

Plan for your best health

Standard Opt Out Plan with ACSF: Banner | Aetna

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 Previous versions are no longer in effect.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

Standard Opt Out Plan with ACSF Banner | Aetna

Table of Contents

INFORMATIONAL SECTION.....	4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....	21
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....	28
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	38
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	47
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	59
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	82
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	117
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS.....	123
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	126
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM.....	133
MEDICAL DEVICES.....	143
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	144
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	150
OTHER.....	156
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	156
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	163

Definitions

Allowed amount is the maximum amount on which the health insurance issuer bases its payment for a covered health care service. This may be called “eligible expense”, “payment allowance”, or “negotiated rate”. If your health care provider charges more than the allowed amount and is not part of the provider network, you may have to pay the difference.

Brand name drug means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.

Coinsurance means a percentage of the cost of a covered health care service, which you are responsible to pay. The cost of the covered health care service is generally deemed to be the allowed amount, which may differ from the retail price that you would pay for the same service without using insurance. Typically, a coinsurance does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

Copayment means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

Covered individual is an individual enrolled in, subscribed to, or insured under a health product, whether directly or as a dependent or beneficiary.

Deductible means the amount you pay for covered health care benefits before your health insurer begins to pay for all or part of the cost of the health care benefits under the terms of coverage. If your health product has a deductible, it may have either one deductible or separate deductibles for medical benefits and drug benefits. For some health care services, such as preventive services, your health insurance company might waive or lower the deductible to pay for costs of the health care service from the first dollar of coverage, but this tends not to happen for most other covered services.

Drug Tier means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

Enrollee is a person enrolled in a health plan who is entitled to receive services from the plan.

Exception request means a request for coverage of i) a nonformulary drug, ii) a drug being removed from the formulary, iii) a quantity of a drug above a quantity limit, or iv) a drug that is subject to a step therapy requirement. If you, your designee, or your attending or prescribing provider submits an exception request for coverage of a drug, the health insurance issuer must cover the drug when the drug is determined to be medically necessary to treat your condition.

Exigent circumstances means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

Formulary or prescription drug list means the complete list of drugs preferred for use and eligible for coverage under a health product, and includes all drugs covered under the outpatient or pharmacy drug benefit of the health product. Formulary is also known as a drug list or prescription drug list.

Generic drug means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.

Medically Necessary means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

Non-formulary drug means a prescription drug that is not listed on this formulary, but may become eligible for coverage under an “exception request.”

Oral Anti-Cancer drugs are prescribed, orally administered medications used to kill or slow the growth of cancerous cells. They are no more restrictive than those applied to intravenously injected or administered cancer medications covered by the health product. There are no separate cost-sharing requirements or treatment limitations for prescribed, orally-administered cancer medications.

Out-of-pocket costs means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

Prescribing provider means a health care provider authorized to write a prescription to treat your health condition.

Prescription means an oral, written, or electronic order from a prescribing provider for you that contains the name of the drug, the quantity of the drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by you, the health condition or purpose for which the drug is being prescribed.

Prescription drug means a drug that is prescribed by your prescribing provider and requires a prescription under applicable law.

Prior Authorization means a health product's requirement that you or your prescribing provider obtain the health insurance issuer's authorization for a drug before the health product will cover the drug. The health insurance issuer must grant a prior authorization when it is medically necessary for you to obtain the drug.

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

Subscriber means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

How to use this guide

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

Your plan includes

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

What you can expect to pay

With your pharmacy plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the drug's/medicine's price. If a pharmacy's retail price for a prescription drug is less than your total cost share amount, you will not be required to pay more than the retail drug price.

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

Specialty prescription drugs typically include higher-cost drugs that may require special handling, storage, or administration. Specialty prescription drugs may also require monitoring from healthcare providers.

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

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

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

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

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

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

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

Have more questions about your pharmacy benefits?

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

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

Specialty Pharmacy Network

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

How to get started with a specialty pharmacy

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

- **To transfer your prescription**, just call us toll-free at **1-866-353-1892 (TTY: 711)**.
- **For a new prescription**, your doctor can send it to us in one of four ways:
 1. **Electronically:** Through e-prescribe
 2. **Fax: 1-800-323-2445**
 3. **Phone: 1-800-237-2767 (TTY: 711)**

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 (TTY: 711)**. If you need the help of a telephone device for the hard of hearing, call **1-877-833-2779 (TTY: 711)**.
3. **Mail** — Get a new prescription from your doctor. Then mail it to us with a completed order form. You can find the form on your secure member website. The mailing address is on the form.

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

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

Frequently asked questions

How can I save on prescriptions?

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

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

What are generic drugs?

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

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

What is precertification/prior authorization (PA)?

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

- Are often taken in the wrong way
- Should only be used for certain conditions
- Often cost more than other drugs that are proven to be just as effective.

Keep in mind that your doctor must contact us to request approval of coverage for these drugs.

The length of approval for a prior authorization may be different depending on the type of drug, the way your provider prescribed your drug, or the time of year you get your coverage.

- Most prior authorization approvals will be valid for 6 months, the length of treatment as determined by your prescribing provider, or the renewal of your plan, whichever of these is the shortest amount of time
- For maintenance medications to treat a chronic condition or long-term condition, your prior authorization will be valid for either 12 months or the length of time determined by your prescribing provider
- Different prior authorization requirements might apply to benzodiazepines and Schedule II narcotic drugs. Please refer to the formulary or contact us with questions about these drugs.

What is step therapy (ST)?

Some drugs require step therapy. This means that you must try one or more prerequisite drug(s) before a step therapy drug is covered.

The prerequisite drugs have U.S. Food and Drug Administration (FDA) approval and may cost less. They treat the same condition as the step therapy drug.

If you don't try the appropriate prerequisite drug first, you may need to pay full cost for the step-therapy drug.

What are quantity limits (QL)?

Quantity limits help your doctor and pharmacist make sure that you use your drug correctly and safely. We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- **Dose efficiency edits** — Limits prescription coverage to one dose per day for drugs that have approval for once-daily dosing
- **Maximum daily dose** — If a prescription is lower than the minimum or higher than the maximum allowed dose, a message is sent to the pharmacy
- **Quantity limits over time** — Limits prescription coverage to a specific number of units over a specific amount of time

What if I need a drug that requires an exception to the precertification, step therapy or quantity limits requirements? Or what if I need a drug that's not covered under my plan?

In certain cases, you or your prescriber can request a medical exception to the precertification, step therapy or quantity limits requirements or for a drug that's not covered on your plan. You can ask for your request to be expedited. Expedited coverage decisions are made within 24 hours.

We'll then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

How can your provider request a medical exception?

- Submit their request through our secure provider website on www.CoverMyMeds.com.
- Call the Aetna Pharmacy Precertification Unit: NonSpecialty **1-800-294-5979 (TTY: 711)** or Specialty **1-866-814-5506 (TTY: 711)**.
- Fax the completed request form to: Non-Specialty **1-888-836-0730** or Specialty **1-866-249-6155**.
- Mail the completed request form to: Medical Exception to Pharmacy Prior Authorization Unit 1300 East Campbell Road Richardson, TX 75081

Pharmacy and Therapeutics (P&T) committee

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee are not employees of CVS Caremark and must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

Can the formulary change during the year?

The formulary can change throughout the year. Some reasons why it can change include:

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the generic drug will be covered in place of the brandname drug. The brand-name drug is likely to become non-formulary or covered at a higher cost. See the "What are generic drugs?" section above for more information.
- Change in drug or dosage form.
- Changes in tier placement of a drug that results in an increase in cost sharing.
- Any changes of utilization review restrictions, including any additions of these restrictions.

Does Aetna provide notice of these changes?

Yes, Aetna provides member and provider notifications 60 days in advance.

What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?

A medical benefit drug is a drug that is generally not self-administered and requires administration by health care provider. The Outpatient Prescription Drug Benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded from coverage.

Refer to your Summary of Benefits for differences and information about the prescription drugs covered under your Outpatient prescription drugs and medical benefit in your plan.

For a more detailed summary of your coverage or benefits plan you can log in to your secure member site on www.aetna.com or call the toll-free number on your member ID card.

Discrimination is Against the Law

Aetna complies with applicable California and Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ethnic group, ancestry, religion, marital status, gender, gender identity, sexual orientation, age, disability, medical condition, genetic information, or sex (consistent with 45 CFR § 92.101(a)(2) and California 2 CCR § 14025). Aetna does not exclude people or treat them less favorably because of race, color, national origin, ethnic group, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, medical condition, genetic information, or disability.

Aetna:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified sign language interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call [1-800-872-3862](tel:1-800-872-3862) (TTY: [711](tel:711)) or the number on the back of your ID card.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ethnic group, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, medical condition, genetic information, or disability, by action or inaction, you can file a grievance with:

Civil Rights Coordinator

Attn: 1557 Coordinator

CVS Pharmacy, Inc.

1 CVS Drive, MC 2332, (HMO customers: P.O. Box 14032 Lexington, KY 40512-4032)

Woonsocket, RI 02895

Phone: [1-800-648-7817](tel:1-800-648-7817), TTY: [711](tel:711)

Email: CRCoordinator@aetna.com

You can file a grievance in person, by mail, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

Please visit <https://www.aetna.com/individuals-families/member-rights-resources/complaints-grievances-appeals.html#california> for information about how to file a complaint or grievance with the California Department of Insurance or California Department of Managed Health Care (for HMO enrollees).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
[1-800-368-1019](tel:1-800-368-1019), [800-537-7697](tel:800-537-7697) (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

This notice is available at Aetna's website: <https://www.aetna.com/>.

"Aetna" is the brand name used for products and services provided by one or more of the Aetna group of companies offering and administering health and dental plans and other products such as life, disability, and long-term care insurance. In California, this includes Aetna's wholly-owned subsidiaries Aetna Life Insurance Company, Aetna Health of California Inc., Aetna Better Health of California Inc., Aetna Dental of California Inc., and Health and Human Resource Center Inc., and its other affiliates licensed in California. Aetna's ultimate parent is CVS Health Corporation ("CVS Health").

Language accessibility statement

Interpreter services are available for free.

TTY: [711](tel:711)

To access language services at no cost to you, call **1-800-385-4104**.

Para acceder a los servicios de idiomas sin costo, llame al **1-800-385-4104**. (Spanish)

如欲使用免費語言服務，請致電 **1-800-385-4104**. (Chinese)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số **1-800-385-4104**. (Vietnamese)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa **1-800-385-4104**. (Tagalog)

무료 언어 서비스를 이용하려면 **1-800-385-4104** 번으로 전화해 주십시오. (Korean)

Անվճար լեզվական ծառայություններին օգտվելու համար զանգահարեք **1-800-385-4104** հեռախոսահամարով: (Armenian)

(Persian-Farsi) برای دسترسی به خدمات زبان به طور رایگان، با شماره **1-800-385-4104** تماس بگیرید.

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону **1-800-385-4104**. (Russian)

言語サービスを無料でご利用いただくには、**1-800-385-4104** までお電話ください。(Japanese)

(Arabic) للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم **1-800-385-4104**.

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, **1-800-385-4104** 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទលេខ **1-800-385-4104** ។ (Mon-Khmer, Cambodian)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu **1-800-385-4104**. (Hmong)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, **1-800-385-4104** पर कॉल करें। (Hindi)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร **1-800-385-4104**. (Thai)

Notice of Language Assistance

HMO and DMO-based plans:

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at [1-877-287-0117](tel:1-877-287-0117). Planes basados en DMO y HMO –

IMPORTANTE: ¿Puede leer esta carta? En caso de no poder leerla, le brindamos nuestra ayuda. También puede obtener esta carta escrita en su idioma. Para obtener ayuda gratuita, por favor llame de inmediato al [1-877-287-0117](tel:1-877-287-0117).

Traditional Plans:

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or [1-877-287-0117](tel:1-877-287-0117). For more help call the CA Dept. of Insurance at [1-800-927-4357](tel:1-800-927-4357)
English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al [1-877-287-0117](tel:1-877-287-0117). Para obtener más ayuda, llame al Departamento de Seguros de CA al [1-800-927-4357](tel:1-800-927-4357). Spanish

Non-discrimination notice

Aetna® complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity. We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation or gender identity. We:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call us at [1-888-982-3862](tel:1-888-982-3862) (TTY: [711](tel:711)).

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity you can file a grievance with:

Civil Rights Coordinator

[P.O. Box 14462, Lexington, KY 40512

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

[[1-800-648-7817](tel:1-800-648-7817), TTY: [711](tel:711)]

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

Email: [CRCoordinator@aetna.com]

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with:

- The U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [\[https://ocrportal.hhs.gov/ocr/portal/lobby.jsf\]](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:
U.S. Department of Health and Human Services
[200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201]
[\[1-800-368-1019\]](tel:18003681019), [800-537-7697](tel:8005377697) (TDD)
Complaint forms are available at [\[http://www.hhs.gov/ocr/office/file/index.html\]](http://www.hhs.gov/ocr/office/file/index.html)
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at [\[https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status\]](https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status), or by phone at [800-562-6900](tel:8005626900), [360-586-0241](tel:3605860241) (TDD). Complaint forms are available at [\[https://fortress.wa.gov/oic/online-services/cc/pub/complaintinformation.aspx\]](https://fortress.wa.gov/oic/online-services/cc/pub/complaintinformation.aspx)

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

TTY:711

To access language services at no cost to you, call .
Para acceder a los servicios de idiomas sin costo, llame al . (Spanish)
如欲使用免費語言服務，請致電 . (Chinese)
Afin d'accéder aux services langagiers sans frais, composez le . (French)
Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa . (Tagalog)
T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó koji' hólne' . (Navajo)
Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie an. (German)
Për shërbime përkthimi falas për ju, telefononi . (Albanian)
የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፡ በ ይደውሉ። (Amharic)

Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi (Indonesian)	.
Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero (Italian)	.
言語サービスを無料でご利用いただくには、 (Japanese)	までお電話ください。
လၢကမၤန့ၢ် ကျိၢ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢကံၤတၢ်တၢ်လၢနီၢ်အဂီၢ်, ကိး (Karen)	.
무료 언어 서비스를 이용하려면 (Korean)	번으로 전화해 주십시오.
M̈ dyi wudu-dù kà kò dò bë dyi múuñ nì Pídyi ní, nìí, dá nòbà nià ke: (Kru-Bassa)	.
	بۆ دەسیپراگە یشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پە یوهندی بکە بە ژمارە (Kurdish)
ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ, ໃຫ້ໂທຫາເບີ (Laotian)	.
कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, (Marathi)	वर फोन करा.
Nan etal nan jikin jiban ikijen Kajin ilo an ejelok onen nan kwe, kirlok (Marshallese)	.
Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih (Micronesian-Pohnpeian)	.
ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទលេខ (Mon-Khmer, Cambodian)	។
निःशुल्क भाषा सेवा प्राप्त गर्न (Nepali)	मा टेलिफोन गर्नुहोस् ।
Të kɔɔr yin wëër de thokic ke cïn wëu kɔr keek tənɔŋ yïn. Ke cɔl kɔc ye kɔc kuɔny ne nɔmba (Nilotic-Dinka)	.
For tilgang til kostnadsfri språktjenester, ring (Norwegian)	.
Um Schprooch Services zu griege mitaus Koscht, ruff (Pennsylvania Dutch)	.
	برای دسترسی به خدمات زبان به طور رایگان، با شماره (Persian-Farsi)
Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić (Polish)	.

Para acessar os serviços de idiomas sem custo para você, ligue para . (Portuguese)	
ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, (Punjabi)	‘ਤੇ ਫ਼ੋਨ ਕਰੋ।
Pentru a accesa gratuit serviciile de limbă, apălați . (Romanian)	
Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону . (Russian)	
Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala’au le . (Samoan)	
Za besplatne prevodilačke usluge pozovite . (Serbo-Croatian)	
Heeba a nasta jangirde djey wolde wola chede bo apelou lamba . (Sudanic-Fulfulde)	
Kupata huduma za lugha bila malipo kwako, piga . (Swahili)	
	ܟܘܦܬܐ ܗܘܕܘܡܐ ܙܐ ܠܘܒܗܐ ܒܝܠܐ ܡܠܝܦܐ ܟܘܟܘܐ ܦܝܒܐ . (Syriac Assyrian)
మీరు భాష సేవలను ఉచితంగా అందుకునేందుకు, (Telugu)	కాల్ చేయండి.
หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร . (Thai)	
Kapau ‘oku ke fiema’u ta’etōtōngi ‘a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he . (Tongan)	
Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori . (Trukese)	
Sizin için ücretsiz dil hizmetlerine erişebilmek için, (Turkish)	numarayı arayın.
Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером . (Ukrainian)	
	بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، (Urdu) پر بات کریں۔
Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số . (Vietnamese)	
	צו צוטרייט שפראך באַדינונגען אין קיין פּרייז צו איר, רופן . (Yiddish)
Lati wọnú awọn isẹ èdè l’ọfẹ fun ọ, pe . (Yoruba)	

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

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

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

Coverage Requirements such as Prior Authorization or Step Therapy may vary by state.

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

Your plan may not cover certain drugs to treat conditions such as infertility, erectile dysfunction and weight loss. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on your member ID card.

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

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

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

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

For fully insured plans (including HMOs) in Maryland, changes in prior authorization requirements for previously authorized immune globulin (human) and drugs used in the treatment of a mental disorder may not apply on reauthorization under certain conditions.

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



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

In certain states, including Maine, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of metastatic cancer and conditions associated with metastatic cancer.

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

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

Standard Opt Out Plan with ACSF Banner | Aetna

Drug Tier

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

G = Generics

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

NPB = Non-Preferred Brands

NPSP = Non-Preferred Specialty

PB = Preferred Brands

PSP = Preferred Specialty

Drug Notes

N8 = Drug Specific Coverage

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

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

Prescription Drug Name	Drug Tier	Drug Notes
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (<i>celecoxib</i>)	NPB	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	G	
ELYXYB ORAL SOLUTION 120 MG/4.8ML (<i>celecoxib (migraine)</i>)	NPB	
GOUT		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	G	
<i>colchicine oral capsule 0.6 mg</i>	G	
<i>colchicine oral tablet 0.6 mg</i>	G	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	G	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	G	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50ML, 8 MG/ML (<i>pegloticase</i>)	NPSP	
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	NF	
<i>probenecid oral tablet 500 mg</i>	G	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	NPB	
MISCELLANEOUS		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (<i>ziconotide acetate</i>)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
NON-OPIOID ANALGESICS		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	NPB	
<i>butalbital-apap-caffeine</i> (Bac (Butalbital-Acetamin-Caff) Oral Tablet 50-325-40 Mg)	G	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	G	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	G	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	G	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	G	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	G	
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	G	
NSAIDS		
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	NPB	
<i>diclofenac epolamine external patch 1.3 %</i>	G	
<i>diclofenac potassium oral tablet 25 mg</i>	NPB	
<i>diclofenac potassium oral tablet 50 mg</i>	G	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	G	
<i>diclofenac sodium external gel 1 %</i>	G	
<i>diclofenac sodium external solution 1.5 %</i>	G	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	G	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	G	
<i>etodolac oral capsule 300 mg</i>	G	
<i>etodolac oral tablet 400 mg, 500 mg</i>	G	
<i>fenoprofen calcium oral capsule 400 mg</i>	G	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	G	
<i>ibuprofen</i> (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	G	
<i>ibuprofen oral suspension 100 mg/5ml</i>	G	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	G	
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	NPB	
<i>indomethacin</i> (Indocin Rectal Suppository 50 Mg)	NPB	
<i>indomethacin er oral capsule extended release 75 mg</i>	G	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	G	
<i>ketoprofen oral capsule 25 mg</i>	NPB	
<i>ketorolac tromethamine oral tablet 10 mg</i>	G	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	G	
<i>mefenamic acid oral capsule 250 mg</i>	G	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	G	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	G	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	NPB	
<i>naproxen oral suspension 125 mg/5ml</i>	G	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	G	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	G	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg</i>	G	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	G	
<i>oxaprozin oral tablet 600 mg</i>	G	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	G	
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	NPB	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NPB	
<i>sulindac oral tablet 150 mg, 200 mg</i>	G	
VOLTAREN EXTERNAL GEL 1 % (<i>diclofenac sodium</i>)	NPB	
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	NPB	
NSAIDS, COMBINATIONS		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	G	
OPIOID ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>	G	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	G	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	G	
<i>butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)</i>	G	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	G	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	G	
<i>codeine sulfate oral tablet 60 mg</i>	NPB	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>tramadol hcl</i>)	NPB	
DILAUDID INJECTION SOLUTION 0.2 MG/ML (<i>hydromorphone hcl</i>)	NPB	
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	NPB	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (<i>hydromorphone hcl</i>)	NPB	
DISKETS ORAL TABLET SOLUBLE 40 MG (<i>methadone hcl</i>)	NPB	
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG (<i>sufentanil citrate</i>)	NPB	
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	G	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	G	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	G	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml</i>	G	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	G	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	G	
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	G	
<i>hydromorphone hcl injection solution 0.2 mg/ml</i>	NPB	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	G	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	G	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	NPB	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	G	
<i>meperidine hcl oral solution 50 mg/5ml</i>	G	
<i>meperidine hcl oral tablet 50 mg</i>	G	
<i>methadone hcl injection solution 10 mg/ml</i>	G	
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	G	
<i>methadone hcl oral concentrate 10 mg/ml</i>	G	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	G	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	G	
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NPB	
<i>methadone hcl (Methadose Oral Tablet Soluble 40 Mg)</i>	G	
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NPB	
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	G	
<i>morphine sulfate (pf) intravenous solution 1 mg/ml</i>	NPB	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	G	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	G	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	G	
<i>morphine sulfate oral solution 10 mg/5ml</i>	G	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	G	
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	NPB	
<i>nalocet oral tablet 2.5-300 mg</i>	NPB	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	NPB	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (<i>tapentadol hcl</i>)	NPB	
<i>oxycodone hcl oral capsule 5 mg</i>	G	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	G	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	G	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	G	
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	NPB	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	NPB	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	G	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
<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>	G	
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	G	
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	NPB	
PROLATE ORAL SOLUTION 10-300 MG/5ML (<i>oxycodone-acetaminophen</i>)	NPB	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NPB	
ROXICODONE ORAL TABLET 15 MG, 30 MG (<i>oxycodone hcl</i>)	NPB	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	NPB	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>tramadol hcl oral solution 5 mg/ml</i>	NPB	
<i>tramadol hcl oral tablet 100 mg</i>	NPB	
<i>tramadol hcl oral tablet 50 mg</i>	G	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	G	
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	G	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (<i>oxycodone</i>)	PB	
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	PB	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	G	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	NPB	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	G	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	NPB	
SALICYLATES		
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	CE	

Prescription Drug Name	Drug Tier	Drug Notes
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	CE	
<i>aspirin childrens oral tablet chewable 81 mg</i>	CE	
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	CE	
<i>aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>aspirin oral tablet chewable 81 mg</i>	CE	
<i>aspirin oral tablet delayed release 81 mg</i>	CE	
<i>aspirin regimen oral tablet delayed release 81 mg</i>	CE	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	CE	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	
<i>childrens aspirin oral tablet chewable 81 mg</i>	CE	
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	CE	
<i>diflunisal oral tablet 500 mg</i>	G	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	
<i>eq aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>eql aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>ft aspirin oral tablet chewable 81 mg</i>	CE	
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	CE	
<i>gnp aspirin oral tablet delayed release 81 mg</i>	CE	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>h-e-b aspirin oral tablet delayed release 81 mg</i>	CE	
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>	CE	
<i>kp aspirin oral tablet delayed release 81 mg</i>	CE	
<i>mm aspirin oral tablet delayed release 81 mg</i>	CE	
<i>qc aspirin low dose oral tablet chewable 81 mg</i>	CE	
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	CE	
<i>sb childrens aspirin oral tablet chewable 81 mg</i>	CE	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	CE	
VISCOSUPPLEMENTS		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (<i>cross-link hyal acid (visc)</i>)	NF	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (<i>hyaluronan</i>)	NF	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (<i>hyaluronan</i>)	NF	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (<i>hyaluronan</i>)	PSP	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (<i>hylan g-f 20</i>)	NF	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (<i>hylan g-f 20</i>)	NF	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTHELMINTICS - DRUGS FOR WORM INFECTION		
<i>albendazole oral tablet 200 mg</i>	G	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
EMVERM ORAL TABLET CHEWABLE 100 MG (mebendazole)	PB	
ivermectin oral tablet 3 mg	G	
praziquantel oral tablet 600 mg	G	
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (amikacin sulfate liposome)	NPSP	
neomycin sulfate oral tablet 500 mg	G	
sulfadiazine oral tablet 500 mg	NPB	
tinidazole oral tablet 250 mg, 500 mg	G	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
CRESEMBA ORAL CAPSULE 186 MG (isavuconazonium sulfate)	NPB	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	G	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	G	
flucytosine oral capsule 250 mg, 500 mg	G	
griseofulvin microsize oral suspension 125 mg/5ml	G	
griseofulvin microsize oral tablet 500 mg	G	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	G	
itraconazole oral capsule 100 mg	G	
itraconazole oral solution 10 mg/ml	G	
ketoconazole oral tablet 200 mg	G	
nystatin oral tablet 500000 unit	G	
terbinafine hcl oral tablet 250 mg	G	
tolsura oral capsule 65 mg	NPB	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (voriconazole)	NPB	
voriconazole oral suspension reconstituted 40 mg/ml	G	
voriconazole oral tablet 200 mg, 50 mg	G	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA ORAL TABLET 100 MG (tafenoquine succinate)	NPB	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	G	
chloroquine phosphate oral tablet 250 mg, 500 mg	G	
COARTEM ORAL TABLET 20-120 MG (artemether-lumefantrine)	NPB	
KRINTAFEL ORAL TABLET 150 MG (tafenoquine succinate)	NPB	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>)	NPB	
<i>mefloquine hcl oral tablet 250 mg</i>	G	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	NPB	
<i>quinine sulfate oral capsule 324 mg</i>	G	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate oral solution 20 mg/ml</i>	G	
<i>abacavir sulfate oral tablet 300 mg</i>	G	
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	NF	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	G	
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	NF	
<i>efavirenz oral tablet 600 mg</i>	G	
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	NPSP	
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	NPSP	
<i>fosamprenavir calcium oral tablet 700 mg</i>	G	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (<i>etravirine</i>)	NF	
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	PSP	
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	PSP	
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	PSP	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	PSP	
<i>lamivudine oral solution 10 mg/ml</i>	G	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	G	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	G	
<i>nevirapine oral suspension 50 mg/5ml</i>	G	
<i>nevirapine oral tablet 200 mg</i>	G	
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	NF	
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	NF	
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	NF	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	NF	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (<i>darunavir</i>)	NF	
REYATAZ ORAL CAPSULE 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	NF	
<i>ritonavir oral tablet 100 mg</i>	G	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	NPSP	
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	NF	
SELZENTRY ORAL TABLET 150 MG, 300 MG (<i>maraviroc</i>)	NF	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	G	
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	PSP	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	PSP	
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	NPSP	
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	NF	
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	NPSP	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (<i>tenofovir disoproxil fumarate</i>)	NPSP	
YEZTUGO ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	PSP	
<i>zidovudine oral capsule 100 mg</i>	G	
<i>zidovudine oral syrup 50 mg/5ml</i>	G	
<i>zidovudine oral tablet 300 mg</i>	G	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	G	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	PSP	
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	PSP	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	NF	
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofovir df</i>)	NF	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine-tenofovir af</i>)	PSP	
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	PSP	
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	CE	
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	NPSP	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	PSP	
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	NPSP	
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	NPSP	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (<i>lopinavir-ritonavir</i>)	NF	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	G	
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofov af</i>)	PSP	
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG (<i>darunavir-cobicistat</i>)	NPSP	
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	NF	
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofov</i>)	NPSP	
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	PSP	
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	PSP	
<i>triumeq pd oral tablet soluble 60-5-30 mg</i>	PSP	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (<i>emtricitabine-tenofov</i>)	NF	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine oral capsule 250 mg</i>	G	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	G	
<i>isoniazid oral syrup 50 mg/5ml</i>	G	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	G	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	NPB	
<i>pyrazinamide oral tablet 500 mg</i>	G	
<i>rifabutin oral capsule 150 mg</i>	G	
<i>rifampin oral capsule 150 mg, 300 mg</i>	G	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir oral capsule 200 mg</i>	G	
<i>acyclovir oral suspension 200 mg/5ml</i>	G	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	G	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	G	

