

# Plan for your best health

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## Aetna Standard Plan

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

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 Previous versions are no longer in effect.

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

## 2026 Pharmacy Drug Guide

### Aetna Standard Plan

#### Table of Contents

|                                                                              |     |
|------------------------------------------------------------------------------|-----|
| INFORMATIONAL SECTION.....                                                   | 4   |
| ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....                       | 13  |
| ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....                             | 21  |
| ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....                           | 33  |
| CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....        | 42  |
| CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....        | 56  |
| ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES..... | 84  |
| GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....      | 156 |
| GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS.....     | 164 |
| HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....                            | 168 |
| IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM.....      | 175 |
| MEDICAL DEVICES.....                                                         | 186 |
| NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....                      | 186 |
| OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....                              | 195 |
| OTHER.....                                                                   | 201 |
| RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....                        | 201 |
| TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....                        | 210 |

# How to use this guide

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

## Your plan includes

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

## What you can expect to pay

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

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

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

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

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

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

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

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

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

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

## Have more questions about your pharmacy benefits?

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

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

## Specialty Pharmacy Network

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

## How to get started with a specialty pharmacy

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

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

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

## CVS Caremark Mail Service Pharmacy™

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

## Get started right away

You can submit your order using one of these options:

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

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

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

# Frequently asked questions

## How can I save on prescriptions?

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

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

## What are generic drugs?

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

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

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

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

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

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

## What is step therapy (ST)?

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

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

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

## What are quantity limits (QL)?

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

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

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

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

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

## How can your provider request a medical exception?

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

## Pharmacy and Therapeutics (P&T) committee

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

## Can the formulary change during the year?

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

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the generic drug will be covered in place of the brand-name drug. The brand-name drug is likely to become non-formulary or covered at a higher cost. See the “What are generic drugs?” section above for more information.

## Commercial 1557 Nondiscrimination Notice

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

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

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

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

**CRCordinator@aetna.com**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at **1-800-368-1019 (TTY: 711)**, **1-800-537-7697 (TDD) (TTY: 711)**.



TTY:711

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

|                      |                                                                                                                                                                 |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hawaiian             | No ka wala‘au ‘ana me ka lawelawe ‘ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei.                                         |
| Hindi                | बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।                                                                    |
| Hmong                | Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.                                                            |
| Igbo                 | Inweta enyemaka asụsụ na akwughi ugwo obula, kpoo nomba no na kaadi njirimara gi                                                                                |
| Ilocano              | Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.                                                   |
| Indonesian           | Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.                                                     |
| Italian              | Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.                                                   |
| Japanese             | 無料の言語サービスは、IDカードにある番号にお電話ください。                                                                                                                                  |
| Karen                | လၢတၢ်ကမၤန့ၢ်ကိၣ်တၢ်မၤစၢၤအတၢ်ဖဲတၢ်မၤတဖၣ်<br>လၢတအိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အီၤအဂီၢ်,ကိးဘၣ်လိတဝ်နီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၢ် (ID) အလိၤန့ၣ်တက့ၢ်.                          |
| Korean               | 무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.                                                                                                                   |
| Kru-Bassa            | I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla                                                      |
| Kurdish              | بۆ دەستگیر ئەگەریتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.                                                    |
| Lao                  | ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໃບຫາເປີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.                                                                                      |
| Marathi              | आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.                                                          |
| Marshallese          | Ñan bōk jipañ kōn kajin ilo an ejjelōk wōñean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo am.                                                               |
| Micronesian-Ponapean | Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.                                                                      |
| Mon-Khmer, Cambodian | ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។                                                |
| Navajo               | T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah nílíggo nanitinígíí bee néého'dólzínígíí béesh bee hane'í biká'ígíí áaji' hólne'.  |
| Nepali               | भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।                                                                         |
| Nilotic-Dinka        | Të koor yin ran de wëër de thokic ke cîn wëu kor keek tënɔŋ yin. Ke yin col ran ye koc kuony në namba de abac tɔ në ID kard duɔn de tīt de nyin de panakim kōu. |
| Norwegian            | For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.                                                                                    |
| Pennsylvanian-Dutch  | Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.                                                                                |

[illegible]

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

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

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

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

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

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

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

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

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

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

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

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

## Aetna Standard Plan

### Drug Tier

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

**G** = Generics

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

**NPB** = Non-Preferred Brands

**NPSP** = Non-Preferred Specialty

**PB** = Preferred Brands

**PSP** = Preferred Specialty

### Drug Notes

**N8** = Drug Specific Coverage

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

**lowercase italics** = Generic drugs

**UPPERCASE** = Brand name drugs

| Prescription Drug Name                                                   | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>                 |           |                                            |
| <b>COX-2 INHIBITORS</b>                                                  |           |                                            |
| CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG ( <i>celecoxib</i> ) | NF        |                                            |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i>                     | G         |                                            |
| <i>celecoxib oral capsule 50 mg</i>                                      | G         | N8 (Listing does not include certain NDCs) |
| ELYXYB ORAL SOLUTION 120 MG/4.8ML ( <i>celecoxib (migraine)</i> )        | NF        |                                            |
| <b>GOUT</b>                                                              |           |                                            |
| <i>allopurinol oral tablet 100 mg, 300 mg</i>                            | G         | N8 (Listing does not include certain NDCs) |
| <i>colchicine oral capsule 0.6 mg</i>                                    | G         |                                            |
| <i>colchicine oral tablet 0.6 mg</i>                                     | G         |                                            |
| <i>colchicine-probenecid oral tablet 0.5-500 mg</i>                      | G         |                                            |
| <i>febuxostat oral tablet 40 mg, 80 mg</i>                               | G         |                                            |
| GLOPERBA ORAL SOLUTION 0.6 MG/5ML ( <i>colchicine</i> )                  | NF        |                                            |
| KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML ( <i>pegloticase</i> )            | NPSP      |                                            |
| MITIGARE ORAL CAPSULE 0.6 MG ( <i>colchicine</i> )                       | NF        |                                            |
| <i>probenecid oral tablet 500 mg</i>                                     | G         |                                            |
| ULORIC ORAL TABLET 40 MG, 80 MG ( <i>febuxostat</i> )                    | NF        |                                            |

| Prescription Drug Name                                                                          | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>MISCELLANEOUS</b>                                                                            |           |                                            |
| PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML ( <i>ziconotide acetate</i> ) | NPSP      |                                            |
| <b>NON-OPIOID ANALGESICS</b>                                                                    |           |                                            |
| ALLZITAL ORAL TABLET 25-325 MG ( <i>butalbital-acetaminophen</i> )                              | NF        |                                            |
| <i>butalbital-apap-caffeine</i> (Bac (Butalbital-Acetamin-Caff) Oral Tablet 50-325-40 Mg)       | G         |                                            |
| <i>butalbital-acetaminophen oral capsule 50-300 mg</i>                                          | NF        |                                            |
| <i>butalbital-acetaminophen oral tablet 50-300 mg</i>                                           | NF        |                                            |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i>                                           | G         |                                            |
| <i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>                         | NF        |                                            |
| <i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>                                        | G         | N8 (Listing does not include certain NDCs) |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>                                    | G         | N8 (Listing does not include certain NDCs) |
| FIORICET ORAL CAPSULE 50-300-40 MG ( <i>butalbital-apap-caffeine</i> )                          | NF        |                                            |
| TENCON ORAL TABLET 50-325 MG ( <i>butalbital-acetaminophen</i> )                                | G         |                                            |
| <b>NSAIDS</b>                                                                                   |           |                                            |
| CAMBIA ORAL PACKET 50 MG ( <i>diclofenac potassium(migraine)</i> )                              | NF        |                                            |
| COXANTO ORAL CAPSULE 300 MG ( <i>oxaprozin</i> )                                                | NF        |                                            |
| <i>diclofenac epolamine external patch 1.3 %</i>                                                | G         |                                            |
| <i>diclofenac potassium oral capsule 25 mg</i>                                                  | NF        |                                            |
| <i>diclofenac potassium oral tablet 25 mg</i>                                                   | NF        |                                            |
| <i>diclofenac potassium oral tablet 50 mg</i>                                                   | G         |                                            |
| <i>diclofenac potassium(migraine) oral packet 50 mg</i>                                         | NF        |                                            |
| <i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>                         | G         |                                            |
| <i>diclofenac sodium external solution 1.5 %</i>                                                | G         |                                            |
| <i>diclofenac sodium external solution 2 %</i>                                                  | NF        |                                            |
| <i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>                        | G         |                                            |
| <i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>                  | G         |                                            |
| <i>etodolac oral capsule 300 mg</i>                                                             | G         |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                          | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>etodolac oral tablet 400 mg, 500 mg</i>                                                      | G         |                                            |
| <i>fenoprofen calcium oral capsule 400 mg</i>                                                   | NF        |                                            |
| <i>flurbiprofen oral tablet 100 mg, 50 mg</i>                                                   | G         |                                            |
| <i>ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)</i>                                       | G         |                                            |
| <i>ibuprofen oral suspension 100 mg/5ml</i>                                                     | G         |                                            |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>                                             | G         | N8 (Listing does not include certain NDCs) |
| INDOCIN ORAL SUSPENSION 25 MG/5ML ( <i>indomethacin</i> )                                       | NF        |                                            |
| <i>indomethacin (Indocin Rectal Suppository 50 Mg)</i>                                          | NF        |                                            |
| <i>indomethacin er oral capsule extended release 75 mg</i>                                      | G         |                                            |
| <i>indomethacin oral capsule 25 mg, 50 mg</i>                                                   | G         |                                            |
| <i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>                               | NF        |                                            |
| <i>ketoprofen oral capsule 25 mg</i>                                                            | NF        |                                            |
| <i>ketorolac tromethamine oral tablet 10 mg</i>                                                 | G         | N8 (Listing does not include certain NDCs) |
| LICART EXTERNAL PATCH 24 HOUR 1.3 % ( <i>diclofenac epolamine</i> )                             | NF        |                                            |
| LODINE ORAL TABLET 400 MG ( <i>etodolac</i> )                                                   | NF        |                                            |
| <i>diclofenac potassium (Lofena Oral Tablet 25 Mg)</i>                                          | NF        |                                            |
| <i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>                                          | G         |                                            |
| <i>mefenamic acid oral capsule 250 mg</i>                                                       | NF        |                                            |
| <i>meloxicam oral capsule 10 mg, 5 mg</i>                                                       | NF        |                                            |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i>                                                      | G         |                                            |
| <i>nabumetone oral tablet 500 mg, 750 mg</i>                                                    | G         | N8 (Listing does not include certain NDCs) |
| NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG ( <i>naproxen sodium</i> ) | NF        |                                            |
| <i>naproxen oral suspension 125 mg/5ml</i>                                                      | NF        |                                            |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>                                              | G         |                                            |
| <i>naproxen oral tablet delayed release 375 mg, 500 mg</i>                                      | G         |                                            |
| <i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>           | NF        |                                            |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i>                                               | G         |                                            |
| <i>oxaprozin oral tablet 600 mg</i>                                                             | G         |                                            |
| PENNSAID EXTERNAL SOLUTION 2 % ( <i>diclofenac sodium</i> )                                     | NF        |                                            |
| <i>piroxicam oral capsule 10 mg, 20 mg</i>                                                      | G         |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                      | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------|-----------|------------|
| SPRIX NASAL SOLUTION 15.75 MG/SPRAY ( <i>ketorolac tromethamine</i> )                                       | NF        |            |
| <i>sulindac oral tablet 150 mg, 200 mg</i>                                                                  | G         |            |
| VOLTAREN EXTERNAL GEL 1 % ( <i>diclofenac sodium</i> )                                                      | NPB       |            |
| ZIPSOR ORAL CAPSULE 25 MG ( <i>diclofenac potassium</i> )                                                   | NPB       |            |
| <b>NSAIDS, COMBINATIONS</b>                                                                                 |           |            |
| 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>                              | G         |            |
| <i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>                                                         | G         |            |
| <i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>                            | NF        |            |
| PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-% ( <i>diclofenac-omeprazole-capsicum</i> ) | NF        |            |
| VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG ( <i>naproxen-esomeprazole</i> )                               | NPB       |            |
| <b>OPIOID ANALGESICS</b>                                                                                    |           |            |
| <i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>                                  | G         |            |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>                                    | G         |            |
| <i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>                                                 | G         |            |
| <i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)                            | G         |            |
| <i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>                               | G         |            |
| <i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>                                             | G         |            |
| <i>butorphanol tartrate nasal solution 10 mg/ml</i>                                                         | G         |            |
| <i>codeine sulfate oral tablet 60 mg</i>                                                                    | NPB       |            |
| CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG ( <i>tramadol hcl</i> )                 | NPB       |            |
| DILAUDID INJECTION SOLUTION 2 MG/ML ( <i>hydromorphone hcl</i> )                                            | NF        |            |
| DILAUDID ORAL LIQUID 1 MG/ML ( <i>hydromorphone hcl</i> )                                                   | NPB       |            |



| Prescription Drug Name                                                                                                           | Drug Tier | Drug Notes                                 |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG<br>(hydromorphone hcl)                                                                     | NPB       |                                            |
| DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG<br>(sufentanil citrate)                                                               | NPB       |                                            |
| oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)                                        | G         |                                            |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr | G         |                                            |
| hydrocodone-acetaminophen oral solution 5-217 mg/10ml                                                                            | G         |                                            |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg                           | G         |                                            |
| hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg                                                                | G         |                                            |
| hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg                                              | G         |                                            |
| hydromorphone hcl oral liquid 1 mg/ml                                                                                            | G         |                                            |
| hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg                                                                                   | G         |                                            |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG<br>(hydrocodone bitartrate)         | NF        |                                            |
| levorphanol tartrate oral tablet 2 mg, 3 mg                                                                                      | NF        |                                            |
| meperidine hcl oral solution 50 mg/5ml                                                                                           | G         |                                            |
| meperidine hcl oral tablet 50 mg                                                                                                 | G         |                                            |
| methadone hcl injection solution 10 mg/ml                                                                                        | NPB       | N8 (Listing does not include certain NDCs) |
| methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)                                                                 | G         |                                            |
| methadone hcl oral concentrate 10 mg/ml                                                                                          | G         |                                            |
| methadone hcl oral solution 10 mg/5ml, 5 mg/5ml                                                                                  | G         |                                            |
| methadone hcl oral tablet 10 mg, 5 mg                                                                                            | G         |                                            |
| methadone hcl oral tablet soluble 40 mg                                                                                          | G         |                                            |
| methadone hcl-sodium chloride intravenous solution prefilled syringe 1-0.9 mg/ml-%                                               | NPB       |                                            |
| METHADOSE ORAL CONCENTRATE 10 MG/ML (methadone hcl)                                                                              | NPB       |                                            |
| methadone hcl (Methadose Oral Tablet Soluble 40 Mg)                                                                              | G         |                                            |
| METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (methadone hcl)                                                                   | NPB       |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                                    | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>                                                              | G         |            |
| <i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>          | G         |            |
| <i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>         | G         |            |
| <i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>                               | G         |            |
| <i>morphine sulfate oral solution 10 mg/5ml</i>                                                                           | G         |            |
| <i>morphine sulfate oral tablet 15 mg, 30 mg</i>                                                                          | G         |            |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG ( <i>morphine sulfate</i> )                                    | NPB       |            |
| <i>nalocet oral tablet 2.5-300 mg</i>                                                                                     | NF        |            |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG ( <i>tapentadol hcl</i> )           | NF        |            |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG ( <i>tapentadol hcl</i> )                                                        | NF        |            |
| <i>oxycodone hcl oral capsule 5 mg</i>                                                                                    | G         |            |
| <i>oxycodone hcl oral concentrate 100 mg/5ml</i>                                                                          | G         |            |
| <i>oxycodone hcl oral solution 5 mg/5ml</i>                                                                               | G         |            |
| <i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>                                                         | G         |            |
| <i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>                                                                    | G         |            |
| <i>oxycodone-acetaminophen oral solution 10-300 mg/5ml, 5-325 mg/5ml</i>                                                  | NF        |            |
| <i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>                                    | NF        |            |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>                                    | G         |            |
| OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG ( <i>oxycodone hcl</i> ) | NF        |            |
| <i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>            | NF        |            |
| <i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>                                                                            | G         |            |
| PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG ( <i>oxycodone-acetaminophen</i> )                       | NF        |            |
| PROLATE ORAL SOLUTION 10-300 MG/5ML ( <i>oxycodone-acetaminophen</i> )                                                    | NF        |            |

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

2026 Pharmacy Drug Guide - Aetna Standard Plan

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01/01/2026

| Prescription Drug Name                                                                        | Drug Tier | Drug Notes                                 |
|-----------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>aspirin oral tablet chewable 81 mg</i>                                                     | CE        |                                            |
| <i>aspirin oral tablet delayed release 81 mg</i>                                              | CE        |                                            |
| <i>aspirin regimen oral tablet delayed release 81 mg</i>                                      | CE        |                                            |
| BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )                | CE        |                                            |
| BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG ( <i>aspirin</i> )                                  | CE        |                                            |
| BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )                           | CE        |                                            |
| <i>childrens aspirin oral tablet chewable 81 mg</i>                                           | CE        |                                            |
| <i>cvs aspirin low dose oral tablet delayed release 81 mg</i>                                 | CE        |                                            |
| <i>cvs aspirin low strength oral tablet delayed release 81 mg</i>                             | CE        |                                            |
| <i>diflunisal oral tablet 500 mg</i>                                                          | G         | N8 (Listing does not include certain NDCs) |
| ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )                     | CE        |                                            |
| <i>eq aspirin low dose oral tablet chewable 81 mg</i>                                         | CE        |                                            |
| <i>eql aspirin low dose oral tablet chewable 81 mg</i>                                        | CE        |                                            |
| <i>ft aspirin low dose oral tablet delayed release 81 mg</i>                                  | CE        |                                            |
| <i>ft aspirin oral tablet chewable 81 mg</i>                                                  | CE        |                                            |
| <i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>                              | CE        |                                            |
| <i>gnp aspirin oral tablet delayed release 81 mg</i>                                          | CE        |                                            |
| <i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>                           | CE        |                                            |
| <i>h-e-b aspirin oral tablet delayed release 81 mg</i>                                        | CE        |                                            |
| <i>kls aspirin low dose oral tablet delayed release 81 mg</i>                                 | CE        |                                            |
| <i>kp aspirin oral tablet delayed release 81 mg</i>                                           | CE        |                                            |
| <i>mm aspirin oral tablet delayed release 81 mg</i>                                           | CE        |                                            |
| <i>qc aspirin low dose oral tablet chewable 81 mg</i>                                         | CE        |                                            |
| <i>qc childrens aspirin oral tablet chewable 81 mg</i>                                        | CE        |                                            |
| <i>sb childrens aspirin oral tablet chewable 81 mg</i>                                        | CE        |                                            |
| ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG ( <i>aspirin</i> )                              | CE        |                                            |
| ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG ( <i>aspirin</i> )                       | CE        |                                            |
| <b>VISCOSUPPLEMENTS</b>                                                                       |           |                                            |
| DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML ( <i>sodium hyaluronate (viscosup)</i> ) | PSP       |                                            |

| Prescription Drug Name                                                                                      | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------|-----------|------------|
| EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )      | PSP       |            |
| GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML ( <i>cross-link hyal acid (visc)</i> )                  | NF        |            |
| GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )    | PSP       |            |
| GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> ) | NF        |            |
| HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )                         | NF        |            |
| HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )       | NF        |            |
| HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML ( <i>hyaluronan</i> )                          | NF        |            |
| MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML ( <i>hyaluronan</i> )                         | NF        |            |
| ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML ( <i>hyaluronan</i> )                        | PSP       |            |
| SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML ( <i>sodium hyaluronate (viscosup)</i> )  | NF        |            |
| SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML ( <i>sodium hyaluronate (viscosup)</i> )     | NF        |            |
| SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML ( <i>hylan g-f 20</i> )                        | NF        |            |
| SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML ( <i>hylan g-f 20</i> )                    | NF        |            |
| 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        |            |
| <b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>                                                          |           |            |
| <b>ANTHELMINTICS - DRUGS FOR WORM INFECTION</b>                                                             |           |            |
| <i>albendazole oral tablet 200 mg</i>                                                                       | G         |            |
| <i>benznidazole oral tablet 100 mg, 12.5 mg</i>                                                             | NPB       |            |
| EMVERM ORAL TABLET CHEWABLE 100 MG ( <i>mebendazole</i> )                                                   | PB        |            |
| <i>ivermectin oral tablet 3 mg</i>                                                                          | G         |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                     | Drug Tier | Drug Notes                                 |
|----------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>praziquantel oral tablet 600 mg</i>                                     | G         |                                            |
| <b>ANTI-BACTERIALS - MISCELLANEOUS</b>                                     |           |                                            |
| ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML<br>(amikacin sulfate liposome) | NPSP      |                                            |
| HUMATIN ORAL CAPSULE 250 MG ( <i>paromomycin sulfate</i> )                 | NF        |                                            |
| <i>neomycin sulfate oral tablet 500 mg</i>                                 | G         | N8 (Listing does not include certain NDCs) |
| <i>sulfadiazine oral tablet 500 mg</i>                                     | NPB       |                                            |
| <i>tinidazole oral tablet 250 mg, 500 mg</i>                               | G         |                                            |
| <b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>                      |           |                                            |
| BREXAFEMME ORAL TABLET 150 MG ( <i>ibrexafungerp citrate</i> )             | NPB       |                                            |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG<br>(isavuconazonium sulfate)         | NF        |                                            |
| <i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>        | G         |                                            |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>               | G         |                                            |
| <i>flucytosine oral capsule 250 mg</i>                                     | G         |                                            |
| <i>flucytosine oral capsule 500 mg</i>                                     | NF        |                                            |
| <i>griseofulvin microsize oral suspension 125 mg/5ml</i>                   | G         |                                            |
| <i>griseofulvin microsize oral tablet 500 mg</i>                           | G         |                                            |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>              | G         |                                            |
| <i>itraconazole oral capsule 100 mg</i>                                    | G         |                                            |
| <i>itraconazole oral solution 10 mg/ml</i>                                 | G         |                                            |
| <i>ketoconazole oral tablet 200 mg</i>                                     | G         |                                            |
| NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML<br>(posaconazole)               | NF        |                                            |
| NOXAFIL ORAL PACKET 300 MG ( <i>posaconazole</i> )                         | NF        |                                            |
| NOXAFIL ORAL SUSPENSION 40 MG/ML ( <i>posaconazole</i> )                   | NF        |                                            |
| <i>nystatin oral tablet 500000 unit</i>                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>posaconazole oral suspension 40 mg/ml</i>                               | G         |                                            |
| <i>posaconazole oral tablet delayed release 100 mg</i>                     | NF        |                                            |
| <i>terbinafine hcl oral tablet 250 mg</i>                                  | G         |                                            |
| <i>tolsura oral capsule 65 mg</i>                                          | NF        |                                            |
| VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML<br>(voriconazole)             | NPB       |                                            |



| Prescription Drug Name                                                    | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------|-----------|------------|
| VIVJOA ORAL CAPSULE THERAPY PACK 150 MG<br>(oteseconazole)                | NPSP      |            |
| voriconazole oral suspension reconstituted 40 mg/ml                       | G         |            |
| voriconazole oral tablet 200 mg, 50 mg                                    | G         |            |
| <b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>                             |           |            |
| ARAKODA ORAL TABLET 100 MG (tafenoquine succinate)                        | NF        |            |
| atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg               | G         |            |
| chloroquine phosphate oral tablet 250 mg, 500 mg                          | G         |            |
| COARTEM ORAL TABLET 20-120 MG (artemether-lumefantrine)                   | NPB       |            |
| hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg             | NF        |            |
| KRINTAFEL ORAL TABLET 150 MG (tafenoquine succinate)                      | NF        |            |
| MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG<br>(atovaquone-proguanil hcl) | NPB       |            |
| mefloquine hcl oral tablet 250 mg                                         | G         |            |
| primaquine phosphate oral tablet 26.3 (15 base) mg                        | NPB       |            |
| quinine sulfate oral capsule 324 mg                                       | G         |            |
| SOVUNA ORAL TABLET 300 MG (hydroxychloroquine sulfate)                    | NF        |            |
| <b>ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>       |           |            |
| abacavir sulfate oral solution 20 mg/ml                                   | G         |            |
| abacavir sulfate oral tablet 300 mg                                       | G         |            |
| APTIVUS ORAL CAPSULE 250 MG (tipranavir)                                  | NF        |            |
| atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg                    | G         |            |
| EDURANT ORAL TABLET 25 MG (rilpivirine hcl)                               | NF        |            |
| efavirenz oral tablet 600 mg                                              | G         |            |
| EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)                               | NPSP      |            |
| EMTRIVA ORAL SOLUTION 10 MG/ML (emtricitabine)                            | NPSP      |            |
| fosamprenavir calcium oral tablet 700 mg                                  | G         |            |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (enfuvirtide)            | NPSP      |            |
| INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG<br>(etravirine)               | NF        |            |
| ISENTRESS HD ORAL TABLET 600 MG (raltegravir potassium)                   | PSP       |            |
| ISENTRESS ORAL PACKET 100 MG (raltegravir potassium)                      | PSP       |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                     | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------|-----------|------------|
| ISENTRESS ORAL TABLET 400 MG ( <i>raltegravir potassium</i> )                              | PSP       |            |
| ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG ( <i>raltegravir potassium</i> )              | PSP       |            |
| <i>lamivudine oral solution 10 mg/ml</i>                                                   | G         |            |
| <i>lamivudine oral tablet 150 mg, 300 mg</i>                                               | G         |            |
| <i>nevirapine er oral tablet extended release 24 hour 400 mg</i>                           | G         |            |
| <i>nevirapine oral suspension 50 mg/5ml</i>                                                | G         |            |
| <i>nevirapine oral tablet 200 mg</i>                                                       | G         |            |
| NORVIR ORAL PACKET 100 MG ( <i>ritonavir</i> )                                             | NF        |            |
| NORVIR ORAL TABLET 100 MG ( <i>ritonavir</i> )                                             | NF        |            |
| PIFELTRO ORAL TABLET 100 MG ( <i>doravirine</i> )                                          | NF        |            |
| PREZISTA ORAL SUSPENSION 100 MG/ML ( <i>darunavir</i> )                                    | NF        |            |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG ( <i>darunavir</i> )                    | NF        |            |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG ( <i>atazanavir sulfate</i> )                          | NF        |            |
| REYATAZ ORAL PACKET 50 MG ( <i>atazanavir sulfate</i> )                                    | NF        |            |
| <i>ritonavir oral tablet 100 mg</i>                                                        | G         |            |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG ( <i>fostemsavir tromethamine</i> )    | NPSP      |            |
| SELZENTRY ORAL SOLUTION 20 MG/ML ( <i>maraviroc</i> )                                      | NF        |            |
| SELZENTRY ORAL TABLET 150 MG, 300 MG ( <i>maraviroc</i> )                                  | NF        |            |
| SUNLENCA ORAL TABLET 300 MG ( <i>lenacapavir sodium</i> )                                  | NF        |            |
| SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG ( <i>lenacapavir sodium</i> )     | NF        |            |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i>                                    | G         |            |
| TIVICAY ORAL TABLET 50 MG ( <i>dolutegravir sodium</i> )                                   | PSP       |            |
| TIVICAY PD ORAL TABLET SOLUBLE 5 MG ( <i>dolutegravir sodium</i> )                         | PSP       |            |
| TYBOST ORAL TABLET 150 MG ( <i>cobicistat</i> )                                            | NPSP      |            |
| VIRACEPT ORAL TABLET 250 MG, 625 MG ( <i>nelfinavir mesylate</i> )                         | NF        |            |
| VIREAD ORAL POWDER 40 MG/GM ( <i>tenofovir disoproxil fumarate</i> )                       | NPSP      |            |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG ( <i>tenofovir disoproxil fumarate</i> ) | NPSP      |            |
| YEZTUGO ORAL TABLET 300 MG ( <i>lenacapavir sodium</i> )                                   | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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



| Prescription Drug Name                                                                      | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------|-----------|------------|
| <i>zidovudine oral capsule 100 mg</i>                                                       | G         |            |
| <i>zidovudine oral syrup 50 mg/5ml</i>                                                      | G         |            |
| <i>zidovudine oral tablet 300 mg</i>                                                        | G         |            |
| <b>ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION</b>             |           |            |
| <i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>                                   | G         |            |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG ( <i>bictegravir-emtricitab-tenofovir</i> ) | PSP       |            |
| CIMDUO ORAL TABLET 300-300 MG ( <i>lamivudine-tenofovir</i> )                               | PSP       |            |
| COMPLERA ORAL TABLET 200-25-300 MG ( <i>emtricitab-rilpivir-tenofovir</i> )                 | NF        |            |
| DELSTRIGO ORAL TABLET 100-300-300 MG ( <i>doravirin-lamivudin-tenofovir df</i> )            | NF        |            |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG ( <i>emtricitabine-tenofovir af</i> )              | PSP       |            |
| DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir-lamivudine</i> )                             | PSP       |            |
| <i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>                                    | CE        |            |
| EVOTAZ ORAL TABLET 300-150 MG ( <i>atazanavir-cobicistat</i> )                              | NPSP      |            |
| GENVOYA ORAL TABLET 150-150-200-10 MG ( <i>elviteg-cobic-emtricit-tenofaf</i> )             | PSP       |            |
| JULUCA ORAL TABLET 50-25 MG ( <i>dolutegravir-rilpivirine</i> )                             | NPSP      |            |
| KALETRA ORAL SOLUTION 400-100 MG/5ML ( <i>lopinavir-ritonavir</i> )                         | NPSP      |            |
| KALETRA ORAL TABLET 100-25 MG, 200-50 MG ( <i>lopinavir-ritonavir</i> )                     | NF        |            |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i>                                         | G         |            |
| ODEFSEY ORAL TABLET 200-25-25 MG ( <i>emtricitab-rilpivir-tenofovir af</i> )                | PSP       |            |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG ( <i>darunavir-cobicistat</i> )                | NPSP      |            |
| STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elviteg-cobic-emtricit-tenofdf</i> )           | NF        |            |
| SYMFI ORAL TABLET 600-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )                  | NPSP      |            |
| SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darun-cobic-emtricit-tenofaf</i> )               | PSP       |            |
| TRIUMEQ ORAL TABLET 600-50-300 MG ( <i>abacavir-dolutegravir-lamivud</i> )                  | PSP       |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                         | Drug Tier | Drug Notes                                 |
|----------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>trumeq pd oral tablet soluble 60-5-30 mg</i>                                                                | PSP       |                                            |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG ( <i>emtricitabine-tenofovir df</i> )       | NF        |                                            |
| <b>ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS</b>                                                     |           |                                            |
| <i>cycloserine oral capsule 250 mg</i>                                                                         | G         |                                            |
| <i>ethambutol hcl oral tablet 100 mg, 400 mg</i>                                                               | G         |                                            |
| <i>isoniazid oral syrup 50 mg/5ml</i>                                                                          | G         |                                            |
| <i>isoniazid oral tablet 100 mg</i>                                                                            | G         |                                            |
| <i>isoniazid oral tablet 300 mg</i>                                                                            | G         | N8 (Listing does not include certain NDCs) |
| <i>pretomanid oral tablet 200 mg</i>                                                                           | NPB       |                                            |
| PRIFTIN ORAL TABLET 150 MG ( <i>rifapentine</i> )                                                              | NPB       |                                            |
| <i>pyrazinamide oral tablet 500 mg</i>                                                                         | G         |                                            |
| <i>rifabutin oral capsule 150 mg</i>                                                                           | G         |                                            |
| <i>rifampin oral capsule 150 mg, 300 mg</i>                                                                    | G         | N8 (Listing does not include certain NDCs) |
| RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML ( <i>rifampin</i> )                                              | NF        |                                            |
| SIRTURO ORAL TABLET 20 MG ( <i>bedaquiline fumarate</i> )                                                      | NPB       |                                            |
| <b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>                                                            |           |                                            |
| <i>acyclovir oral capsule 200 mg</i>                                                                           | G         |                                            |
| <i>acyclovir oral suspension 200 mg/5ml</i>                                                                    | G         |                                            |
| <i>acyclovir oral tablet 400 mg, 800 mg</i>                                                                    | G         |                                            |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>                                                          | G         |                                            |
| LIVTENCITY ORAL TABLET 200 MG ( <i>maribavir</i> )                                                             | NPSP      |                                            |
| <i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>                                                  | G         |                                            |
| <i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>                                             | G         |                                            |
| PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ( <i>nirmatrelvir-ritonavir</i> )         | PB        |                                            |
| PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG ( <i>nirmatrelvir-ritonavir</i> ) | PB        |                                            |
| PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ( <i>nirmatrelvir-ritonavir</i> )         | PB        |                                            |
| PREVYMIS ORAL PACKET 120 MG, 20 MG ( <i>letermovir</i> )                                                       | NPB       |                                            |
| PREVYMIS ORAL TABLET 240 MG, 480 MG ( <i>letermovir</i> )                                                      | NPB       |                                            |

| Prescription Drug Name                                                                        | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------|-----------|------------|
| RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML<br>( <i>peramivir</i> )                              | NPB       |            |
| RELENZA DISKHALER INHALATION AEROSOL POWDER<br>BREATH ACTIVATED 5 MG/ACT ( <i>zanamivir</i> ) | PB        |            |
| <i>rimantadine hcl oral tablet 100 mg</i>                                                     | G         |            |
| SITAVIG BUCCAL TABLET 50 MG ( <i>acyclovir</i> )                                              | NPB       |            |
| TEMBEXA ORAL SUSPENSION 10 MG/ML ( <i>brincidofovir</i> )                                     | NPB       |            |
| TEMBEXA ORAL TABLET 100 MG ( <i>brincidofovir</i> )                                           | NPB       |            |
| TPOXX ORAL CAPSULE 200 MG ( <i>tecovirimat</i> )                                              | NPB       |            |
| <i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>                                              | G         |            |
| VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML<br>( <i>valganciclovir hcl</i> )                 | NF        |            |
| VALCYTE ORAL TABLET 450 MG ( <i>valganciclovir hcl</i> )                                      | NF        |            |
| <i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>                                | G         |            |
| <i>valganciclovir hcl oral tablet 450 mg</i>                                                  | G         |            |
| VALTREX ORAL TABLET 1 GM, 500 MG ( <i>valacyclovir hcl</i> )                                  | NF        |            |
| XERESE EXTERNAL CREAM 5-1 % ( <i>acyclovir-<br/>hydrocortisone</i> )                          | NF        |            |
| XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK<br>1 X 40 MG ( <i>baloxavir marboxil</i> )      | NF        |            |
| XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK<br>1 X 80 MG ( <i>baloxavir marboxil</i> )      | NF        |            |
| <b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</b>                                             |           |            |
| <i>cefaclor er oral tablet extended release 12 hour 500 mg</i>                                | NPB       |            |
| <i>cefaclor oral capsule 250 mg, 500 mg</i>                                                   | G         |            |
| <i>cefadroxil oral capsule 500 mg</i>                                                         | G         |            |
| <i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>                        | G         |            |
| <i>cefadroxil oral tablet 1 gm</i>                                                            | G         |            |
| <i>cefdinir oral capsule 300 mg</i>                                                           | G         |            |
| <i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                          | G         |            |
| <i>cefixime oral capsule 400 mg</i>                                                           | G         |            |
| <i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>                          | G         |            |
| <i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml,<br/>50 mg/5ml</i>           | G         |            |
| <i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>                                        | G         |            |
| <i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                         | G         |            |
| <i>cefprozil oral tablet 250 mg, 500 mg</i>                                                   | G         |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                          | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>                                             | G         |                                            |
| <i>cephalexin oral capsule 250 mg, 500 mg</i>                                                   | G         | N8 (Listing does not include certain NDCs) |
| <i>cephalexin oral capsule 750 mg</i>                                                           | G         |                                            |
| <i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                          | G         |                                            |
| <i>cephalexin oral tablet 250 mg, 500 mg</i>                                                    | G         |                                            |
| <b>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</b>                                     |           |                                            |
| <i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>                        | G         | N8 (Listing does not include certain NDCs) |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>                                          | G         |                                            |
| <i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>                            | G         |                                            |
| <i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                      | G         |                                            |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i>                                                | G         |                                            |
| DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML ( <i>fidaxomicin</i> )                           | PB        |                                            |
| DIFICID ORAL TABLET 200 MG ( <i>fidaxomicin</i> )                                               | PB        |                                            |
| E.E.S. 400 ORAL TABLET 400 MG ( <i>erythromycin ethylsuccinate</i> )                            | G         |                                            |
| E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ( <i>erythromycin ethylsuccinate</i> ) | NF        |                                            |
| ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML ( <i>erythromycin ethylsuccinate</i> )      | NF        |                                            |
| <i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)           | G         |                                            |
| <i>erythromycin base oral capsule delayed release particles 250 mg</i>                          | G         |                                            |
| <i>erythromycin base oral tablet 250 mg, 500 mg</i>                                             | G         |                                            |
| <i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>         | G         |                                            |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i>                                           | G         |                                            |
| <i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>                          | G         |                                            |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML ( <i>azithromycin</i> )          | NPB       |                                            |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG ( <i>azithromycin</i> )                                    | NPB       |                                            |
| ZITHROMAX TRI-PAK ORAL TABLET 500 MG ( <i>azithromycin</i> )                                    | NPB       |                                            |
| ZITHROMAX Z-PAK ORAL TABLET 250 MG ( <i>azithromycin</i> )                                      | NPB       |                                            |

| Prescription Drug Name                                                                         | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------|-----------|------------|
| <b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</b>                                            |           |            |
| BAXDELA ORAL TABLET 450 MG ( <i>delafloxacin meglumine</i> )                                   | NPB       |            |
| CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ( <i>ciprofloxacin</i> )                   | NPB       |            |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>                                    | G         |            |
| <i>levofloxacin oral solution 25 mg/ml</i>                                                     | G         |            |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>                                         | G         |            |
| <i>moxifloxacin hcl oral tablet 400 mg</i>                                                     | G         |            |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i>                                                    | G         |            |
| <b>HEPATITIS B</b>                                                                             |           |            |
| <i>adefovir dipivoxil oral tablet 10 mg</i>                                                    | G         |            |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML ( <i>entecavir</i> )                                        | NPSP      |            |
| BARACLUDE ORAL TABLET 0.5 MG, 1 MG ( <i>entecavir</i> )                                        | NF        |            |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i>                                                      | G         |            |
| <i>lamivudine oral tablet 100 mg</i>                                                           | G         |            |
| VEMLIDY ORAL TABLET 25 MG ( <i>tenofovir alafenamide fumarate</i> )                            | NF        |            |
| <b>HEPATITIS C</b>                                                                             |           |            |
| EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )                   | PSP       |            |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG ( <i>sofosbuvir-velpatasvir</i> )                    | PSP       |            |
| HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )                   | PSP       |            |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG ( <i>ledipasvir-sofosbuvir</i> )                      | PSP       |            |
| <i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>                                             | NF        |            |
| MAVYRET ORAL PACKET 50-20 MG ( <i>glecaprevir-pibrentasvir</i> )                               | NF        |            |
| MAVYRET ORAL TABLET 100-40 MG ( <i>glecaprevir-pibrentasvir</i> )                              | NF        |            |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML ( <i>peginterferon alfa-2a</i> )                      | NF        |            |
| PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML ( <i>peginterferon alfa-2a</i> ) | NF        |            |
| <i>ribavirin oral capsule 200 mg</i>                                                           | G         |            |
| <i>ribavirin oral tablet 200 mg</i>                                                            | G         |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                       | Drug Tier | Drug Notes                                 |
|----------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>                                         | NF        |                                            |
| SOVALDI ORAL PACKET 150 MG, 200 MG ( <i>sofosbuvir</i> )                                     | NPSP      |                                            |
| SOVALDI ORAL TABLET 200 MG, 400 MG ( <i>sofosbuvir</i> )                                     | NPSP      |                                            |
| VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuv-velpatasv-voxilaprev</i> )                   | PSP       |                                            |
| ZEPATIER ORAL TABLET 50-100 MG ( <i>elbasvir-grazoprevir</i> )                               | NF        |                                            |
| <b>MISCELLANEOUS</b>                                                                         |           |                                            |
| <i>atovaquone oral suspension 750 mg/5ml</i>                                                 | G         |                                            |
| BACTRIM DS ORAL TABLET 800-160 MG ( <i>sulfamethoxazole-trimethoprim</i> )                   | NPB       |                                            |
| BACTRIM ORAL TABLET 400-80 MG ( <i>sulfamethoxazole-trimethoprim</i> )                       | NPB       |                                            |
| CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG ( <i>clindamycin hcl</i> )                        | NPB       |                                            |
| CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML ( <i>clindamycin palmitate hcl</i> )           | NPB       |                                            |
| <i>clindamycin hcl oral capsule 150 mg, 75 mg</i>                                            | G         | N8 (Listing does not include certain NDCs) |
| <i>clindamycin hcl oral capsule 300 mg</i>                                                   | G         |                                            |
| <i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>                       | G         |                                            |
| <i>dapsone oral tablet 100 mg, 25 mg</i>                                                     | G         |                                            |
| DARAPRIM ORAL TABLET 25 MG ( <i>pyrimethamine</i> )                                          | NF        |                                            |
| FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML ( <i>metronidazole benzoate</i> ) | NF        |                                            |
| FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML ( <i>vancomycin hcl</i> )             | NF        |                                            |
| LAMPIT ORAL TABLET 120 MG, 30 MG ( <i>nifurtimox</i> )                                       | NPB       |                                            |
| LIKMEZ ORAL SUSPENSION 500 MG/5ML ( <i>metronidazole</i> )                                   | NF        |                                            |
| <i>linezolid oral suspension reconstituted 100 mg/5ml</i>                                    | G         |                                            |
| <i>linezolid oral tablet 600 mg</i>                                                          | G         | N8 (Listing does not include certain NDCs) |
| MACROBID ORAL CAPSULE 100 MG ( <i>nitrofurantoin monohyd macro</i> )                         | NPB       |                                            |
| MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG ( <i>nitrofurantoin macrocrystal</i> )         | NF        |                                            |
| <i>mb caps oral capsule 120 mg</i>                                                           | NF        |                                            |
| <i>methenamine hippurate oral tablet 1 gm</i>                                                | G         |                                            |
| <i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>                                        | G         |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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



