

Plan for your best health

2027 Aetna Pharmacy Drug Guide

Advanced Control Plan - Aetna: Federal and Postal Service Employees

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

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 Previous versions are no longer in effect.

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2027 Pharmacy Drug Guide

Advanced Control Plan - Aetna: Federal Employees

Table of Contents

INFORMATIONAL SECTION.....	4
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....	21
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....	33
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	46
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	60
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	75
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	110
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	158
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS.....	166
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	170
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM.....	178
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	198
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	203
OTHER.....	208
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	209
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	220

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.

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.

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

Your pharmacy plan may not have all the coverage levels listed above so check your plan documents to see how much you will pay. 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](tel:1-866-353-1892) (TTY: [711](tel:1-866-353-1892)).
- **For a new prescription**, your doctor can send it to us in one of four ways:

1. **Electronically:** Through e-prescribe

2. **Fax:** [1-800-323-2445](tel:1-800-323-2445)

3. **Phone:** [1-800-237-2767](tel:1-800-237-2767) (TTY: [711](tel:1-800-237-2767))

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

CVS Caremark Mail Service Pharmacy™

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

Get started right away

You can submit your order using one of these options:

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

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

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

Frequently asked questions

How can I save on prescriptions?

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

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

What are generic drugs?

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

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

What is precertification/prior authorization (PA)?*

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

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

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 www.covermymeds.health.
- 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 ծառայություններից 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)

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

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>], 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, 800-537-7697 (TDD)]
Complaint forms are available at [<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>], or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at [<https://fortress.wa.gov/oic/online services/cc/pub/complaintinformation.aspx>]

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TTY:711

To access language services at no cost to you, call 1-888-982-3862 .
Para acceder a los servicios de idiomas sin costo, llame al 1-888-982-3862 . (Spanish)
如欲使用免費語言服務，請致電 1-888-982-3862 . (Chinese)
Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862 . (French)
Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-888-982-3862 . (Tagalog)
T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó koji' hólne' 1-888-982-3862 . (Navajo)
Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-888-982-3862 an. (German)
Për shërbime përkthimi falas për ju, telefononi 1-888-982-3862 . (Albanian)
የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በ 1-888-982-3862 ይደውሉ። (Amharic)

(Arabic). 1-888-982-3862 للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم
Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք 1-888-982-3862 հեռախոսահամարով: (Armenian)
Kugira uronke serivisi z'indimi atakiguzi, hamagara 1-888-982-3862 . (Bantu)
আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে এই নম্বরে টেলিফোন করুন: 1-888-982-3862 । (Bengali)
Ngadto maakes ang mga serbisyo sa pinulongan alang libre, tawagan sa 1-888-982-3862 . (Bisayan-Visayan)
သင့်အတွက် အခကြေးငွေ မရှိဘဲ ဘာသာစကားဝန်ဆောင်မှုများကို ဝင်ရောက်အသုံးပြုရန် 1-888-982-3862 ကိုခေါ်ဆိုပါ။ (Burmese)
ngere aukke ghut alillis reel kapasal Falawasch au fafaingi tilifon ye 1-888-982-3862 (Carolinian (Kapasal Falawasch))
Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al 1-888-982-3862 . (Catalan)
Para un hago' i setbision lengguahi ni dibatde para hagu, agang 1-888-982-3862 . (Chamorro)
ᐱᐱᐱᐱ ᐱᐱᐱᐱ ᐱᐱᐱᐱ ᐱᐱᐱᐱ ᐱᐱᐱᐱ ᐱᐱᐱᐱ ᐱᐱᐱᐱ ᐱᐱᐱᐱ 1-888-982-3862 . (Cherokee)
Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla, I paya 1-888-982-3862 . (Choctaw)
Tajaajiiloota afaanii garuu bilisaa ati argaachuuf,bilbili 1-888-982-3862 . (Cushite-Oromo)
Voor gratis toegang tot taaldiensten, bell 1-888-982-3862 . (Dutch)
Pou jwenn sèvis lang gratis, rele 1-888-982-3862 . (French Creole-Haitian)
Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-982-3862 . (Greek)
તમારે કોઇ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, કોલ કરો 1-888-982-3862 . (Gujarati)
No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i kēia helu kelepona 1-888-982-3862 . Kāki 'ole 'ia kēia kōkua nei. (Hawaiian)
आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, 1-888-982-3862 पर कॉल करें। (Hindi)
Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu 1-888-982-3862 . (Hmong)
Iji nwetaòhèrè na rụ gasị asụsụ n'efu, kpọọ 1-888-982-3862 . (Ibo)
Tapno maakesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti 1-888-982-3862 . (Ilocano)

Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi 1-888-982-3862 . (Indonesian)
Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-982-3862 . (Italian)
言語サービスを無料でご利用いただくには、1-888-982-3862 までお電話ください。 (Japanese)
လကမၤန့ၢ် ကျိၣ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢၣ်ဘျၣ်လၢၣ်စ့ၤ လၢန့ၢ်အဂီၢ်, ကိၣ်: 1-888-982-3862 . (Karen)
무료 언어 서비스를 이용하려면 1-888-982-3862 번으로 전화해 주십시오. (Korean)
M̈ dyi wuḍu-dù kà kò dò bĕ dyi m̈uún nì Pídyi ní, nîí, dá nòbà nìà kɛ: 1-888-982-3862 . (Kru-Bassa)
بۆ دەسپێراگە یشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەيوەندی بکە بە ژمارەى 1-888-982-3862 (Kurdish)
ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ, ໃຫ້ໂທຫາເບີ 1-888-982-3862 . (Laotian)
कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, 1-888-982-3862 वर फोन करा. (Marathi)
Nan etal nan jikin jiban ikijen Kajin ilo an ejelok onen nan kwe, kirllok 1-888-982-3862 . (Marshallese)
Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih 1-888-982-3862 . (Micronesian-Pohnpeian)
ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទេស 1-888-982-3862 ។ (Mon-Khmer, Cambodian)
निःशुल्क भाषा सेवा प्राप्त गर्न 1-888-982-3862 मा टेलिफोन गर्नुहोस् । (Nepali)
Të kɔɔr yin wĕër de thokic ke cĭn wĕu kɔr keek tĕnɔŋ yĭn. Ke cɔl kɔc ye kɔc kuɔny ne nɔmba 1-888-982-3862 . (Nilotic-Dinka)
For tilgang til kostnadsfri språktjenester, ring 1-888-982-3862 . (Norwegian)
Um Schprooch Services zu griege mitaus Koscht, ruff 1-888-982-3862 . (Pennsylvania Dutch)
برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-888-982-3862 تماس بگیرید. (Persian-Farsi)
Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić 1-888-982-3862 . (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-888-982-3862 . (Portuguese)
ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, 1-888-982-3862 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)
Pentru a accesa gratuit serviciile de limbă, apălați 1-888-982-3862 . (Romanian)
Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-888-982-3862 . (Russian)
Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le 1-888-982-3862 . (Samoan)
Za besplatne prevodilačke usluge pozovite 1-888-982-3862 . (Serbo-Croatian)
Heeba a nasta jangirde djey wolde wola chede bo apelou lamba 1-888-982-3862 . (Sudanic-Fulfulde)
Kupata huduma za lugha bila malipo kwako, piga 1-888-982-3862 . (Swahili)
1-888-982-3862 :ܠܚܝܬܐ ܕܠܥܝܠܐ ܕܠܥܝܠܐ ܕܠܥܝܠܐ ܕܠܥܝܠܐ ܕܠܥܝܠܐ (Syriac Assyrian)
మీరు భాష సేవలను ఉచితంగా అందుకునేందుకు, 1-888-982-3862 కాల్ చేయండి. (Telugu)
หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทร 1-888-982-3862 . (Thai)
Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he 1-888-982-3862 . (Tongan)
Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori 1-888-982-3862 . (Trukese)
Sizin için ücretsiz dil hizmetlerine erişebilmek için, 1-888-982-3862 numarayı arayın. (Turkish)
Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером 1-888-982-3862 . (Ukrainian)
بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے، 1-888-982-3862 پر بات کریں۔ (Urdu)
Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-888-982-3862 . (Vietnamese)
צו צוטרייט שפראך באַדינונגען אין קיין פּרײַז צו איר, רופן 1-888-982-3862 . (Yiddish)
Lati wọnú awọn isẹ èdè l'ọfẹ fun ọ, pe 1-888-982-3862 . (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.

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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.

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Advanced Control Plan - Aetna: Federal Employees

Coverage Requirements and Limits AL = Age Limit IBC = Indication Based Coverage N10 = Drug Coverage for Student Health members. N7 = Drug tier when CE does not apply N8 = Drug Specific Coverage PA = Prior Authorization QL = Quantity Limit QLR = Quantity Limit Restriction Based on Age Select OTC = Select OTC Program if your pharmacy plan includes this program you may have coverage for products noted with a doctors prescription. Please see your plan benefit information for specific coverage details. SPC = Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage. ST = Step Therapy STX = Safer and/or more effective treatments are available		
Drug Tier CE = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply. NF = Non-formulary, not covered unless exception request granted NP = Non-Preferred Brand and Generic NPSP = Non-Preferred Specialty Drugs PB = Preferred Brand PG = Preferred Generic PSP = Preferred Specialty Drugs		
lowercase italics = Generic drugs UPPERCASE = Brand name drugs		
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (<i>celecoxib</i>)	NF	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i>	NP	
<i>celecoxib oral capsule 50 mg</i>	NP	N8 (Listing does not include certain NDCs)
ELYXYB ORAL SOLUTION 120 MG/4.8ML (<i>celecoxib (migraine)</i>)	NF	
VYSCOXIA ORAL SUSPENSION 10 MG/ML (<i>celecoxib</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOUT		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>allopurinol oral tablet 200 mg</i>	NF	
<i>colchicine oral capsule 0.6 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>colchicine oral tablet 0.6 mg</i>	PG	QL (120 TABLETS per 25 DAYS)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	PG	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	PG	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (<i>colchicine</i>)	NF	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50ML, 8 MG/ML (<i>pegloticase</i>)	NPSP	PA
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	NF	
<i>probenecid oral tablet 500 mg</i>	PG	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	NF	
MISCELLANEOUS		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (<i>ziconotide acetate</i>)	NPSP	
NON-OPIOID ANALGESICS		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	NF	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	PG	STX; QL (48 TABLETS per 25 DAYS)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	NF	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	PG	STX; N8 (Listing does not include certain NDCs); QL (48 TABLETS per 25 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	PG	STX; N8 (Listing does not include certain NDCs); QL (48 CAPSULES per 25 days)
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	NF	
JOURNAVX ORAL TABLET 50 MG (<i>suzetrigine</i>)	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NSAIDS		
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	NF	
COXANTO ORAL CAPSULE 300 MG (<i>oxaprozin</i>)	NF	
<i>diclofenac epolamine external patch 1.3 %</i>	PG	STX; QL (30 PATCHES per 25 days)
<i>diclofenac potassium oral capsule 25 mg</i>	NF	
<i>diclofenac potassium oral tablet 25 mg</i>	NF	
<i>diclofenac potassium oral tablet 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	NF	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	PG	
<i>diclofenac sodium external solution 1.5 %</i>	PG	PA; QL (300 ML per 21 days)
<i>diclofenac sodium external solution 2 %</i>	NF	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg</i>	PG	
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	PG	
<i>etodolac oral capsule 200 mg, 300 mg</i>	PG	
<i>etodolac oral tablet 400 mg, 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	NF	
<i>fenoprofen calcium (Fenopron Oral Capsule 300 Mg)</i>	NF	
FLECTOR EXTERNAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	NF	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	PG	
<i>ibuprofen oral tablet 300 mg</i>	NF	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	PG	N8 (Listing does not include certain NDCs)
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	NF	STX
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PG	STX
<i>indomethacin oral suspension 25 mg/5ml</i>	NF	STX
<i>indomethacin rectal suppository 50 mg</i>	NF	STX
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NF	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	NF	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketorolac tromethamine oral tablet 10 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (20 TABLETS per 25 DAYs)
LICART EXTERNAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	NF	
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	NF	
<i>diclofenac potassium</i> (Lofena Oral Tablet 25 Mg)	NF	
LURBIRO ORAL TABLET 100 MG (<i>flurbiprofen</i>)	NF	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	PG	
<i>mefenamic acid oral capsule 250 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>meloxicam oral capsule 10 mg, 5 mg</i>	NF	
<i>meloxicam oral suspension 7.5 mg/5ml</i>	NF	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PG	N8 (Listing does not include certain NDCs)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG (<i>naproxen sodium</i>)	NF	
<i>naproxen oral suspension 125 mg/5ml</i>	NF	
<i>naproxen oral tablet 250 mg, 375 mg</i>	PG	
<i>naproxen oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	PG	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	NF	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	PG	
<i>orudis oral capsule 75 mg</i>	NF	
<i>oxaprozin oral capsule 300 mg</i>	NF	
<i>oxaprozin oral tablet 600 mg</i>	PG	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PG	
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	NF	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	PG	
TOLECTIN 600 ORAL TABLET 600 MG (<i>tolmetin sodium</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOLECTIN DS ORAL CAPSULE 400 MG (<i>tolmetin sodium</i>)	NF	
<i>tolmetin sodium oral capsule 400 mg</i>	NF	
<i>tolmetin sodium oral tablet 200 mg, 600 mg</i>	NF	
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	NF	
ZYBIC ORAL SUSPENSION 7.5 MG/5ML (<i>meloxicam</i>)	NF	
NSAIDS, COMBINATIONS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	NF	
COMBOGESIC ORAL TABLET 325-97.5 MG (<i>ibuprofen-acetaminophen</i>)	NF	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	PG	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	NF	
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	NF	
OPIOID ANALGESICS		
<i>acetaminophen-codeine oral solution 300-30 mg/12.5ml</i>	PG	N8 (Subject to initial limit); QL (2700 ML per 25 DAYs)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	PG	N8 (Subject to initial limit); QL (400 TABLETS per 25 DAYs)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	PG	N8 (Subject to initial limit); QL (360 TABLETS per 25 Days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	NP	N8 (Subject to initial limit); QL (300 CAPSULES per 25 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	PG	STX; N8 (Listing does not include certain NDCs); QL (48 CAPSULES per 25 DAYs)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	PG	STX; QL (48 CAPSULES per 25 DAYs)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	PG	STX; QL (48 CAPSULES per 25 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	NP	QL (2 BOTTLES per 25 DAYS)
<i>codeine sulfate oral tablet 30 mg</i>	PG	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
<i>codeine sulfate oral tablet 60 mg</i>	NP	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>tramadol hcl</i>)	NP	ST; QL (30 CAPSULES per 25 DAYS)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (<i>tramadol hcl</i>)	NP	ST; N8 (High Strength Requires Prior Auth)
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	NP	N8 (Subject to initial limit); QL (480 ML per 25 days)
DILAUDID ORAL TABLET 2 MG (<i>hydromorphone hcl</i>)	NP	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
DILAUDID ORAL TABLET 4 MG (<i>hydromorphone hcl</i>)	NP	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
DILAUDID ORAL TABLET 8 MG (<i>hydromorphone hcl</i>)	NP	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
DISKETS ORAL TABLET SOLUBLE 40 MG (<i>methadone hcl</i>)	NP	QL (9 TABLETS per 25 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	PG	ST; N8 (High Strength Requires Prior Auth)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr</i>	PG	ST; QL (10 PATCHES per 25 DAYS)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	NF	
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	NF	
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml</i>	PG	N8 (Subject to initial limit); QL (2025 ML per 25 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	PG	N8 (Subject to initial limit); QL (2700 ML per 25 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg</i>	PG	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	PG	N8 (Listing does not include certain NDCs. Subject to initial limit); QL (240 TABLETS per 25 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYs)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	PG	N8 (Subject to initial limit); QL (50 TABLETS per 25 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg</i>	NP	ST; QL (30 TABLETS per 25 DAYs)
<i>hydromorphone hcl er oral tablet extended release 24 hour 32 mg</i>	NP	ST; N8 (High Strength Requires Prior Auth)
<i>hydromorphone hcl oral liquid 5 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (480 ML per 25 Days)
<i>hydromorphone hcl oral tablet 2 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 4 mg</i>	PG	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	PG	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	NF	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	NF	
<i>meperidine hcl oral solution 50 mg/5ml</i>	NF	
<i>meperidine hcl oral tablet 50 mg</i>	NF	
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	NP	ST; QL (45 ML per 25 days)
<i>methadone hcl oral concentrate 10 mg/ml</i>	NP	QL (30 ML per 25 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	PG	ST; QL (225 ML per 25 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methadone hcl oral solution 5 mg/5ml</i>	PG	ST; QL (450 ML per 25 DAYs)
<i>methadone hcl oral tablet 10 mg</i>	PG	ST; QL (30 TABLETS per 25 days)
<i>methadone hcl oral tablet 5 mg</i>	PG	ST; QL (90 TABLETS per 25 days)
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NP	QL (30 ML per 25 DAYs)
<i>methadone hcl</i> (Methadose Oral Tablet Soluble 40 Mg)	PG	QL (9 TABLETS per 25 DAYs)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	NP	QL (30 ML per 25 DAYs)
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml</i>	PG	N8 (Subject to initial limit); QL (135 ML per 25 Days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	PG	ST; N8 (High Strength Requires Prior Auth)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	PG	ST; QL (30 CAPSULES per 25 DAYs)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	PG	ST; N8 (High Strength Requires Prior Auth)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	PG	ST; QL (90 TABLETS per 25 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (900 ML per 25 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (675 ML per 25 DAYs)
<i>morphine sulfate oral tablet 15 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>morphine sulfate oral tablet 30 mg</i>	PG	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG (<i>morphine sulfate</i>)	NP	ST; QL (90 TABLETS per 25 DAYs)
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG (<i>morphine sulfate</i>)	NP	ST; N8 (High Strength Requires Prior Auth)
<i>nalocet oral tablet 2.5-300 mg</i>	NF	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG (<i>tapentadol hcl</i>)	NP	ST; QL (60 TABLETS per 25 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG (<i>tapentadol hcl</i>)	NP	ST; N8 (High Strength Requires Prior Auth)
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	NP	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	NP	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	NP	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
<i>oxycodone hcl oral capsule 5 mg</i>	PG	N8 (Subject to initial limit); QL (180 CAPSULES per 25 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (90 ML per 25 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	PG	N8 (Subject to initial limit); QL (900 ML per 25 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 15 mg</i>	PG	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 20 mg</i>	PG	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 30 mg</i>	PG	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml, 5-325 mg/5ml</i>	NF	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	NF	
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYs)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	PG	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	PG	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	NF	
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	NF	
<i>oxymorphone hcl oral tablet 10 mg</i>	PG	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	PG	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	NF	
PROLATE ORAL SOLUTION 10-300 MG/5ML (<i>oxycodone-acetaminophen</i>)	NF	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NF	
ROXICODONE ORAL TABLET 15 MG (<i>oxycodone hcl</i>)	NP	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
ROXICODONE ORAL TABLET 30 MG (<i>oxycodone hcl</i>)	NP	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	NF	
<i>tapentadol hcl er oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	NF	
<i>tapentadol hcl oral solution 20 mg/ml</i>	NF	
<i>tapentadol hcl oral tablet 100 mg</i>	PG	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
<i>tapentadol hcl oral tablet 50 mg</i>	PG	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
<i>tapentadol hcl oral tablet 75 mg</i>	PG	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

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

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SALICYLATES		
<i>aspirin childrens oral tablet chewable 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Min 12 Years and Max 59 Years)
<i>aspirin oral tablet delayed release 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 Days); AL (Min 12 Years and Max 59 Years)
<i>diflunisal oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
DOLOBID ORAL TABLET 250 MG, 375 MG (<i>diflunisal</i>)	NF	
VISCOSUPPLEMENTS		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (<i>cross-link hyal acid (visc)</i>)	NF	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	PSP	PA
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (<i>hyaluronan</i>)	NF	
HYMOVIS ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 32 MG/4ML (<i>hyaluronan</i>)	NF	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (<i>hyaluronan</i>)	NF	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (<i>hyaluronan</i>)	PSP	PA
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (<i>hylan g-f 20</i>)	NF	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (<i>hylan g-f 20</i>)	NF	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTHELMINTICS - DRUGS FOR WORM INFECTION		
<i>albendazole oral tablet 200 mg</i>	NP	QL (336 TABLETS per 365 days)
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	NP	QL (24 TABLETS per 365 DAYS)
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	NP	QL (12 TABLETS per 365 days)
<i>ivermectin oral tablet 3 mg</i>	PG	PA; QL (9 TABLETS per 75 days)
<i>ivermectin oral tablet 6 mg</i>	PG	PA; QL (9 TABLETS per 75 DAYS)
<i>praziquantel oral tablet 600 mg</i>	PG	QL (24 TABLETS per 365 DAYS)
STROMEKTOL ORAL TABLET 3 MG (<i>ivermectin</i>)	NP	PA; QL (9 TABLETS per 75 DAYS)
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	NPSP	PA
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	NF	
<i>neomycin sulfate oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>sulfadiazine oral tablet 500 mg</i>	NF	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	NP	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (<i>isavuconazonium sulfate</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	PG	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
<i>flucytosine oral capsule 250 mg</i>	NP	STX
<i>flucytosine oral capsule 500 mg</i>	NF	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>griseofulvin microsize oral tablet 500 mg</i>	PG	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	PG	
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	NF	
<i>itraconazole oral capsule 100 mg</i>	PG	
<i>itraconazole oral solution 10 mg/ml</i>	NP	PA
<i>ketoconazole oral tablet 200 mg</i>	PG	PA; STX
NOXAFIL ORAL PACKET 300 MG (<i>posaconazole</i>)	NF	
<i>nystatin oral tablet 500000 unit</i>	PG	N8 (Listing does not include certain NDCs)
<i>posaconazole oral suspension 40 mg/ml</i>	NF	
<i>posaconazole oral tablet delayed release 100 mg</i>	NF	
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	NF	
<i>terbinafine hcl oral tablet 250 mg</i>	PG	
<i>tolsura oral capsule 65 mg</i>	NF	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (<i>oteseconazole</i>)	NP	PA; QL (18 CAPSULES per 336 DAYs)
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	PG	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	PG	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	NF	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	NP	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	PG	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	PG	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	NF	
<i>mefloquine hcl oral tablet 250 mg</i>	NP	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	PG	
<i>quinine sulfate oral capsule 324 mg</i>	NP	
SOVUNA ORAL TABLET 300 MG (<i>hydroxychloroquine sulfate</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate oral solution 20 mg/ml</i>	PG	QL (900 ML per 30 DAYs)
<i>abacavir sulfate oral tablet 300 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML (<i>cabotegravir</i>)	NP	N8 (Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis); QL (2 VIALS per 90 DAYs)
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	NF	
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	PG	QL (30 CAPSULES per 30 DAYs)
<i>atazanavir sulfate oral capsule 200 mg</i>	PG	QL (60 CAPSULES per 30 DAYs)
<i>darunavir oral tablet 600 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>darunavir oral tablet 800 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	NP	QL (60 TABLETS per 30 days)
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG (<i>rilpivirine hcl</i>)	NP	QL (180 TABLETS per 30 DAYs)
<i>efavirenz oral tablet 600 mg</i>	PG	QL (30 TABLETS per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	NP	QL (30 CAPSULES per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	NP	QL (680 ML per 28 days)
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	NP	QL (900 ML per 30 days)
EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>)	NP	QL (60 tablets per 30 days)
EPIVIR ORAL TABLET 300 MG (<i>lamivudine</i>)	NP	QL (30 tablets per 30 days)
<i>etravirine oral tablet 100 mg</i>	PG	QL (120 TABLETS per 30 DAYs)
<i>etravirine oral tablet 200 mg</i>	PG	QL (60 TABLETS per 30 DAYs)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fosamprenavir calcium oral tablet 700 mg</i>	PG	QL (120 TABLETS per 30 DAYs)
INTELENCE ORAL TABLET 100 MG, 25 MG (<i>etravirine</i>)	NP	QL (120 TABLETS per 30 days)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	NP	QL (60 TABLETS per 30 days)
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	PB	QL (60 TABLETS per 30 DAYs)
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	PB	QL (60 PACKETS per 30 days)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	PB	QL (120 TABLETS per 30 DAYs)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	PB	QL (180 TABLETS per 30 DAYs)
<i>lamivudine oral solution 10 mg/ml</i>	PG	QL (900 ML per 30 DAYs)
<i>lamivudine oral tablet 150 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>lamivudine oral tablet 300 mg</i>	PG	QL (30 TABLETS per 30 days)
<i>maraviroc oral tablet 150 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
<i>maraviroc oral tablet 300 mg</i>	PG	QL (120 TABLETS per 30 DAYs)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
<i>nevirapine oral suspension 50 mg/5ml</i>	PG	QL (1200 ML per 30 DAYs)
<i>nevirapine oral tablet 200 mg</i>	PG	QL (60 TABLETS per 30 DAYs)
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	PB	QL (360 PACKETS per 30 DAYs)
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	PB	QL (360 TABLETS per 30 days)
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	NF	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	PB	QL (400 ML per 30 DAYs)
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	PB	QL (180 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 600 MG (<i>darunavir</i>)	PB	QL (60 TABLETS per 30 DAYs)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	PB	QL (300 TABLETS per 30 DAYs)
PREZISTA ORAL TABLET 800 MG (<i>darunavir</i>)	PB	QL (30 TABLETS per 30 DAYs)
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	NP	QL (180 CAPSULES per 30 DAYs)
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	NP	QL (1800 ML per 30 DAYs)
REYATAZ ORAL CAPSULE 200 MG (<i>atazanavir sulfate</i>)	NP	QL (60 CAPSULES per 30 days)
REYATAZ ORAL CAPSULE 300 MG (<i>atazanavir sulfate</i>)	NP	QL (30 CAPSULES per 30 days)
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	NP	QL (180 PACKET per 30 days)
<i>rilpivirine hcl oral tablet 25 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>ritonavir oral tablet 100 mg</i>	PG	QL (360 TABLETS per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	NP	QL (60 TABLETS per 30 days)
SELZENTRY ORAL TABLET 150 MG (<i>maraviroc</i>)	NP	QL (60 TABLETS per 30 DAYs)
SELZENTRY ORAL TABLET 300 MG (<i>maraviroc</i>)	NP	QL (120 TABLETS per 30 DAYs)
SUNLENCA ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	NF	
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (<i>lenacapavir sodium</i>)	NF	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	PB	QL (60 TABLETS per 30 DAYs)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	PB	QL (360 TABLETS per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	NF	
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	NP	QL (240 GRAMS per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (<i>tenofovir disoproxil fumarate</i>)	NP	QL (30 TABLETS per 30 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YEZTUGO ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	PB	N8 (Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis); QL (8 TABLETS per 4 days)
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (<i>lenacapavir sodium</i>)	PB	N8 (Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis); QL (4 VIALS per 168 days)
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	NP	QL (900 ML per 30 days)
<i>zidovudine oral capsule 100 mg</i>	PG	QL (180 CAPSULES per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	PG	QL (1800 ML per 30 DAYS)
<i>zidovudine oral tablet 300 mg</i>	PG	QL (60 TABLETS per 30 days)
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	PG	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG (<i>bictegravir-emtricitab-tenofovir</i>)	PB	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYS)
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	PB	QL (30 TABLETS per 30 DAYS)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	NF	
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofovir df</i>)	PB	QL (30 TABLETS per 30 days)
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	NP	QL (30 TABLETS per 30 days)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	NP	N8 (Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis); QL (30 TABLETS per 30 days)
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	PB	QL (30 TABLETS per 30 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	PG	QL (30 TABLETS per 30 Days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	PG	QL (30 TABLETS per 30 DAYS)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	PG	QL (30 TABLETS per 30 DAYS)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	CE	N7 (PG); N8 (\$0 copay applies for pre-exposure prophylaxis only); QL (30 TABLETS per 30 days)
<i>emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg</i>	PG	QL (30 TABLETS per 30 DAYs)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	PB	QL (30 TABLETS per 30 DAYs)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	PB	QL (30 TABLETS per 30 DAYs)
IDVYNZO ORAL TABLET 100-0.25 MG (<i>doravirine-islatravir</i>)	NF	
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	NP	QL (30 TABLETS per 30 DAYs)
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	NP	QL (480 ML per 30 days)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	NP	QL (300 TABLETS per 30 days)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	NP	QL (120 TABLETS per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	PG	QL (60 TABLETS per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	PG	QL (300 TABLETS per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	PG	QL (120 TABLETS per 30 DAYs)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofov af</i>)	PB	QL (30 TABLETS per 30 DAYs)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG (<i>darunavir-cobicistat</i>)	PB	QL (30 TABLETS per 30 DAYs)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	NF	
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	NP	QL (30 TABLETS per 30 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	PB	QL (30 TABLETS per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	NP	QL (30 TABLETS per 30 days)
<i>triumeq pd oral tablet soluble 60-5-30 mg</i>	NP	QL (180 TABLETS per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (<i>emtricitabine-tenofovir df</i>)	NF	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine oral capsule 250 mg</i>	NP	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	PG	
<i>isoniazid oral syrup 50 mg/5ml</i>	PG	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>pyrazinamide oral tablet 500 mg</i>	PG	
<i>rifabutin oral capsule 150 mg</i>	PG	
<i>rifampin oral capsule 150 mg, 300 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>rifapentine oral tablet 150 mg</i>	PG	
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	NPSP	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir oral capsule 200 mg</i>	PG	
<i>acyclovir oral suspension 200 mg/5ml</i>	PG	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	PG	
<i>cidofovir intravenous solution 75 mg/ml</i>	PG	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	PG	
<i>ganciclovir sodium intravenous solution 500 mg/10ml</i>	NF	
HEPCLUDEX SUBCUTANEOUS SOLUTION RECONSTITUTED 8.5 MG (<i>bulevirtide acetate-gmod</i>)	NF	
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	NPSP	PA; QL (120 TABLETS per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	PG	QL (40 CAPSULES per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	PG	QL (20 CAPSULES per 90 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	PG	QL (360 ML per 90 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	PB	QL (40 TABLETS per 30 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (<i>nirmatrelvir-ritonavir</i>)	PB	QL (22 TABLETS per 30 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	PB	QL (60 TABLETS per 30 days)
PREVYMIS ORAL PACKET 120 MG, 20 MG (<i>letermovir</i>)	NP	QL (4 PACKETS per 1 DAY)
PREVYMIS ORAL TABLET 240 MG (<i>letermovir</i>)	NP	QL (2 TABLETS per 1 day)
PREVYMIS ORAL TABLET 480 MG (<i>letermovir</i>)	NP	QL (1 TABLET per 1 DAY)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	PB	QL (2 inhalers per 90 days)
<i>rimantadine hcl oral tablet 100 mg</i>	PG	
TAMIFLU ORAL CAPSULE 75 MG (<i>oseltamivir phosphate</i>)	NP	QL (20 CAPSULES per 90 DAYS)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (<i>oseltamivir phosphate</i>)	NP	QL (360 ML per 90 days)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	PG	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (<i>valganciclovir hcl</i>)	NF	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PG	PA; QL (1144 ML per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	PG	PA; QL (120 TABLETS per 30 days)
VALTREX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	NF	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	NF	
XOCOVA ORAL TABLET 125 MG (<i>ensitrelvir fumarate</i>)	NF	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	NF	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	NF	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	PG	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	PG	
<i>cefadroxil oral capsule 500 mg</i>	PG	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefadroxil oral tablet 1 gm</i>	PG	
<i>cefdinir oral capsule 300 mg</i>	PG	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefixime oral capsule 400 mg</i>	NP	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	NP	
<i>cefixime oral tablet 400 mg</i>	PG	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	PG	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	PG	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	PG	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	PG	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>cephalexin oral capsule 750 mg</i>	PG	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	PG	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	PG	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	PG	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	PG	
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	PG	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	NF	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	PG	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	PG	
<i>erythromycin base oral tablet delayed release 333 mg</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	PG	
<i>erythromycin oral tablet delayed release 250 mg, 500 mg</i>	PG	
<i>fidaxomicin oral tablet 200 mg</i>	PG	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>levofloxacin oral solution 25 mg/ml</i>	PG	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	PG	
<i>moxifloxacin hcl oral tablet 400 mg</i>	PG	
HEPATITIS B		
<i>adefovir dipivoxil oral tablet 10 mg</i>	PG	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	NPSP	PA; QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	NF	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PG	QL (30 TABLETS per 30 days)
<i>lamivudine oral tablet 100 mg</i>	PG	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	PSP	QL (30 TABLETS per 30 days)
HEPATITIS C		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	NF	
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	NF	
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	NF	
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	NF	
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NF	
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	PSP	PA; QL (140 PACKETS per 28 days)
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	PSP	PA; QL (84 TABLETS per 28 days)
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	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ribavirin oral capsule 200 mg</i>	PG	
<i>ribavirin oral tablet 200 mg</i>	PG	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NF	
SOVALDI ORAL PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	NF	
SOVALDI ORAL TABLET 200 MG, 400 MG (<i>sofosbuvir</i>)	NF	
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	NF	
MISCELLANEOUS		
<i>atovaquone oral suspension 750 mg/5ml</i>	PG	
<i>clindamycin hcl oral capsule 150 mg, 75 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>clindamycin hcl oral capsule 300 mg</i>	PG	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	PG	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	PG	
<i>dapsone oral tablet 100 mg, 25 mg</i>	PG	N8 (Listing does not include certain NDCs)
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	NF	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	NF	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	NF	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	PG	PA
<i>linezolid oral tablet 600 mg</i>	PG	PA; N8 (Listing does not include certain NDCs)
MEPRON ORAL SUSPENSION 750 MG/5ML (<i>atovaquone</i>)	PB	
<i>methenamine hippurate oral tablet 1 gm</i>	PG	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	PG	
<i>metronidazole oral capsule 375 mg</i>	PG	
<i>metronidazole oral tablet 125 mg</i>	NF	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nitazoxanide oral tablet 500 mg</i>	PG	QL (20 TABLETS per 25 DAYS); AL (Min 12 Years)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	NP	N8 (Listing does not include certain NDCs)
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	NF	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	PG	
<i>pyrimethamine oral tablet 25 mg</i>	PG	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	NP	PA
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NF	
<i>sulfamethoxazole-trimethoprim oral suspension 800-160 mg/20ml</i>	PG	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	PG	N8 (Listing does not include certain NDCs)
VANCOCIN ORAL CAPSULE 125 MG (<i>vancomycin hcl</i>)	NP	QL (80 CAPSULES per 10 Days)
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	NP	QL (80 CAPSULES per 10 days)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	NF	
XIFAXAN ORAL TABLET 200 MG, 550 MG (<i>rifaximin</i>)	NF	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>amoxicillin oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	PG	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	PG	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	PG	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg</i>	PG	
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>ampicillin oral capsule 500 mg</i>	PG	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	PG	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	PG	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	NP	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (doxycycline hyclate)	NF	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline hyclate oral capsule 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet 100 mg</i>	PG	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet 20 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	PG	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 75 mg</i>	NP	
<i>doxycycline monohydrate oral tablet 50 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	NF	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	PG	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	NP	
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	NPSP	PA; QL (30 TABLETS per 14 DAYS)
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	NF	
<i>doxycycline hyclate</i> (Targadox Oral Tablet 50 Mg)	NF	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	PG	
<i>tetracycline hcl oral tablet 250 mg, 500 mg</i>	NF	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N7 (PG)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	CE	N7 (NPSP)
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	CE	N7 (PSP)
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	CE	N7 (NPSP)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; N7 (PG)
ANTIMETABOLITES		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	CE	PA; N7 (PG)
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	CE	PA; N7 (NPSP); QL (5 TABLETS per 28 days)
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	CE	N7 (NF)
LONSURF ORAL TABLET 15-6.14 MG (<i>trifluridine-tipiracil</i>)	CE	PA; N7 (PSP); QL (100 TABLETS per 30 days)
LONSURF ORAL TABLET 20-8.19 MG (<i>trifluridine-tipiracil</i>)	CE	PA; N7 (PSP); QL (80 TABLETS per 30 days)
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	CE	PA; N7 (PSP)
<i>mercaptopurine oral tablet 50 mg</i>	CE	N7 (PG)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	PG	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	PG	
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	CE	PA; N7 (NPSP); QL (14 TABLETS per 28 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	CE	PA; N7 (NPSP)
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	CE	N7 (NPSP)
ANTINEOPLASTIC, BCL-2 INHIBITORS		
VENCLEXTA ORAL TABLET 10 MG, 50 MG (<i>venetoclax</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	CE	PA; N7 (NPSP); QL (1 TABLET per 28 days)
BIOLOGIC RESPONSE MODIFIERS		
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML (<i>ropeginterferon alfa-2b-njft</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	NF	
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	CE	N7 (NF)
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	CE	PA; N7 (PSP); QL (28 CAPSULES per 28 DAYs)
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 DAYs)
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	CE	N7 (NF)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	CE	N7 (NF)
THALOMID ORAL CAPSULE 100 MG (<i>thalidomide</i>)	PSP	PA; QL (112 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 50 MG (<i>thalidomide</i>)	PSP	PA; QL (28 CAPSULES per 28 days)
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate micronized oral tablet 125 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 Days)
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (<i>niraparib-abiraterone acetate</i>)	CE	N7 (NF)
<i>anastrozole oral tablet 1 mg</i>	CE	N7 (PG); AL (Min 35 Years)
<i>bicalutamide oral tablet 50 mg</i>	CE	N7 (PG)
CLIGAVYX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (<i>fulvestrant</i>)	NF	
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	PSP	PA

