONTIN.....	22	PAXIL.....	72
OPILL.....	123	<i>oxymorphone hcl</i>	22	PAXIL CR.....	72
OPIPZA.....	77	<i>oxymorphone hcl er</i>	22	PAXLOVID (150/100).....	32
OPSUMIT.....	63	OZEMPIC (0.25 OR 0.5		PAXLOVID (300/100 &	
OPSYNVI.....	64	MG/DOSE).....	105	150/100).....	32
OPTION 2.....	123	OZEMPIC (1 MG/DOSE).....	105	PAXLOVID (300/100).....	32
OPTIONS GYNOL II		OZEMPIC (2 MG/DOSE).....	105	<i>pazopanib hcl</i>	46
CONTRACEPTIVE.....	157	OZOBAX DS.....	97	<i>peg 3350-kcl-na bicarb-nacl</i>	152
OPTIUMEZ TEST.....	133	PALFORZIA (1 MG DAILY		<i>peg-3350/electrolytes</i>	152
OPVEE.....	99	DOSE).....	167	PEGASYS.....	35
OPZELURA.....	212	PALFORZIA (12 MG DAILY		<i>peg-kcl-nacl-nasulf-na asc-c</i>	152
ORACEA.....	217	DOSE).....	167	PEG-PREP.....	152
<i>oral citrate</i>	158	PALFORZIA (120 MG DAILY		PEMAZYRE.....	46
ORALAIR.....	167	DOSE).....	168	<i>penciclovir</i>	216
ORAVIG.....	217	PALFORZIA (160 MG DAILY		<i>penicillamine</i>	115
ORENCIA.....	169, 175	DOSE).....	168	<i>penicillin v potassium</i>	37
ORENCIA CLICKJECT.....	175	PALFORZIA (20 MG DAILY		PENNSAID.....	16
ORENITRAM.....	64	DOSE).....	168	<i>pentamidine isethionate</i>	36
ORENITRAM MONTH 1.....	64	PALFORZIA (200 MG DAILY		PENTASA.....	151
ORENITRAM MONTH 2.....	64	DOSE).....	168	<i>pentazocine-naloxone hcl</i>	23
ORENITRAM MONTH 3.....	64	PALFORZIA (240 MG DAILY		<i>pentoxifylline er</i>	165
ORFADIN.....	138	DOSE).....	168	<i>perampanel</i>	81
ORGOVYX.....	41	PALFORZIA (3 MG DAILY		PERCOCET.....	22
ORIAHNN.....	147	DOSE).....	168	PERFOROMIST.....	200
ORILISSA.....	135	PALFORZIA (300 MG		<i>perindopril erbumine</i>	51
ORKAMBI.....	202	MAINTENANCE).....	168	<i>permethrin</i>	217
ORLADEYO.....	181	PALFORZIA (300 MG		<i>perphenazine</i>	77
<i>orlistat</i>	112	TITRATION).....	168	<i>perphenazine-amitriptyline</i>	100
ORLYNVAH.....	36	PALFORZIA (40 MG DAILY		PERSERIS.....	77
<i>orphenadrine-aspirin-caffeine</i>	97	DOSE).....	168	PERTZYE.....	154
ORPHENGESIC FORTE.....	97				

PHARMACIST CHOICE	PONVORY	95	PRILOSEC	155
AUTOCODE	PONVORY STARTER PACK	95	PRILOSEC OTC	155
<i>pharmacist choice no coding</i> ...	Portia-28	123	<i>primaquine phosphate</i>	26
PHEBURANE	<i>posaconazole</i>	26	<i>primidone</i>	82
<i>phendimetrazine tartrate</i>	<i>pot & sod cit-cit ac</i>	158	PRISTIQ	72
<i>phendimetrazine tartrate er</i>	<i>potassium chloride</i>	185	PRIVIGEN	183
<i>phenelzine sulfate</i>	<i>potassium chloride crys er</i>	185	<i>pro voice v8/v9 glucose</i>	134
<i>phenobarbital</i>	<i>potassium chloride er</i>	185	PROAIR RESPICLICK	200
<i>phenoxybenzamine hcl</i>	<i>potassium citrate er</i>	158	<i>probenecid</i>	14
<i>phentermine hcl</i>	PRADAXA	160	Procentra	87
<i>phentermine-topiramate er</i>	PRALUENT	57	<i>prochlorperazine maleate</i>	149
<i>phenylephrine hcl</i>	<i>pramipexole dihydrochloride</i>	75	PROCRIT	163
<i>phenytoin</i>	<i>pramipexole dihydrochloride er</i>	74	PROCTOFOAM HC	156
<i>phenytoin sodium extended</i>	<i>prasugrel hcl</i>	166	Proctozone-Hc	156
PHEXXI	<i>pravastatin sodium</i>	56	PROCYSBI	158