| Prescription Drug Name                                                                   | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>metronidazole oral capsule 375 mg</i>                                                 | G         |                                            |
| <i>metronidazole oral tablet 250 mg, 500 mg</i>                                          | G         | N8 (Listing does not include certain NDCs) |
| NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG ( <i>pentamidine isethionate</i> )     | NPB       |                                            |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>                     | G         |                                            |
| <i>nitrofurantoin monohydrate macro oral capsule 100 mg</i>                              | G         |                                            |
| <i>nitrofurantoin oral suspension 25 mg/5ml</i>                                          | G         | N8 (Listing does not include certain NDCs) |
| <i>nitrofurantoin oral suspension 50 mg/5ml</i>                                          | NF        |                                            |
| ORLYNVAH ORAL TABLET 500-500 MG ( <i>sulopenem etzadrox-probenecid</i> )                 | NPB       |                                            |
| <i>pyrimethamine oral tablet 25 mg</i>                                                   | G         |                                            |
| SIVEXTRO ORAL TABLET 200 MG ( <i>tedizolid phosphate</i> )                               | NPB       |                                            |
| SOLOSEC ORAL PACKET 2 GM ( <i>secnidazole</i> )                                          | NF        |                                            |
| <i>sulfamethoxazole-trimethoprim oral suspension 800-160 mg/20ml</i>                     | G         |                                            |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>                   | G         | N8 (Listing does not include certain NDCs) |
| <i>sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)</i> | G         |                                            |
| <i>trimethoprim oral tablet 100 mg</i>                                                   | G         |                                            |
| <i>meth-hydro-methyl-naphthalene phosphate (Urimar-T Oral Capsule 120 Mg)</i>            | NF        |                                            |
| VANCOCIN ORAL CAPSULE 125 MG, 250 MG ( <i>vancomycin hcl</i> )                           | NPB       |                                            |
| <i>vancomycin hcl intravenous solution 500 mg/100ml</i>                                  | NPB       |                                            |
| <i>vancomycin hcl intravenous solution reconstituted 100 gm</i>                          | NPB       |                                            |
| <i>vancomycin hcl oral capsule 125 mg, 250 mg</i>                                        | G         |                                            |
| <i>vancomycin hcl oral solution reconstituted 250 mg/5ml</i>                             | NF        |                                            |
| VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML ( <i>vancomycin hcl</i> )                | NF        |                                            |
| XIFAXAN ORAL TABLET 200 MG ( <i>rifaximin</i> )                                          | NPB       |                                            |
| XIFAXAN ORAL TABLET 550 MG ( <i>rifaximin</i> )                                          | PB        |                                            |
| <b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>                                           |           |                                            |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i>                                           | G         | N8 (Listing does not include certain NDCs) |
| <i>amoxicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>                  | G         | N8 (Listing does not include certain NDCs) |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                                            | Drug Tier | Drug Notes                                 |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>amoxicillin oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>                                                           | G         |                                            |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i>                                                                                     | G         |                                            |
| <i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>                                                                            | G         |                                            |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>                                           | G         |                                            |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i> | G         |                                            |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg</i>                                                             | G         |                                            |
| <i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>                                                                         | G         | N8 (Listing does not include certain NDCs) |
| <i>ampicillin oral capsule 500 mg</i>                                                                                             | G         |                                            |
| <i>ampicillin sodium intravenous solution reconstituted 10 gm</i>                                                                 | G         | N8 (Listing does not include certain NDCs) |
| <i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>                                                                           | G         |                                            |
| <i>naftillin sodium intravenous solution reconstituted 10 gm</i>                                                                  | G         |                                            |
| <i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>                                                  | G         |                                            |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i>                                                                          | G         |                                            |
| <i>penicillin g potassium (Pfizerpen Injection Solution Reconstituted 20000000 Unit, 5000000 Unit)</i>                            | NF        |                                            |
| <b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>                                                                                  |           |                                            |
| <i>avidoxy oral tablet 100 mg</i>                                                                                                 | G         |                                            |
| <i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>                                                                              | G         |                                            |
| <b>DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (doxycycline hyclate)</b>                                                          | NF        |                                            |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>                                                                             | G         |                                            |
| <i>doxycycline hyclate oral tablet 100 mg</i>                                                                                     | G         |                                            |
| <i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>                                                                       | NF        |                                            |
| <i>doxycycline hyclate oral tablet 20 mg</i>                                                                                      | G         | N8 (Listing does not include certain NDCs) |
| <i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>                                | NF        |                                            |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>                                                                         | G         |                                            |
| <i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>                                                                         | NF        |                                            |
| <i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>                                                            | G         | N8 (Listing does not include certain NDCs) |
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 75 mg</i>                                                                  | G         |                                            |



| Prescription Drug Name                                                                                                   | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>doxycycline monohydrate oral tablet 50 mg</i>                                                                         | G         | 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>                                                                 | G         |                                            |
| <i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>                                                                  | G         |                                            |
| <i>doxycycline monohydrate (Mondoxyne NI Oral Capsule 100 Mg)</i>                                                        | G         |                                            |
| NUZYRA ORAL TABLET 150 MG ( <i>omadacycline tosylate</i> )                                                               | NPB       |                                            |
| SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG ( <i>sarecycline hcl</i> )                                                     | NF        |                                            |
| <i>doxycycline hyclate (Targadox Oral Tablet 50 Mg)</i>                                                                  | NF        |                                            |
| <i>tetracycline hcl oral capsule 250 mg, 500 mg</i>                                                                      | G         |                                            |
| <b>ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER</b>                                                                     |           |                                            |
| <b>ALKYLATING AGENTS</b>                                                                                                 |           |                                            |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i>                                                                        | G         |                                            |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG ( <i>lomustine</i> )                                                         | NPSP      |                                            |
| LEUKERAN ORAL TABLET 2 MG ( <i>chlorambucil</i> )                                                                        | NPB       |                                            |
| MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )                                                                  | NPSP      |                                            |
| MYLERAN ORAL TABLET 2 MG ( <i>busulfan</i> )                                                                             | NPB       |                                            |
| TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>temozolomide</i> )                                                | NPSP      |                                            |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>                                             | G         |                                            |
| <b>ANTIMETABOLITES</b>                                                                                                   |           |                                            |
| ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG ( <i>pemetrexed disodium</i> )                                  | NF        |                                            |
| <i>capecitabine oral tablet 150 mg, 500 mg</i>                                                                           | G         |                                            |
| INQOVI ORAL TABLET 35-100 MG ( <i>decitabine-cedazuridine</i> )                                                          | NPSP      |                                            |
| JYLAMVO ORAL SOLUTION 2 MG/ML ( <i>methotrexate</i> )                                                                    | NPB       |                                            |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG ( <i>trifluridine-tipiracil</i> )                                             | PSP       |                                            |
| <i>mercaptopurine oral tablet 50 mg</i>                                                                                  | G         |                                            |
| <i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>                                     | G         |                                            |
| <i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>                                                     | G         |                                            |
| <i>methotrexate sodium injection solution reconstituted 1 gm</i>                                                         | G         |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                             | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------|-----------|------------|
| ONUREG ORAL TABLET 200 MG, 300 MG ( <i>azacitidine</i> )                                           | NPSP      |            |
| PURIXAN ORAL SUSPENSION 2000 MG/100ML ( <i>mercaptopurine</i> )                                    | NPSP      |            |
| TABLOID ORAL TABLET 40 MG ( <i>thioguanine</i> )                                                   | NPB       |            |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG ( <i>methotrexate sodium</i> )                      | NPB       |            |
| XELODA ORAL TABLET 150 MG, 500 MG ( <i>capecitabine</i> )                                          | NPSP      |            |
| <b>ANTINEOPLASTIC, BCL-2 INHIBITORS</b>                                                            |           |            |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG ( <i>venetoclax</i> )                                   | NPSP      |            |
| VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG ( <i>venetoclax</i> )            | NPSP      |            |
| <b>BIOLOGIC RESPONSE MODIFIERS</b>                                                                 |           |            |
| BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML ( <i>ropeginterferon alfa-2b-njfi</i> ) | PSP       |            |
| DAURISMO ORAL TABLET 100 MG, 25 MG ( <i>glasdegib maleate</i> )                                    | NF        |            |
| ERIVEDGE ORAL CAPSULE 150 MG ( <i>vismodegib</i> )                                                 | PSP       |            |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG ( <i>pomalidomide</i> )                               | NPSP      |            |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG ( <i>lenalidomide</i> )             | NF        |            |
| THALOMID ORAL CAPSULE 100 MG, 50 MG ( <i>thalidomide</i> )                                         | PSP       |            |
| <b>HORMONAL ANTINEOPLASTIC AGENTS</b>                                                              |           |            |
| <i>abiraterone acetate oral tablet 250 mg</i>                                                      | G         |            |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG ( <i>niraparib-abiraterone acetate</i> )                  | NF        |            |
| <i>anastrozole oral tablet 1 mg</i>                                                                | CE        |            |
| ARIMIDEX ORAL TABLET 1 MG ( <i>anastrozole</i> )                                                   | NPB       |            |
| AROMASIN ORAL TABLET 25 MG ( <i>exemestane</i> )                                                   | NPB       |            |
| <i>bicalutamide oral tablet 50 mg</i>                                                              | G         |            |
| ELIGARD SUBCUTANEOUS KIT 22.5 MG ( <i>leuprolide acetate (3 month)</i> )                           | PSP       |            |
| ELIGARD SUBCUTANEOUS KIT 30 MG ( <i>leuprolide acetate (4 month)</i> )                             | PSP       |            |
| ELIGARD SUBCUTANEOUS KIT 45 MG ( <i>leuprolide acetate (6 month)</i> )                             | PSP       |            |
| ELIGARD SUBCUTANEOUS KIT 7.5 MG ( <i>leuprolide acetate</i> )                                      | PSP       |            |

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

| Prescription Drug Name                                                                   | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------|-----------|------------|
| ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG<br>( <i>goserelin acetate</i> )             | NF        |            |
| ZYTIGA ORAL TABLET 250 MG, 500 MG ( <i>abiraterone acetate</i> )                         | NF        |            |
| <b>KINASE INHIBITORS</b>                                                                 |           |            |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG ( <i>everolimus</i> )              | NF        |            |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG ( <i>everolimus</i> )                   | NF        |            |
| ALECENSA ORAL CAPSULE 150 MG ( <i>alectinib hcl</i> )                                    | PSP       |            |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG ( <i>brigatinib</i> )                          | PSP       |            |
| ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG ( <i>brigatinib</i> )                      | PSP       |            |
| AUGTYRO ORAL CAPSULE 160 MG, 40 MG ( <i>repotrectinib</i> )                              | PSP       |            |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG ( <i>avapritinib</i> )          | NF        |            |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG ( <i>erdafitinib</i> )                             | NPSP      |            |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG ( <i>bosutinib</i> )                                  | PSP       |            |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG ( <i>bosutinib</i> )                          | PSP       |            |
| BRAFTOVI ORAL CAPSULE 75 MG ( <i>encorafenib</i> )                                       | PSP       |            |
| BRUKINSA ORAL CAPSULE 80 MG ( <i>zanubrutinib</i> )                                      | PSP       |            |
| BRUKINSA ORAL TABLET 160 MG ( <i>zanubrutinib</i> )                                      | PB        |            |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG ( <i>cabozantinib s-malate</i> )               | PSP       |            |
| CALQUENCE ORAL TABLET 100 MG ( <i>acalabrutinib maleate</i> )                            | PSP       |            |
| CAPRELSA ORAL TABLET 100 MG, 300 MG ( <i>vandetanib</i> )                                | NPSP      |            |
| COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG ( <i>cabozantinib s-malate</i> )        | NPSP      |            |
| COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG ( <i>cabozantinib s-malate</i> ) | NPSP      |            |
| COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG ( <i>cabozantinib s-malate</i> )              | NPSP      |            |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG ( <i>duvelisib</i> )                                  | NF        |            |
| COTELLIC ORAL TABLET 20 MG ( <i>cobimetinib fumarate</i> )                               | NF        |            |
| DANZITEN ORAL TABLET 71 MG, 95 MG ( <i>nilotinib tartrate</i> )                          | NF        |            |
| <i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>                                   | G         |            |

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

| Prescription Drug Name                                                                               | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------|-----------|------------|
| LAZCLUZE ORAL TABLET 240 MG, 80 MG ( <i>lazertinib mesylate</i> )                                    | NF        |            |
| LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG ( <i>lenvatinib mesylate</i> )            | PSP       |            |
| LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG ( <i>lenvatinib mesylate</i> )         | PSP       |            |
| LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG ( <i>lenvatinib mesylate</i> )        | PSP       |            |
| LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ( <i>lenvatinib mesylate</i> ) | PSP       |            |
| LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG ( <i>lenvatinib mesylate</i> )        | PSP       |            |
| LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ( <i>lenvatinib mesylate</i> ) | PSP       |            |
| LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG ( <i>lenvatinib mesylate</i> )              | PSP       |            |
| LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG ( <i>lenvatinib mesylate</i> )          | PSP       |            |
| LORBRENA ORAL TABLET 100 MG, 25 MG ( <i>lorlatinib</i> )                                             | NPSP      |            |
| LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG ( <i>futibatinib</i> )                      | NF        |            |
| LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG ( <i>futibatinib</i> )                      | NF        |            |
| LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG ( <i>futibatinib</i> )                      | NF        |            |
| MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML ( <i>trametinib dimethyl sulfoxide</i> )             | PSP       |            |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG ( <i>trametinib dimethyl sulfoxide</i> )                           | PSP       |            |
| MEKTOVI ORAL TABLET 15 MG ( <i>binimetinib</i> )                                                     | PSP       |            |
| NERLYNX ORAL TABLET 40 MG ( <i>neratinib maleate</i> )                                               | NPSP      |            |
| NEXAVAR ORAL TABLET 200 MG ( <i>sorafenib tosylate</i> )                                             | NF        |            |
| OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML ( <i>tovorafenib</i> )                                 | NF        |            |
| OJEMDA ORAL TABLET 100 MG ( <i>tovorafenib</i> )                                                     | NF        |            |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG ( <i>momelotinib dihydrochloride</i> )                    | NPSP      |            |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG ( <i>pemigatinib</i> )                                    | NF        |            |



| Prescription Drug Name                                                               | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------|-----------|------------|
| PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG ( <i>alpelisib</i> )      | PSP       |            |
| PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG ( <i>alpelisib</i> ) | PSP       |            |
| PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG ( <i>alpelisib</i> )  | PSP       |            |
| QINLOCK ORAL TABLET 50 MG ( <i>ripretinib</i> )                                      | NF        |            |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG ( <i>selpercatinib</i> )            | PSP       |            |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG ( <i>entrectinib</i> )                         | PSP       |            |
| ROZLYTREK ORAL PACKET 50 MG ( <i>entrectinib</i> )                                   | PSP       |            |
| RYDAPT ORAL CAPSULE 25 MG ( <i>midostaurin</i> )                                     | PSP       |            |
| SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG ( <i>asciminib hcl</i> )                  | PSP       |            |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG ( <i>dasatinib</i> )  | NF        |            |
| STIVARGA ORAL TABLET 40 MG ( <i>regorafenib</i> )                                    | PSP       |            |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>sunitinib malate</i> )       | NF        |            |
| TABRECTA ORAL TABLET 150 MG, 200 MG ( <i>capmatinib hcl</i> )                        | NF        |            |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG ( <i>dabrafenib mesylate</i> )                    | PSP       |            |
| TAFINLAR ORAL TABLET SOLUBLE 10 MG ( <i>dabrafenib mesylate</i> )                    | PSP       |            |
| TAGRISSE ORAL TABLET 40 MG, 80 MG ( <i>osimertinib mesylate</i> )                    | PSP       |            |
| TARCEVA ORAL TABLET 100 MG ( <i>erlotinib hcl</i> )                                  | NPSP      |            |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG ( <i>nilotinib hcl</i> )                  | NF        |            |
| TEPMETKO ORAL TABLET 225 MG ( <i>tepotinib hcl</i> )                                 | NF        |            |
| TRUQAP ORAL TABLET 200 MG ( <i>capivasertib</i> )                                    | PSP       |            |
| TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG ( <i>capivasertib</i> )               | PSP       |            |
| TUKYSA ORAL TABLET 150 MG, 50 MG ( <i>tucatinib</i> )                                | NPSP      |            |
| TURALIO ORAL CAPSULE 125 MG ( <i>pexidartinib hcl</i> )                              | PSP       |            |
| TYKERB ORAL TABLET 250 MG ( <i>lapatinib ditosylate</i> )                            | NPSP      |            |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG ( <i>quizartinib dihydrochloride</i> )         | NPSP      |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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01/01/2026



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

| Prescription Drug Name                                                              | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------|-----------|------------|
| TIBSOVO ORAL TABLET 250 MG ( <i>ivosidenib</i> )                                    | NPSP      |            |
| <i>tretinoin oral capsule 10 mg</i>                                                 | G         |            |
| VISTOGARD ORAL PACKET 10 GM ( <i>uridine triacetate</i> )                           | PSP       |            |
| VORANIGO ORAL TABLET 10 MG, 40 MG ( <i>vorasidenib</i> )                            | NPSP      |            |
| WELIREG ORAL TABLET 40 MG ( <i>belzutifan</i> )                                     | NF        |            |
| XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML ( <i>radium ra 223 dichloride</i> )          | NF        |            |
| XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG ( <i>selinexor</i> )     | NPSP      |            |
| XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG ( <i>selinexor</i> )      | NPSP      |            |
| XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )     | NPSP      |            |
| XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG ( <i>selinexor</i> )      | NPSP      |            |
| XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )     | NPSP      |            |
| XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )      | NPSP      |            |
| XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )     | NPSP      |            |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG ( <i>niraparib tosylate</i> )             | PSP       |            |
| ZOLINZA ORAL CAPSULE 100 MG ( <i>vorinostat</i> )                                   | NPSP      |            |
| <b>MITOTIC INHIBITORS</b>                                                           |           |            |
| DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML ( <i>docetaxel</i> ) | NF        |            |
| <b>PROTEASOME INHIBITORS</b>                                                        |           |            |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG ( <i>ixazomib citrate</i> )                 | PSP       |            |
| <b>PROTECTIVE AGENTS</b>                                                            |           |            |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>                     | G         |            |
| MESNEX ORAL TABLET 400 MG ( <i>mesna</i> )                                          | NPB       |            |
| <b>TOPOISOMERASE INHIBITORS</b>                                                     |           |            |
| <i>etoposide oral capsule 50 mg</i>                                                 | G         |            |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG ( <i>topotecan hcl</i> )                        | NPSP      |            |
| ONIVYDE INTRAVENOUS SUSPENSION 43 MG/10ML ( <i>irinotecan hcl liposome</i> )        | NPSP      |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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| Prescription Drug Name                                                                               | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS</b>                              |           |                                            |
| <b>ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                               |           |                                            |
| ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG<br>(quinapril-hydrochlorothiazide)                      | NPB       |                                            |
| 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 | G         |                                            |
| benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg               | G         |                                            |
| enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg                                        | G         |                                            |
| fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg                                            | G         |                                            |
| lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg                          | G         | N8 (Listing does not include certain NDCs) |
| LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (amlodipine besy-benazepril hcl)            | NPB       |                                            |
| PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (perindopril arg-amlodipine)                      | NF        |                                            |
| quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg                                       | G         | N8 (Listing does not include certain NDCs) |
| trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg    | NPB       |                                            |
| ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (lisinopril-hydrochlorothiazide)             | NF        |                                            |
| <b>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                                           |           |                                            |
| benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg                                                 | G         | N8 (Listing does not include certain NDCs) |
| captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg                                                  | G         |                                            |
| enalapril maleate oral solution 1 mg/ml                                                              | G         |                                            |
| enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg                                             | G         | N8 (Listing does not include certain NDCs) |
| EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)                                                     | NF        |                                            |
| fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg                                                    | G         | N8 (Listing does not include certain NDCs) |
| lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg                                      | G         | N8 (Listing does not include certain NDCs) |
| moexipril hcl oral tablet 15 mg, 7.5 mg                                                              | G         |                                            |
| perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg                                                    | G         |                                            |

| Prescription Drug Name                                                                                                     | Drug Tier | Drug Notes                                 |
|----------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| QBRELIS ORAL SOLUTION 1 MG/ML ( <i>lisinopril</i> )                                                                        | NPB       |                                            |
| <i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                                                 | G         | N8 (Listing does not include certain NDCs) |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>                                                                  | G         |                                            |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>                                                                           | G         |                                            |
| VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG ( <i>enalapril maleate</i> )                                                | NPB       |                                            |
| <b>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                                               |           |                                            |
| ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>spironolactone</i> )                                                       | NPB       |                                            |
| CAROSPIR ORAL SUSPENSION 25 MG/5ML ( <i>spironolactone</i> )                                                               | NF        |                                            |
| <i>eplerenone oral tablet 25 mg, 50 mg</i>                                                                                 | G         |                                            |
| INSPRA ORAL TABLET 25 MG, 50 MG ( <i>eplerenone</i> )                                                                      | NPB       |                                            |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>finerenone</i> )                                                             | PB        |                                            |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>                                                                     | G         |                                            |
| <b>ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                                                                 |           |                                            |
| <i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>                                                                          | G         |                                            |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                                |           |                                            |
| <i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>                                  | G         |                                            |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>                                              | G         |                                            |
| ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG ( <i>candesartan cilexetil-hctz</i> )                             | NF        |                                            |
| AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG ( <i>amlodipine-olmesartan</i> )                                     | NF        |                                            |
| BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG ( <i>olmesartan medoxomil-hctz</i> )                              | NF        |                                            |
| <i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>                                             | G         |                                            |
| DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG ( <i>valsartan-hydrochlorothiazide</i> ) | NF        |                                            |

| Prescription Drug Name                                                                                                     | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG<br>(azilsartan-chlorthalidone)                                                 | 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 (amlodipine-valsartan-hctz) | NF        |            |
| EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (amlodipine besylate-valsartan)                               | NF        |            |
| HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (losartan potassium-hctz)                                            | NF        |            |
| irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg                                                        | G         |            |
| losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg                                                     | G         |            |
| MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (telmisartan-hctz)                                               | NF        |            |
| olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg                                                     | G         |            |
| 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                  | G         |            |
| telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg                                                    | G         |            |
| telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg                                                              | G         |            |
| valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg                       | G         |            |
| <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>                                            |           |            |
| ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG<br>(candesartan cilexetil)                                                    | NF        |            |
| BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (olmesartan medoxomil)                                                              | NF        |            |
| candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg                                                                 | G         |            |
| COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (losartan potassium)                                                               | NF        |            |
| DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG<br>(valsartan)                                                             | NF        |            |
| EDARBI ORAL TABLET 40 MG, 80 MG (azilsartan medoxomil)                                                                     | NF        |            |
| irbesartan oral tablet 150 mg, 300 mg, 75 mg                                                                               | G         |            |
| losartan potassium oral tablet 100 mg, 25 mg, 50 mg                                                                        | G         |            |
| MICARDIS ORAL TABLET 40 MG, 80 MG (telmisartan)                                                                            | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2026

| Prescription Drug Name                                                                                        | Drug Tier | Drug Notes                                 |
|---------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>                                                    | G         |                                            |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>                                                            | G         |                                            |
| <i>valsartan oral solution 4 mg/ml</i>                                                                        | NF        |                                            |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>                                                     | G         |                                            |
| <b>ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM</b>                                                        |           |                                            |
| <i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>                                                      | G         |                                            |
| BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG<br>( <i>sotalol hcl af</i> )                                    | NF        |                                            |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl</i> )                                             | NF        |                                            |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>                                                     | G         |                                            |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>                                                      | G         |                                            |
| <i>flecainide acetate oral tablet 100 mg, 150 mg</i>                                                          | G         |                                            |
| <i>flecainide acetate oral tablet 50 mg</i>                                                                   | G         | N8 (Listing does not include certain NDCs) |
| <i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>                                                     | G         |                                            |
| MULTAQ ORAL TABLET 400 MG ( <i>dronedarone hcl</i> )                                                          | PB        |                                            |
| NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-% ( <i>amiodarone hcl in dextrose</i> ) | NF        |                                            |
| NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG ( <i>disopyramide phosphate</i> )             | NPB       |                                            |
| NORPACE ORAL CAPSULE 100 MG, 150 MG ( <i>disopyramide phosphate</i> )                                         | NF        |                                            |
| <i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg)                                                   | G         |                                            |
| <i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>                        | G         |                                            |
| <i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>                                                     | G         |                                            |
| <i>quinidine gluconate er oral tablet extended release 324 mg</i>                                             | G         |                                            |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i>                                                           | G         |                                            |
| <i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>                                                     | G         |                                            |
| <i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>                                                  | G         |                                            |
| SOTYLIZE ORAL SOLUTION 5 MG/ML ( <i>sotalol hcl</i> )                                                         | NPB       |                                            |
| TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG ( <i>dofetilide</i> )                                          | NPSP      |                                            |



| Prescription Drug Name                                                                  | Drug Tier | Drug Notes                                 |
|-----------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL</b>      |           |                                            |
| NEXLETOL ORAL TABLET 180 MG ( <i>bempedoic acid</i> )                                   | PB        |                                            |
| NEXLIZET ORAL TABLET 180-10 MG ( <i>bempedoic acid-ezetimibe</i> )                      | PB        |                                            |
| <b>ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL</b>                 |           |                                            |
| <i>cholestyramine light oral packet 4 gm</i>                                            | G         |                                            |
| <i>cholestyramine light oral powder 4 gm/dose</i>                                       | G         | N8 (Listing does not include certain NDCs) |
| <i>cholestyramine oral packet 4 gm</i>                                                  | G         |                                            |
| <i>cholestyramine oral powder 4 gm/dose</i>                                             | G         | N8 (Listing does not include certain NDCs) |
| <i>colesevelam hcl oral packet 3.75 gm</i>                                              | G         |                                            |
| <i>colesevelam hcl oral tablet 625 mg</i>                                               | G         |                                            |
| <i>colestipol hcl oral granules 5 gm</i>                                                | G         |                                            |
| <i>colestipol hcl oral packet 5 gm</i>                                                  | G         |                                            |
| <i>colestipol hcl oral tablet 1 gm</i>                                                  | G         |                                            |
| <i>cholestyramine light</i> (Prevalite Oral Packet 4 Gm)                                | G         |                                            |
| <i>cholestyramine light</i> (Prevalite Oral Powder 4 Gm/Dose)                           | G         |                                            |
| <b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL</b> |           |                                            |
| <i>ezetimibe oral tablet 10 mg</i>                                                      | G         |                                            |
| ZETIA ORAL TABLET 10 MG ( <i>ezetimibe</i> )                                            | NF        |                                            |
| <b>ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL</b>                         |           |                                            |
| <i>fenofibrate micronized oral capsule 130 mg</i>                                       | NF        |                                            |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>                 | G         |                                            |
| <i>fenofibrate oral capsule 150 mg</i>                                                  | G         |                                            |
| <i>fenofibrate oral capsule 50 mg</i>                                                   | NF        |                                            |
| <i>fenofibrate oral tablet 120 mg, 40 mg, 54 mg</i>                                     | NF        |                                            |
| <i>fenofibrate oral tablet 145 mg, 48 mg</i>                                            | G         |                                            |
| <i>fenofibrate oral tablet 160 mg</i>                                                   | G         | N8 (Listing does not include certain NDCs) |
| <i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>                       | G         |                                            |
| <i>fenofibric acid oral tablet 105 mg</i>                                               | G         |                                            |



| Prescription Drug Name                                                                           | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>gemfibrozil oral tablet 600 mg</i>                                                            | G         | N8 (Listing does not include certain NDCs) |
| LIPOFEN ORAL CAPSULE 150 MG, 50 MG ( <i>fenofibrate</i> )                                        | NPB       |                                            |
| TRICOR ORAL TABLET 145 MG, 48 MG ( <i>fenofibrate</i> )                                          | NF        |                                            |
| <b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL</b>              |           |                                            |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG ( <i>lovastatin</i> )          | NF        |                                            |
| ATORVALIQ ORAL SUSPENSION 20 MG/5ML ( <i>atorvastatin calcium</i> )                              | NF        |                                            |
| <i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>                                             | CE        |                                            |
| <i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>                                             | G         |                                            |
| CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG ( <i>rosuvastatin calcium</i> )                    | NF        |                                            |
| EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG ( <i>rosuvastatin calcium</i> ) | NF        |                                            |
| <i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>                                             | NF        |                                            |
| <i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>                          | G         |                                            |
| <i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>                                              | G         |                                            |
| 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>                                                | G         |                                            |
| <i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>                                 | G         |                                            |
| <i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 5 mg</i>                                       | G         |                                            |
| <i>rosuvastatin calcium oral tablet 40 mg</i>                                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>                                         | CE        |                                            |
| <i>simvastatin oral tablet 80 mg</i>                                                             | G         |                                            |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>simvastatin</i> )                                     | NPB       |                                            |
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG ( <i>pitavastatin magnesium</i> )                               | NF        |                                            |

| Prescription Drug Name                                                                              | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------|-----------|------------|
| <b>ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL</b>    |           |            |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>                     | G         |            |
| VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG ( <i>ezetimibe-simvastatin</i> )         | NPB       |            |
| <b>ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL</b>                                |           |            |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG ( <i>lomitapide mesylate</i> )                      | NF        |            |
| <i>niacin (antihyperlipidemic) oral tablet 500 mg</i>                                               | NF        |            |
| <i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>          | G         |            |
| NIACOR ORAL TABLET 500 MG ( <i>niacin (antihyperlipidemic)</i> )                                    | NF        |            |
| <b>ANTILIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL</b>                          |           |            |
| <i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>                                                    | NF        |            |
| LOVAZA ORAL CAPSULE 1 GM ( <i>omega-3-acid ethyl esters</i> )                                       | NF        |            |
| <i>omega-3-acid ethyl esters oral capsule 1 gm</i>                                                  | G         |            |
| VASCEPA ORAL CAPSULE 0.5 GM, 1 GM ( <i>icosapent ethyl</i> )                                        | PB        |            |
| <b>ANTILIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL</b>                             |           |            |
| PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML ( <i>alirocumab</i> )              | NF        |            |
| REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML ( <i>evolocumab</i> )                     | PSP       |            |
| REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>evolocumab</i> )               | PSP       |            |
| <b>BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b> |           |            |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>                                      | G         |            |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>                | G         |            |
| <i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>                    | G         |            |

| Prescription Drug Name                                                                                           | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>                                   |           |                                            |
| <i>acebutolol hcl oral capsule 200 mg, 400 mg</i>                                                                | G         |                                            |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>                                                                 | G         |                                            |
| ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML ( <i>atenolol</i> )                                                 | NF        |                                            |
| <i>betaxolol hcl oral tablet 10 mg, 20 mg</i>                                                                    | G         |                                            |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>                                                               | G         |                                            |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG ( <i>nebivolol hcl</i> )                                         | NF        |                                            |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>                                                  | G         |                                            |
| <i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>                  | G         | N8 (Listing does not include certain NDCs) |
| COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG ( <i>carvedilol phosphate</i> )        | NF        |                                            |
| COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG ( <i>carvedilol</i> )                                        | NPB       |                                            |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML ( <i>propranolol hcl</i> )                                                    | NPB       |                                            |
| 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 intravenous solution prefilled syringe 20 mg/4ml</i>                                            | NF        |                                            |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>                                                          | G         | N8 (Listing does not include certain NDCs) |
| LOPRESSOR ORAL SOLUTION 10 MG/ML ( <i>metoprolol tartrate</i> )                                                  | NPB       |                                            |
| LOPRESSOR ORAL TABLET 100 MG, 50 MG ( <i>metoprolol tartrate</i> )                                               | NPB       |                                            |
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>                 | G         |                                            |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                                      | G         |                                            |

| Prescription Drug Name                                                                                                                                 | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>                                                                                                         | G         |                                            |
| <i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>                                                                                            | G         | N8 (Listing does not include certain NDCs) |
| <i>pindolol oral tablet 10 mg, 5 mg</i>                                                                                                                | G         |                                            |
| <i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>                                                           | G         |                                            |
| <i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>                                                                                              | G         |                                            |
| <i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>                                                                                   | G         |                                            |
| TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG<br>( <i>atenolol</i> )                                                                                       | NPB       |                                            |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>                                                                                                  | G         |                                            |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG ( <i>metoprolol succinate</i> )                                            | NF        |                                            |
| <b>CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>                                      |           |                                            |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> | G         |                                            |
| <b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>                                                              |           |                                            |
| AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML ( <i>amlodipine besylate</i> )                                                                      | NF        |                                            |
| <i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                                                             | G         |                                            |
| CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG ( <i>diltiazem hcl coated beads</i> )                         | NF        |                                            |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG ( <i>diltiazem hcl</i> )                               | NF        |                                            |
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG ( <i>diltiazem hcl</i> )                                                                                     | NF        |                                            |
| <i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)                                     | G         |                                            |
| CONJUPRI ORAL TABLET 2.5 MG, 5 MG ( <i>levamlodipine maleate</i> )                                                                                     | NF        |                                            |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>                                     | G         |                                            |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>                                      | G         |                                            |

| Prescription Drug Name                                                                                        | Drug Tier | Drug Notes                                 |
|---------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>                            | G         |                                            |
| <i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>   | NF        |                                            |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>                                                  | G         | N8 (Listing does not include certain NDCs) |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>                                   | G         |                                            |
| <i>felodipine er oral tablet extended release 24 hour 10 mg</i>                                               | G         |                                            |
| <i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>                                        | G         | N8 (Listing does not include certain NDCs) |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i>                                                                   | G         |                                            |
| KATERZIA ORAL SUSPENSION 1 MG/ML ( <i>amlodipine benzoate</i> )                                               | NF        |                                            |
| <i>diltiazem hcl</i> (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)  | NF        |                                            |
| <i>nicardipine hcl oral capsule 20 mg, 30 mg</i>                                                              | G         | N8 (Listing does not include certain NDCs) |
| <i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>                                 | G         |                                            |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>                 | G         | N8 (Listing does not include certain NDCs) |
| <i>nifedipine oral capsule 10 mg, 20 mg</i>                                                                   | G         | N8 (Listing does not include certain NDCs) |
| <i>nimodipine oral capsule 30 mg</i>                                                                          | G         |                                            |
| <i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i> | G         |                                            |
| NORLIQVA ORAL SOLUTION 1 MG/ML ( <i>amlodipine besylate</i> )                                                 | NF        |                                            |
| NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>amlodipine besylate</i> )                                        | NF        |                                            |
| NYMALIZE ORAL SOLUTION 6 MG/ML ( <i>nimodipine</i> )                                                          | NPB       |                                            |
| <i>verapamil hcl er oral capsule extended release 24 hour 100 mg</i>                                          | G         | N8 (Listing does not include certain NDCs) |
| <i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>  | G         |                                            |
| <i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>                                   | G         |                                            |
| <i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>                                                         | G         | N8 (Listing does not include certain NDCs) |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                        | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</b>                 |           |                                            |
| <i>digoxin</i> (Digox Oral Tablet 125 Mcg, 250 Mcg)                           | G         |                                            |
| <i>digoxin oral solution 0.05 mg/ml</i>                                       | G         |                                            |
| <i>digoxin oral tablet 125 mcg, 250 mcg</i>                                   | G         |                                            |
| LANOXIN ORAL TABLET 125 MCG, 250 MCG ( <i>digoxin</i> )                       | NF        |                                            |
| LANOXIN ORAL TABLET 62.5 MCG ( <i>digoxin</i> )                               | NPB       |                                            |
| <b>DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS</b> |           |                                            |
| <i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>                          | G         |                                            |
| TEKTURNA ORAL TABLET 150 MG, 300 MG ( <i>aliskiren fumarate</i> )             | NPB       |                                            |
| <b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</b>                            |           |                                            |
| <i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>          | G         |                                            |
| <i>acetazolamide oral tablet 125 mg</i>                                       | G         | N8 (Listing does not include certain NDCs) |
| <i>acetazolamide oral tablet 250 mg</i>                                       | G         |                                            |
| <i>amiloride hcl oral tablet 5 mg</i>                                         | G         |                                            |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>                      | G         |                                            |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>                              | G         |                                            |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i>                                | G         |                                            |
| DIURIL ORAL SUSPENSION 250 MG/5ML ( <i>chlorothiazide</i> )                   | NPB       |                                            |
| DYRENIUM ORAL CAPSULE 100 MG, 50 MG ( <i>triamterene</i> )                    | NF        |                                            |
| <i>ethacrynic acid oral tablet 25 mg</i>                                      | G         |                                            |
| FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML ( <i>furosemide</i> )          | NF        |                                            |
| <i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>                             | G         |                                            |
| <i>furosemide oral tablet 20 mg, 40 mg</i>                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>furosemide oral tablet 80 mg</i>                                           | G         |                                            |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i>                               | G         |                                            |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>                  | G         | N8 (Listing does not include certain NDCs) |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i>                                 | G         |                                            |
| KEVEYIS ORAL TABLET 50 MG ( <i>dichlorphenamide</i> )                         | NPSP      |                                            |
| <i>methazolamide oral tablet 25 mg, 50 mg</i>                                 | G         |                                            |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>                             | G         |                                            |



| Prescription Drug Name                                                             | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG ( <i>torsemide</i> )                        | NF        |                                            |
| <i>spironolactone-hctz oral tablet 25-25 mg</i>                                    | G         |                                            |
| THALITONE ORAL TABLET 15 MG ( <i>chlorthalidone</i> )                              | NF        |                                            |
| <i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>                            | G         | N8 (Listing does not include certain NDCs) |
| <i>triamterene oral capsule 100 mg, 50 mg</i>                                      | G         |                                            |
| <i>triamterene-hctz oral capsule 37.5-25 mg</i>                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>                           | G         |                                            |
| <b>HEART FAILURE</b>                                                               |           |                                            |
| BIDIL ORAL TABLET 20-37.5 MG ( <i>isosorb dinitrate-hydralazine</i> )              | NPB       |                                            |
| CORLANOR ORAL SOLUTION 5 MG/5ML ( <i>ivabradine hcl</i> )                          | NPB       |                                            |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )                        | NPB       |                                            |
| ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG ( <i>sacubitril-valsartan</i> )    | NPB       |                                            |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG ( <i>sacubitril-valsartan</i> ) | NPB       |                                            |
| INPEFA ORAL TABLET 200 MG, 400 MG ( <i>sotagliflozin</i> )                         | NF        |                                            |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>vericiguat</i> )                      | PB        |                                            |
| <b>MISCELLANEOUS</b>                                                               |           |                                            |
| ADRENALIN INTRAVENOUS SOLUTION 5-0.9 MG/250ML-% ( <i>epinephrine-nacl</i> )        | NF        |                                            |
| ASPRUZYO SPRINKLE ORAL PACKET 1000 MG ( <i>ranolazine</i> )                        | NF        |                                            |
| ATTRUBY ORAL TABLET THERAPY PACK 356 MG ( <i>acoramidis hcl</i> )                  | NF        |                                            |
| BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML ( <i>phenylephrine hcl (pressors)</i> )   | NF        |                                            |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG ( <i>mavacamten</i> )              | NPSP      |                                            |
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR ( <i>clonidine</i> )           | NPB       |                                            |
| CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR ( <i>clonidine</i> )           | NPB       |                                            |
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR ( <i>clonidine</i> )           | NPB       |                                            |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>                            | G         |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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



| Prescription Drug Name                                                                                     | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>                            | G         | N8 (Listing does not include certain NDCs) |
| DEMSER ORAL CAPSULE 250 MG ( <i>metirosine</i> )                                                           | NPSP      |                                            |
| GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML ( <i>angiotensin ii acetate</i> )                       | NF        |                                            |
| <i>guanfacine hcl oral tablet 1 mg, 2 mg</i>                                                               | G         | N8 (Listing does not include certain NDCs) |
| <i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                             | G         | N8 (Listing does not include certain NDCs) |
| LODOCO ORAL TABLET 0.5 MG ( <i>colchicine</i> )                                                            | NF        |                                            |
| <i>methyldopa oral tablet 250 mg, 500 mg</i>                                                               | G         | N8 (Listing does not include certain NDCs) |
| <i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                       | G         |                                            |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i>                                                                 | G         |                                            |
| NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG ( <i>clonidine</i> )                              | NF        |                                            |
| NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% ( <i>nitroprusside sodium-nacl</i> ) | NF        |                                            |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG ( <i>droxidopa</i> )                                          | NF        |                                            |
| <i>phenoxybenzamine hcl oral capsule 10 mg</i>                                                             | G         |                                            |
| <i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>                                  | G         |                                            |
| VECAMYL ORAL TABLET 2.5 MG ( <i>mecamylamine hcl</i> )                                                     | NPB       |                                            |
| VYNDAMAX ORAL CAPSULE 61 MG ( <i>tafamidis</i> )                                                           | PSP       |                                            |
| VYNDAQEL ORAL CAPSULE 20 MG ( <i>tafamidis meglumine (cardiac)</i> )                                       | NF        |                                            |
| <b>NITRATES - DRUGS TO TREAT HEART CONDITIONS</b>                                                          |           |                                            |
| ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG ( <i>isosorbide dinitrate</i> )                                  | NPB       |                                            |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>                                          | G         |                                            |
| <i>isosorbide dinitrate oral tablet 40 mg</i>                                                              | NF        |                                            |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>                 | G         |                                            |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>                                                     | NPB       |                                            |
| NITRO-BID TRANSDERMAL OINTMENT 2 % ( <i>nitroglycerin</i> )                                                | NPB       |                                            |

| Prescription Drug Name                                                                                                           | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR<br>( <i>nitroglycerin</i> ) | NPB       |            |
| <i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>                                                         | G         |            |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>                                        | G         |            |
| <i>nitroglycerin translingual solution 0.4 mg/spray</i>                                                                          | G         |            |
| NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY ( <i>nitroglycerin</i> )                                                         | NPB       |            |
| <b>PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION</b>                                                   |           |            |
| ADCIRCA ORAL TABLET 20 MG ( <i>tadalafil (pah)</i> )                                                                             | NF        |            |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )                                                      | PSP       |            |
| <i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)                                                                                  | G         |            |
| <i>ambrisentan oral tablet 10 mg, 5 mg</i>                                                                                       | G         |            |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i>                                                                                      | G         |            |
| <i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>                                                     | G         |            |
| FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG ( <i>epoprostenol sodium</i> )                                          | NPSP      |            |
| LETAIRIS ORAL TABLET 10 MG, 5 MG ( <i>ambrisentan</i> )                                                                          | NF        |            |
| OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )                                                                                  | PSP       |            |
| OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG ( <i>macitentan-tadalafil</i> )                                                           | PSP       |            |
| ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ( <i>treprostinil diolamine</i> )                    | PSP       |            |
| ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ( <i>treprostinil diolamine</i> )                    | PSP       |            |
| ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG ( <i>treprostinil diolamine</i> )                | PSP       |            |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG ( <i>treprostinil diolamine</i> )                   | PSP       |            |
| REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML, 8 MG/20ML ( <i>treprostinil</i> )                 | NF        |            |
| REVATIO ORAL TABLET 20 MG ( <i>sildenafil citrate</i> )                                                                          | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                              | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>                                                    | G         |            |
| <i>sildenafil citrate oral tablet 20 mg</i>                                                                         | G         |            |
| <i>tadalafil (pah) oral tablet 20 mg</i>                                                                            | G         |            |
| TADLIQ ORAL SUSPENSION 20 MG/5ML ( <i>tadalafil (pah)</i> )                                                         | PSP       |            |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG ( <i>bosentan</i> )                                                            | NF        |            |
| TRACLEER ORAL TABLET SOLUBLE 32 MG ( <i>bosentan</i> )                                                              | NF        |            |
| <i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>                             | G         |            |
| TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG ( <i>treprostinil</i> )               | PSP       |            |
| TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG ( <i>treprostinil</i> )                 | PSP       |            |
| TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG ( <i>treprostinil</i> )                                 | PSP       |            |
| TYVASO INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )                                                        | PSP       |            |
| TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )                                             | PSP       |            |
| TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )                                            | PSP       |            |
| UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> ) | PSP       |            |
| UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG ( <i>selexipag</i> )                                       | PSP       |            |
| VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG ( <i>epoprostenol sodium</i> )                            | NPSP      |            |
| WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG ( <i>sotatercept-csrk</i> )                           | NPSP      |            |
| <b>CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>                                             |           |            |
| <b>ALCOHOL DETERRENTS</b>                                                                                           |           |            |
| <i>acamprosate calcium oral tablet delayed release 333 mg</i>                                                       | G         |            |
| <i>disulfiram oral tablet 250 mg, 500 mg</i>                                                                        | G         |            |
| <b>AMYOTROPHIC LATERAL SCLEROSIS (ALS) - DRUGS TO TREAT ALS</b>                                                     |           |            |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5ML ( <i>edaravone</i> )                                                        | PSP       |            |
| RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML ( <i>edaravone</i> )                                            | PSP       |            |

| Prescription Drug Name                                                                       | Drug Tier | Drug Notes                                 |
|----------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>riluzole oral tablet 50 mg</i>                                                            | G         |                                            |
| TEGLUTIK ORAL SUSPENSION 50 MG/10ML ( <i>riluzole</i> )                                      | NF        |                                            |
| <b>ANTIANXIETY - DRUGS TO TREAT ANXIETY</b>                                                  |           |                                            |
| <i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>           | G         |                                            |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>alprazolam</i> )                           | NPB       |                                            |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                    | G         |                                            |
| <i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                        | G         |                                            |
| <i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>           | G         |                                            |
| ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG ( <i>clomipramine hcl</i> )                       | NPB       |                                            |
| ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML ( <i>lorazepam</i> )                              | NF        |                                            |
| ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>lorazepam</i> )                                   | NF        |                                            |
| <i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>                           | G         |                                            |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>                                  | G         |                                            |
| <i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>                                     | G         |                                            |
| <i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>           | G         |                                            |
| <i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>                                  | G         |                                            |
| <i>lorazepam oral concentrate 2 mg/ml</i>                                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                              | G         | N8 (Listing does not include certain NDCs) |
| LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG ( <i>lorazepam</i> )     | NPB       |                                            |
| <i>meprobamate oral tablet 200 mg, 400 mg</i>                                                | G         |                                            |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>                                             | G         |                                            |
| XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG ( <i>alprazolam</i> )                          | NF        |                                            |
| XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG ( <i>alprazolam</i> ) | NF        |                                            |
| <b>ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS</b>                                |           |                                            |
| ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY ( <i>donepezil hcl</i> )               | NF        |                                            |

| Prescription Drug Name                                                                                                      | Drug Tier | Drug Notes                                 |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>                                                                         | G         |                                            |
| <i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>                                                                    | G         |                                            |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>                                 | G         |                                            |
| <i>galantamine hydrobromide oral solution 4 mg/ml</i>                                                                       | G         |                                            |
| <i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>                                                               | G         |                                            |
| <i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>                                     | G         |                                            |
| <i>memantine hcl oral solution 2 mg/ml</i>                                                                                  | G         |                                            |
| <i>memantine hcl oral tablet 10 mg, 5 mg</i>                                                                                | G         | N8 (Listing does not include certain NDCs) |
| <i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>                                                                 | G         |                                            |
| NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG ( <i>memantine hcl</i> )                                           | NPB       |                                            |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG ( <i>memantine hcl-donepezil hcl</i> ) | PB        |                                            |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>                                                        | G         |                                            |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>                                        | G         |                                            |
| <b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION</b>                                                                          |           |                                            |
| <i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>                                             | G         |                                            |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>                                                                   | G         | 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> )                                       | PB        |                                            |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>                                    | G         |                                            |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>                                            | G         |                                            |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>                                                    | NF        |                                            |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i>                                                                              | G         | N8 (Listing does not include certain NDCs) |
| <i>citalopram hydrobromide oral capsule 30 mg</i>                                                                           | NF        |                                            |
| <i>citalopram hydrobromide oral solution 20 mg/10ml</i>                                                                     | G         |                                            |
| <i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>                                                              | G         |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                   | Drug Tier | Drug Notes                                 |
|----------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>desipramine hcl oral tablet 10 mg, 25 mg</i>                                                          | G         | N8 (Listing does not include certain NDCs) |
| <i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>                                          | G         |                                            |
| <i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>                              | NPB       |                                            |
| <i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>             | G         |                                            |
| <i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>                                       | G         | N8 (Listing does not include certain NDCs) |
| <i>doxepin hcl oral capsule 150 mg</i>                                                                   | G         |                                            |
| <i>doxepin hcl oral concentrate 10 mg/ml</i>                                                             | G         |                                            |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>                  | G         |                                            |
| EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG ( <i>venlafaxine hcl</i> )       | NF        |                                            |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR ( <i>selegiline</i> )                   | NPB       |                                            |
| <i>escitalopram oxalate oral solution 5 mg/5ml</i>                                                       | G         | N8 (Listing does not include certain NDCs) |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>                                               | G         |                                            |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG ( <i>levomilnacipran hcl</i> ) | NPB       |                                            |
| FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ( <i>levomilnacipran hcl</i> )         | NPB       |                                            |
| <i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>                                                   | G         |                                            |
| <i>fluoxetine hcl oral capsule delayed release 90 mg</i>                                                 | G         |                                            |
| <i>fluoxetine hcl oral solution 20 mg/5ml</i>                                                            | G         | N8 (Listing does not include certain NDCs) |
| <i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>                                                           | G         |                                            |
| <i>fluoxetine hcl oral tablet 60 mg</i>                                                                  | NF        |                                            |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                                    | G         |                                            |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>                                     | G         |                                            |
| LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>escitalopram oxalate</i> )                                   | NF        |                                            |
| MARPLAN ORAL TABLET 10 MG ( <i>isocarboxazid</i> )                                                       | NPB       |                                            |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>                                               | G         |                                            |
| <i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>                                           | G         |                                            |
| NARDIL ORAL TABLET 15 MG ( <i>phenelzine sulfate</i> )                                                   | NPB       |                                            |