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

Prescription Drug Name	Drug Tier	Drug Notes
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	G	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	G	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	G	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	G	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	G	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	G	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	G	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	G	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	NPB	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	NPB	
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	G	
<i>erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)</i>	G	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	G	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	G	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	G	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	G	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	G	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>azithromycin</i>)	NPB	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	NPB	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	NPB	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	NPB	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%) (<i>ciprofloxacin</i>)	NPB	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	G	
<i>levofloxacin oral solution 25 mg/ml</i>	G	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	G	
<i>moxifloxacin hcl oral tablet 400 mg</i>	G	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	G	
HEPATITIS B		
<i>adefovir dipivoxil oral tablet 10 mg</i>	G	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	NPSP	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	NF	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	G	
<i>lamivudine oral tablet 100 mg</i>	G	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	NF	
HEPATITIS C		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	PSP	
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	PSP	
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NF	
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	NF	
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	NF	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	NF	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	NF	
<i>ribavirin oral capsule 200 mg</i>	G	
<i>ribavirin oral tablet 200 mg</i>	G	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NF	
SOVALDI ORAL PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	NPSP	
SOVALDI ORAL TABLET 200 MG, 400 MG (<i>sofosbuvir</i>)	NPSP	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	PSP	
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	NF	
MISCELLANEOUS		
<i>atovaquone oral suspension 750 mg/5ml</i>	G	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	NPB	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	NPB	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>)	NPB	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	NPB	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	G	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	G	
<i>dapsone oral tablet 100 mg, 25 mg</i>	G	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	NPB	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	NPB	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	G	
<i>linezolid oral tablet 600 mg</i>	G	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohyd macro</i>)	NPB	
<i>methenamine hippurate oral tablet 1 gm</i>	G	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	G	
<i>metronidazole oral capsule 375 mg</i>	G	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	G	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	NPB	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	G	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	G	
<i>pyrimethamine oral tablet 25 mg</i>	G	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	NPB	
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NPB	
<i>sulfamethoxazole-trimethoprim oral suspension 800-160 mg/20ml</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	G	
<i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)</i>	G	
<i>trimethoprim oral tablet 100 mg</i>	G	
VANCOGIN ORAL CAPSULE 125 MG, 250 MG (<i>vancomycin hcl</i>)	NPB	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	G	
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>	NPB	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	NPB	
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	PB	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	G	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	G	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	G	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	G	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	G	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	G	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	G	
<i>ampicillin oral capsule 500 mg</i>	G	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	G	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	G	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	G	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>avidoxy oral tablet 100 mg</i>	G	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	G	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	G	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	G	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	G	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	G	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	G	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	G	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	G	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	G	
<i>doxycycline monohydrate (Mondoxyne NI Oral Capsule 100 Mg)</i>	G	
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	NPB	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	NPB	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	G	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	G	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	NPSP	
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	NPB	
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	NPSP	
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	NPB	
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>temozolomide</i>)	NPSP	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	G	
ANTIMETABOLITES		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	G	
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	NPSP	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (<i>trifluridine-tipiracil</i>)	PSP	
<i>mercaptopurine oral tablet 50 mg</i>	G	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	G	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	G	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	G	
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	NPSP	
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	NPB	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	NPB	
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (<i>venetoclax</i>)	NPSP	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	NPSP	
BIOLOGIC RESPONSE MODIFIERS		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	PSP	
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	NF	
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	PSP	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	NPSP	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	NF	
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	PSP	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate micronized oral tablet 125 mg</i>	PSP	
<i>abiraterone acetate oral tablet 250 mg</i>	G	
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (<i>niraparib- abiraterone acetate</i>)	NF	
<i>anastrozole oral tablet 1 mg</i>	CE	
ARIMIDEX ORAL TABLET 1 MG (<i>anastrozole</i>)	NPB	
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	NPB	
<i>bicalutamide oral tablet 50 mg</i>	G	
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	PSP	
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	PSP	
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	PSP	
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	PSP	
ERLEADA ORAL TABLET 240 MG, 60 MG (<i>apalutamide</i>)	PSP	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
EULEXIN ORAL CAPSULE 125 MG (<i>flutamide</i>)	NPB	
<i>exemestane oral tablet 25 mg</i>	CE	
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	NPB	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	NF	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	NF	
<i>letrozole oral tablet 2.5 mg</i>	G	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	G	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (<i>leuprolide acetate</i>)	NPSP	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate (3 month)</i>)	NPSP	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NF	
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	NPSP	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	G	
<i>nilutamide oral tablet 150 mg</i>	G	
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	PSP	
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	NPSP	
ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hydrochloride</i>)	NF	
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	NPB	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	
<i>toremifene citrate oral tablet 60 mg</i>	G	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	NF	
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	PSP	
XTANDI ORAL TABLET 40 MG, 80 MG (<i>enzalutamide</i>)	PSP	

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

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

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

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

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	NPSP	
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	NPSP	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	NPSP	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (<i>larotrectinib sulfate</i>)	PSP	
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	PSP	
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	NF	
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	NPSP	
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	NF	
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	NF	
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG (<i>crizotinib</i>)	NPSP	
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	PSP	
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	NF	
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	NF	
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	PSP	
MISCELLANEOUS		
<i>bexarotene oral capsule 75 mg</i>	G	
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	NPB	
<i>hydroxyurea oral capsule 500 mg</i>	G	
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	NPSP	
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	NPSP	
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	PSP	
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (<i>sotorasib</i>)	PSP	
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	PSP	
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	PSP	
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (<i>nirogacestat hydrobromide</i>)	NF	
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG (<i>revumenib citrate</i>)	NPSP	
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	NF	
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	NF	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	NF	
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	NF	
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>)	NF	
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	NPSP	
<i>tretinoin oral capsule 10 mg</i>	G	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PSP	
VORANIGO ORAL TABLET 10 MG, 40 MG (<i>vorasidenib</i>)	NPSP	
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	NF	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	NPSP	
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG (<i>selinexor</i>)	NPSP	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	NPSP	
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	NPSP	
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	NPSP	
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG (<i>selinexor</i>)	NPSP	
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	NPSP	
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	PSP	
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	NPSP	
MITOTIC INHIBITORS		
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML (<i>docetaxel</i>)	NF	
PROTEASOME INHIBITORS		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	PSP	
PROTECTIVE AGENTS		
LEDERLE LEUCOVORIN ORAL TABLET 5 MG (<i>leucovorin calcium</i>)	G	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	G	
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
TOPOISOMERASE INHIBITORS		
<i>etoposide oral capsule 50 mg</i>	G	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	NPSP	
ONIVYDE INTRAVENOUS SUSPENSION 43 MG/10ML (<i>irinotecan hcl liposome</i>)	NPSP	
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	G	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	G	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	G	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	G	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	G	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>)	NPB	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	NPB	
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	G	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	NPB	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	G	
<i>enalapril maleate oral solution 1 mg/ml</i>	G	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	G	
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	NPB	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	G	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	G	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	G	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	G	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	NPB	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	G	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	G	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	G	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	NPB	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	NPB	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	NPB	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	G	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG (<i>finerenone</i>)	PB	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	G	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	G	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	G	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	G	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	G	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	NPB	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	NPB	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	G	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	G	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	NPB	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	G	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	G	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	G	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month

04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	G	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	G	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	NPB	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NPB	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	G	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	G	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>valsartan oral solution 4 mg/ml</i>	NPB	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	G	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	G	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	G	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	G	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	G	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	G	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	PB	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NPB	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NPB	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg)	G	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	G	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	G	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	G	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	G	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	G	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	G	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	NPB	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	NPSP	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	PB	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	PB	
ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine light oral packet 4 gm</i>	G	
<i>cholestyramine light oral powder 4 gm/dose</i>	G	
<i>cholestyramine oral packet 4 gm</i>	G	
<i>cholestyramine oral powder 4 gm/dose</i>	G	
<i>colesevelam hcl oral packet 3.75 gm</i>	G	
<i>colesevelam hcl oral tablet 625 mg</i>	G	
<i>colestipol hcl oral granules 5 gm</i>	G	
<i>colestipol hcl oral packet 5 gm</i>	G	
<i>colestipol hcl oral tablet 1 gm</i>	G	
<i>cholestyramine light</i> (Prevalite Oral Packet 4 Gm)	G	
<i>cholestyramine light</i> (Prevalite Oral Powder 4 Gm/Dose)	G	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe oral tablet 10 mg</i>	G	
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	NPB	
ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	G	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	G	
<i>fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	G	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	G	
<i>fenofibric acid oral tablet 105 mg</i>	G	
<i>gemfibrozil oral tablet 600 mg</i>	G	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (<i>fenofibrate</i>)	NPB	

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

Prescription Drug Name	Drug Tier	Drug Notes
ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>icosapent ethyl oral capsule 1 gm</i>	G	
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	NPB	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	G	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (<i>icosapent ethyl</i>)	PB	
ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	NF	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	PSP	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	PSP	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	G	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	G	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	G	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	G	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	G	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	G	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>nebivolol hcl</i>)	NPB	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	G	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	G	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	NPB	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	NPB	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	NPB	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

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

Prescription Drug Name	Drug Tier	Drug Notes
<i>diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)</i>	G	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (<i>levamlodipine maleate</i>)	NPB	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	G	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	G	
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	G	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	G	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	G	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	G	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	NPB	
<i>diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	G	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	G	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	G	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	G	
<i>nimodipine oral capsule 30 mg</i>	G	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	G	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	NPB	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	G	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	G	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digoxin</i> (Digox Oral Tablet 125 Mcg, 250 Mcg)	G	
<i>digoxin oral solution 0.05 mg/ml</i>	G	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	G	
LANOXIN ORAL TABLET 62.5 MCG (<i>digoxin</i>)	NPB	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	G	
TEKTURNA ORAL TABLET 150 MG, 300 MG (<i>aliskiren fumarate</i>)	NPB	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	G	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	G	
<i>amiloride hcl oral tablet 5 mg</i>	G	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	G	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	G	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	NPB	
<i>ethacrynic acid oral tablet 25 mg</i>	G	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	G	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	G	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	G	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	G	
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	NPSP	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	G	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
SOAANZ ORAL TABLET 40 MG (<i>toremide</i>)	NPB	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	G	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	G	
<i>triamterene oral capsule 100 mg, 50 mg</i>	G	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	G	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
HEART FAILURE		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	NPB	
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	NPB	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	NPB	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (<i>sacubitril-valsartan</i>)	NPB	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	NPB	
INPEFA ORAL TABLET 200 MG, 400 MG (<i>sotagliflozin</i>)	PB	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	PB	
MISCELLANEOUS		
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	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	NPB	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	NPB	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	NPB	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	G	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	G	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	G	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	G	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	G	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>)	NF	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	G	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	G	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>olezarsen sodium</i>)	NF	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	NPB	
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	PSP	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

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

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	PSP	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	PSP	
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML, 8 MG/20ML (<i>treprostinil</i>)	NF	
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	NF	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	G	
<i>sildenafil citrate oral tablet 20 mg</i>	G	
<i>tadalafil (pah) oral tablet 20 mg</i>	G	
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	PSP	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	NF	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	G	
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG (<i>treprostinil</i>)	PSP	
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X 64MCG, 112 X 48MCG & 112 X 64MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG (<i>treprostinil</i>)	PSP	
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	PSP	
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	PSP	
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	PSP	
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	PSP	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	PSP	
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	PSP	
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG (<i>sotatercept-csrk</i>)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG (<i>treprostinil sodium</i>)	PSP	
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	G	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	G	
AMYOTROPHIC LATERAL SCLEROSIS (ALS) - DRUGS TO TREAT ALS		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	PSP	
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	PSP	
<i>riluzole oral tablet 50 mg</i>	G	
ANTIANSXIETY - DRUGS TO TREAT ANXIETY		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	G	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	NPB	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	G	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (<i>clomipramine hcl</i>)	NPB	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	NPB	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	G	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	G	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	G	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	G	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>lorazepam oral concentrate 2 mg/ml</i>	G	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (<i>lorazepam</i>)	NPB	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	G	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	G	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	G	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	G	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	G	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	G	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	G	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	G	
<i>memantine hcl oral solution 2 mg/ml</i>	G	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	G	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	G	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	G	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	G	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	NPB	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (<i>dextromethorphan-bupropion</i>)	PB	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	G	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg, 450 mg</i>	G	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	G	
<i>citalopram hydrobromide oral capsule 30 mg</i>	NPB	
<i>citalopram hydrobromide oral solution 20 mg/10ml</i>	G	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	G	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	G	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	G	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	G	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	NPB	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	G	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	G	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	PB	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	PB	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	G	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	G	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	G	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	G	
<i>fluoxetine hcl oral tablet 60 mg</i>	NPB	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	G	
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	NPB	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	G	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	G	
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	NPB	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	NPB	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	G	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	G	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>)	NPB	
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	NPB	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	G	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	G	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	NPB	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	NPB	
<i>phenelzine sulfate oral tablet 15 mg</i>	G	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	G	
REMERON ORAL TABLET 15 MG, 30 MG (<i>mirtazapine</i>)	NPB	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	NPB	
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	NPB	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	G	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	G	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPB	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	NPB	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	G	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	G	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	G	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	PB	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	G	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	G	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	G	
VIIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	PB	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (<i>zuranolone</i>)	PSP	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl oral capsule 100 mg</i>	G	
<i>amantadine hcl oral tablet 100 mg</i>	G	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	NF	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>bromocriptine mesylate oral capsule 5 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	G	
<i>carbidopa oral tablet 25 mg</i>	G	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	G	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	G	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	G	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	G	
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG (<i>carbidopa-levodopa</i>)	PB	
DHIVY ORAL TABLET 25-100 MG (<i>carbidopa-levodopa</i>)	NPB	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	NPSP	
<i>entacapone oral tablet 200 mg</i>	G	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	NPB	
<i>haloperidol oral tablet 2 mg</i>	G	
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	PSP	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	PB	
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	NPB	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	NPB	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	G	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	G	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	G	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	G	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	G	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	PB	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>selegiline hcl oral capsule 5 mg</i>	G	
<i>selegiline hcl oral tablet 5 mg</i>	G	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	NPB	
<i>tolcapone oral tablet 100 mg</i>	G	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	G	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	G	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML (<i>foscarbidopa-foslevodopa</i>)	NF	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	NPB	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	NPB	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (<i>aripiprazole</i>)	PB	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	NPB	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	NPB	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	NPB	
<i>aripiprazole oral solution 1 mg/ml</i>	G	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	G	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	G	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	PB	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	PB	
CAPLYTA ORAL CAPSULE 42 MG (<i>lumateperone tosylate</i>)	NPB	
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 200 mg, 25 mg</i>	G	
<i>clozapine oral tablet dispersible 150 mg</i>	NPB	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	NPB	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	NPB	
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	NPB	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	G	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	G	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	G	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	G	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	G	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	NPB	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NPB	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	G	
<i>haloperidol lactate injection solution 5 mg/ml</i>	G	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	G	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 20 mg, 5 mg</i>	G	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (<i>paliperidone palmitate</i>)	NPB	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (<i>paliperidone palmitate</i>)	NPB	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (<i>paliperidone palmitate</i>)	NPB	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)	NPB	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	G	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine-samidorphan</i>)	NPB	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	NPSP	
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	NPSP	
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	G	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	G	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	G	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	G	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	G	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	NPB	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	G	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	G	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexipiprazole</i>)	NPB	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	NPB	
<i>risperidone oral solution 1 mg/ml</i>	G	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	NPB	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	NPB	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	G	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	NPB	
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	PB	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NPB	
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	NPB	
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	NPB	
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	PB	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	PB	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	G	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	G	
<i>carbamazepine oral suspension 100 mg/5ml</i>	G	
<i>carbamazepine oral tablet 200 mg</i>	G	
<i>carbamazepine oral tablet chewable 100 mg</i>	G	
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	NPB	
<i>clobazam oral suspension 2.5 mg/ml</i>	G	
<i>clobazam oral tablet 10 mg, 20 mg</i>	G	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	G	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	G	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	NPB	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 500 MG (<i>divalproex sodium</i>)	NPB	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	NF	
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	NF	
<i>diazepam (Diazepam Intensol Oral Concentrate 5 Mg/MI)</i>	G	
<i>diazepam oral concentrate 5 mg/ml</i>	G	
<i>diazepam oral solution 5 mg/5ml</i>	G	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	G	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	G	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	NPB	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	G	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	G	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (<i>levetiracetam</i>)	NPB	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	NPSP	
EPRONTIA ORAL SOLUTION 25 MG/ML (<i>topiramate</i>)	NPB	
<i>ethosuximide oral capsule 250 mg</i>	G	
<i>ethosuximide oral solution 250 mg/5ml</i>	G	
<i>felbamate oral suspension 600 mg/5ml</i>	G	
<i>felbamate oral tablet 400 mg, 600 mg</i>	G	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	NF	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	NPB	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	NPB	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	G	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	G	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	G	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	NPB	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	NPB	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	NPB	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	G	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	G	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	G	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	G	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	G	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	G	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	G	
<i>levetiracetam oral solution 100 mg/ml</i>	G	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	NPB	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	NPB	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	NPB	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	NPB	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	G	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	G	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	PB	
<i>phenobarbital oral elixir 30 mg/7.5ml, 60 mg/15ml</i>	G	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	G	
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	G	
<i>phenytoin oral tablet chewable 50 mg</i>	G	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	G	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	G	
<i>pregabalin oral solution 20 mg/ml</i>	G	
<i>primidone oral tablet 250 mg, 50 mg</i>	G	
<i>levetiracetam (Roweepra Oral Tablet 500 Mg)</i>	G	
<i>rufinamide oral suspension 40 mg/ml</i>	G	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG (<i>levetiracetam</i>)	NPB	
<i>lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)</i>	G	
<i>lamotrigine (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)</i>	G	
<i>lamotrigine (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg)</i>	G	
<i>lamotrigine (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)</i>	G	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	NPB	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	G	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	G	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	G	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	NPB	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	NPB	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	NPB	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	NPB	
<i>valproic acid oral capsule 250 mg</i>	G	
<i>valproic acid oral solution 250 mg/5ml</i>	G	
<i>vigabatrin oral packet 500 mg</i>	G	
<i>vigabatrin oral tablet 500 mg</i>	G	
<i>vigabatrin (Vigadrone Oral Packet 500 Mg)</i>	G	
VIGAFYDE ORAL SOLUTION 100 MG/ML (<i>vigabatrin</i>)	NF	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (<i>lacosamide</i>)	NPB	
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	NPB	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	NPB	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (<i>cenobamate</i>)	PB	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (<i>cenobamate</i>)	PB	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>cenobamate</i>)	PB	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG (<i>cenobamate</i>)	PB	
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	NPB	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	G	
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	NF	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
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>)	NPB	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	G	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NPB	
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	G	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	PB	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	G	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (<i>methylphenidate hcl</i>)	NPB	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NPB	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	NPB	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	G	
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	G	
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	G	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	G	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	NPB	
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NPB	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	G	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	NPB	
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	G	
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	G	
<i>methamphetamine hcl oral tablet 5 mg</i>	G	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	G	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 45 mg, 54 mg, 63 mg, 72 mg</i>	G	
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	G	
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	G	
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	G	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	G	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	NPB	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	PB	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	NPB	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	NPB	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	NPB	
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	NPB	
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg, 5 Mg)	G	
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 15 Mg, 2.5 Mg, 20 Mg, 30 Mg, 7.5 Mg)	NPB	
BOTULINUM TOXINS		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxina</i>)	NF	
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (<i>daxibotulinumtoxina-lanm</i>)	PSP	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxina</i>)	PSP	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	PSP	
FIBROMYALGIA		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	PB	
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	PB	
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	PB	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	G	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NPB	
<i>estazolam oral tablet 1 mg, 2 mg</i>	G	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	G	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	NPB	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	NPSP	
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	NPSP	
<i>midazolam hcl oral syrup 2 mg/ml</i>	G	
<i>quazepam oral tablet 15 mg</i>	G	
QUVIVIQ ORAL TABLET 25 MG, 50 MG (<i>daridorexant hcl</i>)	PB	
<i>ramelteon oral tablet 8 mg</i>	G	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	NPB	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	G	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	G	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	G	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	G	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	G	
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	G	
MIGRAINE - ERGOTAMINE DERIVATIVES - DRUGS TO TREAT SEVERE HEADACHES		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	G	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	G	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	NPB	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	G	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	G	

Prescription Drug Name	Drug Tier	Drug Notes
MIGRAINE - MISCELLANEOUS - DRUGS TO TREAT SEVERE HEADACHES		
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	PB	
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	PB	
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	PB	
MIGRAINE - MONOCLONAL ANTIBODIES - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	NPB	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	PB	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	
MIGRAINE - TRIPTANS AND COMBINATIONS - DRUGS TO TREAT SEVERE HEADACHES		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	G	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	G	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	G	
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	NPB	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (<i>rizatriptan benzoate</i>)	NPB	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	G	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	PB	
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	G	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	G	
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	G	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	G	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	G	
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	PB	
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	NPB	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	PB	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	G	
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	G	
ZOMIG NASAL SOLUTION 5 MG (<i>zolmitriptan</i>)	NPB	
MISCELLANEOUS		
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	NPSP	
DAYBUE STIX ORAL PACKET 5000 MG, 6000 MG, 8000 MG (<i>trofinetide</i>)	NPSP	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	PSP	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	NPSP	
EVRYSDI ORAL TABLET 5 MG (<i>risdiplam</i>)	NPSP	
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPSP	
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	NPSP	
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (<i>ziluoplan sodium</i>)	NF	
MOOD STABILIZERS - DRUGS TO TREAT MOOD DISORDERS		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	G	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	G	
<i>lithium carbonate oral tablet 300 mg</i>	G	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	NPB	
MOVEMENT DISORDERS		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	PSP	
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (<i>deutetrabenazine</i>)	NF	
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (<i>deutetrabenazine</i>)	NF	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	PSP	
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	PSP	
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	PSP	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	G	
XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>)	NF	
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	NPSP	
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	NF	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	PSP	
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	PSP	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	NF	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	NPSP	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	G	
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	NF	
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	G	
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	G	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i>fingolimod hcl</i>)	NF	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	G	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	PSP	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	NPSP	
MAYZENT ORAL TABLET 1 MG (<i>siponimod fumarate</i>)	PSP	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG (<i>siponimod fumarate</i>)	PSP	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	NPSP	
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	NPSP	
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (<i>ponesimod</i>)	NPSP	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	PSP	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	PSP	
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (<i>fingolimod lauryl sulfate</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (<i>dimethyl fumarate</i>)	NF	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	PSP	
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	PSP	
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	PSP	
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	PSP	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (<i>ozanimod hcl</i>)	PSP	
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	G	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	G	
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	NPB	
<i>chlorzoxazone oral tablet 500 mg</i>	G	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	G	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	G	
DANTRIUM ORAL CAPSULE 25 MG (<i>dantrolene sodium</i>)	NPB	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	G	
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (<i>givinostat hcl</i>)	NF	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	G	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	G	
<i>norgesic forte oral tablet 50-770-60 mg</i>	G	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	G	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NPB	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (<i>palovarotene</i>)	NF	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	G	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	G	
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
MYASTHENIA GRAVIS - DRUGS TO TREAT MYASTHENIA GRAVIS		
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	NPB	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NPB	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	G	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	G	
<i>pyridostigmine bromide oral tablet 30 mg</i>	NPB	
<i>pyridostigmine bromide oral tablet 60 mg</i>	G	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML (<i>efgartigimod alfa-hyalur-qvfc</i>)	PSP	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	G	
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	PSP	
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (<i>sodium oxybate</i>)	PSP	
<i>modafinil oral tablet 100 mg, 200 mg</i>	G	
<i>sodium oxybate oral solution 500 mg/ml</i>	G	
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	PB	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	PSP	
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	NF	
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	PSP	
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	G	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	G	
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>)	PB	
<i>nalmefene hcl injection solution 1 mg/ml</i>	NPB	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	G	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	G	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	G	
<i>naltrexone hcl oral tablet 50 mg</i>	G	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	NPB	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	NPSP	
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	G	
POSTHERPETIC NEURALGIA (PHN)		
GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	PB	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	NPB	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	NPB	
PSYCHOTHERAPEUTIC-MISC		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	G	
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	G	
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NPB	
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	PB	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	G	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	G	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	G	
<i>pimozide oral tablet 1 mg, 2 mg</i>	G	
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	
<i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	
<i>eq nicotine mouth/throat lozenge 4 mg</i>	CE	

Prescription Drug Name	Drug Tier	Drug Notes
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>ft nicotine mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	CE	
<i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>gnp nicotine mouth/throat gum 4 mg</i>	CE	
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	CE	
<i>goodsense nicotine mouth/throat gum 4 mg</i>	CE	
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	CE	
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR (nicotine)	CE	
KLS QUIT2 MOUTH/THROAT GUM 2 MG (nicotine polacrilex)	CE	
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG (nicotine polacrilex)	CE	
KLS QUIT4 MOUTH/THROAT GUM 4 MG (nicotine polacrilex)	CE	
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG (nicotine polacrilex)	CE	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR (nicotine)	CE	
NICORELIEF MOUTH/THROAT GUM 2 MG (nicotine polacrilex)	CE	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG (nicotine polacrilex)	CE	
NICORETTE MOUTH/THROAT GUM 2 MG, 4 MG (nicotine polacrilex)	CE	
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (nicotine polacrilex)	CE	
NICORETTE STARTER KIT MOUTH/THROAT GUM 2 MG, 4 MG (nicotine polacrilex)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
<i>nicotine mini mouth/throat lozenge 2 mg</i>	CE	
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	CE	
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	CE	
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	CE	
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	CE	
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	CE	
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	CE	
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	CE	
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	CE	
<i>sm nicotine mouth/throat gum 4 mg</i>	CE	
<i>sm nicotine mouth/throat lozenge 2 mg</i>	CE	
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	CE	
THRIVE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	CE	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	CE	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	CE	
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (<i>octreotide acetate</i>)	NF	
<i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>	NF	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>)	NF	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	G	
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	G	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NPSP	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	NF	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	NF	
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
<i>testosterone cypionate</i> (Depo-Testosterone Intramuscular Solution 100 Mg/ML, 200 Mg/ML)	NPB	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (<i>testosterone undecanoate</i>)	NPB	
<i>methitest oral tablet 10 mg</i>	G	
<i>methyltestosterone oral capsule 10 mg</i>	G	
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	PB	
TESTOPEL IMPLANT PELLETT 75 MG (<i>testosterone</i>)	NPB	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	G	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	G	
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	G	
<i>testosterone transdermal solution 30 mg/act</i>	G	
TLANDO ORAL CAPSULE 112.5 MG (<i>testosterone undecanoate</i>)	NPB	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	NPB	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	G	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	G	
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	G	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	G	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	G	
<i>metformin hcl oral solution 500 mg/5ml</i>	G	
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>	G	
<i>metformin hcl oral tablet 625 mg</i>	NPB	
<i>metformin hcl oral tablet 850 mg</i>	CE	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	NPB	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	G	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	G	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	G	
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	G	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin phos-metformin hcl</i>)	PB	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin phos-metformin hcl</i>)	PB	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	NPB	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin-metformin hcl</i>)	NPB	
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	
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin base-metformin hcl</i>)	PB	
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin base-metformin hcl</i>)	PB	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	G	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	PB	
ONGLYZA ORAL TABLET 5 MG (<i>saxagliptin hcl</i>)	NPB	
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	NPB	
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin</i>)	PB	
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	G	
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide</i>)	PB	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (<i>semaglutide</i>)	PB	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (<i>semaglutide</i>)	PB	
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (<i>semaglutide</i>)	PB	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	PB	
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	PB	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	NPB	
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	PB	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	PB	
ANTIDIABETICS, INSULIN		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NPB	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NPB	
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>)	NPB	
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	NPB	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	NPB	
BASAGLAR KWIKPEN 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	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
FIASP INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	PB	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	PB	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	PB	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PB	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	PB	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NPB	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NPB	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NPB	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NPB	
HUMULIN R INJECTION SOLUTION 100 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>	PB	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	PB	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	PB	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	PB	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month

04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	NPB	
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	NPB	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	PB	
<i>insulin lispro injection solution 100 unit/ml</i>	PB	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	PB	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	PB	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PB	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	NPB	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	NPB	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	PB	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	NPB	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NPB	
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>)	NPB	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NPB	
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>)	NPB	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
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>)	NPB	
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>)	NPB	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NPB	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	NPB	
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 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NPB	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PB	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	PB	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	NPB	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	NPB	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	NPB	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	NPB	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	NPB	
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	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month