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	PSP	PA
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	PSP	PA
ERLEADA ORAL TABLET 240 MG (<i>apalutamide</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
EULEXIN ORAL CAPSULE 125 MG (<i>flutamide</i>)	CE	N7 (NF)
<i>exemestane oral tablet 25 mg</i>	CE	N7 (PG); AL (Min 35 Years)
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (<i>fulvestrant</i>)	NPSP	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	PSP	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	PSP	PA
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	PSP	PA
INLURIYO ORAL TABLET 200 MG (<i>imlunestrant tosylate</i>)	CE	N7 (NF)
<i>letrozole oral tablet 2.5 mg</i>	CE	N7 (PG)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	PSP	PA
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG (<i>relacorilant</i>)	NF	
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG (<i>relacorilant</i>)	NF	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NF	
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	CE	N7 (NPSP)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N7 (PG)
<i>nilutamide oral tablet 150 mg</i>	CE	N7 (PG)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	CE	N7 (NF)
ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hydrochloride</i>)	CE	N7 (NF)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N7 (PG); AL (Min 35 Years)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N7 (PG)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	NF	
VABRINTY SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
VABRINTY SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NF	
VABRINTY SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NF	
VABRINTY SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	NF	
VEPPANU ORAL TABLET 100 MG, 200 MG (<i>vepdegestrant</i>)	CE	N7 (NF)
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYs)
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYs)
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate micronized</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 Days)
ZYTIGA ORAL TABLET 250 MG, 500 MG (<i>abiraterone acetate</i>)	CE	N7 (NF)
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 5 MG (<i>everolimus</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG (<i>everolimus</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
AFINITOR ORAL TABLET 10 MG (<i>everolimus</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG (<i>brigatinib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
AUGTYRO ORAL CAPSULE 160 MG, 40 MG (<i>repotrectinib</i>)	CE	N7 (NF)
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG (<i>avutometinib-defactinib</i>)	CE	N7 (NF)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	CE	N7 (NF)
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPSP); QL (84 TABLETS per 28 days)
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	CE	PA; N7 (NPSP); QL (28 TABLETS per 28 days)
BOSULIF ORAL CAPSULE 100 MG, 50 MG (<i>bosutinib</i>)	CE	N7 (NF)
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (<i>bosutinib</i>)	CE	N7 (NF)
<i>bosutinib oral tablet 100 mg</i>	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
<i>bosutinib oral tablet 400 mg, 500 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	CE	PA; N7 (PSP); QL (180 CAPSULES per 30 days)
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
BRUKINSA ORAL TABLET 160 MG (<i>zanubrutinib</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
CALQUENCE ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
CAVHANZA ORAL TABLET DISPERSIBLE 60 MG, 80 MG (<i>nilotinib</i>)	CE	N7 (NF)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPSP); QL (56 CAPSULES per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPSP); QL (112 CAPSULES per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPSP); QL (1 KIT per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	CE	N7 (NF)
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	CE	PA; N7 (NPSP); QL (63 TABLETS per 21 days)
DANZITEN ORAL TABLET 71 MG, 95 MG (<i>nilotinib tartrate</i>)	CE	N7 (NF)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
<i>dasatinib oral tablet 20 mg</i>	CE	PA; N7 (PSP); QL (90 TABLETS per 30 DAYS)
ENSACOVE ORAL CAPSULE 100 MG, 25 MG (<i>ensartinib hcl</i>)	CE	N7 (NF)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
<i>everolimus oral tablet 10 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
<i>everolimus oral tablet soluble 2 mg, 5 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
<i>everolimus oral tablet soluble 3 mg</i>	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	CE	N7 (NF)
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (<i>fruquintinib</i>)	CE	N7 (NF)
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	CE	N7 (NF)
<i>gefitinib oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>)	CE	N7 (NF)
GOMEKLI ORAL CAPSULE 1 MG, 2 MG (<i>mirdametinib</i>)	CE	N7 (NF)
GOMEKLI ORAL TABLET SOLUBLE 1 MG (<i>mirdametinib</i>)	CE	N7 (NF)
HERNEXEOS ORAL TABLET 60 MG (<i>zongertinib</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
HYRNUO ORAL TABLET 10 MG (<i>sevabertinib</i>)	CE	N7 (NF)
IBRANCE ORAL CAPSULE 125 MG (<i>palbociclib</i>)	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	CE	PA; N7 (PSP); QL (21 TABLETS per 28 days)
IBTROZI ORAL CAPSULE 200 MG (<i>taletrectinib adipate</i>)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	CE	N7 (NF)
<i>imatinib mesylate oral tablet 100 mg</i>	CE	PA; N7 (PG); QL (120 TABLETS per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	CE	PA; N7 (PG); QL (60 TABLETS per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	CE	PA; N7 (NPSP); QL (216 ML per 36 DAYs)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
<i>imkeldi oral solution 80 mg/ml</i>	CE	N7 (NF)
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	CE	N7 (NF)
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
ITOVEBI ORAL TABLET 3 MG (<i>inavolisib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ITOVEBI ORAL TABLET 9 MG (<i>inavolisib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG (<i>ruxolitinib phosphate</i>)	CE	N7 (Not Covered)
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>)	CE	N7 (NF)
JIDEYTRO ORAL TABLET 100 MG, 25 MG (<i>zidesamtinib</i>)	CE	N7 (NF)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (21 TABLETS per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (42 TABLETS per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG (<i>selumetinib sulfate</i>)	CE	N7 (NF)
<i>lapatinib ditosylate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (180 TABLETS per 30 DAYS)
LAZCLUZE ORAL TABLET 240 MG, 80 MG (<i>lazertinib mesylate</i>)	CE	N7 (NF)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPSP); QL (60 CAPSULES per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPSP); QL (60 CAPSULES per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (NPSP); QL (60 CAPSULES per 30 days)
LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	CE	N7 (NF)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	CE	N7 (NF)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	CE	N7 (NF)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (PSP); QL (1080 ML per 28 days)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	CE	PA; N7 (PSP); QL (180 TABLETS per 30 days)
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
<i>nilotinib d-tartrate oral capsule 150 mg, 200 mg, 50 mg</i>	CE	N7 (NF)
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	CE	PA; N7 (PSP); N8 (Generic of Tasigna); QL (120 CAPSULES per 30 DAYS)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (<i>tovorafenib</i>)	CE	N7 (NF)
OJEMDA ORAL TABLET 100 MG (<i>tovorafenib</i>)	CE	N7 (NF)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (<i>momelotinib dihydrochloride</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
<i>pazopanib hcl oral tablet 200 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 Days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pazopanib hcl oral tablet 400 mg</i>	CE	PA; N7 (PSP); N8 (Listing does not include certain NDCs); QL (60 TABLETS per 30 Days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	CE	N7 (NF)
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	CE	N7 (NF)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	CE	PA; N7 (NPSP); QL (28 TABLETS per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (<i>alpelisib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	CE	N7 (NF)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (<i>selpercatinib</i>)	CE	N7 (NF)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (<i>vimseltinib</i>)	CE	N7 (NF)
ROZLYTREK ORAL CAPSULE 100 MG (<i>entrectinib</i>)	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG (<i>entrectinib</i>)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
ROZLYTREK ORAL PACKET 50 MG (<i>entrectinib</i>)	CE	PA; N7 (NPSP); QL (8 CARTONS per 28 days)
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	CE	PA; N7 (PSP); QL (224 CAPSULES per 28 days)
SCEMBLIX ORAL TABLET 100 MG (<i>asciminib hcl</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
SCEMBLIX ORAL TABLET 20 MG (<i>asciminib hcl</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
SCEMBLIX ORAL TABLET 40 MG (<i>asciminib hcl</i>)	CE	PA; N7 (PSP); QL (240 TABLETS per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYS)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	CE	N7 (NF)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	CE	PA; N7 (PSP); QL (84 TABLETS per 28 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 DAYs)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	CE	PA; N7 (NPSP); QL (30 CAPSULES per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	CE	N7 (NF)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG (<i>dabrafenib mesylate</i>)	CE	PA; N7 (PSP); QL (840 TABLETS per 28 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	CE	N7 (NF)
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	CE	N7 (NF)
<i>everolimus</i> (Torpenz Oral Tablet 10 Mg, 2.5 Mg, 5 Mg, 7.5 Mg)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
TRUQAP ORAL TABLET 200 MG (<i>capivasertib</i>)	CE	PA; N7 (NPSP); QL (64 TABLETS per 28 days)
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG (<i>capivasertib</i>)	CE	PA; N7 (NPSP); QL (64 TABLETS per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hcl</i>)	CE	N7 (NF)
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	CE	N7 (NF)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	CE	PA; N7 (NPSP); QL (60 CAPSULES per 30 days)
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	CE	PA; N7 (NPSP); QL (180 CAPSULES per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	CE	PA; N7 (NPSP); QL (300 ML per 30 days)
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 DAYS)
XALKORI ORAL CAPSULE SPRINKLE 150 MG (<i>crizotinib</i>)	CE	PA; N7 (NPSP); QL (180 CAPSULES per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG, 50 MG (<i>crizotinib</i>)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
<i>everolimus</i> (Yulithira Oral Tablet 10 Mg, 2.5 Mg, 5 Mg, 7.5 Mg)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	CE	N7 (NF)
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 days)
MISCELLANEOUS		
<i>bexarotene oral capsule 75 mg</i>	CE	PA; N7 (PSP)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N7 (PG)
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
KOMZIFTI ORAL CAPSULE 200 MG (<i>ziftomenib</i>)	CE	PA; N7 (NPSP); QL (90 CAPSULES per 30 days)
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	CE	N7 (NF)
LUMAKRAS ORAL TABLET 120 MG (<i>sotorasib</i>)	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
LUMAKRAS ORAL TABLET 240 MG (<i>sotorasib</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
LUMAKRAS ORAL TABLET 320 MG (<i>sotorasib</i>)	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 DAYS)
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
MODEYSO ORAL CAPSULE 125 MG (<i>dordaviprone hcl</i>)	CE	PA; N7 (NPSP); QL (20 CAPSULES per 28 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG (<i>nirogacestat hydrobromide</i>)	CE	N7 (NF)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG (<i>revumenib citrate</i>)	CE	N7 (NF)
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	CE	N7 (NF)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	CE	N7 (NF)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	CE	N7 (NF)
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	CE	PA; ST; N7 (NPSP)
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
<i>tretinoin oral capsule 10 mg</i>	CE	N7 (PG)
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	PSP	QL (20 PACKETS per 5 days)
VORANIGO ORAL TABLET 10 MG (<i>vorasidenib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 DAYS)
VORANIGO ORAL TABLET 40 MG (<i>vorasidenib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 DAYS)
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	CE	N7 (NF)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	CE	N7 (NF)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG (<i>selinexor</i>)	CE	N7 (NF)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	CE	N7 (NF)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	CE	N7 (NF)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	N7 (NF)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG (<i>selinexor</i>)	CE	N7 (NF)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	N7 (NF)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

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

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

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

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

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

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ARBLI ORAL SUSPENSION 10 MG/ML (<i>losartan potassium</i>)	NF	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	NF	
<i>azilsartan medoxomil oral tablet 40 mg, 80 mg</i>	PG	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	NF	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	NF	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	NF	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NF	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
MICARDIS ORAL TABLET 40 MG (<i>telmisartan</i>)	NF	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	PG	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	PG	
<i>valsartan oral solution 4 mg/ml</i>	NF	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	PG	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	PG	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	NF	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	PG	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	PSP	
<i>flecainide acetate oral tablet 100 mg, 150 mg</i>	PG	
<i>flecainide acetate oral tablet 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	PB	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NF	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	PG	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	PG	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	NF	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	PG	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	PG	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	NPSP	ST
ANTIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	PB	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	PB	
ANTIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine light oral packet 4 gm</i>	PG	
<i>cholestyramine light oral powder 4 gm/dose</i>	PG	
<i>cholestyramine oral packet 4 gm</i>	PG	
<i>cholestyramine oral powder 4 gm/dose</i>	PG	N8 (Listing does not include certain NDCs)
<i>colesevelam hcl oral packet 3.75 gm</i>	PG	
<i>colesevelam hcl oral tablet 625 mg</i>	PG	
<i>colestipol hcl oral granules 5 gm</i>	PG	
<i>colestipol hcl oral packet 5 gm</i>	PG	
<i>colestipol hcl oral tablet 1 gm</i>	PG	
ANTIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe oral tablet 10 mg</i>	PG	
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	NF	
ANTIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>fenofibrate micronized oral capsule 130 mg</i>	NF	
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	PG	N8 (Listing does not include certain NDCs)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fenofibrate micronized oral capsule 43 mg</i>	NP	
<i>fenofibrate oral capsule 150 mg</i>	NP	
<i>fenofibrate oral capsule 200 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>fenofibrate oral capsule 50 mg</i>	NF	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NF	
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	PG	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	PG	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	NP	
<i>gemfibrozil oral tablet 600 mg</i>	PG	N8 (Listing does not include certain NDCs)
TRICOR ORAL TABLET 145 MG (<i>fenofibrate</i>)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (<i>atorvastatin calcium</i>)	NF	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	N7 (PG); N8 (Listing does not include certain NDCs); AL (Min 40 Years and Max 75 Years)
<i>atorvastatin calcium oral tablet 40 mg</i>	PG	N8 (Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease, Listing does not include certain NDCs)
<i>atorvastatin calcium oral tablet 80 mg</i>	PG	N8 (Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	PG	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	PG	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (<i>fluvastatin sodium</i>)	NF	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (<i>atorvastatin calcium</i>)	NF	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	NF	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PG	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	NF	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PG	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
<i>rosuvastatin calcium oral tablet 40 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	CE	N7 (PG); AL (Min 40 Years and Max 75 Years)
<i>simvastatin oral tablet 80 mg</i>	PG	N8 (Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	NF	
ANTIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	PG	
ANTIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 5 MG (<i>lomitapide mesylate</i>)	NPSP	PA; QL (28 CAPSULES per 28 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG (<i>lomitapide mesylate</i>)	NPSP	PA; QL (56 CAPSULES per 28 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	PG	
NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	PG	
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	NP	PA
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	PG	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (<i>icosapent ethyl</i>)	NF	
ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
LEROCHOL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/1.2ML (<i>lerodalcibep-liga</i>)	NF	
LIPFENDRA ORAL TABLET 20 MG (<i>enlicitide decanoate</i>)	PB	PA
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	PB	PA; QL (2 PENS per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	NF	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	NF	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	NF	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	PG	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	PG	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	PG	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	PG	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	PG	
<i>bisoprolol fumarate oral tablet 2.5 mg</i>	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

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

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	NP	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
CARDAMYST NASAL SOLUTION 2 X 70 MG/DOSE (<i>etripamil</i>)	NF	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	NF	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	NF	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	NF	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (<i>levamlodipine maleate</i>)	NF	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	PG	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	PG	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	PG	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	NF	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	PG	
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	PG	
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	PG	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levamlodipine maleate oral tablet 2.5 mg, 5 mg</i>	NF	
<i>diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)</i>	NF	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	PG	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nimodipine oral capsule 30 mg</i>	PG	
<i>nimodipine oral solution 60 mg/20ml</i>	PG	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	PG	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	NF	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	NF	
SDAMLO ORAL SOLUTION RECONSTITUTED 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	NF	
<i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i>	NF	
<i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i>	PG	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 240 mg, 300 mg, 360 mg</i>	PG	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	PG	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	PG	N8 (Listing does not include certain NDCs)
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digoxin oral solution 0.05 mg/ml</i>	PG	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	PG	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (<i>digoxin</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	PG	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	NP	
<i>acetazolamide oral tablet 125 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>acetazolamide oral tablet 250 mg</i>	PG	
<i>amiloride hcl oral tablet 5 mg</i>	PG	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	PG	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	PG	
<i>dichlorphenamide oral tablet 50 mg</i>	PSP	PA; QL (120 TABLETS per 30 DAYs)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	NF	
ENBUMYST NASAL SOLUTION 0.5 MG/0.1ML (<i>bumetanide</i>)	NF	
<i>ethacrynic acid oral tablet 25 mg</i>	NP	
<i>furosemide oral tablet 20 mg, 40 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>furosemide oral tablet 80 mg</i>	PG	
HEMICLOR ORAL TABLET 12.5 MG (<i>chlorthalidone</i>)	NF	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	PG	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	PG	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>hydrochlorothiazide</i>)	NF	
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	NPSP	PA; QL (120 TABLETS per 30 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	PG	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
SOAANZ ORAL TABLET 40 MG (<i>torseamide</i>)	NF	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	PG	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	NF	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>triamterene oral capsule 100 mg, 50 mg</i>	PG	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	PG	
HEART FAILURE		
INPEFA ORAL TABLET 200 MG, 400 MG (<i>sotagliflozin</i>)	NF	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	PG	
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	PG	
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	PG	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	PB	
MISCELLANEOUS		
ATTRUBY ORAL TABLET THERAPY PACK 356 MG (<i>acoramidis hcl</i>)	PSP	PA; QL (112 TABLETS per 28 days)
BAXFENDY ORAL TABLET 1 MG, 2 MG (<i>baxdrostat</i>)	NF	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
<i>clonidine er oral tablet extended release 24 hour 0.17 mg</i>	NF	
<i>clonidine hcl oral tablet 0.05 mg, 0.1 mg, 0.2 mg, 0.3 mg</i>	PG	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	NP	N8 (Listing does not include certain NDCs)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	PSP	PA; QL (180 CAPSULES per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
JAVADIN ORAL SOLUTION 0.02 MG/ML (<i>clonidine hcl</i>)	NF	
LODOCO ORAL TABLET 0.5 MG (<i>colchicine</i>)	NF	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	PG	
<i>metirosine oral capsule 250 mg</i>	PSP	PA; QL (480 CAPSULES per 30 days)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	PG	
MYQORZO ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>aficamten</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (<i>clonidine</i>)	NF	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>)	NF	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	PG	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	PG	
REDEMPLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>plozasiran sodium</i>)	NF	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.8ML, 80 MG/0.8ML (<i>olezarsen sodium</i>)	NF	
TRYVIO ORAL TABLET 12.5 MG (<i>aprocitentan</i>)	NF	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	NP	
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	PSP	PA; QL (30 CAPSULES per 30 days)
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>isosorbide dinitrate oral tablet 40 mg</i>	NF	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	PG	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	PG	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	PG	
<i>nitroglycerin transdermal ointment 2 %</i>	PG	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	PG	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	PG	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	PSP	PA; QL (90 TABLETS per 30 days)
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	PSP	PA; QL (60 TABLETS per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PSP	PA; QL (30 TABLETS per 30 DAYS)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bosentan oral tablet soluble 32 mg</i>	PSP	PA; QL (112 TABLETS per 28 DAYS)
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	PSP	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	NF	
<i>macitentan oral tablet 10 mg</i>	PSP	PA; QL (30 TABLETS per 30 days)
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	NF	
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (<i>macitentan-tadalafil</i>)	NF	
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	NF	
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	NF	
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	NF	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	NF	
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML, 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>	PSP	PA; QL (784 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	PG	PA; QL (360 TABLETS per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	NF	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	NF	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	PSP	PA

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 112 X 48MCG & 112 X80MCG, 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG (<i>treprostinil</i>)	NF	
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	NF	
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NF	
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NF	
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	NF	
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	PSP	PA; QL (60 TABLETS per 30 days)
UPTRAVI ORAL TABLET 200 MCG (<i>selexipag</i>)	PSP	PA; QL (140 TABLETS per 28 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	PSP	PA; QL (1 TABLET per 28 days)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	NPSP	PA
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG (<i>sotatercept-csrk</i>)	NPSP	PA; QL (2 VIALS per 21 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG (<i>sotatercept-csrk</i>)	NPSP	PA; QL (1 VIAL per 21 days)
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG (<i>treprostinil sodium</i>)	PSP	PA; QL (140 CAPSULES per 28 days)
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	NP	
<i>disulfiram oral tablet 250 mg</i>	PG	
<i>disulfiram oral tablet 500 mg</i>	NF	
AMYOTROPHIC LATERAL SCLEROSIS (ALS) - DRUGS TO TREAT ALS		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	NPSP	PA; QL (50 ML per 28 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	NPSP	PA; QL (70 ML per 28 days)
<i>riluzole oral tablet 50 mg</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	NF	
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 days)
<i>alprazolam er oral tablet extended release 24 hour 3 mg</i>	PG	QL (90 TABLETS per 25 days)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	NP	QL (300 ML per 25 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (150 TABLETS per 25 days)
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (<i>clomipramine hcl</i>)	NP	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	NF	
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 5 MG, 7.5 MG (<i>bupirone hcl</i>)	NF	
<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	PG	
<i>bupirone hcl oral tablet 12.5 mg, 2.5 mg</i>	NF	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (360 CAPSULES per 25 DAYS)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	PG	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	PG	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	PG	N8 (Listing does not include certain NDCs); QL (150 ML per 25 DAYS)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (150 TABLETS per 25 days)
<i>lorazepam oral tablet 2 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (150 TABLETS per 25 DAYS)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (<i>lorazepam</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	PG	QL (120 CAPSULES per 25 DAYs)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	NF	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	PG	
<i>donepezil hcl oral tablet 23 mg</i>	NP	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	PG	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	NP	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	NP	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	NP	
LEQEMBI IQLIK (500 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2 X 250 MG/1.25ML (<i>lecanemab-irmb</i>)	NF	
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML (<i>lecanemab-irmb</i>)	NF	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	PG	
<i>memantine hcl oral solution 2 mg/ml</i>	PG	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	PG	
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	PG	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	PB	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	NP	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	NP	
ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG (<i>benzgalantamine gluconate</i>)	NF	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	NF	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (<i>dextromethorphan-bupropion</i>)	NF	
AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK 30-105 MG & 45-105 MG (<i>dextromethorphan-bupropion</i>)	NF	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	PG	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	PG	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	NF	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>citalopram hydrobromide capsule 30 mg oral</i>	NF	
<i>citalopram hydrobromide capsule 30 mg oral</i>	PG	
<i>citalopram hydrobromide oral solution 20 mg/10ml</i>	PG	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	PG	
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	PG	
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	NF	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	NP	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>doxepin hcl oral capsule 150 mg</i>	PG	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	PG	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (<i>duloxetine hcl</i>)	NF	
<i>duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg</i>	NF	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	NF	
<i>escitalopram oxalate oral capsule 15 mg</i>	NF	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	PG	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG (<i>gepirone hcl</i>)	NF	
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG (<i>gepirone hcl</i>)	NF	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	NF	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	NF	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	PG	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	PG	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	PG	
<i>fluoxetine hcl oral tablet 60 mg</i>	NF	
<i>imipramine hcl oral tablet 10 mg, 50 mg</i>	PG	
<i>imipramine hcl oral tablet 25 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	NP	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (<i>escitalopram oxalate</i>)	NF	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	PG	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	PG	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	NP	STX
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	NP	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	PG	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	PG	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>)	NP	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg</i>	PG	
<i>paroxetine hcl er oral tablet extended release 24 hour 37.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	NF	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PG	N8 (Listing does not include certain NDCs)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	NF	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	NF	
<i>phenelzine sulfate oral tablet 15 mg</i>	PG	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	NF	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	PG	
RALDESY ORAL SOLUTION 10 MG/ML (<i>trazodone hcl</i>)	NF	
<i>sertraline hcl capsule 150 mg oral</i>	NF	
<i>sertraline hcl capsule 150 mg oral</i>	PG	
<i>sertraline hcl capsule 200 mg oral</i>	NF	
<i>sertraline hcl capsule 200 mg oral</i>	PG	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	PG	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	PSP	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	PSP	PA
<i>tranylcypromine sulfate oral tablet 10 mg</i>	PG	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	PG	
<i>trazodone hcl oral tablet 300 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	NP	N8 (Listing does not include certain NDCs)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	NF	
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	PG	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	NF	
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	PG	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	NF	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	PG	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>bupropion hcl</i>)	NF	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (<i>sertraline hcl</i>)	NF	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sertraline hcl</i>)	NF	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (<i>zuranolone</i>)	NPSP	PA; QL (28 CAPSULES per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG (<i>zuranolone</i>)	NPSP	PA; QL (14 CAPSULES per 14 days)
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl oral capsule 100 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>amantadine hcl oral solution 50 mg/5ml</i>	PG	
<i>amantadine hcl oral tablet 100 mg</i>	PG	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	NF	
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	PSP	PA; QL (20 CARTRIDGES per 30 days)
<i>benztropine mesylate oral tablet 0.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>benztropine mesylate oral tablet 1 mg, 2 mg</i>	PG	
<i>bromocriptine mesylate oral capsule 5 mg</i>	PG	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	PG	
<i>carbidopa oral tablet 25 mg</i>	PG	
<i>carbidopa-levodopa er oral capsule extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	PG	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	PG	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	NP	
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG (<i>carbidopa-levodopa</i>)	NF	
DHIVY ORAL TABLET 25-100 MG (<i>carbidopa-levodopa</i>)	NF	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	NPSP	PA; QL (28 CASSETTES per 28 days)
<i>entacapone oral tablet 200 mg</i>	PG	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	NF	
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	PSP	PA; QL (300 CAPSULES per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	PB	
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	NF	
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML (<i>apomorphine hcl</i>)	NF	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	PB	PA
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	NP	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	PG	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	PG	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	NP	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	NF	
<i>selegiline hcl oral capsule 5 mg</i>	PG	
<i>selegiline hcl oral tablet 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	NP	
TASMAR ORAL TABLET 100 MG (<i>tolcapone</i>)	NF	
<i>tolcapone oral tablet 100 mg</i>	NP	STX
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	PG	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	PG	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML (<i>foscarbidopa-foslevodopa</i>)	NF	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	NF	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (<i>aripiprazole</i>)	NF	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	PB	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	NF	
<i>aripiprazole oral solution 1 mg/ml</i>	PG	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PG	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PG	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	NP	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	NP	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>milsaperidone</i>)	NF	
BYSANTI TITRATION PACK A ORAL TABLET THERAPY PACK 1 & 2 & 4 & 6 MG (<i>milsaperidone</i>)	NF	
BYSANTI TITRATION PACK B ORAL TABLET THERAPY PACK 1 & 2 & 6 & 8 MG (<i>milsaperidone</i>)	NF	
BYSANTI TITRATION PACK C ORAL TABLET THERAPY PACK 1 & 2 & 6 MG (<i>milsaperidone</i>)	NF	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	NF	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	NF	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	PG	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	NF	
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	NF	
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG (<i>iloperidone</i>)	NF	
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG (<i>iloperidone</i>)	NF	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	PG	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	PG	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	PG	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	NF	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NF	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	PG	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	PG	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (<i>paliperidone palmitate</i>)	PB	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	NP	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	PB	
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>)	PB	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)	NF	
<i>loxapine succinate oral capsule 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>loxapine succinate oral capsule 25 mg, 50 mg</i>	PG	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	PG	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg</i>	PG	
<i>olanzapine oral tablet 5 mg, 7.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	PG	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (<i>aripiprazole</i>)	NF	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	NP	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	PG	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	PB	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	NP	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	PG	
<i>quetiapine fumarate oral tablet 150 mg</i>	NF	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	NF	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	NP	
<i>risperidone oral solution 1 mg/ml</i>	PG	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PG	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	NP	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	NF	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML (<i>risperidone</i>)	NF	
VRAYLAR ORAL CAPSULE 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>	PG	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	PG	
ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES		
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	NF	
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	NF	
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	NF	
<i>brivaracetam oral solution 10 mg/ml</i>	PG	PA
<i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	PG	PA
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	NP	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	NP	PA
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	PG	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>carbamazepine oral suspension 100 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbamazepine oral tablet 200 mg</i>	PG	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	PG	
<i>clobazam oral suspension 2.5 mg/ml</i>	PG	
<i>clobazam oral tablet 10 mg, 20 mg</i>	PG	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (300 TABLETS per 25 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PG	QL (300 TABLETS per 25 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	PG	QL (180 TABLETS per 25 days)
DIACOMIT ORAL CAPSULE 250 MG (<i>stiripentol</i>)	NPSP	PA; QL (360 CAPSULES per 30 days)
DIACOMIT ORAL CAPSULE 500 MG (<i>stiripentol</i>)	NPSP	PA; QL (180 CAPSULES per 30 days)
DIACOMIT ORAL PACKET 250 MG (<i>stiripentol</i>)	NPSP	PA; QL (360 PACKETS per 30 days)
DIACOMIT ORAL PACKET 500 MG (<i>stiripentol</i>)	NPSP	PA; QL (180 PACKETS per 30 days)
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	PG	QL (240 ML per 25 days)
<i>diazepam oral solution 5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs); QL (1200 ML per 25 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (120 TABLETS per 25 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	PG	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	NF	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (<i>phenytoin sodium extended</i>)	NF	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	NF	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PG	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (<i>levetiracetam</i>)	NF	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	NPSP	PA; QL (800 ML per 30 days)
EPRONTIA ORAL SOLUTION 25 MG/ML (<i>topiramate</i>)	NF	
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	PG	
<i>ethosuximide oral capsule 250 mg</i>	PG	
<i>ethosuximide oral solution 250 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>felbamate oral suspension 600 mg/5ml</i>	PG	
<i>felbamate oral tablet 400 mg, 600 mg</i>	PG	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	NPSP	PA; QL (360 ML per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	PG	QL (6 CAPSULES per 1 day)
<i>gabapentin oral capsule 200 mg</i>	NF	
<i>gabapentin oral solution 250 mg/5ml</i>	PG	QL (72 ML per 1 day)
<i>gabapentin oral solution 300 mg/6ml</i>	PG	QL (72 ML per 1 Day)
<i>gabapentin oral tablet 600 mg</i>	PG	QL (6 TABLETS per 1 day)
<i>gabapentin oral tablet 800 mg</i>	PG	QL (4 TABLETS per 1 day)
GABARONE ORAL TABLET 100 MG, 400 MG (<i>gabapentin</i>)	NF	
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	NF	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	NP	QL (300 TABLETS per 25 days)
<i>lacosamide oral solution 10 mg/ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PG	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	PG	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	PG	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PG	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	PG	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	NP	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	PG	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	PG	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	PG	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	PG	
<i>levetiracetam oral solution 500 mg/5ml</i>	PG	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	PG	
<i>levetiracetam oral tablet disintegrating soluble 250 mg, 500 mg</i>	PG	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	NF	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	NF	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	NF	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	PB	QL (10 SOLUTION per 25 days)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	NP	QL (6 CAPSULES per 1 day)
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	NP	QL (72 ML per 1 day)
NEURONTIN ORAL TABLET 600 MG (<i>gabapentin</i>)	NP	QL (6 TABLETS per 1 day)
NEURONTIN ORAL TABLET 800 MG (<i>gabapentin</i>)	NP	QL (4 TABLETS per 1 day)
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	NF	
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	NF	
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg</i>	PG	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	PG	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	PG	
<i>perampanel oral suspension 0.5 mg/ml</i>	PG	
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	PG	
<i>phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	PG	
<i>phenytoin oral suspension 100 mg/4ml</i>	PG	
<i>phenytoin oral tablet chewable 50 mg</i>	PG	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PG	QL (120 CAPSULES per 25 days)
<i>pregabalin oral capsule 200 mg</i>	PG	QL (90 CAPSULES per 25 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>pregabalin oral solution 20 mg/ml</i>	PG	QL (900 ML per 25 days)
<i>primidone oral tablet 125 mg</i>	NF	
<i>primidone oral tablet 250 mg</i>	PG	
<i>primidone oral tablet 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>gabapentin (Relgaabi Oral Capsule 200 Mg, 300 Mg, 400 Mg)</i>	NF	
<i>rufinamide oral suspension 40 mg/ml</i>	PG	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	PG	PA
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	NF	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	NF	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG (<i>levetiracetam</i>)	NF	
SUBVENITE ORAL SUSPENSION 10 MG/ML (<i>lamotrigine</i>)	NF	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	NF	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	PG	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NF	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	PG	
<i>topiramate oral solution 25 mg/ml</i>	PG	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PG	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	NP	QL (120 TABLETS per 25 days)
<i>valproic acid oral capsule 250 mg</i>	PG	
<i>valproic acid oral solution 250 mg/5ml</i>	PG	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>)	PB	QL (10 BLISTER per 25 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML (<i>diazepam</i>)	PB	QL (10 BLISTER per 25 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML (<i>diazepam</i>)	PB	QL (10 BLISTER per 25 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>)	PB	QL (10 BLISTER per 25 days)
<i>vigabatrin oral packet 500 mg</i>	PSP	PA; QL (180 PACKETS per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	PSP	PA; QL (180 TABLETS per 30 days)
<i>vigabatrin</i> (Vigadrone Oral Packet 500 Mg)	PSP	PA; QL (180 PACKETS per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML (<i>vigabatrin</i>)	NF	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG (<i>cenobamate</i>)	PB	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (<i>cenobamate</i>)	PB	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>cenobamate</i>)	PB	
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG (<i>cenobamate</i>)	PB	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	NF	
ZONISADE ORAL SUSPENSION 100 MG/5ML (<i>zonisamide</i>)	NF	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	NF	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	NF	
<i>amphetamine er oral tablet extended release dispersible 12.5 mg, 15.7 mg, 18.8 mg</i>	PG	QL (30 TABLETS per 25 DAYS)
<i>amphetamine er oral tablet extended release dispersible 3.1 mg, 6.3 mg, 9.4 mg</i>	PG	QL (60 TABLETS per 25 DAYS)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	NP	STX; QL (120 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 5 mg</i>	PG	QL (90 CAPSULES per 25 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg</i>	PG	QL (90 TABLETS per 25 DAYS)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg, 5 mg, 7.5 mg</i>	PG	QL (90 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	PG	QL (60 TABLETS per 25 DAYS)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	PG	QL (30 TABLETS per 25 days)
<i>amphet-dextroamphetamine 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	NF	
ARYNTA ORAL SOLUTION 10 MG/ML (<i>lisdexamfetamine dimesylate</i>)	NF	
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	PG	
<i>atomoxetine hcl oral solution 4 mg/ml</i>	NF	
ATONCY ORAL SOLUTION 4 MG/ML (<i>atomoxetine hcl</i>)	NF	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	PB	QL (30 CAPSULES per 25 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (<i>methylphenidate hcl</i>)	NF	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NF	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	NF	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (<i>dextroamphetamine sulfate</i>)	NP	ST; QL (120 CAPSULES per 25 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG (<i>dextroamphetamine sulfate</i>)	NP	ST; QL (60 CAPSULES per 25 DAYS)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