Philith	<i>praziquantel</i>	25	PRODIGY NO CODING	
<i>phytonadione</i>	<i>prazosin hcl</i>	52	BLOOD GLUC	134
PIFELTRO	PRECISION XTRA BLOOD		PROFILNINE	165
<i>pilocarpine hcl</i>	GLUCOSE	134	<i>progesterone</i>	145
<i>pimecrolimus</i>	PRED FORTE	193	PROGRAF	184
<i>pimozide</i>	PRED MILD	193	PROLASTIN-C	195
Pimtreea	<i>prednisolone</i>	137	PROLATE	22
<i>pindolol</i>	<i>prednisolone acetate</i>	193	PROLENSA	193
<i>pioglitazone hcl</i>	<i>prednisolone sodium phosphate</i>	137	PROLIA	114
<i>pioglitazone hcl-glimepiride</i>	<i>prednisone</i>	137	PROMACTA	167
<i>pioglitazone hcl-metformin hcl</i>	<i>pregabalin</i>	81, 82	<i>promethazine hcl</i>	149
PIQRAY (200 MG DAILY	<i>pregabalin er</i>	99	<i>promethazine-codeine</i>	201
DOSE)	<i>pregen dha</i>	187	<i>promethazine-dm</i>	201
PIQRAY (250 MG DAILY	<i>pregenna</i>	187	<i>promethazine-phenylephrine</i> ...	201
DOSE)	PREGNYL	136	PROMETHEGAN	149
PIQRAY (300 MG DAILY	PREMARIN	142	PROMETRIUM	145
DOSE)	PREMPHASE	142	<i>propafenone hcl</i>	54
<i>pirfenidone</i>	PREMPRO	142	<i>propafenone hcl er</i>	54
Pirmella 7/7/7	<i>prena 1 true</i>	187	<i>propranolol hcl</i>	58
<i>piroxicam</i>	<i>prenal</i>	187	<i>propranolol hcl er</i>	58
<i>pitavastatin calcium</i>	PRENATAL-U	187	<i>propylthiouracil</i>	146
PLAVIX	PRENATE	187	PROSCAR	156
PLEGRIDY	PRENATE AM	187	PROTONIX	155, 156
PLEGRIDY STARTER PACK ..	PRENATE DHA	187	<i>protriptyline hcl</i>	72
PLENVU	PRENATE ELITE	187	PROVIDA OB	188
<i>pnv prenatal plus multivit+dha</i>	PRENATE ENHANCE	187	PROVIGIL	98
<i>pnv tabs 20-1</i>	PRENATE MINI	187	PROZAC	72
<i>pnv-dha</i>	PRENATE PIXIE	187	<i>prucalopride succinate</i>	153
<i>pnv-dha+docusate</i>	PRENATE RESTORE	188	PRUDOXIN	210
<i>pnv-omega</i>	PRENATOL-M	188	<i>pseudoeph-bromphen-dm</i>	201
POCKETCHEM EZ TEST	PRESTALIA	51	PTS PANELS EGLU TEST	134
<i>podofilox</i>	PREVACID	155	PULMICORT	205
POGO AUTOMATIC TEST	PREVACID SOLUTAB	155	PULMICORT FLEXHALER	204
CARTRIDGES	PREVYMIS	32	PULMOZYME	202
POKONZA	PREZCOBIX	31	PURIXAN	39
<i>polymyxin b-trimethoprim</i>	PREZISTA	28	<i>pyrazinamide</i>	31
POMALYST	PRIALT	14	<i>pyridostigmine bromide</i>	97

<i>pyridostigmine bromide er</i>	97	REBIF REBIDOSE		RHOGAM ULTRA-	
<i>pyrimethamine</i>	36	TITRATION PACK.....	95	FILTERED PLUS.....	183
PYRUKYND.....	166	REBIF TITRATION PACK.....	95	RHOPHYLAC.....	183
PYRUKYND TAPER PACK...	166	REBINYN.....	165	RHOPRESSA.....	195
PYZCHIVA.....	175, 176	RECLAST.....	113	RIASTAP.....	161
QELBREE.....	87	Reclipsen.....	123	<i>ribavirin</i>	35
QFITLIA.....	165	RECOMBINATE.....	164	<i>rifabutin</i>	31
QINLOCK.....	47	RECORLEV.....	126	<i>rifampin</i>	31
QNASL.....	203	REFUAH PLUS BLOOD		RIGHTEST GS100 BLOOD	
QNASL CHILDRENS.....	203	GLUCOSE TEST.....	134	GLUCOSE.....	134
QSYMIA.....	112	RELAFEN DS.....	16	RIGHTEST GS300 BLOOD	
<i>quad-mix</i>	157	RELENZA DISKHALER.....	32	GLUCOSE.....	134
<i>quazepam</i>	89	<i>releuko</i>	163	RIGHTEST GS550 BLOOD	
<i>quetiapine fumarate</i>	77	RELEXXII.....	87	GLUCOSE.....	134