04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	G	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	G	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	G	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	G	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NPB	
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>)	NPB	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	NPB	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	PB	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	PB	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	PB	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	PB	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	NPB	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	PB	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	NPB	
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	PB	
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyroglytamidac</i>)	NPB	
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	G	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	G	
<i>glipizide oral tablet 10 mg, 5 mg</i>	G	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	G	
ANTI OBESITY		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>)	NPB	
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	NPB	
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine-topiramate</i>)	PB	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	NPB	
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG (<i>semaglutide-weight management</i>)	PB	
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (<i>semaglutide-weight management</i>)	PB	
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>)	PB	
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	G	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (<i>cinacalcet hcl</i>)	NPSP	
CALCIUM REGULATORS, BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
<i>alendronate sodium oral solution 70 mg/75ml</i>	G	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	G	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	NPB	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	NPB	
<i>ibandronate sodium oral tablet 150 mg</i>	G	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	NPSP	
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	G	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	G	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	G	
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	NPSP	
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	G	
CALCIUM REGULATORS, MISCELLANEOUS		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	G	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-bmwo</i>)	PSP	
OSPOMYV SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-dssb</i>)	PSP	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	NF	
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-bmwo</i>)	PSP	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	NPSP	
CALCIUM REGULATORS, PARATHYROID HORMONES		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (<i>teriparatide</i>)	PSP	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (<i>teriparatide</i>)	NF	
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	NF	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	PSP	
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML (<i>palopegteriparatide</i>)	NF	
CARNITINE DEFICIENCY AGENTS		
<i>levocarnitine oral solution 1 gm/10ml</i>	G	
<i>levocarnitine oral tablet 330 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
CENTRAL PRECOCIOUS PUBERTY - DRUGS TO SUPPRESS PITUITARY HORMONES		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	PSP	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (<i>leuprolide acetate (3 month)</i>)	PSP	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (<i>histrelin acetate</i>)	PSP	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	PSP	
CHELATING AGENTS		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	NPB	
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NF	
CUVRIOR ORAL TABLET 300 MG (<i>trientine tetrahydrochloride</i>)	NF	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	G	
<i>deferiprone oral tablet 500 mg</i>	G	
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	G	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	NPSP	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NF	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	NF	
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	NF	
FERRIPROX ORAL TABLET 1000 MG (<i>deferiprone</i>)	NF	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>)	NF	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	
<i>penicillamine oral capsule 250 mg</i>	G	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	NF	
<i>trientine hcl oral capsule 250 mg</i>	G	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
<i>levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)</i>	CE	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

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

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	CE	
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>condoms</i>	CE	
<i>norgestrel-ethinyl estradiol</i> (Cryselle Oral Tablet 0.3-30 Mg-Mcg)	CE	
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	CE	
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	NPB	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	NPB	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	

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

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg)	CE	
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	
<i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))	CE	
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	

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

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	
<i>norethindrone acet-ethinyl est</i> (Luizza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Luizza 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>norethindrone</i> (Lyleq Oral Tablet 0.35 Mg)	CE	
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	CE	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	
<i>norethindrone</i> (Meleya Oral Tablet 0.35 Mg)	CE	
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>levonorgest-eth estradiol-iron</i> (Minzoya Oral Tablet 0.1-20 Mg-Mcg(21))	CE	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	CE	
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	CE	
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	CE	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	CE	
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	CE	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	CE	
<i>norethindrone oral tablet 0.35 mg</i>	CE	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	CE	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	
<i>norethindrone</i> (Norlyda Oral Tablet 0.35 Mg)	CE	
<i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg)	CE	
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (etonogestrel-ethinyl estradiol)	NPB	
norethindrone-eth estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (diaphragms)	CE	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	CE	
OPILL ORAL TABLET 0.075 MG (norgestrel)	CE	
OPTION 2 ORAL TABLET 1.5 MG (levonorgestrel)	CE	
norethindrone (Orquidea Oral Tablet 0.35 Mg)	CE	
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	CE	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (copper)	CE	
norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	
desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	CE	
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (drospiren-eth estrad-levomefol)	NPB	
levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	
norethindrone (Sharobel Oral Tablet 0.35 Mg)	CE	
SHEWISE ORAL TABLET 1.5 MG (levonorgestrel)	CE	
desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
levonorgest-eth estrad 91-day (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	CE	

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

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	
<i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet 0.3-30 Mg-Mcg)	CE	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	CE	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)	CE	
<i>ethynodiol diac-eth estradiol</i> (Valtya 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	
<i>ethynodiol diac-eth estradiol</i> (Valtya 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	CE	
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	CE	
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	CE	
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	
<i>norethindron-ethinyl estrad-fe</i> (Xarah Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	
<i>norethin-eth estradiol-fe</i> (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	
<i>nelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	NPB	
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	NPB	
<i>nelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	CE	
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA ORAL TABLET 1 MG, 5 MG (<i>osilodrostat phosphate</i>)	NF	
RECORLEV ORAL TABLET 150 MG (<i>levoketoconazole</i>)	NF	
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	PB	
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	PB	
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	PB	
ACCU-CHEK GUIDE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	PB	
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	PB	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	PB	
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	PB	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PB	
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM (<i>insulin pen needle</i>)	PB	
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM (<i>insulin pen needle</i>)	PB	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML (<i>insulin syringe-needle u-100</i>)	PB	
<i>blood glucose system pak kit</i>	NPB	
CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NPB	
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	PB	
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	PB	
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	PB	
DEXCOM G7 15 DAY SENSOR (<i>continuous glucose sensor</i>)	PB	
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	PB	
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	PB	
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
EMBECTA AUTOSHIELD DUO 30G X 5 MM (<i>insulin pen needle</i>)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PB	
EMBECTA PEN NEEDLE NANO 32G X 4 MM (<i>insulin pen needle</i>)	PB	
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM (<i>insulin pen needle</i>)	PB	
ENLITE GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	NPB	
<i>eq blood glucose test in vitro strip</i>	NPB	
EVERSENSE SENSOR/HOLDER (<i>continuous glucose sensor</i>)	NPB	
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous glucose sensor</i>)	PB	
FREESTYLE LIBRE 2 PLUS SENSOR (<i>continuous glucose sensor</i>)	PB	
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose sensor</i>)	PB	
FREESTYLE LIBRE 3 PLUS SENSOR (<i>continuous glucose sensor</i>)	PB	
FREESTYLE LIBRE 3 READER DEVICE (<i>continuous glucose receiver</i>)	PB	
FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose sensor</i>)	PB	
FREESTYLE LIBRE READER DEVICE (<i>continuous glucose receiver</i>)	PB	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (<i>glucose blood</i>)	NPB	
GUARDIAN SENSOR (3) (<i>continuous glucose sensor</i>)	NPB	
<i>guardian sensor 3</i>	NPB	
<i>lancets thin</i>	NPB	
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
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	

Prescription Drug Name	Drug Tier	Drug Notes
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	
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	NPB	
ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>)	NPB	
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	NPB	
ONETOUCH ULTRA TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
ONETOUCH ULTRASOFT 2 LANCETS (<i>lancets</i>)	NPB	
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	NPB	
OPTIUMEZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	PB	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NPB	
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	
UNISTRIP1 GENERIC IN VITRO STRIP (<i>glucose blood</i>)	NPB	
V-GO 20 KIT 20 UNIT/24HR (<i>insulin disposable pump</i>)	NPB	
V-GO 30 KIT 30 UNIT/24HR (<i>insulin disposable pump</i>)	NPB	
V-GO 40 KIT 40 UNIT/24HR (<i>insulin disposable pump</i>)	NPB	
ENDOMETRIOSIS		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	G	
ORLISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	PB	
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	NPB	
FERTILITY REGULATORS		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	NF	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>)	PSP	
<i>ganirelix acetate (Fyremadel Subcutaneous Solution Prefilled Syringe 250 Mcg/0.5ml)</i>	NF	
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	NF	
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	PSP	
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT (<i>follitropin alfa</i>)	NF	
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML (<i>follitropin alfa</i>)	NF	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>menotropins</i>)	PSP	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (<i>chorionic gonadotropin</i>)	NF	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	NF	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	PSP	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
AGAMREE ORAL SUSPENSION 40 MG/ML (<i>vamorolone</i>)	NF	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>dexamethasone</i>)	NPB	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	G	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	G	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	G	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	G	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (<i>dexamethasone sodium phosphate</i>)	NPB	
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	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	G	
HEMADY ORAL TABLET 20 MG (<i>dexamethasone</i>)	NPB	
<i>dexamethasone</i> (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	G	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	G	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	NPB	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	G	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	G	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	NPB	
<i>prednisolone oral solution 15 mg/5ml</i>	G	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	G	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	NPB	
<i>prednisone oral solution 5 mg/5ml</i>	G	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	G	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	G	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	G	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	G	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
<i>glucagon emergency injection solution reconstituted 1 mg, 1 mg/ml</i>	NPB	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	PB	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	NPSP	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NF	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	PSP	
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	PSP	
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	NF	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (<i>somatropin</i>)	NF	
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (<i>somatropin</i>)	PSP	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (<i>somatrogon-ghla</i>)	NF	
NORDIPEN 5 INJECTION DEVICE (<i>injection device</i>)	NF	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	PSP	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	NF	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	NF	
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (<i>somapacitan-beco</i>)	PSP	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	NF	
LYSOSOMAL STORAGE DISORDERS - DRUGS TO TREAT LYSOSOMAL STORAGE DISORDERS		
AQNEURSA ORAL PACKET 1 GM (<i>levacetylleucine</i>)	NF	
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (<i>arimoclomol citrate</i>)	NF	
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	NF	
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE - DRUGS TO TREAT FABRY DISEASE		
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	PSP	
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE - DRUGS TO TREAT GAUCHER DISEASE		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	PSP	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	PSP	
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	NF	
<i>miglustat oral capsule 100 mg</i>	G	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglucerase alfa</i>)	NF	
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	NPSP	
MENOPAUSAL SYMPTOM AGENTS - DRUGS TO TREAT MENOPAUSE		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NPB	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	NPB	
BIJUVA ORAL CAPSULE 1-100 MG (<i>estradiol-progesterone</i>)	NPB	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	PB	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR (<i>estradiol</i>)	NPB	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	PB	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML (<i>estradiol valerate</i>)	NPB	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	NPB	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	NPB	
<i>estradiol</i> (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	G	
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	PB	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	NPB	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	G	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	G	
<i>estradiol vaginal cream 0.01 %</i>	G	
<i>estradiol vaginal tablet 10 mcg</i>	G	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	G	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	G	
ESTRING VAGINAL RING 7.5 MCG/24HR (<i>estradiol</i>)	PB	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	NPB	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	NPB	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	NPB	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	G	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	PB	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	PB	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	G	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	NPB	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	G	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	G	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	PB	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	PB	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	PB	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	PB	
MISCELLANEOUS		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	NPSP	
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	
<i>betaine oral powder</i>	G	
<i>cabergoline oral tablet 0.5 mg</i>	G	
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	NPSP	
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>crinacerfont</i>)	NPSP	
CRENESSITY ORAL SOLUTION 50 MG/ML (<i>crinacerfont</i>)	NPSP	
CYSTADANE ORAL POWDER (<i>betaine</i>)	NF	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	PSP	
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG (<i>tesamorelin acetate</i>)	NPSP	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	NF	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	NF	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	NPSP	
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	NPB	
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	NF	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	NF	
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	NF	
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	NF	
KUVAN ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	NF	
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	G	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	G	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	NPSP	
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	PB	
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	
SAMSCA ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	NPSP	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspertate</i>)	NPSP	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	NPSP	
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	
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	NPSP	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	NPSP	
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (<i>ferric citrate</i>)	PB	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	G	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	G	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	NPB	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	G	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>sevelamer carbonate oral tablet 800 mg</i>	G	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	G	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	NPB	
POLYNEUROPATHY		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (<i>eplontersen sodium</i>)	NF	
POTASSIUM-REMOVING AGENTS - DRUGS TO REGULATE POTASSIUM LEVELS		
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	PB	
<i>sodium polystyrene sulfonate oral powder</i>	G	
<i>sodium polystyrene sulfonate</i> (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60ML)	G	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (<i>sodium polystyrene sulfonate</i>)	G	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	PB	
PROGESTINS - DRUGS TO REGULATE PROGESTIN		
CRINONE VAGINAL GEL 4 %, 8 % (<i>progesterone</i>)	PB	
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	PB	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	G	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	G	
<i>norethindrone acetate oral tablet 5 mg</i>	G	
<i>progesterone intramuscular oil 50 mg/ml</i>	G	
<i>progesterone oral capsule 100 mg, 200 mg</i>	G	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone</i>)	NPB	
PROVERA ORAL TABLET 10 MG (<i>medroxyprogesterone acetate</i>)	NPB	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG (<i>thyroid</i>)	NPB	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
<i>levothyroxine sodium</i> (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
<i>levothyroxine sodium oral capsule</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	NPB	
<i>levothyroxine sodium oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	G	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
<i>liothyronine sodium oral tablet</i> 25 mcg, 5 mcg, 50 mcg	G	
<i>methimazole oral tablet</i> 10 mg, 5 mg	G	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</i>)	NPB	
<i>propylthiouracil oral tablet</i> 50 mg	G	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	PB	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (<i>levothyroxine sodium</i>)	NPB	
<i>thyroid oral tablet</i> 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	NPB	
TIROSINT 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>levothyroxine sodium</i>)	NPB	
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>)	NPB	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	G	
UREA CYCLE DISORDER - DRUGS TO TREAT UREA CYCLE DISORDER		
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	NF	
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	NF	
CARBAGLU ORAL TABLET SOLUBLE 200 MG (<i>carglumic acid</i>)	NF	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>carglumic acid oral tablet soluble 200 mg</i>	G	
<i>citrulline easy oral tablet extended release 1 gm</i>	NPB	
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM (<i>sodium phenylbutyrate</i>)	NF	
PHEBURANE ORAL PELLETT 483 MG/GM (<i>sodium phenylbutyrate</i>)	PSP	
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NF	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	G	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	G	
UTERINE FIBROIDS - DRUGS TO TREAT UTERINE FIBROIDS		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix- estradiol-norethind</i>)	PB	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	PB	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	NPB	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	G	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	G	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	G	
VITAMIN D ANALOGS		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	G	
<i>calcitriol oral solution 1 mcg/ml</i>	G	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	G	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	NPB	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>)	NPB	
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	NPB	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>)	NPB	
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	NPB	
<i>dicyclomine hcl oral capsule 10 mg</i>	G	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	G	
<i>dicyclomine hcl oral tablet 20 mg</i>	G	
GLYCATE ORAL TABLET 1.5 MG (<i>glycopyrrolate</i>)	NPB	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	G	
<i>glycopyrrolate oral tablet 1.5 mg</i>	NPB	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	G	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	G	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	G	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	G	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	G	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	G	
LEVVID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (<i>hyoscyamine sulfate</i>)	NPB	
LEVSIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	NPB	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (<i>hyoscyamine sulfate</i>)	NPB	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	G	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (<i>hyoscyamine sulfate</i>)	NPB	
<i>oscimin oral tablet 0.125 mg</i>	NPB	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	NPB	
ANTIDIARRHEALS		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	G	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	NPB	
<i>loperamide hcl oral capsule 2 mg</i>	G	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	NPB	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	NPB	
<i>zelac oral capsule</i>	NPB	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	NPB	
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	NPB	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	G	
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (<i>doxylamine-pyridoxine</i>)	NPB	
<i>prochlorperazine (Compro Rectal Suppository 25 Mg)</i>	G	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	NPB	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	G	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	G	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	NPB	
<i>granisetron hcl oral tablet 1 mg</i>	G	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	G	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	G	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	G	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	G	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	G	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	G	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	G	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	G	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	G	
<i>prochlorperazine rectal suppository 25 mg</i>	G	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	G	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	G	
<i>promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	G	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	PB	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	G	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	NPB	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	G	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	PB	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	G	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	G	
<i>famotidine oral tablet 20 mg, 40 mg</i>	G	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	G	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	NPB	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	NPB	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	NPB	
<i>balsalazide disodium oral capsule 750 mg</i>	G	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	G	
<i>budesonide oral capsule delayed release particles 3 mg</i>	G	
CORTENEMA RECTAL ENEMA 100 MG/60ML (<i>hydrocortisone</i>)	NPB	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	PB	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	NPB	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	G	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	NPB	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	G	
<i>mesalamine oral capsule delayed release 400 mg</i>	G	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	G	
<i>mesalamine rectal enema 4 gm</i>	G	
<i>mesalamine rectal suppository 1000 mg</i>	G	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>mesalamine-cleanser rectal kit 4 gm</i>	G	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>)	PB	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	NPB	
<i>sulfasalazine oral tablet 500 mg</i>	G	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	G	
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	NPB	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG (<i>lubiprostone</i>)	NPB	
IBSRELA ORAL TABLET 50 MG (<i>tenapanor hcl</i>)	NPB	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	PB	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	G	
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	NPB	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	G	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	NPB	
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	PB	
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acid</i>)	CE	
<i>constulose oral solution 10 gm/15ml</i>	G	
<i>enulose oral solution 10 gm/15ml</i>	G	
<i>generlac oral solution 10 gm/15ml</i>	G	
<i>lactulose (Kristalose Oral Packet 10 Gm, 20 Gm)</i>	G	
<i>lactulose oral packet 10 gm, 20 gm</i>	G	
<i>lactulose oral solution 10 gm/15ml</i>	G	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	CE	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	CE	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	CE	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (<i>peg 3350-kcl-nacl-nasulf-mgsul</i>)	CE	

Prescription Drug Name	Drug Tier	Drug Notes
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	NPB	
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-mag sulfate-kcl</i>)	CE	
MISCELLANEOUS		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (<i>odevixibat</i>)	NF	
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (<i>odevixibat</i>)	NF	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	NPSP	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	G	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	NPB	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	NPSP	
GIMOTI NASAL SOLUTION 15 MG/ACT (<i>metoclopramide hcl</i>)	NPB	
IQIRVO ORAL TABLET 80 MG (<i>elafibranor</i>)	PSP	
LIVDELZI ORAL CAPSULE 10 MG (<i>seladelpar lysine</i>)	NF	
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (<i>maralixibat chloride</i>)	NPSP	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	G	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	NPB	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	PB	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	NPB	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	NPB	
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	NPB	
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	PSP	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	NPSP	
<i>sucralfate oral tablet 1 gm</i>	G	
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	PB	
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	NPB	
<i>ursodiol oral capsule 300 mg</i>	G	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	G	
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	NPSP	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NPSP	
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NPB	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NPB	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	NPB	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	G	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	G	
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	G	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (<i>esomeprazole magnesium</i>)	NPB	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	G	
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	G	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	G	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	G	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	NPB	
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	NPB	
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	G	
RECTAL, CORTICOSTEROIDS		
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	NPB	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	G	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	G	
PROCORT EXTERNAL CREAM 1.85-1.15 % (<i>hydrocortisone ace-pramoxine</i>)	NPB	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	PB	
<i>hydrocortisone (Procto-Med Hc External Cream 2.5 %)</i>	G	
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	G	
ULCER THERAPY COMBINATIONS		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	G	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	NPB	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (<i>amoxicill-rifabutin-omeprazole</i>)	PB	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	G	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG (<i>doxazosin mesylate</i>)	NPB	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	NPB	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	G	
<i>dutasteride oral capsule 0.5 mg</i>	G	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	G	
<i>finasteride oral tablet 5 mg</i>	G	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	NPB	
<i>silodosin oral capsule 4 mg, 8 mg</i>	G	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	G	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	G	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	CE	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	CE	
PHEXX VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	CE	
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	
ERECTILE DYSFUNCTION		
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	NPB	
MISCELLANEOUS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	G	
<i>cytra k crystals oral packet 3300-1002 mg</i>	G	
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	NPB	
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	PSP	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	NPB	
ORACIT ORAL SOLUTION 490-640 MG/5ML (<i>sod citrate-citric acid</i>)	NPB	
<i>pot & sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	G	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	G	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	G	
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	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	NPB	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (<i>nedosiran sodium</i>)	NF	
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML (<i>nedosiran sodium</i>)	NF	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	G	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (<i>budesonide</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	NF	
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	NF	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>)	NPB	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (<i>potassium citrate</i>)	NPB	
VANRAFIA ORAL TABLET 0.75 MG (<i>atrasentan hcl</i>)	PSP	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	G	
<i>flavoxate hcl oral tablet 100 mg</i>	G	
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	NPB	
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>	G	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	G	
<i>oxybutynin chloride oral tablet 5 mg</i>	G	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	NPB	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	G	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	G	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	G	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	NPB	
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	G	
<i>tropium chloride oral tablet 20 mg</i>	G	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	NPB	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	NPB	
<i>clindamycin phosphate vaginal cream 2 %</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	NPB	
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate (1 dose)</i>)	NPB	
<i>metronidazole vaginal gel 0.75 %</i>	G	
<i>miconazole 3 vaginal suppository 200 mg</i>	G	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	NPB	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	G	
<i>terconazole vaginal suppository 80 mg</i>	G	
VANDAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	G	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
ARIEXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	NPB	
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG (<i>apixaban</i>)	PB	
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG (<i>apixaban</i>)	PB	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	PB	
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG (<i>apixaban</i>)	PB	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	PB	
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG (<i>apixaban</i>)	PB	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	G	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	G	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	G	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	NPB	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	NPB	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%</i>	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	G	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	G	
<i>warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)</i>	G	
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	NPB	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (<i>enoxaparin sodium</i>)	NPB	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	NPB	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	NPB	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	G	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	PB	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	PB	
BLEEDING DISORDERS AGENTS		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	NF	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	NPSP	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cmplx</i>)	NF	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED , 2 GM (<i>fibrinogen concentrate (human)</i>)	NPSP	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG (<i>coagulation factor viia-jncw</i>)	PSP	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	NF	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	PSP	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	PSP	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	PSP	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	NF	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	PSP	
FYLNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-pbbk</i>)	NF	
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML (<i>tbo-filgrastim</i>)	NF	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	NF	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (<i>sargramostim</i>)	NF	
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NF	
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	NF	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	NF	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	NF	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	PSP	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	PSP	
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-txid</i>)	NF	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-apgf</i>)	PSP	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	PSP	
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>	NF	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	PSP	
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (<i>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	
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	PSP	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	PSP	
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten-eh1</i>)	PSP	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
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-rfviii))</i>	PSP	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT <i>(antihemoph fact rcmb gpeg-exei)</i>	PSP	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML <i>(emicizumab-kxwh)</i>	NPSP	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT <i>(antihemophilic factor)</i>	NPSP	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT <i>(ahf (bdd-rfviii peg-aucl))</i>	PSP	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT <i>(antihemophilic factor)</i>	NPSP	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT <i>(antihemophilic factor)</i>	NPSP	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT <i>(antihemophil factor (rahf-pfm))</i>	PSP	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT <i>(antihemophil fact bd truncated)</i>	PSP	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT <i>(antihem fact (bdd-rfviii,sim))</i>	PSP	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT <i>(antihem fact (bdd-rfviii,sim))</i>	PSP	
<i>obizur intravenous solution reconstituted 500 unit</i>	NPSP	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT <i>(antihem factor recomb (rfviii))</i>	NPSP	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT <i>(antihem fact (bdd-rfviii,mor))</i>	PSP	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT <i>(antihem fact (bdd-rfviii,mor))</i>	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
HEMOPHILIA B AGENTS		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	NPSP	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	NF	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	PSP	
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	NPSP	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NF	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	NPSP	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	PSP	
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	NF	
MISCELLANEOUS		
AGRYLIN ORAL CAPSULE 0.5 MG (<i>anagrelide hcl</i>)	NPB	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	G	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	G	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	G	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	G	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfat</i> e)	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 sulfat</i> e)	NF	
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	NPSP	
<i>tranexamic acid oral tablet 650 mg</i>	G	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	PSP	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	NPSP	
VOYDEYA ORAL TABLET 100 MG (<i>danicopan</i>)	NF	
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (<i>danicopan</i>)	NF	
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	G	
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	NPB	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	G	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	G	
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	NPB	
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	NPB	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	G	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	NPB	
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	NPB	
SICKLE CELL DISEASE		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	NPB	
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	PSP	
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	PB	
THROMBOCYTOPENIA AGENTS - DRUGS TO TREAT PLATELET DISORDERS		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (<i>eltrombopag choline</i>)	PSP	
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	PSP	
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (<i>avatrombopag maleate</i>)	PSP	
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	NF	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	NF	
PROMACTA ORAL PACKET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	NF	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	NF	
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	PB	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	PB	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	PB	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	PB	
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	PSP	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	NPSP	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	PSP	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	NF	
<i>infliximab intravenous solution reconstituted 100 mg</i>	NF	
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	NF	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	PSP	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	NF	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	PSP	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	NF	
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	NF	
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-afzb</i>)	NF	
<i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	

Prescription Drug Name	Drug Tier	Drug Notes
<i>adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml</i>	NF	
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	NF	
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml</i>	NF	
<i>adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml</i>	NF	
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml, 80 mg/0.8ml</i>	PSP	
<i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml</i>	PSP	
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	NF	
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml</i>	NF	
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	PSP	
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	PSP	
<i>adalimumab-ryvk (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml</i>	NF	
<i>adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	NF	
<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	

Prescription Drug Name	Drug Tier	Drug Notes
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (<i>adalimumab-atto</i>)	NF	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML (<i>bimekizumab-bkzx</i>)	PSP	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML (<i>bimekizumab-bkzx</i>)	PSP	
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	PSP	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	PSP	
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	PSP	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PSP	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>secukinumab</i>)	PSP	
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	PSP	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	NF	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	NF	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	PSP	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	PSP	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	PSP	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	PSP	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	PSP	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	PSP	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	PSP	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	NF	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	NF	
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	NF	
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	NF	
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	NF	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	NF	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	NF	
HUMIRA-PSORIASIS/UEVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	NF	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-adaz</i>)	PSP	N8 (Listing does not include certain NDCs)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	N8 (Listing does not include certain NDCs)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	N8 (Listing does not include certain NDCs)
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-srlf</i>)	NF	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	PSP	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>sarilumab</i>)	PSP	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	NF	
LEQSELVI ORAL TABLET 8 MG (<i>deuruxolitinib phosphate</i>)	NF	
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	PSP	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML (<i>mepolizumab</i>)	PSP	
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	NF	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	PSP	
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML (<i>mirikizumab-mrkz</i>)	NF	
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML (<i>mirikizumab-mrkz</i>)	NF	
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	NF	
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mirikizumab-mrkz</i>)	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	PSP	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	PSP	
OTEZLA ORAL TABLET 20 MG, 30 MG (<i>apremilast</i>)	PSP	
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (<i>apremilast</i>)	PSP	
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (<i>apremilast</i>)	PSP	
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG (<i>apremilast</i>)	PSP	
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-aauz</i>)	NF	
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	
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-ttwe</i>)	PSP	
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-ttwe</i>)	PSP	
RINVOQ LQ ORAL SOLUTION 1 MG/ML (<i>upadacitinib</i>)	PSP	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (<i>upadacitinib</i>)	PSP	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
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 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-ryvk</i>)	NF	
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	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	PSP	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	PSP	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	PSP	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab</i>)	PSP	
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-stba</i>)	NF	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	NF	
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML (<i>ixekizumab</i>)	NF	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	PSP	
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML (<i>guselkumab</i>)	PSP	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML (<i>guselkumab</i>)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	PSP	
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab-aazg</i>)	NF	
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab-aazg</i>)	NF	
<i>ustekinumab subcutaneous solution 45 mg/0.5ml</i>	NF	
<i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	NF	
<i>ustekinumab-aazg subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	NF	
<i>ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	NF	
<i>ustekinumab-ttwe subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	NF	
VELSIPITY ORAL TABLET 2 MG (<i>etrasimod arginine</i>)	PSP	
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-auub</i>)	NF	
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-auub</i>)	NF	
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	PSP	
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	PSP	
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	PSP	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	PSP	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	PSP	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	PSP	
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-kfce</i>)	PSP	
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-kfce</i>)	PSP	
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-aaty</i>)	NF	
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	NF	