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

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg</i>	PG	QL (30 TABLETS per 25 days)
METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NF	
<i>methamphetamine hcl oral tablet 5 mg</i>	PG	STX; QL (150 TABLETS per 25 days)
METHYLIN ORAL SOLUTION 10 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL (900 ML per 25 DAYs)
METHYLIN ORAL SOLUTION 5 MG/5ML (<i>methylphenidate hcl</i>)	NP	QL (1800 ML per 25 DAYs)
<i>methylphenidate er oral tablet extended release dispersible 17.3 mg, 25.9 mg, 8.6 mg</i>	NF	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg</i>	PG	QL (60 TABLETS per 25 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	NF	
<i>methylphenidate hcl er (osm) oral tablet extended release 54 mg, 72 mg</i>	PG	QL (30 TABLETS per 25 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	PG	QL (60 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i>	PG	QL (30 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	PG	QL (90 TABLETS per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg</i>	PG	QL (60 TABLETS per 25 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	PG	QL (30 TABLETS per 25 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	PG	QL (900 ML per 25 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	PG	QL (1800 ML per 25 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	PG	QL (180 TABLETS per 25 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	PG	QL (90 TABLETS per 25 days)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	NP	QL (180 TABLETS per 25 DAYS)
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	NF	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML (<i>clonidine hcl</i>)	NF	
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution 5 Mg/5ML)	PG	QL (1200 ML per 25 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	NP	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	NF	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	NF	
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG (<i>methylphenidate hcl</i>)	NF	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 30 MG (<i>methylphenidate hcl</i>)	NP	QL (60 CAPSULES per 25 DAYS)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>methylphenidate hcl</i>)	NP	QL (30 CAPSULES per 25 DAYS)
RITALIN ORAL TABLET 10 MG, 5 MG (<i>methylphenidate hcl</i>)	NP	QL (180 TABLETS per 25 days)
RITALIN ORAL TABLET 20 MG (<i>methylphenidate hcl</i>)	NP	QL (90 TABLETS per 25 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	NF	
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (<i>dextroamphetamine</i>)	NF	
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 15 Mg, 20 Mg)	PG	QL (60 TABLETS per 25 days)
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	PG	QL (120 TABLETS per 25 days)
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 30 Mg)	PG	QL (30 TABLETS per 25 days)
BOTULINUM TOXINS		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxinA</i>)	NPSP	PA
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (<i>daxibotulinumtoxinA-lanm</i>)	NF	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxinA</i>)	PSP	PA; N8 (Not covered for cosmetic use)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxinA</i>)	PSP	PA; N8 (Not covered for cosmetic use)
FIBROMYALGIA		
<i>milnacipran hcl oral 12.5 & 25 & 50 mg</i>	PG	ST
<i>milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	PG	ST
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	NP	ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	NP	ST
TONMYA SUBLINGUAL TABLET SUBLINGUAL 2.8 MG (<i>cyclobenzaprine hcl (fibromy)</i>)	NF	
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (<i>zolpidem tartrate</i>)	NP	ST; QL (15 TABLETS per 25 days)
AMBIEN ORAL TABLET 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NP	ST; QL (15 TABLETS per 25 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	PB	
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	NF	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NF	
<i>estazolam oral tablet 1 mg, 2 mg</i>	PG	QL (15 TABLETS per 25 DAYS)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	PG	QL (15 TABLETS per 25 days)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	NF	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	NPSP	PA; QL (158 ML per 30 days)
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	NPSP	PA; QL (30 CAPSULES per 30 days)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	NF	
<i>midazolam hcl oral syrup 2 mg/ml</i>	NP	
<i>quazepam oral tablet 15 mg</i>	NF	
QUVIVIQ ORAL TABLET 25 MG, 50 MG (<i>daridorexant hcl</i>)	NF	
<i>ramelteon oral tablet 8 mg</i>	PG	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	NP	QL (15 CAPSULES per 25 DAYS)
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	NF	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	NF	
<i>tasimelteon oral capsule 20 mg</i>	PSP	PA; QL (30 CAPSULES per 30 DAYS)
<i>temazepam oral capsule 15 mg, 30 mg</i>	PG	QL (15 CAPSULES per 25 DAYS)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	PG	QL (15 CAPSULES per 25 days)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	PG	QL (10 TABLETS per 25 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	PG	QL (15 CAPSULES per 25 DAYS)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	NP	QL (15 TABLETS per 25 days)
<i>zolpidem tartrate oral capsule 7.5 mg</i>	NF	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (15 TABLETS per 25 days)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIGRAINE - ERGOTAMINE DERIVATIVES - DRUGS TO TREAT SEVERE HEADACHES		
BREKIYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/ML (<i>dihydroergotamine mesylate</i>)	NF	
CAFERGOT ORAL TABLET 1-100 MG (<i>ergotamine-caffeine</i>)	NF	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	NP	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NF	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	NF	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	NF	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (<i>dihydroergotamine mesylate hfa</i>)	NF	
MIGRAINE - MISCELLANEOUS - DRUGS TO TREAT SEVERE HEADACHES		
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	PB	ST; QL (16 TABLETS per 25 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	PB	ST; QL (30 TABLETS per 25 days)
UBRELVIY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	PB	ST; QL (16 TABLETS per 25 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (<i>zavegepant hcl</i>)	NF	
MIGRAINE - MONOCLONAL ANTIBODIES - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	PB	ST; QL (1 SYRINGE per 25 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	NF	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	NF	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	PB	ST; QL (3 SYRINGES per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	ST; N8 (Quantity limit will be 2 syringes for the initial month); QL (1 SYRINGE per 25 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	PB	ST; N8 (Quantity limit will be 2 syringes for the initial month); QL (1 SYRINGE per 25 days)
MIGRAINE - TRIPTANS AND COMBINATIONS - DRUGS TO TREAT SEVERE HEADACHES		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	NP	QL (12 TABLETS per 25 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	NP	QL (12 TABLETS per 25 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	NP	QL (18 TABLETS per 25 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sumatriptan succinate</i>)	NP	ST; QL (12 TABLETS per 25 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (18 SYRINGES per 25 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (12 CARTRIDGE per 25 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (18 SYRINGES per 25 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (12 INJECTOR per 25 days)
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (<i>rizatriptan benzoate</i>)	NF	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	PG	QL (12 TABLETS per 25 days)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	NP	ST; QL (8 POUCHES per 25 days)
RELPAK ORAL TABLET 20 MG, 40 MG (<i>eletriptan hydrobromide</i>)	NP	ST; QL (12 TABLETS per 25 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	PG	QL (18 TABLETS per 25 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	PG	QL (18 TABLETS per 25 days)
<i>sumatriptan nasal solution 20 mg/act</i>	PG	QL (12 SPRAYS per 25 days)
<i>sumatriptan nasal solution 5 mg/act</i>	PG	QL (24 SPRAYS per 25 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	QL (12 TABLETS per 25 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	PG	QL (12 VIALS per 25 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	PG	QL (12 INJECTOR per 25 days)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NF	
SYMBRAVO ORAL TABLET 20-10 MG (<i>meloxicam-rizatriptan</i>)	NF	
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	NF	
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	NF	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	NP	ST; QL (24 INJECTORS per 25 days)
<i>zolmitriptan nasal solution 5 mg</i>	PG	QL (12 SPRAYS per 25 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (12 TABLETS per 25 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (12 TABLETS per 25 days)
ZOMIG NASAL SOLUTION 2.5 MG (<i>zolmitriptan</i>)	NP	ST; QL (12 SPRAYS per 25 DAYS)
ZOMIG NASAL SOLUTION 5 MG (<i>zolmitriptan</i>)	NP	ST; QL (12 SPRAYS per 25 days)
MISCELLANEOUS		
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	NPSP	PA; QL (3600 ML per 30 days)
DAYBUE STIX ORAL PACKET 5000 MG, 6000 MG (<i>trofinetide</i>)	NPSP	PA; QL (120 PACKETS per 30 days)
DAYBUE STIX ORAL PACKET 8000 MG (<i>trofinetide</i>)	NPSP	PA; QL (60 PACKETS per 30 days)
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	PSP	PA; QL (1 SYRINGE per 28 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	NPSP	PA; QL (2 BOTTLES per 24 days)
EVRYSDI ORAL TABLET 5 MG (<i>risdiplam</i>)	NPSP	PA; QL (30 TABLETS per 30 DAYS)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	NPSP	PA; QL (300 TABLETS per 30 days)
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	NPSP	PA; QL (90 CAPSULES per 30 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (<i>ziluocoplan sodium</i>)	NF	
MOOD STABILIZERS - DRUGS TO TREAT MOOD DISORDERS		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	PG	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	PG	
<i>lithium carbonate oral tablet 300 mg</i>	PG	
<i>lithium oral solution 8 meq/5ml</i>	PG	
MOVEMENT DISORDERS		
AUSTEDO ORAL TABLET 12 MG, 9 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (120 TABLETS per 30 days)
AUSTEDO ORAL TABLET 6 MG (<i>deutetrabenazine</i>)	PSP	PA; QL (60 TABLETS per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (<i>deutetrabenazine</i>)	NF	
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (<i>deutetrabenazine</i>)	NF	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	PSP	PA; QL (30 CAPSULES per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	PSP	PA; QL (30 CAPSULES per 30 DAYS)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	PSP	PA; QL (1 PACK per 28 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	PSP	PA; QL (240 TABLETS per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	NF	
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	NF	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	NPSP	PA; QL (4 SYRINGES per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	NPSP	PA; QL (4 SYRINGES per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	NF	
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	PSP	PA; QL (14 INJECTIONS per 28 days)
<i>cladribine (10 tabs) oral tablet therapy pack 10 mg</i>	PSP	PA; QL (20 TABLETS per 270 days)
<i>cladribine (4 tabs) oral tablet therapy pack 10 mg</i>	PSP	PA; QL (20 TABLETS per 270 days)
<i>cladribine (5 tabs) oral tablet therapy pack 10 mg</i>	PSP	PA; QL (20 TABLETS per 270 days)
<i>cladribine (6 tabs) oral tablet therapy pack 10 mg</i>	PSP	PA; QL (20 TABLETS per 270 days)
<i>cladribine (7 tabs) oral tablet therapy pack 10 mg</i>	PSP	PA; QL (20 TABLETS per 270 days)
<i>cladribine (8 tabs) oral tablet therapy pack 10 mg</i>	PSP	PA; QL (20 TABLETS per 270 days)
<i>cladribine (9 tabs) oral tablet therapy pack 10 mg</i>	PSP	PA; QL (20 TABLETS per 270 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML (<i>glatiramer acetate</i>)	NF	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	PSP	PA; N8 (Listing does not include certain NDCs); QL (14 CAPSULES per 28 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	PSP	PA; QL (60 CAPSULES per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	PSP	PA; QL (1 KIT per 30 DAYS)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

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

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

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

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	PSP	PA; ST; QL (1 PACK per 7 days)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	PSP	PA; ST; QL (30 CAPSULES per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (<i>ozanimod hcl</i>)	PSP	PA; ST; QL (1 KIT per 28 days)
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>cyclobenzaprine hcl</i>)	NF	
ATMEKSI ORAL SUSPENSION 750 MG/5ML (<i>methocarbamol</i>)	NF	
<i>baclofen oral solution 10 mg/5ml, 5 mg/5ml</i>	NF	
<i>baclofen oral suspension 25 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>baclofen oral tablet 5 mg</i>	PG	
<i>carisoprodol oral tablet 250 mg</i>	NF	
<i>carisoprodol oral tablet 350 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (84 TABLETS per 28 days)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	NF	
<i>chlorzoxazone oral tablet 500 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	NF	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	NF	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	PG	
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (<i>givinostat hcl</i>)	NF	
<i>cyclobenzaprine hcl</i> (Fexmid Oral Tablet 7.5 Mg)	NF	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (<i>baclofen</i>)	NF	
<i>metaxalone oral tablet 400 mg, 640 mg</i>	NF	
<i>metaxalone oral tablet 800 mg</i>	NP	
<i>methocarbamol oral tablet 1000 mg</i>	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>norgesic forte oral tablet 50-770-60 mg</i>	NF	
NORGESIC ORAL TABLET 25-385-30 MG (<i>orphenadrine-aspirin-caffeine</i>)	NF	
ONTRALFY ORAL SOLUTION 2 MG/5ML (<i>tizanidine hcl</i>)	NF	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NF	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (<i>orphenadrine-aspirin-caffeine</i>)	NF	
OZOBAX DS ORAL SOLUTION 10 MG/5ML (<i>baclofen</i>)	NF	
SOHONOS ORAL CAPSULE 1 MG, 2.5 MG, 5 MG (<i>palovarotene</i>)	NPSP	PA; QL (28 CAPSULES per 28 days)
SOHONOS ORAL CAPSULE 1.5 MG, 10 MG (<i>palovarotene</i>)	NPSP	PA; QL (56 CAPSULES per 28 days)
SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>)	NP	QL (84 TABLETS per 28 DAYs)
<i>methocarbamol</i> (Tanlor Oral Tablet 1000 Mg)	NF	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	NP	
<i>tizanidine hcl oral capsule 8 mg</i>	PG	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	PG	N8 (Listing does not include certain NDCs)
MYASTHENIA GRAVIS - DRUGS TO TREAT MYASTHENIA GRAVIS		
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	NF	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NF	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	PG	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	PG	
<i>pyridostigmine bromide oral tablet 30 mg</i>	NF	
<i>pyridostigmine bromide oral tablet 60 mg</i>	PG	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML (<i>efgartigimod alfa-hyalur-qvfc</i>)	PSP	PA; QL (4 SYRINGES per 28 days)
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	PG	PA; QL (30 TABLETS per 25 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>armodafinil oral tablet 50 mg</i>	PG	PA; QL (60 TABLETS per 25 days)
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	NF	
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (<i>sodium oxybate</i>)	NF	
<i>modafinil oral tablet 100 mg, 200 mg</i>	PG	PA; QL (60 TABLETS per 25 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (<i>armodafinil</i>)	NF	
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	NF	
<i>sodium oxybate oral solution 500 mg/ml</i>	PSP	PA; QL (540 ML per 30 DAYS)
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	PB	PA; QL (30 TABLETS per 25 days)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	NF	
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	NF	
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	PSP	PA; QL (540 ML per 30 days)
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	PG	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	CE	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	PB	
OPIOID ANTAGONIST		
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	NF	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	PG	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	PG	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	PG	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>naltrexone hcl oral tablet 50 mg</i>	CE	N8 (Listing does not include certain NDCs)
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	PG	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (<i>nalmefene hcl</i>)	NF	
REXTOVY NASAL LIQUID 4 MG/0.25ML (<i>naloxone hcl</i>)	NF	
RIVIVE NASAL LIQUID 3 MG/0.1ML (<i>naloxone hcl</i>)	NP	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	NPSP	QL (380 MG per 28 days)
ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML (<i>nalmefene hcl</i>)	NF	
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	CE	
POSTHERPETIC NEURALGIA (PHN)		
<i>gabapentin (once-daily) oral tablet 300 mg</i>	PG	ST; QL (150 TABLETS per 25 DAYs)
<i>gabapentin (once-daily) oral tablet 450 mg, 600 mg</i>	PG	ST; QL (90 TABLETS per 25 DAYs)
<i>gabapentin (once-daily) oral tablet 750 mg, 900 mg</i>	PG	ST; QL (60 TABLETS per 25 DAYs)
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	NP	ST; QL (150 TABLETS per 25 days)
GRALISE ORAL TABLET 450 MG, 600 MG (<i>gabapentin (once-daily)</i>)	NP	ST; QL (90 TABLETS per 25 days)
GRALISE ORAL TABLET 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	NP	ST; QL (60 TABLETS per 25 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	NF	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	NF	
PSYCHOTHERAPEUTIC-MISC		
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	NP	SPC
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	NP	
<i>fluoxetine hcl (pmd) oral tablet 10 mg, 20 mg</i>	NF	
<i>lofexidine hcl oral tablet 0.18 mg</i>	PG	
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	NP	STX
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NF	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	PG	
<i>pimozide oral tablet 1 mg, 2 mg</i>	NP	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	NF	
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
<i>cvs nicotine mouth/throat gum 4 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 DAYS)
<i>cvs nicotine polacrilex mouth/throat gum 2 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
<i>cvs nicotine polacrilex mouth/throat gum 4 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 treatment cycles per 1 year)
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
<i>cvs nicotine polacrilex mouth/throat lozenge 4 mg</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 treatment cycles per 1 year)
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 treatment cycles per 1 year)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cvs nicotine transdermal patch 24 hour 21 mg/24hr</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 1 YEAR)
<i>cvs nicotine transdermal patch 24 hour 7 mg/24hr</i>	CE	N7 (PG); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	N7 (NP); N8 (\$0 copay limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	CE	N7 (PG); N8 (\$0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 Days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	CE	N7 (PG); N8 (\$0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (<i>octreotide acetate</i>)	NF	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>)	NF	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	PA; QL (90 ML per 30 days)
<i>octreotide acetate injection solution 1000 mcg/ml</i>	PG	PA; QL (45 ML per 30 days)
<i>octreotide acetate injection solution 200 mcg/ml</i>	PG	PA; QL (225 ML per 30 days)
<i>octreotide acetate intramuscular kit 10 mg</i>	PSP	PA; QL (1 INJECTION per 28 DAYS)
<i>octreotide acetate intramuscular kit 20 mg</i>	PSP	PA; QL (2 INJECTIONS per 28 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>octreotide acetate intramuscular kit 30 mg</i>	PSP	PA; QL (1 INJECTION per 28 days)
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	PG	PA; QL (90 ML per 30 DAYs)
PALSONIFY ORAL TABLET 20 MG, 30 MG (<i>paltusotine hcl</i>)	NF	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	NPSP	PA; QL (90 ML per 30 DAYs)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	NF	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	PSP	PA; QL (1 INJECTION per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	NF	
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	NF	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (<i>testosterone undecanoate</i>)	NPSP	PA
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>testosterone cypionate</i>)	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (<i>testosterone undecanoate</i>)	NF	
KYZATREX ORAL CAPSULE 150 MG, 200 MG (<i>testosterone undecanoate</i>)	NF	
<i>methitest oral tablet 10 mg</i>	NP	PA; STX
<i>methyltestosterone oral capsule 10 mg</i>	PG	PA; STX
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	NP	PA
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
<i>testosterone cypionate injection solution 200 mg/ml</i>	NF	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	PG	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	PG	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	PG	PA; N8 (Listing does not include certain NDCs)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	PG	PA
<i>testosterone transdermal solution 30 mg/act</i>	NP	PA
TLANDO ORAL CAPSULE 112.5 MG (<i>testosterone undecanoate</i>)	NF	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	NF	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	NP	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	PG	
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	PG	
<i>metformin hcl oral solution 500 mg/5ml</i>	NP	
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>	PG	
<i>metformin hcl oral tablet 625 mg, 750 mg</i>	NF	
<i>metformin hcl oral tablet 850 mg</i>	CE	N7 (PG); AL (Min 35 Years and Max 70 Years)
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	NF	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PG	N8 (Listing does not include certain NDCs)
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

112

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	NF	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin phos-metformin hcl</i>)	NF	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin phos-metformin hcl</i>)	NF	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	NF	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin-metformin hcl</i>)	NF	
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>	NF	
<i>sitaglipt base-metform hcl er oral tablet extended release 24 hour 100-1000 mg, 50-1000 mg, 50-500 mg</i>	NF	
<i>sitagliptin base-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>	NF	
<i>sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>	PG	ST
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linaglip-metform</i>)	PB	ST
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin base-metformin hcl</i>)	PB	ST
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin base-metformin hcl</i>)	PB	ST
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	NF	
BRYNOVIN ORAL SOLUTION 25 MG/ML (<i>sitagliptin hydrochloride</i>)	NF	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	NF	
<i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>	NF	
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	NF	
<i>sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	ST
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	NF	
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin</i>)	PB	ST

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	NF	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	PG	PA; QL (3 PENS per 25 DAYS)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide</i>)	PB	PA; QL (4 PENS per 21 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (<i>semaglutide</i>)	PB	PA; QL (1 PEN per 28 DAYS)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (<i>semaglutide</i>)	PB	PA; QL (1 PEN per 28 DAYS)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (<i>semaglutide</i>)	PB	PA; QL (1 PEN per 28 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG (<i>semaglutide</i>)	PB	PA; QL (30 TABLETS per 25 DAYS)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	PB	PA; QL (30 TABLETS per 25 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	PB	PA; QL (4 PENS per 21 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	NF	
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	PB	ST
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	PB	ST
ANTIDIABETICS, INSULIN		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
AWIQLI FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 700 UNIT/ML (<i>insulin icodec-abae</i>)	PB	
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	
FIASP INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PB	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	PB	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	NF	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin aspart injection solution 100 unit/ml</i>	NF	
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i>	NF	
<i>insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml</i>	NF	
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	NF	
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	PB	
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	PB	N8 (Listing does not include certain NDCs)
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro injection solution 100 unit/ml</i>	NF	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	NF	
KIRSTY INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart-xjhz</i>)	NF	
KIRSTY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart-xjhz</i>)	NF	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NF	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	NF	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	NF	
MERILOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart-szjj</i>)	NF	
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart-szjj</i>)	NF	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	NF	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PB	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PB	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	NF	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PB	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

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

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	NP	N8 (Listing does not include certain NDCs)
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg</i>	PG	ST
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NF	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	NF	
SEGLUOMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	NF	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	PB	ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	PB	ST
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>dapagliflozin base-metformin</i>)	NF	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
<i>dapagliflozin-saxagliptin oral tablet 10-5 mg</i>	PG	ST
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	PB	ST
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	NF	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
<i>bexagliflozin oral tablet 20 mg</i>	NF	
BRENZAVVY ORAL TABLET 20 MG (<i>bexagliflozin</i>)	NF	
<i>dapagliflozin oral tablet 10 mg, 5 mg</i>	PG	ST; IBC (Preferred for both diabetes and heart failure)
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin</i>)	NF	
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	PB	ST
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyrogutamicac</i>)	NF	
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	PG	
<i>glimepiride oral tablet 3 mg</i>	NF	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>glipizide oral tablet 10 mg, 15 mg, 5 mg</i>	PG	
<i>glipizide oral tablet 2.5 mg</i>	NF	
ANTIOBESITY		
<i>benzphetamine hcl oral tablet 50 mg</i>	PG	PA; SPC; N8 (Listing does not include certain NDCs); QL (90 TABLETS per 25 days)
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>)	NF	
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	PG	PA; SPC; N8 (Listing does not include certain NDCs); QL (30 TABLETS per 25 days)
<i>diethylpropion hcl oral tablet 25 mg</i>	PG	PA; SPC; QL (90 TABLETS per 25 days)
FOUNDAYO ORAL TABLET 0.8 MG, 14.5 MG, 17.2 MG, 2.5 MG, 5.5 MG, 9 MG (<i>orforglipron-weight management</i>)	PB	PA; N8 (Anti-obesity medication cost share applies); QL (30 TABLETS per 25 days)
<i>liraglutide -weight management subcutaneous solution pen-injector 18 mg/3ml</i>	PG	PA; N8 (Anti-obesity medication cost share applies); QL (5 PENS per 25 days)
<i>phentermine hcl</i> (Lomaira Oral Tablet 8 Mg)	PG	PA; SPC; N8 (Listing does not include certain NDCs); QL (90 TABLETS per 25 days)
<i>orlistat oral capsule 120 mg</i>	PG	PA; SPC; QL (90 CAPSULES per 25 days)
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phendimetrazine tartrate oral tablet 35 mg</i>	PG	PA; SPC; QL (180 TABLETS per 25 days)
<i>phentermine hcl oral capsule 15 mg</i>	PG	PA; SPC; QL (60 CAPSULES per 25 days)
<i>phentermine hcl oral capsule 30 mg, 37.5 mg</i>	PG	PA; SPC; QL (30 CAPSULES per 25 days)
<i>phentermine hcl oral tablet 37.5 mg</i>	PG	PA; SPC; QL (30 TABLETS per 25 days)
<i>phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	PG	PA; SPC; QL (30 CAPSULES per 25 DAYS)
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine-topiramate</i>)	PB	PA; SPC; QL (30 CAPSULES per 25 days)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	NP	PA; N8 (Anti-obesity medication cost share applies); QL (5 PENS per 25 days)
WEGOVY HD SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.2 MG/0.75ML (<i>semaglutide-weight management</i>)	PB	PA; N8 (Anti-obesity medication cost share applies); QL (4 PENS per 21 DAYS)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG (<i>semaglutide-weight management</i>)	PB	PA; N8 (Anti-obesity medication cost share applies); QL (30 TABLETS per 25 DAYS)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (<i>semaglutide-weight management</i>)	PB	PA; N8 (Anti-obesity medication cost share applies); QL (4 PENS per 21 days)
XENICAL ORAL CAPSULE 120 MG (<i>orlistat</i>)	NF	
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	NF	
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

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

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-nxxp</i>)	PSP	PA; QL (1 VIAL per 28 days)
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-bnht</i>)	NF	
BOMYNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/1.7ML (<i>denosumab-bnht</i>)	NF	
BOSAYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-kyqq</i>)	NF	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	PG	
CONEXXENCE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-bnht</i>)	NF	
ENOBYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-qbde</i>)	NF	
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-bbdz</i>)	NF	
JUBEREQ SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-desu</i>)	NF	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-bmwo</i>)	PSP	PA; QL (1 VIAL per 28 days)
OSPOMYV SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-dssb</i>)	PSP	PA; QL (1 SYRINGE per 180 days)
OSVYRTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-desu</i>)	NF	
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	PA; QL (1 SYRINGE per 180 days)
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-bbdz</i>)	NF	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	NF	
XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-qbde</i>)	NF	
CALCIUM REGULATORS, PARATHYROID HORMONES		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (<i>teriparatide</i>)	NF	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (<i>teriparatide</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	NF	
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	PSP	PA; QL (1 PEN per 28 Days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	PSP	PA; QL (1 PEN per 30 days)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML (<i>palopegteriparatide</i>)	NPSP	PA; QL (2 PENS per 28 days)
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
<i>levocarnitine oral solution 1 gm/10ml</i>	PG	
<i>levocarnitine oral tablet 330 mg</i>	PG	
CENTRAL PRECOCIOUS PUBERTY - DRUGS TO SUPPRESS PITUITARY HORMONES		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	PSP	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (<i>leuprolide acetate (3 month)</i>)	PSP	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	PSP	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	NPSP	PA
CHELATING AGENTS		
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NF	
CUVRIOR ORAL TABLET 300 MG (<i>trientine tetrahydrochloride</i>)	NF	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	PSP	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	PSP	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	PSP	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	PSP	PA
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	NPSP	PA
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NF	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	NF	
FERRIPROX ORAL TABLET 1000 MG (<i>deferiprone</i>)	NF	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>)	NF	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	
<i>penicillamine oral capsule 250 mg</i>	PSP	
<i>penicillamine oral tablet 250 mg</i>	PG	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	NF	
<i>trientine hcl oral capsule 250 mg, 500 mg</i>	PSP	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
AFTERPILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N7 (PG)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	CE	N7 (PG)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	N7 (PB); QL (1 RING per 300 days)
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG (<i>norethin-eth estrad triphasic</i>)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

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

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	N7 (NF)
<i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet 90-20 Mcg)	CE	N7 (PG)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N7 (PG)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	N7 (NP)
<i>norethindrone</i> (Emzahh Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	N7 (PG); QL (13 RING per 300 days)
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	N7 (NP); QL (12 CONDOMS per 25 days)
<i>norethin ace-eth estrad-fe</i> (Feirza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Feirza 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	N7 (NP); QL (1 DEVICE per 300 days)
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (<i>norethindrone acet-ethinyl est</i>)	CE	N7 (NF)
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin-eth estradiol-fe</i> (Galbriela Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	N7 (PG)
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/125-30 Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	CE	N7 (PG)
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	N7 (Not Covered)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	CE	N7 (PG)
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	CE	N7 (PG)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	CE	N7 (NF)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	CE	N7 (PB)
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Luizza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Luizza 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone</i> (Lyleq Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N7 (PG)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N7 (PG); QL (4 ML per 300 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N7 (PG); QL (4 ML per 300 days)
<i>norethindrone</i> (Meleya Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (PG)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estradiol-iron</i> (Minzoya Oral Tablet 0.1-20 Mg-Mcg(21))	CE	N7 (PG)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/DAY (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	N7 (NF)
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	N7 (NP); QL (1 IMPLANT per 300 days)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	CE	N7 (NF)
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	CE	N7 (PG)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	N7 (PG)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	CE	N7 (PG)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N7 (PG)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	N7 (PG)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	N7 (PG)
<i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg)	CE	N7 (PG)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (PG)
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	NF	
<i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	CE	N7 (Not Covered)
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>norethindrone</i> (Orquidea Oral Tablet 0.35 Mg)	CE	N7 (PG)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N7 (NP); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (PG)
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Rosyrh Oral Tablet 42-21-21-7 Days)	CE	N7 (PG)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NP	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	N7 (PG)
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	N7 (PG)
SHEWISE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (PG)
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (PG)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	CE	N7 (NF)
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)	CE	N7 (PG)
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	CE	N7 (PG)
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (PG)
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	NF	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (PG)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

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

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NP); QL (1 DIAPHRAGM per 300 days)
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N7 (PG)
<i>norethindron-ethinyl estrad-fe</i> (Xarah Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	CE	N7 (PG)
<i>norethin-eth estradiol-fe</i> (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	CE	N7 (PG)
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N7 (PG)
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	NF	
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	NF	
<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	CE	N7 (PG)
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (PG)
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)	CE	N7 (PG)
CORTISOL SYNTHESIS INHIBITORS		
ISTURISA ORAL TABLET 1 MG, 5 MG (<i>osilodrostat phosphate</i>)	NF	
RECORLEV ORAL TABLET 150 MG (<i>levoketoconazole</i>)	NF	
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA IN VITRO SOLUTION (<i>blood glucose calibration</i>)	PB	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (150 TEST STRIPS per 25 days)
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	PB	
ACCU-CHEK GUIDE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (150 TEST STRIPS per 25 DAYS)
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	PB	
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	PB	QL (150 TEST STRIPS per 25 days)
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX JAZZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>alcohol swabs pad</i>	NP	
ASSURE 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE 4 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE II CHECK IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE II IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PRISM MULTI TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ASSURE PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
<i>blood glucose test in vitro strip</i>	NF	
CARESENS N GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CARESENS S GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE NO CODING IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (<i>glucose blood</i>)	NF	
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	PB	
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	PB	QL (3 SENSORS per 25 days)
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	PB	
DEXCOM G7 15 DAY SENSOR (<i>continuous glucose sensor</i>)	PB	QL (2 SENSORS per 25 DAYS)
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	PB	
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	PB	QL (3 SENSORS per 25 days)
DIASTIX IN VITRO STRIP (<i>glucose urine test-glucose ox</i>)	NP	N8 (Listing does not include certain NDCs)
DIASTIX REAGENT IN VITRO STRIP (<i>glucose urine test-glucose ox</i>)	NF	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
DUO-CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>easy plus ii glucose test in vitro strip</i>	NF	
EASY STEP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy talk blood glucose test in vitro strip</i>	NF	
<i>easy trak blood glucose test in vitro strip</i>	NF	
EASYGLUCO IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>element compact test in vitro strip</i>	NF	
ELEMENT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBECTA AUTOSHIELD DUO 30G X 5 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBECTA PEN NEEDLE NANO 32G X 4 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM (<i>insulin pen needle</i>)	PB	N8 (BD and select Embecta Ultrafine Syringe or Pen Needles are preferred)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ENLITE GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	NF	
<i>eq blood glucose test in vitro strip</i>	NF	
EVERSENSE 365 SENSOR/HOLDER (<i>continuous glucose sensor</i>)	NF	
EVERSENSE 365 SMART TRANSMIT (<i>continuous glucose transmitter</i>)	NF	
EVERSENSE SENSOR/HOLDER (<i>continuous glucose sensor</i>)	NF	
EVOLUTION AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>fondcircle blood glucose test in vitro strip</i>	NF	
FORA 6 CONNECT IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GD20 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA TN'G ADVANCE PRO IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA TN'G/TN'G VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE GD40 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE PREMIUM V10 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FORACARE TEST N GO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous glucose sensor</i>)	NF	
FREESTYLE LIBRE 2 PLUS SENSOR (<i>continuous glucose sensor</i>)	NF	
FREESTYLE LIBRE 2 SENSOR (<i>continuous glucose sensor</i>)	NF	
FREESTYLE LIBRE 3 PLUS SENSOR (<i>continuous glucose sensor</i>)	NF	
FREESTYLE LIBRE 3 READER DEVICE (<i>continuous glucose receiver</i>)	NF	
FREESTYLE LIBRE 3 SENSOR (<i>continuous glucose sensor</i>)	NF	
FREESTYLE LITE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>ge100 blood glucose test in vitro strip</i>	NF	
GENULTIMATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>ght test in vitro strip</i>	NF	
GLUCO PERFECT 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD SHINE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCARD X-SENSOR IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCOCOM TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>glucose meter test in vitro strip</i>	NF	
<i>gnp easy touch glucose test in vitro strip</i>	NF	
GNP TRUETRACK TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (<i>glucose blood</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GUARDIAN 4 GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	NF	
GUARDIAN 4 TRANSMITTER (<i>continuous glucose transmitter</i>)	NF	
GUARDIAN SENSOR (3) (<i>continuous glucose sensor</i>)	NF	
<i>guardian sensor 3</i>	NF	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
IGLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP (<i>glucose blood</i>)	NF	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NF	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	NF	
MEIJER TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MINIMED INSTINCT GLUC SENSOR (<i>continuous glucose sensor</i>)	NF	
MULTISTIX 10 SG IN VITRO STRIP (<i>multiple urine tests</i>)	NF	
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	PB	
OMNIPOD 5 LIBRE INTRO KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	PB	
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	PB	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>one drop test in vitro strip</i>	NF	
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	NF	
ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>)	NF	
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	NF	
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ONETOUCH ULTRA TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ONETOUCH ULTRASOFT 2 LANCETS (<i>lancets</i>)	NF	
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	NF	
OPTIUMEZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>pharmacist choice no coding in vitro strip</i>	NF	
POCKETCHEM EZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (<i>glucose blood</i>)	NF	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>pro voice v8/v9 glucose in vitro strip</i>	NF	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	NF	
PTS PANELS EGLU TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
QUICKTEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION CONFIRM/MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION KETONE TEST IN VITRO STRIP (<i>acetone (urine) test</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	PB	N8 (Listing does not include certain NDCs); QL (150 TEST STRIPS per 25 days)
RIGHTTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
RIGHTTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
RIGHTTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
SIMPLERA SENSOR (<i>continuous glucose sensor</i>)	NF	
SIMPLERA SYNC SENSOR (<i>continuous glucose sensor</i>)	NF	
SIMPLERA SYSTEM (<i>continuous glucose sensor</i>)	NF	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SOLUS V2 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SUPREME TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
true focus blood glucose strip in vitro strip	NF	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	PB	N8 (Listing does not include certain NDCs); QL (150 TEST STRIPS per 25 days)
TRUENESS BLOOD GLUCOSE STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
TRUEPLUS LANCETS 28G (<i>lancets</i>)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
TRUEPLUS LANCETS 30G (<i>lancets</i>)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
TRUEPLUS LANCETS 33G (<i>lancets</i>)	PB	N8 (Accu-Chek or Trueplus (only certain NDCs) are the only preferred options)
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TWIIIST REFILL KIT KIT (<i>insulin disposable pump</i>)	PB	
TWIIIST REFILL KIT/INFUSION SET KIT (<i>insulin disposable pump</i>)	PB	
TWIIIST STARTER KIT KIT (<i>insulin disposable pump</i>)	PB	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTrip CONTROL IN VITRO SOLUTION LOW (<i>blood glucose calibration</i>)	NP	N8 (Listing does not include certain NDCs)
UNISTrip1 GENERIC IN VITRO STRIP (<i>glucose blood verasens blood glucose test in vitro strip</i>)	NF	
V-GO 20 KIT 20 UNIT/24HR (<i>insulin disposable pump</i>)	NF	
V-GO 30 KIT 30 UNIT/24HR (<i>insulin disposable pump</i>)	NF	
V-GO 40 KIT 40 UNIT/24HR (<i>insulin disposable pump</i>)	NF	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
ENDOMETRIOSIS		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
ORILISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	PB	PA
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	NP	PA
FERTILITY REGULATORS		
<i>cetorelix acetate subcutaneous kit 0.25 mg</i>	PSP	PA; SPC
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	NPSP	PA
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	NF	
<i>clomiphene citrate</i> (Clomid Oral Tablet 50 Mg)	NP	SPC
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>)	NF	
<i>ganirelix acetate</i> (Fyremadel Subcutaneous Solution Prefilled Syringe 250 Mcg/0.5ml)	NF	
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	NF	
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	PSP	PA; SPC
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT (<i>follitropin alfa</i>)	PSP	PA; SPC
GONAL-F RFF REDIRECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML (<i>follitropin alfa</i>)	PSP	PA; SPC
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>menotropins</i>)	NPSP	PA; SPC

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (<i>chorionic gonadotropin</i>)	NF	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	PSP	PA; SPC
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	NF	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
AGAMREE ORAL SUSPENSION 40 MG/ML (<i>vamorolone</i>)	NF	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	NF	
<i>cortisone acetate oral tablet 25 mg</i>	NF	
<i>deflazacort oral suspension 22.75 mg/ml</i>	PSP	PA; QL (52 ML per 30 days)
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg</i>	PSP	PA; QL (30 TABLETS per 30 days)
<i>deflazacort oral tablet 6 mg</i>	PSP	PA; QL (60 TABLETS per 30 days)
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	PG	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg</i>	PG	
<i>dexamethasone oral tablet 1.5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	PG	
DEXLYT ORAL TABLET 0.25 MG (<i>dexamethasone</i>)	NF	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (<i>deflazacort</i>)	NF	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (<i>deflazacort</i>)	NF	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	PG	
HEMADY ORAL TABLET 20 MG (<i>dexamethasone</i>)	NF	
<i>dexamethasone</i> (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	PG	
<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>hydrocortisone oral tablet 20 mg</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>jaythari oral suspension 22.75 mg/ml</i>	PSP	PA; QL (52 ML per 30 DAYS)
<i>jaythari oral tablet 18 mg, 30 mg, 36 mg</i>	PSP	PA; QL (30 TABLETS per 30 DAYS)
<i>jaythari oral tablet 6 mg</i>	PSP	PA; QL (60 TABLETS per 30 DAYS)
KHINDIVI ORAL SOLUTION 1 MG/ML (<i>hydrocortisone</i>)	NF	
<i>deflazacort</i> (Kymbee Oral Suspension 22.75 Mg/ML)	PSP	PA; QL (52 ML per 30 DAYS)
<i>deflazacort</i> (Kymbee Oral Tablet 18 Mg, 30 Mg, 36 Mg)	PSP	PA; QL (30 TABLETS per 30 days)
<i>deflazacort</i> (Kymbee Oral Tablet 6 Mg)	PSP	PA; QL (60 TABLETS per 30 days)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PG	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	PG	
<i>prednisolone oral solution 15 mg/5ml</i>	PG	
<i>prednisolone oral tablet 5 mg</i>	NF	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	NF	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	PG	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	NP	
<i>prednisone oral solution 5 mg/5ml</i>	PG	
<i>prednisone oral tablet 1 mg, 20 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>prednisone oral tablet 10 mg, 2.5 mg, 50 mg</i>	PG	
<i>prednisone oral tablet delayed release 1 mg, 2 mg</i>	PG	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	PG	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	NF	
<i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	PB	
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM (<i>dextrose (diabetic use)</i>)	NP	
<i>diazoxide oral suspension 50 mg/ml</i>	PG	
<i>glucagon emergency injection solution reconstituted 1 mg</i>	PG	
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	NF	
<i>glucose oral tablet chewable 4 gm</i>	PG	
<i>gnp glucose gummies oral tablet chewable 2 gm</i>	PG	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	PB	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	PB	
<i>lanreotide acetate solution 120 mg/0.5ml subcutaneous</i>	NF	
<i>lanreotide acetate solution 120 mg/0.5ml subcutaneous</i>	PSP	PA; QL (1 INJECTION per 28 days)
GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	NPSP	PA; QL (30 VIALS per 30 days)
YUWIWEL SUBCUTANEOUS SOLUTION RECONSTITUTED 1.3 MG, 2.8 MG, 5.5 MG (<i>navepegritide</i>)	NF	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	PSP	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	NPSP	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	PSP	PA

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	PSP	PA
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
GENOTROPIN MINIQUEL 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>)	NPSP	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (<i>somatrogon-ghla</i>)	NF	
NORDITROPIN FLEXPLO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	PSP	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	NF	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	NPSP	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	NF	
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (<i>somapacitan-beco</i>)	PSP	PA; QL (4 PENS per 28 days)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	NF	
LYSOSOMAL STORAGE DISORDERS - DRUGS TO TREAT LYSOSOMAL STORAGE DISORDERS		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (<i>laronidase</i>)	NPSP	PA
AQNEURSA ORAL PACKET 1 GM (<i>levacetylleucine</i>)	NF	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	NPSP	PA
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (<i>sebelipase alfa</i>)	NPSP	PA