## 2026 Pharmacy Drug Guide - Aetna Standard Plan

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



| Prescription Drug Name                                                                                | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>                               | G         |                                            |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG ( <i>desipramine hcl</i> )                                         | NPB       |                                            |
| <i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>                                      | G         |                                            |
| <i>nortriptyline hcl oral solution 10 mg/5ml</i>                                                      | G         |                                            |
| PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG ( <i>nortriptyline hcl</i> )                          | NPB       |                                            |
| PARNATE ORAL TABLET 10 MG ( <i>tranylcypromine sulfate</i> )                                          | NPB       |                                            |
| <i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg</i>                          | G         |                                            |
| <i>paroxetine hcl er oral tablet extended release 24 hour 37.5 mg</i>                                 | NF        |                                            |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>                                          | G         | 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>                                                           | G         |                                            |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG ( <i>desvenlafaxine succinate</i> ) | NF        |                                            |
| <i>protriptyline hcl oral tablet 10 mg, 5 mg</i>                                                      | G         |                                            |
| REMERON ORAL TABLET 15 MG, 30 MG ( <i>mirtazapine</i> )                                               | NPB       |                                            |
| REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG ( <i>mirtazapine</i> )                     | NPB       |                                            |
| <i>sertraline hcl oral capsule 150 mg, 200 mg</i>                                                     | NF        |                                            |
| <i>sertraline hcl oral concentrate 20 mg/ml</i>                                                       | G         |                                            |
| <i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>                                                | G         |                                            |
| SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE ( <i>esketamine hcl</i> )              | NPB       |                                            |
| SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE ( <i>esketamine hcl</i> )              | NPB       |                                            |
| <i>tranylcypromine sulfate oral tablet 10 mg</i>                                                      | G         |                                            |
| <i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>                                        | G         |                                            |
| <i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>                                         | G         | N8 (Listing does not include certain NDCs) |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>vortioxetine hbr</i> )                                 | PB        |                                            |



| Prescription Drug Name                                                                     | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>               | NF        |                                            |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>     | G         |                                            |
| <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>                      | G         | N8 (Listing does not include certain NDCs) |
| <i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>                    | G         |                                            |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>vilazodone hcl</i> )                          | NF        |                                            |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG ( <i>bupropion hcl</i> ) | NF        |                                            |
| ZOLOFT ORAL CONCENTRATE 20 MG/ML ( <i>sertraline hcl</i> )                                 | NF        |                                            |
| ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sertraline hcl</i> )                          | NF        |                                            |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG ( <i>zuranolone</i> )                            | PSP       |                                            |
| <b>ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE</b>                         |           |                                            |
| <i>amantadine hcl oral capsule 100 mg</i>                                                  | G         | N8 (Listing does not include certain NDCs) |
| <i>amantadine hcl oral solution 50 mg/5ml</i>                                              | G         | N8 (Listing does not include certain NDCs) |
| <i>amantadine hcl oral tablet 100 mg</i>                                                   | G         |                                            |
| APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML ( <i>apomorphine hcl</i> )                | NF        |                                            |
| <i>benztropine mesylate oral tablet 0.5 mg</i>                                             | G         | N8 (Listing does not include certain NDCs) |
| <i>benztropine mesylate oral tablet 1 mg, 2 mg</i>                                         | G         |                                            |
| <i>bromocriptine mesylate oral capsule 5 mg</i>                                            | G         |                                            |
| <i>bromocriptine mesylate oral tablet 2.5 mg</i>                                           | G         |                                            |
| <i>carbidopa oral tablet 25 mg</i>                                                         | G         |                                            |
| <i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>             | G         |                                            |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>                      | G         |                                            |

| Prescription Drug Name                                                                                                                            | Drug Tier | Drug Notes                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | NPB       |                                            |
| CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG ( <i>carbidopa-levodopa</i> )                                | PB        |                                            |
| DHIVY ORAL TABLET 25-100 MG ( <i>carbidopa-levodopa</i> )                                                                                         | NPB       |                                            |
| DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML ( <i>carbidopa-levodopa</i> )                                                                              | NPSP      |                                            |
| <i>entacapone oral tablet 200 mg</i>                                                                                                              | G         |                                            |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG ( <i>amantadine hcl</i> )                                                           | NF        |                                            |
| <i>haloperidol oral tablet 2 mg</i>                                                                                                               | G         |                                            |
| INBRIJA INHALATION CAPSULE 42 MG ( <i>levodopa</i> )                                                                                              | PSP       |                                            |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR ( <i>rotigotine</i> )                           | PB        |                                            |
| NOURIANZ ORAL TABLET 20 MG, 40 MG ( <i>istradefylline</i> )                                                                                       | NF        |                                            |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG ( <i>opicapone</i> )                                                                                           | NF        |                                            |
| <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>              | G         |                                            |
| <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>                                                   | G         |                                            |
| <i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>                                                                                               | G         |                                            |
| <i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>                                                       | G         |                                            |
| <i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>                                                                   | G         |                                            |
| RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG ( <i>carbidopa-levodopa</i> )                          | PB        |                                            |
| <i>selegiline hcl oral capsule 5 mg</i>                                                                                                           | G         |                                            |
| <i>selegiline hcl oral tablet 5 mg</i>                                                                                                            | G         | N8 (Listing does not include certain NDCs) |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG ( <i>carbidopa-levodopa</i> )                                                                            | NPB       |                                            |
| <i>tolcapone oral tablet 100 mg</i>                                                                                                               | G         |                                            |
| <i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>                                                                                                | G         |                                            |
| <i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>                                                                                                 | G         |                                            |

| Prescription Drug Name                                                                                                                   | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| XADAGO ORAL TABLET 100 MG, 50 MG ( <i>safinamide mesylate</i> )                                                                          | NF        |            |
| ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG ( <i>selegiline hcl</i> )                                                                        | NPB       |            |
| <b>ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES</b>                                                                                         |           |            |
| ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML ( <i>aripiprazole</i> )                                     | PB        |            |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG ( <i>aripiprazole</i> )                                                  | PB        |            |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG ( <i>aripiprazole</i> )                                        | PB        |            |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole w/ sens-strip-pod</i> ) | NF        |            |
| ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole w/ sens-strip-pod</i> )     | NF        |            |
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG ( <i>aripiprazole</i> )                                                       | NF        |            |
| <i>aripiprazole oral solution 1 mg/ml</i>                                                                                                | G         |            |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>                                                                   | G         |            |
| <i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>                                                                                 | G         |            |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML ( <i>aripiprazole lauroxil</i> )                                            | NPB       |            |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML ( <i>aripiprazole lauroxil</i> )        | NPB       |            |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG ( <i>lumateperone tosylate</i> )                                                              | NPB       |            |
| <i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>                                                                         | NPB       |            |
| <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>                                                                | G         |            |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                                                                | G         |            |
| <i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>                                                          | G         |            |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG ( <i>xanomeline-trospium chloride</i> )                                              | NPB       |            |
| COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG ( <i>xanomeline-trospium chloride</i> )                                 | NPB       |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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01/01/2026

| Prescription Drug Name                                                                                                                                                | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG ( <i>carbamazepine</i> ( <i>antipsychotic</i> ))                                                 | NPB       |            |
| ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 351 MG/2.25ML, 39 MG/0.25ML, 78 MG/0.5ML ( <i>paliperidone palmitate</i> ) | NF        |            |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>iloperidone</i> )                                                                                  | NF        |            |
| FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG ( <i>iloperidone</i> )                                                                                           | NF        |            |
| FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG ( <i>iloperidone</i> )                                                                                               | NF        |            |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i>                                                                                                             | G         |            |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i>                                                                                                                  | G         |            |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i>                                                                                                                      | G         |            |
| <i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>                                                                                                                        | G         |            |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>                                                                                                         | G         |            |
| GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG ( <i>ziprasidone mesylate</i> )                                                                                     | NPB       |            |
| GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG ( <i>ziprasidone hcl</i> )                                                                                             | NPB       |            |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>                                                                                               | G         |            |
| <i>haloperidol lactate injection solution 5 mg/ml</i>                                                                                                                 | G         |            |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i>                                                                                                                   | G         |            |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 20 mg, 5 mg</i>                                                                                                       | G         |            |
| INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML ( <i>paliperidone palmitate</i> )                                                | NF        |            |
| INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML ( <i>paliperidone palmitate</i> )        | NPB       |            |
| INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML ( <i>paliperidone palmitate</i> )                 | NF        |            |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG ( <i>lurasidone hcl</i> )                                                                                       | NF        |            |

| Prescription Drug Name                                                                                                        | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>loxapine succinate oral capsule 10 mg, 5 mg</i>                                                                            | G         | N8 (Listing does not include certain NDCs) |
| <i>loxapine succinate oral capsule 25 mg, 50 mg</i>                                                                           | G         |                                            |
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG ( <i>olanzapine-samidorphan</i> )                                   | NPB       |                                            |
| NUPLAZID ORAL CAPSULE 34 MG ( <i>pimavanserin tartrate</i> )                                                                  | NPSP      |                                            |
| NUPLAZID ORAL TABLET 10 MG ( <i>pimavanserin tartrate</i> )                                                                   | NPSP      |                                            |
| <i>olanzapine intramuscular solution reconstituted 10 mg</i>                                                                  | G         |                                            |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>                                                       | G         |                                            |
| <i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>                                                           | G         |                                            |
| 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>                                          | G         |                                            |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>                                                                       | G         |                                            |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG ( <i>risperidone</i> )                                                  | PB        |                                            |
| <i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>                      | G         |                                            |
| <i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>                                   | G         |                                            |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>brexpiprazole</i> )                                          | NPB       |                                            |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>risperidone microspheres</i> ) | NPB       |                                            |
| <i>risperidone oral solution 1 mg/ml</i>                                                                                      | G         |                                            |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                                        | G         |                                            |
| <i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>                                            | G         |                                            |
| RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG ( <i>risperidone</i> )                                | NF        |                                            |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG ( <i>asenapine maleate</i> )                                         | NPB       |                                            |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR ( <i>asenapine</i> )                                  | NF        |                                            |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG ( <i>quetiapine fumarate</i> )         | NF        |                                            |
| <i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>                                                               | G         |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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01/01/2026

| Prescription Drug Name                                                                                                                                                      | Drug Tier | Drug Notes                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                                                                                                                     | G         |                                            |
| <i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>                                                                                                              | G         |                                            |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML ( <i>risperidone</i> ) | NF        |                                            |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML ( <i>clozapine</i> )                                                                                                                     | NPB       |                                            |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG ( <i>cariprazine hcl</i> )                                                                                                  | PB        |                                            |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>                                                                                                              | G         |                                            |
| <b>ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES</b>                                                                                                                         |           |                                            |
| APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG ( <i>eslicarbazepine acetate</i> )                                                                                         | NPB       |                                            |
| BANZEL ORAL SUSPENSION 40 MG/ML ( <i>rufinamide</i> )                                                                                                                       | NF        |                                            |
| BANZEL ORAL TABLET 200 MG, 400 MG ( <i>rufinamide</i> )                                                                                                                     | NF        |                                            |
| BRIVIACT ORAL SOLUTION 10 MG/ML ( <i>brivaracetam</i> )                                                                                                                     | PB        |                                            |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG ( <i>brivaracetam</i> )                                                                                             | PB        |                                            |
| <i>carbamazepine er oral capsule extended release 12 hour 100 mg, 300 mg</i>                                                                                                | G         |                                            |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>                                                                                         | G         | N8 (Listing does not include certain NDCs) |
| <i>carbamazepine oral suspension 100 mg/5ml</i>                                                                                                                             | G         | N8 (Listing does not include certain NDCs) |
| <i>carbamazepine oral suspension 200 mg/10ml</i>                                                                                                                            | NF        |                                            |
| <i>carbamazepine oral tablet 200 mg</i>                                                                                                                                     | G         |                                            |
| <i>carbamazepine oral tablet chewable 100 mg</i>                                                                                                                            | G         |                                            |
| CELONTIN ORAL CAPSULE 300 MG ( <i>methsuximide</i> )                                                                                                                        | NPB       |                                            |
| <i>clobazam oral suspension 2.5 mg/ml</i>                                                                                                                                   | G         |                                            |
| <i>clobazam oral tablet 10 mg, 20 mg</i>                                                                                                                                    | G         |                                            |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                                                            | G         | N8 (Listing does not include certain NDCs) |
| <i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>                                                                                             | G         |                                            |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>                                                                                                           | G         |                                            |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG ( <i>divalproex sodium</i> )                                                                                | NF        |                                            |



| Prescription Drug Name                                                                       | Drug Tier | Drug Notes                                 |
|----------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG ( <i>divalproex sodium</i> )     | NF        |                                            |
| DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG ( <i>divalproex sodium</i> ) | NF        |                                            |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG ( <i>stiripentol</i> )                                  | NF        |                                            |
| DIACOMIT ORAL PACKET 250 MG, 500 MG ( <i>stiripentol</i> )                                   | NF        |                                            |
| <i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)                                 | G         |                                            |
| <i>diazepam oral concentrate 5 mg/ml</i>                                                     | G         |                                            |
| <i>diazepam oral solution 5 mg/5ml</i>                                                       | G         |                                            |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>                                                | G         | N8 (Listing does not include certain NDCs) |
| <i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>                                              | G         |                                            |
| DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG ( <i>phenytoin</i> )                            | NF        |                                            |
| DILANTIN ORAL CAPSULE 100 MG, 30 MG ( <i>phenytoin sodium extended</i> )                     | NF        |                                            |
| DILANTIN-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>              | G         |                                            |
| <i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>                        | G         |                                            |
| <i>divalproex sodium oral tablet delayed release 125 mg, 500 mg</i>                          | G         |                                            |
| <i>divalproex sodium oral tablet delayed release 250 mg</i>                                  | G         | N8 (Listing does not include certain NDCs) |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG ( <i>levetiracetam</i> )    | NF        |                                            |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML ( <i>cannabidiol</i> )                                     | NPSP      |                                            |
| EPRONTIA ORAL SOLUTION 25 MG/ML ( <i>topiramate</i> )                                        | NF        |                                            |
| <i>ethosuximide oral capsule 250 mg</i>                                                      | G         |                                            |
| <i>ethosuximide oral solution 250 mg/5ml</i>                                                 | G         |                                            |
| <i>felbamate oral suspension 600 mg/5ml</i>                                                  | G         |                                            |
| <i>felbamate oral tablet 400 mg, 600 mg</i>                                                  | G         |                                            |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML ( <i>fenfluramine hcl</i> )                                 | NF        |                                            |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML ( <i>perampanel</i> )                                      | NPB       |                                            |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>perampanel</i> )               | NPB       |                                            |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>                                        | G         |                                            |
| <i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>                                       | G         |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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



| Prescription Drug Name                                                                                                     | Drug Tier | Drug Notes                                    |
|----------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------|
| <i>gabapentin oral tablet 600 mg, 800 mg</i>                                                                               | G         |                                               |
| KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML<br>( <i>levetiracetam</i> )                                                         | NF        |                                               |
| KEPPRA ORAL SOLUTION 100 MG/ML ( <i>levetiracetam</i> )                                                                    | NF        |                                               |
| KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG<br>( <i>levetiracetam</i> )                                             | NF        |                                               |
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24<br>HOUR 500 MG, 750 MG ( <i>levetiracetam</i> )                                  | NF        |                                               |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG<br>( <i>clonazepam</i> )                                                           | NPB       |                                               |
| LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 &<br>50 & 100 MG, 42 X 50 MG & 14X100 MG ( <i>lamotrigine</i> )           | NF        |                                               |
| LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200<br>MG, 25 MG, 50 MG ( <i>lamotrigine</i> )                                | NF        |                                               |
| LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25<br>MG ( <i>lamotrigine</i> )                                               | NF        |                                               |
| LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG<br>( <i>lamotrigine</i> )                                                        | NF        |                                               |
| LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG<br>& 7 X 100 MG, 84 X 25 MG & 14X100 MG ( <i>lamotrigine</i> )            | NF        |                                               |
| LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50<br>& 100 MG, 50 & 100 & 200 MG ( <i>lamotrigine</i> )                 | NF        |                                               |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24<br>HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG<br>( <i>lamotrigine</i> ) | NF        |                                               |
| <i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200<br/>mg, 25 mg, 250 mg, 300 mg, 50 mg</i>                | G         | N8 (Listing does not include<br>certain NDCs) |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>                                                               | G         |                                               |
| <i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>                                                                        | G         |                                               |
| <i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>                                                    | G         |                                               |
| <i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>                                                                    | G         |                                               |
| <i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>                                                   | G         |                                               |
| <i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>                                                 | G         |                                               |
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750<br/>mg</i>                                            | G         |                                               |
| <i>levetiracetam oral solution 100 mg/ml</i>                                                                               | G         | N8 (Listing does not include<br>certain NDCs) |
| <i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>                                                           | G         |                                               |

## 2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG ( <i>pregabalin</i> ) | NF        |                                            |
| LYRICA ORAL SOLUTION 20 MG/ML ( <i>pregabalin</i> )                                                   | NF        |                                            |
| 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        |                                            |
| NEURONTIN ORAL SOLUTION 250 MG/5ML ( <i>gabapentin</i> )                                              | NPB       |                                            |
| ONFI ORAL SUSPENSION 2.5 MG/ML ( <i>clobazam</i> )                                                    | NF        |                                            |
| ONFI ORAL TABLET 10 MG, 20 MG ( <i>clobazam</i> )                                                     | NF        |                                            |
| <i>oxcarbazepine oral suspension 300 mg/5ml</i>                                                       | G         | N8 (Listing does not include certain NDCs) |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>                                               | G         |                                            |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG ( <i>oxcarbazepine</i> )      | PB        |                                            |
| <i>phenobarbital oral elixir 30 mg/7.5ml, 60 mg/15ml</i>                                              | G         |                                            |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>      | G         |                                            |
| <i>phenytoin oral suspension 100 mg/4ml</i>                                                           | G         |                                            |
| <i>phenytoin oral tablet chewable 50 mg</i>                                                           | G         |                                            |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>                                  | G         |                                            |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>            | G         |                                            |
| <i>pregabalin oral solution 20 mg/ml</i>                                                              | G         |                                            |
| <i>primidone oral tablet 125 mg</i>                                                                   | NF        |                                            |
| <i>primidone oral tablet 250 mg</i>                                                                   | G         |                                            |
| <i>primidone oral tablet 50 mg</i>                                                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>levetiracetam (Roweepra Oral Tablet 500 Mg)</i>                                                    | G         |                                            |
| <i>rufinamide oral suspension 40 mg/ml</i>                                                            | G         |                                            |
| 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        |                                            |
| <i>lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)</i>                              | G         |                                            |
| <i>lamotrigine (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)</i>                                   | G         |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                               | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>lamotrigine</i> (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg)                     | G         |            |
| <i>lamotrigine</i> (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)                   | G         |            |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG ( <i>clobazam</i> )                                            | NF        |            |
| TEGRETOL ORAL SUSPENSION 100 MG/5ML ( <i>carbamazepine</i> )                                         | NF        |            |
| TEGRETOL ORAL TABLET 200 MG ( <i>carbamazepine</i> )                                                 | NF        |            |
| TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG ( <i>carbamazepine</i> )     | NF        |            |
| <i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>                                            | G         |            |
| <i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>           | NF        |            |
| <i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>                                                 | G         |            |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>                                           | G         |            |
| TRILEPTAL ORAL SUSPENSION 300 MG/5ML ( <i>oxcarbazepine</i> )                                        | NF        |            |
| TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG ( <i>oxcarbazepine</i> )                                | NF        |            |
| TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG ( <i>topiramate</i> ) | NPB       |            |
| VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>diazepam</i> )                                             | NPB       |            |
| <i>valproic acid oral capsule 250 mg</i>                                                             | G         |            |
| <i>valproic acid oral solution 250 mg/5ml</i>                                                        | G         |            |
| VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML ( <i>diazepam</i> )                                      | PB        |            |
| VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML ( <i>diazepam</i> )                    | PB        |            |
| VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML ( <i>diazepam</i> )                     | PB        |            |
| VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML ( <i>diazepam</i> )                                        | PB        |            |
| <i>vigabatrin oral packet 500 mg</i>                                                                 | G         |            |
| <i>vigabatrin oral tablet 500 mg</i>                                                                 | G         |            |
| <i>vigabatrin</i> (Vigadrone Oral Packet 500 Mg)                                                     | G         |            |
| VIGAFYDE ORAL SOLUTION 100 MG/ML ( <i>vigabatrin</i> )                                               | NF        |            |
| VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML ( <i>lacosamide</i> )                                        | NF        |            |

| Prescription Drug Name                                                                                                               | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| VIMPAT ORAL SOLUTION 10 MG/ML ( <i>lacosamide</i> )                                                                                  | NF        |            |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>lacosamide</i> )                                                               | NF        |            |
| XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG ( <i>cenobamate</i> )                                               | PB        |            |
| XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG ( <i>cenobamate</i> )                                               | PB        |            |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 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 X 200 MG, 14 X 50 MG & 14 X 100 MG ( <i>cenobamate</i> ) | PB        |            |
| ZARONTIN ORAL SOLUTION 250 MG/5ML ( <i>ethosuximide</i> )                                                                            | NPB       |            |
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG ( <i>zonisamide</i> )                                                                            | NF        |            |
| ZONISADE ORAL SUSPENSION 100 MG/5ML ( <i>zonisamide</i> )                                                                            | NF        |            |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>                                                                                  | G         |            |
| ZTALMY ORAL SUSPENSION 50 MG/ML ( <i>ganaxolone</i> )                                                                                | NF        |            |
| <b>ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD</b>                                                                |           |            |
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG ( <i>amphetamine-dextroamphetamine</i> )                      | NF        |            |
| ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG ( <i>amphetamine-dextroamphetamine</i> )   | NF        |            |
| ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG ( <i>amphetamine</i> )     | NF        |            |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                                                   | G         |            |
| <i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>                   | G         |            |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>                                   | G         |            |
| APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG ( <i>methylphenidate hcl</i> )     | NF        |            |
| <i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>                                                 | G         |            |
| AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG ( <i>serdexmethylphen-dexmethylphen</i> )                               | PB        |            |
| <i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>                                                                  | G         |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                                                   | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| 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        |            |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>             | G         |            |
| <i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>                                                                            | G         |            |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>                                             | G         |            |
| <i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>                                                                                  | G         |            |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>                                                                                 | G         |            |
| DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML ( <i>amphetamine</i> )                                                            | 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 XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG ( <i>dexmethylphenidate hcl</i> ) | NF        |            |
| <i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>                                                     | G         |            |
| INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG ( <i>guanfacine hcl</i> )                                            | NF        |            |
| JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG ( <i>methylphenidate hcl</i> )                        | NF        |            |
| <i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>                                          | G         |            |
| <i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>                                         | G         |            |
| <i>methamphetamine hcl oral tablet 5 mg</i>                                                                                              | G         |            |
| <i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>                                | G         |            |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>                               | G         |            |
| <i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>                                       | G         |            |

## 2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                                | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>                                         | NF        |            |
| <i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>                                               | G         |            |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>                         | G         |            |
| <i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>                                                          | G         |            |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>                                                             | G         |            |
| <i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>                                                   | G         |            |
| MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>amphetamine-dextroamphetamine</i> ) | NF        |            |
| ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML ( <i>clonidine hcl</i> )                                          | NF        |            |
| QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG ( <i>viloxazine hcl</i> )                        | PB        |            |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG ( <i>methylphenidate hcl</i> )                | NF        |            |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML ( <i>methylphenidate hcl</i> )                               | NF        |            |
| RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG ( <i>methylphenidate hcl</i> )         | NF        |            |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG ( <i>lisdexamfetamine dimesylate</i> )           | NF        |            |
| VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG ( <i>lisdexamfetamine dimesylate</i> )          | NF        |            |
| XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR ( <i>dextroamphetamine</i> )                  | NF        |            |
| <i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 10 Mg, 15 Mg, 2.5 Mg, 20 Mg, 30 Mg, 5 Mg, 7.5 Mg)               | G         |            |
| <b>BOTULINUM TOXINS</b>                                                                                               |           |            |
| BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT ( <i>onabotulinumtoxina</i> )                               | NF        |            |
| DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT ( <i>daxibotulinumtoxina-lanm</i> )                             | PSP       |            |
| DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT ( <i>abobotulinumtoxina</i> )                         | NF        |            |
| XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT ( <i>incobotulinumtoxina</i> )                | PSP       |            |



| Prescription Drug Name                                                          | Drug Tier | Drug Notes                                 |
|---------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>FIBROMYALGIA</b>                                                             |           |                                            |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG<br>( <i>milnacipran hcl</i> ) | NPB       |                                            |
| SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG<br>( <i>milnacipran hcl</i> )     | NPB       |                                            |
| <b>HYPNOTICS - DRUGS TO TREAT INSOMNIA</b>                                      |           |                                            |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG<br>( <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>                                       | G         |                                            |
| EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG<br>( <i>zolpidem tartrate</i> ) | NF        |                                            |
| <i>estazolam oral tablet 1 mg, 2 mg</i>                                         | G         |                                            |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>                                 | G         |                                            |
| <i>flurazepam hcl oral capsule 15 mg, 30 mg</i>                                 | NF        |                                            |
| HALCION ORAL TABLET 0.25 MG ( <i>triazolam</i> )                                | NPB       |                                            |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML ( <i>tasimelteon</i> )                       | NPSP      |                                            |
| HETLIOZ ORAL CAPSULE 20 MG ( <i>tasimelteon</i> )                               | NPSP      |                                            |
| LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG ( <i>eszopiclone</i> )                     | NF        |                                            |
| <i>midazolam hcl oral syrup 2 mg/ml</i>                                         | G         |                                            |
| MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML<br>( <i>midazolam</i> )           | NF        |                                            |
| <i>quazepam oral tablet 15 mg</i>                                               | NF        |                                            |
| QUVIVIQ ORAL TABLET 25 MG, 50 MG ( <i>daridorexant hcl</i> )                    | PB        |                                            |
| <i>ramelteon oral tablet 8 mg</i>                                               | G         |                                            |
| ROZEREM ORAL TABLET 8 MG ( <i>ramelteon</i> )                                   | NF        |                                            |
| SILENOR ORAL TABLET 3 MG, 6 MG ( <i>doxepin hcl</i> )                           | NF        |                                            |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>                     | G         |                                            |
| <i>triazolam oral tablet 0.125 mg, 0.25 mg</i>                                  | G         |                                            |
| <i>zaleplon oral capsule 10 mg, 5 mg</i>                                        | G         |                                            |
| <i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>       | G         |                                            |
| <i>zolpidem tartrate oral capsule 7.5 mg</i>                                    | NF        |                                            |
| <i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>                                | G         | N8 (Listing does not include certain NDCs) |
| <i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>           | NF        |                                            |



| Prescription Drug Name                                                                                | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>MIGRAINE - ERGOTAMINE DERIVATIVES - DRUGS TO TREAT SEVERE HEADACHES</b>                            |           |            |
| <i>dihydroergotamine mesylate injection solution 1 mg/ml</i>                                          | G         |            |
| <i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>                                              | NF        |            |
| ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG ( <i>ergotamine tartrate</i> )                              | NPB       |            |
| <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        |            |
| <b>MIGRAINE - MISCELLANEOUS - DRUGS TO TREAT SEVERE HEADACHES</b>                                     |           |            |
| NURTEC ORAL TABLET DISPERSIBLE 75 MG ( <i>rimegepant sulfate</i> )                                    | PB        |            |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG ( <i>atogepant</i> )                                          | PB        |            |
| REYVOW ORAL TABLET 100 MG, 50 MG ( <i>lasmiditan succinate</i> )                                      | NPB       |            |
| UBRELVY ORAL TABLET 100 MG, 50 MG ( <i>ubrogepant</i> )                                               | PB        |            |
| ZAVZPRET NASAL SOLUTION 10 MG/ACT ( <i>zavegepant hcl</i> )                                           | NF        |            |
| <b>MIGRAINE - MONOCLONAL ANTIBODIES - DRUGS TO TREAT SEVERE HEADACHES</b>                             |           |            |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML ( <i>erenumab-aooe</i> )              | NF        |            |
| AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )                   | PB        |            |
| AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML ( <i>fremanezumab-vfrm</i> )               | PB        |            |
| EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> ) | PB        |            |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML ( <i>galcanezumab-gnlm</i> )                   | PB        |            |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>galcanezumab-gnlm</i> )               | PB        |            |
| <b>MIGRAINE - TRIPTANS AND COMBINATIONS - DRUGS TO TREAT SEVERE HEADACHES</b>                         |           |            |
| <i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>                                                | G         |            |
| <i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>                                               | G         |            |
| <i>frovatriptan succinate oral tablet 2.5 mg</i>                                                      | G         |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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01/01/2026

| Prescription Drug Name                                                                                                       | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| 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>                                                                              | G         |            |
| ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC ( <i>sumatriptan succinate</i> )                                             | NF        |            |
| <i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>                                                                          | G         |            |
| <i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>                                                              | G         |            |
| <i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>                                                                        | G         |            |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>                                                                | G         |            |
| <i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>                                   | G         |            |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>                                                                | G         |            |
| <i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>                                      | G         |            |
| <i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>                                                                     | NF        |            |
| TOSYMRA NASAL SOLUTION 10 MG/ACT ( <i>sumatriptan</i> )                                                                      | PB        |            |
| 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> )                            | PB        |            |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>                                                                                 | G         |            |
| <i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>                                                                     | G         |            |
| ZOMIG NASAL SOLUTION 5 MG ( <i>zolmitriptan</i> )                                                                            | NPB       |            |
| <i>zolmitriptan (Zomig Oral Tablet 2.5 Mg, 5 Mg)</i>                                                                         | NF        |            |
| <b>MISCELLANEOUS</b>                                                                                                         |           |            |
| DAYBUE ORAL SOLUTION 200 MG/ML ( <i>trofinetide</i> )                                                                        | NPSP      |            |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>satralizumab-mwge</i> )                                      | PSP       |            |
| EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML ( <i>risdiplam</i> )                                                          | NPSP      |            |
| EVRYSDI ORAL TABLET 5 MG ( <i>risdiplam</i> )                                                                                | NPSP      |            |
| FIRDAPSE ORAL TABLET 10 MG ( <i>amifampridine phosphate</i> )                                                                | NPSP      |            |
| SKYCLARYS ORAL CAPSULE 50 MG ( <i>omaveloxolone</i> )                                                                        | NPSP      |            |
| ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML ( <i>zilucoplan sodium</i> ) | NF        |            |

| Prescription Drug Name                                                                                                            | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>MOOD STABILIZERS - DRUGS TO TREAT MOOD DISORDERS</b>                                                                           |           |            |
| <i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>                                                           | G         |            |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>                                                                      | G         |            |
| <i>lithium carbonate oral tablet 300 mg</i>                                                                                       | G         |            |
| LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG<br>( <i>lithium carbonate</i> )                                                      | NPB       |            |
| <b>MOVEMENT DISORDERS</b>                                                                                                         |           |            |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG<br>( <i>deutetrabenazine</i> )                                                              | PSP       |            |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG ( <i>deutetrabenazine</i> ) | NF        |            |
| AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG ( <i>deutetrabenazine</i> )           | NF        |            |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG<br>( <i>valbenazine tosylate</i> )                                                      | PSP       |            |
| INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG ( <i>valbenazine tosylate</i> )                                                | PSP       |            |
| INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG ( <i>valbenazine tosylate</i> )                                                     | PSP       |            |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>                                                                                   | G         |            |
| XENAZINE ORAL TABLET 12.5 MG, 25 MG ( <i>tetrabenazine</i> )                                                                      | NF        |            |
| <b>MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS</b>                                                              |           |            |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG ( <i>dalfampridine</i> )                                                        | NPSP      |            |
| AUBAGIO ORAL TABLET 14 MG, 7 MG ( <i>teriflunomide</i> )                                                                          | NF        |            |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )                                             | PSP       |            |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )                                   | PSP       |            |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG ( <i>monomethyl fumarate</i> )                                                       | PSP       |            |
| BETASERON SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )                                                                   | PSP       |            |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML ( <i>glatiramer acetate</i> )                                           | NF        |            |

| Prescription Drug Name                                                                                           | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------|-----------|------------|
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML ( <i>glatiramer acetate</i> )                          | PSP       |            |
| <i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>                                               | G         |            |
| <i>dimethyl fumarate oral capsule delayed release 120 mg</i>                                                     | NF        |            |
| <i>dimethyl fumarate oral capsule delayed release 240 mg</i>                                                     | G         |            |
| <i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i>                 | G         |            |
| GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG ( <i>fingolimod hcl</i> )                                                   | NF        |            |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>                             | G         |            |
| <i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML, 40 Mg/ML)                   | G         |            |
| KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML ( <i>ofatumumab</i> )                                   | PSP       |            |
| MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                                         | NPSP      |            |
| MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                                          | NPSP      |            |
| MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                                          | NPSP      |            |
| MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                                          | NPSP      |            |
| MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                                          | NPSP      |            |
| MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                                          | NPSP      |            |
| MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )                                          | NPSP      |            |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG ( <i>siponimod fumarate</i> )                                            | PSP       |            |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG ( <i>siponimod fumarate</i> )            | PSP       |            |
| PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )                 | NPSP      |            |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )     | NPSP      |            |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> ) | NPSP      |            |

| Prescription Drug Name                                                                                           | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )                      | NPSP      |                                            |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )                  | NPSP      |                                            |
| PONVORY ORAL TABLET 20 MG ( <i>ponesimod</i> )                                                                   | NPSP      |                                            |
| PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ( <i>ponesimod</i> )                       | NPSP      |                                            |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )      | PSP       |                                            |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> ) | PSP       |                                            |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML ( <i>interferon beta-1a</i> )           | PSP       |                                            |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG ( <i>interferon beta-1a</i> )      | PSP       |                                            |
| TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG ( <i>fingolimod lauryl sulfate</i> )                        | NF        |                                            |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG ( <i>dimethyl fumarate</i> )                               | NF        |                                            |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG ( <i>dimethyl fumarate</i> )                    | NF        |                                            |
| TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML ( <i>natalizumab</i> )                                               | PSP       |                                            |
| VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG ( <i>diroximel fumarate</i> )                                       | PSP       |                                            |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ( <i>ozanimod hcl</i> )             | PSP       |                                            |
| ZEPOSIA ORAL CAPSULE 0.92 MG ( <i>ozanimod hcl</i> )                                                             | PSP       |                                            |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) ( <i>ozanimod hcl</i> )                 | PSP       |                                            |
| <b>MUSCULOSKELETAL THERAPY AGENTS</b>                                                                            |           |                                            |
| AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG ( <i>cyclobenzaprine hcl</i> )                          | NF        |                                            |
| <i>baclofen oral suspension 25 mg/5ml</i>                                                                        | NF        |                                            |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>                                                                   | G         | N8 (Listing does not include certain NDCs) |
| <i>carisoprodol oral tablet 250 mg</i>                                                                           | NF        |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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01/01/2026

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|-------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>carisoprodol oral tablet 350 mg</i>                                              | G         | N8 (Listing does not include certain NDCs) |
| <i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>                     | NF        |                                            |
| <i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>    | NF        |                                            |
| <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>                                  | G         |                                            |
| <i>cyclobenzaprine hcl oral tablet 7.5 mg</i>                                       | NF        |                                            |
| DANTRIUM ORAL CAPSULE 25 MG ( <i>dantrolene sodium</i> )                            | NPB       |                                            |
| <i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>                          | G         |                                            |
| DUVYZAT ORAL SUSPENSION 8.86 MG/ML ( <i>givinostat hcl</i> )                        | NF        |                                            |
| <i>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</i>                                                | NF        |                                            |
| <i>metaxalone oral tablet 800 mg</i>                                                | G         |                                            |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i>                                     | NF        |                                            |
| <i>norgesic forte oral tablet 50-770-60 mg</i>                                      | NF        |                                            |
| <i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>          | G         |                                            |
| <i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>                       | NF        |                                            |
| 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, 1.5 MG, 10 MG, 2.5 MG, 5 MG ( <i>palovarotene</i> )      | NF        |                                            |
| <i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>                                 | G         |                                            |
| <i>tizanidine hcl oral tablet 2 mg, 4 mg</i>                                        | G         |                                            |
| ZANAFLEX ORAL TABLET 4 MG ( <i>tizanidine hcl</i> )                                 | NPB       |                                            |
| <b>MYASTHENIA GRAVIS - DRUGS TO TREAT MYASTHENIA GRAVIS</b>                         |           |                                            |
| MESTINON ORAL SOLUTION 60 MG/5ML ( <i>pyridostigmine bromide</i> )                  | NPB       |                                            |
| MESTINON ORAL TABLET 60 MG ( <i>pyridostigmine bromide</i> )                        | NPB       |                                            |
| <i>pyridostigmine bromide er oral tablet extended release 180 mg</i>                | G         |                                            |
| <i>pyridostigmine bromide oral solution 60 mg/5ml</i>                               | G         |                                            |
| <i>pyridostigmine bromide oral tablet 60 mg</i>                                     | G         |                                            |



| Prescription Drug Name                                                                                                                                  | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION<br>PREFILLED SYRINGE 1000-10000 MG-UNT/5ML<br>(efgartigimod alfa-hyalur-qvfc)                                     | PSP       |            |
| <b>NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS</b>                                                                                                 |           |            |
| armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg                                                                                                   | G         |            |
| LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM<br>(sodium oxybate)                                                                                       | PSP       |            |
| LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6<br>& 7.5 GM (sodium oxybate)                                                                              | PSP       |            |
| modafinil oral tablet 100 mg, 200 mg                                                                                                                    | G         |            |
| NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG<br>(armodafinil)                                                                                      | NF        |            |
| PROVIGIL ORAL TABLET 100 MG, 200 MG (modafinil)                                                                                                         | NF        |            |
| sodium oxybate oral solution 500 mg/ml                                                                                                                  | NF        |            |
| SUNOSI ORAL TABLET 150 MG, 75 MG (solriamfetol hcl)                                                                                                     | PB        |            |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG (pitolisant hcl)                                                                                                     | PSP       |            |
| XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)                                                                                                          | NF        |            |
| XYWAV ORAL SOLUTION 500 MG/ML (ca, mg, k, and na<br>oxybates)                                                                                           | PSP       |            |
| <b>OPIOID AGONIST/ANTAGONIST</b>                                                                                                                        |           |            |
| buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5<br>mg, 4-1 mg, 8-2 mg                                                                     | G         |            |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-<br>0.5 mg, 8-2 mg                                                                        | G         |            |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1<br>MG, 8-2 MG (buprenorphine hcl-naloxone hcl)                                                          | NF        |            |
| ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18<br>MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-<br>2.1 MG (buprenorphine hcl-naloxone hcl) | PB        |            |
| <b>OPIOID ANTAGONIST</b>                                                                                                                                |           |            |
| KLOXXADO NASAL LIQUID 8 MG/0.1ML (naloxone hcl)                                                                                                         | NPB       |            |
| nalmefene hcl injection solution 1 mg/ml                                                                                                                | NF        |            |
| naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml                                                                                                    | G         |            |
| naloxone hcl injection solution cartridge 0.4 mg/ml                                                                                                     | G         |            |
| naloxone hcl injection solution prefilled syringe 2 mg/2ml                                                                                              | G         |            |
| naloxone hcl nasal liquid 4 mg/0.1ml                                                                                                                    | G         |            |
| naltrexone hcl oral tablet 50 mg                                                                                                                        | G         |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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01/01/2026