<i>quetiapine fumarate er</i>	77	RELION CONFIRM/MICRO		<i>riluzole</i>	65
QUFLORA FE.....	189	TEST.....	134	<i>rimantadine hcl</i>	32
QUFLORA FE PEDIATRIC ...	189	RELION KETONE TEST.....	134	RINVOQ.....	176
QUICKTEK TEST.....	134	RELION TRUE METRIX		RINVOQ LQ.....	176
QUILLICHEW ER.....	87	TEST STRIPS.....	134	RIOMET.....	104
QUILLIVANT XR.....	87	RELISTOR.....	153	<i>risedronate sodium</i>	113
<i>quinapril hcl</i>	52	RELPAK.....	91	<i>risperidone</i>	78
<i>quinapril-hydrochlorothiazide</i> ...	51	RELTONE.....	153	<i>risperidone microspheres er</i>	77
<i>quinidine sulfate</i>	54	REMICADE.....	169	RITALIN.....	87
<i>quinine sulfate</i>	26	REMODULIN.....	64	RITALIN LA.....	87
QUINTET AC BLOOD		RENFLEXIS.....	169	<i>ritonavir</i>	28
GLUCOSE TEST.....	134	<i>reno caps</i>	189	<i>rivaroxaban</i>	160
QUINTET BLOOD GLUCOSE		RENTHYROID.....	146	<i>rivastigmine</i>	67
TEST.....	134	<i>repaglinide</i>	110	<i>rivastigmine tartrate</i>	67
QULIPTA.....	90	REPATHA.....	57	Rivelsa.....	123
QUVIVIQ.....	89	REPATHA SURECLICK.....	57	RIVFLOZA.....	158
QVAR REDHALER.....	205	RESTASIS.....	194	RIVIVE.....	99
<i>ra allergy relief</i>	199	RESTASIS MULTIDOSE.....	194	<i>rixubis</i>	165
<i>ra omeprazole</i>	156	RESTORIL.....	89	<i>rizatriptan benzoate</i>	91
<i>rabeprazole sodium</i>	156	RETACRIT.....	163	ROCKLATAN.....	191
RADICAVA ORS.....	65	RETEVMO.....	47	<i>roflumilast</i>	203
RADICAVA ORS STARTER		RETIN-A.....	208	ROLVEDON.....	163
KIT.....	65	RETIN-A MICRO.....	208	ROMVIMZA.....	47
RAGWITEK.....	168	RETIN-A MICRO PUMP.....	208	<i>ropinirole hcl</i>	75
RALDESY.....	72	RETROVIR.....	28	<i>ropinirole hcl er</i>	75
<i>raloxifene hcl</i>	143	REVATIO.....	64	<i>rosuvastatin calcium</i>	56
<i>ramelteon</i>	89	REVLIMID.....	40	Rosyrah.....	123
<i>ramipril</i>	52	REVUFORJ.....	49	ROWASA.....	151
<i>ranolazine er</i>	62	REXTOVY.....	99	ROXICODONE.....	22
RAPAFLO.....	156	REXULTI.....	77	ROXYBOND.....	22
<i>rasagiline mesylate</i>	75	REYATAZ.....	28	ROZEREM.....	89
RASUVO.....	181	REYVOW.....	90	ROZLYTREK.....	47
RAVICTI.....	147	REZDIFFRA.....	143	RUBRACA.....	49
RAYALDEE.....	147	REZLIDHIA.....	49	RUCONEST.....	182
RAYOS.....	137	REZUROCK.....	184	<i>rufinamide</i>	82
REACT.....	123	REZVOGLAR KWIKPEN.....	109	RUKOBIA.....	28
REBIF.....	95	RHOFADE.....	217	RYALTRIS.....	197
REBIF REBIDOSE.....	95			RYBELSUS.....	105

RYCLORA.....	199	<i>silver sulfadiazine</i>	209	<i>sotalol hcl</i>	54
RYDAPT.....	47	SIMBRINZA.....	191	<i>sotalol hcl (af)</i>	54
RYTARY.....	75	SIMLANDI (1 PEN).....	176	SOTYKTU.....	177
Ryvent.....	199	SIMLANDI (1 SYRINGE).....	176	SOVALDI.....	35
SABRIL.....	82	SIMLANDI (2 PEN).....	177	SOVUNA.....	26, 181
<i>sacubitril-valsartan</i>	62	SIMLANDI (2 SYRINGE).....	177	SPEVIGO.....	211
SAFYRAL.....	123	Simliya.....	124	<i>spinosad</i>	217
SAMSCA.....	143	Simpesse.....	124	SPIRIVA HANDIHALER.....	197
SANCUSO.....	149	SIMPLERA SENSOR.....	134	SPIRIVA RESPIMAT.....	197
SANDIMMUNE.....	184	SIMPLERA SYNC SENSOR...	134	<i>spironolactone</i>	52