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (<i>arimoclomol citrate</i>)	NF	
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (<i>galsulfase</i>)	NPSP	PA
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	NF	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (<i>elosulfase alfa</i>)	NPSP	PA
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE - DRUGS TO TREAT FABRY DISEASE		
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML, 5 MG/2.5ML (<i>pegunigalsidase alfa-iwxj</i>)	PSP	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (<i>agalsidase beta</i>)	PSP	PA
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	NPSP	PA
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE - DRUGS TO TREAT GAUCHER DISEASE		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	PSP	PA; QL (56 CAPSULES per 28 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	PSP	PA; QL (15 VIALS per 14 days)
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	NF	
<i>miglustat oral capsule 100 mg</i>	PSP	PA; QL (90 CAPSULES per 30 days)
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglucerase alfa</i>)	NPSP	PA; QL (15 VIALS per 14 days)
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	NPSP	PA; QL (90 CAPSULES per 30 days)
MENOPAUSAL SYMPTOM AGENTS - DRUGS TO TREAT MENOPAUSE		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	NF	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (<i>estradiol-progesterone</i>)	PB	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	PB	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	NF	
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	NF	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	NF	
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>estradiol</i>)	NF	
ESTRACE VAGINAL CREAM 0.01 % (<i>estradiol</i>)	NF	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	PG	
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	NF	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PG	
<i>estradiol vaginal cream 0.01 %</i>	PG	
<i>estradiol vaginal tablet 10 mcg</i>	PG	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	PG	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	PG	
ESTRING VAGINAL RING 7.5 MCG/24HR (<i>estradiol</i>)	NF	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	NF	
<i>estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	PG	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	PB	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	NF	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	PG	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	PB	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	PB	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	PG	
LYNKUET ORAL CAPSULE 60 MG (<i>elinzanetant</i>)	NF	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	NF	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	PG	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	NF	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	NF	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	NF	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	NF	
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	NF	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
<i>estradiol</i> (Yuvaferm Vaginal Tablet 10 Mcg)	PG	
MISCELLANEOUS		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	NPSP	PA; QL (28 PENS per 28 days)
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	PA; QL (35 ML per 21 days)
<i>betaine oral powder</i>	PSP	PA
<i>cabergoline oral tablet 0.5 mg</i>	PG	
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	NPSP	PA; QL (28 SYRINGES per 28 days)
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	NPSP	PA; QL (35 ML per 21 days)
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>crinecerfont</i>)	NPSP	PA; QL (60 CAPSULES per 30 days)
CRENESSITY ORAL SOLUTION 50 MG/ML (<i>crinecerfont</i>)	NPSP	PA; QL (120 ML per 30 days)
CYSTADANE ORAL POWDER (<i>betaine</i>)	NPSP	PA

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	PSP	PA
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	NF	
FORZINITY SUBCUTANEOUS SOLUTION 280 MG/3.5ML (<i>elamipretide hcl</i>)	NF	
HARLIKU ORAL TABLET 2 MG (<i>nitisinone (aku)</i>)	NF	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	NF	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	NPSP	PA
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	NF	
JYNARQUE ORAL TABLET 15 MG (<i>tolvaptan</i>)	NPSP	PA; QL (60 TABLETS per 30 days)
JYNARQUE ORAL TABLET 30 MG (<i>tolvaptan</i>)	NPSP	PA; QL (30 TABLETS per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG (<i>tolvaptan</i>)	NPSP	PA; QL (56 TABLETS per 28 DAYS)
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	NPSP	PA; QL (56 TABLETS per 28 days)
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	NPSP	PA; QL (120 TABLETS per 30 days)
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	NF	
KUVAN ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	NF	
KYGEVVI ORAL PACKET 2-2 GM (<i>doxecitine-doxribtimine</i>)	NF	
<i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)	PG	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	PG	
<i>mifepristone oral tablet 300 mg</i>	PSP	PA; QL (120 TABLETS per 30 days)
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	NPSP	PA; QL (30 VIALS per 30 days)
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	NF	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	NF	
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N7 (PG); AL (Min 35 Years)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (<i>resmetirom</i>)	NP	PA
SAMSCA ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i> (<i>hyponatremia</i>))	NPSP	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	PSP	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	PSP	PA
SEPHIENCE ORAL PACKET 1000 MG, 250 MG (<i>sepiapterin</i>)	NF	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspertate</i>)	NPSP	PA; QL (60 ML per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	NPSP	PA
<i>tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg</i>	PSP	PA; N8 (Generic of Samsca)
<i>tolvaptan oral tablet 15 mg</i>	PSP	PA; N8 (Generic of Jynarque); QL (60 TABLETS per 30 Days)
<i>tolvaptan oral tablet 30 mg</i>	PSP	PA; N8 (Generic of Jynarque); QL (30 TABLETS per 30 Days)
<i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>	PSP	PA; N8 (Generic of Jynarque); QL (56 TABLETS per 28 DAYs)
VEOZAH ORAL TABLET 45 MG (<i>fezolinetant</i>)	NP	PA; QL (30 TABLETS per 25 days)
VIJOICE ORAL PACKET 50 MG (<i>alpelisib</i>)	NF	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG (<i>alpelisib</i>)	NF	
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG (<i>diazoxide choline</i>)	NF	
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	NPSP	QL (4 PACKETS per 1 day)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	NPSP	PA; QL (120 CAPSULES per 30 days)
ZYCUBO SUBCUTANEOUS SOLUTION RECONSTITUTED 2.9 MG (<i>copper histidinate</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (<i>ferric citrate</i>)	NF	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PG	
<i>ferric citrate oral tablet 1 gm 210 mg(fe)</i>	PG	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	NF	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	NF	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	NF	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	PG	
<i>sevelamer carbonate oral tablet 800 mg</i>	PG	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PG	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	NF	
XPHOZAH ORAL TABLET 20 MG, 30 MG (<i>tenapanor hcl (ckd)</i>)	NF	
POLYNEUROPATHY		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (<i>eplontersen sodium</i>)	NF	
WAINUA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.8ML (<i>eplontersen sodium</i>)	NF	
POTASSIUM-REMOVING AGENTS - DRUGS TO REGULATE POTASSIUM LEVELS		
<i>sodium polystyrene sulfonate (Kionex Combination Suspension 15 Gm/60ML)</i>	PG	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	PB	
<i>sodium polystyrene sulfonate oral powder</i>	PG	
<i>sodium polystyrene sulfonate (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60ML)</i>	PG	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	PB	
PROGESTINS - DRUGS TO REGULATE PROGESTIN		
CRINONE VAGINAL GEL 4 %, 8 % (<i>progesterone</i>)	PB	
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PG	
<i>megestrol acetate oral suspension 40 mg/ml</i>	CE	N7 (PG)
<i>megestrol acetate oral suspension 625 mg/5ml</i>	CE	N7 (NP)
<i>norethindrone acetate oral tablet 5 mg</i>	PG	
<i>progesterone oral capsule 100 mg, 200 mg</i>	PG	
<i>progesterone vaginal insert 100 mg</i>	PG	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone</i>)	NF	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
AMERITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	NF	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	NF	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	NF	
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 45 MG, 60 MG, 75 MG, 90 MG (<i>thyroid</i>)	NF	
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	NF	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	PG	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	PG	
<i>methimazole oral tablet 10 mg, 5 mg</i>	PG	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	NF	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</i>)	NF	
<i>propylthiouracil oral tablet 50 mg</i>	PG	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</i>)	NF	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (<i>levothyroxine sodium</i>)	NF	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	NF	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	NF	
UREA CYCLE DISORDER - DRUGS TO TREAT UREA CYCLE DISORDER		
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	NF	
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	NF	
CARBAGLU ORAL TABLET SOLUBLE 200 MG (<i>carglumic acid</i>)	NPSP	PA
<i>carglumic acid oral tablet soluble 200 mg</i>	PSP	PA
<i>glycerol phenylbutyrate oral liquid 1.1 gm/ml</i>	PSP	PA
LOARGYS INJECTION SOLUTION 2 MG/0.4ML (<i>pegzilarginase-nbln</i>)	NF	
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 PELLET 483 MG/GM (<i>sodium phenylbutyrate</i>)	PSP	PA; QL (672 GRAMS per 30 days)
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NF	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	PSP	PA; QL (798 GRAMS per 30 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	PSP	PA; QL (1200 TABLETS per 30 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UTERINE FIBROIDS - DRUGS TO TREAT UTERINE FIBROIDS		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	NP	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	PB	PA
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	NP	
DESMODA ORAL SOLUTION 0.05 MG/ML (<i>desmopressin acetate</i>)	NF	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	PG	
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	NPSP	PA
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	PG	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	PG	
VITAMIN D ANALOGS		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	PG	N8 (Listing does not include certain NDCs)
<i>calcitriol oral solution 1 mcg/ml</i>	PG	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	PG	N8 (Listing does not include certain NDCs)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	PG	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	NP	ST
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	NP	
<i>dicyclomine hcl oral capsule 10 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dicyclomine hcl oral tablet 20 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dicyclomine hcl oral tablet 40 mg</i>	NF	
GLYCATE ORAL TABLET 1.5 MG (<i>glycopyrrolate</i>)	NF	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>glycopyrrolate oral tablet 1.5 mg</i>	NF	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	NP	
ANTIDIARRHEALS		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	PG	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	PG	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	NF	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	NF	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	NF	
<i>aprepitant oral capsule 125 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (2 CAPSULES per 21 days)
<i>aprepitant oral capsule 40 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (3 CAPSULES per 180 DAYS)
<i>aprepitant oral capsule 80 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (4 CAPSULES per 21 days)
<i>aprepitant oral capsule therapy pack 80 & 125 mg</i>	PG	N8 (Listing does not include certain NDCs); QL (2 PACKS per 21 days)
<i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)	PG	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	PG	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	NP	PA; QL (120 CAPSULES per 25 days)
<i>dronabinol oral solution 5 mg/ml</i>	NF	
EMEND BIPACK ORAL CAPSULE 80 MG (<i>aprepitant</i>)	NF	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	NF	
EMEND TRIPACK ORAL CAPSULE THERAPY PACK 80 & 125 MG (<i>aprepitant</i>)	NF	
<i>granisetron hcl oral tablet 1 mg</i>	NP	
GRANISOL ORAL SOLUTION 2 MG/10ML (<i>granisetron hcl</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meclizine hcl oral tablet 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	PG	
NEREUS ORAL CAPSULE 85 MG (<i>tradipitant</i>)	NF	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PG	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	PG	
<i>ondansetron oral tablet dispersible 16 mg</i>	NF	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	PG	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PG	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PG	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	PG	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	PB	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	PG	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	NF	
TRANSDERM SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	NF	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	PG	N8 (Listing does not include certain NDCs)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	NF	
ANTISPASMODICS - DRUGS FOR MUSCLE SPASM		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	NP	N8 (Listing does not include certain NDCs)
LIBRAX ORAL CAPSULE 5-2.5 MG (<i>chlordiazepoxide-clidinium</i>)	NF	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	PG	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>famotidine oral tablet 40 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PG	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	PG	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	NP	
<i>balsalazide disodium oral capsule 750 mg</i>	PG	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	PG	
<i>budesonide oral capsule delayed release particles 3 mg</i>	PG	
<i>budesonide rectal foam 2 mg</i>	PG	
CANASA RECTAL SUPPOSITORY 1000 MG (<i>mesalamine</i>)	NF	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	PB	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	NF	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	PG	
<i>mesalamine er oral capsule extended release 250 mg, 500 mg</i>	PG	
<i>mesalamine oral capsule delayed release 400 mg</i>	PG	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	PG	
<i>mesalamine rectal enema 4 gm</i>	PG	
<i>mesalamine rectal suppository 1000 mg</i>	PG	N8 (Listing does not include certain NDCs)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>)	PB	
ROWASA RECTAL KIT 4 GM (<i>mesalamine-cleanser</i>)	NF	
<i>sulfasalazine oral tablet 500 mg</i>	PG	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	PG	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	NF	
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	NF	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	NF	
IBSRELA ORAL TABLET 50 MG (<i>tenapanor hcl</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	PB	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	PG	N8 (Listing does not include certain NDCs)
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	NF	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	PG	PA
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	PB	PA
LAXATIVES		
<i>lactulose oral solution 20 gm/30ml</i>	PG	N8 (Listing does not include certain NDCs)
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acd</i>)	CE	N7 (PB); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
<i>enulose oral solution 10 gm/15ml</i>	PG	N8 (Listing does not include certain NDCs)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	PG	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	PG	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	NF	
<i>lactulose</i> (Kristalose Oral Packet 10 Gm)	NP	
<i>lactulose</i> (Kristalose Oral Packet 20 Gm)	PG	
<i>lactulose oral packet 10 gm</i>	NP	N8 (Listing does not include certain NDCs)
<i>lactulose oral packet 20 gm</i>	PG	N8 (Listing does not include certain NDCs)
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	NF	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	CE	N7 (PG); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	PG	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	N7 (NF)
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	CE	N7 (NP); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (<i>peg 3350-kcl-nacl-nasulf-mgsul</i>)	CE	N7 (NF); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	NF	
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-mag sulfate-kcl</i>)	CE	N7 (NF); N8 (\$0 copay for members age 45 through 75, otherwise not covered)
MISCELLANEOUS		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (<i>odevixibat</i>)	NF	
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (<i>odevixibat</i>)	NF	
CARAFATE ORAL TABLET 1 GM (<i>sucralfate</i>)	NF	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	NPSP	PA
CTEXLI ORAL TABLET 250 MG (<i>chenodiol (basds)</i>)	NF	
EOHILIA ORAL SUSPENSION 2 MG/10ML (<i>budesonide</i>)	NF	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	NPSP	PA; QL (1 KIT per 30 days)
GIMOTI NASAL SOLUTION 15 MG/ACT (<i>metoclopramide hcl</i>)	NF	
IQIRVO ORAL TABLET 80 MG (<i>elafibranor</i>)	PSP	PA; QL (30 TABLETS per 30 days)
LIVDELZI ORAL CAPSULE 10 MG (<i>seladelpar lysine</i>)	NF	
LIVMARLI ORAL SOLUTION 19 MG/ML (<i>maralixibat chloride</i>)	NPSP	PA; QL (60 ML per 30 DAYS)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	NPSP	PA; QL (90 ML per 30 days)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG (<i>maralixibat chloride</i>)	NF	
LYNAVOY ORAL TABLET 40 MG (<i>linerixibat</i>)	NF	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PG	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	PB	
<i>prucalopride succinate oral tablet 1 mg, 2 mg</i>	NF	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	NF	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	NF	
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	NF	
RELTONE ORAL CAPSULE 200 MG, 400 MG (<i>ursodiol</i>)	NF	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	NPSP	PA; QL (3 BOTTLES per 25 days)
<i>sucralfate oral suspension 1 gm/10ml</i>	NF	
<i>sucralfate oral tablet 1 gm</i>	PG	N8 (Listing does not include certain NDCs)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	PB	PA
<i>ursodiol oral capsule 200 mg, 400 mg</i>	NF	
<i>ursodiol oral capsule 300 mg</i>	PG	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	NP	
URSOLIGN ORAL CAPSULE 150 MG (<i>ursodiol</i>)	NF	
VOQUEZNA ORAL TABLET 10 MG, 20 MG (<i>vonoprazan fumarate</i>)	NF	
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	NPSP	PA; QL (12 CAPSULES per 30 DAYs)
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	NPSP	PA; QL (84 TABLETS per 28 days)
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NF	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	PB	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	NF	
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	PG	
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	PG	Select OTC
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	PG	
<i>esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg</i>	PG	
<i>lansoprazole oral capsule delayed release 15 mg</i>	PG	Select OTC
<i>lansoprazole oral capsule delayed release 30 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>	NF	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	PG	Select OTC
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG (<i>esomeprazole magnesium</i>)	NF	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (<i>esomeprazole magnesium</i>)	NF	
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	PG	Select OTC
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	PG	Select OTC
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	PG	
<i>omeprazole oral capsule delayed release 20 mg</i>	PG	Select OTC
<i>omeprazole oral tablet delayed release 20 mg</i>	PG	Select OTC
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	PG	Select OTC
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NF	
<i>pantoprazole sodium oral packet 40 mg</i>	NF	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	PG	N8 (Listing does not include certain NDCs)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG (<i>lansoprazole</i>)	NF	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	NF	
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (<i>omeprazole magnesium</i>)	PG	Select OTC
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	NF	
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	NP	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	PG	
ZEGERID OTC ORAL CAPSULE 20-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	PG	Select OTC
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone (perianal) external cream 2.5 %</i>	PG	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	PB	
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	PG	
ULCER THERAPY COMBINATIONS		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	PG	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	PG	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	PG	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>dutasteride oral capsule 0.5 mg</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	PG	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	NF	
<i>finasteride oral tablet 5 mg</i>	PG	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	NF	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	NP	
<i>silodosin oral capsule 4 mg, 8 mg</i>	PG	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	PG	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
TEZRULY ORAL SOLUTION 1 MG/ML (<i>terazosin hcl</i>)	NF	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	NF	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
PHEXX VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	CE	N7 (NP)
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
ERECTILE DYSFUNCTION		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	NF	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	NP	SPC; QL (6 KITS per 25 days)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG (<i>alprostadil (vasodilator)</i>)	NP	SPC; QL (6 VIALS per 25 days)
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG (<i>tadalafil</i>)	NF	
EDEX (2 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	NP	SPC; QL (6 VIALS per 25 Days)
EDEX (6 CARTRIDGE) INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	NP	SPC; QL (6 VIALS per 25 Days)
<i>phenylephrine hcl intracavernosal solution 2 mg/2ml</i>	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	NF	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	PG	SPC; QL (6 TABLETS per 25 DAYS)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	NF	
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	NF	
<i>tadalafil oral tablet 10 mg</i>	PG	SPC; QL (6 TABLETS per 25 days)
<i>tadalafil oral tablet 2.5 mg</i>	PG	SPC; QL (30 TABLETS per 25 days)
<i>tadalafil oral tablet 20 mg</i>	PG	SPC; N8 (Listing does not include certain NDCs); QL (6 TABLETS per 25 days)
<i>tadalafil oral tablet 5 mg</i>	PG	SPC; N8 (Listing does not include certain NDCs); QL (30 TABLETS per 25 days)
<i>varденаfil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PG	SPC; QL (6 TABLETS per 25 days)
<i>varденаfil hcl oral tablet dispersible 10 mg</i>	PG	SPC; QL (6 TABLETS per 25 days)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>)	NF	
VYBRIQUE ORAL FILM 100 MG, 25 MG, 50 MG, 75 MG (<i>sildenafil citrate</i>)	NF	
MISCELLANEOUS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	NF	
FILSPARI ORAL TABLET 200 MG (<i>sparsentan</i>)	PSP	PA; QL (60 TABLETS per 30 days)
FILSPARI ORAL TABLET 400 MG (<i>sparsentan</i>)	PSP	PA; QL (30 TABLETS per 30 days)
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	NF	
<i>pot & sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	PG	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (<i>nedosiran sodium</i>)	NF	
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML (<i>nedosiran sodium</i>)	NF	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (<i>budesonide</i>)	NF	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	NF	
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	NF	
<i>tiopronin oral tablet 100 mg</i>	PSP	PA
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	PSP	PA
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	NF	
TRUTAKNA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>atacicept-vymj</i>)	NF	
VANRAFIA ORAL TABLET 0.75 MG (<i>atrasentan hcl</i>)	PSP	PA; QL (30 TABLETS per 30 days)
VOYXACT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 400 MG/2ML (<i>sibeprenlimab-szsi</i>)	NF	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	NP	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	PG	
<i>flavoxate hcl oral tablet 100 mg</i>	PG	
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	NF	
<i>mirabegron er oral suspension reconstituted er 8 mg/ml</i>	PG	
<i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i>	PG	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)
<i>oxybutynin chloride oral tablet 2.5 mg</i>	NF	
<i>oxybutynin chloride oral tablet 5 mg</i>	PG	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	PG	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	PG	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	PG	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	NF	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	PG	
<i>trospium chloride oral tablet 20 mg</i>	PG	N8 (Listing does not include certain NDCs)
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
<i>clindamycin phosphate vaginal cream 2 %</i>	PG	
<i>metronidazole vaginal gel 0.75 %</i>	PG	
<i>miconazole 3 vaginal suppository 200 mg</i>	NP	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	NF	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	PG	
<i>terconazole vaginal suppository 80 mg</i>	PG	
VANDAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	NF	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	PG	N8 (Listing does not include certain NDCs)
ELIQUIS (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	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	PG	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	PG	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	NP	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	NF	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	NF	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	NF	
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	NF	
<i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>	PG	
<i>rivaroxaban oral tablet 2.5 mg</i>	PG	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	NF	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	PG	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	PB	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	PB	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	PB	
BLEEDING DISORDERS AGENTS		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	NF	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	NPSP	PA
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	NPSP	PA

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (<i>prothrombin complex conc human</i>)	NPSP	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	PSP	PA
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	NPSP	PA
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG (<i>coagulation factor viia-jncw</i>)	PSP	PA
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (<i>coagulation factor xiii a-sub</i>)	NPSP	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	NF	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	NPSP	PA
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	PSP	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	PSP	PA
ARMLUPEG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-unne</i>)	NF	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	NF	
FILKRI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-laha</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	NF	
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-pbbk</i>)	PSP	PA; QL (2 SYRINGES per 28 days)
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML (<i>tbo-filgrastim</i>)	NF	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	NF	
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (<i>sargramostim</i>)	NPSP	PA
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	NF	
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	NF	
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4ML (<i>pegfilgrastim</i>)	NF	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	NF	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	NF	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	PSP	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	PSP	PA
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-txid</i>)	NF	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-apgf</i>)	PSP	PA; QL (2 SYRINGES per 28 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	NF	
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	PSP	PA
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (<i>eflapregastim-xnst</i>)	NF	
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-fpgk</i>)	NF	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	NF	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	NF	
XOLREMDI ORAL CAPSULE 100 MG (<i>mavorixafor</i>)	NF	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	NF	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	NF	
HEMOPHILIA A AGENTS		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PSP	PA
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	PSP	PA
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	PSP	PA
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten-eh1</i>)	PSP	PA
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiiic)</i>)	PSP	PA
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	PSP	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	NPSP	PA

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucl)</i>)	PSP	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>antihemophilic factor</i>)	NPSP	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	PSP	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	PSP	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PSP	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	PSP	PA
<i>obizur intravenous solution reconstituted 500 unit</i>	NF	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihem factor recomb (rfviii)</i>)	NPSP	PA
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	NPSP	PA
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	NPSP	PA
HEMOPHILIA A AND B AGENTS		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML (<i>concizumab-mtci</i>)	NF	
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/0.5ML (<i>marstacimab-hncq</i>)	PSP	PA; QL (8 PENS per 28 days)
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML (<i>fitusiran sodium</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>fitusiran sodium</i>)	NF	
HEMOPHILIA B AGENTS		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	NPSP	PA
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	PSP	PA
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	PSP	PA
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	NPSP	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NPSP	PA
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	NPSP	PA
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	PSP	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	NPSP	PA
MISCELLANEOUS		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	PG	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	PG	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	PG	
AQVESME ORAL TABLET 100 MG (<i>mitapivat sulfate</i>)	NF	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	PG	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfate</i>)	NF	
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (<i>mitapivat sulfate</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	NF	
<i>tranexamic acid oral tablet 650 mg</i>	NP	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	NF	
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	PSP	PA; QL (60 CAPSULES per 30 days)
VOYDEYA ORAL TABLET 100 MG (<i>danicopan</i>)	NF	
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (<i>danicopan</i>)	NF	
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	PG	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	PG	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	PG	
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	NF	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	NP	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	PG	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	NF	
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	NF	
SICKLE CELL DISEASE		
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	NPSP	PA; QL (180 PACKETS per 30 days)
<i>l-glutamine oral packet 5 gm</i>	PSP	PA; QL (180 PACKETS per 30 DAYS)
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	PB	
XROMI ORAL SOLUTION 100 MG/ML (<i>hydroxyurea</i>)	CE	N7 (NF)
THROMBOCYTOPENIA AGENTS - DRUGS TO TREAT PLATELET DISORDERS		
ALVAIZ ORAL TABLET 18 MG, 36 MG (<i>eltrombopag choline</i>)	PSP	PA; QL (90 TABLETS per 30 days)
ALVAIZ ORAL TABLET 54 MG, 9 MG (<i>eltrombopag choline</i>)	PSP	PA; QL (60 TABLETS per 30 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	PSP	PA; QL (60 TABLETS per 30 days)
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (<i>avatrombopag maleate</i>)	PSP	PA; QL (60 CAPSULES per 30 DAYS)
<i>eltrombopag olamine oral packet 12.5 mg</i>	PSP	PA; QL (120 PACKETS per 30 DAYS)
<i>eltrombopag olamine oral packet 25 mg</i>	PSP	PA; QL (180 PACKETS per 30 DAYS)
<i>eltrombopag olamine oral tablet 12.5 mg, 75 mg</i>	PSP	PA; QL (60 TABLETS per 30 DAYS)
<i>eltrombopag olamine oral tablet 25 mg, 50 mg</i>	PSP	PA; QL (90 TABLETS per 30 DAYS)
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	NPSP	PA; QL (7 TABLETS per 14 days)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	NPSP	PA
PROMACTA ORAL PACKET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	NF	
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	NF	
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	NPSP	PA; QL (60 TABLETS per 30 days)
WAYRILZ ORAL TABLET 400 MG (<i>rilzabrutinib</i>)	NF	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	PB	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	NP	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	PSP	PA
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	PB	PA
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	NF	IBC (Available as NPSP with PA for Ulcerative Colitis)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	NF	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	NF	
<i>infliximab intravenous solution reconstituted 100 mg</i>	PSP	PA; QL (5 VIALS per 42 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	NF	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	PSP	PA; QL (5 VIALS per 42 days)
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	NF	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	PSP	PA; QL (4 VIALS per 56 days)
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	NF	
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	NF	
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-afzb</i>)	NF	
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
<i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml</i>	NF	
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml</i>	NF	
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	PSP	PA; ST; QL (4 PENS per 28 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml</i>	PSP	PA; ST; QL (2 PENS per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml</i>	PSP	PA; ST; QL (2 SYRINGES per 28 days)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml</i>	PSP	PA; ST; QL (4 SYRINGES per 28 days)
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 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-bwwd subcutaneous solution auto-injector 40 mg/0.4ml</i>	NF	
<i>adalimumab-bwwd subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	NF	
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	PSP	PA; ST; QL (4 PENS per 28 days)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	PSP	PA; ST; QL (4 SYRINGES per 28 days)
<i>adalimumab-ryvk (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	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (<i>adalimumab-atto</i>)	NF	
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab-anoh</i>)	NF	
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab-anoh</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

180

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (<i>bimekizumab-bkzx</i>)	PSP	PA; IBC (Preferred agent for Hidradenitis Suppurativa and preferred for Psoriatic Arthritis, Psoriasis, Ankylosing Spondylitis, and Non-radiographical Axial Spondyloarthritis after the failure of two preferred agents.); QL (2 INJECTIONS per 28 days)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML (<i>bimekizumab-bkzx</i>)	PSP	PA; IBC (Preferred agent for Hidradenitis Suppurativa and preferred for Psoriatic Arthritis, Psoriasis, Ankylosing Spondylitis, and Non-radiographical Axial Spondyloarthritis after the failure of two preferred agents.); QL (1 INJECTION per 28 days)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>bimekizumab-bkzx</i>)	PSP	PA; IBC (Preferred agent for Hidradenitis Suppurativa and preferred for Psoriatic Arthritis, Psoriasis, Ankylosing Spondylitis, and Non-radiographical Axial Spondyloarthritis after the failure of two preferred agents.); QL (2 INJECTIONS per 28 days)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML (<i>bimekizumab-bkzx</i>)	PSP	PA; IBC (Preferred agent for Hidradenitis Suppurativa and preferred for Psoriatic Arthritis, Psoriasis, Ankylosing Spondylitis, and Non-radiographical Axial Spondyloarthritis after the failure of two preferred agents.); QL (1 INJECTION per 28 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	PSP	PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis); QL (4 SYRINGES per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	PSP	PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis); QL (2 KITS per 28 days)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	PSP	PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis); QL (1 KIT per 1 TIME USE ONLY)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (2 SYRINGES per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (2 PENS per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (1 PEN per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (1 SYRINGE per 28 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	PSP	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (1 PEN per 28 days)
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	NF	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	NF	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Atopic Dermatitis, Chronic Spontaneous Urticaria and Eosinophilic Esophagitis); QL (2 PENS per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Atopic Dermatitis, Chronic Rhinosinusitis with Nasal Polyps, COPD, Chronic Spontaneous Urticaria, Eosinophilic Esophagitis, and Prurigo Nodularis); QL (4 PENS per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Atopic Dermatitis, Chronic Spontaneous Urticaria and Eosinophilic Esophagitis); QL (2 SYRINGES per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Atopic Dermatitis, Chronic Rhinosinusitis with Nasal Polyps, COPD, Chronic Spontaneous Urticaria, Eosinophilic Esophagitis, and Prurigo Nodularis); QL (4 SYRINGES per 28 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 CARTRIDGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 VIALS per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 SYRINGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	PSP	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days)
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	NPSP	PA; QL (2 PENS per 28 days)
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 (<i>adalimumab-fkjp</i>)	NF	
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	NF	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	NF	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	NF	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (4 PENS per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (2 PENS per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (4 SYRINGES per 28 days)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	PSP	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (1 KIT per 28 days)
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	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 PENS per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>sarilumab</i>)	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 SYRINGES per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	NF	
LEQSELVI ORAL TABLET 8 MG (<i>deuruxolitinib phosphate</i>)	NF	
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	PSP	PA; IBC (Preferred agent for Alopecia Areata); QL (28 CAPSULES per 28 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and COPD); QL (3 INJECTIONS per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and COPD); QL (3 INJECTIONS per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and COPD); QL (1 SYRINGE per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	NF	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	PSP	PA; IBC (Preferred agent for Alopecia Areata. Not covered for Rheumatoid Arthritis); QL (30 TABLETS per 30 days)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML (<i>mirikizumab-mrkz</i>)	NF	
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML (<i>mirikizumab-mrkz</i>)	NF	
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>mirikizumab-mrkz</i>)	NF	
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>mirikizumab-mrkz</i>)	NF	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	PSP	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	NPSP	PA; ST; QL (4 SYRINGES per 28 days)
OTEZLA ORAL TABLET 20 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 DAYS)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 days)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 DAYS)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (30 TABLETS per 30 DAYS)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG (<i>apremilast</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (41 TABLETS per 28 DAYS)
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	PA; ST; IBC (Preferred agent for Psoriasis, Crohn's Disease, Ulcerative Colitis. Not covered for Psoriatic Arthritis); QL (1 VIAL per 84 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

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

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	PSP	PA; IBC (Preferred agent for Ulcerative Colitis and Crohn's Disease); QL (1 TABLET per 1 day)
SAPHNELO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/0.8ML (<i>anifrolumab-fnia</i>)	NF	
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-aekn</i>)	NF	
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-aekn</i>)	NF	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	NF	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab-ryvk</i>)	NF	
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	NF	
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	NF	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NF	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	NF	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease and Ulcerative Colitis); QL (1 CARTRIDGE per 56 DAYS)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Crohn's Disease and Ulcerative Colitis); QL (1 CARTRIDGE per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML (<i>risankizumab-rzaa</i>)	PSP	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis)
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	NF	
STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-hmny</i>)	NF	
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-hmny</i>)	NF	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	NF	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab</i>)	NF	
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-stba</i>)	NF	
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-stba</i>)	NF	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis and Non-radiographical Axial Spondyloarthritis); QL (1 INJECTION per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML (<i>ixekizumab</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis and Non-radiographical Axial Spondyloarthritis); QL (1 INJECTION per 28 days)
<i>tofacitinib citrate er oral tablet extended release 24 hour 11 mg</i>	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis, Psoriatic Arthritis, Ankylosing Spondylitis); QL (30 TABLETS per 30 DAYS)
<i>tofacitinib citrate er oral tablet extended release 24 hour 22 mg</i>	PSP	PA; IBC (Preferred agent for Ulcerative Colitis); QL (30 TABLETS per 30 DAYS)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tofacitinib citrate oral solution 1 mg/ml</i>	PSP	PA; IBC (Preferred agent for Psoriatic Arthritis); QL (240 ML per 24 DAYS)
<i>tofacitinib citrate oral tablet 10 mg</i>	PSP	PA; IBC (Preferred agent for Ulcerative Colitis); QL (60 TABLETS per 30 DAYS)
<i>tofacitinib citrate oral tablet 5 mg</i>	PSP	PA; IBC (Preferred agent for Rheumatoid Arthritis, Ulcerative Colitis, Psoriatic Arthritis, Ankylosing Spondylitis); QL (60 TABLETS per 30 DAYS)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	PSP	PA; ST; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 PEN per 56 days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	PSP	PA; ST; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 PEN per 56 DAYS)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	PSP	PA; ST; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 PEN per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	PSP	PA; ST; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 syringe per 56 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	PSP	PA; ST; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 28 days)
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	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<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-aauz 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 45 mg/0.5ml</i>	NF	
<i>ustekinumab-ttwe subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	NF	
VELSIPITY ORAL TABLET 2 MG (<i>etrasimod arginine</i>)	PSP	PA; IBC (Preferred agent for Ulcerative Colitis); QL (30 TABLETS per 30 days)
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-auub</i>)	NF	
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-auub</i>)	NF	
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	NF	
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	NF	
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	NF	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (8 INJECTIONS per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (4 INJECTIONS per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (2 INJECTIONS per 28 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (8 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (4 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (2 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	PSP	PA; IBC (Preferred agent for Asthma, Chronic Rhinosinusitis with Nasal Polyps and Chronic Spontaneous Urticaria); QL (8 VIALS per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-kfce</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis, Crohn's Disease, Ulcerative Colitis. Not covered for Psoriatic Arthritis); QL (1 VIAL per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab-kfce</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis, Crohn's Disease, Ulcerative Colitis. Not covered for Psoriatic Arthritis); QL (1 SYRINGE per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab-kfce</i>)	PSP	PA; ST; IBC (Preferred agent for Psoriasis, Crohn's Disease, Ulcerative Colitis. Not covered for Psoriatic Arthritis); QL (1 SYRINGE per 56 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-aaty</i>)	NF	
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	NF	
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqv</i>)	NF	
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	NF	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	NF	
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
<i>auranofin oral capsule 3 mg</i>	NF	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	PG	
<i>methotrexate sodium oral tablet 2.5 mg</i>	CE	N7 (PG); N8 (Listing does not include certain NDCs)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	NPSP	PA; QL (4 INJECTIONS per 28 DAYs)
SOVUNA ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	NF	
HEREDITARY ANGIOEDEMA		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML (<i>garadacimab-gxii</i>)	NF	
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NF	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NPSP	PA; QL (20 VIALS per 30 days)
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>donidalorsen sodium</i>)	PSP	PA; QL (1 PEN per 28 days)
EKTERLY ORAL TABLET 300 MG (<i>sebetralstat</i>)	PSP	PA; QL (60 TABLETS per 90 DAYs)
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (<i>icatibant acetate</i>)	NPSP	PA; QL (45 SYRINGES per 90 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	NF	
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	PSP	PA; QL (45 SYRINGES per 90 days)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	NPSP	PA; QL (30 ML per 90 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	NF	
ORLADEYO ORAL PACKET 108 MG, 132 MG, 72 MG, 96 MG (<i>berotralstat hcl</i>)	NF	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	PSP	PA; QL (60 VIALS per 90 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (<i>lanadelumab-flyo</i>)	PSP	PA; QL (2 SYRINGES per 28 days)
IMMUNOGLOBULIN		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)-stwk</i>)	NF	
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-slra</i>)	NF	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
CUTAUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	PSP	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	NF	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAGARD ERC INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NF	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NF	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	NPSP	PA
HYPERRHO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</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, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	NF	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NPSP	PA
<i>qivigy intravenous solution 10 gm/100ml, 5 gm/50ml</i>	NF	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	NPSP	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	NPSP	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (<i>varicella-zoster immune glob</i>)	NPSP	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML (<i>rho d immune globulin</i>)	NPSP	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	NF	
YIMMUGO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)-dira</i>)	NF	
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (<i>interferon gamma-1b</i>)	NPSP	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	NPSP	PA; QL (8 VIALS per 28 days)
JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>)	NF	
IMMUNOSUPPRESSANTS		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (<i>lymphocyte,anti-thymo imm glob</i>)	NP	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	PG	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	NPSP	PA; QL (4 INJECTIONS per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	NPSP	PA; QL (4 INJECTIONS per 28 days)
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	PG	
cyclosporine modified oral solution 100 mg/ml	PG	
cyclosporine oral capsule 100 mg, 25 mg	PG	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	PG	
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	PG	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	NP	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	NF	
mycophenolate mofetil oral capsule 250 mg	PG	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	PG	
mycophenolate mofetil oral tablet 500 mg	PG	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	PG	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (<i>mycophenolate mofetil</i>)	NF	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	NPSP	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	NPSP	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	NPSP	
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	NF	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	NPSP	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	NPSP	
SAPHNELO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/0.8ML (<i>anifrolumab-fnia</i>)	NF	
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (<i>basiliximab</i>)	NP	
<i>sirolimus oral solution 1 mg/ml</i>	PG	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PG	
<i>tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg, 5 mg</i>	PG	
<i>tacrolimus intravenous solution 5 mg/ml</i>	PSP	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	PG	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (<i>anti-thymocyte glob (rabbit)</i>)	NP	
MISCELLANEOUS		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	NPSP	PA; QL (2 VIALS per 28 days)
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	PG	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	PG	
<i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)	NP	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POKONZA ORAL PACKET 10 MEQ, 15 MEQ (<i>potassium chloride</i>)	NF	
POKONZA ORAL SOLUTION 10 MEQ/15ML (5%) (<i>potassium chloride</i>)	NF	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	PG	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	PG	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	PG	
<i>potassium chloride oral packet 40 meq</i>	NF	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	PG	
<i>potassium chloride oral solution 40 meq/15ml (20%)</i>	NP	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	PG	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	PG	
PRENATAL VITAMINS		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (<i>prenatal vit-dss-fe cbn-fa</i>)	NF	
<i>azentra oral tablet 13-1 mg</i>	NF	
<i>azesco oral tablet 13-1 mg</i>	NF	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	PB	
<i>complete natal dha oral 29-1-200 & 200 mg</i>	NF	
<i>completenate oral tablet chewable 29-1 mg</i>	NF	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	NF	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	NF	
<i>kosher prenatal plus iron oral tablet 30-1 mg</i>	NF	
MATERNACEL ORAL TABLET 20-1 MG (<i>prenatal vit w/fe bisg-fa</i>)	NF	
<i>natal pnv oral tablet 6-0.5 mg</i>	NF	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (<i>prenat w/oa-fefum-methf-omegas</i>)	NF	
NESTABS DHA ORAL 32-1 MG (<i>prenat-w/oa-fe bisgly-fa-omega</i>)	NF	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o a</i>)	NF	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	NF	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (<i>prenat-fecbn-feaspgl-fa-fish</i>)	NF	
OB COMPLETE ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	NF	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NF	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal-fe cbn-fe asp gly-fa</i>)	NF	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NF	
ONENATAL RX ORAL TABLET 1 MG (<i>prenatal multivit-min-fe-fa</i>)	NF	
<i>pnv prenatal plus multivit+dha oral 27-1 & 312 mg</i>	NF	
<i>pnv tabs 20-1 oral tablet 20-1 mg</i>	NF	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	PG	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	NF	
<i>pregen dha oral capsule 28-1-35 mg</i>	NF	
<i>pregenna oral tablet 20-1 mg</i>	NF	
<i>prena 1 true oral 30-1.4 & 300 mg</i>	NF	
<i>prenal oral tablet chewable 1.4 mg</i>	NF	
<i>prenatabs fa oral tablet 29-1 mg</i>	NF	
<i>prenatal 19 oral tablet chewable</i>	NF	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>prenatal w/o a vit-fe fum-fa</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