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|--------------------------------------------------------------------------------------------------|-----------|------------|
| NARCAN NASAL LIQUID 4 MG/0.1ML ( <i>naloxone hcl</i> )                                           | NPB       |            |
| 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        |            |
| VIVITROL INTRAMUSCULAR SUSPENSION<br>RECONSTITUTED 380 MG ( <i>naltrexone</i> )                  | NPSP      |            |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5<br>MG/0.5ML ( <i>naloxone hcl</i> )                 | NF        |            |
| <b>OPIOID PARTIAL AGONISTS</b>                                                                   |           |            |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>                                 | G         |            |
| <b>POSTHERPETIC NEURALGIA (PHN)</b>                                                              |           |            |
| GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750<br>MG, 900 MG ( <i>gabapentin (once-daily)</i> ) | PB        |            |
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG,<br>600 MG ( <i>gabapentin enacarbil</i> )          | NF        |            |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24<br>HOUR 165 MG, 330 MG, 82.5 MG ( <i>pregabalin</i> )  | NF        |            |
| <b>PSYCHOTHERAPEUTIC-MISC</b>                                                                    |           |            |
| <i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>                            | G         |            |
| <i>fluoxetine hcl (pmd) oral tablet 10 mg, 20 mg</i>                                             | NF        |            |
| LUCEMYRA ORAL TABLET 0.18 MG ( <i>lofexidine hcl</i> )                                           | NF        |            |
| NUEDEXTA ORAL CAPSULE 20-10 MG ( <i>dextromethorphan-<br/>quinidine</i> )                        | NF        |            |
| <i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25<br/>mg, 6-25 mg, 6-50 mg</i>  | G         |            |
| <i>paroxetine mesylate oral capsule 7.5 mg</i>                                                   | NF        |            |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10<br/>mg, 4-25 mg, 4-50 mg</i>    | G         |            |
| <i>pimozide oral tablet 1 mg, 2 mg</i>                                                           | G         |            |
| VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR<br>1.75 MG/0.3ML ( <i>bremelanotide acetate</i> )    | NF        |            |
| <b>SMOKING DETERRENTS</b>                                                                        |           |            |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12<br/>hour 150 mg</i>            | CE        |            |
| <i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>                                                  | CE        |            |
| <i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                                       | CE        |            |
| <i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                                   | CE        |            |
| <i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr,<br/>7 mg/24hr</i>              | CE        |            |

| Prescription Drug Name                                                         | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------|-----------|------------|
| <i>eq nicotine mouth/throat lozenge 4 mg</i>                                   | CE        |            |
| <i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                      | CE        |            |
| <i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                  | CE        |            |
| <i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>                  | CE        |            |
| <i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>            | CE        |            |
| <i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>                        | CE        |            |
| <i>ft nicotine mouth/throat gum 2 mg, 4 mg</i>                                 | CE        |            |
| <i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>                             | CE        |            |
| <i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i> | CE        |            |
| <i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>                       | CE        |            |
| <i>gnp nicotine mouth/throat gum 4 mg</i>                                      | CE        |            |
| <i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                     | CE        |            |
| <i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                 | CE        |            |
| <i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>            | CE        |            |
| <i>goodsense nicotine mouth/throat gum 4 mg</i>                                | CE        |            |
| <i>goodsense nicotine mouth/throat lozenge 4 mg</i>                            | CE        |            |
| HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR (nicotine)                       | CE        |            |
| KLS QUIT2 MOUTH/THROAT GUM 2 MG (nicotine polacrilex)                          | CE        |            |
| KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG (nicotine polacrilex)                      | CE        |            |
| KLS QUIT4 MOUTH/THROAT GUM 4 MG (nicotine polacrilex)                          | CE        |            |
| KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG (nicotine polacrilex)                      | CE        |            |
| NICORELIEF MOUTH/THROAT GUM 2 MG (nicotine polacrilex)                         | CE        |            |
| <i>nicotine mini mouth/throat lozenge 2 mg</i>                                 | CE        |            |
| <i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>                      | CE        |            |
| <i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>                         | CE        |            |
| <i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>                     | CE        |            |
| <i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>                    | CE        |            |
| <i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>                    | CE        |            |
| <i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>                     | CE        |            |
| <i>nicotine transdermal kit 21-14-7 mg/24hr</i>                                | CE        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                      | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>                                            | CE        |            |
| NICOTROL NS NASAL SOLUTION 10 MG/ML ( <i>nicotine</i> )                                                     | CE        |            |
| <i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>                      | CE        |            |
| <i>sm nicotine mouth/throat gum 4 mg</i>                                                                    | CE        |            |
| <i>sm nicotine mouth/throat lozenge 2 mg</i>                                                                | CE        |            |
| <i>sm nicotine polacrilex mouth/throat gum 4 mg</i>                                                         | CE        |            |
| <i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>                                                     | CE        |            |
| THRIVE MOUTH/THROAT GUM 2 MG ( <i>nicotine polacrilex</i> )                                                 | CE        |            |
| <i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>                  | CE        |            |
| <i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>                                                        | CE        |            |
| <b>ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES</b>                              |           |            |
| <b>ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH</b>                                   |           |            |
| <i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>                                                | NF        |            |
| MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG ( <i>octreotide acetate</i> )                                   | NF        |            |
| <i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>     | G         |            |
| <i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>         | G         |            |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML ( <i>octreotide acetate</i> )              | NPSP      |            |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG ( <i>octreotide acetate</i> )                   | NF        |            |
| SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML ( <i>lanreotide acetate</i> ) | PSP       |            |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>pegvisomant</i> )       | NF        |            |
| <b>ANDROGENS - DRUGS TO REGULATE MALE HORMONES</b>                                                          |           |            |
| ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) ( <i>testosterone</i> )                                  | NF        |            |
| <i>testosterone cypionate</i> (Depo-Testosterone Intramuscular Solution 100 Mg/ML, 200 Mg/ML)               | NPB       |            |
| <i>ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %</i>                                        | NF        |            |

| Prescription Drug Name                                                                                                       | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG<br>( <i>testosterone undecanoate</i> )                                           | NF        |                                            |
| KYZATREX ORAL CAPSULE 150 MG, 200 MG ( <i>testosterone undecanoate</i> )                                                     | NF        |                                            |
| <i>methitest oral tablet 10 mg</i>                                                                                           | G         |                                            |
| <i>methyltestosterone oral capsule 10 mg</i>                                                                                 | G         |                                            |
| NATESTO NASAL GEL 5.5 MG/ACT ( <i>testosterone</i> )                                                                         | PB        |                                            |
| TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)<br>( <i>testosterone</i> )                                                             | NF        |                                            |
| TESTOPEL IMPLANT PELLETT 75 MG ( <i>testosterone</i> )                                                                       | NPB       |                                            |
| <i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>                                                    | G         |                                            |
| <i>testosterone enanthate intramuscular solution 200 mg/ml</i>                                                               | G         |                                            |
| <i>testosterone transdermal gel 1.62 %, 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i> | G         |                                            |
| <i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>                                                         | G         | N8 (Listing does not include certain NDCs) |
| <i>testosterone transdermal solution 30 mg/act</i>                                                                           | G         |                                            |
| TLANDO ORAL CAPSULE 112.5 MG ( <i>testosterone undecanoate</i> )                                                             | NF        |                                            |
| UNDECATREX ORAL CAPSULE 200 MG ( <i>testosterone undecanoate</i> )                                                           | NF        |                                            |
| VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)<br>( <i>testosterone</i> )                                                     | NF        |                                            |
| VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)<br>( <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> )         | NF        |                                            |
| <b>ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS</b>                                                                           |           |                                            |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>                                                                             | G         | N8 (Listing does not include certain NDCs) |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>                                                                             | G         |                                            |
| <b>ANTIDIABETICS, BIGUANIDE</b>                                                                                              |           |                                            |
| <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        |                                            |

| Prescription Drug Name                                                                                                                                 | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>                                                                            | G         |                                            |
| <i>metformin hcl oral solution 500 mg/5ml</i>                                                                                                          | G         |                                            |
| <i>metformin hcl oral tablet 1000 mg, 500 mg</i>                                                                                                       | G         |                                            |
| <i>metformin hcl oral tablet 625 mg</i>                                                                                                                | NF        |                                            |
| <i>metformin hcl oral tablet 850 mg</i>                                                                                                                | CE        |                                            |
| RIOMET ORAL SOLUTION 500 MG/5ML ( <i>metformin hcl</i> )                                                                                               | NF        |                                            |
| <b>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</b>                                                                                             |           |                                            |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>                                                                            | G         | N8 (Listing does not include certain NDCs) |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>                                                                               | G         |                                            |
| <b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS</b>                                                                            |           |                                            |
| <i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>                                                                                  | NF        |                                            |
| <i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>                                                                    | NF        |                                            |
| JANUMET ORAL TABLET 50-1000 MG, 50-500 MG ( <i>sitagliptin 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>sitagliptin base-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>                                                                                | NF        |                                            |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG ( <i>empagliflozin-linaglip-metform</i> ) | PB        |                                            |
| ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG ( <i>sitagliptin base-metformin hcl</i> )                                                                  | PB        |                                            |
| ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG ( <i>sitagliptin base-metformin hcl</i> )                         | PB        |                                            |
| <b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>                                                                                        |           |                                            |
| <i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>                                                                                         | NF        |                                            |

| Prescription Drug Name                                                                                                                              | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sitagliptin phosphate</i> )                                                                           | NF        |            |
| ONGLYZA ORAL TABLET 5 MG ( <i>saxagliptin hcl</i> )                                                                                                 | NF        |            |
| <i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>                                                                                                 | NF        |            |
| TRADJENTA ORAL TABLET 5 MG ( <i>linagliptin</i> )                                                                                                   | NF        |            |
| ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sitagliptin</i> )                                                                                     | PB        |            |
| <b>ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS</b>                                                                                                    |           |            |
| CYCLOSET ORAL TABLET 0.8 MG ( <i>bromocriptine mesylate</i> )                                                                                       | NPB       |            |
| <b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>                                                                                                       |           |            |
| <i>exenatide subcutaneous solution pen-injector 10 mcg/0.04ml, 5 mcg/0.02ml</i>                                                                     | NF        |            |
| <i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>                                                                                     | G         |            |
| MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML ( <i>tirzepatide</i> ) | PB        |            |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML ( <i>semaglutide</i> )                                                    | PB        |            |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML ( <i>semaglutide</i> )                                                              | PB        |            |
| OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML ( <i>semaglutide</i> )                                                              | PB        |            |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG ( <i>semaglutide</i> )                                                                                       | PB        |            |
| TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML ( <i>dulaglutide</i> )                          | PB        |            |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide</i> )                                                                         | NF        |            |
| <b>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</b>                                                                                           |           |            |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML ( <i>insulin glargine-lixisenatide</i> )                                               | PB        |            |
| XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML ( <i>insulin degludec-liraglutide</i> )                                              | PB        |            |
| <b>ANTIDIABETICS, INSULIN</b>                                                                                                                       |           |            |
| ADMELOG INJECTION SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )                                                                                    | NF        |            |



| Prescription Drug Name                                                                                                                | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT ( <i>insulin regular human</i> ) | NF        |            |
| APIDRA INJECTION SOLUTION 100 UNIT/ML ( <i>insulin glulisine</i> )                                                                    | NF        |            |
| APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glulisine</i> )                                           | NF        |            |
| BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )                                           | NF        |            |
| BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )                                         | NF        |            |
| FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )                              | PB        |            |
| FIASP INJECTION SOLUTION 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )                                                        | PB        |            |
| FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )                                   | PB        |            |
| FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin aspart (w/niacinamide)</i> )                                  | NF        |            |
| HUMALOG INJECTION SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )                                                                      | NF        |            |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML ( <i>insulin lispro</i> )                                              | NF        |            |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )        | NF        |            |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )        | NF        |            |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )                             | NF        |            |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin lispro</i> )                                                         | NF        |            |
| HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin lispro</i> )                                            | NF        |            |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )          | NF        |            |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )                               | NF        |            |



| Prescription Drug Name                                                                                                              | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )                          | NF        |            |
| HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )                                               | NF        |            |
| HUMULIN R INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular human</i> )                                                           | NF        |            |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML ( <i>insulin regular human</i> )                             | PB        |            |
| <i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i>                                       | NF        |            |
| <i>insulin degludec subcutaneous solution 100 unit/ml</i>                                                                           | NF        |            |
| <i>insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml</i>                                                 | NF        |            |
| <i>insulin glargine solostar subcutaneous solution pen-injector 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        |            |
| LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )                                          | PB        |            |
| LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine</i> )                                                                | PB        |            |
| LYUMJEV INJECTION SOLUTION 100 UNIT/ML ( <i>insulin lispro-aabc</i> )                                                               | NF        |            |
| LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin lispro-aabc</i> )                          | NF        |            |
| LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin lispro-aabc</i> )                                     | NF        |            |
| MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% ( <i>insulin regular(human) in nacl</i> )                                         | NF        |            |
| NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> ) | NF        |            |
| NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )        | PB        |            |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )                      | NF        |            |

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

| Prescription Drug Name                                                                                                                  | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine-aglr</i> )                                       | NF        |            |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine-yfgn</i> )                                                       | NF        |            |
| SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine-yfgn</i> )                                          | NF        |            |
| TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML ( <i>insulin glargine</i> )                                          | PB        |            |
| TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML ( <i>insulin glargine</i> )                                              | PB        |            |
| TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin degludec</i> )                               | PB        |            |
| TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin degludec</i> )                                                                   | PB        |            |
| <b>ANTIDIABETICS, INSULIN SENSITIZER</b>                                                                                                |           |            |
| ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>pioglitazone hcl</i> )                                                                       | NF        |            |
| <i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>                                                                                 | G         |            |
| <b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>                                                                          |           |            |
| <i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>                                                                  | G         |            |
| <b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</b>                                                                       |           |            |
| <i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>                                                                        | G         |            |
| <b>ANTIDIABETICS, MEGLITINIDE</b>                                                                                                       |           |            |
| <i>nateglinide oral tablet 120 mg, 60 mg</i>                                                                                            | G         |            |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                       | G         |            |
| <b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS</b>                                                     |           |            |
| <i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg</i>                                        | NF        |            |
| INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG ( <i>canagliflozin-metformin hcl</i> )                             | NF        |            |
| INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG ( <i>canagliflozin-metformin hcl</i> ) | NF        |            |
| SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG ( <i>ertugliflozin-metformin hcl</i> )                          | NF        |            |

| Prescription Drug Name                                                                                                                         | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG ( <i>empagliflozin-metformin hcl</i> )                                     | PB        |                                            |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG ( <i>empagliflozin-metformin hcl</i> )        | PB        |                                            |
| XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG ( <i>dapagliflozin prop-metformin</i> ) | PB        |                                            |
| <b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS</b>                                            |           |                                            |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG ( <i>empagliflozin-linagliptin</i> )                                                                     | PB        |                                            |
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG ( <i>ertugliflozin-sitagliptin</i> )                                                                 | NF        |                                            |
| <b>ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS</b>                                                                        |           |                                            |
| <i>bexagliflozin oral tablet 20 mg</i>                                                                                                         | NF        |                                            |
| BRENZAVVY ORAL TABLET 20 MG ( <i>bexagliflozin</i> )                                                                                           | NF        |                                            |
| <i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>                                                                                       | NF        |                                            |
| FARXIGA ORAL TABLET 10 MG, 5 MG ( <i>dapagliflozin propanediol</i> )                                                                           | PB        |                                            |
| INVOKANA ORAL TABLET 100 MG, 300 MG ( <i>canagliflozin</i> )                                                                                   | NF        |                                            |
| JARDIANCE ORAL TABLET 10 MG, 25 MG ( <i>empagliflozin</i> )                                                                                    | PB        |                                            |
| STEGLATRO ORAL TABLET 15 MG, 5 MG ( <i>ertugliflozin l-pyrogutamicac</i> )                                                                     | NF        |                                            |
| <b>ANTIDIABETICS, SULFONYLUREA</b>                                                                                                             |           |                                            |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>                                                                                                | G         |                                            |
| <i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>                                                                   | G         |                                            |
| <i>glipizide oral tablet 10 mg, 5 mg</i>                                                                                                       | G         |                                            |
| <i>glipizide oral tablet 2.5 mg</i>                                                                                                            | NF        |                                            |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>                                                                                     | G         |                                            |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>                                                                                             | G         | N8 (Listing does not include certain NDCs) |
| <b>ANTI OBESITY</b>                                                                                                                            |           |                                            |
| ADIPEX-P ORAL TABLET 37.5 MG ( <i>phentermine hcl</i> )                                                                                        | NPB       |                                            |
| CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG ( <i>naltrexone-bupropion hcl</i> )                                                      | NF        |                                            |

| Prescription Drug Name                                                                                                                                                | Drug Tier | Drug Notes                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>                                                                                               | G         | N8 (Listing does not include certain NDCs) |
| <i>phentermine hcl</i> (Lomaira Oral Tablet 8 Mg)                                                                                                                     | NF        |                                            |
| <i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>                                                                                       | NF        |                                            |
| PLENITY ORAL CAPSULE ( <i>cellulose-citric acid</i> )                                                                                                                 | NF        |                                            |
| PLENITY WELCOME KIT ORAL CAPSULE ( <i>cellulose-citric acid</i> )                                                                                                     | NF        |                                            |
| QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG ( <i>phentermine-topiramate</i> )                                           | PB        |                                            |
| SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide -weight management</i> )                                                                        | PB        |                                            |
| WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML ( <i>semaglutide-weight management</i> )             | PB        |                                            |
| XENICAL ORAL CAPSULE 120 MG ( <i>orlistat</i> )                                                                                                                       | NF        |                                            |
| ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML ( <i>tirzepatide-weight management</i> )                                           | NF        |                                            |
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML ( <i>tirzepatide-weight management</i> ) | NF        |                                            |
| <b>CALCIUM RECEPTOR AGONISTS</b>                                                                                                                                      |           |                                            |
| <i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>                                                                                                                 | G         |                                            |
| SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG ( <i>cinacalcet hcl</i> )                                                                                                    | NPSP      |                                            |
| <b>CALCIUM REGULATORS, BISPSPHONATES - DRUGS TO TREAT BONE LOSS</b>                                                                                                   |           |                                            |
| <i>alendronate sodium oral solution 70 mg/75ml</i>                                                                                                                    | G         |                                            |
| <i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>                                                                                                             | G         |                                            |
| BINOSTO ORAL TABLET EFFERVESCENT 70 MG ( <i>alendronate sodium</i> )                                                                                                  | NPB       |                                            |
| FOSAMAX ORAL TABLET 70 MG ( <i>alendronate sodium</i> )                                                                                                               | NPB       |                                            |
| FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT ( <i>alendronate-cholecalciferol</i> )                                                                    | NPB       |                                            |
| <i>ibandronate sodium oral tablet 150 mg</i>                                                                                                                          | G         |                                            |
| RECLAST INTRAVENOUS SOLUTION 5 MG/100ML ( <i>zoledronic acid</i> )                                                                                                    | NPSP      |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                  | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>                                        | G         |            |
| <i>risedronate sodium oral tablet delayed release 35 mg</i>                                             | G         |            |
| <i>zoledronic acid intravenous concentrate 4 mg/5ml</i>                                                 | G         |            |
| <i>zoledronic acid intravenous solution 4 mg/100ml</i>                                                  | NPSP      |            |
| <i>zoledronic acid intravenous solution 5 mg/100ml</i>                                                  | G         |            |
| <b>CALCIUM REGULATORS, MISCELLANEOUS</b>                                                                |           |            |
| <i>calcitonin (salmon) nasal solution 200 unit/act</i>                                                  | G         |            |
| MIACALCIN INJECTION SOLUTION 200 UNIT/ML<br>( <i>calcitonin (salmon)</i> )                              | NF        |            |
| OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML<br>( <i>denosumab-bmwo</i> )                                | PSP       |            |
| PROLIA SUBCUTANEOUS SOLUTION PREFILLED<br>SYRINGE 60 MG/ML ( <i>denosumab</i> )                         | PSP       |            |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML<br>( <i>denosumab</i> )                                        | NF        |            |
| <b>CALCIUM REGULATORS, PARATHYROID HORMONES</b>                                                         |           |            |
| FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560<br>MCG/2.24ML ( <i>teriparatide</i> )                     | NPSP      |            |
| <i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>                                   | NF        |            |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR<br>3120 MCG/1.56ML ( <i>abaloparatide</i> )                   | PSP       |            |
| <b>CARNITINE DEFICIENCY AGENTS</b>                                                                      |           |            |
| CARNITOR ORAL SOLUTION 1 GM/10ML ( <i>levocarnitine</i> )                                               | NF        |            |
| CARNITOR ORAL TABLET 330 MG ( <i>levocarnitine</i> )                                                    | NF        |            |
| CARNITOR SF ORAL SOLUTION 1 GM/10ML ( <i>levocarnitine</i> )                                            | NF        |            |
| <i>levocarnitine oral solution 1 gm/10ml</i>                                                            | G         |            |
| <i>levocarnitine oral tablet 330 mg</i>                                                                 | G         |            |
| <b>CENTRAL PRECOCIOUS PUBERTY - DRUGS TO<br/>SUPPRESS PITUITARY HORMONES</b>                            |           |            |
| LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT<br>11.25 MG, 15 MG, 7.5 MG ( <i>leuprolide acetate</i> )   | PSP       |            |
| LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT<br>11.25 MG, 30 MG ( <i>leuprolide acetate (3 month)</i> ) | PSP       |            |
| SUPPRELIN LA SUBCUTANEOUS KIT 50 MG ( <i>histrelin<br/>acetate</i> )                                    | PSP       |            |
| TRIPTODUR INTRAMUSCULAR SUSPENSION<br>RECONSTITUTED ER 22.5 MG ( <i>triptorelin pamoate</i> )           | PSP       |            |



| Prescription Drug Name                                                            | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------|-----------|------------|
| <b>CHELATING AGENTS</b>                                                           |           |            |
| CHEMET ORAL CAPSULE 100 MG ( <i>succimer</i> )                                    | NPB       |            |
| CUPRIMINE ORAL CAPSULE 250 MG ( <i>penicillamine</i> )                            | NF        |            |
| CUVRIOR ORAL TABLET 300 MG ( <i>trientine tetrahydrochloride</i> )                | NF        |            |
| <i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>                     | G         |            |
| <i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>        | G         |            |
| DEPEN TITRATABS ORAL TABLET 250 MG ( <i>penicillamine</i> )                       | NPSP      |            |
| DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG ( <i>deferoxamine mesylate</i> ) | NF        |            |
| EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG ( <i>deferasirox</i> )          | NF        |            |
| FERRIPROX ORAL SOLUTION 100 MG/ML ( <i>deferiprone</i> )                          | NF        |            |
| FERRIPROX ORAL TABLET 1000 MG ( <i>deferiprone</i> )                              | NF        |            |
| FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG ( <i>deferiprone</i> )                  | NF        |            |
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG ( <i>deferasirox</i> )                   | NF        |            |
| JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG ( <i>deferasirox</i> )          | NF        |            |
| <i>penicillamine oral capsule 250 mg</i>                                          | G         |            |
| SYPRINE ORAL CAPSULE 250 MG ( <i>trientine hcl</i> )                              | NF        |            |
| <i>trientine hcl oral capsule 250 mg</i>                                          | G         |            |
| <b>CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL</b>                                |           |            |
| <i>levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)</i>        | CE        |            |
| AFTERA ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                               | CE        |            |
| AFTERPILL ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                            | CE        |            |
| <i>levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)</i>        | CE        |            |
| <i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>                                       | CE        |            |
| <i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>                             | CE        |            |
| <i>levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)</i>             | CE        |            |
| ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR ( <i>segesterone-ethinyl estradiol</i> ) | CE        |            |
| <i>desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)</i>            | CE        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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



| Prescription Drug Name                                                               | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------|-----------|------------|
| <i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)      | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)        | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)            | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)    | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)        | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))       | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)     | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)         | CE        |            |
| AVERI ORAL TABLET 0.15-0.03 MG ( <i>desogestrel-eth estrad-fe</i> )                  | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)              | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)              | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | CE        |            |
| <i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)               | CE        |            |
| BEYAZ ORAL TABLET 3-0.02-0.451 MG ( <i>drospiren-eth estrad-levomefol</i> )          | NF        |            |
| <i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))        | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)      | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)          | CE        |            |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i>                                            | CE        |            |
| <i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)                                    | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)     | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)        | CE        |            |
| CAYA VAGINAL DIAPHRAGM ( <i>diaphragm arc-spring</i> )                               | CE        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2026

| Prescription Drug Name                                                                                               | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))                             | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)                                         | CE        |            |
| <i>condoms</i>                                                                                                       | CE        |            |
| <i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)                                          | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)                                           | CE        |            |
| <i>norethindrone-eth estradiol</i> (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)                                       | CE        |            |
| <i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)                                | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)                                         | CE        |            |
| <i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)                                                                 | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)                                              | CE        |            |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML ( <i>medroxyprogesterone acetate</i> )                               | NPB       |            |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML ( <i>medroxyprogesterone acetate</i> )             | NPB       |            |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML ( <i>medroxyprogesterone acetate</i> ) | CE        |            |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>                                            | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet 90-20 Mcg)                                               | CE        |            |
| <i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>                                   | CE        |            |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>                                               | CE        |            |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                                        | CE        |            |
| <i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)                                              | CE        |            |
| ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )                                                                 | CE        |            |
| <i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)                                      | CE        |            |
| <i>norethindrone</i> (Emzahh Oral Tablet 0.35 Mg)                                                                    | CE        |            |
| <i>etonogestrel-ethinyl estradiol</i> (Enilloring Vaginal Ring 0.12-0.015 Mg/24Hr)                                   | CE        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                 | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------|-----------|------------|
| <i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg) | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)              | CE        |            |
| <i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)                                       | CE        |            |
| <i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)               | CE        |            |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>              | CE        |            |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>                  | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)               | CE        |            |
| FC2 FEMALE CONDOM ( <i>condoms - female</i> )                                          | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Feirza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)            | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Feirza 1/20 Oral Tablet 1-20 Mg-Mcg)                | CE        |            |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM ( <i>cervical caps</i> )                     | CE        |            |
| FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG ( <i>norethindrone acet-ethinyl est</i> )     | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))       | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule 1-20 Mg-Mcg(24))               | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)        | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))           | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)         | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)             | CE        |            |
| <i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)       | CE        |            |
| <i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)                                     | CE        |            |
| HER STYLE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                 | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg)                | CE        |            |
| <i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)                                    | CE        |            |

| Prescription Drug Name                                                             | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------|-----------|------------|
| <i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)          | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)         | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)    | CE        |            |
| <i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)              | CE        |            |
| <i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)                                | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)            | CE        |            |
| <i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))      | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)          | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)     | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)         | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)      | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)          | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))        | CE        |            |
| <i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)   | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg)          | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5)) | CE        |            |
| <i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)         | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)          | CE        |            |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG ( <i>levonorgestrel</i> )         | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)     | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)         | CE        |            |

| Prescription Drug Name                                                                                         | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))                                    | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)                                  | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)                                      | CE        |            |
| <i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)                                   | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)                                       | CE        |            |
| <i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/125-30 Mcg)                             | CE        |            |
| <i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i> | CE        |            |
| <i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>                                            | CE        |            |
| <i>levonorgestrel oral tablet 1.5 mg</i>                                                                       | CE        |            |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>                      | CE        |            |
| <i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>                                       | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)                          | CE        |            |
| LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY ( <i>levonorgestrel</i> )                        | CE        |            |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG ( <i>norethin-eth estrad-fe biphas</i> )                       | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)                         | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)                             | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)                               | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)                                   | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)                               | CE        |            |
| <i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)                                           | CE        |            |
| <i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)                                   | CE        |            |
| <i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)                                   | CE        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2026

| Prescription Drug Name                                                                  | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------|-----------|------------|
| <i>norethindrone acet-ethinyl est</i> (Luizza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)         | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Luizza 1/20 Oral Tablet 1-20 Mg-Mcg)             | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)                 | CE        |            |
| <i>norethindrone</i> (Lyleq Oral Tablet 0.35 Mg)                                        | CE        |            |
| <i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)                                         | CE        |            |
| <i>marlissa oral tablet 0.15-30 mg-mcg</i>                                              | CE        |            |
| <i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>                   | CE        |            |
| <i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i> | CE        |            |
| <i>norethindrone</i> (Meleya Oral Tablet 0.35 Mg)                                       | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))  | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)    | CE        |            |
| <i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)        | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)     | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)         | CE        |            |
| <i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)                     | CE        |            |
| <i>levonorgest-eth estradiol-iron</i> (Minzoya Oral Tablet 0.1-20 Mg-Mcg(21))           | CE        |            |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY ( <i>levonorgestrel</i> )    | CE        |            |
| <i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)              | CE        |            |
| MY CHOICE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                  | CE        |            |
| MY WAY ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                     | CE        |            |
| NATAZIA ORAL TABLET 3/2-2/2-3/1 MG ( <i>estradiol valerate-dienogest</i> )              | CE        |            |
| <i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)        | CE        |            |
| <i>norethindrone-eth estradiol</i> (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)            | CE        |            |
| NEW DAY ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                    | CE        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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



| Prescription Drug Name                                                                             | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------|-----------|------------|
| NEXPLANON SUBCUTANEOUS IMPLANT 68 MG<br>(etonogestrel)                                             | CE        |            |
| NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-<br>estetrol)                                      | CE        |            |
| drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)                                       | CE        |            |
| norethindrone (Nora-Be Oral Tablet 0.35 Mg)                                                        | CE        |            |
| norelgestromin-eth estradiol transdermal patch weekly 150-35<br>mcg/24hr                           | CE        |            |
| norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)                                            | CE        |            |
| norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg                                               | CE        |            |
| norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)                                    | CE        |            |
| norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30<br>mg-mcg                           | CE        |            |
| norethindrone oral tablet 0.35 mg                                                                  | CE        |            |
| norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-<br>25 mg-mcg                    | CE        |            |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg                                              | CE        |            |
| norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25<br>mcg, 0.18/0.215/0.25 mg-35 mcg | CE        |            |
| norethindrone (Norlyda Oral Tablet 0.35 Mg)                                                        | CE        |            |
| norethindrone (Norlyroc Oral Tablet 0.35 Mg)                                                       | CE        |            |
| norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-<br>35 Mg-Mcg)                    | CE        |            |
| norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35<br>Mg-Mcg)                         | CE        |            |
| norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35<br>Mg-Mcg)                         | CE        |            |
| norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet<br>0.5/0.75/1-35 Mg-Mcg)                  | CE        |            |
| NUVARING VAGINAL RING 0.12-0.015 MG/24HR<br>(etonogestrel-ethinyl estradiol)                       | NF        |            |
| norethindrone-eth estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-<br>Mcg)                               | CE        |            |
| norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-<br>35 Mg-Mcg)                   | CE        |            |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM<br>(diaphragms)                                               | CE        |            |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)                                               | CE        |            |
| OPILL ORAL TABLET 0.075 MG (norgestrel)                                                            | CE        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2026



| Prescription Drug Name                                                                 | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------|-----------|------------|
| OPTION 2 ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                  | CE        |            |
| <i>norethindrone</i> (Orquidea Oral Tablet 0.35 Mg)                                    | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet 0.1-20 Mg-Mcg)              | CE        |            |
| PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE ( <i>copper</i> )        | CE        |            |
| <i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)                 | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Pimtreea Oral Tablet 0.15-0.02/0.01 Mg (21/5))   | CE        |            |
| <i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg) | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)            | CE        |            |
| REACT ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                                     | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)            | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)             | CE        |            |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG ( <i>drospiren-eth estrad-levomefol</i> )          | NPB       |            |
| <i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)               | CE        |            |
| <i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)                                    | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))    | CE        |            |
| <i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)         | CE        |            |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG ( <i>levonorgestrel</i> )               | CE        |            |
| SLYND ORAL TABLET 4 MG ( <i>drospirenone</i> )                                         | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Solia Oral Tablet 0.15-30 Mg-Mcg)                | CE        |            |
| <i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)             | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)                | CE        |            |
| <i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet 3-0.03 Mg)                    | CE        |            |
| TAKE ACTION ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )                               | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))           | CE        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                         | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------|-----------|------------|
| <i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)                  | CE        |            |
| <i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule 1-20 Mg-Mcg(24))                       | CE        |            |
| TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) ( <i>norethin ace-eth estrad-fe</i> )                    | NF        |            |
| <i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)             | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)      | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)    | CE        |            |
| <i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)        | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)       | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg) | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)    | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)      | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)  | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)         | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)    | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)     | CE        |            |
| <i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)        | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)   | CE        |            |
| <i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)      | CE        |            |
| <i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet 0.3-30 Mg-Mcg)                         | CE        |            |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR ( <i>levonorgestrel-eth estradiol</i> )        | CE        |            |

| Prescription Drug Name                                                                   | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------|-----------|------------|
| TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG<br>( <i>levonorgestrel-ethinyl estrad</i> )   | CE        |            |
| <i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet 3-0.03-0.451 Mg)               | CE        |            |
| <i>ethynodiol diac-eth estradiol</i> (Valtya 1/50 Oral Tablet 1-50 Mg-Mcg)               | CE        |            |
| VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG<br>( <i>desogestrel-ethinyl estradiol</i> ) | CE        |            |
| <i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)                    | CE        |            |
| <i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)                  | CE        |            |
| <i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>                                      | CE        |            |
| <i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))       | CE        |            |
| <i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)                   | CE        |            |
| <i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)                   | CE        |            |
| <i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)                      | CE        |            |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %<br>( <i>diaphragm wide seal</i> )           | CE        |            |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %<br>( <i>diaphragm wide seal</i> )           | CE        |            |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %<br>( <i>diaphragm wide seal</i> )           | CE        |            |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %<br>( <i>diaphragm wide seal</i> )           | CE        |            |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %<br>( <i>diaphragm wide seal</i> )           | CE        |            |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %<br>( <i>diaphragm wide seal</i> )           | CE        |            |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %<br>( <i>diaphragm wide seal</i> )           | CE        |            |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %<br>( <i>diaphragm wide seal</i> )           | CE        |            |
| <i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)          | CE        |            |
| <i>norethindron-ethinyl estrad-fe</i> (Xarah Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)       | CE        |            |
| <i>norethin-eth estradiol-fe</i> (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)          | CE        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                                   | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)                                    | CE        |            |
| YASMIN 28 ORAL TABLET 3-0.03 MG ( <i>drospirenone-ethinyl estradiol</i> )                                                | NF        |            |
| YAZ ORAL TABLET 3-0.02 MG ( <i>drospirenone-ethinyl estradiol</i> )                                                      | NF        |            |
| <i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)                                    | CE        |            |
| <i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)                                           | CE        |            |
| <i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet 3-0.03 Mg)                                                | CE        |            |
| <b>CORTISOL SYNTHESIS INHIBITORS</b>                                                                                     |           |            |
| ISTURISA ORAL TABLET 1 MG, 5 MG ( <i>osilodrostat phosphate</i> )                                                        | NF        |            |
| RECORLEV ORAL TABLET 150 MG ( <i>levoketoconazole</i> )                                                                  | NF        |            |
| <b>DIABETIC SUPPLIES</b>                                                                                                 |           |            |
| 12-PANEL POC TOXICOLOGY SYSTEM IN VITRO KIT ( <i>drug assay (urine)</i> )                                                | NPB       |            |
| <i>1st tier unifine pentips 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm , 33g x 4 mm</i> | NF        |            |
| <i>1st tier unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>         | NF        |            |
| ACCU-CHEK AVIVA PLUS IN VITRO STRIP ( <i>glucose blood</i> )                                                             | PB        |            |
| ACCU-CHEK AVIVA PLUS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                              | PB        |            |
| ACCU-CHEK FASTCLIX LANCET KIT ( <i>lancets misc.</i> )                                                                   | PB        |            |
| ACCU-CHEK FASTCLIX LANCETS ( <i>lancets</i> )                                                                            | PB        |            |
| ACCU-CHEK GUIDE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                   | PB        |            |
| ACCU-CHEK GUIDE ME KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                | PB        |            |
| ACCU-CHEK GUIDE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                             | PB        |            |
| ACCU-CHEK LINKASSIST ( <i>insulin pump accessories</i> )                                                                 | NPB       |            |
| ACCU-CHEK PLASTIC CARTRIDGE ( <i>insulin infusion pump supplies</i> )                                                    | NPB       |            |
| ACCU-CHEK SAFE-T PRO LANCETS ( <i>lancets</i> )                                                                          | PB        |            |
| ACCU-CHEK SMARTVIEW IN VITRO STRIP ( <i>glucose blood</i> )                                                              | PB        |            |
| ACCU-CHEK SOFTCLIX LANCET DEV KIT ( <i>lancets misc.</i> )                                                               | PB        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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01/01/2026

| Prescription Drug Name                                                                                                                                                                                                                     | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ACCU-CHEK SOFTCLIX LANCETS ( <i>lancets</i> )                                                                                                                                                                                              | PB        |            |
| ACCU-CHEK ULTRAFLEX INF SET ( <i>insulin infusion pump supplies</i> )                                                                                                                                                                      | NPB       |            |
| ACCU-CHEK ULTRAFLEX-1 INF SET ( <i>insulin infusion pump supplies</i> )                                                                                                                                                                    | NPB       |            |
| ACCUTREND GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                  | NF        |            |
| <i>acti-lance 28g</i>                                                                                                                                                                                                                      | NPB       |            |
| <i>acti-lance lite lancets 28g</i>                                                                                                                                                                                                         | NPB       |            |
| <i>acti-lance special lancets 17g</i>                                                                                                                                                                                                      | NPB       |            |
| <i>acti-lance universal 23g</i>                                                                                                                                                                                                            | NPB       |            |
| <i>adjustable lancing device</i>                                                                                                                                                                                                           | NPB       |            |
| ADVANCE INTUITION METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                   | NF        |            |
| ADVANCE INTUITION MONITOR KIT ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                    | NF        |            |
| ADVANCE INTUITION TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                             | NF        |            |
| ADVANCE MICRO-DRAW METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                  | NF        |            |
| ADVANCE MICRO-DRAW TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                            | NF        |            |
| <i>advanced mobile lancet</i>                                                                                                                                                                                                              | NPB       |            |
| ADVOCATE BLOOD GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                            | NF        |            |
| ADVOCATE BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                       | NF        |            |
| ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                       | NF        |            |
| ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 33G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                             | NF        |            |
| ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| ADVOCATE LANCETS ( <i>lancets</i> )                                                                                                                                                                                                        | NPB       |            |
| ADVOCATE LANCETS 30G ( <i>lancets</i> )                                                                                                                                                                                                    | NPB       |            |
| ADVOCATE LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                                                          | NPB       |            |
| ADVOCATE RAPID-SAFE LANCING ( <i>lancet devices</i> )                                                                                                                                                                                      | NPB       |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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01/01/2026

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|----------------------------------------------------------------------------------|-----------|------------|
| ADVOCATE REDI-CODE DEVICE ( <i>blood glucose monitoring suppl</i> )              | NF        |            |
| ADVOCATE REDI-CODE IN VITRO STRIP ( <i>glucose blood</i> )                       | NF        |            |
| ADVOCATE REDI-CODE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )        | NF        |            |
| ADVOCATE REDI-CODE+ DEVICE ( <i>blood glucose monitoring suppl</i> )             | NF        |            |
| ADVOCATE REDI-CODE+ TEST IN VITRO STRIP ( <i>glucose blood</i> )                 | NF        |            |
| ADVOCATE SAFETY LANCETS ( <i>lancets</i> )                                       | NPB       |            |
| ADVOCATE SAFETY LANCETS 26G ( <i>lancets</i> )                                   | NPB       |            |
| ADVOCATE TEST IN VITRO STRIP ( <i>glucose blood</i> )                            | NF        |            |
| AGAMATRIX AMP TEST IN VITRO STRIP ( <i>glucose blood</i> )                       | NF        |            |
| AGAMATRIX CONTROL LEVEL 2 IN VITRO SOLUTION ( <i>blood glucose calibration</i> ) | NPB       |            |
| AGAMATRIX CONTROL LEVEL 4 IN VITRO SOLUTION ( <i>blood glucose calibration</i> ) | NPB       |            |
| AGAMATRIX JAZZ TEST IN VITRO STRIP ( <i>glucose blood</i> )                      | NF        |            |
| AGAMATRIX JAZZ WIRELESS 2 KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> ) | NF        |            |
| AGAMATRIX PRESTO KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )          | NF        |            |
| AGAMATRIX PRESTO TEST IN VITRO STRIP ( <i>glucose blood</i> )                    | NF        |            |
| AGAMATRIX ULTRA-THIN LANCETS ( <i>lancets</i> )                                  | NPB       |            |
| <i>aimsco twist lancets 32g</i>                                                  | NPB       |            |
| AIMSCO TWIST LANCETS 33G ( <i>lancets</i> )                                      | NPB       |            |
| <i>aq insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>  | NF        |            |
| <i>aqinject pen needle 31g x 5 mm , 32g x 4 mm</i>                               | NF        |            |
| AQUALANCE LANCETS 30G ( <i>lancets</i> )                                         | NPB       |            |
| ASSURE 3 METER KIT ( <i>blood glucose monitoring suppl</i> )                     | NF        |            |
| ASSURE 3 TEST IN VITRO STRIP ( <i>glucose blood</i> )                            | NF        |            |
| ASSURE 4 METER DEVICE ( <i>blood glucose monitoring suppl</i> )                  | NF        |            |
| ASSURE 4 TEST IN VITRO STRIP ( <i>glucose blood</i> )                            | NF        |            |
| <i>assure comfort lancets 28g</i>                                                | NPB       |            |
| ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM ( <i>insulin pen needle</i> )           | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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01/01/2026



| Prescription Drug Name                                                                                                      | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ASSURE ID PRO PEN NEEDLES 30G X 5 MM ( <i>insulin pen needle</i> )                                                          | NF        |            |
| ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM ( <i>insulin pen needle</i> )                                                       | NF        |            |
| ASSURE II CHECK IN VITRO STRIP ( <i>glucose blood</i> )                                                                     | NF        |            |
| ASSURE II IN VITRO STRIP ( <i>glucose blood</i> )                                                                           | NF        |            |
| ASSURE LANCE LANCETS ( <i>lancets</i> )                                                                                     | NPB       |            |
| ASSURE LANCE LANCETS 21G ( <i>lancets</i> )                                                                                 | NPB       |            |
| ASSURE LANCE PLUS SAFETY 25G ( <i>lancets</i> )                                                                             | NPB       |            |
| ASSURE LANCE PLUS SAFETY 30G ( <i>lancets</i> )                                                                             | NPB       |            |
| ASSURE LANCE SAFETY LANCET 28G ( <i>lancets</i> )                                                                           | NPB       |            |
| ASSURE PLATINUM IN VITRO STRIP ( <i>glucose blood</i> )                                                                     | NF        |            |
| ASSURE PLATINUM METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                      | NF        |            |
| ASSURE PRISM MULTI TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                             | NF        |            |
| ASSURE PRO BLOOD GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                             | NF        |            |
| ASSURE PRO TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                     | NF        |            |
| <i>aum insulin safety pen needle 31g x 4 mm , 31g x 5 mm</i>                                                                | NF        |            |
| <i>aum mini insulin pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 32g x 8 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i> | NF        |            |
| <i>aum pen needle 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>                           | NF        |            |
| AUM READYGARD DUO PEN NEEDLE 32G X 4 MM ( <i>insulin pen needle</i> )                                                       | NF        |            |
| AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM ( <i>insulin pen needle</i> )                                                 | NF        |            |
| <i>aurora lancet super thin 30g</i>                                                                                         | NPB       |            |
| <i>aurora lancet thin 23g</i>                                                                                               | NPB       |            |
| <i>aurora pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>                                                              | NF        |            |
| AUTO-LANCET ( <i>lancet devices</i> )                                                                                       | NPB       |            |
| AUTO-LANCET MINI ( <i>lancet devices</i> )                                                                                  | NPB       |            |
| AUTOLET II CLINISAFE KIT ( <i>lancets misc.</i> )                                                                           | NPB       |            |
| AUTOLET LANCING DEVICE ( <i>lancet devices</i> )                                                                            | NPB       |            |
| AUTOLET LITE CLINISAFE KIT ( <i>lancets misc.</i> )                                                                         | NPB       |            |
| AUTOLET LITE STARTER PACK KIT ( <i>lancets misc.</i> )                                                                      | NPB       |            |



| Prescription Drug Name                                                                                                                                                               | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| AUTOLET MINI ( <i>lancet devices</i> )                                                                                                                                               | NPB       |            |
| AUTOLET PLATFORMS ( <i>lancets misc.</i> )                                                                                                                                           | NPB       |            |
| AUTOLET PLUS ( <i>lancet devices</i> )                                                                                                                                               | NPB       |            |
| AUTOSOFT 30 INFUSION SET ( <i>insulin infusion pump supplies</i> )                                                                                                                   | NPB       |            |
| AUTOSOFT 90 INFUSION SET ( <i>insulin infusion pump supplies</i> )                                                                                                                   | NPB       |            |
| AUTOSOFT XC INFUSION SET ( <i>insulin infusion pump supplies</i> )                                                                                                                   | NPB       |            |
| BD INSULIN SYRINGE 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )                                 | PB        |            |
| BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )                                                             | PB        |            |
| BD INSULIN SYRINGE U-100 1 ML ( <i>insulin syringes (disposable)</i> )                                                                                                               | PB        |            |
| BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML ( <i>insulin syringe/needle u-500</i> )                                                                                                    | PB        |            |
| BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | PB        |            |
| BD LATITUDE DIABETES KIT ( <i>blood glucose monitoring suppl</i> )                                                                                                                   | NF        |            |
| BD LOGIC BLOOD GLUCOSE MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                | NF        |            |
| BD MICROTAINER LANCETS ( <i>lancets</i> )                                                                                                                                            | NPB       |            |
| BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM ( <i>insulin pen needle</i> )                                                                                                               | PB        |            |
| BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM ( <i>insulin pen needle</i> )                                                                                                                | PB        |            |
| BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                  | PB        |            |
| BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                | PB        |            |
| BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM ( <i>insulin pen needle</i> )                                                                                                              | PB        |            |
| BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM ( <i>insulin pen needle</i> )                                                                                                               | PB        |            |
| BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML ( <i>insulin syringe-needle u-100</i> )                                                                       | PB        |            |
| BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML ( <i>insulin syringe-needle u-100</i> )                                                                                           | PB        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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| Prescription Drug Name                                                                                                                         | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML ( <i>insulin syringe-needle u-100</i> )                                  | PB        |            |
| BIOTEL CARE BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                               | NF        |            |
| BIOTEL CARE BLOOD GLUCOSE SYST KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                          | NF        |            |
| BIOTEL CARE TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )                                                                                | NF        |            |
| <i>blood glucose monitor system kit w/device</i>                                                                                               | NF        |            |
| <i>blood glucose monitoring 333 device</i>                                                                                                     | NF        |            |
| <i>blood glucose system pak kit</i>                                                                                                            | NF        |            |
| <i>blood glucose test in vitro strip</i>                                                                                                       | NF        |            |
| <i>blood glucose test strips 333 in vitro strip</i>                                                                                            | NF        |            |
| BLULINK CONTROL HIGH & LOW IN VITRO LIQUID ( <i>blood glucose calibration</i> )                                                                | NPB       |            |
| CARDIOCOM LANCING DEVICE ( <i>lancet devices</i> )                                                                                             | NPB       |            |
| CAREFINE PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM ( <i>insulin pen needle</i> )    | NF        |            |
| <i>careone advanced lancing dev</i>                                                                                                            | NPB       |            |
| <i>careone insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | NF        |            |
| CAREONE LANCET SUPER THIN 30G ( <i>lancets</i> )                                                                                               | NPB       |            |
| <i>careone lancet thin 23g</i>                                                                                                                 | NPB       |            |
| <i>careone unifine pentips plus 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>                                | NF        |            |
| CARESENS LANCETS ( <i>lancets</i> )                                                                                                            | NPB       |            |
| CARESENS LANCETS 30G ( <i>lancets</i> )                                                                                                        | NPB       |            |
| CARESENS N FELIZ BT DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                           | NF        |            |
| CARESENS N FELIZ DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                              | NF        |            |
| CARESENS N GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                     | NF        |            |
| CARESENS N GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                | NF        |            |
| CARESENS N VOICE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                       | NF        |            |
| CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID ( <i>blood glucose calibration</i> )                                                             | NPB       |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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| Prescription Drug Name                                                                                                                                                                               | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| CARETOUCH LANCING/EJECTOR ( <i>lancet devices</i> )                                                                                                                                                  | NPB       |            |
| CARETOUCH MONITOR SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                      | NF        |            |
| CARETOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 33G X 4 MM ( <i>insulin pen needle</i> )                                                         | NF        |            |
| CARETOUCH SAFETY LANCETS ( <i>lancets</i> )                                                                                                                                                          | NPB       |            |
| CARETOUCH SAFETY LANCETS 26G ( <i>lancets</i> )                                                                                                                                                      | NPB       |            |
| CARETOUCH TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                               | NF        |            |
| CARETOUCH TWIST LANCETS 28G ( <i>lancets</i> )                                                                                                                                                       | NPB       |            |
| CARETOUCH TWIST LANCETS 30G ( <i>lancets</i> )                                                                                                                                                       | NPB       |            |
| CARETOUCH TWIST LANCETS 33G ( <i>lancets</i> )                                                                                                                                                       | NPB       |            |
| CARETOUCH TWIST MC LANCETS 30G ( <i>lancets</i> )                                                                                                                                                    | NPB       |            |
| CHEMSTRIP K IN VITRO STRIP ( <i>acetone (urine) test</i> )                                                                                                                                           | NPB       |            |
| CHEMSTRIP UGK IN VITRO STRIP ( <i>urine glucose-ketones test</i> )                                                                                                                                   | NPB       |            |
| CLEANLET LANCETS 28G ( <i>lancets</i> )                                                                                                                                                              | NPB       |            |
| CLEVER CHEK AUTO-CODE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                        | NF        |            |
| CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                   | NF        |            |
| CLEVER CHEK AUTO-CODE VOICE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                         | NF        |            |
| CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                  | NF        |            |
| CLEVER CHEK LANCETS ( <i>lancets</i> )                                                                                                                                                               | NPB       |            |
| CLEVER CHEK SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                            | NF        |            |
| CLEVER CHEK TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                             | NF        |            |
| CLEVER CHOICE AUTO-CODE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                      | NF        |            |
| CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                 | NF        |            |
| CLEVER CHOICE COMFORT EZ ( <i>lancets</i> )                                                                                                                                                          | NPB       |            |