SANDOSTATIN.....	102	SIMPLERA SYSTEM.....	134	<i>spironolactone-hctz</i>	61
SANDOSTATIN LAR DEPOT	102	SIMPONI.....	177	SPORANOX.....	26
SANTYL.....	216	SIMPONI ARIA.....	169	SPRAVATO (56 MG DOSE)....	72
SAPHRIS.....	78	SIMULECT.....	184	SPRAVATO (84 MG DOSE)....	72
<i>sapropterin dihydrochloride</i>	143	<i>simvastatin</i>	56	Sprintec 28.....	124
SAVAYSA.....	160	SINEMET.....	75	SPRITAM.....	82
SAVELLA.....	88	SINGULAIR.....	202	SPRIX.....	16
SAVELLA TITRATION PACK	88	<i>sirolimus</i>	185	SPRYCEL.....	47
<i>saxagliptin hcl</i>	105	SIRTURO.....	31	Sps (Sodium Polystyrene Sulf).	145
<i>saxagliptin-metformin er</i>	104	<i>sitaglipt base-metform hcl er</i> ...	104	Sronyx.....	124
SAXENDA.....	112	<i>sitagliptin</i>	105	Ssd.....	209
SCEMBLIX.....	47	<i>sitagliptin base-metformin hcl</i> ..	104	STEGLATRO.....	111
<i>scopolamine</i>	149	SITAVIG.....	32	STEGLUJAN.....	111
SECUADO.....	78	SIVEXTRO.....	37	STELARA.....	177, 178
SEGLUROMET.....	110	SKYCLARYS.....	92	STENDRA.....	157
SELARSDI.....	176	SKYLA.....	124	STEQEYMA.....	178
SELECT-OB.....	188	SKYRIZI.....	177	<i>sterile water for irrigation</i>	195
SELECT-OB+DHA.....	188	SKYRIZI PEN.....	177	STIMUFEND.....	163
<i>selegiline hcl</i>	75	SKYTROFA.....	139	STIOLTO RESPIMAT.....	196
SELZENTRY.....	28, 29	SLYND.....	124	STIVARGA.....	47
SEMGLEE (YFGN).....	109	SMARTEST BLOOD		STOBOCLO.....	114
SENSIPAR.....	113	GLUCOSE TEST.....	134	STRENSIQ.....	144
SEPHIENCE.....	143	SOAANZ.....	61	STRIBILD.....	31
SEREVENT DISKUS.....	200	<i>sodium chloride</i>	217	STRIVERDI RESPIMAT.....	200
SERNIVO.....	215	<i>sodium fluoride</i>	185, 186	STROMECTOL.....	25
SEROQUEL XR.....	78	<i>sodium oxybate</i>	98	SUBLOCADE.....	23
SEROSTIM.....	139	<i>sodium phenylbutyrate</i>	147	SUBOXONE.....	98
<i>sertraline hcl</i>	72	<i>sodium polystyrene sulfonate</i>	145	SUCRAID.....	153
Setlakin.....	123	SOFDRA.....	216	<i>sucralfate</i>	153
<i>sevelamer carbonate</i>	144	<i>sofosbuvir-velpatasvir</i>	35	SUFLAVE.....	152
<i>sevelamer hcl</i>	145	SOGROYA.....	139	<i>sulconazole nitrate</i>	210
SEVENFACT.....	161	SOHONOS.....	97	<i>sulfacetamide sodium</i>	192
SEYSARA.....	38	<i>solifenacin succinate</i>	159	<i>sulfacetamide sodium (acne)</i>	208
SFROWASA.....	151	SOLQUA.....	106	<i>sulfacetamide-prednisolone</i>	191
Sharobel.....	123	SOLOSEC.....	37	<i>sulfadiazine</i>	25
SIGNIFOR.....	144	SOLUS V2 TEST.....	134	<i>sulfamethoxazole-trimethoprim</i> ..	37
SIGNIFOR LAR.....	143	SOMA.....	97	<i>sulfasalazine</i>	151
SIKLOS.....	166	SOMATULINE DEPOT.....	102	<i>sulindac</i>	16
<i>sildenafil citrate</i>	64, 157	SOMAVERT.....	102	<i>sumatriptan</i>	91
SILENOR.....	89	SOOLANTRA.....	217	<i>sumatriptan succinate</i>	91, 92
SILIQ.....	176	<i>sorafenib tosylate</i>	47	<i>sumatriptan succinate refill</i>	91
<i>silodosin</i>	156	SORILUX.....	211	<i>sumatriptan-naproxen sodium</i>	92

<i>sunitinib malate</i>	47	TARON-C DHA.....	188	<i>ticagrelor</i>	166
SUNLENCA.....	29	TARPEYO.....	158	TIKOSYN.....	54