200

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NF	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-feaspgly-methylfol-fa</i>)	NF	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NF	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	NF	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	NF	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NF	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NF	
PRENATOL-M ORAL TABLET 27-1.2 MG (<i>prenatal vit-fe fumarate-fa</i>)	NF	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (<i>prenat vit-fepoly-methylfol-fa</i>)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	NF	
SELECT-OB+DHA ORAL 29-1 & 250 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NF	
TARON-C DHA ORAL CAPSULE 35-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	NF	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	NF	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NF	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	NF	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NF	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (<i>prenatal vit-fe phos-fa-omega</i>)	NF	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NF	
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NF	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NF	
<i>vitalara oral tablet 20-1 mg</i>	NF	
<i>wescap-pn dha oral capsule 27-0.6-0.4-300 mg</i>	NF	
<i>westgel dha oral capsule 31-0.6-0.4-200 mg</i>	NF	
<i>zalvit oral tablet 13-1 mg</i>	NF	
<i>ziphex oral tablet 13-1 mg</i>	NF	
VITAMINS - VITAMINS AND SUPPLEMENTS		
ACCRUFER ORAL CAPSULE 30 MG (<i>ferric maltol</i>)	NF	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	PG	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	NF	
DAVIMET-IRON ORAL TABLET CHEWABLE (<i>multiple vitamins-iron</i>)	NF	
FA-8 ORAL CAPSULE 0.8 MG (<i>folic acid</i>)	CE	N7 (Not Covered); QL (100 CAPSULES per 30 days); AL (Max 55 Years)
FERRO-PLEX ORAL TABLET 115-1 MG (<i>fe fum-fa-c-e-b12-intrins fact</i>)	NF	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	NF	
FLORIVA ORAL TABLET CHEWABLE 0.5 MG, 1 MG (<i>ped multiple vit-minerals-fl</i>)	NF	
<i>folic acid oral solution 0.2 mg/ml</i>	NF	
<i>folic acid oral tablet 400 mcg</i>	CE	N7 (Not Covered); N8 (Listing does not include certain NDCs); QL (100 tablets per 30 days); AL (Max 55 Years)
<i>folic acid oral tablet 800 mcg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Max 55 Years)
FOLICORE B COMPLEX ORAL TABLET 1-10-0.4 MG (<i>folic acid-vit b6-vit b12</i>)	NF	
FOLVITA COMPLEX ORAL TABLET 1-10-0.4 MG (<i>folic acid-vit b6-vit b12</i>)	NF	
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	PG	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (<i>niacinamide-zn-cu-methfo-se-cr</i>)	NF	
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	NF	
<i>phytonadione oral tablet 5 mg</i>	PG	
QUIOFIC ORAL SOLUTION 0.2 MG/ML (<i>folic acid</i>)	NF	
<i>reno caps oral capsule 1 mg</i>	PG	Select OTC
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	PG	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	NF	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	NF	
<i>cromolyn sodium ophthalmic solution 4 %</i>	PG	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	PG	
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	PG	Select OTC
ZADITOR OPHTHALMIC SOLUTION 0.035 % (<i>ketotifen fumarate</i>)	PG	Select OTC
ZERVIAE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	NF	
ANTIGLAUCOMA BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	PG	
BETIMOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol hemihydrate</i>)	NF	
<i>carteolol hcl ophthalmic solution 1 %</i>	PG	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	NF	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	PG	
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	PG	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	NP	
<i>timolol maleate</i> (Timolol Maleate Ocudose Ophthalmic Solution 0.5 %)	NF	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	PG	
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NF	
ANTIGLAUCOMA COMBINATION AGENTS - DRUGS TO TREAT GLAUCOMA		
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	PG	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	NF	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	PG	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	PG	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	PB	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	PB	
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %</i>	PG	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	PG	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	PG	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	PG	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	NF	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	NF	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	PG	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	NF	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	PG	
<i>besifloxacin hcl ophthalmic suspension 0.6 %</i>	NF	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	NF	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	NF	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

204

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	PG	N8 (Listing does not include certain NDCs)
<i>gatifloxacin ophthalmic solution 0.5 %</i>	NP	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	PG	
<i>levofloxacin ophthalmic solution 0.5 %</i>	PG	
<i>levofloxacin ophthalmic solution 1.5 %</i>	NF	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	PG	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	PG	
<i>ofloxacin ophthalmic solution 0.3 %</i>	PG	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	PG	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	PG	
<i>tobramycin ophthalmic solution 0.3 %</i>	PG	
<i>trifluridine ophthalmic solution 1 %</i>	PG	
XDEMVY OPHTHALMIC SOLUTION 0.25 % (<i>lotilaner</i>)	NF	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	NF	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	NF	
ALREX OPHTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	NF	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	NP	
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	NF	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	NF	
BYQLOVI OPHTHALMIC SUSPENSION 0.05 % (<i>clobetasol propionate</i>)	NF	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	PG	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	PG	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	PG	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	NF	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	NF	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	PG	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	NF	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone</i>)	NF	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	NF	
INVELTYS OPHTHALMIC SUSPENSION 1 % (<i>loteprednol etabonate</i>)	NF	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	NP	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	PG	
LOTEMAX OPHTHALMIC GEL 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (<i>loteprednol etabonate</i>)	NF	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (<i>loteprednol etabonate</i>)	NF	
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	NF	
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	NF	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	PG	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	NF	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	NF	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (<i>prednisolone acetate</i>)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	NF	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PG	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	NF	
CARBONIC ANHYDRASE INHIBITORS - DRUGS TO TREAT GLAUCOMA		
AZOPT OPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	NF	
<i>brinzolamide ophthalmic suspension 1 %</i>	NF	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	PG	N8 (Listing does not include certain NDCs)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DRY EYE DISEASE		
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	NF	
<i>cyclosporine (pf) ophthalmic emulsion 0.05 %</i>	PG	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	NF	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	NF	
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	NF	
TRYPTYR OPHTHALMIC SOLUTION 0.003 % (<i>acoltremon</i>)	PB	
VEVYE OPHTHALMIC SOLUTION 0.1 % (<i>cyclosporine</i>)	PB	
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	NF	
MISCELLANEOUS		
<i>atropine sulfate ophthalmic solution 1 %</i>	PG	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	NPSP	PA; QL (4 BOTTLES per 28 days)
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	NPSP	PA; QL (2 ML per 7 DAYS)
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	PG	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	PG	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (<i>varenicline tartrate</i>)	NF	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (<i>oxymetazoline hcl</i>)	NF	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	NF	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>)	NPSP	PA
PROSTAGLANDINS - DRUGS TO TREAT GLAUCOMA		
<i>bimatoprost ophthalmic solution 0.01 %, 0.03 %</i>	PG	
IYUZEH OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	NF	
<i>latanoprost ophthalmic solution 0.005 %</i>	PG	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	NF	
OMLONTI OPHTHALMIC SOLUTION 0.002 % (<i>omidenepag isopropyl</i>)	NF	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	NF	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	PG	N8 (Listing does not include certain NDCs)
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	NF	
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	NF	
ZOLYMBUS OPHTHALMIC GEL 0.01 % (<i>bimatoprost</i>)	NF	
RETINAL DISORDERS		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (<i>ranibizumab-nuna</i>)	NPSP	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	PSP	PA
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	PSP	PA
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	NPSP	PA
NUFYMCO INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab-leyk</i>)	NF	
YESAFILI INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept-jbyf</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		
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	PG	
OTHER		
IRRIGATION SOLUTIONS		
<i>sterile water for irrigation irrigation solution</i>	NP	STX

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	PSP	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML (<i>alpha1-proteinase inhibitor</i>)	PSP	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	NF	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (<i>alpha1-proteinase inhibitor</i>)	NF	
ANAPHYLAXIS TREATMENT AGENTS		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	NF	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	PG	QL (4 INJECTIONS per 25 DAYS)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	PG	QL (4 INJECTOR per 25 days)
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	NF	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	NP	QL (4 INJ per 25 days)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	NP	QL (4 INJECTIONS per 25 days)
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML (<i>epinephrine</i>)	NF	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	NF	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	PB	QL (1 PACKAGE per 25 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	NP	QL (2 PACKAGES per 25 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	PG	QL (6 BOXES per 25 DAYS)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	PB	QL (1 PACKAGE per 25 days)
<i>umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act</i>	NF	
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	PB	QL (1 PACKAGE per 25 DAYS)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	PB	QL (1 PACKAGE per 25 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	PB	QL (1 package per 25 days)
ANTICHOLINERGICS		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	NF	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	NF	
<i>ipratropium bromide hfa inhalation aerosol solution 17 mcg/act</i>	PG	QL (2 PACKAGES per 25 DAYS)
<i>ipratropium bromide inhalation solution 0.02 %</i>	PG	N8 (Listing does not include certain NDCs); QL (5 boxes per 25 days)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	PG	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide</i>)	NF	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide</i>)	PB	QL (1 PACKAGE per 25 days)
<i>tiotropium bromide inhalation capsule 18 mcg</i>	PG	QL (1 PACKAGE per 25 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	NF	
<i>umeclidinium ellipta inhalation aerosol powder breath activated 62.5 mcg/inh</i>	NF	
YUPELRI INHALATION NEBULIZATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	PB	QL (30 VIALS per 25 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

210

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIHIISTAMINE COMBINATIONS		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	PG	QL (1 GRAMS per 25 days)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	NP	QL (1 PACKAGE per 25 days)
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	NF	
ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES		
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (<i>fexofenadine hcl</i>)	PG	Select OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (<i>fexofenadine hcl</i>)	PG	Select OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (<i>fexofenadine hcl</i>)	PG	Select OTC
<i>allergy rel child (cetirizine) oral tablet dispersible 10 mg</i>	PG	Select OTC
<i>azelastine hcl nasal solution 0.1 %</i>	PG	QL (2 BOTTLES per 25 DAYs)
<i>carbinoxamine maleate er oral suspension extended release 4 mg/5ml</i>	PG	ST
<i>carbinoxamine maleate oral tablet 4 mg</i>	PG	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NP	N8 (Listing does not include certain NDCs)
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	PG	Select OTC
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	PG	Select OTC
<i>cetirizine hcl oral tablet chewable 10 mg</i>	PG	Select OTC
CLARITIN ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL CAPSULE 10 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL TABLET 10 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN ORAL TABLET CHEWABLE 10 MG, 5 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN REDITABS JUNIORS ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	PG	Select OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 5 MG (<i>loratadine</i>)	PG	Select OTC
<i>clemastine fumarate oral tablet 2.68 mg</i>	PG	
<i>cvs allergy relief childrens oral suspension 30 mg/5ml</i>	PG	Select OTC
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cypheptadine hcl oral tablet 4 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>desloratadine oral solution 0.5 mg/ml</i>	NF	
<i>desloratadine oral tablet 5 mg</i>	PG	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	NP	
<i>eq loratadine childrens oral tablet chewable 5 mg</i>	PG	Select OTC
<i>fexofenadine hcl oral tablet 180 mg</i>	PG	Select OTC
<i>gnp loratadine oral tablet dispersible 10 mg</i>	PG	Select OTC
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	PG	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>hydroxyzine pamoate oral capsule 100 mg</i>	PG	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	PG	N8 (Listing does not include certain NDCs)
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	NP	ST
<i>kp fexofenadine hcl oral tablet 60 mg</i>	PG	Select OTC
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	PG	Select OTC
<i>loratadine childrens oral solution 5 mg/5ml</i>	PG	Select OTC
<i>loratadine oral capsule 10 mg</i>	PG	Select OTC
<i>loratadine oral tablet 10 mg</i>	PG	Select OTC
<i>olopatadine hcl nasal solution 0.6 %</i>	NP	QL (1 BOTTLE per 25 days)
<i>qc all day allergy relief oral capsule 10 mg</i>	PG	Select OTC
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	NF	
<i>carbinoxamine maleate</i> (Ryvent Oral Tablet 6 Mg)	NP	
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 5 MG (<i>cetirizine hcl</i>)	PG	Select OTC
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (<i>levocetirizine dihydrochloride</i>)	PG	Select OTC
ZYRTEC ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 10 MG (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML (<i>cetirizine hcl</i>)	PG	Select OTC

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

212

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG, 2.5 MG (<i>cetirizine hcl</i>)	PG	Select OTC
ZYRTEC ORAL TABLET CHEWABLE 10 MG (<i>cetirizine hcl</i>)	PG	Select OTC
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	PG	N8 (Listing does not include certain NDCs); QL (2 INHALERS per 25 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	PG	N8 (Listing does not include certain NDCs); QL (5 BOXES per 25 DAYS)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	N8 (Listing does not include certain NDCs); QL (5 BOXES per 25 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	PG	N8 (Listing does not include certain NDCs); QL (60 ML per 25 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PG	
<i>albuterol sulfate oral tablet 2 mg</i>	PG	
<i>albuterol sulfate oral tablet 4 mg</i>	PG	N8 (Listing does not include certain NDCs)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	NF	
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	PG	QL (2 BOXES per 25 DAYS)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	PG	QL (300 ML per 25 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	PG	QL (45 ML per 25 days)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	NP	QL (2 INHALERS per 25 DAYS)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	NP	QL (60 VIALS per 25 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	NF	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	PB	QL (1 PACKAGE per 25 DAYS)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PG	N8 (Listing does not include certain NDCs)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	NF	
COLD/COUGH		
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (<i>fexofenadine-pseudoephedrine</i>)	PG	Select OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (<i>fexofenadine-pseudoephedrine</i>)	PG	Select OTC
<i>benzonatate oral capsule 100 mg, 200 mg</i>	PG	
<i>benzonatate oral capsule 150 mg</i>	NF	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	PG	Select OTC
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	PG	Select OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	PG	Select OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	PG	Select OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	PG	Select OTC
<i>ft allergy d-12 hour oral tablet extended release 12 hour 5-120 mg</i>	PG	Select OTC
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	NP	QL (30 ML per 1 day)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	PG	QL (6 TABLETS per 1 day)
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	PG	Select OTC
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	NF	
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	PG	QL (30 ML per 1 DAY)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	PG	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	PG	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	PG	N8 (Listing does not include certain NDCs)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

214

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	NF	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>cetirizine-pseudoephedrine</i>)	PG	Select OTC
CYSTIC FIBROSIS		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (<i>vanzacaft-tezacaft-deutivacaft</i>)	NF	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	NPSP	PA; QL (224 ML per 28 days)
BRONCHITOL INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	NF	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	NPSP	PA; QL (84 ML per 28 days)
KALYDECO ORAL PACKET 13.4 MG, 5.8 MG (<i>ivacaftor</i>)	NPSP	PA; QL (56 PACKETS per 28 DAYs)
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	NPSP	PA; QL (56 PACKET per 28 days)
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	NPSP	PA; QL (1 CARTON per 28 days)
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NPSP	PA; QL (280 ML per 28 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (56 PACKET per 28 days)
ORKAMBI ORAL PACKET 75-94 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (56 PACKETS per 28 DAYs)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	NPSP	PA; QL (112 TABLETS per 28 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	NPSP	PA; QL (150 ML per 30 Days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	NPSP	PA; QL (56 TABLETS per 28 days)
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	NF	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	PSP	PA; QL (224 ML per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	PSP	PA; QL (280 ML per 28 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	NPSP	PA; QL (84 TABLETS per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	NPSP	PA; QL (56 PACKETS per 28 days)
LEUKOTRIENE MODIFIERS		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	NF	
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
<i>montelukast sodium oral packet 4 mg</i>	PG	
<i>montelukast sodium oral tablet 10 mg</i>	PG	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	PG	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	NF	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	PG	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PG	QL (2 BOXES per 25 DAYs)
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	PG	
BRINSUPRI ORAL TABLET 10 MG, 25 MG (<i>brensocatib</i>)	NP	PA
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML (<i>ensifentrine</i>)	NF	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	PG	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>budesonide nasal suspension 32 mcg/act</i>	PG	Select OTC; QL (1 PACKAGE per 25 days)
FLONASE ALLERGY REL CHILDRENS NASAL SUSPENSION 50 MCG/ACT (<i>fluticasone propionate</i>)	PG	Select OTC; QL (1 ML per 25 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	PG	QL (3 CONTAINERS per 25 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	PG	Select OTC; QL (1 ML per 25 DAYs)
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (<i>triamcinolone acetanide</i>)	PG	Select OTC; QL (1 PACKAGE per 25 DAYs)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	NF	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NF	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NF	
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	PG	Select OTC; QL (1 ML per 25 DAYS)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	NP	PA; QL (2 PACKAGES per 25 days)
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL TABLET 267 MG, 801 MG (<i>pirfenidone</i>)	NF	
JASCAYD ORAL TABLET 18 MG, 9 MG (<i>nerandomilast</i>)	NF	
<i>nintedanib esylate oral capsule 100 mg, 150 mg</i>	PSP	PA; QL (60 CAPSULES per 30 DAYS)
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	PSP	PA; QL (60 CAPSULES per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	PSP	PA; QL (270 CAPSULES per 30 DAYS)
<i>pirfenidone oral tablet 267 mg</i>	PSP	PA; QL (270 TABLETS per 30 Days)
<i>pirfenidone oral tablet 534 mg</i>	PSP	PA; QL (90 TABLETS per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	PSP	PA; QL (90 TABLETS per 30 Days)
SEVERE ASTHMA AGENTS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	PSP	PA; QL (1 PEN per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (<i>benralizumab</i>)	PSP	PA; QL (1 SYRINGE per 56 days)
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	NF	
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>mometasone furoate</i>)	PB	QL (1 PACKAGE per 25 days)
<i>beclomethasone diprop hfa inhalation aerosol solution 40 mcg/act, 80 mcg/act</i>	PG	QL (2 PACKAGES per 25 DAYS)
<i>budesonide inhalation suspension 0.25 mg/2ml</i>	PG	QL (3 ML per 25 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	PG	QL (2 ML per 25 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	PG	QL (1 ML per 25 days)
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act</i>	NF	
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act</i>	NF	
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>	NF	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	NF	
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	NF	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	NF	
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	PB	QL (3 PACKAGES per 25 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (<i>fluticasone furoate-vilanterol</i>)	PB	N8 (Listing does not include certain NDCs); QL (1 package per 25 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	PB	QL (1 PACKAGE per 25 DAYS)
<i>budesonide-formoterol fumarate</i> (Breyna Inhalation Aerosol 160-4.5 Mcg/Act, 80-4.5 Mcg/Act)	PG	QL (3 PACKAGES per 25 DAYS)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	PG	QL (3 PACKAGES per 25 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium bromide-formoterol fumarate</i>)	NF	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (<i>mometasone furoate-formoterol fumarate</i>)	PB	QL (3 PACKAGES per 25 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	NF	
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>	NF	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	PG	N8 (Listing does not include certain NDCs); QL (1 PACKAGE per 25 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	NF	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	NF	
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	PG	N8 (Listing does not include certain NDCs); QL (1 PACKAGE per 25 days)
XANTHINES - DRUGS TO TREAT COPD		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	NF	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	PG	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PG	
<i>theophylline oral elixir 80 mg/15ml</i>	PG	
<i>theophylline oral solution 80 mg/15ml</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	NF	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	NF	
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	NF	
<i>isotretinoin</i> (Accutane Oral Capsule 20 Mg, 30 Mg, 40 Mg)	NP	PA
ACZONE EXTERNAL GEL 7.5 % (<i>dapsone</i>)	NP	ST
<i>adapalene external cream 0.1 %</i>	NP	PA; QL (45 GRAMS per 25 days); AL (Max 35 Years)
<i>adapalene external gel 0.1 %</i>	PG	PA; N8 (PA applies to members 35 and older); Select OTC; QL (45 GRAMS per 25 days); AL (Max 35 Years)
<i>adapalene external gel 0.3 %</i>	NP	PA; N8 (Listing does not include certain NDCs); QL (45 GRAMS per 25 days); AL (Max 35 Years)
<i>adapalene external pad 0.1 %</i>	NF	
<i>adapalene external solution 0.1 %</i>	NF	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	PG	PA; N8 (PA applies to members 35 and older); AL (Max 35 Years)
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	PG	PA; AL (Max 35 Years)
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	NF	
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	NF	
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	NP	PA
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	NF	
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	NF	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	NF	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	PG	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (<i>adapalene-benzoyl per-clindamy</i>)	NF	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	NP	PA

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

220

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	NP	QL (60 ML per 25 DAYs)
<i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)	PG	
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NF	
<i>clindamycin phos (once-daily) external gel 1 %</i>	NF	
<i>clindamycin phos (twice-daily) external gel 1 %</i>	NP	N8 (Listing does not include certain NDCs); QL (75 GRAMS per 25 days)
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-3.75 %</i>	PG	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	NP	
<i>clindamycin phosphate external foam 1 %</i>	NP	N8 (Listing does not include certain NDCs)
<i>clindamycin phosphate external lotion 1 %</i>	NP	QL (60 ML per 25 days)
<i>clindamycin phosphate external solution 1 %</i>	NP	QL (60 ML per 25 days)
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	NP	PA; N8 (Listing does not include certain NDCs. PA applies to members 35 and older); AL (Max 35 Years)
<i>dapsone external gel 5 %</i>	PG	N8 (Listing does not include certain NDCs)
<i>dapsone external gel 7.5 %</i>	PG	
DIFFERIN EXTERNAL GEL 0.1 % (<i>adapalene</i>)	PG	PA; Select OTC; QL (45 GRAMS per 25 days); AL (Max 35 Years)
DIFFERIN EXTERNAL GEL 0.3 % (<i>adapalene</i>)	NP	PA; QL (45 GRAMS per 25 days); AL (Max 35 Years)
<i>ery external pad 2 %</i>	PG	
<i>erythromycin external gel 2 %</i>	PG	QL (60 GRAMS per 25 days)
<i>erythromycin external solution 2 %</i>	PG	QL (60 ML per 25 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	NP	PA
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	NF	
KLARON EXTERNAL LOTION 10 % (<i>sulfacetamide sodium (acne)</i>)	NP	ST
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	NP	PA; AL (Max 35 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (<i>tretinoin</i>)	NP	PA; AL (Max 35 Years)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % (<i>tretinoin microsphere</i>)	NP	PA; AL (Max 35 Years)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	PG	
<i>tazarotene external foam 0.1 %</i>	NF	
<i>tretinoin external cream 0.025 %</i>	PG	PA; N8 (PA applies to members 35 and older); AL (Max 35 Years)
<i>tretinoin external cream 0.05 %, 0.1 %</i>	PG	PA; AL (Max 35 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	PG	PA; AL (Max 35 Years)
<i>tretinoin external gel 0.05 %</i>	NP	PA; AL (Max 35 Years)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	PG	PA; N8 (PA applies to members 35 and older); AL (Max 35 Years)
<i>tretinoin microsphere pump external gel 0.08 %</i>	PG	PA; AL (Max 35 Years)
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	NF	
WINLEVI EXTERNAL CREAM 1 % (<i>clascoterone</i>)	NF	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	NP	PA
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	NF	
DERMATOLOGY, ACTINIC KERATOSIS		
<i>diclofenac sodium external gel 3 %</i>	NP	PA; QL (100 GRAMS per 25 days)
<i>fluorouracil external cream 0.5 %</i>	NF	
<i>fluorouracil external cream 5 %</i>	PG	
<i>fluorouracil external solution 2 %, 5 %</i>	PG	
<i>imiquimod external cream 5 %</i>	PG	QL (2 BOXES per 21 days)
<i>imiquimod pump external cream 3.75 %</i>	NP	PA
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	NF	
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	NF	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	NF	
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	NF	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate external cream 0.1 %</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gentamicin sulfate external ointment 0.1 %</i>	PG	
<i>mupirocin calcium external cream 2 %</i>	NF	
<i>mupirocin external ointment 2 %</i>	PG	QL (30 GRAMS per 25 days)
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	NF	
<i>silver sulfadiazine external cream 1 %</i>	PG	
<i>silver sulfadiazine</i> (Ssd External Cream 1 %)	PG	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox external gel 0.77 %</i>	NP	
<i>ciclopirox external shampoo 1 %</i>	NP	
<i>ciclopirox external solution 8 %</i>	PG	STX
<i>ciclopirox olamine external cream 0.77 %</i>	PG	
<i>ciclopirox olamine external suspension 0.77 %</i>	NP	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	PG	STX; QL (60 GRAMS per 25 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	PG	STX; QL (60 ML per 25 days)
<i>econazole nitrate external cream 1 %</i>	NP	QL (85 GRAMS per 25 days)
<i>econazole nitrate external foam 1 %</i>	NP	
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	NF	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	NP	ST
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	NP	ST
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	NF	
<i>ketconazole external cream 2 %</i>	PG	
<i>ketconazole external foam 2 %</i>	NF	
<i>luliconazole external cream 1 %</i>	NF	
LUZU EXTERNAL CREAM 1 % (<i>luliconazole</i>)	NF	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	NP	
<i>naftifine hcl external cream 1 %, 2 %</i>	NP	
<i>naftifine hcl external gel 2 %</i>	NF	
NAFTIN EXTERNAL GEL 2 % (<i>naftifine hcl</i>)	NF	
<i>nystatin external cream 100000 unit/gm</i>	PG	
<i>nystatin external ointment 100000 unit/gm</i>	PG	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	PG	STX; QL (60 GRAMS per 25 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	PG	STX; QL (60 GRAMS per 25 days)
<i>oxiconazole nitrate external cream 1 %</i>	NP	N8 (Listing does not include certain NDCs); QL (60 GRAMS per 25 days)
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	NF	
<i>sulconazole nitrate external cream 1 %</i>	PG	
<i>sulconazole nitrate external solution 1 %</i>	PG	
<i>tavaborole external solution 5 %</i>	NF	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	NF	
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl external cream 5 %</i>	NF	
PRUDOXIN EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	NP	ST; QL (45 GRAMS per 25 days)
ZONALON EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	NP	ST; QL (45 GRAMS per 25 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	PG	PA; QL (60 CAPSULES per 25 days)
<i>calcipotriene external cream 0.005 %</i>	NF	
<i>calcipotriene external foam 0.005 %</i>	NF	
<i>calcipotriene external ointment 0.005 %</i>	NP	ST; QL (60 GRAMS per 25 days)
<i>calcipotriene external solution 0.005 %</i>	NP	ST; QL (60 ML per 25 days)
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NF	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	NF	
<i>calcitriol external ointment 3 mcg/gm</i>	NF	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
ICOTYDE ORAL TABLET 200 MG (<i>icotrokinra hcl</i>)	PSP	PA; IBC (Preferred agent for Plaque Psoriasis); QL (30 TABLETS per 30 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	PG	
PELLIX EXTERNAL SOLUTION 0.005 % (<i>calcipotriene</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NF	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>spesolimab-sbzo</i>)	NPSP	PA; QL (2 SYRINGES per 28 days)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>spesolimab-sbzo</i>)	NPSP	PA; QL (1 SYRINGE per 28 days)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	PB	
<i>tazarotene external cream 0.05 %</i>	NF	
<i>tazarotene external cream 0.1 %</i>	PG	PA; AL (Max 35 Years)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	NF	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	NF	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	NF	
<i>tazarotene</i> (Trilitas External Gel 0.1 %)	NF	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	NF	
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	PB	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NF	
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	PB	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole external shampoo 2 %</i>	PG	
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast</i>)	PB	PA; IBC (Preferred agent for Seborrheic Dermatitis and Plaque Psoriasis); QL (60 G per 25 days)
DERMATOLOGY, ATOPIC DERMATITIS		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>tralokinumab-ldrm</i>)	NF	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	NF	
ANZUPGO EXTERNAL CREAM 20 MG/GM (<i>delgocitinib</i>)	NF	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	NF	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	PSP	PA; QL (2 PENS per 28 DAYs)
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	PSP	PA; QL (2 SYRINGES per 28 DAYs)
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	PB	PA; QL (60 G per 25 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	NF	
<i>pimecrolimus external cream 1 %</i>	NP	PA
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	NP	PA
ZORYVE EXTERNAL CREAM 0.05 %, 0.15 % (<i>roflumilast</i>)	NF	
DERMATOLOGY, CHRONIC SPONTANEOUS URTICARIA		
RHAPSIDO ORAL TABLET 25 MG (<i>remibrutinib</i>)	PB	PA; IBC (Preferred agent for Chronic Spontaneous Urticaria); QL (60 TABLETS per 25 days)
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate external cream 0.05 %</i>	PG	QL (120 GRAMS per 25 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	PG	QL (120 GRAMS per 25 days)
<i>amcinonide external cream 0.1 %</i>	NF	
<i>amcinonide external ointment 0.1 %</i>	NF	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	PG	QL (120 GRAMS per 25 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	PG	QL (120 GRAMS per 25 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	PG	QL (120 ML per 25 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	PG	QL (120 GRAMS per 25 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	PG	QL (120 GRAMS per 25 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	PG	QL (120 ML per 25 DAYs)
<i>betamethasone dipropionate external ointment 0.05 %</i>	NF	
<i>betamethasone valerate external cream 0.1 %</i>	NP	QL (120 GRAMS per 25 days)
<i>betamethasone valerate external foam 0.12 %</i>	NP	QL (120 GRAMS per 25 days)
<i>betamethasone valerate external lotion 0.1 %</i>	NP	QL (120 ML per 25 DAYs)
<i>betamethasone valerate external ointment 0.1 %</i>	NP	QL (120 GRAMS per 25 days)
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	PB	QL (120 GRAMS per 25 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobetasol prop emollient base external cream 0.05 %</i>	NP	QL (120 GRAMS per 30 Days)
<i>clobetasol propionate e external cream 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	NF	
<i>clobetasol propionate external cream 0.025 %</i>	NF	
<i>clobetasol propionate external foam 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>clobetasol propionate external gel 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>clobetasol propionate external liquid 0.05 %</i>	NF	
<i>clobetasol propionate external lotion 0.05 %</i>	NP	QL (120 ML per 25 DAYs)
<i>clobetasol propionate external ointment 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>clobetasol propionate external shampoo 0.05 %</i>	NP	QL (120 ML per 25 days)
<i>clobetasol propionate external solution 0.05 %</i>	NP	QL (120 ML per 25 DAYs)
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	NF	
<i>clocortolone pivalate external cream 0.1 %</i>	NF	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	NF	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	NP	PA; QL (120 ML per 25 days)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	NP	PA; QL (120 ML per 25 days)
<i>desonide external cream 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>desonide external gel 0.05 %</i>	NF	
<i>desonide external lotion 0.05 %</i>	NP	QL (120 ML per 25 days)
<i>desonide external ointment 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	NP	QL (120 GRAMS per 25 days)
<i>desoximetasone external gel 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
<i>desoximetasone external liquid 0.25 %</i>	PG	QL (120 ML per 25 days)
<i>desoximetasone external ointment 0.05 %</i>	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

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

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>halobetasol propionate external lotion 0.05 %</i>	NF	
<i>halobetasol propionate external ointment 0.05 %</i>	NP	QL (120 GRAMS per 25 days)
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	NF	
HALOG EXTERNAL SOLUTION 0.1 % (<i>halcinonide</i>)	NF	
<i>hydrocortisone acetate external cream 2.5 %</i>	PG	QL (120 GRAMS per 25 DAYS)
<i>hydrocortisone butyrate external cream 0.1 %</i>	PG	QL (120 GRAMS per 25 days)
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NF	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	PG	QL (120 GRAMS per 25 days)
<i>hydrocortisone butyrate external solution 0.1 %</i>	PG	QL (120 ML per 25 DAYS)
<i>hydrocortisone external cream 2.5 %</i>	PG	QL (120 GRAMS per 25 days)
<i>hydrocortisone external lotion 2 %</i>	NF	
<i>hydrocortisone external lotion 2.5 %</i>	PG	QL (120 ML per 25 days)
<i>hydrocortisone external ointment 2.5 %</i>	PG	QL (120 GRAMS per 25 days)
<i>hydrocortisone external solution 2.5 %</i>	NF	
<i>hydrocortisone valerate external cream 0.2 %</i>	PG	QL (120 GRAMS per 25 days)
<i>hydrocortisone valerate external ointment 0.2 %</i>	PG	QL (120 GRAMS per 25 days)
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	NF	
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	NF	
<i>mometasone furoate external cream 0.1 %</i>	NP	QL (120 GRAMS per 25 days)
<i>mometasone furoate external ointment 0.1 %</i>	NP	QL (120 GRAMS per 25 days)
<i>mometasone furoate external solution 0.1 %</i>	PG	QL (120 ML per 25 days)
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	NP	PA; QL (120 ML per 25 DAYS)
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	NP	PA; QL (180 GRAMS per 25 days)
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	NP	PA; QL (180 GRAMS per 25 days)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	PG	PA; QL (120 ML per 25 days)
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	NP	PA; QL (180 GRAMS per 25 days)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	NP	PA; QL (180 ML per 25 DAYS)
<i>clobetasol propionate emulsion</i> (Tovet External Foam 0.05 %)	NF	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NF	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	PG	QL (120 GRAMS per 25 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	PG	QL (120 ML per 25 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	PG	QL (120 GRAMS per 25 days)
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NF	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine external ointment 5 %</i>	NP	QL (50 GRAMS per 25 days)
<i>lidocaine external patch 5 %</i>	NP	PA; N8 (Listing does not include certain NDCs); QL (90 PATCHES per 25 days)
<i>lidocaine hcl external solution 4 %</i>	PG	QL (50 ML per 25 DAYS)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	PG	QL (30 GRAMS per 25 days)
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	NP	PA; QL (90 PATCHES per 25 days)
PLIAGLIS EXTERNAL CREAM 7-7 % (<i>lidocaine-tetracaine</i>)	NF	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>)	PG	Select OTC
<i>acyclovir external cream 5 %</i>	NF	
<i>acyclovir external ointment 5 %</i>	NP	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	NF	
<i>bexarotene external gel 1 %</i>	PSP	PA
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	NF	
<i>docosanol external cream 10 %</i>	PG	Select OTC
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	NF	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	NPSP	QL (1 STICK per 25 DAYS)

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG (nemolizumab-ilto)	PSP	PA; IBC (Preferred agent for Atopic Dermatitis and Prurigo Nodularis); QL (2 PENS per 28 days)
<i>penciclovir external cream 1 %</i>	NF	
<i>podofilox external gel 0.5 %</i>	NP	
<i>podofilox external solution 0.5 %</i>	PG	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (collagenase)	NP	PA
SOFDRA EXTERNAL GEL 12.45 % (<i>sofpironium bromide</i>)	NF	
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	NPSP	PA
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	NPSP	PA; QL (2 GRAMS per 30 days)
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	NF	
ZELSUVMI EXTERNAL GEL 10.3 % (<i>berdazimer sodium</i>)	NF	
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	NF	
DERMATOLOGY, ROSACEA		
<i>azelaic acid external gel 15 %</i>	NP	
<i>brimonidine tartrate external gel 0.33 %</i>	NF	
<i>doxycycline oral capsule delayed release 40 mg</i>	PG	
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>minocycline hcl micronized</i>)	NF	
EPSOLAY EXTERNAL CREAM 5 % (<i>benzoyl peroxide</i>)	NF	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	PB	PA
<i>ivermectin external cream 1 %</i>	PG	PA
<i>metronidazole external cream 0.75 %</i>	PG	N8 (Listing does not include certain NDCs); QL (60 GRAMS per 25 days)
<i>metronidazole external gel 0.75 %</i>	PG	QL (60 GRAMS per 25 days)
<i>metronidazole external gel 1 %</i>	NP	QL (60 GRAMS per 25 days)
<i>metronidazole external lotion 0.75 %</i>	PG	N8 (Listing does not include certain NDCs); QL (60 ML per 25 days)
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	NF	
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NF	