Prescription Drug Name	Drug Tier	Drug Notes
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-aaty</i>)	NF	
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab-aaty</i>)	NF	
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqvh</i>)	NF	
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	NF	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	NF	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	NF	
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
ARAVAL ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	NPB	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	G	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	G	
<i>methotrexate sodium oral tablet 2.5 mg</i>	G	
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	NPB	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	PSP	
HEREDITARY ANGIOEDEMA		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML (<i>garadacimab-gxii</i>)	NPSP	
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NF	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NF	
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (<i>icatibant acetate</i>)	NF	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	NPSP	
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	PSP	
ORLADEYO ORAL PACKET 108 MG, 132 MG, 72 MG, 96 MG (<i>berotralstat hcl</i>)	PSP	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	PSP	
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>lanadelumab-flyo</i>)	PSP	
IMMUNOGLOBULIN		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)-stwk</i>)	NF	
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-slra</i>)	NF	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	PSP	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	NF	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	NPSP	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NPSP	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	
HYPERRHO MINI-DOSE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (<i>rho d immune globulin</i>)	NPSP	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	NF	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NF	
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	NF	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	NPSP	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 2500 UNIT/2.2ML (<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>)	PSP	
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (<i>interferon gamma-1b</i>)	NPSP	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	NF	
JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>)	NF	
IMMUNOSUPPRESSANTS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NPSP	
<i>azathioprine</i> (Azasan Oral Tablet 100 Mg, 75 Mg)	G	
<i>azathioprine oral tablet 50 mg</i>	G	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	NPSP	
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	NPSP	
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	NPSP	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (<i>mycophenolate mofetil</i>)	NPSP	
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	NPSP	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	G	
<i>cyclosporine modified oral solution 100 mg/ml</i>	G	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	G	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	NPSP	
<i>cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)</i>	G	
<i>cyclosporine modified (Gengraf Oral Solution 100 Mg/ML)</i>	G	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	NPB	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	NF	
<i>mycophenolate mofetil oral capsule 250 mg</i>	G	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	G	
<i>mycophenolate mofetil oral tablet 500 mg</i>	G	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	G	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	NPSP	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (<i>mycophenolate mofetil</i>)	NF	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	NPSP	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	NPSP	
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	NF	
<i>sirolimus oral solution 1 mg/ml</i>	G	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	G	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	G	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>everolimus</i>)	NPSP	
MISCELLANEOUS		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	NPSP	
MEDICAL DEVICES		
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<i>d-xylose powder</i>	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM (aminolevulinic acid hcl)	NPB	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ (potassium bicarbonate)	G	
potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	G	N8 (Listing does not include certain NDCs)
potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	G	
potassium chloride crys er (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	G	
potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	G	
potassium chloride (Klor-Con Oral Packet 20 Meq)	G	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ (potassium chloride)	NPB	
K-PHOS ORAL TABLET 500 MG (potassium phosphate monobasic)	NPB	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (k phos mono-sod phos di & mono)	NPB	
phosphorous oral tablet 155-852-130 mg	G	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG (k phos mono-sod phos di & mono)	G	
potassium chloride crys er oral tablet extended release 20 meq	G	
potassium chloride er oral capsule extended release 10 meq, 8 meq	G	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	G	
potassium chloride oral packet 20 meq	G	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	G	
sodium fluoride oral solution 0.5 mg/ml, 1.1 (0.5 f) mg/ml	CE	
sodium fluoride oral tablet 1.1 (0.5 f) mg	CE	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	CE	

Prescription Drug Name	Drug Tier	Drug Notes
PRENATAL VITAMINS		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (<i>prenatal vit-dss-fe cbn-fa</i>)	NPB	
<i>azesco oral tablet 13-1 mg</i>	NPB	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NPB	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NPB	
<i>c-nate dha oral capsule 28-1-200 mg</i>	NPB	
CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	NPB	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NPB	
DERMACINRX PRETRATE ORAL TABLET 1 MG (<i>prenatal multivit-min-fe-fa</i>)	NPB	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	NPB	
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	G	
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	NPB	
<i>kosher prenatal plus iron oral tablet 30-1 mg</i>	NPB	
<i>m-natal plus oral tablet 27-1 mg</i>	NPB	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (<i>prenat w/oa-fefum-methf-omegas</i>)	NPB	
<i>neonatal complete oral tablet 27-1 mg</i>	NPB	
NEONATAL PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
NESTABS DHA ORAL 32-1 MG (<i>prenat-w/oa-fe bisgly-fa-omega</i>)	NPB	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o a</i>)	NPB	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	NPB	
NIVA-PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (<i>prenat-fecbn-feasppl-fa-fish</i>)	NPB	
OB COMPLETE ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	NPB	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NPB	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal-fe cbn-fe asp gly-fa</i>)	NPB	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NPB	
<i>one vite womens plus oral tablet 27-1 mg</i>	NPB	
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	NPB	
<i>pnv tabs 20-1 oral tablet 20-1 mg</i>	NPB	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	G	
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	NPB	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	NPB	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	G	
<i>pregen dha oral capsule 28-1-35 mg</i>	NPB	
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	NPB	
<i>prena 1 true oral 30-1.4 & 300 mg</i>	NPB	
<i>prenal oral tablet chewable 1.4 mg</i>	NPB	
<i>prenal pearl oral capsule extended release 30-1.4-200 mg</i>	NPB	
<i>prenatal 19 oral tablet 29-1 mg</i>	NPB	
<i>prenatal 19 oral tablet chewable</i>	G	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	NPB	
<i>prenatal oral tablet 27-1 mg</i>	NPB	
<i>prenatal plus oral tablet 27-1 mg</i>	NPB	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>prenatal w/o a vit-fe fum-fa</i>)	NPB	
PRENATE AM ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	NPB	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NPB	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-feaspgly-methylfol-fa</i>)	NPB	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NPB	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NPB	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	NPB	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NPB	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NPB	
PRENATRIX ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
PRENATRYL ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NPB	
<i>relnate dha oral capsule 28-1-200 mg</i>	NPB	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (<i>prenat vit-fepoly-methylfol-fa</i>)	NPB	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	NPB	
SELECT-OB+DHA ORAL 29-1 & 250 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NPB	
<i>se-natal 19 oral tablet 29-1 mg</i>	NPB	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	NPB	
<i>thrivite rx oral tablet 29-1 mg</i>	NPB	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	G	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	NPB	
VINATE DHA RF ORAL CAPSULE 27-1.13 MG (<i>prenat w/oa-fefum-methf-omegas</i>)	NPB	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NPB	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (<i>prenatal vit-fe phos-fa-omega</i>)	NPB	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NPB	
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NPB	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	NPB	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NPB	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	NPB	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
wescap-pn dha oral capsule 27-0.6-0.4-300 mg	NPB	
wesnate dha oral capsule 28-1-200 mg	NPB	
westab plus oral tablet 27-1 mg	NPB	
westgel dha oral capsule 31-0.6-0.4-200 mg	NPB	
zalvit oral tablet 13-1 mg	NPB	
ziphex oral tablet 13-1 mg	NPB	
VITAMINS - VITAMINS AND SUPPLEMENTS		
active fe oral tablet 75-1.25 mg	NPB	
activite oral tablet 1 mg	G	
biocel oral tablet	G	
bp vit 3 oral capsule 1 mg	NPB	
b-plex plus oral tablet	G	
CALCIFOL ORAL WAFER 1342-1.6 MG (ca carb-fa-d-b6-b12-boron-mg)	NPB	
CENFOL ORAL TABLET 2.3-24.5-2 MG (folic acid-vit b6-vit b12)	NPB	
CORVITE 150 ORAL TABLET (iron combinations)	NPB	
corvite fe oral tablet	NPB	
cvs folic acid oral tablet 800 mcg	CE	
cyanocobalamin injection solution 1000 mcg/ml	G	
DEXIFOL ORAL TABLET 5 MG (b complex-c-folic acid)	G	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (ergocalciferol)	NPB	
ELFOLATE PLUS ORAL TABLET 3-35-2 MG (l-methylfolate-b6-b12)	NPB	
ergocalciferol oral capsule 1.25 mg (50000 ut)	G	
FA-8 ORAL CAPSULE 0.8 MG (folic acid)	CE	
ferotrinsic oral capsule	G	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (ped multiple vit-minerals-fl)	NPB	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (pediatric multivitamins-fl)	NPB	
folate oral tablet 400 mcg	CE	
folbee oral tablet 2.5-25-1 mg	G	
folic acid injection solution 5 mg/ml	G	
folic acid oral capsule 0.8 mg	CE	
folic acid oral tablet 400 mcg	CE	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>folite oral tablet</i>	NPB	
FOLVITE-D ORAL TABLET 1-3775 MG-UNIT (<i>folic acid-cholecalciferol</i>)	NPB	
<i>ft folic acid oral tablet 400 mcg</i>	CE	
FUSION PLUS ORAL CAPSULE (<i>iron-fa-b cmp-c-biot-probiotic</i>)	NPB	
<i>gnp folic acid oral tablet 400 mcg</i>	CE	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i>)	NPB	
<i>hylavite oral tablet</i>	G	
K-TAN PLUS ORAL CAPSULE 162-115.2-1 MG (<i>fefum-fepo-fa-b cmp-c-zn-mn-cu</i>)	G	
<i>lormate oral capsule</i>	NPB	
LYSIPLEX PLUS ORAL TABLET (<i>multiple vitamins-minerals</i>)	G	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (<i>fe asp gly-succ-c-thre-b12-fa</i>)	NPB	
MULTIGEN ORAL TABLET 70 MG (<i>fe-succ-c-thre-b12-des stomach</i>)	NPB	
MULTIGEN PLUS ORAL TABLET (<i>feasp-fefum -suc-c-thre-b12-fa</i>)	NPB	
<i>multi-vitamin/fluoride oral solution 0.5 mg/ml</i>	G	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	G	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	NPB	
NICADAN ORAL TABLET (<i>multiple vitamins-minerals</i>)	NPB	
NICAZEL FORTE ORAL TABLET (<i>multiple vitamins-minerals</i>)	NPB	
NICAZEL ORAL TABLET (<i>multiple vitamins-minerals</i>)	NPB	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (<i>niacinamide-zn-cu-methfo-se-cr</i>)	NPB	
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	NPB	
NUFOL ORAL TABLET 2.5-25-1 MG (<i>folic acid-vit b6-vit b12</i>)	G	
NUTRIFAC ZX ORAL TABLET (<i>multiple vitamins-minerals</i>)	G	
<i>onevite oral tablet</i>	NPB	
<i>ortho df oral capsule 1-3775 mg-unit</i>	NPB	
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	G	
<i>phytonadione oral tablet 5 mg</i>	G	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	NPB	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	NPB	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (<i>ped multivitamins-fl-iron</i>)	NPB	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (<i>ped multivitamins-fl-iron</i>)	NPB	
<i>pro-critic oral packet</i>	NPB	
PROLEEVA ORAL CAPSULE (<i>dietary management product</i>)	NPB	
<i>pyridoxine hcl injection solution 100 mg/ml</i>	G	
REMEDIENT ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	NPB	
<i>reno caps oral capsule 1 mg</i>	G	
RHEUMATE ORAL CAPSULE (<i>dietary management product</i>)	NPB	
STROVITE FORTE ORAL SYRUP (<i>multiple vitamins-minerals</i>)	NPB	
TALIVA ORAL CAPSULE 1 MG (<i>fa-b6-b12-omega 3-phytosterols</i>)	NPB	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	G	
<i>tronvite oral tablet 1 mg</i>	G	
UDAMIN SP ORAL TABLET (<i>multiple vitamins-minerals</i>)	NPB	
<i>v-c forte oral capsule</i>	G	
VIC-FORTE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	G	
VITA S FORTE ORAL TABLET (<i>multiple vitamins-minerals</i>)	G	
VITACEL ORAL TABLET (<i>multiple vitamins-minerals</i>)	G	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	G	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	G	
<i>vitasure oral tablet 1 mg</i>	G	
<i>yl folic acid oral tablet 400 mcg</i>	CE	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGENICS - DRUGS TO TREAT ALLERGIES		
ALOCRILOPHthalmic SOLUTION 2 % (<i>nedocromil sodium</i>)	NPB	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	G	
BEPREVE OPHthalmic SOLUTION 1.5 % (<i>bepotastine besilate</i>)	NPB	
<i>cromolyn sodium ophthalmic solution 4 %</i>	G	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	G	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month

04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	G	
ZERVIAE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	PB	
ANTIGLAUCOMA BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	G	
BETIMOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol hemihydrate</i>)	PB	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	PB	
<i>carteolol hcl ophthalmic solution 1 %</i>	G	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	G	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	G	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	G	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	G	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NPB	
ANTIGLAUCOMA COMBINATION AGENTS - DRUGS TO TREAT GLAUCOMA		
<i>brimonidine-dorzolamide ophthalmic solution 0.15-2 %</i>	NPB	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	NPB	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	NPB	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	NPB	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	G	
<i>latanoprost-timolol maleate ophthalmic solution 0.005-0.5 %</i>	NPB	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	NPB	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	PB	
<i>timolol-brimon-dorzol-latanopr ophthalmic solution 0.5-0.15-2 - 0.005%</i>	NPB	
<i>timolol-brimonidine-dorzolamid ophthalmic solution 0.5-0.15-2 %</i>	NPB	
<i>timolol-dorzolamid-latanoprost ophthalmic solution 0.5-0.15-0.005 %</i>	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	G	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	NPB	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	G	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	G	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	G	
<i>prednisol ace-moxiflox-bromfen ophthalmic suspension 1-0.5-0.075 %</i>	NPB	
<i>prednisolone acetate-nepafenac ophthalmic suspension 1-0.1 %</i>	NPB	
<i>prednisolone acet-moxifloxacin ophthalmic suspension 1-0.5 %</i>	NPB	
<i>prednisolone-moxifloxacin ophthalmic solution 1-0.5 %</i>	NPB	
<i>prednisolon-moxiflox-bromfenac ophthalmic solution 1-0.5-0.075 %</i>	NPB	
<i>prednisolon-moxiflox-nepafenac ophthalmic suspension 1-0.5-0.1 %</i>	NPB	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	G	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	PB	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	PB	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	G	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	NPB	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	NPB	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	G	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	G	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	PB	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	PB	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	G	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	G	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	G	
KLARITY-A OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	NPB	
MITOSOL OPHTHALMIC KIT 0.2 MG (<i>mitomycin</i>)	NPB	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	G	
<i>moxifloxacin hcl-bss intravitreal solution 1 mg/ml</i>	NPB	
NATACYN OPHTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	NPB	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	G	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	G	
<i>ofloxacin ophthalmic solution 0.3 %</i>	G	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	G	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	G	
<i>tobramycin ophthalmic solution 0.3 %</i>	G	
TOBREX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	NPB	
<i>trifluridine ophthalmic solution 1 %</i>	G	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	NPB	
XDEMVY OPHTHALMIC SOLUTION 0.25 % (<i>lotilaner</i>)	PB	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	NPB	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	PB	
ALREX OPHTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	NPB	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	G	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	NPB	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	G	
DEXTENZA OPHTHALMIC INSERT 0.4 MG (<i>dexamethasone</i>)	NPB	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	G	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	G	
DUREZOL OPHTHALMIC EMULSION 0.05 % (<i>difluprednate</i>)	NPB	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
<i>fluorometholone ophthalmic suspension 0.1 %</i>	G	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	G	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	PB	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	PB	
INVELTYS OPHTHALMIC SUSPENSION 1 % (<i>loteprednol etabonate</i>)	NPB	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	G	
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 % (<i>loteprednol etabonate</i>)	NPB	
LOTEMAX OPHTHALMIC GEL 0.5 % (<i>loteprednol etabonate</i>)	NPB	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	NPB	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (<i>loteprednol etabonate</i>)	NPB	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	G	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	PB	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	PB	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (<i>dexamethasone</i>)	NPSP	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	PB	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	G	
<i>prednisolone acetate p-f ophthalmic suspension 1 %</i>	NPB	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	NPB	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	NPB	
CARBONIC ANHYDRASE INHIBITORS - DRUGS TO TREAT GLAUCOMA		
AZOPT OPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	NPB	
<i>brinzolamide ophthalmic suspension 1 %</i>	G	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	G	
DRY EYE DISEASE		
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	NPB	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	G	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	PB	
VEVYE OPHTHALMIC SOLUTION 0.1 % (<i>cyclosporine</i>)	PB	
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	PB	
MISCELLANEOUS		
AKTEN OPHTHALMIC GEL 3.5 % (<i>lidocaine hcl</i>)	NPB	
<i>atropine sulfate ophthalmic solution 0.01 %, 1 %</i>	NPB	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	G	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	NPSP	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	NPSP	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	G	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	G	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	G	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	G	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (<i>varenicline tartrate</i>)	NPB	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	NPB	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>)	NPSP	
PROSTAGLANDINS - DRUGS TO TREAT GLAUCOMA		
<i>bimatoprost ophthalmic solution 0.03 %</i>	G	
<i>latanoprost ophthalmic solution 0.005 %</i>	NPB	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	PB	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	NPB	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	G	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	NPB	
XALATAN OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	NPB	
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	NPB	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	NPB	
RETINAL DISORDERS		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (<i>ranibizumab-nuna</i>)	PSP	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab-eqrn</i>)	NPSP	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	NF	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	NF	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	NF	
RHO KINASE INHIBITORS - DRUGS TO TREAT EYE CONDITIONS		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	PB	
SYMPATHOMIMETICS - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	PB	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	G	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	G	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	NPB	
OTHER		
IRRIGATION SOLUTIONS		
ARGYLE STERILE WATER IRRIGATION SOLUTION (<i>water for irrigation, sterile</i>)	G	
<i>lactated ringers irrigation solution</i>	G	
PHYSIOLYTE IRRIGATION SOLUTION (<i>irrigation solns physiological</i>)	G	
<i>ringers irrigation irrigation solution</i>	G	
<i>sterile water for irrigation irrigation solution</i>	G	
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	PSP	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML (<i>alpha1-proteinase inhibitor</i>)	PSP	

Prescription Drug Name	Drug Tier	Drug Notes
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	NF	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (<i>alpha1-proteinase inhibitor</i>)	PSP	
ANAPHYLAXIS TREATMENT AGENTS		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML (<i>epinephrine</i>)	NPB	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	PB	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	G	
<i>epinephrine professional injection kit 1 mg/ml</i>	NPB	
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NPB	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NPB	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	NPB	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	NPB	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium- vilanterol</i>)	PB	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	PB	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	NPB	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	G	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	PB	
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	PB	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	PB	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
ANTICHOLINERGICS		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	PB	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	PB	
<i>ipratropium bromide inhalation solution 0.02 %</i>	G	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	G	
SPIRIVA HANDHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide</i>)	PB	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide</i>)	PB	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	NPB	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	PB	
ANTIHIISTAMINE COMBINATIONS		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	G	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	NPB	
ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl nasal solution 137 mcg/spray</i>	G	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	G	
<i>carbinoxamine maleate oral tablet 4 mg</i>	G	
<i>cetirizine hcl oral solution 1 mg/ml</i>	G	
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	NPB	
<i>clemastine fumarate oral tablet 2.68 mg</i>	G	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	G	
<i>cyproheptadine hcl oral tablet 4 mg</i>	G	
<i>desloratadine oral tablet 5 mg</i>	G	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	G	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	G	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	G	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	G	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	G	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	G	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	G	
<i>olopatadine hcl nasal solution 0.6 %</i>	G	
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	G	
<i>carbinoxamine maleate</i> (Ryvent Oral Tablet 6 Mg)	G	
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	G	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	G	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	G	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	G	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	NPB	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	G	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	G	
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	NPB	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NPB	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	PB	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	PB	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	G	
COLD/COUGH		
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	NPB	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	G	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (<i>desloratadine- pseudoephedrine</i>)	NPB	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	G	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	G	
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	G	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>hydromet oral solution 5-1.5 mg/5ml</i>	G	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	G	
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	G	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	G	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	G	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	NPB	
CYSTIC FIBROSIS		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (<i>vanzacaft-tezacaft-deutivacaft</i>)	NPSP	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	NF	
BRONCHITOL INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	NF	
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	NF	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	NF	
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG (<i>ivacaftor</i>)	NPSP	
KALYDECO ORAL PACKET 50 MG, 75 MG (<i>ivacaftor</i>)	NPB	
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NF	
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	NPB	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	NPSP	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	NPSP	
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	NF	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	G	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elxacaftor-tezacaftor-ivacaft</i>)	NPSP	

Prescription Drug Name	Drug Tier	Drug Notes
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	NPSP	
LEUKOTRIENE MODIFIERS		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	G	
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
<i>montelukast sodium oral packet 4 mg</i>	G	
<i>montelukast sodium oral tablet 10 mg</i>	G	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	G	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	NPB	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	NPB	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	NPB	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	G	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	G	
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	G	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	NPB	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % (<i>sodium chloride</i>)	NPB	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	G	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	G	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	G	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	G	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	NPB	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NPB	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NPB	
SINUVA NASAL IMPLANT 1350 MCG (<i>mometasone furoate</i>)	NPB	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL TABLET 267 MG, 801 MG (<i>pirfenidone</i>)	NF	
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	PSP	
<i>pirfenidone oral tablet 534 mg</i>	G	
SEVERE ASTHMA AGENTS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	PSP	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	PSP	
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	NPB	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	PB	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NPB	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NPB	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (<i>mometasone furoate</i>)	NPB	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NPB	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>mometasone furoate</i>)	NPB	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	G	
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>	NPB	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	PB	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
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>)	NPB	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	NPB	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	PB	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	PB	
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	G	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	NPB	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	G	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	NPB	
XANTHINES - DRUGS TO TREAT COPD		
<i>theophylline</i> (Elixophyllin Oral Elixir 80 Mg/15Ml)	NPB	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	NPB	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	G	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	G	
<i>theophylline oral elixir 80 mg/15ml</i>	G	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	NPB	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	PB	
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	NPB	
ACZONE EXTERNAL GEL 7.5 % (<i>dapsone</i>)	NPB	
<i>adapalene external cream 0.1 %</i>	G	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>adapalene external gel 0.1 %, 0.3 %</i>	G	
<i>adapalene external pad 0.1 %</i>	G	
<i>adapalene external solution 0.1 %</i>	NPB	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	G	
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	PB	
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	NPB	
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	G	
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	NPB	
ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>)	PB	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	NPB	
BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 % (<i>benzoyl peroxide</i>)	NPB	
BENZEPRO EXTERNAL FOAM 5.3 % (<i>benzoyl peroxide</i>)	G	
BENZEPRO EXTERNAL LIQUID 6.8 % (<i>benzoyl peroxide</i>)	NPB	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	G	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	G	
<i>clindamycin phosphate</i> (Clindacin Etz External Swab 1 %)	G	
<i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)	G	
<i>clindamycin phos (once-daily) external gel 1 %</i>	G	
<i>clindamycin phos (twice-daily) external gel 1 %</i>	G	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	G	
<i>clindamycin phosphate external foam 1 %</i>	G	
<i>clindamycin phosphate external lotion 1 %</i>	G	
<i>clindamycin phosphate external solution 1 %</i>	G	
<i>clindamycin phosphate external swab 1 %</i>	G	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	G	
<i>dapsone external gel 5 %</i>	G	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	PB	
<i>ery external pad 2 %</i>	G	
<i>erythromycin external gel 2 %</i>	G	
<i>erythromycin external solution 2 %</i>	G	
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	NPB	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	G	
<i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel 1.2-5 %)	G	

Prescription Drug Name	Drug Tier	Drug Notes
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phosphoyl perox</i>)	NPB	
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 % (<i>benzoyl peroxide</i>)	NPB	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % (<i>tretinoin microsphere</i>)	NPB	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	G	
<i>tazarotene external foam 0.1 %</i>	NPB	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	G	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	G	
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	G	
<i>tretinoin microsphere pump external gel 0.04 %</i>	G	
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	PB	
WINLEVI EXTERNAL CREAM 1 % (<i>clascoterone</i>)	PB	
<i>isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)</i>	G	
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NPB	
DERMATOLOGY, ACTINIC KERATOSIS		
<i>fluorouracil external cream 5 %</i>	G	
<i>fluorouracil external solution 2 %, 5 %</i>	G	
<i>imiquimod external cream 5 %</i>	G	
<i>imiquimod pump external cream 3.75 %</i>	G	
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	NPB	
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	NPB	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	NPB	
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	NPB	
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	NPB	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate external cream 0.1 %</i>	G	
<i>gentamicin sulfate external ointment 0.1 %</i>	G	
<i>mupirocin calcium external cream 2 %</i>	G	
<i>mupirocin external ointment 2 %</i>	G	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	NPB	

Prescription Drug Name	Drug Tier	Drug Notes
SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>)	NPB	
<i>silver sulfadiazine external cream 1 %</i>	G	
<i>silver sulfadiazine</i> (Ssd External Cream 1 %)	G	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	NPB	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> (Ciclodan External Solution 8 %)	G	
<i>ciclopirox external gel 0.77 %</i>	G	
<i>ciclopirox external shampoo 1 %</i>	G	
<i>ciclopirox external solution 8 %</i>	G	
<i>ciclopirox olamine external cream 0.77 %</i>	G	
<i>ciclopirox olamine external suspension 0.77 %</i>	G	
<i>clotrimazole external cream 1 %</i>	G	
<i>clotrimazole external solution 1 %</i>	G	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	G	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	G	
<i>econazole nitrate external cream 1 %</i>	G	
ECOZA EXTERNAL FOAM 1 % (<i>econazole nitrate</i>)	NPB	
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	NPB	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	NPB	
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	NPB	
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	NPB	
<i>ketconazole external cream 2 %</i>	G	
<i>ketconazole external foam 2 %</i>	G	
<i>luliconazole external cream 1 %</i>	G	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	G	
<i>naftifine hcl external cream 1 %, 2 %</i>	G	
NAFTIN EXTERNAL GEL 2 % (<i>naftifine hcl</i>)	NPB	
<i>nystatin</i> (Nyamyc External Powder 100000 Unit/Gm)	G	
<i>nystatin external cream 100000 unit/gm</i>	G	
<i>nystatin external ointment 100000 unit/gm</i>	G	
<i>nystatin external powder 100000 unit/gm</i>	G	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	G	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	G	
<i>nystatin</i> (Nystop External Powder 100000 Unit/Gm)	G	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>oxiconazole nitrate external cream 1 %</i>	G	
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	NPB	
<i>sulconazole nitrate external solution 1 %</i>	NPB	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	NPB	
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl external cream 5 %</i>	G	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	G	
<i>calcipotriene external cream 0.005 %</i>	G	
<i>calcipotriene external ointment 0.005 %</i>	G	
<i>calcipotriene external solution 0.005 %</i>	G	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	G	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	G	
<i>calcipotriene (Calcitrene External Ointment 0.005 %)</i>	G	
<i>calcitriol external ointment 3 mcg/gm</i>	G	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
<i>methoxsalen rapid oral capsule 10 mg</i>	G	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NPB	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (<i>spesolimab-sbzo</i>)	NPSP	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NPB	
<i>tazarotene external cream 0.1 %</i>	G	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	NPB	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	NPB	
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	PB	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NPB	
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	PB	
DERMATOLOGY, ANTISEBORRHEICS		
<i>glycolic acid solution 70 %</i>	NPB	
<i>ketoconazole external shampoo 2 %</i>	G	
<i>selenium sulfide external lotion 2.5 %</i>	G	
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast</i>)	PB	