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

| Prescription Drug Name                                                          | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------|-----------|------------|
| COMFORT TOUCH LANCETS 31G ( <i>lancets</i> )                                    | NPB       |            |
| COMFORT TOUCH PLUS LANCETS 28G ( <i>lancets</i> )                               | NPB       |            |
| COMFORT TOUCH PLUS LANCETS 30G ( <i>lancets</i> )                               | NPB       |            |
| CONTOUR MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                | NF        |            |
| CONTOUR NEXT EZ KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )          | NF        |            |
| CONTOUR NEXT GEN MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> ) | NF        |            |
| CONTOUR NEXT LINK KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )        | NF        |            |
| CONTOUR NEXT MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )     | NF        |            |
| CONTOUR NEXT ONE KIT ( <i>blood glucose monitoring suppl</i> )                  | NF        |            |
| CONTOUR NEXT TEST IN VITRO STRIP ( <i>glucose blood</i> )                       | NF        |            |
| CONTOUR PLUS BLUE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )        | NF        |            |
| CONTOUR PLUS TEST IN VITRO STRIP ( <i>glucose blood</i> )                       | NF        |            |
| CONTOUR TEST IN VITRO STRIP ( <i>glucose blood</i> )                            | NF        |            |
| COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )          | NF        |            |
| COOL MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                   | NF        |            |
| COOL MONITOR KIT KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )         | NF        |            |
| CVS ADVANCED GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )               | NF        |            |
| <i>cvs glucose meter test strips in vitro strip</i>                             | NF        |            |
| CVS KETONE CARE IN VITRO STRIP ( <i>urine glucose-ketones test</i> )            | NPB       |            |
| <i>cvs lancets original</i>                                                     | NPB       |            |
| <i>cvs lancets thin 26g</i>                                                     | NPB       |            |
| <i>cvs lancing device</i>                                                       | NPB       |            |
| <i>cvs true metrix glucose test in vitro strip</i>                              | NF        |            |
| <i>cvs ultra thin lancets</i>                                                   | NPB       |            |
| D-CARE BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                    | NF        |            |
| D-CARE GLUCOMETER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )        | NF        |            |

| Prescription Drug Name                                                                                                                                                                                        | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| DEXCOM G6 RECEIVER DEVICE ( <i>continuous glucose receiver</i> )                                                                                                                                              | PB        |            |
| DEXCOM G6 SENSOR ( <i>continuous glucose sensor</i> )                                                                                                                                                         | PB        |            |
| DEXCOM G6 TRANSMITTER ( <i>continuous glucose transmitter</i> )                                                                                                                                               | PB        |            |
| DEXCOM G7 15 DAY SENSOR ( <i>continuous glucose sensor</i> )                                                                                                                                                  | PB        |            |
| DEXCOM G7 RECEIVER DEVICE ( <i>continuous glucose receiver</i> )                                                                                                                                              | PB        |            |
| DEXCOM G7 SENSOR ( <i>continuous glucose sensor</i> )                                                                                                                                                         | PB        |            |
| DIASTIX IN VITRO STRIP ( <i>glucose urine test-glucose ox</i> )                                                                                                                                               | NPB       |            |
| DIATHRIVE BLOOD GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                | NF        |            |
| DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                          | NF        |            |
| DIATHRIVE GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                | NF        |            |
| DIATHRIVE LANCET ULTRA THIN 30 ( <i>lancets</i> )                                                                                                                                                             | NPB       |            |
| DIATHRIVE LANCETS ( <i>lancets</i> )                                                                                                                                                                          | NPB       |            |
| DIATHRIVE LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                            | NPB       |            |
| DIATHRIVE PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                          | NF        |            |
| DIATHRIVE+ GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                   | NF        |            |
| DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                               | NF        |            |
| DROPLET GENTEEL LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                      | NPB       |            |
| DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML ( <i>insulin syringe-needle u-100</i> )                      | NF        |            |
| DROPLET LANCETS ULTRA THIN 30G ( <i>lancets</i> )                                                                                                                                                             | NPB       |            |
| DROPLET LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                              | NPB       |            |
| DROPLET MICRON 34G X 3.5 MM ( <i>insulin pen needle</i> )                                                                                                                                                     | NF        |            |
| DROPLET PERSONAL LANCETS 30G ( <i>lancets</i> )                                                                                                                                                               | NPB       |            |
| <i>dropsafe safety pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>                                                                                                                                       | NF        |            |
| DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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01/01/2026

| Prescription Drug Name                                                                                                                                                                                                                                                | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| DRUG MART ON-THE-GO LANCET 30G ( <i>lancets</i> )                                                                                                                                                                                                                     | NPB       |            |
| <i>drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>                                                                                                                                                                                                 | NF        |            |
| <i>drug mart unifine pentips plus 32g x 4 mm</i>                                                                                                                                                                                                                      | NF        |            |
| DRUG MART UNILET LANCETS 28G ( <i>lancets</i> )                                                                                                                                                                                                                       | NPB       |            |
| DRUG MART UNILET LANCETS 30G ( <i>lancets</i> )                                                                                                                                                                                                                       | NPB       |            |
| DRUG MART UNILET LANCETS 33G ( <i>lancets</i> )                                                                                                                                                                                                                       | NPB       |            |
| DUO-CARE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                 | NF        |            |
| <i>easy comfort insulin syringe 29g x 5/16" 0.5 ml, 29g x 5/16" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i> | NF        |            |
| <i>easy comfort lancets</i>                                                                                                                                                                                                                                           | NPB       |            |
| <i>easy comfort lancets twist top</i>                                                                                                                                                                                                                                 | NPB       |            |
| <i>easy comfort pen needles 29g x 4mm , 29g x 5mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>                                                                                                                      | NF        |            |
| <i>easy glide pen needles 33g x 4 mm</i>                                                                                                                                                                                                                              | NF        |            |
| EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                   | NF        |            |
| EASY MAX T1 GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                     | NF        |            |
| <i>easy mini eject lancing device</i>                                                                                                                                                                                                                                 | NPB       |            |
| <i>easy mini lancing device</i>                                                                                                                                                                                                                                       | NPB       |            |
| <i>easy plus ii glucose system device</i>                                                                                                                                                                                                                             | NF        |            |
| <i>easy plus ii glucose test in vitro strip</i>                                                                                                                                                                                                                       | NF        |            |
| EASY STEP GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                            | NF        |            |
| EASY STEP TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                | NF        |            |
| <i>easy talk blood glucose system device</i>                                                                                                                                                                                                                          | NF        |            |
| <i>easy talk blood glucose test in vitro strip</i>                                                                                                                                                                                                                    | NF        |            |
| <i>easy talk plus ii test strips in vitro strip</i>                                                                                                                                                                                                                   | NF        |            |
| EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )                                                                                                                           | NF        |            |
| EASY TOUCH GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                      | NF        |            |
| EASY TOUCH HEALTHPRO GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                   | NF        |            |



| Prescription Drug Name                                                                                                                                                                                                                                                                                                                                                       | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML<br>( <i>insulin syringe-needle u-100</i> )                                                                                                                                                                                                                             | NF        |            |
| EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML<br>( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| EASY TOUCH LANCETS 21G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                    | NPB       |            |
| EASY TOUCH LANCETS 23G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                    | NPB       |            |
| EASY TOUCH LANCETS 26G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                    | NPB       |            |
| EASY TOUCH LANCETS 28G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                    | NPB       |            |
| EASY TOUCH LANCETS 28G/TWIST ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                              | NPB       |            |
| EASY TOUCH LANCETS 30G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                    | NPB       |            |
| EASY TOUCH LANCETS 30G/TWIST ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                              | NPB       |            |
| EASY TOUCH LANCETS 32G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                    | NPB       |            |
| EASY TOUCH LANCETS 32G/TWIST ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                              | NPB       |            |
| EASY TOUCH LANCETS 33G/TWIST ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                              | NPB       |            |
| EASY TOUCH LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                                                                                                                                                                                          | NPB       |            |
| EASY TOUCH PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM<br>( <i>insulin pen needle</i> )                                                                                                                                                                                                                | NF        |            |
| EASY TOUCH SAFETY LANCETS 21G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                             | NPB       |            |
| EASY TOUCH SAFETY LANCETS 23G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                             | NPB       |            |
| EASY TOUCH SAFETY LANCETS 26G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                             | NPB       |            |
| EASY TOUCH SAFETY LANCETS 28G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                             | NPB       |            |
| EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM , 30G X 8 MM<br>( <i>insulin pen needle</i> )                                                                                                                                                                                                                                                                            | NF        |            |
| EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML<br>( <i>insulin syringe-needle u-100</i> )                                                                                                                                                                                                                                | NF        |            |
| EASY TOUCH TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                                                                                                                      | NF        |            |
| <i>easy trak blood glucose system device</i>                                                                                                                                                                                                                                                                                                                                 | NF        |            |
| <i>easy trak blood glucose test in vitro strip</i>                                                                                                                                                                                                                                                                                                                           | NF        |            |
| <i>easy trak ii blood glucose sys device</i>                                                                                                                                                                                                                                                                                                                                 | NF        |            |
| <i>easy trak ii glucose test in vitro strip</i>                                                                                                                                                                                                                                                                                                                              | NF        |            |
| EASYGLUCO IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                                                                                                                            | NF        |            |

| Prescription Drug Name                                                                                                                                                                                                                             | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| EASYGLUCO KIT ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                            | NF        |            |
| EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID ( <i>blood glucose calibration</i> )                                                                                                                                                                  | NPB       |            |
| EASYMAX 15 TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                            | NF        |            |
| EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID ( <i>blood glucose calibration</i> )                                                                                                                                                                   | NPB       |            |
| EASYMAX NG BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                          | NF        |            |
| EASYMAX NG BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                    | NF        |            |
| EASYMAX TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                               | NF        |            |
| EASYMAX V BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                           | NF        |            |
| EASYPRO BLOOD GLUCOSE MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                               | NF        |            |
| EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                 | NF        |            |
| EASYPRO PLUS IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                               | NF        |            |
| EASYPRO PLUS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                | NF        |            |
| ELEMENT AUTOCODE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                     | NF        |            |
| <i>element compact glucose system device</i>                                                                                                                                                                                                       | NF        |            |
| <i>element compact test in vitro strip</i>                                                                                                                                                                                                         | NF        |            |
| <i>element compact v glucose sys device</i>                                                                                                                                                                                                        | NF        |            |
| ELEMENT PLUS DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                      | NF        |            |
| ELEMENT TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                               | NF        |            |
| EMBECTA AUTOSHIELD DUO 30G X 5 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                    | PB        |            |
| EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )                                                                                                                                       | PB        |            |
| EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | PB        |            |
| EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML ( <i>insulin syringe/needle u-500</i> )                                                                                                                                                             | PB        |            |

| Prescription Drug Name                                                                                                                     | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM ( <i>insulin pen needle</i> )                                                                     | PB        |            |
| EMBECTA PEN NEEDLE NANO 32G X 4 MM ( <i>insulin pen needle</i> )                                                                           | PB        |            |
| EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM ( <i>insulin pen needle</i> )                             | PB        |            |
| EMBRACE BLOOD GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                                                             | NF        |            |
| 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 EVO GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                                                               | NF        |            |
| EMBRACE EVO GLUCOSE MONITORING KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                      | NF        |            |
| EMBRACE LANCETS ULTRA THIN 30G ( <i>lancets</i> )                                                                                          | NPB       |            |
| EMBRACE PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> ) | NF        |            |
| EMBRACE PRESSURE ACTIVATED 21G ( <i>lancets</i> )                                                                                          | NPB       |            |
| EMBRACE PRESSURE ACTIVATED 28G ( <i>lancets</i> )                                                                                          | NPB       |            |
| EMBRACE PRO GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                 | NF        |            |
| EMBRACE PRO GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                           | NF        |            |
| EMBRACE TALK BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                | NF        |            |
| EMBRACE TALK GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                          | NF        |            |
| EMBRACE TALK MONITORING SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                      | NF        |            |
| EMBRACE WAVE BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                | NF        |            |
| EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                                                                         | NF        |            |
| EMBRACE WAVE GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                | NF        |            |
| ENLITE GLUCOSE SENSOR ( <i>continuous glucose sensor</i> )                                                                                 | NF        |            |
| ENLITE SERTER ( <i>insulin infusion pump supplies</i> )                                                                                    | NPB       |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                                        | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>eq blood glucose test in vitro strip</i>                                                                                   | NF        |            |
| EVERSENSE 365 SENSOR/HOLDER ( <i>continuous glucose sensor</i> )                                                              | NF        |            |
| EVERSENSE 365 SMART TRANSMIT ( <i>continuous glucose transmitter</i> )                                                        | NF        |            |
| EVERSENSE SENSOR/HOLDER ( <i>continuous glucose sensor</i> )                                                                  | NF        |            |
| EVERSENSE SMART TRANSMITTER ( <i>continuous glucose transmitter</i> )                                                         | NF        |            |
| EVOLUTION AUTOCODE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                           | NF        |            |
| EVOLUTION AUTOCODE IN VITRO STRIP ( <i>glucose blood</i> )                                                                    | NF        |            |
| EZ-LETS LANCETS 21G ( <i>lancets</i> )                                                                                        | NPB       |            |
| EZ-LETS LANCETS 26G ( <i>lancets</i> )                                                                                        | NPB       |            |
| EZ-LETS LANCETS 28G ( <i>lancets</i> )                                                                                        | NPB       |            |
| EZ-LETS LANCETS 30G ( <i>lancets</i> )                                                                                        | NPB       |            |
| FIFTY50 GLUCOSE METER 2.0 KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                              | NF        |            |
| FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP ( <i>glucose blood</i> )                                                              | NF        |            |
| FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )                           | NF        |            |
| FIFTY50 SAFETY SEAL LANCETS ( <i>lancets</i> )                                                                                | NPB       |            |
| FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| FIFTY50 UNILET LANCETS 33G ( <i>lancets</i> )                                                                                 | NPB       |            |
| FINGERSTIX LANCETS ( <i>lancets</i> )                                                                                         | NPB       |            |
| FORA 6 CONNECT IN VITRO STRIP ( <i>glucose blood</i> )                                                                        | NF        |            |
| FORA 6 CONNECT/GTEL TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                              | NF        |            |
| FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                                                            | NF        |            |
| FORA G20 BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                          | NF        |            |
| FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                           | NF        |            |
| FORA G30A BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                                               | NF        |            |

| Prescription Drug Name                                                          | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------|-----------|------------|
| FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> ) | NF        |            |
| FORA GD20 TEST IN VITRO STRIP ( <i>glucose blood</i> )                          | NF        |            |
| FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> ) | NF        |            |
| FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )            | NF        |            |
| FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> ) | NF        |            |
| FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )            | NF        |            |
| FORA GTEL BLOOD KETONE TEST IN VITRO STRIP ( <i>ketone blood test</i> )         | NPB       |            |
| FORA LANCETS ( <i>lancets</i> )                                                 | NPB       |            |
| FORA LANCING DEVICE ( <i>lancet devices</i> )                                   | NPB       |            |
| FORA PREMIUM V10 BLE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )    | NF        |            |
| FORA TEST N' GO MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )        | NF        |            |
| FORA TN'G ADVANCE PRO IN VITRO STRIP ( <i>glucose blood</i> )                   | NF        |            |
| FORA TN'G VOICE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )          | NF        |            |
| FORA TN'G/TN'G VOICE IN VITRO STRIP ( <i>glucose blood</i> )                    | NF        |            |
| FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )             | NF        |            |
| FORA V12 BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )  | NF        |            |
| FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )            | NF        |            |
| FORACARE GD40 MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )          | NF        |            |
| FORACARE GD40 TEST IN VITRO STRIP ( <i>glucose blood</i> )                      | NF        |            |
| FORACARE PREMIUM V10 DEVICE ( <i>blood glucose monitoring suppl</i> )           | NF        |            |
| FORACARE PREMIUM V10 TEST IN VITRO STRIP ( <i>glucose blood</i> )               | NF        |            |
| FORACARE TEST N GO MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )     | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

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



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



| Prescription Drug Name                                                                                                                                                                                                                     | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                           | NF        |            |
| GLUCOCARD 01-MINI GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                           | NF        |            |
| GLUCOCARD EXPRESSION MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                        | NF        |            |
| GLUCOCARD EXPRESSION TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                          | NF        |            |
| GLUCOCARD SHINE CONNEX KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                              | NF        |            |
| GLUCOCARD SHINE EXPRESS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                             | NF        |            |
| GLUCOCARD SHINE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                               | NF        |            |
| GLUCOCARD SHINE XL DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                        | NF        |            |
| GLUCOCARD VITAL MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                             | NF        |            |
| GLUCOCARD VITAL TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                               | NF        |            |
| GLUCOCARD X-METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                   | NF        |            |
| GLUCOCARD X-SENSOR IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                 | NF        |            |
| GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                            | NF        |            |
| GLUCOCOM LANCETS 28G ( <i>lancets</i> )                                                                                                                                                                                                    | NPB       |            |
| GLUCOCOM LANCETS 30G ( <i>lancets</i> )                                                                                                                                                                                                    | NPB       |            |
| GLUCOCOM LANCETS 33G ( <i>lancets</i> )                                                                                                                                                                                                    | NPB       |            |
| GLUCOCOM MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                    | NF        |            |
| GLUCOCOM TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                      | NF        |            |
| GLUCONAVII BLOOD GLUCOSE SYS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                        | NF        |            |
| GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                      | NF        |            |
| GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| GLUCOPRO SYR RES 3ML 22GX3/8" ( <i>insulin infusion pump supplies</i> )                                                                                                                                                                    | NPB       |            |

| Prescription Drug Name                                                                                       | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>glucose meter test in vitro strip</i>                                                                     | NF        |            |
| GNP EASY TOUCH CONT HIGH/LOW IN VITRO LIQUID<br>( <i>blood glucose calibration</i> )                         | NPB       |            |
| GNP EASY TOUCH GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                | NF        |            |
| <i>gnp easy touch glucose test in vitro strip</i>                                                            | NF        |            |
| <i>gnp insulin syringe 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>                                              | NF        |            |
| <i>gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml</i>                                                         | NF        |            |
| <i>gnp insulin syringes 29gx1/2" 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>                                      | NF        |            |
| <i>gnp insulin syringes 30g x 5/16" 1 ml</i>                                                                 | NF        |            |
| <i>gnp insulin syringes 30gx5/16" 30g x 5/16" 0.3 ml</i>                                                     | NF        |            |
| <i>gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml</i>                                                     | NF        |            |
| <i>gnp sterile lancets 28g</i>                                                                               | NPB       |            |
| <i>gnp sterile lancets 30g</i>                                                                               | NPB       |            |
| <i>gnp sterile lancets 33g</i>                                                                               | NPB       |            |
| GNP TRUE METRIX AIR METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                             | NF        |            |
| GNP TRUE METRIX GLUCOSE METER KIT W/DEVICE<br>( <i>blood glucose monitoring suppl</i> )                      | NF        |            |
| GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP<br>( <i>glucose blood</i> )                                    | NF        |            |
| GNP TRUETRACK SMART SYSTEM IN VITRO STRIP<br>( <i>glucose blood</i> )                                        | NF        |            |
| GNP TRUETRACK TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )                                            | NF        |            |
| <i>gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>                            | NF        |            |
| GNP ULTIGUARD SAFEPAK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> ) | NF        |            |
| <i>gnp ultra com insulin syringe 28g x 1/2" 1 ml</i>                                                         | NF        |            |
| GOJJI LANCING DEVICE/CLEAR CAP ( <i>lancet devices</i> )                                                     | NPB       |            |
| GOJJI STERILE LANCETS ( <i>lancets</i> )                                                                     | NPB       |            |
| GUARDIAN 4 GLUCOSE SENSOR ( <i>continuous glucose sensor</i> )                                               | NF        |            |
| GUARDIAN 4 TRANSMITTER ( <i>continuous glucose transmitter</i> )                                             | NF        |            |
| GUARDIAN LINK 3 TRANSMITTER ( <i>continuous glucose transmitter</i> )                                        | NF        |            |
| GUARDIAN REAL-TIME CHARGER ( <i>continuous glucose monitor sup</i> )                                         | NPB       |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                                                           | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| GUARDIAN REAL-TIME REPLACE PED DEVICE<br>(continuous glucose receiver)                                                                           | NF        |            |
| GUARDIAN REAL-TIME TEST PLUG (continuous glucose monitor sup)                                                                                    | NPB       |            |
| GUARDIAN SENSOR (3) (continuous glucose sensor)                                                                                                  | NF        |            |
| guardian sensor 3                                                                                                                                | NF        |            |
| HAEMOLANCE (lancets)                                                                                                                             | NPB       |            |
| HAEMOLANCE LOW FLOW LANCETS (lancets)                                                                                                            | NPB       |            |
| HAEMOLANCE PLUS (lancets)                                                                                                                        | NPB       |            |
| HAEMOLANCE PLUS HIGH FLOW (lancets)                                                                                                              | NPB       |            |
| HAEMOLANCE PLUS LOW FLOW (lancets)                                                                                                               | NPB       |            |
| HAEMOLANCE PLUS MAX FLOW (lancets)                                                                                                               | NPB       |            |
| HAEMOLANCE PLUS PEDIATRIC FLOW (lancets)                                                                                                         | NPB       |            |
| healthwise insulin syr/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml | NF        |            |
| healthwise micron pen needles 32g x 4 mm                                                                                                         | NF        |            |
| healthwise short pen needles 31g x 5 mm , 31g x 8 mm                                                                                             | NF        |            |
| h-e-b incontrol adv lancing                                                                                                                      | NPB       |            |
| h-e-b incontrol lancets 28g                                                                                                                      | NPB       |            |
| h-e-b incontrol lancets 30g                                                                                                                      | NPB       |            |
| h-e-b incontrol lancets 33g                                                                                                                      | NPB       |            |
| h-e-b incontrol pen needles 29g x 12mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm                                                       | NF        |            |
| H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM (insulin pen needle)                               | NF        |            |
| HM EMBRACE TALK SYSTEM KIT W/DEVICE (blood glucose monitoring suppl)                                                                             | NF        |            |
| HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML (insulin syringe-needle u-100)                                                   | NF        |            |
| HM ULTICARE MINI PEN NEEDLES 31G X 5 MM (insulin pen needle)                                                                                     | NF        |            |
| HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM (insulin pen needle)                                                                                    | NF        |            |
| HW EMBRACE PRO GLUCOSE METER DEVICE (blood glucose monitoring suppl)                                                                             | NF        |            |

| Prescription Drug Name                                                                                                                                                                                                                                                                   | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP<br>(glucose blood)                                                                                                                                                                                                                            | NF        |            |
| HW EMBRACE TALK BLOOD GLUCOSE DEVICE (blood<br>glucose monitoring suppl)                                                                                                                                                                                                                 | NF        |            |
| HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP<br>(glucose blood)                                                                                                                                                                                                                           | NF        |            |
| HY-VEE LANCETS (lancets)                                                                                                                                                                                                                                                                 | NPB       |            |
| hy-vee thin lancets                                                                                                                                                                                                                                                                      | NPB       |            |
| IGLUCOSE MONITORING SYSTEM KIT W/DEVICE (blood<br>glucose monitoring suppl)                                                                                                                                                                                                              | NF        |            |
| IGLUCOSE TEST STRIPS IN VITRO STRIP (glucose blood)                                                                                                                                                                                                                                      | NF        |            |
| IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP<br>(glucose blood)                                                                                                                                                                                                                         | NF        |            |
| IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP<br>(glucose blood)                                                                                                                                                                                                                            | NF        |            |
| IN TOUCH DEVICE (blood glucose monitoring suppl)                                                                                                                                                                                                                                         | NF        |            |
| IN TOUCH LANCING DEVICE (lancet devices)                                                                                                                                                                                                                                                 | NPB       |            |
| IN TOUCH STERILE LANCETS 30G (lancets)                                                                                                                                                                                                                                                   | NPB       |            |
| INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G<br>X 8 MM , 32G X 4 MM (insulin pen needle)                                                                                                                                                                                              | NF        |            |
| INFINITY BLOOD GLUCOSE SYSTEM KIT W/DEVICE<br>(blood glucose monitoring suppl)                                                                                                                                                                                                           | NF        |            |
| INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP<br>(glucose blood)                                                                                                                                                                                                                            | NF        |            |
| INFINITY VOICE IN VITRO STRIP (glucose blood)                                                                                                                                                                                                                                            | NF        |            |
| INFINITY VOICE KIT W/DEVICE (blood glucose monitoring<br>suppl)                                                                                                                                                                                                                          | NF        |            |
| insulin syringe 29g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml, 30g x 5/16"<br>1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml                                                                                                                                                                       | NF        |            |
| insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml,<br>28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1<br>ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x<br>5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1<br>ml | NF        |            |
| insupen pen needles 29g x 12mm , 31g x 5 mm , 31g x 8 mm , 32g<br>x 4 mm                                                                                                                                                                                                                 | NF        |            |
| KETO-DIASTIX IN VITRO STRIP (urine glucose-ketones test)                                                                                                                                                                                                                                 | NPB       |            |
| ketone test in vitro strip                                                                                                                                                                                                                                                               | NPB       |            |
| KETOSTIX IN VITRO STRIP (acetone (urine) test)                                                                                                                                                                                                                                           | NPB       |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                                                                                                                                                                                          | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>kinney lancets</i>                                                                                                                                                                                                                                                           | NPB       |            |
| <i>kinney thin lancets</i>                                                                                                                                                                                                                                                      | NPB       |            |
| <i>kinray insulin syringe 29g x 1/2" 0.5 ml</i>                                                                                                                                                                                                                                 | NF        |            |
| KROGER AUTOLET LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                                                                                         | NPB       |            |
| KROGER HEALTHPRO LANCET 26G ( <i>lancets</i> )                                                                                                                                                                                                                                  | NPB       |            |
| <i>croger lancets</i>                                                                                                                                                                                                                                                           | NPB       |            |
| <i>croger lancets super thin</i>                                                                                                                                                                                                                                                | NPB       |            |
| <i>croger lancets thin</i>                                                                                                                                                                                                                                                      | NPB       |            |
| <i>croger pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 33g x 4 mm</i>                                                                                                                                                                                        | NF        |            |
| <i>lancet device</i>                                                                                                                                                                                                                                                            | NPB       |            |
| <i>lancet device with ejector</i>                                                                                                                                                                                                                                               | NPB       |            |
| <i>lancets</i>                                                                                                                                                                                                                                                                  | NPB       |            |
| <i>lancets 30g</i>                                                                                                                                                                                                                                                              | NPB       |            |
| <i>lancets 33g</i>                                                                                                                                                                                                                                                              | NPB       |            |
| <i>lancets micro thin 33g</i>                                                                                                                                                                                                                                                   | NPB       |            |
| <i>lancets super thin 28g</i>                                                                                                                                                                                                                                                   | NPB       |            |
| <i>lancets thin</i>                                                                                                                                                                                                                                                             | NPB       |            |
| LANCETS ULTRA THIN ( <i>lancets</i> )                                                                                                                                                                                                                                           | NPB       |            |
| <i>lancing device</i>                                                                                                                                                                                                                                                           | NPB       |            |
| LANZO ( <i>lancet devices</i> )                                                                                                                                                                                                                                                 | NPB       |            |
| LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                                    | NF        |            |
| LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                                  | NF        |            |
| LIBERTY MEDICAL LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                      | NPB       |            |
| <i>lite touch lancets</i>                                                                                                                                                                                                                                                       | NPB       |            |
| LITE TOUCH LANCING PEN ( <i>lancet devices</i> )                                                                                                                                                                                                                                | NPB       |            |
| LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| LITETOUCH LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                            | NPB       |            |
| LITETOUCH PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                            | NF        |            |
| <i>live better lancet super thin</i>                                                                                                                                                                                                                                            | NPB       |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

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

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                                                                                                                                                                                   | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| MICRODOT TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                    | NF        |            |
| MICROLET LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                      | NPB       |            |
| MICROLET NEXT LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                                                                                   | NPB       |            |
| <i>mini lancing device</i>                                                                                                                                                                                                                                               | NPB       |            |
| MINILINK REAL-TIME TRANSMITTER ( <i>continuous glucose transmitter</i> )                                                                                                                                                                                                 | NF        |            |
| MINIMED PUMP RESERVOIR 3ML ( <i>insulin infusion pump supplies</i> )                                                                                                                                                                                                     | NPB       |            |
| MINIMED RESERVOIR 1.8ML ( <i>insulin infusion pump supplies</i> )                                                                                                                                                                                                        | NPB       |            |
| MINIMED RESERVOIR 3ML ( <i>insulin infusion pump supplies</i> )                                                                                                                                                                                                          | NPB       |            |
| MM BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                           | NF        |            |
| MM BLOOD GLUCOSE SYSTEM REFILL KIT ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                             | NF        |            |
| MM BLULINK GLUCOSE MONIT SYS DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                            | NF        |            |
| MM BLULINK GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                          | NF        |            |
| MM EASY TOUCH GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                            | NF        |            |
| MM EASY TOUCH GLUCOSE METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                                                                                                       | NF        |            |
| <i>mm insulin syringe/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>                                                                                                                      | NF        |            |
| MM PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                                                                                           | NF        |            |
| MM TWIST LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                      | NPB       |            |
| MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| MONOJECT INSULIN SYRINGE U-100 1 ML ( <i>insulin syringes (disposable)</i> )                                                                                                                                                                                             | NF        |            |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML ( <i>insulin syringe-needle u-100</i> )                         | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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



| Prescription Drug Name                                                                   | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------|-----------|------------|
| MONOLET LANCETS ( <i>lancets</i> )                                                       | NPB       |            |
| MONOLET OPD LANCETS ( <i>lancets</i> )                                                   | NPB       |            |
| MONOLETTOR SAFETY LANCETS ( <i>lancets</i> )                                             | NPB       |            |
| MULTI-LANCET DEVICE 2 KIT ( <i>lancets misc.</i> )                                       | NPB       |            |
| MYGLUCOHEALTH BLOOD GLUCOSE KIT W/DEVICE<br>( <i>blood glucose monitoring suppl</i> )    | NF        |            |
| MYGLUCOHEALTH LANCETS 30G ( <i>lancets</i> )                                             | NPB       |            |
| MYGLUCOHEALTH TEST IN VITRO STRIP ( <i>glucose blood</i> )                               | NF        |            |
| NEUTEK 2TEK TEST IN VITRO STRIP ( <i>glucose blood</i> )                                 | NF        |            |
| NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood<br/>glucose monitoring suppl</i> )       | NF        |            |
| NOVA MAX BLOOD GLUCOSE SYSTEM KIT W/DEVICE<br>( <i>blood glucose monitoring suppl</i> )  | NF        |            |
| NOVA MAX GLUCOSE TEST IN VITRO STRIP ( <i>glucose<br/>blood</i> )                        | NF        |            |
| NOVA MAX PLUS KETONE TEST IN VITRO STRIP ( <i>ketone<br/>blood test</i> )                | NPB       |            |
| NOVA SAFETY LANCETS 23G ( <i>lancets</i> )                                               | NPB       |            |
| NOVA SAFETY LANCETS 28G ( <i>lancets</i> )                                               | NPB       |            |
| NOVA SUREFLEX LANCETS ( <i>lancets</i> )                                                 | NPB       |            |
| NOVA SUREFLEX LANCING DEVICE ( <i>lancet devices</i> )                                   | NPB       |            |
| NOVOFINE PEN NEEDLE 32G X 6 MM ( <i>insulin pen needle</i> )                             | NF        |            |
| NOVOFINE PLUS PEN NEEDLE 32G X 4 MM ( <i>insulin pen<br/>needle</i> )                    | NF        |            |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT ( <i>insulin disposable<br/>pump</i> )                 | PB        |            |
| OMNIPOD 5 DEXG7G6 PODS GEN 5 ( <i>insulin disposable pump</i> )                          | PB        |            |
| OMNIPOD DASH INTRO (GEN 4) KIT ( <i>insulin disposable<br/>pump</i> )                    | PB        |            |
| OMNIPOD DASH PDM (GEN 4) KIT ( <i>insulin disposable pump</i> )                          | PB        |            |
| OMNIPOD DASH PODS (GEN 4) ( <i>insulin disposable pump</i> )                             | PB        |            |
| OMNIPOD POD PALS ( <i>insulin dispos pmp accessories</i> )                               | NF        |            |
| ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP<br>( <i>glucose blood</i> )                 | NF        |            |
| ON CALL EXPRESS MONITORING SYS KIT W/DEVICE<br>( <i>blood glucose monitoring suppl</i> ) | NF        |            |
| <i>one drop blood glucose monitor kit w/device</i>                                       | NF        |            |
| <i>one drop test in vitro strip</i>                                                      | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                                                | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| 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 DELICA SAFETY LANCING ( <i>lancets</i> )                                                                                     | NF        |            |
| ONETOUCH ULTRA 2 KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                               | NF        |            |
| ONETOUCH ULTRA BLUE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                      | NF        |            |
| ONETOUCH ULTRA 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 FLEX SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                     | NF        |            |
| ONETOUCH VERIO IN VITRO STRIP ( <i>glucose blood</i> )                                                                                | NF        |            |
| ONETOUCH VERIO REFLECT KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                         | NF        |            |
| OPTIUMEZ TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                 | NF        |            |
| PARADIGM REAL-TIME TRANSMITTER ( <i>continuous glucose transmitter</i> )                                                              | NF        |            |
| PARADIGM SILHOUETTE COMBO 23" ( <i>insulin infusion pump supplies</i> )                                                               | NPB       |            |
| <i>pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>                                                                        | NF        |            |
| <i>pen needle/5-bevel tip 31g x 8 mm , 32g x 4 mm</i>                                                                                 | NF        |            |
| <i>pen needles 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i> | NF        |            |
| PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )                     | NF        |            |
| PENTIPS GENERIC PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> ) | NF        |            |
| PERFECT LANCETS 28G ( <i>lancets</i> )                                                                                                | NPB       |            |
| PERFECT LANCETS 30G ( <i>lancets</i> )                                                                                                | NPB       |            |
| <i>ph strips in vitro diagnostic test</i>                                                                                             | NPB       |            |
| PHARMACIST CHOICE AUTOCODE IN VITRO STRIP ( <i>glucose blood</i> )                                                                    | NF        |            |
| PHARMACIST CHOICE AUTOCODE SYS KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                 | NF        |            |
| PHARMACIST CHOICE LANCETS ( <i>lancets</i> )                                                                                          | NPB       |            |

| Prescription Drug Name                                                                                                                                                             | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| PHARMACIST CHOICE MINI SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                     | NF        |            |
| <i>pharmacist choice no coding in vitro strip</i>                                                                                                                                  | NF        |            |
| PIP BLOOD GLUCOSE MONITORING DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                      | NF        |            |
| PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                               | NF        |            |
| <i>pip lancets 28g</i>                                                                                                                                                             | NPB       |            |
| <i>pip lancets 30g</i>                                                                                                                                                             | NPB       |            |
| POCKETCHEM EZ SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                        | NF        |            |
| POCKETCHEM EZ TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                         | NF        |            |
| POGO AUTOMATIC BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                      | NF        |            |
| POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST ( <i>glucose blood</i> )                                                                                                   | NF        |            |
| PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML ( <i>insulin syringe-needle u-100</i> )                                                                                             | NF        |            |
| <i>preferred plus unifine pentips 29g x 12mm</i>                                                                                                                                   | NF        |            |
| PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM , 31G X 8 MM ( <i>insulin pen needle</i> )                                                                                                 | NF        |            |
| PREVENT SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM ( <i>insulin pen needle</i> )                                                                                                   | NF        |            |
| PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| <i>pro comfort lancets 30g</i>                                                                                                                                                     | NPB       |            |
| <i>pro comfort lancets 31g</i>                                                                                                                                                     | NPB       |            |
| <i>pro comfort pen needles 32g x 4 mm , 32g x 5 mm , 32g x 6 mm</i>                                                                                                                | NF        |            |
| <i>pro comfort safety lancets 30g</i>                                                                                                                                              | NPB       |            |
| <i>pro voice v8/v9 glucose in vitro strip</i>                                                                                                                                      | NF        |            |
| <i>pro voice v9 glucose system device</i>                                                                                                                                          | NF        |            |
| PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                    | NF        |            |
| PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                              | NF        |            |
| PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML ( <i>insulin syringe-needle u-100</i> )                                                            | NF        |            |
| PRODIGY LANCETS 28G ( <i>lancets</i> )                                                                                                                                             | NPB       |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                     | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------|-----------|------------|
| PRODIGY LANCING DEVICE ( <i>lancet devices</i> )                                           | NPB       |            |
| PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP ( <i>glucose blood</i> )                       | NF        |            |
| PRODIGY POCKET BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )        | NF        |            |
| PRODIGY SAFETY LANCETS 26G ( <i>lancets</i> )                                              | NPB       |            |
| PRODIGY TWIST TOP LANCETS 28G ( <i>lancets</i> )                                           | NPB       |            |
| PRODIGY VOICE BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )         | NF        |            |
| PTS PANELS EGLU TEST IN VITRO STRIP ( <i>glucose blood</i> )                               | NF        |            |
| <i>pure comfort lancets 30g</i>                                                            | NPB       |            |
| <i>pure comfort safety pen needle 31g x 5 mm , 31g x 6 mm , 32g x 4 mm</i>                 | NF        |            |
| <i>px insulin syringe 30g x 1/2" 0.5 ml</i>                                                | NF        |            |
| <i>px lancets microthin 33g</i>                                                            | NPB       |            |
| <i>px lancets ultra thin 28g</i>                                                           | NPB       |            |
| <i>px mini pen needles 31g x 5 mm</i>                                                      | NF        |            |
| <i>qc advanced lancing device</i>                                                          | NPB       |            |
| <i>qc lancets super thin 30g</i>                                                           | NPB       |            |
| <i>qc lancets ultra thin</i>                                                               | NPB       |            |
| <i>qc pen needles 29g x 12mm , 31g x 6 mm , 31g x 8 mm</i>                                 | NF        |            |
| <i>qc unifine pentips 32g x 4 mm</i>                                                       | NF        |            |
| <i>qc unilet lancets 28g</i>                                                               | NPB       |            |
| <i>qc unilet lancets micro thin</i>                                                        | NPB       |            |
| QUICKTEK KIT ( <i>blood glucose monitoring suppl</i> )                                     | NF        |            |
| QUICKTEK TEST IN VITRO STRIP ( <i>glucose blood</i> )                                      | NF        |            |
| QUICKTEK/METER KIT ( <i>blood glucose monitoring suppl</i> )                               | NF        |            |
| QUINTET AC BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )                  | NF        |            |
| QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                      | NF        |            |
| QUINTET BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )              | NF        |            |
| QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                         | NF        |            |
| <i>raya sure pen needle 29g x 12mm , 31g x 4 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i> | NF        |            |