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

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01/01/2027

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

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

232

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

2027 Pharmacy Drug Guide - Aetna: Federal and Postal Service Employees

The formulary is updated the first week of each month

01/01/2027

Index

<i>abacavir sulfate</i>	35	ACTOS.....	118	AGAMREE.....	146
<i>abacavir sulfate-lamivudine</i>	38	ACUVAIL.....	205	AIMOVIG.....	98
ABILIFY.....	83	<i>acyclovir</i>	40, 230	AIRSUPRA.....	218
ABILIFY ASIMTUFII.....	83	ACZONE.....	220	AJOVY.....	98
ABILIFY MAINTENA.....	83	<i>adalimumab-aacf (2 pen)</i>	179	AKEEGA.....	48
<i>abiraterone acetate</i>	48	<i>adalimumab-aacf (2 syringe)</i>	179	AKLIEF.....	220
<i>abiraterone acetate micronized</i> ..	48	<i>adalimumab-aaty (1 pen)</i>	179	AKYNZEO.....	159
ABREVA.....	230	<i>adalimumab-aaty (2 syringe)</i>	179	<i>albendazole</i>	33
ABRILADA (1 PEN).....	179	<i>adalimumab-adaz</i>	179, 180	<i>albuterol sulfate</i>	213
ABRILADA (2 PEN).....	179	<i>adalimumab-adbm (2 pen)</i>	180	<i>albuterol sulfate hfa</i>	213
ABRILADA (2 SYRINGE).....	179	<i>adalimumab-adbm (2 syringe)</i> ..	180	<i>alclometasone dipropionate</i>	226
ABSORICA.....	220	<i>adalimumab-bwwd</i>	180	<i>alcohol swabs</i>	137
ABSORICA LD.....	220	<i>adalimumab-fkjp (2 pen)</i>	180	ALDURAZYME.....	149
<i>acamprosate calcium</i>	75	<i>adalimumab-fkjp (2 syringe)</i>	180	ALECENSA.....	51
ACANYA.....	220	<i>adalimumab-ryvk (1 pen)</i>	180	<i>alendronate sodium</i>	122
<i>acarbose</i>	112	<i>adalimumab-ryvk (2 pen)</i>	180	<i>alfuzosin hcl er</i>	166
ACCRUFER.....	202	<i>adalimumab-ryvk (2 syringe)</i>	180	ALHEMO.....	175
ACCU-CHEK AVIVA.....	135	<i>adapalene</i>	220	<i>aliskiren fumarate</i>	71
ACCU-CHEK AVIVA PLUS..	136	<i>adapalene-benzoyl peroxide</i>	220	ALKINDI SPRINKLE.....	146
ACCU-CHEK FASTCLIX		ADBRY.....	225	ALLEGRA ALLERGY.....	211
LANCET.....	136	ADCIRCA.....	73	ALLEGRA ALLERGY	
ACCU-CHEK FASTCLIX		ADDERALL.....	91	CHILDRENS.....	211
LANCETS.....	136	ADDERALL XR.....	91	ALLEGRA-D ALLERGY &	
ACCU-CHEK GUIDE		ADDYI.....	108	CONGESTION.....	214
CONTROL.....	136	<i>adefovir dipivoxil</i>	43	<i>allergy rel child (cetirizine)</i>	211
ACCU-CHEK GUIDE TEST..	136	ADEMPAS.....	73	<i>allopurinol</i>	22
ACCU-CHEK SAFE-T PRO		ADMELOG.....	114	ALLZITAL.....	22
LANCETS.....	136	ADMELOG SOLOSTAR.....	114	<i>almotriptan malate</i>	99
ACCU-CHEK SMARTVIEW..	136	ADVAIR DISKUS.....	218	<i>alogliptin benzoate</i>	113
ACCU-CHEK SMARTVIEW		ADVAIR HFA.....	218	<i>alogliptin-metformin hcl</i>	112
CONTROL.....	136	ADVANCE INTUITION TEST		<i>alogliptin-pioglitazone</i>	113
ACCU-CHEK SOFTCLIX		.....	136	ALORA.....	150
LANCET DEV.....	136	ADVANCE MICRO-DRAW		<i>alosetron hcl</i>	162
ACCU-CHEK SOFTCLIX		TEST.....	136	ALPHANATE.....	171
LANCETS.....	136	ADVATE.....	174	ALPHANINE SD.....	176
Accutane.....	220	ADVOCATE REDI-CODE.....	136	<i>alprazolam</i>	76
ACCUTREND GLUCOSE.....	136	ADVOCATE REDI-CODE+		<i>alprazolam er</i>	76
<i>acebutolol hcl</i>	67	TEST.....	136	ALPRAZOLAM INTENSOL.....	76
<i>acetaminophen-codeine</i>	25	ADVOCATE TEST.....	136	ALPROLIX.....	176
<i>acetazolamide</i>	71	<i>adynovate</i>	174	ALREX.....	205
<i>acetazolamide er</i>	71	ADZENYS XR-ODT.....	91	Altavera.....	125
<i>acetic acid</i>	232	AFINITOR.....	50	ALTRENO.....	220
<i>acetylcysteine</i>	216	AFINITOR DISPERZ.....	50	ALTUVIIIIO.....	174
ACIPHEX.....	165	Afirmelle.....	125	ALUNBRIG.....	51
<i>acitretin</i>	224	AFREZZA.....	114	ALVAIZ.....	177
ACTEMRA.....	179	AFSTYLA.....	174	ALVESCO.....	217
ACTEMRA ACTPEN.....	179	AFTERA.....	125	<i>alyacen 1/35</i>	125
ACTHAR.....	152	AFTERPILL.....	125	<i>alyacen 7/7/7</i>	125
ACTHAR GEL.....	152	AGAMATRIX AMP TEST.....	136	ALYFTREK.....	215
ACTIMMUNE.....	197	AGAMATRIX JAZZ TEST.....	136	ALYGLO.....	195
ACTONEL.....	122	AGAMATRIX PRESTO TEST.....	136	Alyq.....	73

<i>amantadine hcl</i>	81	APIDRA SOLOSTAR.....	115	ATACAND.....	63
AMBIEN.....	96	APLENZIN.....	78	ATACAND HCT.....	62
AMBIEN CR.....	96	APOKYN.....	81	<i>atazanavir sulfate</i>	35
<i>ambrisentan</i>	73	<i>apomorphine hcl</i>	81	ATELVIA.....	122
<i>amcinonide</i>	226	<i>aprepitant</i>	159	<i>atenolol</i>	67
AMELUZ.....	230	APRETUDE.....	35	<i>atenolol-chlorthalidone</i>	67
AMERITHROID.....	156	Apri.....	125	ATGAM.....	197
Amethyst.....	125	APRISO.....	161	ATIVAN.....	76
<i>amiloride hcl</i>	71	APTIOM.....	86	ATMEKSI.....	105
<i>amiloride-hydrochlorothiazide</i> ...	71	APTIVUS.....	35	<i>atomoxetine hcl</i>	92
<i>aminocaproic acid</i>	176	AQNEURSA.....	149	ATONCY.....	92
<i>amiodarone hcl</i>	63	AQVESME.....	176	ATORVALIQ.....	65
AMITIZA.....	161	ARAKODA.....	34	<i>atorvastatin calcium</i>	65
<i>amitriptyline hcl</i>	77	ARALAST NP.....	209	<i>atovaquone</i>	44
AMJEVITA.....	180	ARANELLE.....	125	<i>atovaquone-proguanil hcl</i>	34
AMJEVITA-PED 10KG TO		ARANESP (ALBUMIN FREE)		ATRALIN.....	220
<15KG	180	.....	172	<i>atropine sulfate</i>	207
AMJEVITA-PED 15KG TO		ARBLI.....	63	ATROVENT HFA.....	210
<30KG	180	ARCALYST.....	197	ATTRUBY.....	72
<i>amlodipine besy-benazepril hcl</i> ..	60	<i>arformoterol tartrate</i>	213	AUBAGIO.....	102
<i>amlodipine besylate</i>	69	ARIKAYCE.....	33	Aubra Eq.....	125
<i>amlodipine besylate-valsartan</i> ...	61	<i>aripiprazole</i>	83	AUGTYRO.....	51
<i>amlodipine-atorvastatin</i>	69	ARISTADA.....	83	AUKELSO.....	122
<i>amlodipine-olmesartan</i>	62	ARISTADA INITIO.....	83	<i>auranofin</i>	194
<i>amlodipine-valsartan-hctz</i>	62	ARMLUPEG.....	172	Aurovela 1.5/30.....	125
Amnesteem.....	220	<i>armodafinil</i>	106, 107	Aurovela 1/20.....	125
<i>amoxapine</i>	78	ARMOUR THYROID.....	156	Aurovela 24 Fe.....	126
<i>amoxicill-clarithro-lansopraz</i> ...	166	ARNUITY ELLIPTA.....	217	Aurovela Fe 1.5/30.....	126
<i>amoxicillin</i>	45	ARTHROTEC.....	25	Aurovela Fe 1/20.....	126
<i>amoxicillin-pot clavulanate</i>	45	ARYNTA.....	92	AURYXIA.....	155
<i>amoxicillin-pot clavulanate er</i> ...	45	ASCENIV.....	195	AUSTEDO.....	101
<i>amphetamine er</i>	91	<i>asenapine maleate</i>	83	AUSTEDO XR.....	101
<i>amphetamine sulfate</i>	92	Ashlyna.....	125	AUSTEDO XR PATIENT	
<i>amphetamine-dextroamphet er</i> ...	92	ASMANEX (120 METERED		TITRATION.....	101
<i>amphetamine-</i>		DOSES).....	218	AUVELITY.....	78
<i>dextroamphetamine</i>	92	ASMANEX (30 METERED		AUVELITY TITRATION	
<i>amphet-dextroamphet 3-bead er</i> ..	92	DOSES).....	218	PACK.....	78
<i>ampicillin</i>	45	ASMANEX (60 METERED		AUVI-Q.....	209
AMPYRA.....	102	DOSES).....	218	<i>avanafil</i>	167
AMRIX.....	105	ASMANEX HFA.....	218	AVEED.....	111
AMZEEQ.....	220	<i>aspirin</i>	32	Aviane.....	126
ANAFRANIL.....	76	<i>aspirin childrens</i>	32	AVMAPKI FAKZYNJA CO-	
<i>anagrelide hcl</i>	176	<i>aspirin-dipyridamole er</i>	177	PACK.....	51
<i>anastrozole</i>	48	ASSURE 3 TEST.....	137	AVONEX PEN.....	102
ANDEMBRY.....	194	ASSURE 4 TEST.....	137	AVONEX PREFILLED.....	102
ANDROGEL PUMP.....	111	ASSURE II.....	137	AVSOLA.....	178
ANGELIQ.....	150	ASSURE II CHECK.....	137	AVTOZMA.....	180
ANNOVERA.....	125	ASSURE PLATINUM.....	137	AWIQLI FLEXTOUCH.....	115
ANORO ELLIPTA.....	209	ASSURE PRISM MULTI		Ayuna.....	126
ANZUPGO.....	225	TEST.....	137	AYVAKIT.....	51
<i>apap-caff-dihydrocodeine</i>	25	ASSURE PRO TEST.....	137	AZASITE.....	204
APIDRA.....	115	ATABEX EC.....	199	<i>azathioprine</i>	197

<i>azelaic acid</i>	231	<i>benzonatate</i>	214	BREKIYA.....	98
<i>azelastine hcl</i>	203, 211	<i>benzoyl peroxide-erythromycin</i>	220	BRENZAVVY.....	119
<i>azelastine-fluticasone</i>	211	<i>benzphetamine hcl</i>	120	BREO ELLIPTA.....	219
AZELEX.....	220	<i>benztropine mesylate</i>	81	Breyna.....	219
<i>azentra</i>	199	<i>bepotastine besilate</i>	203	BREZTRI AEROSPHERE.....	210
<i>azesco</i>	199	BEPREVE.....	203	<i>briellyn</i>	126
<i>azilsartan medoxomil</i>	63	BERINERT.....	194	<i>brimonidine tartrate</i>	208, 231
<i>azithromycin</i>	42	<i>besifloxacin hcl</i>	204	<i>brimonidine tartrate-timolol</i>	204
AZMIRO.....	111	BESIVANCE.....	204	BRINSUPRI.....	216
AZOPT.....	206	BESREMI.....	48	<i>brinzolamide</i>	206
AZOR.....	62	BESREMI PEN.....	47	<i>brivaracetam</i>	86
AZSTARYS.....	92	<i>betaine</i>	152	BRIVIACT.....	86
Azurette.....	126	<i>betamethasone dipropionate</i>	226	<i>bromfenac sodium</i>	205
<i>bacitracin-polymyxin b</i>	204	<i>betamethasone dipropionate</i> <i>aug</i>	226	<i>bromfenac sodium (once-daily)</i>	205
<i>baclofen</i>	105	<i>betamethasone valerate</i>	226	<i>bromocriptine mesylate</i>	81
BAFIERTAM.....	102	BETAPACE.....	63	BROMSITE.....	205
BALCOLTRA.....	126	BETAPACE AF.....	63	BRONCHITOL.....	215
<i>balsalazide disodium</i>	161	BETASERON.....	102	BRUKINSA.....	51
BALVERSA.....	51	<i>betaxolol hcl</i>	67, 203	BRYHALI.....	226
Balziva.....	126	<i>bethanechol chloride</i>	168	BRYNOVIN.....	113
BANZEL.....	86	BETHKIS.....	215	BUCAPSOL.....	76
BAQSIMI ONE PACK.....	148	BETIMOL.....	203	<i>budesonide</i>	161, 216, 218
BAQSIMI TWO PACK.....	148	BEVESPI AEROSPHERE.....	209	<i>budesonide er</i>	161
BARACLUDE.....	43	<i>bexagliflozin</i>	119	<i>budesonide-formoterol fumarate</i>	219
BASAGLAR KWIKPEN.....	115	<i>bexarotene</i>	58, 230	<i>bumetanide</i>	71
BAXFENDY.....	72	BEYAZ.....	126	BUPHENYL.....	157
BD GLUCOSE.....	148	<i>bicalutamide</i>	48	<i>buprenorphine</i>	31
BD INSULIN SYRINGE U-500	137	BIJUVA.....	150	<i>buprenorphine hcl</i>	108
BD PEN NEEDLE MICRO ULTRAFINE.....	137	BIKTARVY.....	38	<i>buprenorphine hcl-naloxone hcl</i>	107
BD PEN NEEDLE MINI ULTRAFINE.....	137	BILDYOS.....	122	<i>bupropion hcl</i>	78
BD PEN NEEDLE NANO 2ND GEN.....	137	BILPREVDA.....	123	<i>bupropion hcl er (smoking det)</i>	109
BD PEN NEEDLE NANO ULTRAFINE.....	137	BILTRICIDE.....	33	<i>bupropion hcl er (sr)</i>	78
BD PEN NEEDLE ORIG ULTRAFINE.....	137	<i>bimatoprost</i>	207	<i>bupropion hcl er (xl)</i>	78
BD PEN NEEDLE SHORT ULTRAFINE.....	137	BIMZELX.....	181	<i>buspirone hcl</i>	76
BD VEO INSULIN SYR ULTRAFINE.....	137	BINOSTO.....	122	<i>butalbital-acetaminophen</i>	22
<i>beclomethasone diprop hfa</i>	218	<i>bismuth/metronidaz/tetracyclin</i>	166	<i>butalbital-apap-caff-cod</i>	25
BELBUCA.....	31	<i>bisoprolol fumarate</i>	67	<i>butalbital-apap-caffeine</i>	22
BELSOMRA.....	96	<i>bisoprolol-hydrochlorothiazide</i>	67	<i>butalbital-asa-caff-codeine</i>	25
<i>benazepril hcl</i>	61	BIVIGAM.....	195	<i>butalbital-aspirin-caffeine</i>	22
<i>benazepril-hydrochlorothiazide</i>	60	Blisovi 24 Fe.....	126	<i>butorphanol tartrate</i>	26
BENEFIX.....	176	Blisovi Fe 1.5/30.....	126	BUTRANS.....	31
BENICAR.....	63	Blisovi Fe 1/20.....	126	BYLVAY.....	163
BENICAR HCT.....	62	<i>blood glucose test</i>	137	BYLVAY (PELLETS).....	163
BENLYSTA.....	197	BOMYNTRA.....	123	BYNFEZIA PEN.....	110
		BONSITY.....	123	BYOOVIZ.....	208
		BOSAYA.....	123	BYQLOVI.....	205
		<i>bosentan</i>	73, 74	BYSANTI.....	84
		BOSULIF.....	51	BYSANTI TITRATION PACK A.....	84
		<i>bosutinib</i>	51		
		BOTOX.....	96		
		BRAFTOVI.....	51		

BYSANTI TITRATION PACK	CAROSPIR.....	61	CIMZIA (1 SYRINGE).....	182
B.....	<i>carteolol hcl</i>	203	CIMZIA (2 SYRINGE).....	182
BYSANTI TITRATION PACK	<i>carvedilol</i>	68	CIMZIA-STARTER.....	182
C.....	<i>carvedilol phosphate er</i>	68	<i>cinacalcet hcl</i>	121
BYSTOLIC.....	CAVERJECT.....	167	CINRYZE.....	194
<i>cabergoline</i>	CAVHANZA.....	52	CIPRO HC.....	232
CABLIVI.....	CAYA.....	126	<i>ciprofloxacin hcl</i>	43, 204, 232
CABOMETYX.....	CAYSTON.....	215	<i>ciprofloxacin-dexamethasone</i> ...	232
CABTREO.....	<i>cefaclor</i>	41	<i>ciprofloxacin-fluocinolone pf</i> ...	233
CAFERGOT.....	<i>cefadroxil</i>	41, 42	<i>ciprofloxacin-hydrocortisone</i> ...	233
<i>calcipotriene</i>	<i>cefdinir</i>	42	<i>citalopram hydrobromide</i>	78
<i>calcipotriene-betameth diprop</i> ...	<i>cefixime</i>	42	CITRANATAL 90 DHA.....	199
<i>calcitonin (salmon)</i>	<i>cefpodoxime proxetil</i>	42	<i>cladribine (10 tabs)</i>	102
<i>calcitriol</i>	<i>cefprozil</i>	42	<i>cladribine (4 tabs)</i>	102
<i>calcium acetate (phos binder)</i> ...	<i>cefuroxime axetil</i>	42	<i>cladribine (5 tabs)</i>	102
CALQUENCE.....	CELEBREX.....	21	<i>cladribine (6 tabs)</i>	102
CAMBIA.....	<i>celecoxib</i>	21	<i>cladribine (7 tabs)</i>	102
Camila.....	<i>cephalexin</i>	42	<i>cladribine (8 tabs)</i>	102
Camrese.....	CEQUA.....	207	<i>cladribine (9 tabs)</i>	102
Camrese Lo.....	CERDELGA.....	150	Claravis.....	220
CAMZYOS.....	CEREZYME.....	150	<i>clarithromycin</i>	42
CANASA.....	<i>cetirizine hcl</i>	211	<i>clarithromycin er</i>	42
<i>candesartan cilexetil</i>	<i>cetirizine hcl allergy child</i>	211	CLARITIN.....	211
<i>candesartan cilexetil-hctz</i>	<i>cetirizine-pseudoephedrine er</i> ...	214	CLARITIN ALLERGY	
<i>capecitabine</i>	<i>cetrorelix acetate</i>	145	CHILDRENS.....	211
CAPLYTA.....	CETROTIDE.....	145	CLARITIN REDITABS.....	211
CAPRELSA.....	<i>cevimeline hcl</i>	232	CLARITIN REDITABS	
<i>captopril</i>	Charlotte 24 Fe.....	126	JUNIORS.....	211
<i>captopril-hydrochlorothiazide</i> ...	Chateal Eq.....	126	CLARITIN-D 12 HOUR.....	214
CARAFATE.....	<i>chlordiazepoxide hcl</i>	76	CLARITIN-D 24 HOUR.....	214
CARBAGLU.....	<i>chlordiazepoxide-amitriptyline</i> ...	108	<i>clemastine fumarate</i>	211
<i>carbamazepine</i>	<i>chlordiazepoxide-clidinium</i>	160	CLENPIQ.....	162
<i>carbamazepine er</i>	<i>chlorhexidine gluconate</i>	232	CLEOCIN-T.....	221
<i>carbidopa</i>	<i>chloroquine phosphate</i>	34	CLEVER CHEK AUTO-CODE	
<i>carbidopa-levodopa</i>	<i>chlorpromazine hcl</i>	84	TEST.....	138
<i>carbidopa-levodopa er</i>	<i>chlorthalidone</i>	71	CLEVER CHEK AUTO-CODE	
<i>carbidopa-levodopa-entacapone</i> ...	<i>chlorzoxazone</i>	105	VOICE.....	138
<i>carbinoxamine maleate</i>	CHOLBAM.....	163	CLEVER CHEK TEST.....	138
<i>carbinoxamine maleate er</i>	<i>cholestyramine</i>	64	CLEVER CHOICE AUTO-	
CARDAMYST.....	<i>cholestyramine light</i>	64	CODE TEST.....	138
CARDIZEM.....	<i>chorionic gonadotropin</i>	145	CLEVER CHOICE MICRO	
CARDIZEM CD.....	CIALIS.....	167	TEST.....	138
CARDIZEM LA.....	CIBINQO.....	225	CLEVER CHOICE NO	
CARESENS N GLUCOSE	<i>ciclopirox</i>	223	CODING.....	138
TEST.....	<i>ciclopirox olamine</i>	223	CLEVER CHOICE TALK	
CARESENS S GLUCOSE	<i>cidofovir</i>	40	SYSTEM.....	138
TEST.....	<i>cilostazol</i>	176	CLIGAVYX.....	48
CARETOUCH TEST.....	CILOXAN.....	204	CLIMARA PRO.....	151
<i>carglumic acid</i>	CIMDUO.....	38	Clindacin-P.....	221
<i>carisoprodol</i>	<i>cimetidine</i>	160	CLINDAGEL.....	221
CARNITOR.....	<i>cimetidine hcl</i>	160	<i>clindamycin hcl</i>	44
CARNITOR SF.....			<i>clindamycin palmitate hcl</i>	44

<i>clindamycin phos (once-daily)</i> ..221	CONZIP.....26	CYLTEZO (2 PEN).....183
<i>clindamycin phos (twice-daily)</i> .221	COOL BLOOD GLUCOSE	CYLTEZO (2 SYRINGE).....183
<i>clindamycin phos-benzoyl perox</i>	TEST STRIPS.....138	<i>cyproheptadine hcl</i>.....211, 212
.....221	COPAXONE.....102	Cyred Eq.....127
<i>clindamycin phosphate</i> ....170, 221	COPIKTRA.....52	CYSTADANE.....152
<i>clindamycin-tretinoin</i> .....221	CORDRAN.....227	CYSTADROPS.....207
<i>clobazam</i>.....87	COREG CR.....68	CYSTAGON.....153
<i>clobetasol prop emollient base</i> .227	CORIFACT.....171	CYSTARAN.....207
<i>clobetasol propionate</i> .....227	CORTIFOAM.....161	CYTOMEL.....156
<i>clobetasol propionate e</i>.....227	<i>cortisone acetate</i>.....146	<i>dabigatran etexilate mesylate</i> ...170
<i>clobetasol propionate emulsion</i> 227	CORTROPHIN.....152	<i>dalfampridine er</i>.....102
CLOBEX SPRAY.....227	CORTROPHIN GEL.....152	<i>danazol</i>.....145
<i>clocortolone pivalate</i>.....227	COSENTYX.....182	<i>dantrolene sodium</i>.....105
Clomid.....145	COSENTYX (300 MG DOSE).182	DANZITEN.....52
<i>clomipramine hcl</i>.....76	COSENTYX SENSOREADY	<i>dapaglifloz base-metformin er</i> ..119
<i>clonazepam</i>.....87	(300 MG).....182	<i>dapagliflozin</i>.....119
<i>clonidine</i>.....72	COSENTYX SENSOREADY	<i>dapagliflozin-saxagliptin</i>.....119
<i>clonidine er</i>.....72	PEN.....182	<i>dapsone</i>.....44, 221
<i>clonidine hcl</i>.....72	COSENTYX UNOREADY ....183	DARAPRIM.....44
<i>clopidogrel bisulfate</i>.....177	COSOPT PF.....204	<i>darifenacin hydrobromide er</i> ...169
<i>clorazepate dipotassium</i>.....87	COTELLIC.....52	<i>darunavir</i>.....35
<i>clotrimazole</i>.....232	COTEMPLA XR-ODT.....92	<i>dasatinib</i>.....52
<i>clotrimazole-betamethasone</i> ....223	COXANTO.....23	Dasetta 1/35 (28).....127
<i>clozapine</i>.....84	COZAAR.....63	Dasetta 7/7/7.....127
COAGADEX.....171	CRENESSITY.....152	DAURISMO.....48
<i>codeine sulfate</i>.....26	CREON.....164	DAVIMET-IRON.....202
<i>colchicine</i>.....22	CRESEMBA.....33	DAWNZERA.....194
<i>colchicine-probenecid</i>.....22	CRESTOR.....65	DAXXIFY.....96
<i>colesevelam hcl</i>.....64	CREXONT.....82	DAYBUE.....100
<i>colestipol hcl</i>.....64	CRINONE.....155	DAYBUE STIX.....100
<i>colistimethate sodium (cba)</i>.....44	<i>cromolyn sodium</i>.....203, 216	Daysee.....127
COMBIPATCH.....151	CROTAN.....232	DAYTRANA.....92
COMBIVENT RESPIMAT.....209	CTEXLI.....163	DAYVIGO.....96
COMBOGESIC.....25	CUPRIMINE.....124	D-CARE BLOOD GLUCOSE.138
COMETRIQ (100 MG DAILY	CUTAQUIG.....195	DDAVP.....158
DOSE).....52	CUVITRU.....195	Deblitane.....127
COMETRIQ (140 MG DAILY	CUVPOSA.....158	<i>deferasirox</i>.....124
DOSE).....52	CUVRIOR.....124	<i>deferasirox granules</i>.....124
COMETRIQ (60 MG DAILY	CVS ADVANCED GLUCOSE	<i>deferiprone</i>.....124
DOSE).....52	TEST.....138	<i>deferoxamine mesylate</i>.....124
COMPLERA.....38	<i>cvs allergy relief childrens</i>.....211	<i>deflazacort</i>.....146
<i>complete natal dha</i>.....199	<i>cvs nicotine</i>.....109, 110	DELSTRIGO.....38
<i>completenate</i>.....199	<i>cvs nicotine polacrilex</i>.....109	Delyla.....127
Compro.....159	<i>cyanocobalamin</i>.....202	<i>demeclocycline hcl</i>.....46
CONCEPT OB.....199	<i>cyclobenzaprine hcl</i>.....105	DENAVIR.....230
CONCERTA.....92	<i>cyclobenzaprine hcl er</i>.....105	DEPO-SUBQ PROVERA 104.127
<i>condoms</i>.....126	<i>cyclophosphamide</i>.....46	DERMA-SMOOTH/FS
CONEXXENCE.....123	<i>cycloserine</i>.....40	BODY.....227
CONJUPRI.....69	CYCLOSET.....114	DERMA-SMOOTH/FS
CONTOUR NEXT TEST.....138	<i>cyclosporine</i>.....197	SCALP.....227
CONTOUR TEST.....138	<i>cyclosporine (pf)</i>.....207	DESCOVY.....38
CONTRACE.....120	<i>cyclosporine modified</i>.....197	DESFERAL.....124

<i>desipramine hcl</i>	78	<i>digoxin</i>	70	DUO-CARE TEST.....	138
<i>desloratadine</i>	212	<i>dihydroergotamine mesylate</i>	98	DUOPA.....	82
DESMODA.....	158	DILANTIN.....	87	DUPIXENT.....	183
<i>desmopressin ace spray refrig.</i>	158	DILANTIN INFATABS.....	87	DUROLANE.....	32
<i>desmopressin acetate</i>	158	DILANTIN-125.....	87	<i>dutasteride</i>	166
<i>desmopressin acetate spray</i>	158	DILAUDID.....	26	<i>dutasteride-tamsulosin hcl</i>	167
<i>desonide</i>	227	<i>diltiazem hcl</i>	69	DUVYZAT.....	105
<i>desoximetasone</i>	227, 228	<i>diltiazem hcl er</i>	69	DYANAVEL XR.....	93
<i>desvenlafaxine er</i>	78	<i>diltiazem hcl er beads</i>	69	DYMISTA.....	211
<i>desvenlafaxine succinate er</i>	78	<i>diltiazem hcl er coated beads</i>	69	DYRENIUM.....	71
<i>dexamethasone</i>	146	<i>dilt-xr</i>	69	DYSPORT.....	96
<i>dexamethasone sodium</i>		<i>dimethyl fumarate</i>	102	E.E.S. 400.....	42
<i>phosphate</i>	205	<i>dimethyl fumarate starter pack</i>	102	E.E.S. GRANULES.....	42
DEXCOM G6 RECEIVER.....	138	DIOVAN.....	63	<i>easy plus ii glucose test</i>	139
DEXCOM G6 SENSOR.....	138	DIOVAN HCT.....	62	EASY STEP TEST.....	139
DEXCOM G6 TRANSMITTER		<i>diphenoxylate-atropine</i>	159	<i>easy talk blood glucose test</i>	139
.....	138	DIPROLENE.....	228	<i>easy trak blood glucose test</i>	139
DEXCOM G7 15 DAY		<i>dipyridamole</i>	177	EASYGLUCO.....	139
SENSOR.....	138	DISKETS.....	26	EASYMAX 15 TEST.....	139
DEXCOM G7 RECEIVER.....	138	<i>disopyramide phosphate</i>	63	EASYMAX TEST.....	139
DEXCOM G7 SENSOR.....	138	<i>disulfiram</i>	75	EASYPRO BLOOD	
DEXEDRINE.....	92	<i>divalproex sodium</i>	87	GLUCOSE TEST.....	139
<i>dexlansoprazole</i>	165	<i>divalproex sodium er</i>	87	EASYPRO PLUS.....	139
DEXLYT.....	146	<i>docosanol</i>	230	EBGLYSS.....	225
<i>dexmethylphenidate hcl</i>	93	<i>dofetilide</i>	63	<i>econazole nitrate</i>	223
<i>dexmethylphenidate hcl er</i>	93	Dolishale.....	127	ECONTRA ONE-STEP.....	127
<i>dextroamphetamine sulfate</i>	93	DOLOBID.....	32	EDARBI.....	63
<i>dextroamphetamine sulfate er</i>	93	<i>donepezil hcl</i>	77	EDARBYCLOR.....	62
DHIVY.....	82	DOPTelet.....	178	EDEX (2 CARTRIDGE).....	167
DIACOMIT.....	87	DOPTelet SPRINKLE.....	178	EDEX (6 CARTRIDGE).....	167
DIASTIX.....	138	DORYX MPC.....	46	EDLUAR.....	97
DIASTIX REAGENT.....	138	<i>dorzolamide hcl</i>	206	EDURANT.....	35
DIATHRIVE GLUCOSE TEST		<i>dorzolamide hcl-timolol mal</i>	204	EDURANT PED.....	35
.....	138	<i>dorzolamide hcl-timolol mal pf</i>	204	<i>efavirenz</i>	35
<i>diazepam</i>	87	DOVATO.....	38	<i>efavirenz-emtricitab-tenofo df</i>	39
Diazepam Intensol.....	87	<i>doxazosin mesylate</i>	166	<i>efavirenz-lamivudine-tenofovir</i> ...39	
<i>diazoxide</i>	148	<i>doxepin hcl</i>	78, 96, 224	EFFEXOR XR.....	79
<i>dichlorphenamide</i>	71	<i>doxercalciferol</i>	158	EKTERLY.....	194
<i>diclofenac epolamine</i>	23	<i>doxycycline</i>	231	ELAPRASE.....	149
<i>diclofenac potassium</i>	23	<i>doxycycline hyclate</i>	46	ELELYSO.....	150
<i>diclofenac potassium(migraine)</i>	23	<i>doxycycline monohydrate</i>	46	<i>element compact test</i>	139
<i>diclofenac sodium</i>	23, 205, 222	<i>doxylamine-pyridoxine</i>	159	ELEMENT TEST.....	139
<i>diclofenac sodium er</i>	23	DRIZALMA SPRINKLE.....	78	ELEPSIA XR.....	88
<i>diclofenac-misoprostol</i>	25	<i>dronabinol</i>	159	ELESTRIN.....	151
<i>dicloxacillin sodium</i>	45	<i>drospiren-eth estrad-levomefol</i>	127	<i>eletriptan hydrobromide</i>	99
<i>dicyclomine hcl</i>	158	<i>drospirenone-ethinyl estradiol</i>	127	ELFABRIO.....	150
<i>diethylpropion hcl</i>	120	<i>droxidopa</i>	72	ELIGARD.....	48, 49
<i>diethylpropion hcl er</i>	120	DUAKLIR PRESSAIR.....	219	Elinest.....	127
DIFFERIN.....	221	DUAVEE.....	151	ELIQUIS.....	170
<i>diflorasone diacetate</i>	228	DULERA.....	219	ELIQUIS (1.5 MG PACK).....	170
<i>diflunisal</i>	32	<i>duloxetine hcl</i>	78	ELIQUIS (2 MG PACK).....	170
<i>difluprednate</i>	205	DUOBRII.....	228		

ELIQUIS DVT/PE STARTER PACK.....	170	ENOBY	123	<i>estrogens conjugated</i>	151
ELLA.....	127	<i>enoxaparin sodium</i>	171	<i>eszopiclone</i>	97
ELMIRON.....	168	ENSACOVE.....	52	<i>ethacrynic acid</i>	71
ELOCTATE.....	174	Enskyce.....	127	<i>ethambutol hcl</i>	40
<i>eltrombopag olamine</i>	178	ENSPRYNG.....	100	<i>ethosuximide</i>	88
ELYXYB.....	21	ENSTILAR.....	224	<i>etodolac</i>	23
EMBECTA AUTOSHIELD DUO.....	139	<i>entacapone</i>	82	<i>etodolac er</i>	23
EMBECTA INSULIN SYR ULTRAFINE.....	139	ENTADFI.....	167	<i>etonogestrel-ethinyl estradiol</i> ...	127
EMBECTA INSULIN SYRINGE U-500.....	139	<i>entecavir</i>	43	<i>etoposide</i>	60
EMBECTA PEN NEEDLE NANO.....	139	ENTYVIO.....	179	<i>etravirine</i>	35
EMBECTA PEN NEEDLE ULTRAFINE.....	139	ENTYVIO PEN.....	184	EUCRISA.....	225
EMBRACE BLOOD GLUCOSE TEST	139	<i>enulose</i>	162	EUFLEXXA.....	32
EMBRACE EVO BLOOD GLUCOSE TEST	139	EOHILIA.....	163	EULEXIN.....	49
EMBRACE PRO GLUCOSE TEST	139	EPCLUSA.....	43	EURAX.....	232
EMBRACE TALK GLUCOSE TEST	139	EPIDIOLEX.....	88	EVAMIST.....	151
EMBRACE WAVE BLOOD GLUCOSE.....	140	<i>epinastine hcl</i>	203	EVEKEO.....	93
EMEND.....	159	<i>epinephrine</i>	209	EVENITY.....	153
EMEND BIPACK.....	159	EPINEPHRINESNAP-V.....	209	<i>everolimus</i>	52, 197
EMEND TRIPACK.....	159	EPIPEN 2-PAK.....	209	EVERSENSE 365 SENSOR/HOLDER.....	140
EMFLAZA.....	146	EPIPEN JR 2-PAK.....	209	EVERSENSE 365 SMART TRANSMIT	140
EMGALITY	98, 99	EPIVIR.....	35	EVERSENSE SENSOR/HOLDER.....	140
EMGALITY (300 MG DOSE)...	98	<i>eplerenone</i>	61	Evesse.....	228
EMPAVELI.....	177	EPOGEN.....	172	EVEXITHROID	156
EMROSI.....	231	<i>epoprostenol sodium</i>	74	EVOLUTION AUTOCODE ...	140
<i>emtricitabine</i>	35	EPRONTIA.....	88	EVOTAZ.....	39
<i>emtricitabine-tenofovir df</i>	39	EPSOLAY	231	EVRYSDI.....	100
<i>emtricitab-rilpivir-tenofov df</i>	39	<i>eq blood glucose test</i>	140	EXELDERM.....	223
EMTRIVA.....	35	<i>eq loratadine childrens</i>	212	<i>exemestane</i>	49
EMVERM.....	33	<i>ergotamine-caffeine</i>	98	EXFORGE.....	62
Emzahn.....	127	ERIVEDGE.....	48	EXFORGE HCT.....	62
<i>enalapril maleate</i>	61	ERLEADA.....	49	EXJADE.....	124
<i>enalapril-hydrochlorothiazide</i> ...	60	<i>erlotinib hcl</i>	52	EXXUA.....	79
ENBRACE HR.....	199	Errin.....	127	EXXUA TITRATION PACK....	79
ENBREL.....	184	ERTACZO.....	223	EYLEA.....	208
ENBREL MINI.....	184	<i>ery</i>	221	EYSUVIS.....	205
ENBREL SURECLICK.....	184	ERYPED 400.....	42	<i>ezetimibe</i>	64
ENBUMYST.....	71	<i>erythromycin</i>	43, 205, 221	<i>ezetimibe-simvastatin</i>	66
ENCARE.....	167	<i>erythromycin base</i>	42	FA-8.....	202
ENDARI.....	177	<i>erythromycin ethylsuccinate</i>	43	FABHALTA.....	177
ENDOMETRIN.....	155	ESBRIET.....	217	FABRAZYME.....	150
ENLITE GLUCOSE SENSOR.140		<i>escitalopram oxalate</i>	79	Falmina.....	127
		<i>eslicarbazepine acetate</i>	88	<i>famciclovir</i>	40
		<i>esomeprazole magnesium</i>	165	<i>famotidine</i>	161
		ESPEROCT.....	174	FANAPT.....	84
		Estarylla.....	127	FANAPT TITRATION PACK A.....	84
		<i>estazolam</i>	97	FANAPT TITRATION PACK B.....	84
		ESTRACE.....	151		
		<i>estradiol</i>	151		
		<i>estradiol valerate</i>	151		
		<i>estradiol-norethindrone acet</i>	151		
		ESTRING.....	151		
		ESTROGEL.....	151		