Prescription Drug Name	Drug Tier	Drug Notes
DERMATOLOGY, ATOPIC DERMATITIS		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>tralokinumab-ldrm</i>)	NPSP	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	NPSP	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	PSP	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	PSP	
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	PSP	
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	PB	
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	PB	
<i>pimecrolimus external cream 1 %</i>	G	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	G	
ZORYVE EXTERNAL CREAM 0.05 %, 0.15 % (<i>roflumilast</i>)	PB	
DERMATOLOGY, CORTICOSTEROIDS		
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	G	
<i>ala-cort external cream 1 %</i>	G	
<i>alclometasone dipropionate external cream 0.05 %</i>	G	
<i>alclometasone dipropionate external ointment 0.05 %</i>	G	
<i>amcinonide external ointment 0.1 %</i>	NPB	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	G	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	G	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	G	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	G	
<i>betamethasone dipropionate external cream 0.05 %</i>	G	
<i>betamethasone dipropionate external lotion 0.05 %</i>	G	
<i>betamethasone dipropionate external ointment 0.05 %</i>	G	
<i>betamethasone valerate external cream 0.1 %</i>	G	
<i>betamethasone valerate external foam 0.12 %</i>	G	
<i>betamethasone valerate external lotion 0.1 %</i>	G	
<i>betamethasone valerate external ointment 0.1 %</i>	G	
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	PB	
<i>clobetasol prop emollient base external cream 0.05 %</i>	G	
<i>clobetasol propionate e external cream 0.05 %</i>	G	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>clobetasol propionate emulsion external foam 0.05 %</i>	G	
<i>clobetasol propionate external foam 0.05 %</i>	G	
<i>clobetasol propionate external gel 0.05 %</i>	G	
<i>clobetasol propionate external liquid 0.05 %</i>	G	
<i>clobetasol propionate external lotion 0.05 %</i>	G	
<i>clobetasol propionate external ointment 0.05 %</i>	G	
<i>clobetasol propionate external shampoo 0.05 %</i>	G	
<i>clobetasol propionate external solution 0.05 %</i>	G	
CLOBEX EXTERNAL LOTION 0.05 % (<i>clobetasol propionate</i>)	NPB	
CLOBEX EXTERNAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	NPB	
<i>clobetasol propionate</i> (Clodan External Shampoo 0.05 %)	G	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	NPB	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	NPB	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	NPB	
<i>desonide external cream 0.05 %</i>	G	
<i>desonide external lotion 0.05 %</i>	G	
<i>desonide external ointment 0.05 %</i>	G	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	G	
<i>desoximetasone external gel 0.05 %</i>	G	
<i>desoximetasone external liquid 0.25 %</i>	G	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	G	
<i>diflorasone diacetate external cream 0.05 %</i>	G	
<i>diflorasone diacetate external ointment 0.05 %</i>	G	
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	NPB	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	NPB	
<i>fluocinolone acetonide body external oil 0.01 %</i>	G	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	G	
<i>fluocinolone acetonide external ointment 0.025 %</i>	G	
<i>fluocinolone acetonide external solution 0.01 %</i>	G	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	G	
<i>fluocinonide emulsified base external cream 0.05 %</i>	G	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	G	
<i>fluocinonide external gel 0.05 %</i>	G	
<i>fluocinonide external ointment 0.05 %</i>	G	
<i>fluocinonide external solution 0.05 %</i>	G	
<i>flurandrenolide external lotion 0.05 %</i>	G	
<i>fluticasone propionate external cream 0.05 %</i>	G	
<i>fluticasone propionate external lotion 0.05 %</i>	G	
<i>fluticasone propionate external ointment 0.005 %</i>	G	
<i>halcinonide external cream 0.1 %</i>	G	
<i>halobetasol propionate external cream 0.05 %</i>	G	
<i>halobetasol propionate external foam 0.05 %</i>	NPB	
<i>halobetasol propionate external ointment 0.05 %</i>	G	
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	NPB	
<i>hydrocortisone butyrate external cream 0.1 %</i>	G	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	G	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	G	
<i>hydrocortisone butyrate external solution 0.1 %</i>	G	
<i>hydrocortisone external cream 2.5 %</i>	G	
<i>hydrocortisone external lotion 2.5 %</i>	G	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	G	
<i>hydrocortisone valerate external cream 0.2 %</i>	G	
<i>hydrocortisone valerate external ointment 0.2 %</i>	G	
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	NPB	
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	NPB	
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	G	
<i>mometasone furoate external cream 0.1 %</i>	G	
<i>mometasone furoate external ointment 0.1 %</i>	G	
<i>mometasone furoate external solution 0.1 %</i>	G	
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	NPB	
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	G	
TOPICORT EXTERNAL OINTMENT 0.25 % (<i>desoximetasone</i>)	NPB	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	G	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	G	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	G	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	G	
<i>triamcinolone acetonide (Triderm External Cream 0.5 %)</i>	G	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl (Glydo External Prefilled Syringe 2 %)</i>	G	
LDO PLUS EXTERNAL GEL 4 % (<i>lidocaine hcl</i>)	NPB	
<i>lidocaine external patch 5 %</i>	G	
<i>lidocaine hcl external solution 4 %</i>	G	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	G	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	G	
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	NPB	
QUTENZA (2 PATCH) EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	NPSP	
QUTENZA (4 PATCH) EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	NPSP	
QUTENZA EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	NPSP	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ACUICYN EXTERNAL SOLUTION (<i>eyelid cleansers</i>)	NPB	
<i>acyclovir external cream 5 %</i>	G	
<i>acyclovir external ointment 5 %</i>	G	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	NPB	
<i>ammonium lactate external cream 12 %</i>	G	
<i>ammonium lactate external lotion 12 %</i>	G	
AVENOVA EXTERNAL SOLUTION 0.01 % (<i>eyelid cleansers</i>)	NPB	
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	NPB	
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	NPB	
<i>iodine tincture external tincture 2 %</i>	NPB	
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG (<i>nemolizumab-ilto</i>)	PSP	
<i>podofilox external solution 0.5 %</i>	G	
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	NPB	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	NPB	
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	NF	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl topical</i>)	NPSP	
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	NPB	

2026 Pharmacy Drug Guide - Standard Opt Out Plan with ACSF Banner | Aetna

The formulary is updated the first week of each month
04/01/2026

Prescription Drug Name	Drug Tier	Drug Notes
XERAC AC EXTERNAL SOLUTION 6.25 % (<i>aluminum chloride in alcohol</i>)	NPB	
DERMATOLOGY, ROSACEA		
<i>azelaic acid external gel 15 %</i>	G	
<i>doxycycline oral capsule delayed release 40 mg</i>	G	
EPSOLAY EXTERNAL CREAM 5 % (<i>benzoyl peroxide</i>)	NPB	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	PB	
FINACEA EXTERNAL GEL 15 % (<i>azelaic acid</i>)	NPB	
<i>metronidazole external cream 0.75 %</i>	G	
<i>metronidazole external gel 0.75 %, 1 %</i>	G	
<i>metronidazole external lotion 0.75 %</i>	G	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	NPB	
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NPB	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	NPB	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	NPB	
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	NPB	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	G	
<i>malathion external lotion 0.5 %</i>	G	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	NPB	
<i>permethrin external cream 5 %</i>	G	
<i>spinosad external suspension 0.9 %</i>	G	
<i>sulfurated lime external solution</i>	NPB	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation solution 0.25 %</i>	G	
CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 % (<i>sodium chloride (gu irrigant)</i>)	G	
FILSUVEZ EXTERNAL GEL 10 % (<i>birch triterpenes</i>)	NF	
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (<i>beremagene geperpavec-svdt</i>)	NF	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	G	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	G	
<i>clotrimazole mouth/throat troche 10 mg</i>	G	
EVOXAC ORAL CAPSULE 30 MG (<i>cevimeline hcl</i>)	NPB	
<i>lidocaine hcl mouth/throat solution 4 %</i>	G	

Prescription Drug Name	Drug Tier	Drug Notes
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	G	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	G	
<i>triamcinolone acetamide (Oralene Mouth/Throat Paste 0.1 %)</i>	G	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	NPB	
<i>chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)</i>	G	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	G	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	NPB	
<i>triamcinolone acetamide mouth/throat paste 0.1 %</i>	G	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid otic solution 2 %</i>	G	
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	NPB	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	G	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	G	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	NPB	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	NPB	
<i>fluocinolone acetamide otic oil 0.01 %</i>	G	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	G	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	G	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	G	
<i>ofloxacin otic solution 0.3 %</i>	G	
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	NPB	

Index

- abacavir sulfate*..... 30
abacavir sulfate-lamivudine..... 31
ABILIFY.....64
ABILIFY ASIMTUFII..... 64
ABILIFY MAINTENA..... 64
ABILIFY MYCITE
MAINTENANCE KIT..... 64
ABILIFY MYCITE STARTER
KIT.....64
abiraterone acetate.....39
abiraterone acetate micronized.. 39
ABRILADA (1 PEN).....133
ABRILADA (2 PEN).....133
ABRILADA (2 SYRINGE).....133
ABSORICA..... 163
ABSORICA LD..... 163
acamprosate calcium..... 59
ACANYA..... 163
acarbose.....83
ACCU-CHEK AVIVA PLUS.. 103
ACCU-CHEK FASTCLIX
LANCET.....103
ACCU-CHEK FASTCLIX
LANCETS..... 103
ACCU-CHEK GUIDE TEST.. 103
ACCU-CHEK SAFE-T PRO
LANCETS..... 103
ACCU-CHEK SMARTVIEW .. 103
ACCU-CHEK SOFTCLIX
LANCET DEV..... 103
ACCU-CHEK SOFTCLIX
LANCETS..... 103
ACCUTREND GLUCOSE..... 104
acebutolol hcl.....52
acetaminophen-codeine..... 23
acetazolamide..... 55
acetazolamide er..... 55
acetic acid..... 172, 173
acetylcysteine..... 161
acitretin..... 167
ACTHAR..... 112
ACTHAR GEL..... 112
ACTIMMUNE..... 142
active fe..... 148
activite..... 148
ACUICYN..... 171
ACUVAIL..... 153
acyclovir.....32, 171
ACZONE..... 163
adalimumab-aacf (2 pen)..... 133
adalimumab-aacf (2 syringe).... 134
adalimumab-aacf(cd/uc/hs strt) 134
adalimumab-aacf(ps/uv starter) 134
adalimumab-aaty (1 pen)..... 134
adalimumab-aaty (2 pen)..... 134
adalimumab-aaty (2 syringe).... 134
adalimumab-aaty cd/uc/hs start 134
adalimumab-adaz..... 134
adalimumab-adbm (2 pen)..... 134
adalimumab-adbm (2 syringe).. 134
adalimumab-fkjp (2 pen)..... 134
adalimumab-fkjp (2 syringe).... 134
adalimumab-ryvk (1 pen)..... 134
adalimumab-ryvk (2 pen)..... 134
adalimumab-ryvk (2 syringe).... 134
adapalene..... 163, 164
adapalene-benzoyl peroxide.... 164
ADBRY..... 168
ADCIRCA..... 57
adefovir dipivoxil..... 35
ADEMPAS..... 57
ADMELOG..... 85
ADMELOG SOLOSTAR..... 85
ADRENALIN..... 157, 159
ADVAIR DISKUS..... 163
ADVAIR HFA..... 163
ADVATE..... 129
adynovate..... 129
ADZENYS XR-ODT..... 70
AFINITOR.....41
AFINITOR DISPERZ..... 41
Afirmelle.....92
AFREZZA..... 85
AFSTYLA..... 129
AFTERA..... 93
AFTERPILL..... 93
AGAMREE.....107
AGRYLIN..... 131
AIMOVIG..... 74
AIRSUPRA.....163
AJOVY..... 74
AKEEGA..... 39
AKLIEF..... 164
AKTEN..... 155
AKYNZEO..... 118
ALA SCALP..... 168
ala-cort..... 168
albendazole..... 28
albuterol sulfate..... 159
albuterol sulfate hfa..... 159
alclometasone dipropionate..... 168
ALDACTONE..... 48
ALECENSA..... 41
alendronate sodium..... 90
alfuzosin hcl er.....123
aliskiren fumarate.....55
allopurinol..... 21
ALLZITAL..... 22
almotriptan malate.....74
ALOCRIL..... 150
alogliptin benzoate.....84
alogliptin-metformin hcl..... 84
alogliptin-pioglitazone.....84
ALORA.....110
alosetron hcl..... 120
ALPHAGAN P..... 156
ALPHANATE..... 127
ALPHANINE SD..... 131
alprazolam..... 59
alprazolam er.....59
ALPRAZOLAM INTENSOL.....59
alprazolam xr.....59
ALPROLIX.....131
ALREX..... 153
Altavera.....93
ALTRENO..... 164
ALTUVIIIIO..... 129
ALUNBRIG.....41
ALVAIZ.....132
ALVESCO..... 162
alyacen 1/35.....93
alyacen 7/7/7.....93
ALYFTREK..... 160
ALYGLO..... 141
Alyq..... 57
amantadine hcl.....62
ambrisentan..... 57
amcinonide.....168
AMELUZ.....171
Amethyst.....93
amiloride hcl.....55
amiloride-hydrochlorothiazide... 55
aminocaproic acid..... 131
amiodarone hcl..... 49
AMITIZA.....120
amitriptyline hcl.....60
AMJEVITA..... 134
AMJEVITA-PED 10KG TO
<15KG 134
AMJEVITA-PED 15KG TO
<30KG 135
amlodipine besy-benazepril hcl.. 47
amlodipine besylate..... 53

<i>amlodipine besylate-valsartan</i> ...	48	ARISTADA	64	AUSTEDO XR PATIENT	
<i>amlodipine-atorvastatin</i>	53	ARISTADA INITIO	64	TITRATION	75
<i>amlodipine-olmesartan</i>	48	ARIXTRA	126	AUVELITY	60
<i>ammonium lactate</i>	171	<i>armodafinil</i>	79	AUVI-Q	157
Amnesteem	164	ARMOUR THYROID	114	AVENOVA	171
<i>amoxapine</i>	60	ARNUIITY ELLIPTA	162	AVERI	93
<i>amoxicill-clarithro-lansopraz</i> ...	123	AROMASIN	39	Aviane	93
<i>amoxicillin</i>	37	ASCENIV	141	<i>avidoxy</i>	37
<i>amoxicillin-pot clavulanate</i>	37	Ascomp-Codeine	23	AVONEX PEN	76
<i>amoxicillin-pot clavulanate er</i> ...	37	Ashlyna	93	AVONEX PREFILLED	76
<i>amphetamine sulfate</i>	70	ASMANEX (120 METERED		AVSOLA	133
<i>amphetamine-dextroamphet er</i> ...	70	DOSES)	162	Ayuna	93
<i>amphetamine-</i>		ASMANEX (14 METERED		AYVAKIT	41
<i>dextroamphetamine</i>	71	DOSES)	162	Azasan	142
<i>ampicillin</i>	37	ASMANEX (30 METERED		AZASITE	152
AMPYRA	76	DOSES)	162	<i>azathioprine</i>	142
AMZEEQ	164	ASMANEX (60 METERED		<i>azelaic acid</i>	172
ANAFRANIL	59	DOSES)	162	<i>azelastine hcl</i>	150, 158
<i>anagrelide hcl</i>	131	ASMANEX HFA	162	<i>azelastine-fluticasone</i>	158
<i>anastrozole</i>	39	<i>aspirin</i>	27	AZELEX	164
ANDEMBRY	140	<i>aspirin adult low dose</i>	26	<i>azesco</i>	145
ANGELIQ	110	<i>aspirin adult low strength</i>	27	<i>azithromycin</i>	34
ANNOVERA	93	<i>aspirin childrens</i>	27	AZOPT	154
ANORO ELLIPTA	157	<i>aspirin ec adult low dose</i>	27	AZSTARYS	71
ANUSOL-HC	123	<i>aspirin low dose</i>	27	AZULFIDINE	119
ANZEMET	118	<i>aspirin regimen</i>	27	AZULFIDINE EN-TABS	119
<i>apap-caff-dihydrocodeine</i>	23	<i>aspirin-dipyridamole er</i>	132	Azurette	93
APIDRA	85	ASTAGRAF XL	142	Bac (Butalbital-Acetamin-Caff). 22	
APIDRA SOLOSTAR	85	ATABEX EC	145	<i>bacitracin</i>	152
APLENZIN	60	<i>atazanavir sulfate</i>	30	<i>bacitracin-polymyxin b</i>	152
APOKYN	62	<i>atenolol</i>	52	<i>bacitra-neomycin-polymyxin-hc</i> 152	
<i>apraclonidine hcl</i>	156	<i>atenolol-chlorthalidone</i>	52	<i>baclofen</i>	78
<i>aprepitant</i>	118	ATIVAN	59	BACTRIM	36
Apri	93	<i>atomoxetine hcl</i>	71	BACTRIM DS	36
APRISO	119	<i>atorvastatin calcium</i>	51	BAFIERTAM	76
APTENSIO XR	71	<i>atovaquone</i>	36	<i>balsalazide disodium</i>	119
APTIOM	67	<i>atovaquone-proguanil hcl</i>	29	BALVERSA	41
APTIVUS	30	<i>atropine sulfate</i>	155	Balziva	93
AQNEURSA	110	ATROVENT HFA	158	BANZEL	67
ARAKODA	29	ATTRUBY	56	BAQSIMI ONE PACK	108
ARALAST NP	156	AUBAGIO	76	BAQSIMI TWO PACK	108
ARANELLE	93	Aubra Eq	93	BARACLUDGE	35
ARANESP (ALBUMIN FREE)		AUGTYRO	41	BASAGLAR KWIKPEN	85
.....	128	Aurovela 1.5/30	93	BAXDELA	34
ARAVA	140	Aurovela 1/20	93	BAYER ASPIRIN EC LOW	
ARAZLO	164	Aurovela 24 Fe	93	DOSE	27
ARCALYST	142	Aurovela Fe 1.5/30	93	BAYER LOW DOSE	27
<i>arformoterol tartrate</i>	159	Aurovela Fe 1/20	93	BD INSULIN SYRINGE U-500	
ARGYLE STERILE WATER..	156	AURYXIA	113	.....	104
ARIKAYCE	29	AUSTEDO	75	BD PEN NEEDLE MICRO	
ARIMIDEX	39	AUSTEDO XR	75	ULTRAFINE	104
<i>aripiprazole</i>	64				

BD PEN NEEDLE MINI	Blisovi 24 Fe.....	93	BYOOVIZ.....	155
ULTRAFINE.....	Blisovi Fe 1.5/30.....	94	BYSTOLIC.....	52
BD PEN NEEDLE NANO 2ND	Blisovi Fe 1/20.....	94	<i>cabergoline</i>	112
GEN.....	<i>blood glucose system pak</i>	104	CABLIVI.....	127
BD PEN NEEDLE NANO	BONJESTA.....	118	CABOMETYX.....	41
ULTRAFINE.....	BONSITY.....	91	CALCIFOL.....	148
BD PEN NEEDLE ORIG	<i>bosentan</i>	57	<i>calcipotriene</i>	167
ULTRAFINE.....	BOSULIF.....	41	<i>calcipotriene-betameth diprop</i> ..	167
BD PEN NEEDLE SHORT	BOTOX.....	72	<i>calcitonin (salmon)</i>	91
ULTRAFINE.....	<i>bp vit 3</i>	148	Calcitrene.....	167
BD VEO INSULIN SYR	<i>b-plex plus</i>	148	<i>calcitriol</i>	116, 167
ULTRAFINE.....	BRAFTOVI.....	41	<i>calcium acetate (phos binder)</i> ...	113
BELBUCA.....	BREO ELLIPTA.....	163	CALQUENCE.....	41
BELSOMRA.....	BREZTRI AEROSPHERE.....	157	CAMBIA.....	22
<i>benazepril hcl</i>	<i>briellyn</i>	94	Camila.....	94
<i>benazepril-hydrochlorothiazide</i> ..	BRILINTA.....	132	Camrese.....	94
BENEFIX.....	<i>brimonidine tartrate</i>	156	Camrese Lo.....	94
BENLYSTA.....	<i>brimonidine-dorzolamide</i>	151	CAMZYOS.....	56
BENZEPRO.....	<i>brinzolamide</i>	154	<i>candesartan cilexetil</i>	49
<i>benznidazole</i>	BRIVIACT.....	67	<i>candesartan cilexetil-hctz</i>	48
<i>benzonatate</i>	<i>bromfenac sodium (once-daily)</i>	153	<i>capecitabine</i>	38
<i>benzoyl peroxide-erythromycin</i> ..	<i>bromocriptine mesylate</i>	62, 63	CAPLYTA.....	64
<i>benztropine mesylate</i>	BROMSITE.....	153	CAPRELSA.....	41
BEPREVE.....	BRONCHITOL.....	160	<i>captopril</i>	47
BERINERT.....	BRONCHITOL TOLERANCE		CARBAGLU.....	115
BESIVANCE.....	TEST.....	160	<i>carbamazepine</i>	67
BESREMI.....	BRUKINSA.....	41	<i>carbamazepine er</i>	67
<i>betaine</i>	BRYHALI.....	168	<i>carbidopa</i>	63
<i>betamethasone dipropionate</i>	<i>budesonide</i>	119, 162	<i>carbidopa-levodopa</i>	63
<i>betamethasone dipropionate</i>	<i>budesonide er</i>	119	<i>carbidopa-levodopa er</i>	63
<i>aug</i>	<i>budesonide-formoterol fumarate</i>		<i>carbidopa-levodopa-entacapone</i>	63
<i>betamethasone valerate</i>.....	.....	163	<i>carbinoxamine maleate</i>	158
BETASERON.....	<i>bumetanide</i>	55	CARDIZEM LA.....	53
<i>betaxolol hcl</i>	BUPHENYL.....	115	CARDURA.....	123
<i>bethanechol chloride</i>	<i>buprenorphine</i>	26	CARDURA XL.....	123
BETHKIS.....	<i>buprenorphine hcl</i>	80	CARETOUCH TEST.....	104
BETIMOL.....	<i>buprenorphine hcl-naloxone hcl</i> ..	79	<i>carglumic acid</i>	116
BETOPTIC-S.....	<i>bupropion hcl</i>	60	<i>carisoprodol</i>	78
BEVESPI AEROSPHERE.....	<i>bupropion hcl er (smoking det)</i> ...	80	CAROSPIR.....	48
<i>bexarotene</i>	<i>bupropion hcl er (sr)</i>	60	<i>carteolol hcl</i>	151
BEYAZ.....	<i>bupropion hcl er (xl)</i>	60	Cartia Xt.....	54
<i>bicalutamide</i>	<i>buspirone hcl</i>	59	<i>carvedilol</i>	52
BIDIL.....	<i>butalbital-acetaminophen</i>	22	<i>carvedilol phosphate er</i>	52
BIJUVA.....	<i>butalbital-apap-caff-cod</i>	23	CATAPRES-TTS-1.....	56
BIKTARVY.....	<i>butalbital-apap-caffeine</i>	22	CATAPRES-TTS-2.....	56
<i>bimatoprost</i>	<i>butalbital-asa-caff-codeine</i>	23	CATAPRES-TTS-3.....	56
BIMZELX.....	<i>butalbital-aspirin-caffeine</i>	22	CAYA.....	94
BINOSTO.....	<i>butorphanol tartrate</i>	24	CAYSTON.....	160
<i>biocel</i>	BUTRANS.....	26	<i>cefaclor</i>	33
<i>bisoprolol fumarate</i>	BYLVAY.....	121	<i>cefaclor er</i>	33
<i>bisoprolol-hydrochlorothiazide</i> ..	BYLVAY (PELLETS).....	121	<i>cefadroxil</i>	33
BIVIGAM.....	BYNFEZIA PEN.....	82	<i>cefdinir</i>	33

<i>cefixime</i>	33	CITRANATAL ASSURE.....	145	COMETRIQ (100 MG DAILY DOSE).....	41
<i>cefpodoxime proxetil</i>	33	<i>citrulline easy</i>	116	COMETRIQ (140 MG DAILY DOSE).....	41
<i>cefprozil</i>	34	Claravis.....	164	COMETRIQ (60 MG DAILY DOSE).....	41
<i>cefuroxime axetil</i>	34	CLARINEX.....	158	COMPLERA.....	31
CELEBREX.....	21	CLARINEX-D 12 HOUR.....	159	Compro.....	118
<i>celecoxib</i>	21	<i>clarithromycin</i>	34	CO-NATAL FA.....	145
CELLCEPT.....	142, 143	<i>clarithromycin er</i>	34	CONCEPT DHA.....	145
CELONTIN.....	67	<i>clemastine fumarate</i>	158	CONCEPT OB.....	145
CENFOL.....	148	CLENPIQ.....	120	CONCERTA.....	71
<i>cephalexin</i>	34	CLEOCIN.....	36, 125	<i>condoms</i>	94
CEQUA.....	154	CLIMARA.....	110	CONDYLOX.....	171
CERDELGA.....	110	CLIMARA PRO.....	110	CONJUPRI.....	54
CEREZYME.....	110	Clindacin Etz.....	164	<i>constulose</i>	120
<i>cetirizine hcl</i>	158	Clindacin-P.....	164	CONTOUR NEXT TEST.....	104
CETROTIDE.....	106	<i>clindamycin hcl</i>	36	CONTOUR TEST.....	104
<i>cevimeline hcl</i>	172	<i>clindamycin palmitate hcl</i>	36	CONTRAVE.....	90
Charlotte 24 Fe.....	94	<i>clindamycin phos (once-daily)</i> ..	164	CONZIP.....	24
Chateal Eq.....	94	<i>clindamycin phos (twice-daily)</i> ..	164	COPAXONE.....	76
CHEMET.....	92	<i>clindamycin phos-benzoyl perox</i>		COPIKTRA.....	41
<i>childrens aspirin</i>	27	.....	164	CORDRAN.....	169
<i>chlordiazepoxide hcl</i>	59	<i>clindamycin phosphate</i>	125, 164	COREG.....	52
<i>chlordiazepoxide-amitriptyline</i> ...	80	<i>clindamycin-tretinoin</i>	164	COREG CR.....	52
<i>chlorhexidine gluconate</i>	172	CLINDESSE.....	126	CORLANOR.....	56
<i>chloroquine phosphate</i>	29	<i>clobazam</i>	67	CORTENEMA.....	119
<i>chlorpromazine hcl</i>	64, 65	<i>clobetasol prop emollient base</i> ..	168	CORTIFOAM.....	119
<i>chlorthalidone</i>	55	<i>clobetasol propionate</i>	169	CORTISPORIN-TC.....	173
<i>chlorzoxazone</i>	78	<i>clobetasol propionate e</i>	168	CORTROPHIN.....	112
CHOLBAM.....	121	<i>clobetasol propionate emulsion</i>	169	CORTROPHIN GEL.....	112
<i>cholestyramine</i>	50	CLOBEX.....	169	CORVITE 150.....	148
<i>cholestyramine light</i>	50	Clodan.....	169	<i>corvite fe</i>	148
<i>chorionic gonadotropin</i>	107	<i>clomipramine hcl</i>	59	COSENTYX.....	135
CIBINQO.....	168	<i>clonazepam</i>	67	COSENTYX (300 MG DOSE)..	135
Ciclodan.....	166	<i>clonidine</i>	56	COSENTYX SENSOREADY	
<i>ciclopirox</i>	166	<i>clonidine hcl</i>	56	(300 MG).....	135
<i>ciclopirox olamine</i>	166	<i>clonidine hcl er</i>	71	COSENTYX SENSOREADY	
<i>cilostazol</i>	131	<i>clopidogrel bisulfate</i>	132	PEN.....	135
CILOXAN.....	152	<i>clorazepate dipotassium</i>	67	COSENTYX UNOREADY.....	135
CIMDUO.....	31	<i>clotrimazole</i>	166, 172	COSOPT.....	151
CIMERLI.....	156	<i>clotrimazole-betamethasone</i>	166	COTELLIC.....	41
<i>cimetidine</i>	119	<i>clozapine</i>	65	COTEMPLA XR-ODT.....	71
CIMZIA (1 SYRINGE).....	135	<i>c-nate dha</i>	145	COZAAR.....	49
CIMZIA (2 SYRINGE).....	135	COAGADEX.....	127	CRENESSITY.....	112
CIMZIA-STARTER.....	135	COARTEM.....	29	CREON.....	122
<i>cinacalcet hcl</i>	90	<i>codeine sulfate</i>	24	CRESEMBA.....	29
CINRYZE.....	140	<i>colchicine</i>	21	CRESTOR.....	51
CIPRO.....	35	<i>colchicine-probenecid</i>	21	CREXONT.....	63
CIPRO HC.....	173	<i>colesevelam hcl</i>	50	CRINONE.....	114
<i>ciprofloxacin hcl</i>	35, 152, 173	<i>colestipol hcl</i>	50	<i>cromolyn sodium</i>	121, 150, 161
<i>ciprofloxacin-dexamethasone</i> ...	173	COMBIGAN.....	151	CROTAN.....	172
<i>ciprofloxacin-fluocinolone pf</i>	173	COMBIPATCH.....	111		
<i>citalopram hydrobromide</i>	60	COMBIVENT RESPIMAT.....	157		
CITRANATAL 90 DHA.....	145				