SUNOSI.....	98	TASCENSO ODT.....	95	Tilia Fe.....	124
SUPARTZ FX.....	24	TASIGNA.....	48	<i>timolol hemihydrate</i>	190
<i>super quad-mix</i>	157	<i>tasimelteon</i>	89	<i>timolol maleate</i>	59, 190
SUPREME TEST.....	134	TASMAR.....	75	<i>timolol maleate (once-daily)</i>	190
SUPREP BOWEL PREP KIT..	152	<i>tavaborole</i>	210	Timolol Maleate OcuDose.....	190
SUTAB.....	152	TAVALISSE.....	167	<i>timolol maleate pf</i>	190
SUTENT.....	47	TAVNEOS.....	166	TIMOPTIC OCUDOSE.....	190
Syeda.....	124	Taysofy.....	124	<i>tinidazole</i>	25
SYMBICORT.....	205	TAYTULLA.....	124	<i>tiopronin</i>	159
SYMBRAVO.....	92	<i>tazarotene</i>	208, 211	<i>tiotropium bromide</i>	
SYMDEKO.....	202	TAZORAC.....	211	<i>monohydrate</i>	197
SYMFI.....	31	TAZVERIK.....	49	TIROSINT.....	146
SYMPAZAN.....	82	TECFIDERA.....	96	TIROSINT-SOL.....	146
SYMPROIC.....	153	TEGLUTIK.....	65	TIVICAY.....	29
SYMTUZA.....	31	<i>telmisartan</i>	54	TIVICAY PD.....	29
SYNAGIS.....	185	<i>telmisartan-amlodipine</i>	53	<i>tizanidine hcl</i>	97
SYNALAR.....	215	<i>telmisartan-hctz</i>	53	TLANDO.....	103
SYNAREL.....	135	<i>temazepam</i>	89	TOBI.....	202
SYNDROS.....	149	<i>temozolomide</i>	38	TOBI PODHALER.....	202
SYNJARDY.....	110	<i>tenofovir disoproxil fumarate</i>	29	TOBRADEX.....	191
SYNJARDY XR.....	110	TEPMETKO.....	48	TOBRADEX ST.....	191
SYNOJOYNT.....	24	<i>terazosin hcl</i>	157	<i>tobramycin</i>	192, 202
SYNVISC.....	24	<i>terbinafine hcl</i>	26	<i>tobramycin-dexamethasone</i>	191
SYNVISC ONE.....	24	<i>terbutaline sulfate</i>	200	TODAY SPONGE.....	157
SYPRINE.....	115	<i>terconazole</i>	160	TOLAK.....	209
TABRECTA.....	47	<i>teriflunomide</i>	96	<i>tolcapone</i>	75
TACLONEX.....	211	<i>teriparatide</i>	114	TOLECTIN 600.....	16
<i>tacrolimus</i>	185, 212	TESTIM.....	103	<i>tolmetin sodium</i>	16
<i>tadalafil</i>	157, 158	<i>testosterone</i>	103	<i>tolsura</i>	26
<i>tadalafil (pah)</i>	64	<i>testosterone cypionate</i>	103	<i>tolterodine tartrate</i>	159
TADLIQ.....	64	<i>testosterone enanthate</i>	103	<i>tolterodine tartrate er</i>	159
TAFINLAR.....	47	<i>tetrabenazine</i>	93	<i>tolvaptan</i>	144
<i>tafluprost (pf)</i>	194	<i>tetracycline hcl</i>	38	TOPICORT.....	215
TAGRISSE.....	47	TEXACORT.....	215	TOPICORT SPRAY.....	215
TAKE ACTION.....	124	TEZRULY.....	157	<i>topiramate</i>	82
TAKHZYRO.....	182	TEZSPIRE.....	204	<i>topiramate er</i>	82
TALTZ.....	178	THALITONE.....	61	TOPROL XL.....	59
TALZENNA.....	49	THALOMID.....	40	<i>toremifene citrate</i>	41
TAMIFLU.....	32	THEO-24.....	206	<i>torseamide</i>	61
<i>tamoxifen citrate</i>	41	<i>theophylline</i>	206	TOSYMRA.....	92
<i>tamsulosin hcl</i>	156	<i>theophylline er</i>	206	TOUJEO MAX SOLOSTAR..	109
Tanlor.....	97	THIOLA.....	158	TOUJEO SOLOSTAR.....	110
TAPERDEX 12-DAY.....	137	THIOLA EC.....	158	Tovet.....	215
Taperdex 6-Day.....	137	<i>thioridazine hcl</i>	78	TOVIAZ.....	159
TAPERDEX 7-DAY.....	137	<i>thiothixene</i>	78	TRACLEER.....	64
TARCEVA.....	48	THYMOGLOBULIN.....	185	TRADJENTA.....	105