<i>ft allergy d-12 hour</i>	214	<i>glimepiride</i>	120	GVOKE KIT.....	148
FULPHILA.....	173	<i>glipizide</i>	120	GVOKE PFS.....	148
<i>fulvestrant</i>	49	<i>glipizide er</i>	120	HADLIMA.....	184
<i>furosemide</i>	71	<i>glipizide-metformin hcl</i>	112	HADLIMA PUSH TOUCH.....	184
Fyavolv.....	151	GLOPERBA.....	22	HAEGARDA.....	195
FYLNETRA.....	173	<i>glucagon emergency</i>	148	Hailey 1.5/30.....	128
Fyremadel.....	145	GLUCO PERFECT 3 TEST.....	141	Hailey 24 Fe.....	128
<i>gabapentin</i>	88	GLUCOCARD 01 SENSOR		Hailey Fe 1.5/30.....	128
<i>gabapentin (once-daily)</i>	108	PLUS.....	141	Hailey Fe 1/20.....	128
GABARONE.....	88	GLUCOCARD EXPRESSION		<i>halcinonide</i>	228
GALAFOLD.....	150	TEST.....	141	<i>halobetasol propionate</i>	228, 229
<i>galantamine hydrobromide</i>	77	GLUCOCARD SHINE TEST..	141	HALOG.....	229
<i>galantamine hydrobromide er</i>	77	GLUCOCARD VITAL TEST..	141	<i>haloperidol</i>	84
Galbriela.....	128	GLUCOCARD X-SENSOR.....	141	<i>haloperidol lactate</i>	84
GAMMAGARD.....	195	GLUCOCOM TEST.....	141	HARLIKU.....	153
GAMMAGARD ERC.....	195	GLUCONAVII BLOOD		HARVONI.....	43
GAMMAGARD S/D LESS		GLUCOSE TEST.....	141	Heather.....	128
IGA.....	195	<i>glucose</i>	148	HEMADY.....	146
GAMMAKED.....	196	<i>glucose meter test</i>	141	HEMICLOR.....	71
GAMMAPLEX.....	196	GLYCATE.....	158	HEMLIBRA.....	174
GAMUNEX-C.....	196	<i>glycerol phenylbutyrate</i>	157	HEMOFIL M.....	175
<i>ganciclovir sodium</i>	40	<i>glycopyrrolate</i>	158, 159	HEPCLUDEX.....	40
<i>ganirelix acetate</i>	145	GLYXAMBI.....	119	HER STYLE.....	128
<i>gatifloxacin</i>	205	<i>gnp easy touch glucose test</i>	141	HERNEXEOS.....	53
GATTEX.....	163	<i>gnp glucose gummies</i>	148	HETLIOZ.....	97
GAVILYTE-C.....	162	<i>gnp loratadine</i>	212	HETLIOZ LQ.....	97
Gavilyte-G.....	162	GNP TRUETRACK TEST		Hidex 6-Day.....	146
GAVRETO.....	52	STRIPS.....	141	HIZENTRA.....	196
<i>ge100 blood glucose test</i>	141	GOCOVRI.....	82	HORIZANT.....	108
<i>gefitinib</i>	52	GOJJI BLOOD TEST		HULIO (2 PEN).....	184
GEL-ONE.....	32	STRIP/LANCETS.....	141	HULIO (2 SYRINGE).....	184
GELSYN-3.....	32	GOLYTELY.....	162	HUMALOG.....	115
<i>gemfibrozil</i>	65	GOMEKLI.....	53	HUMALOG JUNIOR	
Gemmily.....	128	GONAL-F.....	145	KWIKPEN.....	115
GEMTESA.....	169	GONAL-F RFF REDIJECT.....	145	HUMALOG KWIKPEN.....	115
Gengraf.....	197	GRALISE.....	108	HUMALOG MIX 50/50	
GENOTROPIN.....	149	<i>granisetron hcl</i>	159	KWIKPEN.....	115
GENOTROPIN MINISQUICK..	149	GRANISOL.....	159	HUMALOG MIX 75/25.....	115
<i>gentamicin sulfate</i>	205, 222, 223	GRANIX.....	173	HUMALOG MIX 75/25	
GENULTIMATE TEST.....	141	GRASTEK.....	178	KWIKPEN.....	115
GENVISC 850.....	32	<i>griseofulvin microsize</i>	34	HUMATE-P.....	172
GENVOYA.....	39	<i>griseofulvin ultramicrosize</i>	34	HUMATIN.....	33
GEODON.....	84	<i>guanfacine hcl</i>	72	HUMATROPE.....	149
<i>ght test</i>	141	<i>guanfacine hcl er</i>	93	HUMIRA (1 PEN).....	184
GILENYA.....	103	GUARDIAN 4 GLUCOSE		HUMIRA (2 PEN).....	184
GILOTRIF.....	52	SENSOR.....	142	HUMIRA (2 SYRINGE).....	184
GIMOTI.....	163	GUARDIAN 4		HUMIRA-CD/UC/HS	
GLASSIA.....	209	TRANSMITTER.....	142	STARTER.....	184
<i>glatiramer acetate</i>	103	GUARDIAN SENSOR (3).....	142	HUMULIN 70/30.....	115
Glatopa.....	103	<i>guardian sensor 3</i>	142	HUMULIN 70/30 KWIKPEN..	115
GLEEEVEC.....	53	GVOKE HYPOPEN 1-PACK..	148	HUMULIN N.....	116
GLEOSTINE.....	47	GVOKE HYPOPEN 2-PACK..	148	HUMULIN N KWIKPEN.....	115

HUMULIN R.....	116	IDHIFA.....	58	<i>insulin aspart</i>	116
HUMULIN R U-500		IDVYNZO.....	39	<i>insulin aspart flexpen</i>	116
KWIKPEN.....	116	IGLUCOSE TEST STRIPS.....	142	<i>insulin degludec flextouch</i>	116
HW EMBRACE PRO		IHEALTH BLOOD GLUCOSE		<i>insulin glargine max solostar</i> ...	116
GLUCOSE TEST.....	142	TEST STR.....	142	<i>insulin glargine solostar</i>	116
HW EMBRACE TALK		ILARIS.....	198	<i>insulin glargine-yfgn</i>	116
GLUCOSE TEST.....	142	ILEVRO.....	206	<i>insulin lispro</i>	116
HYALGAN.....	32	ILUMYA.....	179	<i>insulin lispro (1 unit dial)</i>	116
HYCANTIN.....	60	<i>imatinib mesylate</i>	53	<i>insulin lispro junior kwikpen</i> ...	116
<i>hydralazine hcl</i>	72	IMBRUVICA.....	53	<i>insulin lispro prot & lispro</i>	116
<i>hydrochlorothiazide</i>	71	IMCIVREE.....	153	INTELENCE.....	36
<i>hydrocodone bitartrate er</i>	26	<i>imipramine hcl</i>	79	INTRAROSA.....	153
<i>hydrocodone bit-homatrop mbr</i>	214	<i>imipramine pamoate</i>	79	Introvale.....	128
<i>hydrocodone-acetaminophen</i>	26, 27	<i>imiquimod</i>	222	INTUNIV.....	93
<i>hydrocodone-ibuprofen</i>	27	<i>imiquimod pump</i>	222	INVEGA.....	84
<i>hydrocortisone</i>	146, 229	IMITREX.....	99	INVEGA HAFYERA.....	84
<i>hydrocortisone (perianal)</i>	166	IMITREX STATDOSE		INVEGA SUSTENNA.....	85
<i>hydrocortisone acetate</i>	229	REFILL.....	99	INVEGA TRINZA.....	85
<i>hydrocortisone butyrate</i>	229	IMITREX STATDOSE		INVELTYS.....	206
<i>hydrocortisone valerate</i>	229	SYSTEM.....	99	INVOKAMET.....	119
<i>hydrocortisone-acetic acid</i>	233	<i>imkeldi</i>	53	INVOKAMET XR.....	119
<i>hydromorphone hcl</i>	27	IMPOYZ.....	229	INVOKANA.....	119
<i>hydromorphone hcl er</i>	27	IMULDOSA.....	185	INZIRQO.....	71
<i>hydroxychloroquine sulfate</i>	34, 194	IMURAN.....	197	<i>ipratropium bromide</i>	210
<i>hydroxyurea</i>	58	IMVEXXY MAINTENANCE		<i>ipratropium bromide hfa</i>	210
<i>hydroxyzine hcl</i>	212	PACK.....	151	<i>ipratropium-albuterol</i>	209
<i>hydroxyzine pamoate</i>	212	IMVEXXY STARTER PACK.	152	IQIRVO.....	163
HYFTOR.....	230	IN TOUCH BLOOD		<i>irbesartan</i>	63
HYMOVIS.....	32	GLUCOSE TEST.....	142	<i>irbesartan-hydrochlorothiazide</i> ..	62
HYMOVIS ONE.....	32	INATAL GT.....	199	IRESSA.....	53
HYMPAVZI.....	175	INBRIJA.....	82	ISENTRESS.....	36
HYPERRHO.....	196	Incassia.....	128	ISENTRESS HD.....	36
HYPERRHO MINI-DOSE.....	196	INCRELEX.....	153	Isibloom.....	128
HYQVIA.....	196	INCRUSE ELLIPTA.....	210	<i>isoniazid</i>	40
HYRIMOZ.....	185	<i>indapamide</i>	71	<i>isosorb dinitrate-hydralazine</i>	72
HYRIMOZ-PLAQUE		INDERAL LA.....	68	<i>isosorbide dinitrate</i>	73
PSORIASIS START.....	185	INDERAL XL.....	68	<i>isosorbide mononitrate</i>	73
HYRNUO.....	53	INDOCIN.....	23	<i>isosorbide mononitrate er</i>	73
HYSINGLA ER.....	27	<i>indomethacin</i>	23	<i>isotretinoin</i>	221
HYZAAR.....	62	INFINITY BLOOD GLUCOSE		<i>isradipine</i>	69
<i>ibandronate sodium</i>	122	TEST.....	142	ISTALOL.....	203
IBRANCE.....	53	INFINITY VOICE.....	142	ISTURISA.....	135
IBSRELA.....	161	INFLECTRA.....	179	ITOVEBI.....	53, 54
IBTROZI.....	53	<i>infliximab</i>	179	<i>itraconazole</i>	34
<i>ibuprofen</i>	23	INGREZZA.....	101	<i>ivabradine hcl</i>	72
<i>ibuprofen-famotidine</i>	25	INLURIYO.....	49	<i>ivermectin</i>	33, 231
<i>icatibant acetate</i>	195	INLYTA.....	53	IWILFIN.....	58
Iclevia.....	128	INNOPRAN XL.....	68	IXINITY.....	176
ICLUSIG.....	53	INPEFA.....	72	IYUZEH.....	207
<i>icosapent ethyl</i>	67	INQOVI.....	47	JADENU.....	125
ICOTYDE.....	224	INREBIC.....	53	JADENU SPRINKLE.....	125
IDELVION.....	176	<i>insulin asp prot & asp flexpen</i> ..	116	Jaimiess.....	128

JAKAFI.....	54	KERENDIA.....	61	<i>lamivudine-zidovudine</i>	39
JAKAFI XR.....	54	KESIMPTA.....	103	<i>lamotrigine</i>	88
JALYN.....	167	<i>ketoconazole</i>	34, 223, 225	<i>lamotrigine er</i>	88
JANUMET.....	113	KETO-DIASTIX.....	142	<i>lamotrigine starter kit-blue</i>	89
JANUMET XR.....	113	<i>ketoprofen</i>	23	<i>lamotrigine starter kit-green</i>	89
JANUVIA.....	113	<i>ketoprofen er</i>	23	<i>lamotrigine starter kit-orange</i>	89
JARDIANCE.....	120	<i>ketorolac tromethamine</i>	24, 206	LANOXIN.....	70
JASCAYD.....	217	KETOSTIX.....	142	<i>lanreotide acetate</i>	148
Jasmiel.....	128	<i>ketotifen fumarate</i>	203	<i>lansoprazole</i>	165
JATENZO.....	111	KEVEYIS.....	71	<i>lanthanum carbonate</i>	155
JAVADIN.....	72	KEVZARA.....	185	LANTUS.....	116
JAYPIRCA.....	54	KHINDIVI.....	147	LANTUS SOLOSTAR.....	116
<i>jaythari</i>	147	KINERET.....	185	<i>lapatinib ditosylate</i>	54
Jencycla.....	128	Kionex.....	155	Larin 1.5/30.....	129
<i>jenliva prenatal/postnatal</i>	200	KIRSTY.....	116	Larin 1/20.....	129
JENTADUETO.....	113	KISQALI (200 MG DOSE).....	54	Larin 24 Fe.....	129
JENTADUETO XR.....	113	KISQALI (400 MG DOSE).....	54	Larin Fe 1.5/30.....	129
JIDEYTRO.....	54	KISQALI (600 MG DOSE).....	54	Larin Fe 1/20.....	129
Jinteli.....	152	KITABIS PAK (W/ NEBULIZER).....	215	<i>latanoprost</i>	207
JIVI.....	175	KLARON.....	221	LATUDA.....	85
JOENJA.....	197	KLISYRI (250 MG).....	222	LAZCLUZE.....	54
Jolessa.....	128	KLISYRI (350 MG).....	222	LEDERLE LEUCOVORIN.....	60
JORNAY PM.....	93	KLONOPIN.....	88	<i>ledipasvir-sofosbuvir</i>	43
JOURNAVX.....	22	Klor-Con.....	198	<i>leflunomide</i>	194
Joyeaux.....	128	Klor-Con 10.....	198	<i>lenalidomide</i>	48
JUBBONTI.....	123	Klor-Con M10.....	198	LENVIMA (10 MG DAILY DOSE).....	54
JUBEREQ.....	123	Klor-Con M15.....	198	LENVIMA (12 MG DAILY DOSE).....	54
JUBLIA.....	223	Klor-Con M20.....	198	LENVIMA (14 MG DAILY DOSE).....	54
Juleber.....	128	KLOXXADO.....	107	LENVIMA (18 MG DAILY DOSE).....	54
JULUCA.....	39	KOATE.....	175	LENVIMA (20 MG DAILY DOSE).....	54
Junel 1.5/30.....	128	KOATE-DVI.....	175	LENVIMA (24 MG DAILY DOSE).....	54
Junel 1/20.....	129	KOMZIFTI.....	58	LENVIMA (4 MG DAILY DOSE).....	55
Junel Fe 1.5/30.....	129	KORLYM.....	153	LENVIMA (8 MG DAILY DOSE).....	55
Junel Fe 1/20.....	129	KOSELUGO.....	54	LEQEMBI IQLIK.....	77
Junel Fe 24.....	129	<i>kosher prenatal plus iron</i>	200	LEQEMBI IQLIK (500 MG DOSE).....	77
JUXTAPID.....	66	KOVALTRY.....	175	LEQSEVI.....	185
JYLAMVO.....	47	<i>kp fexofenadine hcl</i>	212	LEROCHOL.....	67
JYNARQUE.....	153	KRAZATI.....	58	LESCOL XL.....	66
Kaitlib Fe.....	129	KRINTAFEL.....	34	Lessina.....	129
KALBITOR.....	195	Kristalose.....	162	LETAIRIS.....	74
KALETRA.....	39	KRYSTEXXA.....	22	<i>letrozole</i>	49
Kalliga.....	129	Kurvelo.....	129	<i>leucovorin calcium</i>	60
KALYDECO.....	215	KUVAN.....	153	LEUKINE.....	173
KANUMA.....	149	KYGEVVI.....	153		
KAPSPARGO SPRINKLE.....	68	KYLEENA.....	129		
KARBINAL ER.....	212	Kymbee.....	147		
Kariva.....	129	KYZATREX.....	111		
KATERZIA.....	69	<i>labetalol hcl</i>	68		
KCENTRA.....	172	<i>lacosamide</i>	88		
Kelnor 1/35.....	129	<i>lactulose</i>	162		
KEPPRA.....	88	<i>lamivudine</i>	36, 43		
KEPPRA XR.....	88				

<i>leuprolide acetate</i>	49	LIVTENCITY.....	40	LUPRON DEPOT-PED (1-MONTH).....	124
<i>levalbuterol hcl</i>	213	LO LOESTRIN FE.....	130	LUPRON DEPOT-PED (3-MONTH).....	124
<i>levalbuterol tartrate</i>	213	LOARGYS.....	157	LUPRON DEPOT-PED (6-MONTH).....	124
<i>levamlodipine maleate</i>	70	LODINE.....	24	<i>lurasidone hcl</i>	85
<i>levetiracetam</i>	89	LODOCO.....	72	LURBIRO.....	24
<i>levetiracetam er</i>	89	Loestrin 1.5/30 (21).....	130	Lutera.....	130
<i>levobunolol hcl</i>	203	Loestrin 1/20 (21).....	130	LUTRATE DEPOT.....	49
<i>levocarnitine</i>	124	Loestrin Fe 1.5/30.....	130	LUZU.....	223
<i>levocetirizine dihydrochloride</i> ..	212	Loestrin Fe 1/20.....	130	Lyleq.....	130
<i>levofloxacin</i>	43, 205	Lofena.....	24	LYNAVOY.....	163
Levonest.....	129	<i>lofexidine hcl</i>	108	LYNKUET.....	152
<i>levonorgest-eth estrad 91-day</i> ..	129	Lojaimiess.....	130	LYNPARZA.....	58
<i>levonorgestrel</i>	129	LOKELMA.....	155	LYRICA.....	89
<i>levonorgestrel-ethinyl estrad</i>	130	Lomaira.....	120	LYRICA CR.....	108
<i>levonorg-eth estrad triphasic</i>	130	<i>lomustine</i>	47	LYSODREN.....	49
<i>levorphanol tartrate</i>	27	LONSURF.....	47	LYTGOBI (12 MG DAILY DOSE).....	55
<i>levothyroxine sodium</i>	156	<i>lopinavir-ritonavir</i>	39	LYTGOBI (16 MG DAILY DOSE).....	55
LEVULAN KERASTICK.....	230	<i>loratadine</i>	212	LYTGOBI (20 MG DAILY DOSE).....	55
LEXAPRO.....	79	<i>loratadine childrens</i>	212	LYUMJEV.....	116
LEXETTE.....	229	<i>loratadine-d 24hr</i>	214	LYUMJEV KWIKPEN.....	117
<i>l-glutamine</i>	177	<i>lorazepam</i>	76	Lyza.....	130
LIALDA.....	161	Lorazepam Intensol.....	76	<i>macitentan</i>	74
LIBRAX.....	160	LORBRENA.....	55	<i>malathion</i>	232
LICART.....	24	LOREEV XR.....	76	<i>maraviroc</i>	36
<i>lidocaine</i>	230	Loryna.....	130	<i>marlissa</i>	130
<i>lidocaine hcl</i>	230	<i>losartan potassium</i>	63	MATERNACEL.....	200
<i>lidocaine viscous hcl</i>	232	<i>losartan potassium-hctz</i>	62	MATULANE.....	47
<i>lidocaine-prilocaine</i>	230	LOTEMAX.....	206	Matzim La.....	70
LIDODERM.....	230	LOTEMAX SM.....	206	MAVENCLAD (10 TABS).....	103
LIFYORLI (125 MG DOSE).....	49	<i>loteprednol etabonate</i>	206	MAVENCLAD (4 TABS).....	103
LIFYORLI (150 MG DOSE).....	49	<i>loteprednol-tobramycin</i>	204	MAVENCLAD (5 TABS).....	103
LIKMEZ.....	44	<i>lovastatin</i>	66	MAVENCLAD (6 TABS).....	103
LILETTA (52 MG).....	130	LOVAZA.....	67	MAVENCLAD (7 TABS).....	103
<i>linezolid</i>	44	Low-Ogestrel.....	130	MAVENCLAD (8 TABS).....	103
LINZESS.....	162	<i>loxapine succinate</i>	85	MAVENCLAD (9 TABS).....	103
<i>liothyronine sodium</i>	156	Lo-Zumandimine.....	130	MAVYRET.....	43
LIPFENDRA.....	67	<i>lubiprostone</i>	162	MAXALT.....	99
LIPITOR.....	66	LUCEMYRA.....	108	MAXALT-MLT.....	99
<i>liraglutide</i>	114	LUCENTIS.....	208	MAXIDEX.....	206
<i>liraglutide -weight management</i>	120	Luizza 1.5/30.....	130	MAYZENT.....	103
<i>lisdexamphetamine dimesylate</i> 93, 94		Luizza 1/20.....	130	MAYZENT STARTER PACK	103
<i>lisinopril</i>	61	<i>luliconazole</i>	223	<i>meclizine hcl</i>	160
<i>lisinopril-hydrochlorothiazide</i>	60	LUMAKRAS.....	58	<i>meclofenamate sodium</i>	24
LITFULO.....	185	LUMIGAN.....	207	<i>medroxyprogesterone acetate</i>	130, 156
<i>lithium</i>	101	LUMRYZ.....	107	<i>mefenamic acid</i>	24
<i>lithium carbonate</i>	101	LUMRYZ STARTER PACK..	107		
<i>lithium carbonate er</i>	101	LUNESTA.....	97		
LITHOSTAT.....	168	LUPKYNIS.....	197		
LIVALO.....	66	LUPRON DEPOT (1-MONTH).....	49		
LIVDELZI.....	163	LUPRON DEPOT (3-MONTH).....	49		
LIVMARLI.....	163	LUPRON DEPOT (4-MONTH).....	49		
		LUPRON DEPOT (6-MONTH).....	49		

<i>mefloquine hcl</i>	34	<i>methylphenidate hcl er (la)</i>	94	MONOVISC.....	32
<i>megestrol acetate</i>	49, 156	<i>methylphenidate hcl er (osm)</i>	94	<i>montelukast sodium</i>	216
MEIJER TRUETEST TEST.....	142	<i>methylphenidate hcl er (xr)</i>	94	<i>morphine sulfate</i>	28
MEIJER TRUETRACK TEST.....	142	<i>methylprednisolone</i>	147	<i>morphine sulfate (concentrate)</i> ...	28
MEKINIST.....	55	<i>methyltestosterone</i>	111	<i>morphine sulfate er</i>	28
MEKTOVI.....	55	<i>metoclopramide hcl</i>	160	<i>morphine sulfate er beads</i>	28
Meleya.....	130	<i>metolazone</i>	71	MOTEGRITY.....	163
<i>meloxicam</i>	24	<i>metoprolol succinate er</i>	68	MOTOFEN.....	159
<i>memantine hcl</i>	77	<i>metoprolol tartrate</i>	68	MOTPOLY XR.....	89
<i>memantine hcl er</i>	77	<i>metoprolol-hydrochlorothiazide</i>	67	MOUNJARO.....	114
<i>memantine hcl-donepezil hcl er</i> ..	77	<i>metronidazole</i>	44, 170, 231	MOVANTIK.....	164
MENOPUR.....	145	<i>metyrosine</i>	72	MOVIPREP.....	162
MENOSTAR.....	152	Mibelas 24 Fe.....	130	<i>moxifloxacin hcl</i>	43, 205
<i>meperidine hcl</i>	27	MICARDIS.....	63	<i>moxifloxacin hcl (2x day)</i>	205
MEPRON.....	44	MICARDIS HCT.....	62	MS CONTIN.....	28
<i>mercaptopurine</i>	47	<i>miconazole 3</i>	170	MULPLETA.....	178
MERILOG.....	117	<i>miconazole-zinc oxide-petrolat</i>	223	MULTAQ.....	63
MERILOG SOLOSTAR.....	117	MICRODOT TEST.....	142	MULTISTIX 10 SG.....	142
<i>mesalamine</i>	161	Microgestin 1.5/30.....	131	<i>mupirocin</i>	223
<i>mesalamine er</i>	161	Microgestin 1/20.....	131	<i>mupirocin calcium</i>	223
MESTINON.....	106	Microgestin Fe 1.5/30.....	131	MY CHOICE.....	131
METADATE CD.....	94	Microgestin Fe 1/20.....	131	MY WAY.....	131
<i>metaxalone</i>	105	<i>midazolam hcl</i>	97	MYALEPT.....	153
<i>metformin hcl</i>	112	<i>midodrine hcl</i>	72	MYCAPSSA.....	110
<i>metformin hcl er</i>	112	MIEBO.....	207	<i>mycophenolate mofetil</i>	197
<i>metformin hcl er (mod)</i>	112	<i>mifepristone</i>	153	<i>mycophenolate sodium</i>	197
<i>metformin hcl er (osm)</i>	112	MIGERGOT.....	98	MYDAYIS.....	95
<i>methadone hcl</i>	27, 28	<i>miglitol</i>	112	MYFEMBREE.....	158
Methadone Hcl Intensol.....	27	<i>miglustat</i>	150	MYGLUCOHEALTH TEST.....	142
METHADOSE.....	28	Mili.....	131	MYHIBBIN.....	197
Methadose.....	28	<i>milnacipran hcl</i>	96	MYQORZO.....	72
<i>methamphetamine hcl</i>	94	Mimvey.....	152	MYTESI.....	159
<i>methazolamide</i>	71	MINIMED INSTINCT GLUC		MYXREDLIN.....	117
<i>methenamine hippurate</i>	44	SENSOR.....	142	<i>na ferric gluc cplx in sucrose</i> ...	202
<i>methenamine mandelate</i>	44	MINIVELLE.....	152	<i>na sulfate-k sulfate-mg sulf</i>	162
Methergine.....	153	<i>minocycline hcl</i>	46	<i>nabumetone</i>	24
<i>methimazole</i>	156	<i>minocycline hcl er</i>	46	<i>nadolol</i>	68
<i>methitest</i>	111	<i>minoxidil</i>	72	<i>naftifine hcl</i>	223
<i>methocarbamol</i>	105, 106	Minzoya.....	131	NAFTIN.....	223
<i>methotrexate sodium</i>	47, 194	MIPLYFFA.....	150	NAGLAZYME.....	150
<i>methotrexate sodium (pf)</i>	47	<i>mirabegron er</i>	169	<i>nalocet</i>	28
<i>methoxsalen rapid</i>	224	MIRCERA.....	173	<i>naloxone hcl</i>	107
<i>methscopolamine bromide</i>	159	MIRENA (52 MG).....	131	<i>naltrexone hcl</i>	108
<i>methyl dopa</i>	72	<i>mirtazapine</i>	79	NAMZARIC.....	77
<i>methylergonovine maleate</i>	153	MIRVASO.....	231	NAPRELAN.....	24
METHYLIN.....	94	<i>misoprostol</i>	163	<i>naproxen</i>	24
<i>methylphenidate</i>	95	MITIGARE.....	22	<i>naproxen sodium</i>	24
<i>methylphenidate er</i>	94	<i>modafinil</i>	107	<i>naproxen sodium er</i>	24
<i>methylphenidate hcl</i>	95	MODEYSO.....	58	<i>naproxen-esomeprazole mg</i>	25
<i>methylphenidate hcl er</i>	94, 95	<i>moexipril hcl</i>	61	<i>naratriptan hcl</i>	99
<i>methylphenidate hcl er (cd)</i>	94	<i>mometasone furoate</i>	229	NARCAN.....	108
		Mono-Linyah.....	131		

NASACORT ALLERGY 24HR	216	<i>nifedipine er osmotic release</i>	70	NOVOLIN N FLEXPEN	117
NASCOBAL	202	Nikki	131	NOVOLIN N FLEXPEN	
<i>natal pnv</i>	200	<i>nilotinib d-tartrate</i>	55	RELION	117
NATAZIA	131	<i>nilotinib hcl</i>	55	NOVOLIN N RELION	117
<i>nateglinide</i>	118	<i>nilutamide</i>	49	NOVOLIN R	117
NATESTO	111	<i>nimodipine</i>	70	NOVOLIN R FLEXPEN	117
NAYZILAM	89	NINLARO	60	NOVOLIN R FLEXPEN	
<i>nebivolol hcl</i>	68	<i>nintedanib esylate</i>	217	RELION	117
Necon 0.5/35 (28)	131	<i>nisoldipine er</i>	70	NOVOLIN R RELION	117
NEEVO DHA	200	<i>nitazoxanide</i>	44	NOVOLOG	118
<i>nefazodone hcl</i>	79	<i>nitisinone</i>	148	NOVOLOG 70/30 FLEXPEN	
NEFFY	209	<i>nitrofurantoin</i>	45	RELION	117
NEMLUVIO	231	<i>nitrofurantoin macrocrystal</i>	44	NOVOLOG FLEXPEN	118
<i>neomycin sulfate</i>	33	<i>nitrofurantoin monohyd macro</i>	44	NOVOLOG MIX 70/30	118
<i>neomycin-polymyxin-dexameth</i>	204	<i>nitroglycerin</i>	73	NOVOLOG MIX 70/30	
<i>neomycin-polymyxin-hc</i>	233	NITYR	148	FLEXPEN	118
NEORAL	197, 198	<i>niva thyroid</i>	156	NOVOLOG PENFILL	118
NEO-SYNALAR	223	NIVESTYM	173	NOVOSEVEN RT	172
NEOTUSS PLUS	214	<i>nizatidine</i>	161	NOXAFIL	34
NEREUS	160	Nora-Be	131	NP THYROID	156
NERLYNX	55	NORDITROPIN FLEXPRO	149	NPLATE	178
NESTABS	200	<i>norethin ace-eth estrad-fe</i>	131	NUBEQA	50
NESTABS DHA	200	<i>norethindrone</i>	131	NUCALA	186
NESTABS ONE	200	<i>norethindrone acetate</i>	156	NUCYNTA	29
NEULASTA	173	<i>norethindrone acet-ethinyl est.</i>	131	NUCYNTA ER	28, 29
NEULASTA ONPRO	173	NORGESIC	106	NUFYMCO	208
NEUPOGEN	173	<i>norgesic forte</i>	106	NUPLAZID	85
NEUPRO	82	<i>norgestimate-eth estradiol</i>	131	NURTEC	98
NEURONTIN	89	<i>norgestim-eth estrad triphasic</i>	131	NUVARING	132
NEUTEK 2TEK TEST	142	NORITATE	231	NUVESSA	170
NEVANAC	206	NORLIQVA	70	NUVIGIL	107
<i>nevirapine</i>	36	Norlyroc	131	NUWIQ	175
<i>nevirapine er</i>	36	NORPACE	64	NUZYRA	46
NEW DAY	131	NORPRAMIN	79	Nylia 1/35	132
NEXAVAR	55	NORTHERA	73	Nylia 7/7/7	132
NEXICLON XR	73	Nortrel 0.5/35 (28)	132	NYPOZI	173
NEXIUM	165	Nortrel 1/35 (21)	132	<i>nystatin</i>	34, 223, 232
NEXIUM 24HR	165	Nortrel 7/7/7	132	<i>nystatin-triamcinolone</i>	224
NEXLETOL	64	<i>nortriptyline hcl</i>	79	NYVEPRIA	173
NEXLIZET	64	NORVASC	70	OB COMPLETE	200
NEXPLANON	131	NORVIR	36	OB COMPLETE ONE	200
NEXTSTELLIS	131	NOURIANZ	82	OB COMPLETE PETITE	200
NGENLA	149	NOVA MAX GLUCOSE TEST		OB COMPLETE PREMIER	200
<i>niacin er (antihyperlipidemic)</i>	66	.....	142	OB COMPLETE/DHA	200
NIACOR	66	NOVAREL	146	<i>obizur</i>	175
<i>nicardipine hcl</i>	70	NOVOEIGHT	175	OCTAGAM	196
NICOMIDE	203	NOVOLIN 70/30	117	<i>octreotide acetate</i>	110, 111
<i>nicotinamide</i>	203	NOVOLIN 70/30 FLEXPEN	117	ODACTRA	178
NICOTROL NS	110	NOVOLIN 70/30 FLEXPEN		ODEFSEY	39
<i>nifedipine</i>	70	RELION	117	ODOMZO	59
<i>nifedipine er</i>	70	NOVOLIN 70/30 RELION	117	OFEV	217
		NOVOLIN N	117	<i>ofloxacin</i>	205, 233

OGSIVEO.....	59	ONETOUCH ULTRA BLUE		OTEZLA XR.....	187
OHTUVAYRE.....	216	TEST.....	143	OTEZLA/OTEZLA XR	
OJEMDA.....	55	ONETOUCH ULTRA TEST....	143	INITIATION PK.....	187
OJJAARA.....	55	ONETOUCH ULTRASOFT 2		OTOVEL.....	233
<i>olanzapine</i>	85	LANCETS.....	143	OTULFI.....	187
<i>olanzapine-fluoxetine hcl</i>	109	ONETOUCH VERIO.....	143	OVIDREL.....	146
<i>olmesartan medoxomil</i>	63	ONFI.....	89	<i>oxaprozin</i>	24
<i>olmesartan medoxomil-hctz</i>	62	ONGENTYS.....	82	<i>oxazepam</i>	77
<i>olmesartan-amlodipine-hctz</i>	62	ONTRALFY.....	106	<i>oxcarbazepine</i>	89
<i>olopatadine hcl</i>	212	ONUREG.....	47	<i>oxcarbazepine er</i>	89
OLPRUVA (2 GM DOSE).....	157	ONYDA XR.....	95	OXERVATE.....	207
OLPRUVA (3 GM DOSE).....	157	ONZETRA XSAIL.....	99	<i>oxiconazole nitrate</i>	224
OLPRUVA (4 GM DOSE).....	157	OPCICON ONE-STEP.....	132	OXISTAT.....	224
OLPRUVA (5 GM DOSE).....	157	OPFOLDA.....	150	<i>oxybutynin chloride</i>	170
OLPRUVA (6 GM DOSE).....	157	OPILL.....	132	<i>oxybutynin chloride er</i>	169
OLPRUVA (6.67 GM DOSE)..	157	OPIPZA.....	85	<i>oxycodone hcl</i>	29
OLUMIANT.....	186	OPSUMIT.....	74	<i>oxycodone-acetaminophen</i>	29, 30
<i>omega-3-acid ethyl esters</i>	67	OPSYNVI.....	74	OXYCONTIN.....	30
<i>omeprazole</i>	165	OPTION 2.....	132	<i>oxymetazoline hcl</i>	232
<i>omeprazole magnesium</i>	165	OPTIONS GYNOL II		<i>oxymorphone hcl</i>	30
<i>omeprazole-sodium bicarbonate</i>		CONTRACEPTIVE.....	167	<i>oxymorphone hcl er</i>	30
.....	165, 166	OPTIUMEZ TEST.....	143	OZEMPIC.....	114
OMLONTI.....	207	OPVEE.....	108	OZEMPIC (0.25 OR 0.5	
OMNARIS.....	217	OPZELURA.....	226	MG/DOSE).....	114
OMNIFLEX DIAPHRAGM....	132	ORACEA.....	232	OZEMPIC (1 MG/DOSE).....	114
OMNIPOD 5 DEXG7G6		ORALAIR.....	178	OZEMPIC (2 MG/DOSE).....	114
INTRO GEN 5.....	142	ORAVIG.....	232	OZOBAX DS.....	106
OMNIPOD 5 DEXG7G6 PODS		ORENCIA.....	179, 186, 187	<i>paliperidone er</i>	85
GEN 5.....	142	ORENCIA CLICKJECT.....	186	PALSONIFY.....	111
OMNIPOD 5 LIBRE INTRO...	142	ORENITRAM.....	74	PALYNZIQ.....	153
OMNIPOD DASH INTRO		ORENITRAM MONTH 1.....	74	PAMELOR.....	79
(GEN 4).....	142	ORENITRAM MONTH 2.....	74	<i>pamidronate disodium</i>	122
OMNIPOD DASH PDM (GEN		ORENITRAM MONTH 3.....	74	PANCREAZE.....	164
4).....	142	ORFADIN.....	148, 149	<i>pantoprazole sodium</i>	166
OMNIPOD DASH PODS		ORGOVYX.....	50	PANZYGA.....	196
(GEN 4).....	142	ORIAHNN.....	158	PARAGARD	
OMNITROPE.....	149	ORILISSA.....	145	INTRAUTERINE COPPER....	132
OMVOH.....	186	ORKAMBI.....	215	<i>paricalcitol</i>	158
OMVOH (300 MG DOSE).....	186	ORLADEYO.....	195	<i>paroxetine hcl</i>	80
ON CALL EXPRESS BLOOD		<i>orlistat</i>	120	<i>paroxetine hcl er</i>	80
GLUCOSE.....	143	<i>orphenadrine-aspirin-caffeine</i> ..	106	<i>paroxetine mesylate</i>	109
ONAPGO.....	82	ORPHENGESIC FORTE.....	106	PAXIL.....	80
<i>ondansetron</i>	160	Orquidea.....	132	PAXIL CR.....	80
<i>ondansetron hcl</i>	160	ORSERDU.....	50	PAXLOVID (150/100).....	41
<i>one drop test</i>	143	ORTHOVISC.....	32	PAXLOVID (300/100 &	
ONENATAL RX.....	200	<i>orudis</i>	24	150/100).....	41
ONETOUCH DELICA PLUS		<i>oseltamivir phosphate</i>	40, 41	PAXLOVID (300/100).....	41
LANCET30G.....	143	OSENVELT.....	123	<i>pazopanib hcl</i>	55, 56
ONETOUCH DELICA PLUS		OSPHENA.....	153	<i>peg 3350-kcl-na bicarb-nacl</i>	162
LANCET33G.....	143	OSPOMYV.....	123	<i>peg-3350/electrolytes</i>	162
ONETOUCH DELICA PLUS		OSVYRTI.....	123	PEGASYS.....	43
LANCING.....	143	OTEZLA.....	187	<i>peg-kcl-nacl-nasulf-na asc-c</i>	163