Cryselle.....	94	DAYVIGO.....	73	<i>dexmethylphenidate hcl er</i>	71
Cryselle-28.....	94	D-CARE BLOOD GLUCOSE.	104	DEXONTO 0.4%.....	107
CUPRIMINE.....	92	DDAVP.....	116	DEXTENZA.....	153
CURITY STERILE SALINE...	172	Deblitane.....	94	<i>dextroamphetamine sulfate</i>	71
CUTAQUIG.....	141	<i>deferasirox</i>	92	<i>dextroamphetamine sulfate er</i>	71
CUVITRU.....	141	<i>deferiprone</i>	92	DHIVY.....	63
CUVPOSA.....	117	<i>deferoxamine mesylate</i>	92	DIACOMIT.....	67
CUVRIOR.....	92	DELESTROGEN.....	111	<i>diazepam</i>	67
CVS ADVANCED GLUCOSE		DELSTRIGO.....	31	Diazepam Intensol.....	67
TEST.....	104	Delyla.....	94	DICLEGIS.....	118
<i>cvs aspirin low dose</i>	27	<i>demeclocycline hcl</i>	37	<i>diclofenac epolamine</i>	22
<i>cvs aspirin low strength</i>	27	DENAVIR.....	171	<i>diclofenac potassium</i>	22
<i>cvs folic acid</i>	148	DEPAKOTE.....	67	<i>diclofenac sodium</i>	22, 153
<i>cvs nicotine</i>	80	DEPAKOTE ER.....	67	<i>diclofenac sodium er</i>	22
<i>cvs nicotine polacrilex</i>	80	DEPEN TITRATABS.....	92	<i>diclofenac-misoprostol</i>	23
<i>cyanocobalamin</i>	148	DEPO-ESTRADIOL.....	111	<i>dicloxacillin sodium</i>	37
<i>cyclobenzaprine hcl</i>	78	DEPO-PROVERA.....	94	<i>dicyclomine hcl</i>	117
<i>cyclobenzaprine hcl er</i>	78	DEPO-SUBQ PROVERA 104..	94	DIFICID.....	34
<i>cyclopentolate hcl</i>	155	Depo-Testosterone.....	83	<i>diflorasone diacetate</i>	169
<i>cyclophosphamide</i>	38	DERMACINRX PRETRATE..	145	<i>diflunisal</i>	27
<i>cycloserine</i>	32	DERMA-SMOOTH/FS		<i>difluprednate</i>	153
CYCLOSET.....	84	BODY.....	169	Digox.....	55
<i>cyclosporine</i>	143, 154	DERMA-SMOOTH/FS		<i>digoxin</i>	55
<i>cyclosporine modified</i>	143	SCALP.....	169	<i>dihydroergotamine mesylate</i>	73
CYLTEZO (2 PEN).....	135	DESCOVY.....	31	DILANTIN.....	67
CYLTEZO (2 SYRINGE).....	135	DESFERAL.....	92	DILAUDID.....	24
<i>cyproheptadine hcl</i>	158	<i>desipramine hcl</i>	60	<i>diltiazem hcl</i>	54
Cyred Eq.....	94	<i>desloratadine</i>	158	<i>diltiazem hcl er</i>	54
CYSTADANE.....	112	<i>desmopressin ace spray refrig.</i>	116	<i>diltiazem hcl er beads</i>	54
CYSTADROPS.....	155	<i>desmopressin acetate</i>	116	<i>diltiazem hcl er coated beads</i>	54
CYSTAGON.....	112	<i>desmopressin acetate spray</i>	116	<i>dilt-xr</i>	54
CYSTARAN.....	155	<i>desogestrel-ethinyl estradiol</i>	94	<i>dimethyl fumarate</i>	76
CYTOMEL.....	114	<i>desonide</i>	169	<i>dimethyl fumarate starter pack</i> ...	76
CYTOTEC.....	121	<i>desoximetasone</i>	169	DIPENTUM.....	119
<i>cytra k crystals</i>	124	<i>desvenlafaxine er</i>	60	<i>diphenhydramine hcl</i>	158
<i>dalfampridine er</i>	76	<i>desvenlafaxine succinate er</i>	61	<i>diphenoxylate-atropine</i>	117
DALIRESP.....	161	<i>dexamethasone</i>	107	DIPROLENE.....	169
<i>danazol</i>	106	DEXAMETHASONE		<i>dipyridamole</i>	132
DANTRIUM.....	78	INTENSOL.....	107	DISKETS.....	24
<i>dantrolene sodium</i>	78	<i>dexamethasone sodium</i>		<i>disopyramide phosphate</i>	49
DANZITEN.....	42	<i>phosphate</i>	153	<i>disulfiram</i>	59
<i>dapsone</i>	36, 164	DEXCOM G6 RECEIVER.....	104	DIURIL.....	55
DARAPRIM.....	36	DEXCOM G6 SENSOR.....	104	<i>divalproex sodium</i>	68
<i>darifenacin hydrobromide er</i>	125	DEXCOM G6 TRANSMITTER		<i>divalproex sodium er</i>	67
Dasetta 1/35 (28).....	94	.....	104	DIVIGEL.....	111
Dasetta 7/7/7.....	94	DEXCOM G7 15 DAY		DOCIVYX.....	46
DAURISMO.....	39	SENSOR.....	104	<i>dofetilide</i>	49
DAXXIFY.....	72	DEXCOM G7 RECEIVER.....	104	Dolishale.....	95
DAYBUE.....	75	DEXCOM G7 SENSOR.....	104	<i>donepezil hcl</i>	60
DAYBUE STIX.....	75	DEXIFOL.....	148	DOPTELET.....	132
Daysee.....	94	DEXILANT.....	122	DOPTELET SPRINKLE.....	132
DAYTRANA.....	71	<i>dexmethylphenidate hcl</i>	71	<i>dorzolamide hcl</i>	154

<i>dorzolamide hcl-timolol mal</i>	151	ELFOLATE PLUS.....	148	ENTRESTO.....	56
<i>dorzolamide hcl-timolol mal pf</i>	151	ELIGARD.....	39	ENTYVIO.....	133
Dotti.....	111	Elinest.....	95	ENTYVIO PEN.....	136
DOVATO.....	31	ELIQUIS.....	126	<i>enulose</i>	120
<i>doxazosin mesylate</i>	123	ELIQUIS (1.5 MG PACK).....	126	ENVARBUS XR.....	143
<i>doxepin hcl</i>	61, 73, 167	ELIQUIS (2 MG PACK).....	126	EPANED.....	47
<i>doxercalciferol</i>	116	ELIQUIS DVT/PE STARTER PACK.....	126	EPCLUSA.....	35
<i>doxycycline</i>	172	Elixophyllin.....	163	EPIDIOLEX.....	68
<i>doxycycline hyclate</i>	37	ELLA.....	95	EPIDUO FORTE.....	164
<i>doxycycline monohydrate</i>	37, 38	ELMIRON.....	124	<i>epinastine hcl</i>	150
<i>doxylamine-pyridoxine</i>	118	ELOCTATE.....	130	<i>epinephrine</i>	157
DRISDOL.....	148	Eluryng.....	95	<i>epinephrine professional</i>	157
<i>dronabinol</i>	118	ELYXYB.....	21	EPINEPHRINESNAP-EMS.....	157
<i>drospiren-eth estrad-levomefol</i> ...95		EMBECTA AUTOSHIELD DUO.....	104	EPINEPHRINESNAP-V.....	157
<i>drospirenone-ethinyl estradiol</i> ...95		EMBECTA INSULIN SYR ULTRAFINE.....	105	EPIPEN 2-PAK.....	157
DROXIA.....	132	EMBECTA INSULIN SYRINGE U-500.....	105	EPIPEN JR 2-PAK.....	157
DSUVIA.....	24	EMBECTA PEN NEEDLE NANO.....	105	<i>eplerenone</i>	48
DUAVEE.....	111	EMBECTA PEN NEEDLE ULTRAFINE.....	105	EPOGEN.....	128
DULERA.....	163	EMEND.....	118	<i>epoprostenol sodium</i>	57
<i>duloxetine hcl</i>	61	EMFLAZA.....	107	EPRONTIA.....	68
DUOBRII.....	169	EMGALITY.....	74	EPSOLAY.....	172
DUOPA.....	63	EMGALITY (300 MG DOSE).....	74	<i>eq aspirin low dose</i>	27
DUPIXENT.....	135	EMPAVELI.....	131	<i>eq blood glucose test</i>	105
DUREZOL.....	153	EMSAM.....	61	<i>eq nicotine</i>	80, 81
DUROLANE.....	28	<i>emtricitabine-tenofovir df</i>	31	<i>eq nicotine polacrilex</i>	81
<i>dutasteride</i>	123	EMTRIVA.....	30	<i>eq nicotine step 3</i>	81
<i>dutasteride-tamsulosin hcl</i>	123	EMVERM.....	29	<i>eq aspirin low dose</i>	27
DUVYZAT.....	78	Emzahn.....	95	EQUETRO.....	65
<i>d-xylose</i>	143	<i>enalapril maleate</i>	47	<i>ergocalciferol</i>	148
DYANA VEL XR.....	71	<i>enalapril-hydrochlorothiazide</i> ...47		ERGOMAR.....	73
DYMISTA.....	158	ENBRACE HR.....	145	<i>ergotamine-caffeine</i>	73
DYSPORT.....	72	ENBREL.....	135	ERIVEDGE.....	39
E.E.S. 400.....	34	ENBREL MINI.....	135	ERLEADA.....	39
EASYMAX 15 TEST.....	104	ENBREL SURECLICK.....	135	<i>erlotinib hcl</i>	42
EASYMAX TEST.....	104	ENCARE.....	123	Errin.....	95
EBGLYSS.....	168	ENDARI.....	132	ERTACZO.....	166
<i>econazole nitrate</i>	166	Endocet.....	24	<i>ery</i>	164
ECONTRA ONE-STEP.....	95	ENDOMETRIN.....	114	Ery-Tab.....	34
ECOTRIN LOW STRENGTH...27		Enilloring.....	95	<i>erythromycin</i>	34, 152, 164
ECOZA.....	166	ENLITE GLUCOSE SENSOR.....	105	<i>erythromycin base</i>	34
EDARBI.....	49	<i>enoxaparin sodium</i>	126	<i>erythromycin ethylsuccinate</i>	34
EDARBYCLOR.....	48	Enskyce.....	95	ESBRIET.....	162
EDLUAR.....	73	ENSPRYNG.....	75	<i>escitalopram oxalate</i>	61
EDURANT.....	30	ENSTILAR.....	167	<i>esomeprazole magnesium</i>	122
<i>efavirenz</i>	30	<i>entacapone</i>	63	ESPEROCT.....	130
EFFER-K.....	144	<i>entecavir</i>	35	Estartylla.....	95
EFFIENT.....	132			<i>estazolam</i>	73
EGRIFTA WR.....	112			<i>estradiol</i>	111
ELELYSO.....	110			<i>estradiol valerate</i>	111
ELEPSIA XR.....	68			<i>estradiol-norethindrone acet</i> ...111	
ELESTRIN.....	111			ESTRING.....	111
<i>eletriptan hydrobromide</i>	74			ESTROGEL.....	111

<i>eszopiclone</i>	73	<i>fenoprofen calcium</i>	22	<i>fluvastatin sodium er</i>	51
<i>ethacrynic acid</i>	55	<i>fentanyl</i>	24	<i>fluvoxamine maleate</i>	59
<i>ethambutol hcl</i>	32	<i>ferottrinsic</i>	148	<i>fluvoxamine maleate er</i>	59
<i>ethosuximide</i>	68	FERRIPROX.....	92	FML FORTE.....	154
<i>ethynodiol diac-eth estradiol</i>	95	FERRIPROX TWICE-A-DAY ..	92	<i>folate</i>	148
<i>etodolac</i>	22	FETZIMA.....	61	<i>folbee</i>	148
<i>etodolac er</i>	22	FETZIMA TITRATION.....	61	<i>folic acid</i>	148
<i>etonogestrel-ethinyl estradiol</i>	95	FIASP.....	86	<i>folite</i>	149
<i>etoposide</i>	47	FIASP FLEXTOUCH.....	85	FOLLISTIM AQ.....	107
EUCRISA.....	168	FIASP PENFILL.....	86	FOLVITE-D.....	149
EUFLEXXA.....	28	FIBRYGA.....	127	<i>fondaparinux sodium</i>	126
EULEXIN.....	40	FILSPARI.....	124	FORTEO.....	91
EVAMIST.....	111	FILSUVEZ.....	172	FOSAMAX.....	91
EVEKEO.....	71	FINACEA.....	172	FOSAMAX PLUS D.....	91
EVENITY.....	112	<i>finasteride</i>	123	<i>fosamprenavir calcium</i>	30
EVERSENSE		FINTEPLA.....	68	<i>fosinopril sodium</i>	47
SENSOR/HOLDER.....	105	Finzala.....	95	<i>fosinopril sodium-hetz</i>	47
EVOTAZ.....	31	FIRAZYR.....	140	FOSRENOL.....	113
EVOXAC.....	172	FIRDAPSE.....	75	FOTIVDA.....	42
EVRYSDI.....	75	FIRMAGON.....	40	FRAGMIN.....	126
EXELDERM.....	166	FIRMAGON (240 MG DOSE) ..	40	FREESTYLE LIBRE 14 DAY	
<i>exemestane</i>	40	FIRVANQ.....	36	SENSOR.....	105
EXJADE.....	92	FLAREX.....	153	FREESTYLE LIBRE 2 PLUS	
EYLEA.....	156	<i>flavoxate hcl</i>	125	SENSOR.....	105
EZALLOR SPRINKLE.....	51	FLEBOGAMMA DIF.....	141	FREESTYLE LIBRE 2	
<i>ezetimibe</i>	50	<i>flecainide acetate</i>	49	SENSOR.....	105
<i>ezetimibe-simvastatin</i>	51	FLOLAN.....	57	FREESTYLE LIBRE 3 PLUS	
FA-8.....	148	<i>flolipid</i>	51	SENSOR.....	105
FABHALTA.....	132	FLORIVA.....	148	FREESTYLE LIBRE 3	
FABIOR.....	164	FLORIVA PLUS.....	148	READER.....	105
Falmina.....	95	<i>fluconazole</i>	29	FREESTYLE LIBRE 3	
<i>famciclovir</i>	32	<i>flucytosine</i>	29	SENSOR.....	105
<i>famotidine</i>	119	<i>fludrocortisone acetate</i>	108	FREESTYLE LIBRE READER	
FANAPT.....	65	<i>flunisolide</i>	161	.....	105
FANAPT TITRATION PACK		<i>fluocinolone acetonide</i>	169, 173	FREESTYLE PRECISION	
A.....	65	<i>fluocinolone acetonide body</i>	169	NEO TEST.....	105
FARXIGA.....	89	<i>fluocinolone acetonide scalp</i>	169	<i>frovatriptan succinate</i>	74
FASENRA PEN.....	162	<i>fluocinonide</i>	170	FRUZAQLA.....	42
FC2 FEMALE CONDOM.....	95	<i>fluocinonide emulsified base</i>	169	<i>ft aspirin</i>	27
<i>febuxostat</i>	21	<i>fluorometholone</i>	154	<i>ft aspirin low dose</i>	27
FEIBA.....	127	<i>fluorouracil</i>	165	<i>ft folic acid</i>	149
Feirza 1.5/30.....	95	<i>fluoxetine hcl</i>	61	<i>ft nicotine</i>	81
Feirza 1/20.....	95	<i>fluoxetine hcl (pmdd)</i>	80	<i>ft nicotine mini</i>	81
<i>felbamate</i>	68	<i>fluphenazine decanoate</i>	65	FULPHILA.....	128
<i>felodipine er</i>	54	<i>fluphenazine hcl</i>	65	<i>furosemide</i>	55
FEMARA.....	40	<i>flurandrenolide</i>	170	FUSION PLUS.....	149
FEMCAP.....	95	<i>flurbiprofen</i>	22	Fyavolv.....	111
FEMLYV.....	95	<i>flurbiprofen sodium</i>	154	FYCOMPA.....	68
FEMRING.....	111	<i>fluticasone propionate</i>	161, 170	FYLNETRA.....	128
<i>fenofibrate</i>	50	<i>fluticasone propionate hfa</i>	162	Fyremadel.....	107
<i>fenofibrate micronized</i>	50	<i>fluticasone-salmeterol</i>	163	<i>gabapentin</i>	68
<i>fenofibric acid</i>	50	<i>fluvastatin sodium</i>	51	GALAFOLD.....	110

<i>galantamine hydrobromide</i>	60	GOJJI BLOOD TEST	HIZENTRA.....	141, 142
<i>galantamine hydrobromide er</i>	60	STRIP/LANCETS.....	HORIZANT.....	80
GAMMAGARD.....	141	GOMEKLI.....	HULIO (2 PEN).....	136
GAMMAGARD S/D LESS		GONAL-F.....	HULIO (2 SYRINGE).....	136
IGA.....	141	GONAL-F RFF REDIJECT....	HUMALOG.....	86
GAMMAKED.....	141	<i>goodsense aspirin low dose</i>	HUMALOG JUNIOR	
GAMMAPLEX.....	141	<i>goodsense nicotine</i>	KWIKPEN.....	86
GAMUNEX-C.....	141	GRALISE.....	HUMALOG KWIKPEN.....	86
<i>ganirelix acetate</i>	107	<i>granisetron hcl</i>	HUMALOG MIX 50/50	
<i>gatifloxacin</i>	152	GRANIX.....	KWIKPEN.....	86
GATTEX.....	121	GRASTEK.....	HUMALOG MIX 75/25.....	86
GAVRETO.....	42	<i>griseofulvin microsize</i>	HUMALOG MIX 75/25	
GEL-ONE.....	28	<i>griseofulvin ultramicrosize</i>	KWIKPEN.....	86
GELSYN-3.....	28	<i>guanfacine hcl</i>	HUMATE-P.....	127
<i>gemfibrozil</i>	50	<i>guanfacine hcl er</i>	HUMATROPE.....	109
Gemmily.....	95	GUARDIAN SENSOR (3).....	HUMIRA (1 PEN).....	136
GEMTESA.....	125	<i>guardian sensor 3</i>	HUMIRA (2 PEN).....	136
<i>generlac</i>	120	GVOKE HYPOPEN 1-PACK..	HUMIRA (2 SYRINGE).....	136
Gengraf.....	143	GVOKE HYPOPEN 2-PACK..	HUMIRA-PSORIASIS/UEVIT	
GENOTROPIN.....	109	GVOKE PFS.....	STARTER.....	136
GENOTROPIN MINIQUICK..	109	GYNAZOLE-1.....	HUMULIN 70/30.....	86
<i>gentamicin sulfate</i>	153, 165	HABITROL.....	HUMULIN 70/30 KWIKPEN...	86
GENVISC 850.....	28	HADLIMA.....	HUMULIN N.....	86
GENVOYA.....	32	HADLIMA PUSH TOUCH.....	HUMULIN N KWIKPEN.....	86
GEODON.....	65	HAEGARDA.....	HUMULIN R.....	86
GILENYA.....	76	Hailey 1.5/30.....	HUMULIN R U-500	
GILOTRIF.....	42	Hailey 24 Fe.....	KWIKPEN.....	86
GIMOTI.....	121	Hailey Fe 1.5/30.....	HYALGAN.....	28
GLASSIA.....	156	Hailey Fe 1/20.....	HYCANTIN.....	47
<i>glatiramer acetate</i>	76	<i>halcinonide</i>	<i>hydralazine hcl</i>	56
GLEEVEC.....	42	HALCION.....	HYDREA.....	45
GLEOLAN.....	144	<i>halobetasol propionate</i>	<i>hydrochlorothiazide</i>	55
GLEOSTINE.....	38	Haloette.....	<i>hydrocod poli-chlorphe poli er</i> ..	159
<i>glimepiride</i>	90	HALOG.....	<i>hydrocodone bitartrate er</i>	24
<i>glipizide</i>	90	<i>haloperidol</i>	<i>hydrocodone bit-homatrop mbr</i>	159
<i>glipizide er</i>	90	<i>haloperidol decanoate</i>	<i>hydrocodone-acetaminophen</i>	24
<i>glipizide-metformin hcl</i>	84	<i>haloperidol lactate</i>	<i>hydrocodone-ibuprofen</i>	24
<i>glucagon emergency</i>	108	HARVONI.....	<i>hydrocortisone</i>	108, 119, 170
<i>glyburide</i>	90	Heather.....	<i>hydrocortisone (perianal)</i>	123
<i>glyburide-metformin</i>	84	<i>h-e-b aspirin</i>	<i>hydrocortisone ace-pramoxine</i> ..	123
GLYCATÉ.....	117	HEMADY.....	<i>hydrocortisone butyrate</i>	170
<i>glycolic acid</i>	167	HEMANGEOL.....	<i>hydrocortisone valerate</i>	170
<i>glycopyrrolate</i>	117	HEMLIBRA.....	<i>hydrocortisone-acetic acid</i>	173
Glydo.....	171	HEMOCYTE PLUS.....	<i>hydromet</i>	160
GLYXAMBI.....	89	HEMOPIL M.....	<i>hydromorphone hcl</i>	24
<i>gnp adult aspirin low strength</i>	27	<i>heparin sod (porcine) in d5w</i>	<i>hydromorphone hcl er</i>	24
<i>gnp aspirin</i>	27	<i>heparin sodium (porcine)</i>	<i>hydroxychloroquine sulfate</i>	140
<i>gnp folic acid</i>	149	<i>heparin sodium (porcine) pf</i>	<i>hydroxyurea</i>	45
<i>gnp nicotine</i>	81	HER STYLE.....	<i>hydroxyzine hcl</i>	158
<i>gnp nicotine mini</i>	81	HETLIOZ.....	<i>hydroxyzine pamoate</i>	158
<i>gnp nicotine polacrilex</i>	81	HETLIOZ LQ.....	<i>hylavite</i>	149
GOCOVRI.....	63	Hidex 6-Day.....	HYMOVIS.....	28

<i>hyoscyamine sulfate</i>	117	<i>infliximab</i>	133	Jaimiess.....	96
<i>hyoscyamine sulfate er</i>	117	INGREZZA.....	76	JAKAFI.....	42
HYPERRHO MINI-DOSE.....	142	INLYTA.....	42	Jantoven.....	127
HYPERSAL.....	161	INNOPRAN XL.....	53	JANUMET.....	84
HYQVIA.....	142	INPEFA.....	56	JANUMET XR.....	84
HYRIMOZ.....	136	INQOVI.....	38	JANUVIA.....	84
HYRIMOZ-PLAQUE		INREBIC.....	42	JARDIANCE.....	90
PSORIASIS START.....	136	<i>insulin asp prot & asp flexpen</i> ... 86		Jasmiel.....	96
HYSINGLA ER.....	24	<i>insulin aspart flexpen</i>	86	JATENZO.....	83
HYZAAR.....	48	<i>insulin aspart penfill</i>	86	JAYPIRCA.....	42
<i>ibandronate sodium</i>	91	<i>insulin aspart prot & aspart</i> 86		Jencycla.....	96
IBRANCE.....	42	<i>insulin glargine-yfgn</i>	87	<i>jenliva prenatal/postnatal</i> 145	
IBSRELA.....	120	<i>insulin lispro</i>	87	JENTADUETO.....	84
IBTROZI.....	42	<i>insulin lispro (1 unit dial)</i> 87		JENTADUETO XR.....	84
Ibu.....	22	<i>insulin lispro junior kwikpen</i> 87		Jinteli.....	112
<i>ibuprofen</i>	22	<i>insulin lispro prot & lispro</i> 87		JIVI.....	130
<i>icatibant acetate</i>	140	INTELENCE.....	30	JOENJA.....	142
Iclevia.....	96	INTRAROSA.....	112	Jolessa.....	96
ICLUSIG.....	42	Introvale.....	96	JORNAY PM.....	71
<i>icosapent ethyl</i>	52	INVEGA HAFYERA.....	65	Joyeaux.....	96
IDELVION.....	131	INVEGA SUSTENNA.....	65	JUBLIA.....	166
IDHIFA.....	45	INVEGA TRINZA.....	65	Juleber.....	96
ILARIS.....	143	INVELTYS.....	154	JULUCA.....	32
ILEVRO.....	154	INVOKAMET.....	89	Junel 1.5/30.....	96
ILUMYA.....	133	INVOKAMET XR.....	89	Junel 1/20.....	96
<i>imatinib mesylate</i>	42	INVOKANA.....	90	Junel Fe 1.5/30.....	96
IMBRUVICA.....	42	<i>iodine tincture</i>	171	Junel Fe 1/20.....	96
IMCIVREE.....	112	IOPIDINE.....	156	Junel Fe 24.....	96
<i>imipramine hcl</i>	61	<i>ipratropium bromide</i>	158	JUXTAPID.....	51
<i>imipramine pamoate</i>	61	<i>ipratropium-albuterol</i>	157	JYNARQUE.....	112, 113
<i>imiquimod</i>	165	IQIRVO.....	121	Kaitlib Fe.....	96
<i>imiquimod pump</i>	165	<i>irbesartan</i>	49	KALETRA.....	32
<i>imkeldi</i>	42	<i>irbesartan-hydrochlorothiazide</i> .. 48		Kalliga.....	96
IMPOYZ.....	170	IRESSA.....	42	KALYDECO.....	160
IMULDOSA.....	136	ISENTRESS.....	30	KAPSPARGO SPRINKLE.....	53
IMURAN.....	143	ISENTRESS HD.....	30	KARBINAL ER.....	158
IMVEXXY MAINTENANCE		Isibloom.....	96	Kariva.....	96
PACK.....	111	<i>isoniazid</i>	32	KATERZIA.....	54
IMVEXXY STARTER PACK. 111		ISORDIL TITRADOSE.....	57	Kelnor 1/35.....	97
INATAL GT.....	145	<i>isosorbide dinitrate</i>	57	KERENDIA.....	48
INBRIJA.....	63	<i>isosorbide mononitrate</i>	57	KESIMPTA.....	76
Incassia.....	96	<i>isosorbide mononitrate er</i> 57		<i>ketoconazole</i>.....29, 166, 167	
INCRELEX.....	112	<i>isotretinoin</i>	164	<i>ketoprofen</i>	23
INCRUSE ELLIPTA.....	158	<i>isradipine</i>	54	<i>ketoprofen er</i>	23
<i>indapamide</i>	55	ISTURISA.....	103	<i>ketorolac tromethamine</i> 23, 154	
INDERAL LA.....	53	ITOVEBI.....	42	KEVEYIS.....	55
INDERAL XL.....	53	<i>itraconazole</i>	29	KEVZARA.....	136
INDOCIN.....	22	<i>ivermectin</i>	29	KINERET.....	136
Indocin.....	22	IWILFIN.....	45	KISQALI (200 MG DOSE).....	42
<i>indomethacin</i>	22	IXINITY.....	131	KISQALI (400 MG DOSE).....	42
<i>indomethacin er</i>	22	JADENU.....	92	KISQALI (600 MG DOSE).....	42
INFLECTRA.....	133	JADENU SPRINKLE.....	92		