| Prescription Drug Name                                                                                                                                          | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| READYLANCE SAFETY LANCETS ( <i>lancets</i> )                                                                                                                    | NPB       |            |
| <i>reality insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml</i>                                                           | NF        |            |
| <i>reality lancets</i>                                                                                                                                          | NPB       |            |
| <i>reality trigger lancets</i>                                                                                                                                  | NPB       |            |
| REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                          | NF        |            |
| REFUAH PLUS MONITORING SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                            | NF        |            |
| RELION ALL-IN-ONE DEVICE ( <i>blood gluc meter disp-strips</i> )                                                                                                | NF        |            |
| RELION BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                               | NF        |            |
| RELION CONFIRM GLUCOSE MONITOR KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                           | NF        |            |
| RELION CONFIRM/MICRO TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                               | NF        |            |
| RELION GLUCOSE TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )                                                                                              | NF        |            |
| RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML ( <i>insulin syringe-needle u-100</i> )                                                                              | PB        |            |
| RELION KETONE TEST IN VITRO STRIP ( <i>acetone (urine) test</i> )                                                                                               | NPB       |            |
| RELION LANCET DEVICES 30G ( <i>lancets</i> )                                                                                                                    | NPB       |            |
| RELION LANCETS MICRO-THIN 33G ( <i>lancets</i> )                                                                                                                | NPB       |            |
| RELION LANCETS THIN 26G ( <i>lancets</i> )                                                                                                                      | NPB       |            |
| RELION LANCETS ULTRA-THIN 30G ( <i>lancets</i> )                                                                                                                | NPB       |            |
| RELION LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                 | NPB       |            |
| RELION MICRO KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                             | NF        |            |
| RELION PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                           | NF        |            |
| RELION PREMIER BLU MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                     | NF        |            |
| RELION PREMIER COMPACT SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                            | NF        |            |

| Prescription Drug Name                                                                | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------|-----------|------------|
| RELION PREMIER VOICE MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )         | NF        |            |
| RELION PRIME MONITOR DEVICE ( <i>blood glucose monitoring suppl</i> )                 | NF        |            |
| RELION PRIME TEST IN VITRO STRIP ( <i>glucose blood</i> )                             | NF        |            |
| RELION TRUE MET AIR GLUC METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> ) | PB        |            |
| RELION TRUE METRIX TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )                | PB        |            |
| RELION ULTIMA GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )   | NF        |            |
| RELION ULTIMA TEST IN VITRO STRIP ( <i>glucose blood</i> )                            | NF        |            |
| RELION ULTRA THIN LANCETS 30G ( <i>lancets</i> )                                      | NPB       |            |
| RIGHTEST ALTERNATE SITE ADAPT ( <i>lancets misc.</i> )                                | NPB       |            |
| RIGHTEST GD500 LANCING DEVICE ( <i>lancet devices</i> )                               | NPB       |            |
| RIGHTEST GL300 LANCETS ( <i>lancets</i> )                                             | NPB       |            |
| RIGHTEST GM100 BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )   | NF        |            |
| RIGHTEST GM300 BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )   | NF        |            |
| RIGHTEST GM550 BLOOD GLUCOSE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )   | NF        |            |
| RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                  | NF        |            |
| RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                  | NF        |            |
| RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                  | NF        |            |
| RIGHTEST GT333 BLOOD GLUCOSE DEVICE ( <i>blood glucose monitoring suppl</i> )         | NF        |            |
| RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )                  | NF        |            |
| RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                   | NF        |            |
| <i>safety lancet 30g/pressure act</i>                                                 | NPB       |            |
| SAFETY LANCETS ( <i>lancets</i> )                                                     | NPB       |            |
| SAFETY LANCETS 21G ( <i>lancets</i> )                                                 | NPB       |            |
| SAFETY LANCETS 23G ( <i>lancets</i> )                                                 | NPB       |            |
| <i>safety lancets 28g</i>                                                             | NPB       |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2026

| Prescription Drug Name                                                                                               | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>safety pen needles 30g x 5 mm , 30g x 8 mm</i>                                                                    | NF        |            |
| <i>saps health plus lancets</i>                                                                                      | NPB       |            |
| <i>saps health twist top lancets</i>                                                                                 | NPB       |            |
| <i>saps twist top lancets</i>                                                                                        | NPB       |            |
| <i>sapscare twist top lancets</i>                                                                                    | NPB       |            |
| <i>sb insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 1 ml</i> | NF        |            |
| <i>sb lancets thin</i>                                                                                               | NPB       |            |
| <i>sb lancets ultra thin</i>                                                                                         | NPB       |            |
| SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )                | NF        |            |
| SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM ( <i>insulin pen needle</i> )                                               | NF        |            |
| <i>select-lite lancing device</i>                                                                                    | NPB       |            |
| SIMPLE DIAGNOSTICS LANCING DEV ( <i>lancet devices</i> )                                                             | NPB       |            |
| 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        |            |
| SINGLE-LET ( <i>lancets</i> )                                                                                        | NPB       |            |
| SMART DIABETES VANTAGE LANCING ( <i>lancet devices</i> )                                                             | NPB       |            |
| SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                  | NF        |            |
| SMARTEST EJECT DEVICE ( <i>blood glucose monitoring suppl</i> )                                                      | NF        |            |
| SMARTEST EJECT STARTER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                        | NF        |            |
| SMARTEST LANCETS 28G ( <i>lancets</i> )                                                                              | NPB       |            |
| SMARTEST PERSONA STARTER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                      | NF        |            |
| SMARTEST PRONTO STARTER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                       | NF        |            |
| SMARTEST PROTEGE DEVICE ( <i>blood glucose monitoring suppl</i> )                                                    | NF        |            |
| SMARTEST PROTEGE STARTER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                      | NF        |            |
| SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE ( <i>blood glucose monitoring suppl</i> )                                       | NF        |            |
| SOLUS V2 BLOOD GLUCOSE SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                 | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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



| Prescription Drug Name                                                                                                                                                                                                                                                                                                                                          | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| SOLUS V2 LANCETS 28G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                         | NPB       |            |
| SOLUS V2 LANCING DEVICE ( <i>lancet devices</i> )                                                                                                                                                                                                                                                                                                               | NPB       |            |
| SOLUS V2 TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                                                                                                           | NF        |            |
| SOLUS V2 TWIST LANCETS 30G ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                   | NPB       |            |
| STERILANCE TL ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                                | NPB       |            |
| <i>super thin lancets</i>                                                                                                                                                                                                                                                                                                                                       | NPB       |            |
| SUPREME TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                                                                                                                                                                                            | NF        |            |
| <i>sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i> | NF        |            |
| <i>sure comfort lancets 18g</i>                                                                                                                                                                                                                                                                                                                                 | NPB       |            |
| <i>sure comfort lancets 21g</i>                                                                                                                                                                                                                                                                                                                                 | NPB       |            |
| <i>sure comfort lancets 23g</i>                                                                                                                                                                                                                                                                                                                                 | NPB       |            |
| <i>sure comfort lancets 28g</i>                                                                                                                                                                                                                                                                                                                                 | NPB       |            |
| <i>sure comfort lancets 30g</i>                                                                                                                                                                                                                                                                                                                                 | NPB       |            |
| <i>sure comfort lancing pen</i>                                                                                                                                                                                                                                                                                                                                 | NPB       |            |
| <i>sure comfort pen needles 29g x 12.7mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 6 mm</i>                                                                                                                                                                                                                                      | NF        |            |
| SURELITE LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                             | NPB       |            |
| T:FLEX T:LOCK CARTRIDGE 4.8ML ( <i>insulin infusion pump supplies</i> )                                                                                                                                                                                                                                                                                         | NPB       |            |
| T:SLIM X2 3ML CARTRIDGE ( <i>insulin infusion pump supplies</i> )                                                                                                                                                                                                                                                                                               | NPB       |            |
| TANDEM MOBI AUTOSOFT 30 KIT ( <i>insulin infusion pump supplies</i> )                                                                                                                                                                                                                                                                                           | NPB       |            |
| TANDEM MOBI AUTOSOFT XC KIT ( <i>insulin infusion pump supplies</i> )                                                                                                                                                                                                                                                                                           | NPB       |            |
| TANDEM MOBI SYSTEM STARTER KIT ( <i>insulin infusion pump</i> )                                                                                                                                                                                                                                                                                                 | NPB       |            |
| TANDEM MOBI TRUSTEEL SUPP KIT ( <i>insulin infusion pump supplies</i> )                                                                                                                                                                                                                                                                                         | NPB       |            |
| TECHLITE AST LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                         | NPB       |            |
| <i>techlite insulin syringe 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>                                                                                                                                                                                          | NF        |            |
| TECHLITE LANCETS ( <i>lancets</i> )                                                                                                                                                                                                                                                                                                                             | NPB       |            |

| Prescription Drug Name                                                                                                                                               | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )                                                    | NF        |            |
| TEMPO REFILL KIT ( <i>blood glucose monitoring suppl</i> )                                                                                                           | NF        |            |
| TEMPO WELCOME KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                                 | NF        |            |
| <i>today's health pen needles 29g x 12mm</i>                                                                                                                         | NF        |            |
| <i>today's health short pen needle 31g x 8 mm</i>                                                                                                                    | NF        |            |
| <i>today's health thin lancets 28g</i>                                                                                                                               | NPB       |            |
| <i>today's health thin lancets 30g</i>                                                                                                                               | NPB       |            |
| TOXICOLOGY MED COLLECTION SYS IN VITRO KIT ( <i>drug assay (urine)</i> )                                                                                             | NPB       |            |
| TRAVEL LANCETS ADVANCED 28G ( <i>lancets</i> )                                                                                                                       | NPB       |            |
| <i>true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 1 ml</i> | NF        |            |
| <i>true comfort pen needles 31g x 5 mm , 31g x 6 mm , 32g x 4 mm</i>                                                                                                 | NF        |            |
| <i>true comfort pro insulin syr 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml</i>                                                                         | NF        |            |
| <i>true comfort pro pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>               | NF        |            |
| <i>true comfort safety lancets</i>                                                                                                                                   | NPB       |            |
| <i>true comfort twist top lancets</i>                                                                                                                                | NPB       |            |
| TRUE FOCUS BLOOD GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                      | NF        |            |
| <i>true focus blood glucose strip in vitro strip</i>                                                                                                                 | NF        |            |
| TRUE METRIX AIR GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                       | PB        |            |
| TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                 | PB        |            |
| TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP ( <i>glucose blood</i> )                                                                                               | PB        |            |
| TRUE METRIX GO GLUCOSE METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                  | PB        |            |
| TRUE METRIX METER KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )                                                                                             | PB        |            |
| TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                          | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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01/01/2026

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

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

| Prescription Drug Name                                                                                                                                                                 | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML ( <i>insulin syringe-needle u-100</i> )                                                                               | NF        |            |
| ULTRA-THIN II LANCETS ( <i>lancets</i> )                                                                                                                                               | NPB       |            |
| ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM ( <i>insulin pen needle</i> )                                                                                                                 | NF        |            |
| ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM ( <i>insulin pen needle</i> )                                                                                                                | NF        |            |
| ULTRA-THIN II PEN NEEDLES 29G X 12.7MM ( <i>insulin pen needle</i> )                                                                                                                   | NF        |            |
| UNIFINE PENTIPS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM ( <i>insulin pen needle</i> )                                    | NF        |            |
| UNIFINE PENTIPS PLUS 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM ( <i>insulin pen needle</i> )                                            | NF        |            |
| UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                          | NF        |            |
| UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                               | NF        |            |
| UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                               | NF        |            |
| UNILET COMFORTOUCH LANCET ( <i>lancets</i> )                                                                                                                                           | NPB       |            |
| UNILET EXCELITE ( <i>lancets</i> )                                                                                                                                                     | NPB       |            |
| UNILET EXCELITE II ( <i>lancets</i> )                                                                                                                                                  | NPB       |            |
| UNILET G.P. LANCET ( <i>lancets</i> )                                                                                                                                                  | NPB       |            |
| UNILET G.P. SUPERLITE LANCET ( <i>lancets</i> )                                                                                                                                        | NPB       |            |
| UNILET GP 28 ULTRA THIN ( <i>lancets</i> )                                                                                                                                             | NPB       |            |
| UNILET LANCET ( <i>lancets</i> )                                                                                                                                                       | NPB       |            |
| UNILET MICRO-THIN 33G ( <i>lancets</i> )                                                                                                                                               | NPB       |            |
| UNILET SUPERLITE LANCET ( <i>lancets</i> )                                                                                                                                             | NPB       |            |
| UNILET SUPER-THIN 30G ( <i>lancets</i> )                                                                                                                                               | NPB       |            |
| UNILET ULTRA-THIN 28G ( <i>lancets</i> )                                                                                                                                               | NPB       |            |
| UNISTIK 1 ( <i>lancets</i> )                                                                                                                                                           | NPB       |            |
| UNISTIK 2 ( <i>lancets</i> )                                                                                                                                                           | NPB       |            |
| UNISTIK 2 COMFORT ( <i>lancets</i> )                                                                                                                                                   | NPB       |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                                                                                                               | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| UNISTIK 2 EXTRA ( <i>lancets</i> )                                                                                                                                                                   | NPB       |            |
| UNISTIK 2 NEONATAL ( <i>lancets</i> )                                                                                                                                                                | NPB       |            |
| UNISTIK 2 NORMAL ( <i>lancets</i> )                                                                                                                                                                  | NPB       |            |
| UNISTIK 2 SUPER ( <i>lancets</i> )                                                                                                                                                                   | NPB       |            |
| UNISTIK 3 ( <i>lancets</i> )                                                                                                                                                                         | NPB       |            |
| UNISTIK 3 COMFORT ( <i>lancets</i> )                                                                                                                                                                 | NPB       |            |
| UNISTIK 3 EXTRA ( <i>lancets</i> )                                                                                                                                                                   | NPB       |            |
| UNISTIK 3 GENTLE ( <i>lancets</i> )                                                                                                                                                                  | NPB       |            |
| UNISTIK 3 NEONATAL ( <i>lancets</i> )                                                                                                                                                                | NPB       |            |
| UNISTIK 3 NORMAL ( <i>lancets</i> )                                                                                                                                                                  | NPB       |            |
| UNISTIK CZT COMFORT ( <i>lancets</i> )                                                                                                                                                               | NPB       |            |
| UNISTIK CZT NORMAL ( <i>lancets</i> )                                                                                                                                                                | NPB       |            |
| UNISTIK NORMAL ( <i>lancets</i> )                                                                                                                                                                    | NPB       |            |
| UNISTIK PRO SAFETY LANCET ( <i>lancets</i> )                                                                                                                                                         | NPB       |            |
| UNISTIK SAFETY LANCETS 28G ( <i>lancets</i> )                                                                                                                                                        | NPB       |            |
| UNISTIK SAFETY LANCETS 30G ( <i>lancets</i> )                                                                                                                                                        | NPB       |            |
| UNISTIK TOUCH SAFETY LANC 21G ( <i>lancets</i> )                                                                                                                                                     | NPB       |            |
| UNISTIK TOUCH SAFETY LANC 23G ( <i>lancets</i> )                                                                                                                                                     | NPB       |            |
| UNISTIK TOUCH SAFETY LANC 28G ( <i>lancets</i> )                                                                                                                                                     | NPB       |            |
| UNISTIK TOUCH SAFETY LANC 30G ( <i>lancets</i> )                                                                                                                                                     | NPB       |            |
| UNISTRIP1 GENERIC IN VITRO STRIP ( <i>glucose blood</i> )                                                                                                                                            | NF        |            |
| VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> ) | NF        |            |
| VARISOFT INFUSION SET ( <i>insulin infusion pump supplies</i> )                                                                                                                                      | NPB       |            |
| verasens blood glucose meter device                                                                                                                                                                  | NF        |            |
| verasens blood glucose system kit w/device                                                                                                                                                           | NF        |            |
| verasens blood glucose test in vitro strip                                                                                                                                                           | NF        |            |
| VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )                                                                             | NF        |            |
| VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )                                        | NF        |            |
| VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )                                                                                                          | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                         | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| VERIFINE SAFE LANCET MINI 21G ( <i>lancets</i> )                                               | NPB       |                                            |
| VERIFINE SAFE LANCET MINI 23G ( <i>lancets</i> )                                               | NPB       |                                            |
| VERIFINE SAFE LANCET MINI 28G ( <i>lancets</i> )                                               | NPB       |                                            |
| VERIFINE SAFE LANCET MINI 30G ( <i>lancets</i> )                                               | NPB       |                                            |
| VERIFINE UNIVERSAL LANCETS 28G ( <i>lancets</i> )                                              | NPB       |                                            |
| VERIFINE UNIVERSAL LANCETS 30G ( <i>lancets</i> )                                              | NPB       |                                            |
| VERIFINE UNIVERSAL LANCETS 33G ( <i>lancets</i> )                                              | NPB       |                                            |
| V-GO 20 KIT 20 UNIT/24HR ( <i>insulin disposable pump</i> )                                    | 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 CONTROL SOLUTION IN VITRO LIQUID ( <i>blood glucose calibration</i> )            | NPB       |                                            |
| VIVAGUARD INO GLUCOSE METER DEVICE ( <i>blood glucose monitoring suppl</i> )                   | NF        |                                            |
| VIVAGUARD INO GLUCOSE METER KIT ( <i>blood glucose monitoring suppl</i> )                      | NF        |                                            |
| VIVAGUARD INO SMART GLUC METER DEVICE ( <i>blood glucose monitoring suppl</i> )                | NF        |                                            |
| VIVAGUARD INO TEST STRIPS IN VITRO STRIP ( <i>glucose blood</i> )                              | NF        |                                            |
| VIVAGUARD LANCETS ( <i>lancets</i> )                                                           | NPB       |                                            |
| VIVAGUARD LANCING DEVICE ( <i>lancet devices</i> )                                             | NPB       |                                            |
| wegmans unifine pentips plus 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm                 | NF        |                                            |
| zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml | NF        |                                            |
| zevrx pen needles 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm                            | NF        |                                            |
| zevrx twist top lancets 30g                                                                    | NPB       |                                            |
| <b>ENDOMETRIOSIS</b>                                                                           |           |                                            |
| danazol oral capsule 100 mg, 200 mg, 50 mg                                                     | G         | N8 (Listing does not include certain NDCs) |
| ORILISSA ORAL TABLET 150 MG, 200 MG ( <i>elagolix sodium</i> )                                 | PB        |                                            |
| SYNAREL NASAL SOLUTION 2 MG/ML ( <i>nafarelin acetate</i> )                                    | NPB       |                                            |
| <b>FERTILITY REGULATORS</b>                                                                    |           |                                            |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG ( <i>cetrorelix acetate</i> )                               | NF        |                                            |



| Prescription Drug Name                                                                                                             | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>                                                      | NF        |                                            |
| FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML ( <i>follitropin beta</i> )                      | PSP       |                                            |
| <i>ganirelix acetate</i> (Fyremadel Subcutaneous Solution Prefilled Syringe 250 Mcg/0.5ml)                                         | NF        |                                            |
| <i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>                                                     | NF        |                                            |
| <i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>                                                     | PSP       |                                            |
| GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT ( <i>follitropin alfa</i> )                                                      | NF        |                                            |
| GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML ( <i>follitropin alfa</i> ) | NF        |                                            |
| MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ( <i>menotropins</i> )                                                         | NPSP      |                                            |
| NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT ( <i>chorionic gonadotropin</i> )                                           | NF        |                                            |
| OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML ( <i>choriogonadotropin alfa</i> )                                   | NF        |                                            |
| PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT ( <i>chorionic gonadotropin</i> )                                          | PSP       |                                            |
| <b>GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>                                                                      |           |                                            |
| 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>dexamethasone (la) injection suspension 8 mg/ml</i>                                                                             | NF        |                                            |
| DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>dexamethasone</i> )                                                           | NPB       |                                            |
| <i>dexamethasone oral elixir 0.5 mg/5ml</i>                                                                                        | G         | N8 (Listing does not include certain NDCs) |
| <i>dexamethasone oral solution 0.5 mg/5ml</i>                                                                                      | G         |                                            |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg</i>                                                           | G         |                                            |
| <i>dexamethasone oral tablet 1.5 mg</i>                                                                                            | G         | N8 (Listing does not include certain NDCs) |

| Prescription Drug Name                                                                           | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>              | G         |                                            |
| DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML ( <i>dexamethasone sodium phosphate</i> )          | NF        |                                            |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML ( <i>deflazacort</i> )                                       | NF        |                                            |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG ( <i>deflazacort</i> )                             | NF        |                                            |
| <i>fludrocortisone acetate oral tablet 0.1 mg</i>                                                | G         |                                            |
| HEMADY ORAL TABLET 20 MG ( <i>dexamethasone</i> )                                                | NF        |                                            |
| <i>dexamethasone</i> (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))                          | G         |                                            |
| <i>hydrocortisone oral tablet 10 mg, 5 mg</i>                                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>hydrocortisone oral tablet 20 mg</i>                                                          | G         |                                            |
| MEDROL ORAL TABLET 2 MG ( <i>methylprednisolone</i> )                                            | NPB       |                                            |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>                                   | G         |                                            |
| <i>methylprednisolone oral tablet therapy pack 4 mg</i>                                          | G         |                                            |
| ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG ( <i>prednisolone sodium phosphate</i> ) | NPB       |                                            |
| <i>prednisolone oral solution 15 mg/5ml</i>                                                      | G         |                                            |
| <i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>                          | NF        |                                            |
| <i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>                          | G         |                                            |
| <i>prednisolone sodium phosphate oral solution 5 mg/5ml</i>                                      | G         | N8 (Listing does not include certain NDCs) |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML ( <i>prednisone</i> )                               | NPB       |                                            |
| <i>prednisone oral solution 5 mg/5ml</i>                                                         | G         |                                            |
| <i>prednisone oral tablet 1 mg, 20 mg, 5 mg</i>                                                  | G         | N8 (Listing does not include certain NDCs) |
| <i>prednisone oral tablet 10 mg, 2.5 mg, 50 mg</i>                                               | G         |                                            |
| <i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>          | G         |                                            |
| RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG ( <i>prednisone</i> )                         | NF        |                                            |
| TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) ( <i>dexamethasone</i> )                    | NF        |                                            |

| Prescription Drug Name                                                                                                                         | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))                                                             | NF        |            |
| TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) ( <i>dexamethasone</i> )                                                                   | NF        |            |
| <b>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</b>                                                                               |           |            |
| BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )                                                                                    | PB        |            |
| BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )                                                                                    | PB        |            |
| <i>glucagon emergency injection solution reconstituted 1 mg, 1 mg/ml</i>                                                                       | NF        |            |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )                                          | PB        |            |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )                                          | PB        |            |
| GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML ( <i>glucagon</i> )                                                               | PB        |            |
| PROGLYCEM ORAL SUSPENSION 50 MG/ML ( <i>diazoxide</i> )                                                                                        | NPB       |            |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML ( <i>dasiglucagon hcl</i> )                                                         | PB        |            |
| ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML ( <i>dasiglucagon hcl</i> )                                                     | PB        |            |
| <b>GROWTH IMPROVEMENT AGENTS - DRUGS TO PROMOTE GROWTH</b>                                                                                     |           |            |
| VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG ( <i>vosoritide</i> )                                                      | NPSP      |            |
| <b>HEREDITARY TYROSINEMIA TYPE 1 AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT</b>                                                   |           |            |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG ( <i>nitisinone</i> )                                                                                      | NF        |            |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG ( <i>nitisinone</i> )                                                                            | PSP       |            |
| ORFADIN ORAL SUSPENSION 4 MG/ML ( <i>nitisinone</i> )                                                                                          | PSP       |            |
| <b>HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES</b>                                                                            |           |            |
| GENOTROPIN MINISUBCUTANEOUS 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        |            |

| Prescription Drug Name                                                                                                                    | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG<br>( <i>somatropin</i> )                                                                    | NF        |            |
| HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG<br>( <i>somatropin</i> )                                                                 | PSP       |            |
| NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML<br>( <i>somatogon-ghla</i> )                                           | NF        |            |
| NORDIPEN 5 INJECTION DEVICE ( <i>injection device</i> )                                                                                   | NF        |            |
| NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML<br>( <i>somatropin</i> )           | PSP       |            |
| NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML<br>( <i>somatropin</i> )                                               | NF        |            |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML<br>( <i>somatropin</i> )                                               | NF        |            |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML<br>( <i>somatropin</i> )                                                 | NF        |            |
| OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML<br>( <i>somatropin</i> )                                                | NF        |            |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG<br>( <i>somatropin</i> )                                                             | NF        |            |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG<br>( <i>somatropin (non-refrigerated)</i> )                                 | NPSP      |            |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG<br>( <i>lonapegsomatropin-tcgd</i> ) | NF        |            |
| SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML<br>( <i>somapacitan-beco</i> )                            | PSP       |            |
| ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG<br>( <i>somatropin</i> )                                                         | NF        |            |
| <b>LYSOSOMAL STORAGE DISORDERS - DRUGS TO TREAT LYSOSOMAL STORAGE DISORDERS</b>                                                           |           |            |
| OPFOLDA ORAL CAPSULE 65 MG ( <i>miglustat (gaa deficiency)</i> )                                                                          | NF        |            |
| <b>LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE - DRUGS TO TREAT FABRY DISEASE</b>                                                         |           |            |
| GALAFOLD ORAL CAPSULE 123 MG ( <i>migalastat hcl</i> )                                                                                    | PSP       |            |
| <b>LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE - DRUGS TO TREAT GAUCHER DISEASE</b>                                                     |           |            |
| CERDELGA ORAL CAPSULE 84 MG ( <i>eliglustat tartrate</i> )                                                                                | PSP       |            |

| Prescription Drug Name                                                                                                                      | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>imiglucerase</i> )                                                                | PSP       |            |
| ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT ( <i>taliglucerase alfa</i> )                                                           | NF        |            |
| <i>miglustat oral capsule 100 mg</i>                                                                                                        | G         |            |
| VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT ( <i>velaglucerase alfa</i> )                                                             | NF        |            |
| ZAVESCA ORAL CAPSULE 100 MG ( <i>miglustat</i> )                                                                                            | NPSP      |            |
| <b>MENOPAUSAL SYMPTOM AGENTS - DRUGS TO TREAT MENOPAUSE</b>                                                                                 |           |            |
| ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> )                                         | NPB       |            |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG ( <i>drospirenone-estradiol</i> )                                                                 | NPB       |            |
| BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG ( <i>estradiol-progesterone</i> )                                                                  | NPB       |            |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY ( <i>estradiol-levonorgestrel</i> )                                                 | NF        |            |
| CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> ) | NF        |            |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY ( <i>estradiol-norethindrone acet</i> )                        | PB        |            |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML ( <i>estradiol valerate</i> )                                                                        | NPB       |            |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML ( <i>estradiol cypionate</i> )                                                                     | NPB       |            |
| DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM ( <i>estradiol</i> )                          | NF        |            |
| <i>estradiol</i> (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)             | G         |            |
| DUAVEE ORAL TABLET 0.45-20 MG ( <i>conj estrogens-bazedoxifene</i> )                                                                        | PB        |            |
| <i>ec-rx estradiol transdermal cream 0.4 %, 0.6 %</i>                                                                                       | NF        |            |
| ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) ( <i>estradiol</i> )                                                                       | NF        |            |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>                                                                                             | G         |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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| Prescription Drug Name                                                                                                                | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>               | G         |            |
| <i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>       | G         |            |
| <i>estradiol vaginal cream 0.01 %</i>                                                                                                 | G         |            |
| <i>estradiol vaginal tablet 10 mcg</i>                                                                                                | NF        |            |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>                                                                        | G         |            |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>                                                                  | G         |            |
| ESTRING VAGINAL RING 7.5 MCG/24HR ( <i>estradiol</i> )                                                                                | NF        |            |
| ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) ( <i>estradiol</i> )                                                                 | NPB       |            |
| EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY ( <i>estradiol</i> )                                                                       | NF        |            |
| 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)                                                   | G         |            |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG ( <i>estradiol</i> )                                                            | PB        |            |
| IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG ( <i>estradiol</i> )                                                                | PB        |            |
| <i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)                                                                   | G         |            |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR ( <i>estradiol</i> )                                                                    | NF        |            |
| <i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)                                                                     | G         |            |
| MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> ) | NF        |            |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>                                                             | G         |            |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG ( <i>estrogens conjugated</i> )                                       | 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> )                                                            | PB        |            |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG ( <i>conj estrog-medroxyprogest ace</i> )                       | PB        |            |



| Prescription Drug Name                                                                                                                  | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| VAGIFEM VAGINAL TABLET 10 MCG ( <i>estradiol</i> )                                                                                      | PB        |            |
| VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> ) | NF        |            |
| <i>estradiol</i> (Yuvaferm Vaginal Tablet 10 Mcg)                                                                                       | NF        |            |
| <b>MISCELLANEOUS</b>                                                                                                                    |           |            |
| ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML ( <i>corticotropin</i> )                                                 | NPSP      |            |
| ACTHAR INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )                                                                                | NPSP      |            |
| <i>betaine oral powder</i>                                                                                                              | G         |            |
| <i>cabergoline oral tablet 0.5 mg</i>                                                                                                   | G         |            |
| CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML ( <i>corticotropin</i> )                                        | NPSP      |            |
| CORTROPHIN INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )                                                                            | NPSP      |            |
| CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG ( <i>crinecerfont</i> )                                                                    | NPSP      |            |
| CRENESSITY ORAL SOLUTION 50 MG/ML ( <i>crinecerfont</i> )                                                                               | NPSP      |            |
| CYSTADANE ORAL POWDER ( <i>betaine</i> )                                                                                                | NF        |            |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG ( <i>cysteamine bitartrate</i> )                                                                    | PSP       |            |
| EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG ( <i>tesamorelin acetate</i> )                                                                      | NPSP      |            |
| EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML ( <i>romosozumab-aqqg</i> )                                               | NF        |            |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>setmelanotide acetate</i> )                                                                | NF        |            |
| INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML ( <i>mecasermin</i> )                                                                          | NPSP      |            |
| INTRAROSA VAGINAL INSERT 6.5 MG ( <i>prasterone</i> )                                                                                   | NF        |            |
| JYNARQUE ORAL TABLET 15 MG, 30 MG ( <i>tolvaptan</i> )                                                                                  | NF        |            |
| JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG ( <i>tolvaptan</i> )                            | NF        |            |
| KORLYM ORAL TABLET 300 MG ( <i>mifepristone</i> )                                                                                       | NF        |            |
| KUVAN ORAL PACKET 100 MG, 500 MG ( <i>sapropterin dihydrochloride</i> )                                                                 | NF        |            |
| KUVAN ORAL TABLET 100 MG ( <i>sapropterin dihydrochloride</i> )                                                                         | NF        |            |
| <i>methylergonovine maleate</i> (Methergine Oral Tablet 0.2 Mg)                                                                         | G         |            |
| <i>methylergonovine maleate oral tablet 0.2 mg</i>                                                                                      | G         |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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



| Prescription Drug Name                                                                                                  | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG ( <i>metreleptin</i> )                                              | NPSP      |            |
| OSPHEA 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        |            |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG ( <i>resmetirom</i> )                                                        | NF        |            |
| SAMSCA ORAL TABLET 15 MG, 30 MG ( <i>tolvaptan</i> )                                                                    | NPSP      |            |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG ( <i>pasireotide pamoate</i> ) | NF        |            |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML ( <i>pasireotide diaspertate</i> )                       | NPSP      |            |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML ( <i>asfotase alfa</i> )                | NPSP      |            |
| VEOZAH ORAL TABLET 45 MG ( <i>fezolinetant</i> )                                                                        | NF        |            |
| VIJOICE ORAL PACKET 50 MG ( <i>alpelisib</i> )                                                                          | NF        |            |
| VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG ( <i>alpelisib</i> )                                        | NF        |            |
| XURIDEN ORAL PACKET 2 GM ( <i>uridine triacetate</i> )                                                                  | NPSP      |            |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG ( <i>lonafarnib</i> )                                                                 | NPSP      |            |
| <b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b>                                        |           |            |
| AURYXIA ORAL TABLET 1 GM 210 MG(Fe) ( <i>ferric citrate</i> )                                                           | PB        |            |
| <i>calcium acetate (phos binder) oral capsule 667 mg</i>                                                                | G         |            |
| <i>calcium acetate (phos binder) oral tablet 667 mg</i>                                                                 | G         |            |
| FOSRENOL ORAL PACKET 1000 MG, 750 MG ( <i>lanthanum carbonate</i> )                                                     | NF        |            |
| FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG ( <i>lanthanum carbonate</i> )                                    | NF        |            |
| <i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>                                                 | NF        |            |
| RENVELA ORAL PACKET 0.8 GM, 2.4 GM ( <i>sevelamer carbonate</i> )                                                       | NF        |            |
| RENVELA ORAL TABLET 800 MG ( <i>sevelamer carbonate</i> )                                                               | NF        |            |
| <i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>                                                                   | G         |            |
| <i>sevelamer carbonate oral tablet 800 mg</i>                                                                           | G         |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>sevelamer hcl oral tablet 400 mg, 800 mg</i>                                                       | G         |            |
| VELPHORO ORAL TABLET CHEWABLE 500 MG<br>( <i>sucroferric oxyhydroxide</i> )                           | NF        |            |
| XPHOZAH ORAL TABLET 20 MG, 30 MG ( <i>tenapanor hcl (ckd)</i> )                                       | NF        |            |
| <b>POLYNEUROPATHY</b>                                                                                 |           |            |
| WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR<br>45 MG/0.8ML ( <i>eplontersen sodium</i> )               | NF        |            |
| <b>POTASSIUM-REMOVING AGENTS - DRUGS TO REGULATE POTASSIUM LEVELS</b>                                 |           |            |
| <i>sodium polystyrene sulfonate</i> (Kionex Combination Suspension 15 Gm/60ML)                        | G         |            |
| LOKELMA ORAL PACKET 10 GM, 5 GM ( <i>sodium zirconium cyclosilicate</i> )                             | NF        |            |
| <i>sodium polystyrene sulfonate oral powder</i>                                                       | G         |            |
| <i>sodium polystyrene sulfonate</i> (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60ML) | G         |            |
| SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML ( <i>sodium polystyrene sulfonate</i> )   | G         |            |
| VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM<br>( <i>patiromer sorbitex calcium</i> )          | PB        |            |
| <b>PROGESTINS - DRUGS TO REGULATE PROGESTIN</b>                                                       |           |            |
| CRINONE VAGINAL GEL 4 %, 8 % ( <i>progesterone</i> )                                                  | PB        |            |
| <i>ec-rx progesterone transdermal cream 10 %, 20 %</i>                                                | NF        |            |
| ENDOMETRIN VAGINAL INSERT 100 MG ( <i>progesterone</i> )                                              | NF        |            |
| <i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>                                    | G         |            |
| <i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>                            | G         |            |
| <i>norethindrone acetate oral tablet 5 mg</i>                                                         | G         |            |
| <i>progesterone intramuscular oil 50 mg/ml</i>                                                        | G         |            |
| <i>progesterone oral capsule 100 mg, 200 mg</i>                                                       | G         |            |
| PROMETRIUM ORAL CAPSULE 100 MG, 200 MG<br>( <i>progesterone</i> )                                     | NF        |            |
| PROVERA ORAL TABLET 10 MG ( <i>medroxyprogesterone acetate</i> )                                      | NPB       |            |
| <b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>                                              |           |            |
| ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG ( <i>thyroid</i> )                             | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                                                                                                                                                    | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG ( <i>thyroid</i> )                                                                                                                                                                      | NPB       |            |
| CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG ( <i>liothyronine sodium</i> )                                                                                                                                                                  | NF        |            |
| ERMEZA ORAL SOLUTION 150 MCG/5ML ( <i>levothyroxine sodium</i> )                                                                                                                                                                          | NF        |            |
| <i>levothyroxine sodium</i> (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)                                                                                   | G         |            |
| <i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>                                                                                            | G         |            |
| <i>levothyroxine sodium</i> (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)                                                                                           | G         |            |
| <i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>                                                                                                                                                                              | G         |            |
| <i>methimazole oral tablet 10 mg, 5 mg</i>                                                                                                                                                                                                | G         |            |
| <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> )                                                                                                                                                              | NPB       |            |
| <i>propylthiouracil oral tablet 50 mg</i>                                                                                                                                                                                                 | G         |            |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG ( <i>levothyroxine sodium</i> )                                                                              | PB        |            |
| THYQUIDITY ORAL SOLUTION 100 MCG/5ML ( <i>levothyroxine sodium</i> )                                                                                                                                                                      | NF        |            |
| <i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>                                                                                                                                                                             | NF        |            |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG ( <i>levothyroxine sodium</i> )                                                   | NF        |            |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML ( <i>levothyroxine sodium</i> ) | NF        |            |
| <i>levothyroxine sodium</i> (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)                                                                                | G         |            |

| Prescription Drug Name                                                                       | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------|-----------|------------|
| <b>THYROID AGENTS-DRUGS TO REGULATE THYROID LEVELS</b>                                       |           |            |
| RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG ( <i>thyroid</i> )                 | NF        |            |
| <b>UREA CYCLE DISORDER - DRUGS TO TREAT UREA CYCLE DISORDER</b>                              |           |            |
| BUPHENYL ORAL POWDER 3 GM/TSP ( <i>sodium phenylbutyrate</i> )                               | NF        |            |
| BUPHENYL ORAL TABLET 500 MG ( <i>sodium phenylbutyrate</i> )                                 | NF        |            |
| CARBAGLU ORAL TABLET SOLUBLE 200 MG ( <i>carglumic acid</i> )                                | NF        |            |
| <i>carglumic acid oral tablet soluble 200 mg</i>                                             | G         |            |
| OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM ( <i>sodium phenylbutyrate</i> )                  | NF        |            |
| OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM ( <i>sodium phenylbutyrate</i> )                  | NF        |            |
| OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM ( <i>sodium phenylbutyrate</i> )              | NF        |            |
| OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM ( <i>sodium phenylbutyrate</i> )              | NF        |            |
| OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM ( <i>sodium phenylbutyrate</i> )              | NF        |            |
| OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM ( <i>sodium phenylbutyrate</i> )        | NF        |            |
| PHEBURANE ORAL PELLETT 483 MG/GM ( <i>sodium phenylbutyrate</i> )                            | PSP       |            |
| RAVICTI ORAL LIQUID 1.1 GM/ML ( <i>glycerol phenylbutyrate</i> )                             | NF        |            |
| <i>sodium phenylbutyrate oral powder 3 gm/tsp</i>                                            | G         |            |
| <i>sodium phenylbutyrate oral tablet 500 mg</i>                                              | G         |            |
| <b>UTERINE FIBROIDS - DRUGS TO TREAT UTERINE FIBROIDS</b>                                    |           |            |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG ( <i>relugolix-estradiol-norethind</i> )                   | PB        |            |
| ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ( <i>elagolix-estradiol-norethind</i> ) | PB        |            |
| <b>VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES</b>                                   |           |            |
| DDAVP ORAL TABLET 0.1 MG, 0.2 MG ( <i>desmopressin acetate</i> )                             | NPB       |            |

| Prescription Drug Name                                                      | Drug Tier | Drug Notes                                 |
|-----------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>desmopressin ace spray refrig nasal solution 0.01 %</i>                  | G         |                                            |
| <i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>                      | G         |                                            |
| <i>desmopressin acetate spray nasal solution 0.01 %</i>                     | G         |                                            |
| <b>VITAMIN D ANALOGS</b>                                                    |           |                                            |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>                            | G         | N8 (Listing does not include certain NDCs) |
| <i>calcitriol oral solution 1 mcg/ml</i>                                    | G         |                                            |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>                 | G         | N8 (Listing does not include certain NDCs) |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>                        | G         |                                            |
| RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG ( <i>calcifediol</i> )        | NPB       |                                            |
| ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG ( <i>calcitriol</i> )              | NPB       |                                            |
| ROCALTROL ORAL SOLUTION 1 MCG/ML ( <i>calcitriol</i> )                      | NPB       |                                            |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG ( <i>paricalcitol</i> )                   | NPB       |                                            |
| <b>GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS</b>   |           |                                            |
| <b>ANTICHOLINERGICS</b>                                                     |           |                                            |
| CUVPOSA ORAL SOLUTION 1 MG/5ML ( <i>glycopyrrolate</i> )                    | NPB       |                                            |
| <i>dicyclomine hcl oral capsule 10 mg</i>                                   | G         | N8 (Listing does not include certain NDCs) |
| <i>dicyclomine hcl oral solution 10 mg/5ml</i>                              | G         |                                            |
| <i>dicyclomine hcl oral tablet 20 mg</i>                                    | G         | N8 (Listing does not include certain NDCs) |
| GLYCATE ORAL TABLET 1.5 MG ( <i>glycopyrrolate</i> )                        | NF        |                                            |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i>                                | G         | N8 (Listing does not include certain NDCs) |
| <i>glycopyrrolate oral tablet 1.5 mg</i>                                    | NF        |                                            |
| <i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i> | NF        |                                            |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>                         | G         |                                            |
| <i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>                        | G         |                                            |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i>                             | G         | N8 (Listing does not include certain NDCs) |
| <i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>                 | G         |                                            |
| <i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>            | G         |                                            |

| Prescription Drug Name                                                                       | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------|-----------|------------|
| LEVBIID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG ( <i>hyoscyamine sulfate</i> )         | NPB       |            |
| LEVSIN ORAL TABLET 0.125 MG ( <i>hyoscyamine sulfate</i> )                                   | NPB       |            |
| LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG ( <i>hyoscyamine sulfate</i> )               | NPB       |            |
| <i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>                                      | G         |            |
| <i>hyoscyamine sulfate</i> (Nulev Oral Tablet Dispersible 0.125 Mg)                          | G         |            |
| <i>oscimin oral tablet 0.125 mg</i>                                                          | G         |            |
| <i>oscimin sublingual tablet sublingual 0.125 mg</i>                                         | G         |            |
| <b>ANTIDIARRHEALS</b>                                                                        |           |            |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>                                   | G         |            |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>                                       | G         |            |
| LACTEROL ORAL CAPSULE ( <i>probiotic product</i> )                                           | NF        |            |
| <i>lactovive oral capsule</i>                                                                | NF        |            |
| LOMOTIL ORAL TABLET 2.5-0.025 MG ( <i>diphenoxylate-atropine</i> )                           | NPB       |            |
| <i>loperamide hcl oral capsule 2 mg</i>                                                      | G         |            |
| MOTOFEN ORAL TABLET 1-0.025 MG ( <i>difenoxin-atropine</i> )                                 | NF        |            |
| MYTESI ORAL TABLET DELAYED RELEASE 125 MG ( <i>crofelemer</i> )                              | NF        |            |
| <i>surebiotic probiotic support oral capsule</i>                                             | NF        |            |
| <i>wellpro 31 oral capsule</i>                                                               | NF        |            |
| <i>zelac oral capsule</i>                                                                    | NF        |            |
| <b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>                                           |           |            |
| AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG ( <i>fosnetupitant-palonosetron</i> ) | NPB       |            |
| AKYNZEO ORAL CAPSULE 300-0.5 MG ( <i>netupitant-palonosetron</i> )                           | NPB       |            |
| ANZEMET ORAL TABLET 50 MG ( <i>dolasetron mesylate</i> )                                     | NPB       |            |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>                         | G         |            |
| BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG ( <i>doxylamine-pyridoxine</i> )              | NPB       |            |
| <i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)                                    | G         |            |
| DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG ( <i>doxylamine-pyridoxine</i> )               | NPB       |            |
| <i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>                            | G         |            |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>                                           | G         |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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