Targadox.....	38	THYQUIDITY.....	146	<i>tramadol hcl</i>	22, 23
TARGRETIN.....	49, 216	<i>thyroid</i>	146	<i>tramadol hcl (er biphasic)</i>	22
Tarina 24 Fe.....	124	<i>tiagabine hcl</i>	82	<i>tramadol hcl er</i>	22
Tarina Fe 1/20 Eq.....	124	TIBSOVO.....	49	<i>tramadol-acetaminophen</i>	23

<i>trandolapril</i>	52	<i>tri-vitamin with fluoride</i>	190	UNISTRIP1 GENERIC.....	135
<i>trandolapril-verapamil hcl er</i>	51	Tri-Vylibra.....	125	UPNEEQ.....	194
<i>tranexamic acid</i>	166	Tri-Vylibra Lo.....	125	UPTRAVI.....	64
<i>tranylcypramine sulfate</i>	72	<i>tropicamide</i>	194	UPTRAVI TITRATION.....	65
TRAVATAN Z.....	194	<i>trospium chloride</i>	159	UROXATRAL.....	157
<i>travoprost (bak free)</i>	194	<i>trospium chloride er</i>	159	<i>ursodiol</i>	153, 154
<i>trazodone hcl</i>	72	TRUDHESA.....	89	<i>ustekinumab</i>	179
TRELEGY ELLIPTA.....	196	<i>true focus blood glucose strip</i> ...	134	<i>ustekinumab-aekn</i>	179
TRELSTAR MIXJECT.....	41	TRUE METRIX BLOOD		<i>ustekinumab-ttwe</i>	179
TREMFYA.....	178	GLUCOSE TEST.....	135	UZEDY.....	78
TREMFYA ONE-PRESS.....	178	TRUETEST TEST.....	135	VABRINTY.....	41
TREMFYA PEN.....	178	TRUETRACK TEST.....	135	VAGIFEM.....	142
<i>treprostinil</i>	64	TRULANCE.....	151	<i>valacyclovir hcl</i>	32
TRESIBA.....	110	TRULICITY.....	105	VALCHLOR.....	216
TRESIBA FLEXTOUCH.....	110	TRUQAP.....	48	VALCYTE.....	32
<i>tretinoin</i>	49, 208	TRUVADA.....	31	<i>valganciclovir hcl</i>	32
<i>tretinoin microsphere</i>	208	TRYNGOLZA.....	63	VALIUM.....	82
<i>tretinoin microsphere pump</i>	208	TRYPTYR.....	194	<i>valproic acid</i>	82
TRETTEN.....	161	TRYVIO.....	63	<i>valsartan</i>	54
TREXIMET.....	92	TUDORZA PRESSAIR.....	197	<i>valsartan-hydrochlorothiazide</i> ...	53
<i>triamcinolone acetonide</i>		TUKYSA.....	48	VALTOCO 10 MG DOSE.....	82
.....	203, 215, 217	TURALIO.....	48	VALTOCO 15 MG DOSE.....	82
<i>triamterene</i>	61	Turqoz.....	125	VALTOCO 20 MG DOSE.....	82
<i>triamterene-hctz</i>	61	TUXARIN ER.....	201	VALTOCO 5 MG DOSE.....	82
<i>triazolam</i>	89	TWIIST REFILL KIT.....	135	VALTRESX.....	32
TRICOR.....	55	TWIIST REFILL		Valtya 1/50.....	125
<i>trientine hcl</i>	115	KIT/INFUSION SET.....	135	VANCOGIN.....	37
Tri-Estarylla.....	124	TWIIST STARTER KIT.....	135	<i>vancomycin hcl</i>	37
<i>trifluoperazine hcl</i>	78	TWIRLA.....	125	VANDAZOLE.....	160
<i>trifluridine</i>	192	TWYNEO.....	208	VANFLYTA.....	48
<i>trihexyphenidyl hcl</i>	75	TYBLUME.....	125	VANOS.....	215
TRIJARDY XR.....	104	TYBOST.....	29	VANRAFIA.....	159
TRIKAFTA.....	202	TYENNE.....	179	<i>vardenafil hcl</i>	158
Tri-Legest Fe.....	124	TYKERB.....	48	<i>varenicline tartrate</i>	102
Tri-Linyah.....	124	TYMLOS.....	114	<i>varenicline tartrate (starter)</i>	101
Tri-Lo-Estarylla.....	124	TYRVAYA.....	194	VARIZIG.....	183
Tri-Lo-Marzia.....	124	TYSABRI.....	96	VARUBI (180 MG DOSE).....	150
Tri-Lo-Mili.....	124	TYVASO.....	64	VASCEPA.....	57
Tri-Lo-Sprintec.....	124	TYVASO DPI		VCF VAGINAL	
TRILURON.....	24	MAINTENANCE KIT.....	64	CONTRACEPTIVE.....	157