KITABIS PAK (W/ NEBULIZER).....	160	Larin 1.5/30.....	97	Levora 0.15/30 (28).....	97
KLARITY-A.....	153	Larin 1/20.....	97	<i>levorphanol tartrate</i>	24
KLARITY-L.....	154	Larin 24 Fe.....	97	Levo-T.....	115
KLISYRI (250 MG).....	165	Larin Fe 1.5/30.....	97	<i>levothyroxine sodium</i>	115
KLISYRI (350 MG).....	165	Larin Fe 1/20.....	97	Levoxyl.....	115
KLONOPIN.....	68	<i>latanoprost</i>	155	LEVSIN.....	117
Klor-Con.....	144	<i>latanoprost-timolol maleate</i>	151	LEVSIN/SL.....	117
KLOR-CON.....	144	LATUDA.....	65	LEXETTE.....	170
Klor-Con 10.....	144	LAZCLUZE.....	43	LIALDA.....	119
Klor-Con M10.....	144	LDO PLUS.....	171	<i>lidocaine</i>	171
Klor-Con M15.....	144	LEDERLE LEUCOVORIN.....	46	<i>lidocaine hcl</i>	171, 172
Klor-Con M20.....	144	<i>ledipasvir-sofosbuvir</i>	35	<i>lidocaine hcl urethral/mucosal</i>	171
KLOXXADO.....	79	<i>leflunomide</i>	140	<i>lidocaine viscous hcl</i>	173
<i>kls aspirin low dose</i>	27	LENVIMA (10 MG DAILY DOSE).....	43	<i>lidocaine-prilocaine</i>	171
KLS QUIT2.....	81	LENVIMA (12 MG DAILY DOSE).....	43	LIDODERM.....	171
KLS QUIT4.....	81	LENVIMA (14 MG DAILY DOSE).....	43	LILETTA (52 MG).....	97
KOATE.....	130	LENVIMA (18 MG DAILY DOSE).....	43	<i>linezolid</i>	36
KOATE-DVI.....	130	LENVIMA (20 MG DAILY DOSE).....	43	LINZESS.....	120
KORLYM.....	113	LENVIMA (24 MG DAILY DOSE).....	43	<i>liothyronine sodium</i>	115
KOSELUGO.....	43	LENVIMA (4 MG DAILY DOSE).....	43	LIPOFEN.....	50
<i>kosher prenatal plus iron</i>	145	LENVIMA (8 MG DAILY DOSE).....	43	<i>liraglutide</i>	85
KOVALTRY.....	130	LEQSELVI.....	136	<i>lisdexamphetamine dimesylate</i>	71
<i>kp aspirin</i>	27	Lessina.....	97	<i>lisinopril</i>	47
K-PHOS.....	144	LETAIRIS.....	57	<i>lisinopril-hydrochlorothiazide</i>	47
KRAZATI.....	45	<i>letrozole</i>	40	LITFULO.....	136
KRINTAFEL.....	29	<i>leucovorin calcium</i>	46	<i>lithium carbonate</i>	75
Kristalose.....	120	LEUKERAN.....	38	<i>lithium carbonate er</i>	75
KRYSTEXXA.....	21	LEUKINE.....	128	LITHOBID.....	75
K-TAN PLUS.....	149	<i>leuprolide acetate</i>	40	LITHOSTAT.....	124
Kurvelo.....	97	<i>levabuterol hcl</i>	159	LIVALO.....	51
KUVAN.....	113	<i>levabuterol tartrate</i>	159	LIVDELZI.....	121
KYLEENA.....	97	LEVBID.....	117	LIVMARLI.....	121
<i>labetalol hcl</i>	53	<i>levetiracetam</i>	68	LIVTENCITY.....	33
<i>lactated ringers</i>	156	<i>levetiracetam er</i>	68	LO LOESTRIN FE.....	97
<i>lactulose</i>	120	<i>levobunolol hcl</i>	151	Loestrin 1.5/30 (21).....	97
LAMICTAL ODT.....	68	<i>levocarnitine</i>	91	Loestrin 1/20 (21).....	97
LAMICTAL XR.....	68	<i>levocetirizine dihydrochloride</i>	159	Loestrin Fe 1.5/30.....	97
<i>lamivudine</i>	30, 35	<i>levofloxacin</i>	35	Loestrin Fe 1/20.....	98
<i>lamivudine-zidovudine</i>	32	Levonest.....	97	Lojaimiess.....	98
<i>lamotrigine</i>	68	<i>levonorgest-eth estrad 91-day</i>	97	LOKELMA.....	114
<i>lamotrigine er</i>	68	<i>levonorgest-eth estradiol-iron</i>	97	LOMOTIL.....	118
<i>lamotrigine starter kit-blue</i>	68	<i>levonorgestrel</i>	97	LONSURF.....	38
<i>lamotrigine starter kit-green</i>	68	<i>levonorgestrel-ethinyl estrad</i>	97	<i>loperamide hcl</i>	118
<i>lamotrigine starter kit-orange</i>	68	<i>levonorg-eth estrad triphasic</i>	97	LOPRESSOR.....	53
<i>lancets thin</i>	105			<i>lorazepam</i>	59
LANOXIN.....	55			LORBRENA.....	43
<i>lanreotide acetate</i>	82			LOREEV XR.....	59
<i>lansoprazole</i>	122			<i>lormate</i>	149
<i>lanthanum carbonate</i>	113			Loryna.....	98
LANTUS.....	87			<i>losartan potassium</i>	49
LANTUS SOLOSTAR.....	87			<i>losartan potassium-hctz</i>	48
				LOTEMAX.....	154

LOTEMAX SM.....	154	Matzim La.....	54	<i>methazolamide</i>	55
<i>loteprednol etabonate</i>	154	MAVENCLAD (10 TABS).....	76	<i>methenamine hippurate</i>	36
LOTREL.....	47	MAVENCLAD (4 TABS).....	76	<i>methenamine mandelate</i>	36
LOTRONEX.....	120	MAVENCLAD (5 TABS).....	77	Methergine.....	113
<i>lovastatin</i>	51	MAVENCLAD (6 TABS).....	77	<i>methimazole</i>	115
LOVAZA.....	52	MAVENCLAD (7 TABS).....	77	<i>methitest</i>	83
LOVENOX.....	127	MAVENCLAD (8 TABS).....	77	<i>methocarbamol</i>	78
Low-Ogestrel.....	98	MAVENCLAD (9 TABS).....	77	<i>methotrexate sodium</i>	38, 140
<i>loxapine succinate</i>	65	MAVYRET.....	35	<i>methotrexate sodium (pf)</i>	38
Lo-Zumandimine.....	98	MAXALT.....	74	<i>methoxsalen rapid</i>	167
<i>lubiprostone</i>	120	MAXALT-MLT.....	74	<i>methscopolamine bromide</i>	117
LUCEMYRA.....	80	MAXIDEX.....	154	<i>methylergonovine maleate</i>	113
LUCENTIS.....	156	MAXITROL.....	152	<i>methylphenidate hcl</i>	72
Luizza 1.5/30.....	98	MAYZENT.....	77	<i>methylphenidate hcl er</i>	72
Luizza 1/20.....	98	MAYZENT STARTER PACK..	77	<i>methylphenidate hcl er (cd)</i>	71
<i>luliconazole</i>	166	<i>meclizine hcl</i>	118	<i>methylphenidate hcl er (la)</i>	72
LUMAKRAS.....	45	<i>meclofenamate sodium</i>	23	<i>methylphenidate hcl er (osm)</i>	72
LUMIGAN.....	155	MEDPURA.....		<i>methylprednisolone</i>	108
LUMRYZ.....	79	HYDROCORTISONE.....	170	<i>methyltestosterone</i>	83
LUMRYZ STARTER PACK....	79	MEDROL.....	108	<i>metoclopramide hcl</i>	118
LUPKYNIS.....	143	<i>medroxyprogesterone acetate</i>		<i>metolazone</i>	55
LUPRON DEPOT (1-MONTH).40		.....	98, 114	<i>metoprolol succinate er</i>	53
LUPRON DEPOT (3-MONTH).40		<i>mefenamic acid</i>	23	<i>metoprolol tartrate</i>	53
LUPRON DEPOT (4-MONTH).40		<i>mefloquine hcl</i>	30	<i>metoprolol-hydrochlorothiazide</i> ..	52
LUPRON DEPOT (6-MONTH).40		<i>megestrol acetate</i>	40, 114	<i>metronidazole</i>	36, 126, 172
LUPRON DEPOT-PED (1-		MEKINIST.....	43	<i>mexiletine hcl</i>	49
MONTH).....	92	MEKTOVI.....	43	Mibelas 24 Fe.....	98
LUPRON DEPOT-PED (3-		Meleya.....	98	MICARDIS HCT.....	48
MONTH).....	92	<i>meloxicam</i>	23	<i>miconazole 3</i>	126
Lutera.....	98	<i>memantine hcl</i>	60	<i>miconazole-zinc oxide-petrolat</i> ..	166
LYBALVI.....	66	<i>memantine hcl er</i>	60	MICRODOT TEST.....	105
Lyleq.....	98	MENOPUR.....	107	Microgestin 1.5/30.....	98
LYNPARZA.....	45	MENOSTAR.....	112	Microgestin 1/20.....	98
LYRICA.....	69	<i>meperidine hcl</i>	24	Microgestin Fe 1.5/30.....	98
LYRICA CR.....	80	<i>meprobamate</i>	59	Microgestin Fe 1/20.....	98
LYSIPLEX PLUS.....	149	<i>mercaptopurine</i>	38	<i>midazolam hcl</i>	73
LYSODREN.....	40	<i>mesalamine</i>	119	<i>midodrine hcl</i>	56
LYTGOBI (12 MG DAILY		<i>mesalamine er</i>	119	MIGERGOT.....	73
DOSE).....	43	<i>mesalamine-cleanser</i>	120	<i>miglitol</i>	83
LYTGOBI (16 MG DAILY		MESNEX.....	46	<i>miglustat</i>	110
DOSE).....	43	MESTINON.....	79	Mili.....	98
LYTGOBI (20 MG DAILY		<i>metaxalone</i>	78	Mimvey.....	112
DOSE).....	43	<i>metformin hcl</i>	83	<i>minocycline hcl</i>	38
LYUMJEV.....	87	<i>metformin hcl er</i>	83	<i>minocycline hcl er</i>	38
LYUMJEV KWIKPEN.....	87	<i>metformin hcl er (mod)</i>	83	<i>minoxidil</i>	56
Lyza.....	98	<i>metformin hcl er (osm)</i>	83	Minzoya.....	98
MACROBID.....	36	<i>methadone hcl</i>	24, 25	MIPLYFFA.....	110
MALARONE.....	30	Methadone Hcl Intensol.....	24	MIRCERA.....	128
<i>malathion</i>	172	METHADOSE.....	25	MIRENA (52 MG).....	98
<i>marlissa</i>	98	Methadose.....	25	<i>mirtazapine</i>	61
MARPLAN.....	61	METHADOSE SUGAR-FREE..	25	MIRVASO.....	172
MATULANE.....	38	<i>methamphetamine hcl</i>	71	<i>misoprostol</i>	121

MITIGARE.....	21	<i>nalocet</i>	25	NEXLIZET.....	50
MITOSOL.....	153	<i>naloxone hcl</i>	79, 80	NEXPLANON.....	99
<i>mm aspirin</i>	27	<i>naltrexone hcl</i>	80	NEXTSTELLIS.....	99
<i>m-natal plus</i>	145	NAMZARIC.....	60	NGENLA.....	109
<i>modafinil</i>	79	NAPRELAN.....	23	<i>niacin (antihyperlipidemic)</i>	51
<i>moexipril hcl</i>	47	<i>naproxen</i>	23	<i>niacin er (antihyperlipidemic)</i>	51
<i>mometasone furoate</i>	161, 170	<i>naproxen sodium</i>	23	NIACOR.....	51
Mondoxyne NI.....	38	<i>naproxen sodium er</i>	23	NICADAN.....	149
Mono-Linyah.....	98	<i>naratriptan hcl</i>	74	<i>nicardipine hcl</i>	54
MONOVISC.....	28	NARCAN.....	80	NICAZEL.....	149
<i>montelukast sodium</i>	161	NARDIL.....	61	NICAZEL FORTE.....	149
<i>morphine sulfate</i>	25	NASCOBAL.....	149	NICODERM CQ.....	81
<i>morphine sulfate (concentrate)</i> ...25		NATACYN.....	153	NICOMIDE.....	149
<i>morphine sulfate (pf)</i>	25	NATAZIA.....	99	NICORELIEF.....	81
<i>morphine sulfate er</i>	25	<i>nateglinide</i>	89	NICORETTE.....	81
<i>morphine sulfate er beads</i>	25	NATESTO.....	83	NICORETTE MINI.....	81
MOTEGRITY.....	121	NAYZILAM.....	69	NICORETTE STARTER KIT...81	
MOTOFEN.....	118	<i>nebivolol hcl</i>	53	<i>nicotinamide</i>	149
MOUNJARO.....	85	NEBUPENT.....	36	<i>nicotine</i>	82
MOVANTIK.....	121	Necon 0.5/35 (28).....	99	<i>nicotine mini</i>	82
<i>moxifloxacin hcl</i>	35, 153	Necon 1/35 (28).....	99	<i>nicotine polacrilex</i>	82
<i>moxifloxacin hcl-bss</i>	153	NEEVO DHA.....	145	<i>nicotine polacrilex mini</i>	82
MS CONTIN.....	25	<i>nefazodone hcl</i>	61	<i>nicotine step 1</i>	82
MULPLETA.....	132	NEMLUVIO.....	171	<i>nicotine step 2</i>	82
MULTAQ.....	49	<i>neomycin sulfate</i>	29	<i>nicotine step 3</i>	82
MULTIGEN.....	149	<i>neomycin-bacitracin zn-</i> <i>polymyx</i>	153	NICOTROL NS.....	82
MULTIGEN FOLIC.....	149	<i>neomycin-polymyxin-dexameth</i>	152	<i>nifedipine</i>	54
MULTIGEN PLUS.....	149	<i>neomycin-polymyxin-gramicidin</i>	153	<i>nifedipine er</i>	54
<i>multi-vitamin/fluoride</i>	149	<i>neomycin-polymyxin-hc</i>	152, 173	<i>nifedipine er osmotic release</i>	54
<i>multi-vitamin/fluoride/iron</i>	149	<i>neonatal complete</i>	145	Nikki.....	99
<i>mupirocin</i>	165	NEONATAL PLUS.....	145	<i>nilutamide</i>	40
<i>mupirocin calcium</i>	165	NEO-SYNALAR.....	165	<i>nimodipine</i>	54
MY CHOICE.....	99	NERLYNX.....	43	NINLARO.....	46
MY WAY.....	99	NESTABS.....	145	<i>nisoldipine er</i>	54
MYALEPT.....	113	NESTABS DHA.....	145	NITRO-BID.....	57
MYCAPSSA.....	82	NESTABS ONE.....	145	NITRO-DUR.....	57
<i>mycophenolate mofetil</i>	143	Neuac.....	164	<i>nitrofurantoin</i>	36
<i>mycophenolate sodium</i>	143	NEULASTA.....	128	<i>nitrofurantoin macrocrystal</i>	36
MYDAYIS.....	72	NEULASTA ONPRO.....	128	<i>nitrofurantoin monohyd macro</i> ...36	
MYFEMBREE.....	116	NEUPOGEN.....	128	<i>nitroglycerin</i>	57
MYFORTIC.....	143	NEUPRO.....	63	NITROLINGUAL.....	57
MYHIBBIN.....	143	NEURONTIN.....	69	NITYR.....	109
MYLERAN.....	38	NEUTEK 2TEK TEST.....	105	NIVA-PLUS.....	145
MYRBETRIQ.....	125	NEVANAC.....	154	NIVESTYM.....	129
MYTESI.....	118	<i>nevirapine</i>	30	<i>nizatidine</i>	119
MYXREDLIN.....	87	<i>nevirapine er</i>	30	Nora-Be.....	99
<i>na sulfate-k sulfate-mg sulf</i>	120	NEW DAY.....	99	NORDIPEN 5 INJECTION DEVICE.....	109
<i>nabumetone</i>	23	NEXAVAR.....	43	NORDITROPIN FLEXPRO... 109	
<i>nadolol</i>	53	NEXIUM.....	122	<i>norelgestromin-eth estradiol</i>	99
<i>naftifine hcl</i>	166	NEXLETOL.....	50	<i>norethin ace-eth estrad-fe</i>	99
NAFTIN.....	166			<i>norethindrone</i>	99
<i>nalmefene hcl</i>	79				

<i>norethindrone acetate</i>	114	NOVOSEVEN RT.....	127	OLPRUVA (4 GM DOSE).....	116
<i>norethindrone acet-ethinyl est</i>	99	NP THYROID.....	115	OLPRUVA (5 GM DOSE).....	116
<i>norethindrone-eth estradiol</i>	112	NPLATE.....	132	OLPRUVA (6 GM DOSE).....	116
<i>norethin-eth estradiol-fe</i>	99	NUBEQA.....	40	OLPRUVA (6.67 GM DOSE)..	116
<i>norgesic forte</i>	78	NUCALA.....	136, 137	OLUMIANT.....	137
<i>norgestimate-eth estradiol</i>	99	NUCYNTA.....	25	<i>omega-3-acid ethyl esters</i>	52
<i>norgestim-eth estrad triphasic</i>	99	NUCYNTA ER.....	25	<i>omeprazole</i>	122
NORITATE.....	172	NUDEXTA.....	80	<i>omeprazole-sodium bicarbonate</i>	122
NORLIQVA.....	54	NUFOL.....	149	.....	122
Norlyda.....	99	NULEV.....	117	OMNARIS.....	161
Norlyroc.....	99	NUPLAZID.....	66	OMNIFLEX DIAPHRAGM....	100
NORPACE.....	49	NURTEC.....	74	OMNIPOD 5 DEXG7G6	
NORPACE CR.....	49	NUTRIFAC ZX.....	149	INTRO GEN 5.....	105
NORPRAMIN.....	61	NUTROPIN AQ NUSPIN 10... 109		OMNIPOD 5 DEXG7G6 PODS	
NORTHERA.....	56	NUTROPIN AQ NUSPIN 20... 109		GEN 5.....	105
Nortrel 0.5/35 (28).....	99	NUTROPIN AQ NUSPIN 5.... 109		OMNIPOD DASH INTRO	
Nortrel 1/35 (21).....	99	NUVARING.....	100	(GEN 4).....	106
Nortrel 1/35 (28).....	99	NUVESSA.....	126	OMNIPOD DASH PDM (GEN	
Nortrel 7/7/7.....	99	NUWIQ.....	130	4).....	106
<i>nortriptyline hcl</i>	61	NUZYRA.....	38	OMNIPOD DASH PODS	
NORVIR.....	30	Nyamyc.....	166	(GEN 4).....	106
NOURIANZ.....	63	Nylia 1/35.....	100	OMNITROPE.....	109
NOVAREL.....	107	Nylia 7/7/7.....	100	OMVOH.....	137
NOVOEIGHT.....	130	NYPOZI.....	129	OMVOH (300 MG DOSE).....	137
NOVOLIN 70/30.....	87	<i>nystatin</i>	29, 166, 173	<i>ondansetron</i>	118
NOVOLIN 70/30 FLEXPEN.....	87	<i>nystatin-triamcinolone</i>	166	<i>ondansetron hcl</i>	118
NOVOLIN 70/30 FLEXPEN		Nystop.....	166	<i>one vite womens plus</i>	146
RELION.....	87	NYVEPRIA.....	129	ONETOUCH DELICA PLUS	
NOVOLIN 70/30 RELION.....	87	OB COMPLETE.....	145	LANCET30G.....	106
NOVOLIN N.....	87	OB COMPLETE ONE.....	145	ONETOUCH DELICA PLUS	
NOVOLIN N FLEXPEN.....	87	OB COMPLETE PETITE.....	146	LANCET33G.....	106
NOVOLIN N FLEXPEN		OB COMPLETE PREMIER... 146		ONETOUCH DELICA PLUS	
RELION.....	87	OB COMPLETE/DHA.....	146	LANCING.....	106
NOVOLIN N RELION.....	87	<i>obizur</i>	130	ONETOUCH ULTRA TEST....	106
NOVOLIN R.....	88	OCTAGAM.....	142	ONETOUCH ULTRASOFT 2	
NOVOLIN R FLEXPEN.....	88	<i>octreotide acetate</i>	82	LANCETS.....	106
NOVOLIN R FLEXPEN		ODACTRA.....	133	ONETOUCH VERIO.....	106
RELION.....	88	ODEFSEY.....	32	<i>onevite</i>	149
NOVOLIN R RELION.....	88	ODOMZO.....	45	ONEXTON.....	165
NOVOLOG.....	88	OFEV.....	162	ONGENTYS.....	63
NOVOLOG 70/30 FLEXPEN		<i>ofloxacin</i>	35, 153, 173	ONGLYZA.....	84
RELION.....	88	OGSIVEO.....	45	ONIVYDE.....	47
NOVOLOG FLEXPEN.....	88	OJEMDA.....	43	ONUREG.....	38
NOVOLOG FLEXPEN		OJJAARA.....	43	ONZETRA XSAIL.....	74
RELION.....	88	<i>olanzapine</i>	66	OPCICON ONE-STEP.....	100
NOVOLOG MIX 70/30.....	88	<i>olanzapine-fluoxetine hcl</i>	80	OPFOLDA.....	110
NOVOLOG MIX 70/30		<i>olmesartan medoxomil</i>	49	OPILL.....	100
FLEXPEN.....	88	<i>olmesartan medoxomil-hctz</i>	48	OPSUMIT.....	57
NOVOLOG MIX 70/30		<i>olmesartan-amlodipine-hctz</i>	48	OPSYNVI.....	57
RELION.....	88	<i>olopatadine hcl</i>	151, 159	OPTION 2.....	100
NOVOLOG PENFILL.....	88	OLPRUVA (2 GM DOSE).....	116	OPTIONS GYNOL II	
NOVOLOG RELION.....	88	OLPRUVA (3 GM DOSE).....	116	CONTRACEPTIVE.....	124

OPTIUMEZ TEST.....	106	<i>oxymorphone hcl er</i>	26	<i>phenytoin</i>	69
OPZELURA.....	168	OXYTROL.....	125	<i>phenytoin sodium extended</i>	69
ORACIT.....	124	OZEMPIC (0.25 OR 0.5		PHEXX.....	124
ORALAIR.....	133	MG/DOSE).....	85	Philith.....	100
Oralone.....	173	OZEMPIC (1 MG/DOSE).....	85	PHOSPHA 250 NEUTRAL....	144
ORAPRED ODT.....	108	OZEMPIC (2 MG/DOSE).....	85	<i>phosphorous</i>	144
ORAVIG.....	173	OZURDEX.....	154	PHOSPHO-TRIN 250	
ORENCIA.....	133, 137	Pacerone.....	49	NEUTRAL.....	144
ORENCIA CLICKJECT.....	137	<i>paliperidone er</i>	66	PHYRAGO.....	44
ORENITRAM.....	58	PALYNZIQ.....	113	PHYSIOLYTE.....	156
ORENITRAM MONTH 1.....	57	PAMELOR.....	61	<i>phytonadione</i>	149
ORENITRAM MONTH 2.....	57	PANCREAZE.....	122	PIFELTRO.....	30
ORENITRAM MONTH 3.....	58	<i>pantoprazole sodium</i>	122	<i>pilocarpine hcl</i>	155, 173
ORFADIN.....	109	PANZYGA.....	142	<i>pimecrolimus</i>	168
ORGOVYX.....	40	PARAGARD		<i>pimozide</i>	80
ORIAHNN.....	116	INTRAUTERINE COPPER....	100	Pimtree.....	100
ORLISSA.....	106	<i>paricalcitol</i>	116	<i>pindolol</i>	53
ORKAMBI.....	160	PARNATE.....	61	<i>pioglitazone hcl</i>	89
ORLADEYO.....	141	<i>paroxetine hcl</i>	61	<i>pioglitazone hcl-glimepiride</i>	89
<i>orphenadrine citrate er</i>	78	<i>paroxetine hcl er</i>	61	<i>pioglitazone hcl-metformin hcl</i> ...	89
<i>orphenadrine-aspirin-caffeine</i>	78	<i>paroxetine mesylate</i>	80	PIQRAY (200 MG DAILY	
Orquidea.....	100	PAXIL.....	62	DOSE).....	44
ORSERDU.....	40	PAXIL CR.....	62	PIQRAY (250 MG DAILY	
Orsythia.....	100	PAXLOVID (150/100).....	33	DOSE).....	44
<i>ortho df</i>	149	PAXLOVID (300/100 &		PIQRAY (300 MG DAILY	
ORTHOVISC.....	28	150/100).....	33	DOSE).....	44
<i>oscimin</i>	117	PAXLOVID (300/100).....	33	<i>pirfenidone</i>	162
<i>oseltamivir phosphate</i>	33	<i>peg-3350/electrolytes/ascobat</i> .120		Pirmella 7/7/7.....	100
OSEVELT.....	91	PEGASYS.....	35	<i>piroxicam</i>	23
OSPHENA.....	113	<i>peg-kcl-nacl-nasulf-na asc-c</i>	120	PLAN B ONE-STEP.....	100
OSPOMYV.....	91	PEG-PREP.....	120	PLAQUENIL.....	140
OTEZLA.....	137	PEMAZYRE.....	44	PLAVIX.....	132
OTEZLA XR.....	137	<i>penicillamine</i>	92	PLEGRIDY.....	77
OTEZLA/OTEZLA XR		<i>penicillin v potassium</i>	37	PLEGRIDY STARTER PACK..	77
INITIATION PK.....	137	PENTASA.....	120	PLENVU.....	120
OTOVEL.....	173	<i>pentazocine-naloxone hcl</i>	26	<i>pnv prenatal plus multivitamin</i> ..	146
OTULFI.....	137	<i>pentoxifylline er</i>	131	<i>pnv tabs 20-1</i>	146
OVIDE.....	172	PERCOCET.....	26	<i>pnv-dha</i>	146
OVIDREL.....	107	PERFOROMIST.....	159	<i>pnv-dha+docusate</i>	146
<i>oxaprozin</i>	23	<i>perindopril erbumine</i>	47	<i>pnv-omega</i>	146
<i>oxazepam</i>	59	Periogard.....	173	<i>pnv-select</i>	146
<i>oxcarbazepine</i>	69	<i>permethrin</i>	172	<i>podofilox</i>	171
OXERVATE.....	155	<i>perphenazine</i>	66	<i>poly-iron 150 forte</i>	149
<i>oxiconazole nitrate</i>	167	<i>perphenazine-amitriptyline</i>	80	<i>polymyxin b-trimethoprim</i>	153
OXISTAT.....	167	PERSERIS.....	66	POLY-VI-FLOR.....	150
OXTELLAR XR.....	69	PERTZYE.....	122	POLY-VI-FLOR/IRON.....	150
<i>oxybutynin chloride</i>	125	PHEBURANE.....	116	POMALYST.....	39
<i>oxybutynin chloride er</i>	125	<i>phendimetrazine tartrate er</i>	90	PONVORY.....	77
<i>oxycodone hcl</i>	25	<i>phenelzine sulfate</i>	62	PONVORY STARTER PACK...77	
<i>oxycodone-acetaminophen</i>	25	<i>phenobarbital</i>	69	Portia-28.....	100
OXYCONTIN.....	25	<i>phenoxybenzamine hcl</i>	56	<i>pot & sod cit-cit ac</i>	124
<i>oxymorphone hcl</i>	26	<i>phenylephrine hcl</i>	155	<i>potassium chloride</i>	144