| Prescription Drug Name                                                               | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| EMEND BIPACK ORAL CAPSULE 80 MG ( <i>aprepitant</i> )                                | NPB       |                                            |
| EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG ( <i>fosaprepitant dimeglumine</i> ) | NPB       |                                            |
| EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML ( <i>aprepitant</i> )                 | NPB       |                                            |
| EMEND TRIPACK ORAL CAPSULE 80 & 125 MG ( <i>aprepitant</i> )                         | NPB       |                                            |
| <i>granisetron hcl oral tablet 1 mg</i>                                              | G         |                                            |
| <i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>                                      | G         | N8 (Listing does not include certain NDCs) |
| <i>meclizine hcl oral tablet 50 mg</i>                                               | G         |                                            |
| <i>metoclopramide hcl oral solution 10 mg/10ml</i>                                   | G         |                                            |
| <i>metoclopramide hcl oral solution 5 mg/5ml</i>                                     | G         | N8 (Listing does not include certain NDCs) |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>                                    | G         |                                            |
| <i>metoclopramide hcl oral tablet dispersible 5 mg</i>                               | G         |                                            |
| <i>ondansetron hcl oral solution 4 mg/5ml</i>                                        | G         |                                            |
| <i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>                                 | G         |                                            |
| <i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>                                | G         |                                            |
| <i>prochlorperazine edisylate injection solution 10 mg/2ml</i>                       | G         |                                            |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>                              | G         | N8 (Listing does not include certain NDCs) |
| <i>prochlorperazine rectal suppository 25 mg</i>                                     | G         |                                            |
| <i>promethazine hcl oral solution 6.25 mg/5ml</i>                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>                            | G         |                                            |
| <i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>                            | G         |                                            |
| <i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)              | G         |                                            |
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG ( <i>promethazine hcl</i> )                     | G         |                                            |
| SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR ( <i>granisetron</i> )                         | PB        |                                            |
| <i>scopolamine transdermal patch 72 hour 1 mg/3days</i>                              | G         |                                            |
| SYNDROS ORAL SOLUTION 5 MG/ML ( <i>dronabinol</i> )                                  | NF        |                                            |
| <i>trimethobenzamide hcl oral capsule 300 mg</i>                                     | G         | N8 (Listing does not include certain NDCs) |



| Prescription Drug Name                                                            | Drug Tier | Drug Notes                                 |
|-----------------------------------------------------------------------------------|-----------|--------------------------------------------|
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG ( <i>rolapitant hcl</i> ) | NPB       |                                            |
| <b>ANTISPASMODICS - DRUGS FOR MUSCLE SPASM</b>                                    |           |                                            |
| LIBRAX ORAL CAPSULE 5-2.5 MG ( <i>chlordiazepoxide-clidinium</i> )                | NF        |                                            |
| <b>H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b>                |           |                                            |
| <i>cimetidine hcl oral solution 300 mg/5ml</i>                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>                      | G         |                                            |
| <i>famotidine oral suspension reconstituted 40 mg/5ml</i>                         | G         |                                            |
| <i>famotidine oral tablet 20 mg, 40 mg</i>                                        | G         | N8 (Listing does not include certain NDCs) |
| <i>nizatidine oral capsule 150 mg, 300 mg</i>                                     | G         |                                            |
| <b>INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS</b> |           |                                            |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ( <i>mesalamine</i> )       | NPB       |                                            |
| AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG ( <i>sulfasalazine</i> )    | NPB       |                                            |
| AZULFIDINE ORAL TABLET 500 MG ( <i>sulfasalazine</i> )                            | NPB       |                                            |
| <i>balsalazide disodium oral capsule 750 mg</i>                                   | G         |                                            |
| <i>budesonide er oral tablet extended release 24 hour 9 mg</i>                    | NF        |                                            |
| <i>budesonide oral capsule delayed release particles 3 mg</i>                     | G         |                                            |
| COLAZAL ORAL CAPSULE 750 MG ( <i>balsalazide disodium</i> )                       | NF        |                                            |
| CORTENEMA RECTAL ENEMA 100 MG/60ML ( <i>hydrocortisone</i> )                      | NPB       |                                            |
| CORTIFOAM EXTERNAL FOAM 10 % ( <i>hydrocortisone acetate</i> )                    | PB        |                                            |
| DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG ( <i>mesalamine</i> )                | NF        |                                            |
| DIPENTUM ORAL CAPSULE 250 MG ( <i>olsalazine sodium</i> )                         | NPB       |                                            |
| <i>hydrocortisone rectal enema 100 mg/60ml</i>                                    | G         |                                            |
| LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM ( <i>mesalamine</i> )                   | NF        |                                            |
| <i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>               | G         |                                            |
| <i>mesalamine oral capsule delayed release 400 mg</i>                             | G         |                                            |
| <i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>                      | G         |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                    | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>mesalamine rectal enema 4 gm</i>                                                       | G         |                                            |
| <i>mesalamine rectal suppository 1000 mg</i>                                              | G         |                                            |
| <i>mesalamine-cleanser rectal kit 4 gm</i>                                                | G         |                                            |
| PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG ( <i>mesalamine</i> )                | NF        |                                            |
| SFROWASA RECTAL ENEMA 4 GM/60ML ( <i>mesalamine</i> )                                     | NPB       |                                            |
| <i>sulfasalazine oral tablet 500 mg</i>                                                   | G         |                                            |
| <i>sulfasalazine oral tablet delayed release 500 mg</i>                                   | G         |                                            |
| UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG ( <i>budesonide</i> )                    | PB        |                                            |
| UCERIS RECTAL FOAM 2 MG/ACT ( <i>budesonide</i> )                                         | NPB       |                                            |
| <b>IRRITABLE BOWEL SYNDROME WITH CONSTIPATION</b>                                         |           |                                            |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG ( <i>lubiprostone</i> )                                | NF        |                                            |
| IBSRELA ORAL TABLET 50 MG ( <i>tenapanor hcl</i> )                                        | NF        |                                            |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG ( <i>linaclotide</i> )                      | PB        |                                            |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i>                                            | G         | N8 (Listing does not include certain NDCs) |
| TRULANCE ORAL TABLET 3 MG ( <i>plecanatide</i> )                                          | NPB       |                                            |
| <b>IRRITABLE BOWEL SYNDROME WITH DIARRHEA</b>                                             |           |                                            |
| <i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>                                             | G         |                                            |
| LOTRONEX ORAL TABLET 0.5 MG, 1 MG ( <i>alosetron hcl</i> )                                | NPB       |                                            |
| VIBERZI ORAL TABLET 100 MG, 75 MG ( <i>eluxadoline</i> )                                  | PB        |                                            |
| <b>LAXATIVES - DRUGS FOR CONSTIPATION</b>                                                 |           |                                            |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML ( <i>sod picosulfate-mag ox-cit acd</i> ) | CE        |                                            |
| <i>constulose oral solution 10 gm/15ml</i>                                                | G         |                                            |
| <i>enulose oral solution 10 gm/15ml</i>                                                   | G         |                                            |
| <i>generlac oral solution 10 gm/15ml</i>                                                  | G         | N8 (Listing does not include certain NDCs) |
| GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM ( <i>peg 3350-kcl-nabcb-nacl-nasulf</i> )     | NF        |                                            |
| <i>lactulose (Kristalose Oral Packet 10 Gm, 20 Gm)</i>                                    | G         |                                            |
| <i>lactulose oral packet 10 gm, 20 gm</i>                                                 | G         | N8 (Listing does not include certain NDCs) |
| <i>lactulose oral solution 10 gm/15ml</i>                                                 | G         | N8 (Listing does not include certain NDCs) |

| Prescription Drug Name                                                                             | Drug Tier | Drug Notes                                 |
|----------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>lactulose oral solution 20 gm/30ml</i>                                                          | NF        |                                            |
| MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM<br>( <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        |                                            |
| <i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>                           | CE        |                                            |
| <i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>                             | CE        |                                            |
| PEG-PREP ORAL KIT 5-210 MG-GM ( <i>bisacodyl-peg-kcl-nabicar-nacl</i> )                            | CE        |                                            |
| PLENVU ORAL SOLUTION RECONSTITUTED 140 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )                  | CE        |                                            |
| SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM<br>( <i>peg 3350-kcl-nacl-nasulf-mgsul</i> )          | CE        |                                            |
| SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML ( <i>na sulfate-k sulfate-mg sulf</i> ) | NF        |                                            |
| SUTAB ORAL TABLET 1479-225-188 MG ( <i>sodium sulfate-mag sulfate-kcl</i> )                        | CE        |                                            |
| <b>MISCELLANEOUS</b>                                                                               |           |                                            |
| BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG ( <i>odevixibat</i> )                      | NF        |                                            |
| BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG ( <i>odevixibat</i> )                                        | NF        |                                            |
| CARAFATE ORAL TABLET 1 GM ( <i>sucralfate</i> )                                                    | NF        |                                            |
| CHENODAL ORAL TABLET 250 MG ( <i>chenodiol</i> )                                                   | NPSP      |                                            |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG ( <i>cholic acid</i> )                                          | NPSP      |                                            |
| <i>cromolyn sodium oral concentrate 100 mg/5ml</i>                                                 | G         |                                            |
| CYTOTEC ORAL TABLET 100 MCG, 200 MCG ( <i>misoprostol</i> )                                        | NPB       |                                            |
| EOHILIA ORAL SUSPENSION 2 MG/10ML ( <i>budesonide</i> )                                            | NF        |                                            |
| GATTEX SUBCUTANEOUS KIT 5 MG ( <i>teduglutide (rdna)</i> )                                         | NPSP      |                                            |
| GIMOTI NASAL SOLUTION 15 MG/ACT ( <i>metoclopramide hcl</i> )                                      | NF        |                                            |
| IQIRVO ORAL TABLET 80 MG ( <i>elafibranor</i> )                                                    | PSP       |                                            |
| LIVDELZI ORAL CAPSULE 10 MG ( <i>seladelpar lysine</i> )                                           | G         | N8 (Listing does not include certain NDCs) |
| LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML<br>( <i>maralixibat chloride</i> )                      | NPSP      |                                            |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i>                                                    | G         |                                            |
| MOTEGRITY ORAL TABLET 1 MG, 2 MG ( <i>prucalopride succinate</i> )                                 | NF        |                                            |

| Prescription Drug Name                                                                                                                                                                           | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG ( <i>naloxegol oxalate</i> )                                                                                                                                 | PB        |                                            |
| OICALIVA ORAL TABLET 10 MG, 5 MG ( <i>obeticholic acid</i> )                                                                                                                                     | NF        |                                            |
| RELISTOR ORAL TABLET 150 MG ( <i>methylalnaltrexone bromide</i> )                                                                                                                                | NF        |                                            |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML ( <i>methylalnaltrexone bromide</i> )                                                                                                                 | NF        |                                            |
| RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML ( <i>methylalnaltrexone bromide</i> )                                                                                   | NF        |                                            |
| RELTONE ORAL CAPSULE 200 MG, 400 MG ( <i>ursodiol</i> )                                                                                                                                          | NF        |                                            |
| SUCRAID ORAL SOLUTION 8500 UNIT/ML ( <i>sacrosidase</i> )                                                                                                                                        | NPSP      |                                            |
| <i>sucralfate oral suspension 1 gm/10ml</i>                                                                                                                                                      | NF        |                                            |
| <i>sucralfate oral tablet 1 gm</i>                                                                                                                                                               | G         | N8 (Listing does not include certain NDCs) |
| SYMPROIC ORAL TABLET 0.2 MG ( <i>naldemedine tosylate</i> )                                                                                                                                      | PB        |                                            |
| URSO FORTE ORAL TABLET 500 MG ( <i>ursodiol</i> )                                                                                                                                                | NPB       |                                            |
| <i>ursodiol oral capsule 200 mg, 400 mg</i>                                                                                                                                                      | NF        |                                            |
| <i>ursodiol oral capsule 300 mg</i>                                                                                                                                                              | G         |                                            |
| <i>ursodiol oral tablet 250 mg, 500 mg</i>                                                                                                                                                       | G         |                                            |
| URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML ( <i>ursodiol</i> )                                                                                                                                | NF        |                                            |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG ( <i>vonoprazan fumarate</i> )                                                                                                                                 | NPB       |                                            |
| VOWST ORAL CAPSULE ( <i>fecal microb spores, live-brpk</i> )                                                                                                                                     | NPSP      |                                            |
| XERMELO ORAL TABLET 250 MG ( <i>telotristat etiprate</i> )                                                                                                                                       | NPSP      |                                            |
| <b>PANCREATIC ENZYMES</b>                                                                                                                                                                        |           |                                            |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )                      | PB        |                                            |
| PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> ) | NPB       |                                            |
| PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )                                      | NPB       |                                            |

| Prescription Drug Name                                                                                                                                                                                                               | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )                                                                                                                                       | PB        |                                            |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> ) | PB        |                                            |
| <b>PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID</b>                                                                                                                                                                    |           |                                            |
| ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG ( <i>rabeprazole sodium</i> )                                                                                                                                                              | NF        |                                            |
| DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG ( <i>dexlansoprazole</i> )                                                                                                                                                        | NF        |                                            |
| <i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>                                                                                                                                                                     | NF        |                                            |
| <i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>                                                                                                                                                              | G         |                                            |
| KONVOMEF ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML ( <i>omeprazole-sodium bicarbonate</i> )                                                                                                                                           | NF        |                                            |
| <i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>                                                                                                                                                                        | G         |                                            |
| <i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>                                                                                                                                                             | NF        |                                            |
| NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG ( <i>esomeprazole magnesium</i> )                                                                                                                                                   | NF        |                                            |
| NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG ( <i>esomeprazole magnesium</i> )                                                                                                                                               | NF        |                                            |
| <i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>                                                                                                                                                                   | G         |                                            |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>                                                                                                                                                             | NF        |                                            |
| <i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>                                                                                                                                                              | NF        |                                            |
| <i>pantoprazole sodium oral packet 40 mg</i>                                                                                                                                                                                         | NF        |                                            |
| <i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>                                                                                                                                                                  | G         | 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 15 MG, 30 MG ( <i>lansoprazole</i> )                                                                                                                                        | NF        |                                            |
| PRILOSEC ORAL PACKET 10 MG, 2.5 MG ( <i>omeprazole magnesium</i> )                                                                                                                                                                   | NF        |                                            |
| PROTONIX ORAL PACKET 40 MG ( <i>pantoprazole sodium</i> )                                                                                                                                                                            | NF        |                                            |

| Prescription Drug Name                                                                        | Drug Tier | Drug Notes                                 |
|-----------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG ( <i>pantoprazole sodium</i> )              | NF        |                                            |
| <i>rabeprazole sodium oral capsule sprinkle 10 mg</i>                                         | NPB       |                                            |
| <i>rabeprazole sodium oral tablet delayed release 20 mg</i>                                   | G         |                                            |
| <b>RECTAL, CORTICOSTEROIDS</b>                                                                |           |                                            |
| ANUSOL-HC EXTERNAL CREAM 2.5 % ( <i>hydrocortisone</i> )                                      | NPB       |                                            |
| <i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>                                    | G         |                                            |
| <i>hydrocortisone ace-pramoxine external cream 1-1 %</i>                                      | G         |                                            |
| PROCORT EXTERNAL CREAM 1.85-1.15 % ( <i>hydrocortisone ace-pramoxine</i> )                    | NPB       |                                            |
| PROCTOFOAM HC EXTERNAL FOAM 1-1 % ( <i>hydrocortisone ace-pramoxine</i> )                     | PB        |                                            |
| <i>hydrocortisone</i> (Procto-Med Hc External Cream 2.5 %)                                    | G         |                                            |
| <i>hydrocortisone</i> (Proctozone-Hc External Cream 2.5 %)                                    | G         |                                            |
| <b>RECTAL, MISCELLANEOUS</b>                                                                  |           |                                            |
| BARRIGEL RECTAL GEL 20 MG/ML ( <i>hyaluronic acid (rectal)</i> )                              | NF        |                                            |
| <b>ULCER THERAPY COMBINATIONS</b>                                                             |           |                                            |
| <i>amoxicill-clarithro-lansopraz oral therapy pack 500 &amp; 500 &amp; 30 mg</i>              | G         |                                            |
| OMECLAMOX-PAK ORAL 500-500-20 MG ( <i>amoxicill-clarithro-omeprazole</i> )                    | NPB       |                                            |
| PYLERA ORAL CAPSULE 140-125-125 MG ( <i>bis subcit-metronid-tetracyc</i> )                    | NPB       |                                            |
| TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG ( <i>amoxicill-rifabutin-omeprazole</i> ) | PB        |                                            |
| <b>GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS</b>                    |           |                                            |
| <b>BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE</b>                        |           |                                            |
| <i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>                            | G         |                                            |
| CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>doxazosin mesylate</i> )                            | NPB       |                                            |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>doxazosin mesylate</i> )      | NPB       |                                            |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>                                  | G         | N8 (Listing does not include certain NDCs) |
| <i>dutasteride oral capsule 0.5 mg</i>                                                        | G         |                                            |



| Prescription Drug Name                                                                | Drug Tier | Drug Notes                                 |
|---------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>                             | G         |                                            |
| ENTADFI ORAL CAPSULE 5-5 MG ( <i>finasteride-tadalafil</i> )                          | NF        |                                            |
| <i>finasteride oral tablet 5 mg</i>                                                   | G         |                                            |
| JALYN ORAL CAPSULE 0.5-0.4 MG ( <i>dutasteride-tamsulosin hcl</i> )                   | NF        |                                            |
| PROSCAR ORAL TABLET 5 MG ( <i>finasteride</i> )                                       | NPB       |                                            |
| RAPAFLO ORAL CAPSULE 4 MG, 8 MG ( <i>silodosin</i> )                                  | NF        |                                            |
| <i>silodosin oral capsule 4 mg, 8 mg</i>                                              | G         |                                            |
| <i>tamsulosin hcl oral capsule 0.4 mg</i>                                             | G         |                                            |
| <i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>                             | G         | N8 (Listing does not include certain NDCs) |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG ( <i>alfuzosin hcl</i> )         | NF        |                                            |
| <b>CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL</b>                                    |           |                                            |
| ENCARE VAGINAL SUPPOSITORY 100 MG ( <i>nonoxynol-9</i> )                              | CE        |                                            |
| OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % ( <i>nonoxynol-9</i> )                 | CE        |                                            |
| PHEXXI VAGINAL GEL 1.8-1-0.4 % ( <i>lactic ac-citric ac-pot bitart</i> )              | CE        |                                            |
| TODAY SPONGE VAGINAL 1000 MG ( <i>nonoxynol-9</i> )                                   | CE        |                                            |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % ( <i>nonoxynol-9</i> )                    | CE        |                                            |
| VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % ( <i>nonoxynol-9</i> )                      | CE        |                                            |
| <b>ERECTILE DYSFUNCTION</b>                                                           |           |                                            |
| <i>bi-mix intracavernosal solution reconstituted 150-5 mg</i>                         | NF        |                                            |
| CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>tadalafil</i> )                            | NF        |                                            |
| IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30-1 MG/ML ( <i>papaverine-phentolamine</i> ) | NF        |                                            |
| <i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>                | NF        |                                            |
| STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG ( <i>avanafil</i> )                         | NF        |                                            |
| <i>super bi-mix intracavernosal solution reconstituted 150-10 mg</i>                  | NF        |                                            |
| <i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>          | NF        |                                            |
| <i>super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg</i>      | NF        |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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| Prescription Drug Name                                                                                      | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>tadalafil oral tablet 20 mg, 5 mg</i>                                                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>tri-mix intracavernosal solution reconstituted 150-5-50 mg-mg-mcg</i>                                    | NF        |                                            |
| VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sildenafil citrate</i> )                                       | NF        |                                            |
| <b>MISCELLANEOUS</b>                                                                                        |           |                                            |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>                                           | G         | N8 (Listing does not include certain NDCs) |
| <i>cytra k crystals oral packet 3300-1002 mg</i>                                                            | G         |                                            |
| ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )                                          | NF        |                                            |
| FILSPARI ORAL TABLET 200 MG, 400 MG ( <i>sparsentan</i> )                                                   | NF        |                                            |
| LITHOSTAT ORAL TABLET 250 MG ( <i>acetohydroxamic acid</i> )                                                | NF        |                                            |
| ORACIT ORAL SOLUTION 490-640 MG/5ML ( <i>sod citrate-citric acid</i> )                                      | NPB       |                                            |
| <i>pot &amp; sod cit-cit ac oral solution 550-500-334 mg/5ml</i>                                            | G         |                                            |
| <i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i> | G         |                                            |
| <i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>                                          | G         | N8 (Listing does not include certain NDCs) |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG ( <i>cysteamine bitartrate</i> )                         | NF        |                                            |
| PROCYSBI ORAL PACKET 300 MG, 75 MG ( <i>cysteamine bitartrate</i> )                                         | NF        |                                            |
| RENACIDIN IRRIGATION SOLUTION ( <i>citric ac-gluconolact-mg carb</i> )                                      | NPB       |                                            |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML ( <i>nedosiran sodium</i> )                                      | NF        |                                            |
| RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML ( <i>nedosiran sodium</i> )        | NF        |                                            |
| <i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>                                                 | G         | N8 (Listing does not include certain NDCs) |
| TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG ( <i>budesonide</i> )                                             | NF        |                                            |
| THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG ( <i>tiopronin</i> )                                   | NF        |                                            |
| THIOLA ORAL TABLET 100 MG ( <i>tiopronin</i> )                                                              | NF        |                                            |

| Prescription Drug Name                                                                  | Drug Tier | Drug Notes                                 |
|-----------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>tricitrates oral solution 550-500-334 mg/5ml</i>                                     | G         | N8 (Listing does not include certain NDCs) |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) ( <i>potassium citrate</i> )  | NPB       |                                            |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) ( <i>potassium citrate</i> )  | NPB       |                                            |
| <b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE</b>                     |           |                                            |
| <i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>   | G         |                                            |
| <i>flavoxate hcl oral tablet 100 mg</i>                                                 | G         |                                            |
| GEMTESA ORAL TABLET 75 MG ( <i>vibegron</i> )                                           | PB        |                                            |
| MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML ( <i>mirabegron</i> )                | NF        |                                            |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG ( <i>mirabegron</i> )       | NF        |                                            |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>   | G         | N8 (Listing does not include certain NDCs) |
| <i>oxybutynin chloride oral solution 5 mg/5ml</i>                                       | G         |                                            |
| <i>oxybutynin chloride oral tablet 2.5 mg</i>                                           | NF        |                                            |
| <i>oxybutynin chloride oral tablet 5 mg</i>                                             | G         |                                            |
| OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR ( <i>oxybutynin</i> )                | NF        |                                            |
| <i>solifenacin succinate oral tablet 10 mg, 5 mg</i>                                    | G         |                                            |
| <i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>         | G         |                                            |
| <i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>                                      | G         |                                            |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>fesoterodine fumarate</i> ) | NF        |                                            |
| <i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>                  | G         |                                            |
| <i>tropium chloride oral tablet 20 mg</i>                                               | G         | N8 (Listing does not include certain NDCs) |
| <b>VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS</b>                      |           |                                            |
| CLEOCIN VAGINAL CREAM 2 % ( <i>clindamycin phosphate</i> )                              | NPB       |                                            |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG ( <i>clindamycin phosphate</i> )                     | NPB       |                                            |
| <i>clindamycin phosphate vaginal cream 2 %</i>                                          | G         |                                            |

| Prescription Drug Name                                                                                                                                                                               | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| CLINDESSE VAGINAL CREAM 2 % ( <i>clindamycin phosphate (1 dose)</i> )                                                                                                                                | NPB       |                                            |
| GYNAZOLE-1 VAGINAL CREAM 2 % ( <i>butoconazole nitrate (1 dose)</i> )                                                                                                                                | NPB       |                                            |
| <i>metronidazole vaginal gel 0.75 %</i>                                                                                                                                                              | G         |                                            |
| <i>miconazole 3 vaginal suppository 200 mg</i>                                                                                                                                                       | G         |                                            |
| NUVESSA VAGINAL GEL 1.3 % ( <i>metronidazole</i> )                                                                                                                                                   | NF        |                                            |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i>                                                                                                                                                        | G         |                                            |
| <i>terconazole vaginal suppository 80 mg</i>                                                                                                                                                         | G         |                                            |
| VANDAZOLE VAGINAL GEL 0.75 % ( <i>metronidazole</i> )                                                                                                                                                | NF        |                                            |
| XACIATO VAGINAL GEL 2 % ( <i>clindamycin phosphate</i> )                                                                                                                                             | NPB       |                                            |
| <b>HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS</b>                                                                                                                                                  |           |                                            |
| <b>ANTICOAGULANTS - BLOOD THINNERS</b>                                                                                                                                                               |           |                                            |
| ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML ( <i>fondaparinux sodium</i> )                                                                                     | NPB       |                                            |
| <i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>                                                                                                                              | G         | N8 (Listing does not include certain NDCs) |
| ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG ( <i>apixaban</i> )                                                                                                                        | PB        |                                            |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG ( <i>apixaban</i> )                                                                                                                                                 | PB        |                                            |
| <i>enoxaparin sodium injection solution 300 mg/3ml</i>                                                                                                                                               | G         |                                            |
| <i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>                                                 | G         |                                            |
| <i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>                                                                                                 | G         |                                            |
| FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML ( <i>dalteparin sodium</i> )                                                                                                          | NPB       |                                            |
| FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML ( <i>dalteparin sodium</i> ) | NPB       |                                            |
| <i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%</i>                                                                                                             | NF        |                                            |
| <i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>                                                                                          | G         |                                            |
| <i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>                                                                                                                                | G         |                                            |
| <i>hepmed combination kit 100&amp;0.9&amp;2.5-2.5 ut/ml&amp;%</i>                                                                                                                                    | NF        |                                            |

| Prescription Drug Name                                                                                                                                           | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>warfarin sodium</i> (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)                                                          | G         |            |
| LOVENOX INJECTION SOLUTION 300 MG/3ML ( <i>enoxaparin sodium</i> )                                                                                               | NPB       |            |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML ( <i>enoxaparin sodium</i> ) | NPB       |            |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG ( <i>dabigatran etexilate mesylate</i> )                                                                              | NF        |            |
| PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG ( <i>dabigatran etexilate mesylate</i> )                                                          | NF        |            |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG ( <i>edoxaban tosylate</i> )                                                                                             | NF        |            |
| <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>                                                                     | G         |            |
| XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML ( <i>rivaroxaban</i> )                                                                                             | PB        |            |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG ( <i>rivaroxaban</i> )                                                                                           | PB        |            |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG ( <i>rivaroxaban</i> )                                                                                  | PB        |            |
| <b>BLEEDING DISORDERS AGENTS</b>                                                                                                                                 |           |            |
| ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor-vwf</i> )                            | NPSP      |            |
| CABLIVI INJECTION KIT 11 MG ( <i>caplacizumab-yhdp</i> )                                                                                                         | NF        |            |
| COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT ( <i>coagulation factor x (human)</i> )                                                           | NPSP      |            |
| FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT ( <i>antiinhibitor coagulant cmplx</i> )                                                 | NF        |            |
| FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED ( <i>fibrinogen concentrate (human)</i> )                                                                             | NPSP      |            |
| HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT ( <i>antihemophilic factor-vwf</i> )                                     | NPSP      |            |
| NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG ( <i>coagulation factor viia recomb</i> )                                                 | PSP       |            |
| SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG ( <i>coagulation factor viia-jncw</i> )                                                            | PSP       |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

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

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

2026 Pharmacy Drug Guide - Aetna Standard Plan

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



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



| Prescription Drug Name                                                                                                                                     | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>HEMOPHILIA B AGENTS</b>                                                                                                                                 |           |            |
| ALPHANINE SD INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT<br>( <i>coagulation factor ix</i> )                                      | NPSP      |            |
| ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED<br>1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT,<br>500 UNIT ( <i>coagulation factor ix (rfixfc)</i> ) | NF        |            |
| BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250<br>UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )                                   | PSP       |            |
| IDELVION INTRAVENOUS SOLUTION RECONSTITUTED<br>1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT<br>( <i>coagulation factor ix (rix-fp)</i> )            | NPSP      |            |
| IXINITY INTRAVENOUS SOLUTION RECONSTITUTED<br>1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation<br/>factor ix (recomb)</i> )                      | NF        |            |
| PROFILNINE INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT ( <i>factor<br/>ix complex</i> )                                           | NPSP      |            |
| REBINYN INTRAVENOUS SOLUTION RECONSTITUTED<br>1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation<br/>factor ix glycopeg</i> )                      | PSP       |            |
| <i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit,<br/>250 unit, 3000 unit, 500 unit</i>                                                  | NF        |            |
| <b>MISCELLANEOUS</b>                                                                                                                                       |           |            |
| AGRYLIN ORAL CAPSULE 0.5 MG ( <i>anagrelide hcl</i> )                                                                                                      | NPB       |            |
| <i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>                                                                                                       | G         |            |
| <i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>                                                                                                            | G         |            |
| <i>cilostazol oral tablet 100 mg, 50 mg</i>                                                                                                                | G         |            |
| <i>pentoxifylline er oral tablet extended release 400 mg</i>                                                                                               | G         |            |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG ( <i>mitapivat<br/>sulfate</i> )                                                                                   | NF        |            |
| PYRUKYND TAPER PACK ORAL TABLET THERAPY<br>PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG<br>( <i>mitapivat sulfate</i> )                          | NF        |            |
| TAVNEOS ORAL CAPSULE 10 MG ( <i>avacopan</i> )                                                                                                             | NPSP      |            |
| <i>tranexamic acid oral tablet 650 mg</i>                                                                                                                  | G         |            |
| <b>PAROXYSMAL NOCTURNAL HEMOGLOBINURIA<br/>(PNH) AGENTS</b>                                                                                                |           |            |
| EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML<br>( <i>pegcetacoplan</i> )                                                                                    | PSP       |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

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

| Prescription Drug Name                                                               | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------|-----------|------------|
| <b>IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM</b>            |           |            |
| <b>ALLERGENIC EXTRACTS</b>                                                           |           |            |
| GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU<br>(timothy grass pollen allergen)     | PB        |            |
| ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM<br>(dust mite mixed allergen ext)     | PB        |            |
| ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR<br>(grass mix pollens allergen ext)      | PB        |            |
| PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG<br>(peanut powder-dnfp)           | NF        |            |
| PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG<br>(peanut powder-dnfp)            | NF        |            |
| PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG<br>(peanut powder-dnfp)        | NF        |            |
| PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (peanut powder-dnfp)                         | NF        |            |
| PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG<br>(peanut powder-dnfp)                | NF        |            |
| PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG<br>(peanut powder-dnfp)    | NF        |            |
| PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (peanut powder-dnfp)                       | NF        |            |
| PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG<br>(peanut powder-dnfp)            | NF        |            |
| PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG<br>(peanut powder-dnfp)              | NF        |            |
| PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (peanut powder-dnfp)                     | NF        |            |
| PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (peanut powder-dnfp)                       | NF        |            |
| PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (peanut powder-dnfp)                     | NF        |            |
| PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG<br>(peanut powder-dnfp) | NF        |            |
| PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG<br>(peanut powder-dnfp)   | NF        |            |
| RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U<br>(short ragweed pollen ext)     | PB        |            |

| Prescription Drug Name                                                                                      | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)</b>                                                           |           |            |
| AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-axxq</i> )                                 | PSP       |            |
| ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG ( <i>vedolizumab</i> )                                    | NPSP      |            |
| ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>tildrakizumab-asmn</i> )                      | PSP       |            |
| INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-dyyb</i> )                              | NF        |            |
| <i>infliximab intravenous solution reconstituted 100 mg</i>                                                 | NF        |            |
| ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG ( <i>abatacept</i> )                                      | NF        |            |
| REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab</i> )                                    | PSP       |            |
| RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG ( <i>infliximab-abda</i> )                              | NF        |            |
| SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML ( <i>golimumab</i> )                                            | PSP       |            |
| <b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED)</b>                                                                |           |            |
| ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-afzb</i> )                      | NF        |            |
| ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-afzb</i> )                      | NF        |            |
| ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-afzb</i> ) | NF        |            |
| <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-aacf(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml</i>                            | NF        |            |
| <i>adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml</i>                            | NF        |            |
| <i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml</i>                      | NF        |            |
| <i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>                                   | NF        |            |
| <i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml</i>              | NF        |            |

| Prescription Drug Name                                                                                                   | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml</i>                                         | NF        |            |
| <i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml, 80 mg/0.8ml</i>                                      | PSP       |            |
| <i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml</i>                     | PSP       |            |
| <i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>                                   | NF        |            |
| <i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml</i> | NF        |            |
| <i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.4ml</i>                                         | NF        |            |
| <i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml</i>                                         | NF        |            |
| <i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>                                                | PSP       |            |
| <i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>                           | PSP       |            |
| <i>adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>                                                | NF        |            |
| <i>adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>                                        | NF        |            |
| AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML ( <i>adalimumab-atto</i> )            | NF        |            |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-atto</i> )                     | NF        |            |
| AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML ( <i>adalimumab-atto</i> )                | NF        |            |
| AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML ( <i>adalimumab-atto</i> )   | NF        |            |
| BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML ( <i>bimekizumab-bkzx</i> )                            | PSP       |            |
| BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML ( <i>bimekizumab-bkzx</i> )                        | PSP       |            |
| CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML ( <i>certolizumab pegol</i> )                            | PSP       |            |
| CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML ( <i>certolizumab pegol</i> )                                | PSP       |            |

| Prescription Drug Name                                                                                                               | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )                                      | PSP       |            |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )                                    | PSP       |            |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )                                         | PSP       |            |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML ( <i>secukinumab</i> )                                       | PSP       |            |
| COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>secukinumab</i> )                                              | PSP       |            |
| CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-adbm</i> )                                   | NF        |            |
| CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-adbm</i> ) | NF        |            |
| CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-adbm</i> )                          | NF        |            |
| CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-adbm</i> )                      | NF        |            |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML ( <i>dupilumab</i> )                                          | PSP       |            |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML ( <i>dupilumab</i> )                                      | PSP       |            |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ( <i>etanercept</i> )                                                           | PSP       |            |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ( <i>etanercept</i> )                                                                       | PSP       |            |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML ( <i>etanercept</i> )                                           | PSP       |            |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )                                                  | PSP       |            |
| ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML ( <i>vedolizumab</i> )                                                 | PSP       |            |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )                            | NF        |            |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )                                  | NF        |            |



| Prescription Drug Name                                                                                                         | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-fkjp</i> )                                            | NF        |                                            |
| HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-fkjp</i> )                       | NF        |                                            |
| HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )                                                | NF        |                                            |
| HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML ( <i>adalimumab</i> )                      | NF        |                                            |
| HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab</i> ) | NF        |                                            |
| HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )                   | NF        |                                            |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-adaz</i> )                                | PSP       | N8 (Listing does not include certain NDCs) |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML ( <i>adalimumab-adaz</i> )                            | PSP       | N8 (Listing does not include certain NDCs) |
| HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab-adaz</i> )         | PSP       | N8 (Listing does not include certain NDCs) |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )                                  | PSP       |                                            |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )                              | PSP       |                                            |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML ( <i>anakinra</i> )                                              | NF        |                                            |
| LITFULO ORAL CAPSULE 50 MG ( <i>ritlecitinib tosylate</i> )                                                                    | PSP       |                                            |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>mepolizumab</i> )                                                    | PSP       |                                            |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML ( <i>mepolizumab</i> )                                   | PSP       |                                            |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG ( <i>mepolizumab</i> )                                                       | NF        |                                            |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>baricitinib</i> )                                                                   | NF        |                                            |
| OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML ( <i>mirikizumab-mrkz</i> )                     | NF        |                                            |
| OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML ( <i>mirikizumab-mrkz</i> )                 | NF        |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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



| Prescription Drug Name                                                                                      | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------|-----------|------------|
| OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>mirikizumab-mrkz</i> )                             | NF        |            |
| OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>mirikizumab-mrkz</i> )                         | NF        |            |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML ( <i>abatacept</i> )                        | PSP       |            |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML ( <i>abatacept</i> )  | PSP       |            |
| OTEZLA ORAL TABLET 20 MG, 30 MG ( <i>apremilast</i> )                                                       | PSP       |            |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG ( <i>apremilast</i> )                   | PSP       |            |
| OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab-aaaz</i> )            | NF        |            |
| PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab-ttwe</i> )                                      | PSP       |            |
| PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab-ttwe</i> )              | PSP       |            |
| PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab-ttwe</i> )          | PSP       |            |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML ( <i>upadacitinib</i> )                                                     | PSP       |            |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG ( <i>upadacitinib</i> )                     | PSP       |            |
| SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab-aekn</i> )          | NF        |            |
| SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML ( <i>brodalumab</i> )                            | NF        |            |
| SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-ryvk</i> )         | NF        |            |
| SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML ( <i>adalimumab-ryvk</i> )                      | NF        |            |
| SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML ( <i>adalimumab-ryvk</i> ) | NF        |            |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )                     | NF        |            |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML ( <i>golimumab</i> )                 | NF        |            |
| SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>risankizumab-rzaa</i> )                      | PSP       |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                  | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------|-----------|------------|
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML ( <i>risankizumab-rzaa</i> )         | PSP       |            |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>risankizumab-rzaa</i> )                  | PSP       |            |
| SOTYKTU ORAL TABLET 6 MG ( <i>deucravacitinib</i> )                                                     | PSP       |            |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab</i> )                                        | PSP       |            |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab</i> )            | PSP       |            |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML ( <i>ixekizumab</i> )                                | NF        |            |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML ( <i>ixekizumab</i> ) | NF        |            |
| TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML ( <i>guselkumab</i> )                    | PSP       |            |
| TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML ( <i>guselkumab</i> )             | PSP       |            |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML ( <i>guselkumab</i> )             | PSP       |            |
| TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML ( <i>guselkumab</i> )            | PSP       |            |
| TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML ( <i>tocilizumab-aazg</i> )                     | NF        |            |
| TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML ( <i>tocilizumab-aazg</i> )                 | NF        |            |
| <i>ustekinumab subcutaneous solution 45 mg/0.5ml</i>                                                    | NF        |            |
| <i>ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>                        | NF        |            |
| <i>ustekinumab-aekn subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>                   | NF        |            |
| <i>ustekinumab-ttwe subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>                   | NF        |            |
| VELSIPITY ORAL TABLET 2 MG ( <i>etrasimod arginine</i> )                                                | PSP       |            |
| XELJANZ ORAL SOLUTION 1 MG/ML ( <i>tofacitinib citrate</i> )                                            | PSP       |            |
| XELJANZ ORAL TABLET 10 MG, 5 MG ( <i>tofacitinib citrate</i> )                                          | PSP       |            |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG ( <i>tofacitinib citrate</i> )             | PSP       |            |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML ( <i>omalizumab</i> )     | PSP       |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                                                                                                                             | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML ( <i>omalizumab</i> )                                                                                                            | PSP       |                                            |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG ( <i>omalizumab</i> )                                                                                                                                            | PSP       |                                            |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab-kfce</i> )                                                                                                                                             | PSP       |                                            |
| YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML ( <i>ustekinumab-kfce</i> )                                                                                                                 | PSP       |                                            |
| YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-aaty</i> )                                                                                                                 | NF        |                                            |
| YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML ( <i>adalimumab-aaty</i> )                                                                                                                              | NF        |                                            |
| YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML ( <i>adalimumab-aaty</i> )                                                                                                         | NF        |                                            |
| YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab-aaty</i> )                                                                                                                     | NF        |                                            |
| YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML ( <i>adalimumab-aqv</i> )                                                                                                                                  | NF        |                                            |
| ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML ( <i>infliximab-dyyb</i> )                                                                                                                              | NF        |                                            |
| ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML ( <i>infliximab-dyyb</i> )                                                                                                                              | NF        |                                            |
| ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML ( <i>infliximab-dyyb</i> )                                                                                                                      | NF        |                                            |
| <b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS</b>                                                                                                                       |           |                                            |
| ARAVA ORAL TABLET 10 MG, 20 MG ( <i>leflunomide</i> )                                                                                                                                                              | NPB       |                                            |
| <i>hydroxychloroquine sulfate oral tablet 200 mg</i>                                                                                                                                                               | G         | N8 (Listing does not include certain NDCs) |
| <i>leflunomide oral tablet 10 mg, 20 mg</i>                                                                                                                                                                        | G         |                                            |
| <i>methotrexate sodium oral tablet 2.5 mg</i>                                                                                                                                                                      | G         | N8 (Listing does not include certain NDCs) |
| PLAQUENIL ORAL TABLET 200 MG ( <i>hydroxychloroquine sulfate</i> )                                                                                                                                                 | NPB       |                                            |
| RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML ( <i>methotrexate (anti-rheumatic)</i> ) | PSP       |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                                                      | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| SOVUNA ORAL TABLET 200 MG ( <i>hydroxychloroquine sulfate</i> )                                                                             | NF        |            |
| <b>HEREDITARY ANGIOEDEMA</b>                                                                                                                |           |            |
| BERINERT INTRAVENOUS KIT 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )                                                                  | NF        |            |
| CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )                                                | NF        |            |
| FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML ( <i>icatibant acetate</i> )                                                      | NF        |            |
| HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT ( <i>c1 esterase inhibitor (human)</i> )                                  | NPSP      |            |
| <i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>                                                                  | G         |            |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG ( <i>berotralstat hcl</i> )                                                                            | PSP       |            |
| RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT ( <i>c1 esterase inhibitor (recomb)</i> )                                             | PSP       |            |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML ( <i>lanadelumab-flyo</i> )                                                                       | PSP       |            |
| TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML ( <i>lanadelumab-flyo</i> )                                          | PSP       |            |
| <b>IMMUNOGLOBULIN</b>                                                                                                                       |           |            |
| ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML ( <i>immune globulin (human)-stwk</i> )                                     | NF        |            |
| ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML ( <i>immune globulin (human)-slra</i> )                                                              | NF        |            |
| BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )                                                      | NPSP      |            |
| CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML ( <i>immune globulin (human)-hipp</i> ) | PSP       |            |
| CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML ( <i>immune globulin (human)</i> )                      | NF        |            |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML ( <i>immune globulin (human)</i> )                                 | NPSP      |            |
| GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin (human)</i> )    | NPSP      |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                                                                          | Drug Tier | Drug Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM ( <i>immune globulin (human)</i> )                                                        | NPSP      |            |
| GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML ( <i>immune globulin (human)</i> )                                                   | NPSP      |            |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> )                                  | NPSP      |            |
| GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML ( <i>immune globulin (human)</i> )                        | NPSP      |            |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> )                                                    | NPSP      |            |
| HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)</i> )                                  | NPSP      |            |
| HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin-hyaluronidase</i> )                                  | NF        |            |
| OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML ( <i>immune globulin (human)</i> ) | NF        |            |
| PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML ( <i>immune globulin (human)-ifas</i> )                   | NF        |            |
| PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML ( <i>immune globulin (human)</i> )                                                            | NPSP      |            |
| RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML ( <i>rho d immune globulin</i> )                                                                   | NPSP      |            |
| WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML ( <i>rho d immune globulin</i> )                                                | NPSP      |            |
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML ( <i>immune globulin (human)-klhw</i> )                                                | PSP       |            |
| <b>IMMUNOMODULATORS</b>                                                                                                                                         |           |            |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML ( <i>interferon gamma-1b</i> )                                                                                    | NPSP      |            |
| ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG ( <i>rilonacept</i> )                                                                                       | NF        |            |

| Prescription Drug Name                                                                     | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------|-----------|------------|
| JOENJA ORAL TABLET 70 MG ( <i>leniolisib phosphate</i> )                                   | NF        |            |
| <b>IMMUNOSUPPRESSANTS</b>                                                                  |           |            |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> ) | NPSP      |            |
| <i>azathioprine</i> (Azasan Oral Tablet 100 Mg, 75 Mg)                                     | G         |            |
| <i>azathioprine oral tablet 50 mg</i>                                                      | G         |            |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML ( <i>belimumab</i> )                | NPSP      |            |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML ( <i>belimumab</i> )            | NPSP      |            |
| CELLCEPT ORAL CAPSULE 250 MG ( <i>mycophenolate mofetil</i> )                              | NPSP      |            |
| CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML ( <i>mycophenolate mofetil</i> )          | NPSP      |            |
| CELLCEPT ORAL TABLET 500 MG ( <i>mycophenolate mofetil</i> )                               | NPSP      |            |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>                             | G         |            |
| <i>cyclosporine modified oral solution 100 mg/ml</i>                                       | G         |            |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i>                                             | G         |            |
| ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG ( <i>tacrolimus</i> )  | NPSP      |            |
| <i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)                          | G         |            |
| <i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)                             | G         |            |
| IMURAN ORAL TABLET 50 MG ( <i>azathioprine</i> )                                           | NPB       |            |
| LUPKYNIS ORAL CAPSULE 7.9 MG ( <i>voclosporin</i> )                                        | NF        |            |
| <i>mycophenolate mofetil oral capsule 250 mg</i>                                           | G         |            |
| <i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>                       | G         |            |
| <i>mycophenolate mofetil oral tablet 500 mg</i>                                            | G         |            |
| <i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>                     | G         |            |
| MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG ( <i>mycophenolate sodium</i> )        | NPSP      |            |
| MYHIBBIN ORAL SUSPENSION 200 MG/ML ( <i>mycophenolate mofetil</i> )                        | NF        |            |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )                              | NPSP      |            |
| PROGRAF ORAL PACKET 0.2 MG, 1 MG ( <i>tacrolimus</i> )                                     | NPSP      |            |
| REZUROCK ORAL TABLET 200 MG ( <i>belumosudil mesylate</i> )                                | NF        |            |
| <i>sirolimus oral solution 1 mg/ml</i>                                                     | G         |            |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>                                            | G         |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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