<i>trimethobenzamide hcl</i>	150	TYVASO DPI TITRATION		VECAMYL.....	63
Tri-Mili.....	125	KIT.....	64	VECTICAL.....	211
<i>trimipramine maleate</i>	73	TYVASO REFILL KIT.....	64	VELETRI.....	65
<i>trinatal rx 1</i>	188	TYVASO STARTER KIT.....	64	VELIVET.....	125
TRINATE.....	188	UBRELVY.....	90	VELPHORO.....	145
TRINTELLIX.....	73	UCERIS.....	151	VELSIPITY.....	179
TRIPTODUR.....	115	UDENYCA.....	163	VELTASSA.....	145
Tri-Sprintec.....	125	ULORIC.....	14	VEMLIDY.....	34
<i>tristart dha</i>	188	ULTRAVATE.....	215	VENCLEXTA.....	39
TRIUMEQ.....	31	<i>umeclidinium-vilanterol</i>	196	VENCLEXTA STARTING	
<i>triumeq pd</i>	31	UNDECATREX.....	103	PACK.....	39
TRIVISC.....	24	UNISTRIP CONTROL.....	135	<i>venlafaxine besylate er</i>	73

<i>venlafaxine hcl</i>	73	VIVJOA.....	26	WIDE-SEAL DIAPHRAGM 85	125
<i>venlafaxine hcl er</i>	73	VIZIMPRO.....	48	.....	125
Venofer.....	190	VOGELXO.....	103	WIDE-SEAL DIAPHRAGM 90	126
VENTAVIS.....	65	VOGELXO PUMP.....	103	.....	126
VENTOLIN HFA.....	200	Volnea.....	125	WIDE-SEAL DIAPHRAGM 95	126
VEOZAH.....	144	VONJO.....	48	.....	126
<i>verapamil hcl</i>	60	VONVENDI.....	161	WILATE.....	161
<i>verapamil hcl er</i>	60	VOQUEZNA.....	154	WINLEVI.....	208
<i>verasens blood glucose test</i>	135	VORANIGO.....	50	WINREVAIR.....	65
VEREGEN.....	216	<i>voriconazole</i>	26	WINRHOD SDF.....	183
VERKAZIA.....	194	VOSEVI.....	35	Wixela Inhub.....	206
VERQUVO.....	62	VOTRIENT.....	48	Wymzya Fe.....	126
VERZENIO.....	48	VOWST.....	154	WYNZORA.....	211
VESICARE.....	159	VOXZOGO.....	138	WYOST.....	114
Vestura.....	125	VOYDEYA.....	166	XADAGO.....	75
VEVYE.....	194	VPRIV.....	140	XALKORI.....	48
V-GO 20.....	135	VRAYLAR.....	78	XANAX.....	67
V-GO 30.....	135	VTAMA.....	211	XANAX XR.....	67
V-GO 40.....	135	VUMERITY.....	96	Xarah Fe.....	126
VIAGRA.....	158	VUSION.....	210	XARELTO.....	161
VIBERZI.....	151	VYALEV.....	75	XARELTO STARTER PACK.....	161
VICTOZA.....	105	Vyfemla.....	125	XATMEP.....	39
Vienna.....	125	VYKAT XR.....	144	XCOPRI.....	83
<i>vigabatrin</i>	83	VYLEESI.....	100	XCOPRI (250 MG DAILY	83
Vigadrone.....	83	Vylibra.....	125	DOSE).....	83
VIGAFYDE.....	83	VYNDAMAX.....	63	XCOPRI (350 MG DAILY	83
VIIBRYD.....	73	VYNDAQEL.....	63	DOSE).....	83
VIJOICE.....	144	VYVANSE.....	87	XDEMVY.....	192
<i>vilazodone hcl</i>	73	VYVGART HYTRULO.....	97	XELJANZ.....	179
VIMIZIM.....	140	VYZULTA.....	194	XELJANZ XR.....	179
VIMOVO.....	17	WAINUA.....	145	XELODA.....	39
VIOKACE.....	154	WAKIX.....	98	XELPROS.....	194
<i>viorele</i>	125	<i>warfarin sodium</i>	161	Xelria Fe.....	126
VIRACEPT.....	29	WEGOVY.....	112	XELSTRYM.....	87
VIREAD.....	29	WELIREG.....	50	XEMBIFY.....	183
VISCO-3.....	24	WELLBUTRIN XL.....	73	XENAZINE.....	93
VISTOGARD.....	50	Wera.....	125	XENICAL.....	112
VISUDYNE.....	194	<i>wescap-pn dha</i>	188	XEOMIN.....	88
VITAFOL FE+.....	188	<i>westgel dha</i>	188	XERESE.....	33
VITAFOL GUMMIES.....	188	WEZLANA.....	179	XERMELLO.....	154
VITAFOL ULTRA.....	188	WIDE-SEAL DIAPHRAGM 60	125	XGEVA.....	114