PEG-PREP.....	163	<i>pirfenidone</i>	217	PREMPHASE.....	152
PELLIX.....	224	Pirmella 7/7/7.....	132	PREMPRO.....	152
PEMAZYRE.....	56	<i>piroxicam</i>	24	<i>prena 1 true</i>	200
<i>penciclovir</i>	231	<i>pitavastatin calcium</i>	66	<i>prenal</i>	200
<i>penicillamine</i>	125	PLAN B ONE-STEP.....	132	<i>prenatabs fa</i>	200
<i>penicillin v potassium</i>	45, 46	PLAVIX.....	177	<i>prenatal 19</i>	200
<i>pentamidine isethionate</i>	45	PLEGRIDY.....	104	PRENATAL-U.....	200
PENTASA.....	161	PLEGRIDY STARTER PACK.....	104	PRENATE.....	201
<i>pentazocine-naloxone hcl</i>	31	PLIAGLIS.....	230	PRENATE DHA.....	201
<i>pentoxifylline er</i>	176	<i>pnv prenatal plus multivit+dha</i>	200	PRENATE ELITE.....	201
<i>perampanel</i>	89	<i>pnv tabs 20-1</i>	200	PRENATE ENHANCE.....	201
PERCOCET.....	30	<i>pnv-dha</i>	200	PRENATE MINI.....	201
PERFOROMIST.....	213	<i>pnv-omega</i>	200	PRENATE PIXIE.....	201
<i>perindopril erbumine</i>	61	POCKETCHEM EZ TEST.....	143	PRENATE RESTORE.....	201
<i>permethrin</i>	232	<i>podofilox</i>	231	PRENATOL-M.....	201
<i>perphenazine</i>	85	POGO AUTOMATIC TEST.....		PRESTALIA.....	60
<i>perphenazine-amitriptyline</i>	109	CARTRIDGES.....	143	PREVACID.....	166
PERSERIS.....	85	POKONZA.....	199	PREVACID SOLUTAB.....	166
PERTZYE.....	165	<i>polymyxin b-trimethoprim</i>	205	PREVYMIS.....	41
PHARMACIST CHOICE.....		<i>pomalidomide</i>	48	PREZCOBIX.....	39
AUTOCODE.....	143	POMALYST.....	48	PREZISTA.....	36, 37
<i>pharmacist choice no coding</i>	143	PONVORY.....	104	PRIALT.....	22
PHEBURANE.....	157	PONVORY STARTER PACK.....	104	PRILOSEC.....	166
<i>phendimetrazine tartrate</i>	121	Portia-28.....	132	PRILOSEC OTC.....	166
<i>phendimetrazine tartrate er</i>	120	<i>posaconazole</i>	34	<i>primaquine phosphate</i>	34
<i>phenelzine sulfate</i>	80	<i>pot & sod cit-cit ac</i>	168	<i>primidone</i>	90
<i>phenobarbital</i>	89	<i>potassium chloride</i>	199	PRISTIQ.....	80
<i>phenoxybenzamine hcl</i>	73	<i>potassium chloride crys er</i>	199	PRIVIGEN.....	196
<i>phentermine hcl</i>	121	<i>potassium chloride er</i>	199	<i>pro voice v8/v9 glucose</i>	143
<i>phentermine-topiramate er</i>	121	<i>potassium citrate er</i>	169	PROAIR RESPICLICK.....	213
<i>phenylephrine hcl</i>	167	PRADAXA.....	171	<i>probenecid</i>	22
<i>phenytoin</i>	89	PRALUENT.....	67	Procentra.....	95
<i>phenytoin sodium extended</i>	89	<i>pramipexole dihydrochloride</i>	82	<i>prochlorperazine maleate</i>	160
PHEXX.....	167	<i>pramipexole dihydrochloride er</i>	82	PROCRT.....	173
Philith.....	132	<i>prasugrel hcl</i>	177	PROCTOFOAM HC.....	166
PHYRAGO.....	56	<i>pravastatin sodium</i>	66	Proctozone-Hc.....	166
<i>phytonadione</i>	203	<i>praziquantel</i>	33	PROCYSBI.....	169
PIFELTRO.....	36	<i>prazosin hcl</i>	61	PRODIGY NO CODING.....	
<i>pilocarpine hcl</i>	207, 232	PRECISION XTRA BLOOD.....		BLOOD GLUC.....	143
<i>pimecrolimus</i>	226	GLUCOSE.....	143	PROFILNINE.....	176
<i>pimozide</i>	109	PRED FORTE.....	206	<i>progesterone</i>	156
Pimtrea.....	132	PRED MILD.....	206	PROGRAF.....	198
<i>pindolol</i>	68	<i>prednisolone</i>	147	PROLASTIN-C.....	209
<i>pioglitazone hcl</i>	118	<i>prednisolone acetate</i>	206	PROLATE.....	30
<i>pioglitazone hcl-glimepiride</i>	118	<i>prednisolone sodium phosphate</i>	147	PROLENSA.....	206
<i>pioglitazone hcl-metformin hcl</i>	118	<i>prednisone</i>	147	PROLIA.....	123
PIQRAY (200 MG DAILY.....		<i>pregabalin</i>	90	PROMACTA.....	178
DOSE).....	56	<i>pregabalin er</i>	108	<i>promethazine hcl</i>	160
PIQRAY (250 MG DAILY.....		<i>pregen dha</i>	200	<i>promethazine-codeine</i>	214
DOSE).....	56	<i>pregenna</i>	200	<i>promethazine-dm</i>	214
PIQRAY (300 MG DAILY.....		PREGNYL.....	146	<i>promethazine-phenylephrine</i>	214
DOSE).....	56	PREMARIN.....	152	PROMETHEGAN.....	160

PROMETRIUM.....	156	QVAR REDHALER.....	218	RESTASIS.....	207
<i>propafenone hcl</i>	64	<i>rabeprazole sodium</i>	166	RESTASIS MULTIDOSE.....	207
<i>propafenone hcl er</i>	64	RADICAVA ORS.....	75	RESTORIL.....	97
<i>propranolol hcl</i>	68	RADICAVA ORS STARTER		RETACRIT.....	174
<i>propranolol hcl er</i>	68	KIT.....	75	RETEVMO.....	56
<i>propylthiouracil</i>	156	RAGWITEK.....	178	RETIN-A.....	221
PROSCAR.....	167	RALDESY.....	80	RETIN-A MICRO PUMP.....	222
PROTONIX.....	166	<i>raloxifene hcl</i>	153	RETROVIR.....	37
<i>protriptyline hcl</i>	80	<i>ramelteon</i>	97	REVATIO.....	74
PROVIDA OB.....	201	<i>ramipril</i>	61	REVLIMID.....	48
PROVIGIL.....	107	<i>ranitidine hcl</i>	161	REVUFORJ.....	59
<i>prucalopride succinate</i>	164	<i>ranolazine er</i>	73	REXTOVY.....	108
PRUDOXIN.....	224	<i>rasagiline mesylate</i>	82	REXULTI.....	85
<i>pseudoeph-bromphen-dm</i>	214	RASUVO.....	194	REYATAZ.....	37
PTS PANELS EGLU TEST.....	143	RAVICTI.....	157	REZDIFFRA.....	154
PULMICORT.....	218	RAYALDEE.....	158	REZLIDHIA.....	59
PULMICORT FLEXHALER...	218	REBIF.....	104	REZUROCK.....	198
PULMOZYME.....	215	REBIF REBIDOSE.....	104	REZVOGLAR KWIKPEN.....	118
PURIXAN.....	47	REBIF REBIDOSE		RHAPSIDO.....	226
<i>pyrazinamide</i>	40	TITRATION PACK.....	104	RHOFADE.....	232
<i>pyridostigmine bromide</i>	106	REBIF TITRATION PACK.....	104	RHOGAM ULTRA-	
<i>pyridostigmine bromide er</i>	106	REBINYN.....	176	FILTERED PLUS.....	196
<i>pyrimethamine</i>	45	RECLAST.....	122	RHOPHYLAC.....	196
PYRUKYND.....	176	Reclipsen.....	132	RHOPRESSA.....	208
PYRUKYND TAPER PACK...	176	RECOMBINATE.....	175	RIASTAP.....	172
PYZCHIVA.....	187, 188	RECORLEV.....	135	<i>ribavirin</i>	44
<i>qc all day allergy relief</i>	212	REDEMPLO.....	73	<i>rifabutin</i>	40
QELBREE.....	95	REFUAH PLUS BLOOD		<i>rifampin</i>	40
QFITLIA.....	175, 176	GLUCOSE TEST.....	143	<i>rifapentine</i>	40
QINLOCK.....	56	RELAFEN DS.....	24	RIGHTEST GS100 BLOOD	
<i>qivigy</i>	196	RELENZA DISKHALER.....	41	GLUCOSE.....	144
QNASL.....	217	<i>releuko</i>	173	RIGHTEST GS300 BLOOD	
QNASL CHILDRENS.....	217	RELEXXII.....	95	GLUCOSE.....	144
QSYMIA.....	121	Relgaabi.....	90	RIGHTEST GS550 BLOOD	
<i>quad-mix</i>	168	RELION CONFIRM/MICRO		GLUCOSE.....	144
<i>quazepam</i>	97	TEST.....	143	<i>rilpivirine hcl</i>	37
<i>quetiapine fumarate</i>	85	RELION KETONE TEST.....	143	<i>riluzole</i>	75
<i>quetiapine fumarate er</i>	85	RELION TRUE METRIX		<i>rimantadine hcl</i>	41
QUICKTEK TEST.....	143	TEST STRIPS.....	144	RINVOQ.....	188, 189
QUILLICHEW ER.....	95	RELISTOR.....	164	RINVOQ LQ.....	188
QUILLIVANT XR.....	95	RELPAK.....	99	RIOMET.....	112
<i>quinapril hcl</i>	61	RELTONE.....	164	<i>risedronate sodium</i>	122
<i>quinapril-hydrochlorothiazide</i>	60	REMICADE.....	179	<i>risperidone</i>	85, 86
<i>quinidine sulfate</i>	64	REMODULIN.....	74	<i>risperidone microspheres er</i>	85
<i>quinine sulfate</i>	34	RENFLEXIS.....	179	RITALIN.....	95
QUINTET AC BLOOD		<i>reno caps</i>	203	RITALIN LA.....	95
GLUCOSE TEST.....	143	RENTHYROID.....	156	<i>ritonavir</i>	37
QUINTET BLOOD GLUCOSE		<i>repaglinide</i>	119	<i>rivaroxaban</i>	171
TEST.....	143	REPATHA.....	67	<i>rivastigmine</i>	77
QUIOFIC.....	203	REPATHA PUSHTRONEX		<i>rivastigmine tartrate</i>	77
QULIPTA.....	98	SYSTEM.....	67	Rivelsa.....	132
QUVIVIQ.....	97	REPATHA SURECLICK.....	67	RIVFLOZA.....	169

RIVIVE.....	108	SELECT-OB+DHA.....	201	SKYRIZI PEN.....	189
<i>rixubis</i>	176	<i>selegiline hcl</i>	83	SKYTROFA.....	149
<i>rizatriptan benzoate</i>	99	SELZENTRY.....	37	SLYND.....	133
ROCKLATAN.....	204	SEMGLEE (YFGN).....	118	SMARTEST BLOOD	
<i>roflumilast</i>	216	SENSIPAR.....	122	GLUCOSE TEST.....	144
ROLVEDON.....	174	SEPHIENCE.....	154	SOAAZ.....	71
ROMVIMZA.....	56	SEREVENT DISKUS.....	213	<i>sodium chloride</i>	232
<i>ropinirole hcl</i>	82	SERNIVO.....	229	<i>sodium fluoride</i>	199
<i>ropinirole hcl er</i>	82	SEROQUEL XR.....	86	<i>sodium oxybate</i>	107
<i>rosuvastatin calcium</i>	66	SEROSTIM.....	149	<i>sodium phenylbutyrate</i>	157
Rosyrax.....	132	<i>sertraline hcl</i>	80	<i>sodium polystyrene sulfonate</i>	155
ROWASA.....	161	Setlakin.....	133	SOFDRA.....	231
ROXICODONE.....	30	<i>sevelamer carbonate</i>	155	<i>sofosbuvir-velpatasvir</i>	44
ROXYBOND.....	30	<i>sevelamer hcl</i>	155	SOGROYA.....	149
ROZEREM.....	97	SEVENFACT.....	172	SOHONOS.....	106
ROZLYTREK.....	56	SEYSARA.....	46	<i>solifenacin succinate</i>	170
RUBRACA.....	59	Sharobel.....	133	SOLIQUEA.....	114
RUCONEST.....	195	SHEWISE.....	133	SOLOSEC.....	45
<i>rufinamide</i>	90	SIGNIFOR.....	154	SOLUS V2 TEST.....	144
RUKOBIA.....	37	SIGNIFOR LAR.....	154	SOMA.....	106
RYALTRIS.....	211	SIKLOS.....	177	SOMATULINE DEPOT.....	111
RYBELSUS.....	114	<i>sildenafil citrate</i>	74, 168	SOMAVERT.....	111
RYCLORA.....	212	SILENOR.....	97	SOOLANTRA.....	232
RYDAPT.....	56	SILIQ.....	189	<i>sorafenib tosylate</i>	56
RYTARY.....	83	<i>silodosin</i>	167	SORILUX.....	225
Ryvent.....	212	<i>silver sulfadiazine</i>	223	<i>sotalol hcl</i>	64
SABRIL.....	90	SIMBRINZA.....	204	<i>sotalol hcl (af)</i>	64
<i>sacubitril-valsartan</i>	72	SIMLANDI (1 PEN).....	189	SOTYKTU.....	190
SAFYRAL.....	132	SIMLANDI (2 PEN).....	189	SOVALDI.....	44
SAMSCA.....	154	SIMLANDI (2 SYRINGE).....	189	SOVUNA.....	34, 194
SANCUSO.....	160	Simliya.....	133	SPEVIGO.....	225
SANDIMMUNE.....	198	Simpesse.....	133	<i>spinosad</i>	232
SANDOSTATIN.....	111	SIMPLERA SENSOR.....	144	SPIRIVA HANDIHALER.....	210
SANDOSTATIN LAR DEPOT	111	SIMPLERA SYNC SENSOR...	144	SPIRIVA RESPIMAT.....	210
SANTYL.....	231	SIMPLERA SYSTEM.....	144	<i>spironolactone</i>	61
SAPHNELO.....	198	SIMPONI.....	189	<i>spironolactone-hctz</i>	71
SAPHNELO PEN.....	189	SIMPONI ARIA.....	179	SPORANOX.....	34
SAPHRIS.....	86	SIMULECT.....	198	SPRAVATO (56 MG DOSE).....	80
<i>sapropterin dihydrochloride</i>	154	<i>simvastatin</i>	66	SPRAVATO (84 MG DOSE).....	80
SAVAYSA.....	171	SINEMET.....	83	Sprintec 28.....	133
SAVELLA.....	96	SINGULAIR.....	216	SPRITAM.....	90
SAVELLA TITRATION PACK	96	<i>sirolimus</i>	198	SPRIX.....	24
<i>saxagliptin hcl</i>	113	SIRTURO.....	40	SPRYCEL.....	56
<i>saxagliptin-metformin er</i>	113	<i>sitaglipt base-metform hcl er</i>	113	Sps (Sodium Polystyrene Sulf).	155
SAXENDA.....	121	<i>sitagliptin</i>	113	Ssd.....	223
SCSEMBLIX.....	56	<i>sitagliptin base-metformin hcl</i> ..	113	STARJEMZA.....	190
<i>scopolamine</i>	160	<i>sitagliptin phos-metformin hcl</i> ..	113	STEGLATRO.....	120
SDAMLO.....	70	<i>sitagliptin phosphate</i>	113	STEGLUJAN.....	119
SECUADO.....	86	SIVEXTRO.....	45	STELARA.....	190
SEGLUROMET.....	119	SKYCLARYS.....	101	STENDRA.....	168
SELARSDI.....	189	SKYLA.....	133	STEQEYMA.....	190
SELECT-OB.....	201	SKYRIZI.....	189, 190	<i>sterile water for irrigation</i>	208

STIMUFEND.....	174	TACLONEX.....	225	<i>teriflunomide</i>	104
STIOLTO RESPIMAT.....	210	<i>tacrolimus</i>	198, 226	<i>teriparatide</i>	124
STIVARGA.....	56	<i>tacrolimus er</i>	198	TESTIM.....	111
STOBOCLO.....	123	<i>tadalafil</i>	168	<i>testosterone</i>	111, 112
STRENSIQ.....	154	<i>tadalafil (pah)</i>	74	<i>testosterone cypionate</i>	111
STRIBILD.....	39	TADLIQ.....	74	<i>testosterone enanthate</i>	111
STRIVERDI RESPIMAT.....	213	TAFINLAR.....	57	<i>tetrabenazine</i>	101
STROMECTOL.....	33	<i>tafluprost (pf)</i>	207	<i>tetracycline hcl</i>	46
SUBLOCADE.....	31	TAGRISSO.....	57	TEXACORT.....	230
SUBOXONE.....	107	TAKE ACTION.....	133	TEZRULY.....	167
SUBVENITE.....	90	TAKHZYRO.....	195	TEZSPIRE.....	217
SUCRAID.....	164	TALTZ.....	190	THALITONE.....	71
<i>sucralfate</i>	164	TALZENNA.....	59	THALOMID.....	48
SUFLAVE.....	163	TAMIFLU.....	41	THEO-24.....	219
<i>sulconazole nitrate</i>	224	<i>tamoxifen citrate</i>	50	<i>theophylline</i>	219
<i>sulfacetamide sodium</i>	205	<i>tamsulosin hcl</i>	167	<i>theophylline er</i>	219
<i>sulfacetamide sodium (acne)</i>	222	Tanlor.....	106	THIOLA.....	169
<i>sulfacetamide-prednisolone</i>	204	<i>tapentadol hcl</i>	30	THIOLA EC.....	169
<i>sulfadiazine</i>	33	<i>tapentadol hcl er</i>	30	<i>thioridazine hcl</i>	86
<i>sulfamethoxazole-trimethoprim</i> ..	45	TAPERDEX 12-DAY.....	147	<i>thiothixene</i>	86
<i>sulfasalazine</i>	161	Taperdex 6-Day.....	147	THYMOGLOBULIN.....	198
<i>sulindac</i>	24	TAPERDEX 7-DAY.....	147	THYQUIDITY.....	156
<i>sumatriptan</i>	99	Targadox.....	46	<i>thyroid</i>	156
<i>sumatriptan succinate</i>	100	TARGRETIN.....	59, 231	<i>tiagabine hcl</i>	90
<i>sumatriptan-naproxen sodium</i> ..	100	Tarina 24 Fe.....	133	TIBSOVO.....	59
<i>sunitinib malate</i>	57	Tarina Fe 1/20 Eq.....	133	<i>ticagrelor</i>	177
SUNLENCA.....	37	TARON-C DHA.....	201	TIKOSYN.....	64
SUNOSI.....	107	TARPEYO.....	169	Tilia Fe.....	133
SUPARTZ FX.....	32	TASCENSO ODT.....	104	<i>timolol hemihydrate</i>	203
<i>super quad-mix</i>	168	TASIGNA.....	57	<i>timolol maleate</i>	68, 203
SUPREME TEST.....	144	<i>tasimelteon</i>	97	<i>timolol maleate (once-daily)</i>	203
SUPREP BOWEL PREP KIT..	163	TASMAR.....	83	Timolol Maleate Ocudose.....	203
SUTAB.....	163	<i>tavaborole</i>	224	<i>timolol maleate pf</i>	203
SUTENT.....	57	TAVALISSE.....	178	TIMOPTIC OCUDOSE.....	204
Syeda.....	133	TAVNEOS.....	177	<i>tinidazole</i>	33
SYMBICORT.....	219	Taysofy.....	133	<i>tiopronin</i>	169
SYMBRAVO.....	100	TAYTULLA.....	133	<i>tiotropium bromide</i>	210
SYMDEKO.....	215	<i>tazarotene</i>	222, 225	TIROSINT.....	157
SYMFI.....	39	TAZORAC.....	225	TIROSINT-SOL.....	157
SYMPAZAN.....	90	TECFIDERA.....	104	TIVICAY.....	37
SYMPROIC.....	164	TEGLUTIK.....	76	TIVICAY PD.....	37
SYMTUZA.....	40	<i>telmisartan</i>	63	<i>tizanidine hcl</i>	106
SYNALAR.....	229	<i>telmisartan-amlodipine</i>	62	TLANDO.....	112
SYNAREL.....	145	<i>telmisartan-hctz</i>	62	TOBI.....	215
SYNDROS.....	160	<i>temazepam</i>	97	TOBI PODHALER.....	215
SYNJARDY.....	119	<i>temozolomide</i>	47	TOBRADEX.....	204
SYNJARDY XR.....	119	<i>tenofovir disoproxil fumarate</i>	37	TOBRADEX ST.....	204
SYNOJOYNT.....	32	TEPMETKO.....	57	<i>tobramycin</i>	205, 215
SYNVISC.....	33	<i>terazosin hcl</i>	167	<i>tobramycin-dexamethasone</i>	204
SYNVISC ONE.....	33	<i>terbinafine hcl</i>	34	TODAY SPONGE.....	167
SYPRINE.....	125	<i>terbutaline sulfate</i>	214	<i>tofacitinib citrate</i>	191
TABRECTA.....	57	<i>terconazole</i>	170	<i>tofacitinib citrate er</i>	190

TOLAK.....	222	<i>triamcinolone acetonide</i>	217, 230, 232	TRUQAP.....	57
<i>tolcapone</i>	83	<i>triamterene</i>	72	TRUTAKNA.....	169
TOLECTIN 600.....	24	<i>triamterene-hctz</i>	72	TRUVADA.....	40
TOLECTIN DS.....	25	<i>triazolam</i>	97	TRYNGOLZA.....	73
<i>tolmetin sodium</i>	25	<i>tricitrates</i>	169	TRYPTYR.....	207
<i>tolsura</i>	34	TRICOR.....	65	TRYVIO.....	73
<i>tolterodine tartrate</i>	170	<i>trientine hcl</i>	125	TUDORZA PRESSAIR.....	210
<i>tolterodine tartrate er</i>	170	Tri-Estarylla.....	133	TUKYSA.....	57
<i>tolvaptan</i>	154	<i>trifluoperazine hcl</i>	86	TURALIO.....	57
<i>tolvaptan (hyponatremia)</i>	154	<i>trifluridine</i>	205	Turqoz.....	134
TONMYA.....	96	<i>trihexyphenidyl hcl</i>	83	TUXARIN ER.....	215
TOPICORT.....	230	TRIJARDY XR.....	113	TWIIST REFILL KIT.....	144
TOPICORT SPRAY.....	230	TRIKAFTA.....	216	TWIIST REFILL	
<i>topiramate</i>	90	Tri-Legest Fe.....	133	KIT/INFUSION SET.....	144
<i>topiramate er</i>	90	Tri-Linyah.....	133	TWIIST STARTER KIT.....	144
TOPROL XL.....	68	Trilitas.....	225	TWIRLA.....	134
<i>toremifene citrate</i>	50	Tri-Lo-Estarylla.....	133	TWYNEO.....	222
Torpenz.....	57	Tri-Lo-Marzia.....	133	TYBLUME.....	134
<i>torseamide</i>	71	Tri-Lo-Mili.....	133	Tydemy.....	134
TOSYMRA.....	100	Tri-Lo-Sprintec.....	134	TYENNE.....	191
TOUJEO MAX SOLOSTAR... 118		TRILURON.....	33	TYKERB.....	57
TOUJEO SOLOSTAR.....	118	<i>trimethobenzamide hcl</i>	160	TYMLOS.....	124
Tovet.....	230	Tri-Mili.....	134	TYRUKO.....	104
TOVIAZ.....	170	<i>trimipramine maleate</i>	80	TYRVAYA.....	207
TRACLEER.....	74	<i>trinatal rx 1</i>	201	TYSABRI.....	104
TRADJENTA.....	113	TRINATE.....	201	TYVASO.....	75
<i>tramadol hcl</i>	31	TRINTELLIX.....	80	TYVASO DPI	
<i>tramadol hcl (er biphasic)</i>	31	TRIPTODUR.....	124	MAINTENANCE KIT.....	75
<i>tramadol hcl er</i>	31	Tri-Sprintec.....	134	TYVASO DPI TITRATION	
<i>tramadol-acetaminophen</i>	31	<i>tristart dha</i>	201	KIT.....	75
<i>trandolapril</i>	61	TRIUMEQ.....	40	TYVASO REFILL KIT.....	75
<i>trandolapril-verapamil hcl er</i>	60	<i>triumeq pd</i>	40	TYVASO STARTER KIT.....	75
<i>tranexamic acid</i>	177	TRIVISC.....	33	UBRELVY.....	98
TRANSDERM SCOP.....	160	Tri-Vylibra.....	134	UCERIS.....	161
<i>tranylcypromine sulfate</i>	80	Tri-Vylibra Lo.....	134	UDENYCA.....	174
TRAVATAN Z.....	208	<i>tropicamide</i>	207	ULORIC.....	22
<i>travoprost (bak free)</i>	208	<i>tropium chloride</i>	170	ULTRAVATE.....	230
<i>trazodone hcl</i>	80	<i>tropium chloride er</i>	170	<i>umeclidinium ellipta</i>	210
TRELEGY ELLIPTA.....	210	TRUDHESA.....	98	<i>umeclidinium-vilanterol</i>	210
TRELSTAR MIXJECT.....	50	<i>true focus blood glucose strip</i> ... 144		UNISTRIp CONTROL.....	145
TREMFYA.....	191	TRUE METRIX BLOOD		UNISTRIp1 GENERIC.....	145
TREMFYA ONE-PRESS.....	191	GLUCOSE TEST.....	144	UPNEEQ.....	207
TREMFYA PEN.....	191	TRUENESS BLOOD		UPTRAVI.....	75
<i>treprostinil</i>	74	GLUCOSE STRIPS.....	144	UPTRAVI TITRATION.....	75
TRESIBA.....	118	TRUEPLUS LANCETS 28G... 144		UROXATRAL.....	167
TRESIBA FLEXTOUCH.....	118	TRUEPLUS LANCETS 30G... 144		<i>ursodiol</i>	164
<i>tretinoin</i>	59, 222	TRUEPLUS LANCETS 33G... 144		URSOLIGN.....	164
<i>tretinoin microsphere</i>	222	TRUETEST TEST.....	144	<i>ustekinumab</i>	192
<i>tretinoin microsphere pump</i>	222	TRUETRACK TEST.....	144	<i>ustekinumab-aauz</i>	192
TRETTEN.....	172	TRULANCE.....	162	<i>ustekinumab-aekn</i>	192
TREXIMET.....	100	TRULICITY.....	114	<i>ustekinumab-ttwe</i>	192
				UZEDY.....	86

VABRINTY.....	50	VERQUVO.....	72	VOYXACT.....	169
VAGIFEM.....	152	VERZENIO.....	57	VPRIV.....	150
<i>valacyclovir hcl</i>	41	Vestura.....	134	VRAYLAR.....	86
VALCHLOR.....	231	VEVYE.....	207	VTAMA.....	225
VALCYTE.....	41	V-GO 20.....	145	VUMERITY.....	104
<i>valganciclovir hcl</i>	41	V-GO 30.....	145	VUSION.....	224
VALIUM.....	90	V-GO 40.....	145	VYALEV.....	83
<i>valproic acid</i>	90	VIAGRA.....	168	VYBRIQUE.....	168
<i>valsartan</i>	63	VIBERZI.....	162	Vyfemla.....	134
<i>valsartan-hydrochlorothiazide</i> ...	62	VICTOZA.....	114	VYKAT XR.....	154
VALTOCO 10 MG DOSE.....	90	Vienna.....	134	VYLEESI.....	109
VALTOCO 15 MG DOSE.....	90	<i>vigabatrin</i>	91	Vylibra.....	134
VALTOCO 20 MG DOSE.....	91	Vigadrone.....	91	VYNDAMAX.....	73
VALTOCO 5 MG DOSE.....	91	VIGAFYDE.....	91	VYSCOX.....	21
VALTREX.....	41	VIIBRYD.....	81	VYVANSE.....	95, 96
Valtya 1/35.....	134	VIJOICE.....	154	VYVGART HYTRULO.....	106
VALTYA 1/50.....	134	<i>vilazodone hcl</i>	81	VYZULTA.....	208
VANCOCIN.....	45	VIMIZIM.....	150	WAINUA.....	155
<i>vancomycin hcl</i>	45	VIOKACE.....	165	WAKIX.....	107
VANDAZOLE.....	170	<i>viorele</i>	134	WAL-ZYR CHILDRENS.....	212
VANFLYTA.....	57	VIRACEPT.....	37	<i>warfarin sodium</i>	171
VANRAFIA.....	169	VIREAD.....	37	WAYRILZ.....	178
<i>varденафил hcl</i>	168	VISCO-3.....	33	WEGOVY.....	121
<i>varenicline tartrate</i>	110	VISTOGARD.....	59	WEGOVY HD.....	121
<i>varenicline tartrate (starter)</i>	110	VISUDYNE.....	207	WELIREG.....	59
VARIZIG.....	196	VITAFOL FE+.....	201	WELLBUTRIN XL.....	81
VARUBI (180 MG DOSE).....	160	VITAFOL GUMMIES.....	201	Wera.....	134
VASCEPA.....	67	VITAFOL ULTRA.....	201	<i>wescap-pn dha</i>	202
VCF VAGINAL		VITAFOL-OB.....	201	<i>westgel dha</i>	202
CONTRACEPTIVE.....	167	VITAFOL-OB+DHA.....	201	WEZLANA.....	192
VECAMEYL.....	73	VITAFOL-ONE.....	202	WIDE-SEAL DIAPHRAGM 60	
VECTICAL.....	225	<i>vitalara</i>	202	.....	134
VELETRI.....	75	<i>vitamin d (ergocalciferol)</i>	203	WIDE-SEAL DIAPHRAGM 65	
VELIVET.....	134	VITRAKVI.....	57	.....	134
VELPHORO.....	155	VIVAGUARD INO TEST		WIDE-SEAL DIAPHRAGM 70	
VELSIPITY.....	192	STRIPS.....	145	.....	135
VELTASSA.....	155	VIVELLE-DOT.....	152	WIDE-SEAL DIAPHRAGM 75	
VEMLIDY.....	43	VIVITROL.....	108	.....	135
VENCLEXTA.....	47	VIVJOA.....	34	WIDE-SEAL DIAPHRAGM 80	
VENCLEXTA STARTING		VOGELXO.....	112	.....	135
PACK.....	47	VOGELXO PUMP.....	112	WIDE-SEAL DIAPHRAGM 85	
<i>venlafaxine besylate er</i>	80	Volnea.....	134	.....	135
<i>venlafaxine hcl</i>	81	VONJO.....	57	WIDE-SEAL DIAPHRAGM 90	
<i>venlafaxine hcl er</i>	81	VONVENDI.....	172	.....	135
VENTOLIN HFA.....	214	VOQUEZNA.....	164	WIDE-SEAL DIAPHRAGM 95	
VEOZAH.....	154	VORANIGO.....	59	.....	135
VEPPANU.....	50	<i>voriconazole</i>	34	WILATE.....	172
<i>verapamil hcl</i>	70	VOSEVI.....	44	WINLEVI.....	222
<i>verapamil hcl er</i>	70	VOTRIENT.....	58	WINREVAIR.....	75
<i>verasens blood glucose test</i>	145	VOWST.....	164	WINRHOD SDF.....	197
VEREGEN.....	231	VOXZOGO.....	148	Wixela Inhub.....	219
VERKAZIA.....	207	VOYDEYA.....	177	Wymzya Fe.....	135

WYNZORA.....	225	XPOVIO (80 MG TWICE WEEKLY).....	59	ZEPOSIA.....	105
WYOST.....	123	XROMI.....	177	ZEPOSIA 7-DAY STARTER PACK.....	105
XADAGO.....	83	XTAMPZA ER.....	31	ZEPOSIA STARTER KIT.....	105
XALKORI.....	58	XTANDI.....	50	ZERVIAE.....	203
XANAX.....	77	XTORO.....	233	ZESTORETIC.....	60
Xarah Fe.....	135	XTRENBO.....	123	ZETIA.....	64
XARELTO.....	171	Xulane.....	135	ZIAGEN.....	38
XARELTO STARTER PACK.....	171	XULTOPHY.....	114	ZIANA.....	222
XATMEP.....	47	XURIDEN.....	154	<i>zidovudine</i>	38
XCOPRI.....	91	XYNTHA.....	175	ZIEXTENZO.....	174
XCOPRI (250 MG DAILY DOSE).....	91	XYNTHA SOLOFUSE.....	175	ZILBRYSQ.....	101
XCOPRI (350 MG DAILY DOSE).....	91	XYOSTED.....	112	<i>zileuton er</i>	216
XDEMVI.....	205	XYREM.....	107	ZILXI.....	232
XELJANZ.....	192	XYWAV.....	107	<i>ziphex</i>	202
XELJANZ XR.....	192	XYZAL ALLERGY 24HR.....	212	<i>ziprasidone hcl</i>	86
XELPROS.....	208	YASMIN 28.....	135	<i>ziprasidone mesylate</i>	86
Xelria Fe.....	135	YAZ.....	135	ZIPSOR.....	25
XELSTRYM.....	96	YESAFILI.....	208	ZIRGAN.....	205
XEMBIFY.....	197	YESINTEK.....	193	ZITUVIMET.....	113
XENAZINE.....	101	YEZTUGO.....	38	ZITUVIMET XR.....	113
XENICAL.....	121	YIMMUGO.....	197	ZITUVIO.....	113
XEOMIN.....	96	YONSA.....	50	ZOKINVY.....	154
XERESE.....	41	YORVIPATH.....	124	<i>zoledronic acid</i>	122
XERMELO.....	164	YOSPRALA.....	177	ZOLINZA.....	60
XGEVA.....	123	YUFLYMA (1 PEN).....	194	<i>zolmitriptan</i>	100
XHANCE.....	217	YUFLYMA (2 SYRINGE).....	194	ZOLOFT.....	81
XIFAXAN.....	45	Yulithira.....	58	<i>zolpidem tartrate</i>	97
XIGDUO XR.....	119	YUPELRI.....	210	<i>zolpidem tartrate er</i>	97
XIIDRA.....	207	YUSIMRY.....	194	ZOLYMBUS.....	208
XOCOVA.....	41	YUTREPIA.....	75	ZOMACTON.....	149
XOFLUZA (40 MG DOSE).....	41	Yuvaferm.....	152	ZOMIG.....	100
XOFLUZA (80 MG DOSE).....	41	YUUIWEL.....	148	ZONALON.....	224
XOLAIR.....	192, 193	ZADITOR.....	203	ZONEGRAN.....	91
XOLREMDI.....	174	Zafemy.....	135	ZONISADE.....	91
XOPENEX HFA.....	214	<i>zafirlukast</i>	216	<i>zonisamide</i>	91
XOSPATA.....	58	<i>zaleplon</i>	97	ZONTIVITY.....	177
XPHOZAH.....	155	<i>zalvit</i>	202	ZORYVE.....	225, 226
XPOVIO (100 MG ONCE WEEKLY).....	59	ZARXIO.....	174	Zovia 1/35 (28).....	135
XPOVIO (40 MG ONCE WEEKLY).....	59	ZAVESCA.....	150	ZOVIRAX.....	231
XPOVIO (40 MG TWICE WEEKLY).....	59	ZAVZPRET.....	98	ZTALMY.....	91
XPOVIO (60 MG ONCE WEEKLY).....	59	ZEGERID OTC.....	166	ZUBSOLV.....	107
XPOVIO (60 MG TWICE WEEKLY).....	59	ZEJULA.....	59	Zumandimine.....	135
XPOVIO (80 MG ONCE WEEKLY).....	59	ZELAPAR.....	83	ZUNVEYL.....	77
		ZELBORAF.....	58	ZURNAI.....	108
		ZELSUVMI.....	231	ZURZUVAE.....	81
		ZEMAIRA.....	209	ZYBIC.....	25
		ZEMBRACE SYMTOUCH.....	100	ZYCLARA PUMP.....	222
		Zenatane.....	222	ZYCUBO.....	154
		ZENPEP.....	165	ZYDELIG.....	58
		Zenzedi.....	96	ZYKADIA.....	58
		ZEPBOUND.....	121	ZYLET.....	204

ZYMFENTRA (1 PEN).....	194
ZYMFENTRA (2 SYRINGE)..	194
ZYPITAMAG	66
ZYRTEC	213
ZYRTEC ALLERGY	212
ZYRTEC ALLERGY CHILDRENS.....	212
ZYRTEC CHILDRENS ALLERGY	212, 213
ZYRTEC-D ALLERGY & CONGESTION	215
ZYTIGA	50