<i>potassium chloride crys er</i>	144	PRENATE RESTORE.....	147	PROVIDA OB.....	147
<i>potassium chloride er</i>	144	PRENATRIX.....	147	<i>pseudoeph-bromphen-dm</i>	160
<i>potassium citrate er</i>	124	PRENATRYL.....	147	PULMICORT FLEXHALER...	162
<i>potassium citrate-citric acid</i>	124	PRESTALIA.....	47	PULMOZYME.....	160
PR BENZOYL PEROXIDE.....	165	Prevalite.....	50	PURIXAN.....	39
PRADAXA.....	127	PREVYMIS.....	33	PYLERA.....	123
PRALUENT.....	52	PREZCOBIX.....	32	<i>pyrazinamide</i>	32
<i>pramipexole dihydrochloride</i>	63	PREZISTA.....	30	<i>pyridostigmine bromide</i>	79
<i>pramipexole dihydrochloride er</i>	63	PRIALT.....	21	<i>pyridostigmine bromide er</i>	79
<i>prasugrel hcl</i>	132	PRIFTIN.....	32	<i>pyridoxine hcl</i>	150
<i>pravastatin sodium</i>	51	PRIOSEC.....	122	<i>pyrimethamine</i>	36
<i>praziquantel</i>	29	<i>primaquine phosphate</i>	30	PYRUKYND.....	131
<i>prazosin hcl</i>	48	<i>primidone</i>	69	PYRUKYND TAPER PACK...	131
PRED MILD.....	154	PRIVIGEN.....	142	PYZCHIVA.....	137
<i>prednisol ace-moxiflox-bromfen</i>	152	PROAIR RESPICLICK.....	159	QBRELIS.....	47
<i>prednisolone</i>	108	<i>probenecid</i>	21	<i>qc aspirin low dose</i>	27
<i>prednisolone acetate</i>	154	<i>prochlorperazine</i>	118	<i>qc childrens aspirin</i>	27
<i>prednisolone acetate p-f</i>	154	<i>prochlorperazine edisylate</i>	118	<i>qc nicotine transdermal system</i> ...	82
<i>prednisolone acetate-nepafenac</i>	152	<i>prochlorperazine maleate</i>	118	QELBREE.....	72
<i>prednisolone acet-moxifloxacin</i>	152	PROCORT.....	123	QINLOCK.....	44
<i>prednisolone sodium phosphate</i>	108, 154	PROCRIT.....	129	QNASL.....	161
<i>prednisolone-moxifloxacin</i>	152	<i>pro-critic</i>	150	QNASL CHILDRENS.....	161
<i>prednisolon-moxiflox-</i> <i>bromfenac</i>	152	PROCTOFOAM HC.....	123	QSYMIA.....	90
<i>prednisolon-moxiflox-nepafenac</i>	152	Procto-Med Hc.....	123	<i>quazepam</i>	73
<i>prednisone</i>	108	Proctozone-Hc.....	123	<i>quetiapine fumarate</i>	66
PREDNISON INTENSOL.....	108	PROCYSBI.....	124	<i>quetiapine fumarate er</i>	66
<i>pregabalin</i>	69	PROFILNINE.....	131	QUILLICHEW ER.....	72
<i>pregen dha</i>	146	<i>progesterone</i>	114	QUILLIVANT XR.....	72
PREGNYL.....	107	PROGLYCEM.....	108	<i>quinapril hcl</i>	47
PREMARIN.....	112	PROGRAF.....	143	<i>quinapril-hydrochlorothiazide</i> ...	47
PREMESISRX.....	146	PROLASTIN-C.....	157	<i>quinidine gluconate er</i>	49
PREMPHASE.....	112	PROLATE.....	26	<i>quinidine sulfate</i>	49
PREMPRO.....	112	PROLEEVA.....	150	<i>quinine sulfate</i>	30
<i>prena 1 true</i>	146	PROLENSA.....	154	QUINTET AC BLOOD GLUCOSE TEST.....	106
<i>prenal</i>	146	PROLIA.....	91	QUINTET BLOOD GLUCOSE TEST.....	106
<i>prenal pearl</i>	146	PROMACTA.....	132	QULIPTA.....	74
<i>prenatal</i>	146	<i>promethazine hcl</i>	118	QUTENZA.....	171
<i>prenatal 19</i>	146	<i>promethazine-codeine</i>	160	QUTENZA (2 PATCH).....	171
<i>prenatal plus</i>	146	<i>promethazine-dm</i>	160	QUTENZA (4 PATCH).....	171
PRENATAL-U.....	146	Promethegan.....	118	QUVIVIQ.....	73
PRENATE.....	147	PROMETHEGAN.....	119	QVAR REDIHALER.....	162
PRENATE AM.....	146	PROMETRIUM.....	114	<i>rabeprazole sodium</i>	122, 123
PRENATE DHA.....	146	<i>propafenone hcl</i>	49	RADICAVA ORS.....	59
PRENATE ELITE.....	146	<i>propafenone hcl er</i>	49	RADICAVA ORS STARTER KIT.....	59
PRENATE ENHANCE.....	146	<i>propracaine hcl</i>	155	RAGWITEK.....	133
PRENATE ESSENTIAL.....	146	<i>propranolol hcl</i>	53	<i>raloxifene hcl</i>	113
PRENATE MINI.....	146	<i>propranolol hcl er</i>	53	<i>ramelteon</i>	73
PRENATE PIXIE.....	147	<i>propylthiouracil</i>	115	<i>ramipril</i>	47
		PROSCAR.....	123	<i>ranolazine er</i>	56
		PROTONIX.....	122		
		<i>protriptyline hcl</i>	62		
		PROVERA.....	114		

RAPIVAB.....	33	<i>rifampin</i>	32	SEGLUROMET.....	89
<i>rasagiline mesylate</i>	63	<i>riluzole</i>	59	SELARSDI.....	138
RASUVO.....	140	<i>rimantadine hcl</i>	33	SELECT-OB.....	147
RAVICTI.....	116	<i>ringers irrigation</i>	156	SELECT-OB+DHA.....	147
RAYALDEE.....	117	RINVOQ.....	137	<i>selegiline hcl</i>	64
REBIF.....	77	RINVOQ LQ.....	137	<i>selenium sulfide</i>	167
REBIF REBIDOSE.....	77	RIOMET.....	84	SELZENTRY.....	31
REBIF REBIDOSE		<i>risedronate sodium</i>	91	SEMGLEE (YFGN).....	88
TITRATION PACK.....	77	RISPERDAL CONSTA.....	66	<i>se-natal 19</i>	147
REBIF TITRATION PACK.....	77	<i>risperidone</i>	66	SENSIPAR.....	90
REBINYN.....	131	<i>ritonavir</i>	31	SEREVENT DISKUS.....	159
RECLAST.....	91	<i>rivastigmine</i>	60	SERNIVO.....	170
Reclipsen.....	100	<i>rivastigmine tartrate</i>	60	SEROSTIM.....	109
RECOMBINATE.....	130	Rivelsa.....	100	<i>sertraline hcl</i>	62
RECORLEV.....	103	RIVFLOZA.....	124	Setlakin.....	100
RECTIV.....	171	<i>rixubis</i>	131	<i>sevelamer carbonate</i>	113, 114
RELAFEN DS.....	23	<i>rizatriptan benzoate</i>	74	<i>sevelamer hcl</i>	114
RELENZA DISKHALER.....	33	ROCALTROL.....	117	SEVENFACT.....	128
<i>releuko</i>	129	ROCKLATAN.....	151	SEYSARA.....	38
RELION TRUE METRIX		ROLVEDON.....	129	SFROWASA.....	120
TEST STRIPS.....	106	<i>ropinirole hcl</i>	63	Sharobel.....	100
RELISTOR.....	121	<i>ropinirole hcl er</i>	63	SHEWISE.....	100
<i>relnate dha</i>	147	<i>rosuvastatin calcium</i>	51	SIGNIFOR.....	113
REMEDIENT.....	150	Rowepra.....	69	SIGNIFOR LAR.....	113
REMERON.....	62	ROXICODONE.....	26	SIKLOS.....	132
REMERON SOLTAB.....	62	ROXYBOND.....	26	<i>sildenafil citrate</i>	58
REMICADE.....	133	ROZLYTREK.....	44	SILENOR.....	73
REMODULIN.....	58	RUBRACA.....	45	SILIQ.....	138
RENACIDIN.....	124	RUCONEST.....	141	<i>silodosin</i>	123
RENFLEXIS.....	133	<i>rufinamide</i>	69	SILVADENE.....	166
<i>reno caps</i>	150	RUKOBIA.....	31	<i>silver sulfadiazine</i>	166
<i>repaglinide</i>	89	RYBELSUS.....	85	SIMBRINZA.....	151
REPATHA.....	52	RYCLORA.....	159	SIMLANDI (1 PEN).....	138
REPATHA SURECLICK.....	52	RYDAPT.....	44	SIMLANDI (2 PEN).....	138
RESTASIS.....	155	RYTARY.....	63	SIMLANDI (2 SYRINGE).....	138
RESTASIS MULTIDOSE.....	154	Ryvent.....	159	Simliya.....	100
RETACRIT.....	129	SAFYRAL.....	100	Simpesse.....	100
RETEVMO.....	44	SALAGEN.....	173	SIMPONI.....	138
RETIN-A MICRO PUMP.....	165	SAMSCA.....	113	SIMPONI ARIA.....	133
REVATIO.....	58	SANCUSO.....	119	<i>simvastatin</i>	51
REVLIMID.....	39	SANDOSTATIN.....	82	SINEMET.....	64
REVUFORJ.....	45	SANDOSTATIN LAR DEPOT.....	82	SINGULAIR.....	161
REXULTI.....	66	SANTYL.....	171	SINUVA.....	161
REYATAZ.....	30, 31	SAPHRIS.....	66	<i>sirolimus</i>	143
REZLIDHIA.....	45	SAVAYSA.....	127	SIVEXTRO.....	36
REZUROCK.....	143	SAVELLA.....	72	SKYCLARYS.....	75
RHEUMATE.....	150	SAVELLA TITRATION PACK.....	73	SKYLA.....	101
RHOFADE.....	172	SAXENDA.....	90	SKYRIZI.....	138
RHOPHYLAC.....	142	<i>sb childrens aspirin</i>	27	SKYRIZI PEN.....	138
RHOPRESSA.....	156	SCSEMBLIX.....	44	SKYTROFA.....	110
<i>ribavirin</i>	35	<i>scopolamine</i>	119	SLYND.....	101
<i>rifabutin</i>	32	SECUADO.....	66	<i>sm nicotine</i>	82

<i>sm nicotine polacrilex</i>	82	STOBOCLO.....	91	TACLONEX.....	167
SOAAZ.....	55	STRENSIQ.....	113	<i>tacrolimus</i>	143, 168
<i>sod citrate-citric acid</i>	124	STRIBILD.....	32	<i>tadalafil (pah)</i>	58
<i>sodium chloride</i>	161	STRIVERDI RESPIMAT.....	159	TADLIQ.....	58
<i>sodium fluoride</i>	144	STROVITE FORTE.....	150	TAFINLAR.....	44
<i>sodium oxybate</i>	79	SUBLOCADE.....	26	TAGRISSE.....	44
<i>sodium phenylbutyrate</i>	116	Subvenite.....	69	TAKE ACTION.....	101
<i>sodium polystyrene sulfonate</i>	114	Subvenite Starter Kit-Blue.....	69	TAKHZYRO.....	141
<i>sofosbuvir-velpatasvir</i>	35	Subvenite Starter Kit-Green.....	69	TALICIA.....	123
SOGROYA.....	110	Subvenite Starter Kit-Orange.....	69	TALIVA.....	150
SOHONOS.....	78	SUCRAID.....	121	TALTZ.....	138
Solia.....	101	<i>sucralfate</i>	121	TALZENNA.....	46
<i>solifenacin succinate</i>	125	SUFLAVE.....	120	<i>tamoxifen citrate</i>	40
SOLQUA.....	85	<i>sulconazole nitrate</i>	167	<i>tamsulosin hcl</i>	123
SOLOSEC.....	36	<i>sulfacetamide sodium</i>	153	TAPERDEX 12-DAY.....	108
SOLTAMOX.....	40	<i>sulfacetamide sodium (acne)</i>	165	TAPERDEX 7-DAY.....	108
SOMATULINE DEPOT.....	82	<i>sulfacetamide-prednisolone</i>	152	TARGRETIN.....	46, 171
SOMAVERT.....	83	<i>sulfadiazine</i>	29	Tarina 24 Fe.....	101
SOOLANTRA.....	172	<i>sulfamethoxazole-trimethoprim</i>	36, 37	Tarina Fe 1/20 Eq.....	101
SORILUX.....	167	SULFAMYLON.....	166	TARPEYO.....	124
<i>sotalol hcl</i>	49	<i>sulfasalazine</i>	120	TASCENSO ODT.....	77
<i>sotalol hcl (af)</i>	49	Sulfatrim Pediatric.....	37	TASIGNA.....	44
SOTYKTU.....	138	<i>sulfurated lime</i>	172	TAVALISSE.....	132
SOTYLIZE.....	49	<i>sulindac</i>	23	TAVNEOS.....	131
SOVALDI.....	35	<i>sumatriptan</i>	74	Taysofy.....	101
SPEVIGO.....	167	<i>sumatriptan succinate</i>	74	TAYTULLA.....	101
<i>spinosad</i>	172	<i>sumatriptan-naproxen sodium</i>	75	<i>tazarotene</i>	165, 167
SPIRIVA HANDIHALER.....	158	SUNOSI.....	79	TAZORAC.....	167
SPIRIVA RESPIMAT.....	158	SUPARTZ FX.....	28	TAZVERIK.....	46
<i>spironolactone</i>	48	SUPPRELIN LA.....	92	TECFIDERA.....	78
<i>spironolactone-hctz</i>	55	SUPREP BOWEL PREP KIT..	121	TEKTURNA.....	55
SPRAVATO (56 MG DOSE).....	62	SUTAB.....	121	<i>telmisartan</i>	49
SPRAVATO (84 MG DOSE).....	62	SUTENT.....	44	<i>telmisartan-amlodipine</i>	48
Sprintec 28.....	101	Syeda.....	101	<i>telmisartan-hctz</i>	49
SPRITAM.....	69	SYMBICORT.....	163	<i>temazepam</i>	73
SPRIX.....	23	SYMDEKO.....	160	TEMODAR.....	38
SPRYCEL.....	44	SYMFI.....	32	<i>temozolomide</i>	38
Sps (Sodium Polystyrene Sulf). 114		SYMPAZAN.....	69	TENCON.....	22
SPS (SODIUM		SYMPROIC.....	121	<i>tenofovir disoproxil fumarate</i>	31
POLYSTYRENE SULF).....	114	SYMTUZA.....	32	TENORMIN.....	53
Sronyx.....	101	SYNAREL.....	106	TEPMETKO.....	44
Ssd.....	166	SYNDROS.....	119	<i>terazosin hcl</i>	123
ST JOSEPH LOW DOSE.....	27, 28	SYNJARDY.....	89	<i>terbinafine hcl</i>	29
STEGLATRO.....	90	SYNJARDY XR.....	89	<i>terbutaline sulfate</i>	159
STEGLUJAN.....	89	SYNOJOYNT.....	28	<i>terconazole</i>	126
STELARA.....	138	SYNTHROID.....	115	<i>teriparatide</i>	91
STENDRA.....	124	SYNVISC.....	28	TESTOPEL.....	83
STEQEYMA.....	138	SYNVISC ONE.....	28	<i>testosterone</i>	83
<i>sterile water for irrigation</i>	156	SYPRINE.....	92	<i>testosterone cypionate</i>	83
STIMUFEND.....	129	TABLOID.....	39	<i>testosterone enanthate</i>	83
STIOLTO RESPIMAT.....	157	TABRECTA.....	44	<i>tetrabenazine</i>	76
STIVARGA.....	44			<i>tetracycline hcl</i>	38

TEXACORT.....	170	TOUJEO MAX SOLOSTAR.....	88	Tri-Lo-Sprintec.....	101
TEZSPIRE.....	162	TOUJEO SOLOSTAR.....	88	<i>trimethobenzamide hcl</i>	119
THALOMID.....	39	TOVIAZ.....	125	<i>trimethoprim</i>	37
THEO-24.....	163	TRACLEER.....	58	Tri-Mili.....	101
<i>theophylline</i>	163	TRADJENTA.....	84	<i>trimipramine maleate</i>	62
<i>theophylline er</i>	163	<i>tramadol hcl</i>	26	TRINATE.....	147
THIOLA.....	125	<i>tramadol hcl (er biphasic)</i>	26	Trinessa (28).....	101
THIOLA EC.....	125	<i>tramadol hcl er</i>	26	TRINTELLIX.....	62
<i>thioridazine hcl</i>	66	<i>tramadol-acetaminophen</i>	26	TRIPTODUR.....	92
<i>thiothixene</i>	66	<i>trandolapril</i>	48	Tri-Sprintec.....	102
THRIVE.....	82	<i>trandolapril-verapamil hcl er</i>	47	<i>tristart dha</i>	147
<i>thrivite rx</i>	147	<i>tranexamic acid</i>	131	TRIUMEQ.....	32
THYQUIDITY.....	115	<i>tranylcypramine sulfate</i>	62	<i>triumeq pd</i>	32
<i>thyroid</i>	115	TRAVATAN Z.....	155	TRIVISC.....	28
<i>tiagabine hcl</i>	69	<i>travoprost (bak free)</i>	155	<i>tri-vite/fluoride</i>	150
TIBSOVO.....	46	<i>trazodone hcl</i>	62	Trivora (28).....	102
TIKOSYN.....	50	TRELEGY ELLIPTA.....	157	Tri-Vylibra.....	102
Tilia Fe.....	101	TRELSTAR MIXJECT.....	40	Tri-Vylibra Lo.....	102
<i>timolol maleate</i>	53, 151	TREMFYA.....	138	TROKENDI XR.....	70
<i>timolol maleate (once-daily)</i>	151	TREMFYA ONE-PRESS.....	138	<i>tronvite</i>	150
<i>timolol-brimon-dorzol-latanopr</i>	151	TREMFYA PEN.....	138	<i>tropicamide</i>	155
<i>timolol-brimonidine-dorzolamid</i>	151	TREMFYA-CD/UC.....		<i>tropium chloride</i>	125
<i>timolol-dorzolamid-latanoprost</i>	151	INDUCTION.....	139	<i>tropium chloride er</i>	125
TIMOPTIC OCUDOSE.....	151	<i>treprostinil</i>	58	TRUE METRIX BLOOD.....	
<i>tinidazole</i>	29	TRESIBA.....	88	GLUCOSE TEST.....	106
TIROSINT.....	115	TRESIBA FLEXTOUCH.....	88	TRUETEST TEST.....	106
TIROSINT-SOL.....	115	<i>tretinoin</i>	46, 165	TRUETRACK TEST.....	106
TIVICAY.....	31	<i>tretinoin microsphere</i>	165	TRULANCE.....	120
TIVICAY PD.....	31	<i>tretinoin microsphere pump</i>	165	TRULICITY.....	85
<i>tizanidine hcl</i>	78	TREXALL.....	39	TRUQAP.....	44
TLANDO.....	83	TREXIMET.....	75	TRUVADA.....	32
TOBI.....	160	TREZIX.....	26	TRYNGOLZA.....	56
TOBI PODHALER.....	160	Tri Femynor.....	101	TUDORZA PRESSAIR.....	158
TOBRADEX.....	152	<i>triamcinolone acetonide</i>	170, 171, 173	TUKYSA.....	44
TOBRADEX ST.....	152	<i>triamterene</i>	55	TURALIO.....	44
<i>tobramycin</i>	153, 160	<i>triamterene-hctz</i>	55	Turqoz.....	102
<i>tobramycin-dexamethasone</i>	152	<i>triazolam</i>	73	TUXARIN ER.....	160
TOBREX.....	153	Triderm.....	171	TWIIST REFILL KIT.....	106
TODAY SPONGE.....	124	<i>trientine hcl</i>	92	TWIIST REFILL.....	
TOLAK.....	165	Tri-Estarylla.....	101	KIT/INFUSION SET.....	106
<i>tolcapone</i>	64	<i>trifluoperazine hcl</i>	66	TWIIST STARTER KIT.....	106
<i>tolsura</i>	29	<i>trifluridine</i>	153	TWIRLA.....	102
<i>tolterodine tartrate</i>	125	<i>trihexyphenidyl hcl</i>	64	TWYNEO.....	165
<i>tolterodine tartrate er</i>	125	TRIJARDY XR.....	84	TYBLUME.....	102
TOPICORT.....	170	TRIKAFTA.....	160, 161	TYBOST.....	31
<i>topiramate</i>	69	Tri-Legest Fe.....	101	Tydemy.....	102
<i>topiramate er</i>	69	TRILEPTAL.....	70	TYENNE.....	139
TOPROL XL.....	53	Tri-Linyah.....	101	TYKERB.....	45
<i>toremifene citrate</i>	40	Tri-Lo-Estarylla.....	101	TYMLOS.....	91
<i>toremide</i>	55	Tri-Lo-Marzia.....	101	TYRVAYA.....	155
TOSYMRA.....	75	Tri-Lo-Mili.....	101	TYSABRI.....	78
				TYVASO.....	58

TYVASO DPI		VELTASSA.....	114	VIVITROL.....	80
INSTITUTIONAL KIT.....	58	VEMLIDY.....	35	VIZIMPRO.....	45
TYVASO DPI		VENCLEXTA.....	39	Volnea.....	102
MAINTENANCE KIT.....	58	VENCLEXTA STARTING		VOLTAREN.....	23
TYVASO DPI TITRATION		PACK.....	39	VONJO.....	45
KIT.....	58	<i>venlafaxine hcl</i>	62	VONVENDI.....	128
TYVASO REFILL KIT.....	58	<i>venlafaxine hcl er</i>	62	VORANIGO.....	46
TYVASO STARTER KIT.....	58	<i>verapamil hcl</i>	54	<i>voriconazole</i>	29
UBRELVY.....	74	<i>verapamil hcl er</i>	54	VOSEVI.....	36
UCERIS.....	120	VEREGEN.....	171	VOTRIENT.....	45
UDAMIN SP.....	150	VERKAZIA.....	155	VOWST.....	121
UDENYCA.....	129	VERQUVO.....	56	VOXZOGO.....	109
ULORIC.....	21	VERSACLOZ.....	66	VOYDEYA.....	132
UNISTRIP1 GENERIC.....	106	VERZENIO.....	45	VPRIV.....	110
Unithroid.....	115	Vestura.....	102	VRAYLAR.....	66
UPTRAVI.....	58	VEVYE.....	155	VTAMA.....	167
UPTRAVI TITRATION.....	58	VFEND.....	29	VUMERITY.....	78
UROCIT-K 10.....	125	V-GO 20.....	106	VUSION.....	167
UROCIT-K 15.....	125	V-GO 30.....	106	VYALEV.....	64
URSO FORTE.....	121	V-GO 40.....	106	Vyfemla.....	102
<i>ursodiol</i>	121	VIBERZI.....	120	VYJUVEK.....	172
<i>ustekinumab</i>	139	VIC-FORTE.....	150	Vylibra.....	102
<i>ustekinumab-aauz</i>	139	VICTOZA.....	85	VYNDAMAX.....	56
<i>ustekinumab-aeKn</i>	139	Vienna.....	102	VYTORIN.....	51
<i>ustekinumab-ttwe</i>	139	<i>vigabatrin</i>	70	VYVANSE.....	72
<i>valacyclovir hcl</i>	33	Vigadrone.....	70	VYVGART HYTRULO.....	79
VALCHLOR.....	171	VIGAFYDE.....	70	VYZULTA.....	155
<i>valganciclovir hcl</i>	33	VIGAMOX.....	153	WAINUA.....	114
VALIUM.....	70	VIIBRYD.....	62	WAKIX.....	79
<i>valproic acid</i>	70	VIJOICE.....	113	<i>warfarin sodium</i>	127
<i>valsartan</i>	49	VIMPAT.....	70	WEGOVY.....	90
<i>valsartan-hydrochlorothiazide</i> ...	49	VINATE DHA RF.....	147	WELIREG.....	46
Valtya 1/35.....	102	VIOKACE.....	122	Wera.....	102
Valtya 1/50.....	102	<i>viorele</i>	102	<i>wescap-pn dha</i>	148
VANCOGIN.....	37	VIRACEPT.....	31	<i>wesnate dha</i>	148
<i>vancomycin hcl</i>	37	VIREAD.....	31	<i>westab plus</i>	148
VANDAZOLE.....	126	VISCO-3.....	28	<i>westgel dha</i>	148
VANFLYTA.....	45	VISTOGARD.....	46	WEZLANA.....	139
VANRAFIA.....	125	VISUDYNE.....	155	WIDE-SEAL DIAPHRAGM 60	
<i>varenciline tartrate</i>	82	VITA S FORTE.....	150	.....	102
<i>varenciline tartrate (starter)</i>	82	VITACEL.....	150	WIDE-SEAL DIAPHRAGM 65	
VARUBI (180 MG DOSE).....	119	VITAFOL FE+.....	147	.....	102
VASCEPA.....	52	VITAFOL GUMMIES.....	147	WIDE-SEAL DIAPHRAGM 70	
VASOTEC.....	48	VITAFOL ULTRA.....	147	.....	102
<i>v-c forte</i>	150	VITAFOL-OB.....	147	WIDE-SEAL DIAPHRAGM 75	
VCF VAGINAL		VITAFOL-OB+DHA.....	147	.....	102
CONTRACEPTIVE.....	124	VITAFOL-ONE.....	147	WIDE-SEAL DIAPHRAGM 80	
VECAMYL.....	56	<i>vitamin d (ergocalciferol)</i>	150	.....	103
VELETRI.....	58	<i>vitamin k1</i>	150	WIDE-SEAL DIAPHRAGM 85	
VELIVET.....	102	<i>vitasure</i>	150	.....	103
VELPHORO.....	114	VITATHELY WITH GINGER	147		
VELSIPITY.....	139	VITRAKVI.....	45		

WIDE-SEAL DIAPHRAGM 90	XPOVIO (80 MG ONCE	ZEPOSIA 7-DAY STARTER
..... 103	WEEKLY)..... 46	PACK..... 78
WIDE-SEAL DIAPHRAGM 95	XPOVIO (80 MG TWICE	ZEPOSIA STARTER KIT..... 78
..... 103	WEEKLY)..... 46	ZERVIATE..... 151
WILATE..... 128	XTAMPZA ER..... 26	ZETIA..... 50
WINLEVI..... 165	XTANDI..... 40	ZIANA..... 165
WINREVAIR..... 58	Xulane..... 103	<i>zidovudine</i> 31
WINRHO SDF..... 142	XULTOPHY..... 85	ZIEXTENZO..... 129
Wymzya Fe..... 103	XURIDEN..... 113	ZILBRYSQ..... 75
WYNZORA..... 167	XYNTHA..... 130	<i>zileuton er</i> 161
XADAGO..... 64	XYNTHA SOLOFUSE..... 130	ZILXI..... 172
XALATAN..... 155	XYOSTED..... 83	ZIOPTAN..... 155
XALKORI..... 45	XYREM..... 79	<i>ziphex</i> 148
Xarah Fe..... 103	XYWAV..... 79	<i>ziprasidone hcl</i> 66
XARELTO..... 127	YASMIN 28..... 103	ZIPSOR..... 23
XARELTO STARTER PACK. 127	YAZ..... 103	ZIRGAN..... 153
XCOPRI..... 70	YESINTEK..... 139	ZITHROMAX..... 34
XCOPRI (250 MG DAILY	YEZTUGO..... 31	ZITHROMAX TRI-PAK..... 34
DOSE)..... 70	<i>yl folic acid</i> 150	ZITHROMAX Z-PAK..... 34
XCOPRI (350 MG DAILY	YONSA..... 41	ZITUVIMET..... 84
DOSE)..... 70	YORVIPATH..... 91	ZITUVIMET XR..... 84
XDEMVI..... 153	YOSPRALA..... 132	ZITUVIO..... 84
XELJANZ..... 139	YUFLYMA (1 PEN)..... 139	ZOCOR..... 51
XELJANZ XR..... 139	YUFLYMA (2 PEN)..... 139	ZOKINVY..... 113
XELPROS..... 155	YUFLYMA (2 SYRINGE)..... 140	ZOLADEX..... 41
Xelria Fe..... 103	YUFLYMA-CD/UC/HS	<i>zoledronic acid</i> 91
XEMBIFY..... 142	STARTER..... 140	ZOLINZA..... 46
XENAZINE..... 76	YUPELRI..... 158	<i>zolmitriptan</i> 75
XEOMIN..... 72	YUSIMRY..... 140	<i>zolpidem tartrate</i> 73
XERAC AC..... 172	YUTREPIA..... 59	<i>zolpidem tartrate er</i> 73
XERESE..... 33	Zafemy..... 103	ZOMACTON..... 110
XERMELO..... 122	<i>zafirlukast</i> 161	ZOMIG..... 75
XGEVA..... 91	<i>zaleplon</i> 73	<i>zonisamide</i> 70
XHANCE..... 161	<i>zalvit</i> 148	ZONTIVITY..... 132
XIFAXAN..... 37	ZANAFLEX..... 78	ZORTRESS..... 143
XIGDUO XR..... 89	ZARONTIN..... 70	ZORYVE..... 167, 168
XIIDRA..... 155	ZARXIO..... 129	Zovia 1/35 (28)..... 103
XOFLUZA (40 MG DOSE)..... 33	ZAVESCA..... 110	ZTALMY..... 70
XOFLUZA (80 MG DOSE)..... 33	ZEJULA..... 46	ZUBSOLV..... 79
XOLAIR..... 139	<i>zelac</i> 118	Zumandimine..... 103
XOLREMDI..... 129	ZELAPAR..... 64	ZURZUVAE..... 62
XOSPATA..... 45	ZELBORAF..... 45	ZYCLARA..... 165
XPOVIO (100 MG ONCE	ZEMAIRA..... 157	ZYCLARA PUMP..... 165
WEEKLY)..... 46	ZEMBRACE SYMTOUCH..... 75	ZYDELIG..... 45
XPOVIO (40 MG ONCE	ZEMPLAR..... 117	ZYKADIA..... 45
WEEKLY)..... 46	Zenatane..... 165	ZYLET..... 152
XPOVIO (40 MG TWICE	ZENPEP..... 122	ZYMFENTRA (1 PEN)..... 140
WEEKLY)..... 46	Zenedi..... 72	ZYMFENTRA (2 PEN)..... 140
XPOVIO (60 MG ONCE	ZEPATIER..... 36	ZYMFENTRA (2 SYRINGE)..... 140
WEEKLY)..... 46	ZEPBOUND..... 90	ZYPITAMAG..... 51
XPOVIO (60 MG TWICE	ZEPOSIA..... 78	ZYTIGA..... 41
WEEKLY)..... 46		