VITAFOL-OB.....	188	.....	125	XHANCE.....	203
VITAFOL-OB+DHA.....	188	WIDE-SEAL DIAPHRAGM 65	125	XIFAXAN.....	37
VITAFOL-ONE.....	188	.....	125	XIGDUO XR.....	111
<i>vitalara</i>	188	WIDE-SEAL DIAPHRAGM 70	125	XIIDRA.....	194
<i>vitamin d (ergocalciferol)</i>	190	.....	125	XOFLUZA (40 MG DOSE).....	33
VITRAKVI.....	48	WIDE-SEAL DIAPHRAGM 75	125	XOFLUZA (80 MG DOSE).....	33
VIVA DHA.....	188	.....	125	XOLAIR.....	179, 180
VIVAGUARD INO TEST		WIDE-SEAL DIAPHRAGM 80	125	XOLREMDI.....	163
STRIPS.....	135	.....	125	XOPENEX HFA.....	200
VIVELLE-DOT.....	142			XOSPATA.....	48
VIVITROL.....	99			XPHOZAH.....	145

XPOVIO (100 MG ONCE WEEKLY).....	50	ZELSUVMI.....	216	ZURZUVAE.....	73
XPOVIO (40 MG ONCE WEEKLY).....	50	ZEMAIRA.....	195	ZYCLARA.....	209
XPOVIO (40 MG TWICE WEEKLY).....	50	ZEMBRACE SYMTOUCH.....	92	ZYCLARA PUMP.....	209
XPOVIO (60 MG ONCE WEEKLY).....	50	Zenatane.....	208	ZYDELIG.....	49
XPOVIO (60 MG TWICE WEEKLY).....	50	ZENPEP.....	154	ZYFLO.....	202
XPOVIO (80 MG ONCE WEEKLY).....	50	Zenzedi.....	87	ZYKADIA.....	49
XPOVIO (80 MG TWICE WEEKLY).....	50	ZEPATIER.....	35	ZYLET.....	191
XROMI.....	166	ZEPBOUND.....	112	ZYMFENTRA (1 PEN).....	181
XTAMPZA ER.....	23	ZEPOSIA.....	96	ZYMFENTRA (2 SYRINGE)..	181
XTANDI.....	41	ZEPOSIA 7-DAY STARTER PACK.....	96	ZYPITAMAG.....	56
Xulane.....	126	ZEPOSIA STARTER KIT.....	96	ZYRTEC.....	199
XULTOPHY.....	106	ZERVIAE.....	190	ZYRTEC ALLERGY.....	199
XURIDEN.....	144	ZESTORETIC.....	51	ZYRTEC ALLERGY CHILDRENS.....	199
XYNTHA.....	164	ZETIA.....	55	ZYRTEC CHILDRENS ALLERGY.....	199
XYNTHA SOLOFUSE.....	164	ZIAGEN.....	29	ZYRTEC-D ALLERGY & CONGESTION.....	201
XYOSTED.....	103	ZIANA.....	208	ZYTIGA.....	42
XYREM.....	98	<i>zidovudine</i>	29	ZYVOX.....	37
XYWAV.....	98	ZIEXTENZO.....	163		
XYZAL ALLERGY 24HR.....	199	ZILBRYSQ.....	92		
YASMIN 28.....	126	<i>zileuton er</i>	202		
YAZ.....	126	ZILXI.....	217		
YESINTEK.....	180	ZIMHI.....	99		
YEZTUGO.....	29	<i>ziphex</i>	188		
YONSA.....	42	<i>ziprasidone hcl</i>	78		
YORVIPATH.....	114	<i>ziprasidone mesylate</i>	78		
YOSPRALA.....	166	ZIPSOR.....	16		
YUFLYMA (1 PEN).....	180	ZIRGAN.....	192		
YUFLYMA (2 SYRINGE).....	180	ZITUVIMET.....	104		
YUPELRI.....	197	ZITUVIMET XR.....	105		
YUSIMRY.....	181	ZITUVIO.....	105		
YUTREPIA.....	65	ZOKINVY.....	144		
Yuvaferm.....	142	<i>zoledronic acid</i>	113		
ZADITOR.....	190	ZOLINZA.....	50		
Zafemy.....	126	<i>zolmitriptan</i>	92		
<i>zafirlukast</i>	202	ZOLOFT.....	73		
<i>zaleplon</i>	89	<i>zolpidem tartrate</i>	89		
<i>zalvit</i>	188	<i>zolpidem tartrate er</i>	89		
ZARXIO.....	163	ZOMACTON.....	139		
ZAVESCA.....	140	ZOMIG.....	92		
ZAVZPRET.....	90	ZONALON.....	210		
ZEGALOGUE.....	138	ZONEGRAN.....	83		
ZEGERID OTC.....	156	ZONISADE.....	83		
ZEJULA.....	50	<i>zonisamide</i>	83		
ZELAPAR.....	75	ZONTIVITY.....	166		
ZELBORAF.....	49	ZORYVE.....	211, 212		
		Zovia 1/35 (28).....	126		
		ZOVIRAX.....	216		
		ZTALMY.....	83		
		ZUBSOLV.....	98		
		Zumandimine.....	126		
		ZUNVEYL.....	67		