| Prescription Drug Name                                                                               | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>                                                    | G         |            |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG ( <i>everolimus</i> )                            | NPSP      |            |
| <b>MISCELLANEOUS</b>                                                                                 |           |            |
| BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML ( <i>nirsevimab-alip</i> ) | NPB       |            |
| ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML ( <i>canakinumab</i> )                                        | NPSP      |            |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML ( <i>palivizumab</i> )                         | NF        |            |
| <b>MEDICAL DEVICES</b>                                                                               |           |            |
| <b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>                                             |           |            |
| <i>d-xylose powder</i>                                                                               | NPB       |            |
| GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM ( <i>aminolevulinic acid hcl</i> )                        | NPB       |            |
| <b>NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS</b>                                            |           |            |
| <b>ELECTROLYTES</b>                                                                                  |           |            |
| <i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent 25 Meq)                               | G         |            |
| <i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)                          | G         |            |
| <i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)                 | G         |            |
| <i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq)                 | G         |            |
| <i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)                 | G         |            |
| <i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)                                              | G         |            |
| KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ ( <i>potassium chloride</i> )                            | G         |            |
| <i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)                           | G         |            |
| K-PHOS ORAL TABLET 500 MG ( <i>potassium phosphate monobasic</i> )                                   | NPB       |            |
| <i>k phos mono-sod phos di &amp; mono</i> (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)           | G         |            |
| <i>phosphorous oral tablet 155-852-130 mg</i>                                                        | G         |            |

| Prescription Drug Name                                                                          | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------|-----------|------------|
| <i>k phos mono-sod phos di &amp; mono</i> (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg) | G         |            |
| POKONZA ORAL PACKET 10 MEQ ( <i>potassium chloride</i> )                                        | NF        |            |
| <i>potassium chloride crys er oral tablet extended release 20 meq</i>                           | G         |            |
| <i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>                        | G         |            |
| <i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>                 | G         |            |
| <i>potassium chloride oral packet 20 meq</i>                                                    | G         |            |
| <i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>                    | G         |            |
| <i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>                                          | CE        |            |
| <i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>                                               | CE        |            |
| <i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>                    | CE        |            |
| SOLUVITA ORAL SOLUTION 0.5 MG/ML ( <i>sodium fluoride</i> )                                     | CE        |            |
| <b>MISCELLANEOUS</b>                                                                            |           |            |
| <i>selenious acid intravenous solution 60 mcg/ml</i>                                            | NF        |            |
| <b>PRENATAL VITAMINS</b>                                                                        |           |            |
| ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG ( <i>prenatal vit-dss-fe cbn-fa</i> )             | NF        |            |
| ATABEX OB ORAL TABLET 29-1 MG ( <i>prenatal vit w/ fe bisg-fa</i> )                             | NF        |            |
| <i>azesco oral tablet 13-1 mg</i>                                                               | NF        |            |
| CITRANATAL 90 DHA ORAL 90-1 & 300 MG ( <i>prenat w/o a-fecbgl-dss-fa-dha</i> )                  | NF        |            |
| CITRANATAL ASSURE ORAL 35-1 & 300 MG ( <i>prenat w/o a-fecbgl-dss-fa-dha</i> )                  | NF        |            |
| <i>c-nate dha oral capsule 28-1-200 mg</i>                                                      | NF        |            |
| <i>complete natal dha oral 29-1-200 &amp; 200 mg</i>                                            | NF        |            |
| <i>completenate oral tablet chewable 29-1 mg</i>                                                | NF        |            |
| CO-NATAL FA ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )                                  | NF        |            |
| CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG ( <i>prenat-fefum-fepo-fa-omega 3</i> )                   | NF        |            |
| CONCEPT OB ORAL CAPSULE 130-92.4-1 MG ( <i>prenat w/o a vit-fefum-fepo-fa</i> )                 | NF        |            |
| DERMACINRX PRETRATE ORAL TABLET 1 MG ( <i>prenatal multivit-min-fe-fa</i> )                     | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                 | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------|-----------|------------|
| 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> )                            | G         |            |
| <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>m-natal plus oral tablet 27-1 mg</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        |            |
| <i>neonatal complete oral tablet 27-1 mg</i>                                           | NF        |            |
| NEONATAL PLUS ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )               | NF        |            |
| <i>neo-vital rx oral tablet 1 mg</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        |            |
| NIVA-PLUS ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )                   | NF        |            |
| OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG ( <i>prenat-fecbn-feaspgl-fa-fish</i> )       | NF        |            |
| OB COMPLETE ORAL TABLET 50-1.25 MG ( <i>prenatal vit-iron carbonyl-fa</i> )            | NF        |            |
| OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG ( <i>prenat-fecbn-feaspgl-fa-omega</i> ) | NF        |            |
| OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG ( <i>prenatal-fe cbn-fe asp gly-fa</i> )    | NF        |            |
| OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG ( <i>prenat-fecbn-feaspgl-fa-omega</i> )   | NF        |            |
| <i>one vite womens plus oral tablet 27-1 mg</i>                                        | NF        |            |
| <i>pnv prenatal plus multivit+dha oral 27-1 &amp; 312 mg</i>                           | NF        |            |
| <i>pnv tabs 20-1 oral tablet 20-1 mg</i>                                               | NF        |            |
| <i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>                                          | G         |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                     | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------|-----------|------------|
| <i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>                                        | NF        |            |
| <i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>                                            | NF        |            |
| <i>pnv-select oral tablet 27-0.6-0.4 mg</i>                                                | G         |            |
| <i>pregen dha oral capsule 28-1-35 mg</i>                                                  | NF        |            |
| <i>pregenna oral tablet 20-1 mg</i>                                                        | NF        |            |
| PREMESISRX ORAL TABLET 1 MG ( <i>prenatal ca-b6-b12-fa-ginger</i> )                        | NF        |            |
| <i>prena 1 true oral 30-1.4 &amp; 300 mg</i>                                               | NF        |            |
| <i>prena1 oral tablet chewable 1.4 mg</i>                                                  | NF        |            |
| <i>prena1 pearl oral capsule extended release 30-1.4-200 mg</i>                            | NF        |            |
| <i>prenatal 19 oral tablet 29-1 mg</i>                                                     | NF        |            |
| <i>prenatal 19 oral tablet chewable</i>                                                    | G         |            |
| <i>prenatal 19 oral tablet chewable 29-1 mg</i>                                            | NF        |            |
| <i>prenatal oral tablet 27-1 mg</i>                                                        | NF        |            |
| <i>prenatal plus oral tablet 27-1 mg</i>                                                   | NF        |            |
| PRENATAL-U ORAL CAPSULE 106.5-1 MG ( <i>prenatal w/o a vit-fe fum-fa</i> )                 | NF        |            |
| PRENATE AM ORAL TABLET 1 MG ( <i>prenatal ca-b6-b12-fa-ginger</i> )                        | NF        |            |
| PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )       | NF        |            |
| PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG ( <i>prenatal-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 ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> ) | NF        |            |
| PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG ( <i>prenat-fecbn-feasp-meth-fa-dha</i> )      | NF        |            |
| PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG ( <i>prenat mv-min-methylfolate-fa</i> )           | NF        |            |
| PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )     | NF        |            |
| PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )   | NF        |            |
| PRENATOL-M ORAL TABLET 27-1.2 MG ( <i>prenatal vit-fe fumarate-fa</i> )                    | NF        |            |

| Prescription Drug Name                                                                           | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------|-----------|------------|
| PRENATRIX ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )                             | NF        |            |
| PRENATRYL ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )                             | NF        |            |
| PROVIDA OB ORAL CAPSULE 20-20-1.25 MG ( <i>prenat w/o a vit-fefum-fepo-fa</i> )                  | NF        |            |
| <i>relnate dha oral capsule 28-1-200 mg</i>                                                      | NF        |            |
| 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        |            |
| <i>se-natal 19 oral tablet 29-1 mg</i>                                                           | NF        |            |
| <i>se-natal 19 oral tablet chewable 29-1 mg</i>                                                  | NF        |            |
| TARON-C DHA ORAL CAPSULE 35-1 MG ( <i>prenat-fefum-fepo-fa-omega 3</i> )                         | NF        |            |
| <i>thrivite rx oral tablet 29-1 mg</i>                                                           | NF        |            |
| <i>trinatal rx 1 oral tablet 60-1 mg</i>                                                         | NF        |            |
| TRINATE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )                                       | G         |            |
| <i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>                                               | NF        |            |
| VINATE DHA RF ORAL CAPSULE 27-1.13 MG ( <i>prenat w/oa-fefum-methf-omegas</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        |            |
| 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        |            |
| VITATHELY WITH GINGER ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )                 | NF        |            |
| VIVA DHA ORAL CAPSULE 28-1-200 MG ( <i>prenatal vit-fe fum-fa-omega</i> )                        | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                              | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------|-----------|------------|
| <i>wescap-pn dha oral capsule 27-0.6-0.4-300 mg</i>                                 | NF        |            |
| <i>wesnata dha complete oral 29-1-200 &amp; 200 mg</i>                              | NF        |            |
| <i>wesnate dha oral capsule 28-1-200 mg</i>                                         | NF        |            |
| <i>westab plus oral tablet 27-1 mg</i>                                              | NF        |            |
| <i>westgel dha oral capsule 31-0.6-0.4-200 mg</i>                                   | NF        |            |
| <i>zalvit oral tablet 13-1 mg</i>                                                   | NF        |            |
| <i>ziphex oral tablet 13-1 mg</i>                                                   | NF        |            |
| <b>VITAMINS - VITAMINS AND SUPPLEMENTS</b>                                          |           |            |
| ACCRUFER ORAL CAPSULE 30 MG ( <i>ferric maltol</i> )                                | NF        |            |
| <i>active fe oral tablet 75-1.25 mg</i>                                             | NPB       |            |
| <i>activite oral tablet 1 mg</i>                                                    | NF        |            |
| <i>folic acid-vit b6-vit b12</i> (Airavite Oral Tablet 2.5-25-1 Mg)                 | G         |            |
| <i>altrixa oral tablet</i>                                                          | NF        |            |
| AMLADEX ORAL TABLET ( <i>multiple vitamin</i> )                                     | NF        |            |
| ASTAMED MYO ORAL CAPSULE ( <i>astaxanthin-tocotrienol-zn-d3</i> )                   | NF        |            |
| <i>biocel oral tablet</i>                                                           | G         |            |
| <i>bp vit 3 oral capsule 1 mg</i>                                                   | NPB       |            |
| <i>b-plex oral tablet</i>                                                           | G         |            |
| <i>b-plex plus oral tablet</i>                                                      | G         |            |
| CALCIFOL ORAL WAFER 1342-1.6 MG ( <i>ca carb-fa-d-b6-b12-boron-mg</i> )             | NPB       |            |
| CENFOL ORAL TABLET 2.3-24.5-2 MG ( <i>folic acid-vit b6-vit b12</i> )               | NPB       |            |
| CORVITE 150 ORAL TABLET ( <i>iron combinations</i> )                                | NPB       |            |
| <i>corvite fe oral tablet</i>                                                       | NPB       |            |
| <i>cvs folic acid oral tablet 800 mcg</i>                                           | CE        |            |
| <i>cyanocobalamin injection solution 1000 mcg/ml</i>                                | G         |            |
| DAVIMET-FLUORIDE ORAL TABLET CHEWABLE 0.75 MG ( <i>pediatric multivitamins-fl</i> ) | NF        |            |
| <i>dayavite oral tablet</i>                                                         | NF        |            |
| <i>b complex-c-folic acid</i> (Dexifol Oral Tablet 5 Mg)                            | NF        |            |
| DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) ( <i>ergocalciferol</i> )                   | NPB       |            |
| ELFOLATE PLUS ORAL TABLET 3-35-2 MG ( <i>l-methylfolate-b6-b12</i> )                | NF        |            |
| <i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>                               | G         |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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



| Prescription Drug Name                                                                     | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------|-----------|------------|
| FA-8 ORAL CAPSULE 0.8 MG ( <i>folic acid</i> )                                             | CE        |            |
| <i>ferotrinsic oral capsule</i>                                                            | G         |            |
| FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG ( <i>ped multiple vit-minerals-fl</i> ) | NF        |            |
| FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML ( <i>pediatric multivitamins-fl</i> )                | NF        |            |
| <i>folagent dha oral capsule</i>                                                           | NF        |            |
| <i>folamax oral tablet</i>                                                                 | NF        |            |
| <i>folamed dha oral capsule</i>                                                            | NF        |            |
| <i>folaprime oral tablet</i>                                                               | NF        |            |
| <i>folate oral tablet 400 mcg</i>                                                          | CE        |            |
| <i>folbee oral tablet 2.5-25-1 mg</i>                                                      | G         |            |
| <i>folbee plus oral tablet</i>                                                             | G         |            |
| FOLGARD OS ORAL TABLET 500-1.1 MG ( <i>multiple vit-min-calcium-fa</i> )                   | NF        |            |
| <i>folic acid injection solution 5 mg/ml</i>                                               | G         |            |
| <i>folic acid oral capsule 0.8 mg</i>                                                      | CE        |            |
| <i>folic acid oral tablet 400 mcg</i>                                                      | CE        |            |
| FOLI-D ORAL TABLET 1-2000 MG-UNIT ( <i>folic acid-cholecalciferol</i> )                    | NF        |            |
| <i>folite oral tablet</i>                                                                  | NF        |            |
| <i>foltrin oral capsule</i>                                                                | G         |            |
| FOLVITE-D ORAL TABLET 1-3775 MG-UNIT ( <i>folic acid-cholecalciferol</i> )                 | NF        |            |
| FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT ( <i>genistein-zn chelate-vit d</i> )            | NF        |            |
| FOSTEUM PLUS ORAL CAPSULE ( <i>dietary management product</i> )                            | NF        |            |
| <i>ft folic acid oral tablet 400 mcg</i>                                                   | CE        |            |
| FUSION PLUS ORAL CAPSULE ( <i>iron-fa-b cmp-c-biot-probiotic</i> )                         | NPB       |            |
| <i>gnp folic acid oral tablet 400 mcg</i>                                                  | CE        |            |
| HEMOCYTE PLUS ORAL CAPSULE 106-1 MG ( <i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i> )               | NPB       |            |
| <i>hylavite oral tablet</i>                                                                | NF        |            |
| <i>hylazinc oral tablet</i>                                                                | NF        |            |
| ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG ( <i>iron-vit c-vit b12-folic acid</i> )        | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

The formulary is updated the first week of each month

01/01/2026

| Prescription Drug Name                                                            | Drug Tier | Drug Notes                                 |
|-----------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>keyfolic oral tablet</i>                                                       | NF        |                                            |
| <i>fefum-fepo-fa-b cmp-c-zn-mn-cu</i> (K-Tan Plus Oral Capsule 162-115.2-1 Mg)    | G         |                                            |
| LDL CARE ORAL POWDER ( <i>dietary management product</i> )                        | NF        |                                            |
| <i>multiple vitamins-minerals</i> (Lysiplex Plus Oral Tablet)                     | G         |                                            |
| <i>medi tab oral tablet</i>                                                       | NF        |                                            |
| <i>mincora oral tablet</i>                                                        | NF        |                                            |
| MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG ( <i>fe asp gly-succ-c-thre-b12-fa</i> ) | NPB       |                                            |
| MULTIGEN ORAL TABLET 70 MG ( <i>fe-succ-c-thre-b12-des stomach</i> )              | NPB       |                                            |
| MULTIGEN PLUS ORAL TABLET ( <i>feasp-fefum -suc-c-thre-b12-fa</i> )               | NPB       |                                            |
| <i>multiapro oral capsule</i>                                                     | NF        |                                            |
| <i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>         | G         | N8 (Listing does not include certain NDCs) |
| <i>multi-vitamin/fluoride oral solution 0.5 mg/ml</i>                             | G         |                                            |
| <i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>                    | G         |                                            |
| NASCOBAL NASAL SOLUTION 500 MCG/0.1ML ( <i>cyanocobalamin</i> )                   | NPB       |                                            |
| <i>neoke bhb oral powder</i>                                                      | NF        |                                            |
| <i>neovite oral tablet</i>                                                        | NF        |                                            |
| NICADAN ORAL TABLET ( <i>multiple vitamins-minerals</i> )                         | NF        |                                            |
| NICAPRIN ORAL TABLET ( <i>dietary management product</i> )                        | NF        |                                            |
| NICAZEL FORTE ORAL TABLET ( <i>multiple vitamins-minerals</i> )                   | NF        |                                            |
| NICAZEL ORAL TABLET ( <i>multiple vitamins-minerals</i> )                         | NF        |                                            |
| NICOMIDE ORAL TABLET 750-27-2-0.5 MG ( <i>niacinamide-zn-cu-methfo-se-cr</i> )    | NF        |                                            |
| <i>nicotinamide oral tablet 750-27-2-0.5 mg</i>                                   | NF        |                                            |
| <i>folic acid-vit b6-vit b12</i> (Nufol Oral Tablet 2.5-25-1 Mg)                  | G         |                                            |
| <i>multiple vitamins-minerals</i> (Nutrifac Zx Oral Tablet)                       | G         |                                            |
| <i>onevite oral tablet</i>                                                        | NF        |                                            |
| <i>ortho df oral capsule 1-3775 mg-unit</i>                                       | NF        |                                            |
| <i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>                       | G         |                                            |
| <i>phytonadione oral tablet 5 mg</i>                                              | G         |                                            |
| <i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>                        | G         |                                            |
| <i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>                  | G         |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                             | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------------------|-----------|------------|
| POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML ( <i>pediatric multivitamins-fl</i> )                      | NF        |            |
| POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG ( <i>pediatric multivitamins-fl</i> )      | NF        |            |
| POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML ( <i>ped multivitamins-fl-iron</i> )                | NF        |            |
| POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG ( <i>ped multivitamins-fl-iron</i> )              | NF        |            |
| <i>pro-critic oral packet</i>                                                                      | NPB       |            |
| <i>profola oral tablet</i>                                                                         | NF        |            |
| <i>pyridoxine hcl injection solution 100 mg/ml</i>                                                 | G         |            |
| QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG ( <i>multi vit-min-fluoride-fe-fa</i> )                    | NF        |            |
| QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML ( <i>ped multivitamins-fl-iron</i> )               | NF        |            |
| QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML ( <i>pediatric multivitamins-fl</i> )        | NF        |            |
| QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG ( <i>pediatric multivitamins-fl</i> ) | NF        |            |
| REMEDIENT ORAL CAPSULE ( <i>multiple vitamins-minerals</i> )                                       | NF        |            |
| RENATABS WITH IRON ORAL 1 & 100 MG ( <i>b complex-c-biotin-e-fa-fe cbn</i> )                       | NF        |            |
| <i>reno caps oral capsule 1 mg</i>                                                                 | G         |            |
| RHEUMATE ORAL CAPSULE ( <i>dietary management product</i> )                                        | NF        |            |
| STROVITE FORTE ORAL SYRUP ( <i>multiple vitamins-minerals</i> )                                    | NF        |            |
| <i>support oral liquid</i>                                                                         | NF        |            |
| TALIVA ORAL CAPSULE 1 MG ( <i>fa-b6-b12-omega 3-phytosterols</i> )                                 | NF        |            |
| TOBAKIENT ORAL CAPSULE ( <i>dietary management product</i> )                                       | NF        |            |
| TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML ( <i>pediatric multivitamins-fl</i> )                       | NF        |            |
| <i>tri-vi-floro oral suspension 0.25 mg/ml, 0.5 mg/ml</i>                                          | NF        |            |
| <i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>                                       | G         |            |
| <i>tronvite oral tablet 1 mg</i>                                                                   | NF        |            |
| UDAMIN SP ORAL TABLET ( <i>multiple vitamins-minerals</i> )                                        | NF        |            |
| VASCULERA ORAL TABLET ( <i>dietary management product</i> )                                        | NF        |            |
| <i>vb6 p5p oral powder</i>                                                                         | NF        |            |
| <i>v-c forte oral capsule</i>                                                                      | G         |            |

| Prescription Drug Name                                               | Drug Tier | Drug Notes |
|----------------------------------------------------------------------|-----------|------------|
| <i>multiple vitamins-minerals</i> (Vic-Forte Oral Capsule)           | G         |            |
| <i>multiple vitamins-minerals</i> (Vita S Forte Oral Tablet)         | G         |            |
| <i>multiple vitamins-minerals</i> (Vitacel Oral Tablet)              | G         |            |
| VITAMEZ ORAL CAPSULE 1 MG ( <i>fa-b6-b12-omega 3-phytosterols</i> )  | NPB       |            |
| <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>    | G         |            |
| <i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>            | G         |            |
| VITAROCA PLUS ORAL TABLET ( <i>multiple vitamins-minerals</i> )      | NF        |            |
| <i>vitasure oral tablet 1 mg</i>                                     | NF        |            |
| <i>wellfolia oral tablet</i>                                         | NF        |            |
| <i>xyzbac oral tablet</i>                                            | NF        |            |
| <i>yl folic acid oral tablet 400 mcg</i>                             | CE        |            |
| <b>OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS</b>                    |           |            |
| <b>ANTIALLERGICS - DRUGS TO TREAT ALLERGIES</b>                      |           |            |
| ALOCRILOPHTHALMIC SOLUTION 2 % ( <i>nedocromil sodium</i> )          | NPB       |            |
| <i>azelastine hcl ophthalmic solution 0.05 %</i>                     | G         |            |
| BEPREVE OPHTHALMIC SOLUTION 1.5 % ( <i>bepotastine besilate</i> )    | NF        |            |
| <i>cromolyn sodium ophthalmic solution 4 %</i>                       | G         |            |
| <i>epinastine hcl ophthalmic solution 0.05 %</i>                     | G         |            |
| <i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>              | G         |            |
| ZERVIA TE OPHTHALMIC SOLUTION 0.24 % ( <i>cetirizine hcl</i> )       | NF        |            |
| <b>ANTIGLAUCOMA BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA</b>          |           |            |
| <i>betaxolol hcl ophthalmic solution 0.5 %</i>                       | G         |            |
| BETIMOL OPHTHALMIC SOLUTION 0.5 % ( <i>timolol hemihydrate</i> )     | NF        |            |
| BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % ( <i>betaxolol hcl</i> )     | PB        |            |
| <i>carteolol hcl ophthalmic solution 1 %</i>                         | G         |            |
| <i>levobunolol hcl ophthalmic solution 0.5 %</i>                     | G         |            |
| <i>timolol hemihydrate ophthalmic solution 0.5 %</i>                 | NF        |            |
| <i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>        | G         |            |
| <i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i> | G         |            |
| <i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>             | G         |            |

| Prescription Drug Name                                                               | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------|-----------|------------|
| TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % ( <i>timolol maleate</i> )        | NF        |            |
| <b>ANTIGLAUCOMA COMBINATION AGENTS - DRUGS TO TREAT GLAUCOMA</b>                     |           |            |
| COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % ( <i>brimonidine tartrate-timolol</i> )       | NF        |            |
| COSOPT OPHTHALMIC SOLUTION 2-0.5 % ( <i>dorzolamide hcl-timolol mal</i> )            | NPB       |            |
| <i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>                       | G         |            |
| <i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>                    | G         |            |
| ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % ( <i>netarsudil-latanoprost</i> )         | NF        |            |
| SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % ( <i>brinzolamide-brimonidine</i> )          | PB        |            |
| <b>ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION</b> |           |            |
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>                         | G         |            |
| <i>double pm ophthalmic solution reconstituted 1-0.5 %</i>                           | NF        |            |
| MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 ( <i>neomycin-polymyxin-dexameth</i> )    | NPB       |            |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>                 | G         |            |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>               | G         |            |
| <i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>                       | G         |            |
| <i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ophthalmic Ointment 1 %)            | G         |            |
| <i>prednisolone-gatifloxacin ophthalmic suspension 1-0.5 %</i>                       | NF        |            |
| <i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>                      | G         |            |
| TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % ( <i>tobramycin-dexamethasone</i> )           | PB        |            |
| TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % ( <i>tobramycin-dexamethasone</i> )     | NF        |            |
| <i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>                      | G         |            |
| <i>triple pmh ophthalmic solution reconstituted 1-0.5-0.09 %</i>                     | NF        |            |
| <i>triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %</i>                      | NF        |            |
| ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % ( <i>loteprednol-tobramycin</i> )              | NF        |            |

| Prescription Drug Name                                                                | Drug Tier | Drug Notes                                 |
|---------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS</b>                                    |           |                                            |
| AZASITE OPHTHALMIC SOLUTION 1 % ( <i>azithromycin</i> )                               | NF        |                                            |
| <i>bacitracin ophthalmic ointment 500 unit/gm</i>                                     | G         |                                            |
| <i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>                   | G         |                                            |
| BESIVANCE OPHTHALMIC SUSPENSION 0.6 %<br>( <i>besifloxacin hcl</i> )                  | PB        |                                            |
| CILOXAN OPHTHALMIC OINTMENT 0.3 % ( <i>ciprofloxacin hcl</i> )                        | NF        |                                            |
| <i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>                                    | G         |                                            |
| <i>erythromycin ophthalmic ointment 5 mg/gm</i>                                       | G         | N8 (Listing does not include certain NDCs) |
| <i>gatifloxacin ophthalmic solution 0.5 %</i>                                         | G         |                                            |
| <i>gentamicin sulfate ophthalmic solution 0.3 %</i>                                   | G         |                                            |
| KLARITY-A OPHTHALMIC SOLUTION 1 % ( <i>azithromycin</i> )                             | NF        |                                            |
| MITOSOL OPHTHALMIC KIT 0.2 MG ( <i>mitomycin</i> )                                    | NPB       |                                            |
| <i>moxifloxacin hcl ophthalmic solution 0.5 %</i>                                     | G         |                                            |
| NATACYN OPHTHALMIC SUSPENSION 5 % ( <i>natamycin</i> )                                | NPB       |                                            |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i> | G         |                                            |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>              | G         |                                            |
| <i>neomycin-bacitracin zn-polymyx</i> (Neo-Polycin Ophthalmic Ointment 3.5-400-10000) | G         |                                            |
| <i>ofloxacin ophthalmic solution 0.3 %</i>                                            | G         |                                            |
| <i>bacitracin-polymyxin b</i> (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)         | G         |                                            |
| <i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>               | G         |                                            |
| <i>sulfacetamide sodium ophthalmic ointment 10 %</i>                                  | G         |                                            |
| <i>sulfacetamide sodium ophthalmic solution 10 %</i>                                  | G         |                                            |
| <i>tobramycin ophthalmic solution 0.3 %</i>                                           | G         |                                            |
| TOBREX OPHTHALMIC OINTMENT 0.3 % ( <i>tobramycin</i> )                                | NPB       |                                            |
| <i>trifluridine ophthalmic solution 1 %</i>                                           | G         |                                            |
| VIGAMOX OPHTHALMIC SOLUTION 0.5 % ( <i>moxifloxacin hcl</i> )                         | NPB       |                                            |
| XDEMVIY OPHTHALMIC SOLUTION 0.25 % ( <i>lotilaner</i> )                               | PB        |                                            |
| ZIRGAN OPHTHALMIC GEL 0.15 % ( <i>ganciclovir</i> )                                   | NF        |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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



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

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                 | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------|-----------|--------------------------------------------|
| LOTEMAX SM OPHTHALMIC GEL 0.38 % ( <i>loteprednol etabonate</i> )      | NF        |                                            |
| <i>loteprednol etabonate ophthalmic suspension 0.5 %</i>               | G         |                                            |
| MAXIDEX OPHTHALMIC SUSPENSION 0.1 % ( <i>dexamethasone</i> )           | NF        |                                            |
| NEVANAC OPHTHALMIC SUSPENSION 0.1 % ( <i>nepafenac</i> )               | NF        |                                            |
| OZURDEX INTRAVITREAL IMPLANT 0.7 MG ( <i>dexamethasone</i> )           | NPSP      |                                            |
| PRED FORTE OPHTHALMIC SUSPENSION 1 % ( <i>prednisolone acetate</i> )   | NF        |                                            |
| PRED MILD OPHTHALMIC SUSPENSION 0.12 % ( <i>prednisolone acetate</i> ) | NF        |                                            |
| <i>prednisolone acetate ophthalmic suspension 1 %</i>                  | G         |                                            |
| <i>prednisolone acetate p-f ophthalmic suspension 1 %</i>              | NPB       |                                            |
| <i>prednisolone sodium phosphate ophthalmic solution 1 %</i>           | NPB       |                                            |
| PROLENSA OPHTHALMIC SOLUTION 0.07 % ( <i>bromfenac sodium</i> )        | NPB       |                                            |
| <b>CARBONIC ANHYDRASE INHIBITORS - DRUGS TO TREAT GLAUCOMA</b>         |           |                                            |
| AZOPT OPHTHALMIC SUSPENSION 1 % ( <i>brinzolamide</i> )                | NPB       |                                            |
| <i>brinzolamide ophthalmic suspension 1 %</i>                          | G         |                                            |
| <i>dorzolamide hcl ophthalmic solution 2 %</i>                         | NPB       | N8 (Listing does not include certain NDCs) |
| <b>DRY EYE DISEASE</b>                                                 |           |                                            |
| CEQUA OPHTHALMIC SOLUTION 0.09 % ( <i>cyclosporine</i> )               | NF        |                                            |
| <i>cyclosporine ophthalmic emulsion 0.05 %</i>                         | NF        |                                            |
| MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML ( <i>perfluorohexyloctane</i> )  | NF        |                                            |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % ( <i>cyclosporine</i> )  | PB        |                                            |
| RESTASIS OPHTHALMIC EMULSION 0.05 % ( <i>cyclosporine</i> )            | PB        |                                            |
| VEVYE OPHTHALMIC SOLUTION 0.1 % ( <i>cyclosporine</i> )                | PB        |                                            |
| XIIDRA OPHTHALMIC SOLUTION 5 % ( <i>lifitegrast</i> )                  | NF        |                                            |
| <b>MISCELLANEOUS</b>                                                   |           |                                            |
| AKTEN OPHTHALMIC GEL 3.5 % ( <i>lidocaine hcl</i> )                    | NPB       |                                            |
| <i>tetracaine hcl</i> (Altacaine Ophthalmic Solution 0.5 %)            | G         |                                            |
| <i>phenylephrine hcl</i> (Altafrin Ophthalmic Solution 10 %, 2.5 %)    | G         |                                            |
| <i>atropine sulfate ophthalmic solution 1 %</i>                        | NPB       |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                 | Drug Tier | Drug Notes                                 |
|----------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>cyclopentolate hcl ophthalmic solution 1 %</i>                                      | G         |                                            |
| CYSTADROPS OPHTHALMIC SOLUTION 0.37 % ( <i>cysteamine hcl</i> )                        | NF        |                                            |
| CYSTARAN OPHTHALMIC SOLUTION 0.44 % ( <i>cysteamine hcl</i> )                          | NPSP      |                                            |
| MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE 1-2.5 % ( <i>tropicamide-phenylephrine</i> )    | NF        |                                            |
| OXERVATE OPHTHALMIC SOLUTION 0.002 % ( <i>cenegermin-bkbj</i> )                        | NPSP      |                                            |
| <i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>                               | G         |                                            |
| <i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>                               | G         |                                            |
| <i>proparacaine hcl ophthalmic solution 0.5 %</i>                                      | G         |                                            |
| <i>tropicamide ophthalmic solution 0.5 %, 1 %</i>                                      | G         |                                            |
| TYRVAYA NASAL SOLUTION 0.03 MG/ACT ( <i>varenicline tartrate</i> )                     | NF        |                                            |
| UPNEEQ OPHTHALMIC SOLUTION 0.1 % ( <i>oxymetazoline hcl</i> )                          | NF        |                                            |
| VERKAZIA OPHTHALMIC EMULSION 0.1 % ( <i>cyclosporine</i> )                             | NF        |                                            |
| VUITY OPHTHALMIC SOLUTION 1.25 % ( <i>pilocarpine hcl</i> )                            | NF        |                                            |
| <b>PROSTAGLANDINS - DRUGS TO TREAT GLAUCOMA</b>                                        |           |                                            |
| <i>bimatoprost ophthalmic solution 0.03 %</i>                                          | G         |                                            |
| IYUZEH OPHTHALMIC SOLUTION 0.005 % ( <i>latanoprost</i> )                              | NF        |                                            |
| <i>latanoprost ophthalmic solution 0.005 %</i>                                         | NF        |                                            |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % ( <i>bimatoprost</i> )                              | NF        |                                            |
| TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % ( <i>travoprost</i> )                           | NF        |                                            |
| <i>travoprost (bak free) ophthalmic solution 0.004 %</i>                               | G         | N8 (Listing does not include certain NDCs) |
| VYZULTA OPHTHALMIC SOLUTION 0.024 % ( <i>latanoprostene bunod</i> )                    | NF        |                                            |
| XALATAN OPHTHALMIC SOLUTION 0.005 % ( <i>latanoprost</i> )                             | NPB       |                                            |
| XELPROS OPHTHALMIC EMULSION 0.005 % ( <i>latanoprost</i> )                             | NF        |                                            |
| ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % ( <i>tafluprost</i> )                             | NPB       |                                            |
| <b>RETINAL DISORDERS</b>                                                               |           |                                            |
| BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML ( <i>ranibizumab-nuna</i> )                | PSP       |                                            |
| CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML ( <i>ranibizumab-eqrn</i> ) | NPSP      |                                            |

| Prescription Drug Name                                                                                      | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------|-----------|------------|
| EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML<br>( <i>aflibercept</i> )                                           | NF        |            |
| EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE<br>2 MG/0.05ML ( <i>aflibercept</i> )                         | NF        |            |
| LUCENTIS INTRAVITREAL SOLUTION PREFILLED<br>SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML ( <i>ranibizumab</i> )     | NF        |            |
| <b>RHO KINASE INHIBITORS - DRUGS TO TREAT EYE<br/>CONDITIONS</b>                                            |           |            |
| RHOPRESSA OPHTHALMIC SOLUTION 0.02 % ( <i>netarsudil<br/>dimesylate</i> )                                   | NF        |            |
| <b>SYMPATHOMIMETICS - DRUGS TO TREAT<br/>GLAUCOMA</b>                                                       |           |            |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % ( <i>brimonidine<br/>tartrate</i> )                                    | PB        |            |
| <i>apraclonidine hcl ophthalmic solution 0.5 %</i>                                                          | G         |            |
| <i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>                                               | G         |            |
| IOPIDINE OPHTHALMIC SOLUTION 1 % ( <i>apraclonidine hcl</i> )                                               | NPB       |            |
| <b>OTHER</b>                                                                                                |           |            |
| <b>IRRIGATION SOLUTIONS</b>                                                                                 |           |            |
| <i>water for irrigation, sterile</i> (Argyle Sterile Water Irrigation<br>Solution)                          | G         |            |
| <i>lactated ringers irrigation solution</i>                                                                 | G         |            |
| <i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)                                      | G         |            |
| <i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation<br>Solution)                         | G         |            |
| <i>ringers irrigation irrigation solution</i>                                                               | G         |            |
| <i>sterile water for irrigation irrigation solution</i>                                                     | G         |            |
| <b>RESPIRATORY - DRUGS TO TREAT BREATHING<br/>DISORDERS</b>                                                 |           |            |
| <b>ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS -<br/>DRUGS FOR REPLACEMENT, MODIFICATION,<br/>TREATMENT</b>       |           |            |
| ARALAST NP INTRAVENOUS SOLUTION<br>RECONSTITUTED 1000 MG, 500 MG ( <i>alpha1-proteinase<br/>inhibitor</i> ) | PSP       |            |
| GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4<br>GM/200ML, 5 GM/250ML ( <i>alpha1-proteinase inhibitor</i> ) | PSP       |            |
| PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML<br>( <i>alpha1-proteinase inhibitor</i> )                     | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                      | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG ( <i>alpha1-proteinase inhibitor</i> ) | PSP       |                                            |
| <b>ANAPHYLAXIS TREATMENT AGENTS</b>                                                                         |           |                                            |
| ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML ( <i>epinephrine</i> )                                     | NF        |                                            |
| AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML ( <i>epinephrine</i> )   | PB        |                                            |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>                                          | G         |                                            |
| <i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>                             | G         | N8 (Listing does not include certain NDCs) |
| <i>epinephrine injection solution prefilled syringe 0.3 mg/0.3ml</i>                                        | G         | N8 (Listing does not include certain NDCs) |
| <i>epinephrine professional injection kit 1 mg/ml</i>                                                       | NF        |                                            |
| EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )                                            | NF        |                                            |
| EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML ( <i>epinephrine</i> )                                              | NF        |                                            |
| EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML ( <i>epinephrine</i> )                           | NF        |                                            |
| EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML ( <i>epinephrine</i> )                       | NF        |                                            |
| <b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD</b>                                      |           |                                            |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT ( <i>umeclidinium-vilanterol</i> ) | PB        |                                            |
| BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT ( <i>glycopyrrolate-formoterol</i> )                    | NF        |                                            |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT ( <i>ipratropium-albuterol</i> )              | NPB       |                                            |
| <i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>                                         | G         |                                            |
| STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT ( <i>tiotropium bromide-olodaterol</i> )       | PB        |                                            |
| <i>umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act</i>                   | NF        |                                            |
| <b>ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD</b>                   |           |                                            |
| BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT ( <i>budeson-glycopyrrol-formoterol</i> )           | PB        |                                            |

| Prescription Drug Name                                                                                                                      | Drug Tier | Drug Notes                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT ( <i>fluticasone-umeclidin-vilant</i> ) | PB        |                                            |
| <b>ANTICHOLINERGICS</b>                                                                                                                     |           |                                            |
| ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT ( <i>ipratropium bromide hfa</i> )                                                      | NPB       |                                            |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT ( <i>umeclidinium bromide</i> )                                     | NF        |                                            |
| <i>ipratropium bromide inhalation solution 0.02 %</i>                                                                                       | G         | N8 (Listing does not include certain NDCs) |
| <i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>                                                                                    | G         |                                            |
| SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG ( <i>tiotropium bromide</i> )                                                                  | PB        |                                            |
| SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT ( <i>tiotropium bromide</i> )                                        | PB        |                                            |
| <i>tiotropium bromide inhalation capsule 18 mcg</i>                                                                                         | NF        |                                            |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT ( <i>aclidinium bromide</i> )                                       | NF        |                                            |
| YUPELRI INHALATION SOLUTION 175 MCG/3ML ( <i>revefenacin</i> )                                                                              | PB        |                                            |
| <b>ANTIHISTAMINE COMBINATIONS</b>                                                                                                           |           |                                            |
| <i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>                                                                               | G         |                                            |
| DYMISTA NASAL SUSPENSION 137-50 MCG/ACT ( <i>azelastine-fluticasone</i> )                                                                   | NF        |                                            |
| RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT ( <i>olopatadine-mometasone</i> )                                                                  | NF        |                                            |
| <b>ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES</b>                                                                                            |           |                                            |
| <i>azelastine hcl nasal solution 137 mcg/spray</i>                                                                                          | G         |                                            |
| <i>carbinoxamine maleate oral solution 4 mg/5ml</i>                                                                                         | G         |                                            |
| <i>carbinoxamine maleate oral tablet 4 mg</i>                                                                                               | G         |                                            |
| <i>carbinoxamine maleate oral tablet 6 mg</i>                                                                                               | NF        |                                            |
| <i>cetirizine hcl oral solution 1 mg/ml</i>                                                                                                 | G         |                                            |
| CLARINEX ORAL TABLET 5 MG ( <i>desloratadine</i> )                                                                                          | NPB       |                                            |
| <i>clemastine fumarate oral tablet 2.68 mg</i>                                                                                              | G         |                                            |
| <i>cyproheptadine hcl oral syrup 2 mg/5ml</i>                                                                                               | G         |                                            |
| <i>cyproheptadine hcl oral tablet 4 mg</i>                                                                                                  | G         | N8 (Listing does not include certain NDCs) |



| Prescription Drug Name                                                                                                  | Drug Tier | Drug Notes                                 |
|-------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>desloratadine oral tablet 5 mg</i>                                                                                   | G         |                                            |
| <i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>                                                               | G         |                                            |
| <i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>                                                                      | G         |                                            |
| <i>hydroxyzine hcl oral syrup 10 mg/5ml</i>                                                                             | G         |                                            |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>                                                                  | G         | N8 (Listing does not include certain NDCs) |
| <i>hydroxyzine pamoate oral capsule 100 mg</i>                                                                          | G         |                                            |
| <i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>                                                                    | G         | N8 (Listing does not include certain NDCs) |
| KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML ( <i>carbinoxamine maleate</i> )                                  | NPB       |                                            |
| <i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>                                                          | G         |                                            |
| <i>levocetirizine dihydrochloride oral tablet 5 mg</i>                                                                  | G         |                                            |
| <i>olopatadine hcl nasal solution 0.6 %</i>                                                                             | G         |                                            |
| RYCLORA ORAL SOLUTION 2 MG/5ML ( <i>dexchlorpheniramine maleate</i> )                                                   | NF        |                                            |
| <i>carbinoxamine maleate</i> (Ryvent Oral Tablet 6 Mg)                                                                  | G         |                                            |
| <b>BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD</b>                                                                   |           |                                            |
| <i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>                                          | G         | N8 (Listing does not include certain NDCs) |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml</i> | G         | N8 (Listing does not include certain NDCs) |
| <i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>                                                  | G         |                                            |
| <i>albuterol sulfate oral syrup 2 mg/5ml</i>                                                                            | G         |                                            |
| <i>albuterol sulfate oral tablet 2 mg</i>                                                                               | G         |                                            |
| <i>albuterol sulfate oral tablet 4 mg</i>                                                                               | G         | N8 (Listing does not include certain NDCs) |
| <i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>                                                | G         |                                            |
| BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML ( <i>arformoterol tartrate</i> )                                    | NPB       |                                            |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>           | G         |                                            |
| <i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>                                                              | NPB       |                                            |
| PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML ( <i>formoterol fumarate</i> )                                  | NPB       |                                            |

| Prescription Drug Name                                                                                          | Drug Tier | Drug Notes                                 |
|-----------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| 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> )           | PB        |                                            |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>olodaterol hcl</i> )                            | PB        |                                            |
| <i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>                                                             | G         | 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        |                                            |
| <b>COLD/COUGH</b>                                                                                               |           |                                            |
| ADRENALIN NASAL SOLUTION 0.1 % ( <i>epinephrine hcl (nasal)</i> )                                               | NPB       |                                            |
| <i>benzonatate oral capsule 100 mg, 200 mg</i>                                                                  | G         |                                            |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG ( <i>desloratadine-pseudoephedrine</i> )     | NPB       |                                            |
| HYCODAN ORAL SOLUTION 5-1.5 MG/5ML ( <i>hydrocodone bit-homatrop mbr</i> )                                      | NF        |                                            |
| HYCODAN ORAL TABLET 5-1.5 MG ( <i>hydrocodone bit-homatrop mbr</i> )                                            | NF        |                                            |
| <i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>                              | G         |                                            |
| <i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>                                                  | G         |                                            |
| <i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>                                                        | G         |                                            |
| <i>hydromet oral solution 5-1.5 mg/5ml</i>                                                                      | G         |                                            |
| <i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>                                                        | G         |                                            |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>                                                           | G         |                                            |
| <i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>                                                                | G         |                                            |
| <i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>                                                          | G         | N8 (Listing does not include certain NDCs) |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ( <i>chlorpheniramine-codeine</i> )                   | NF        |                                            |
| <b>CYSTIC FIBROSIS</b>                                                                                          |           |                                            |
| ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG ( <i>vanzacafi-tezacafi-deutivacafi</i> )                         | NF        |                                            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                                             | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------------------------------|-----------|------------|
| BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML ( <i>tobramycin</i> )                                          | NF        |            |
| BRONCHITOL INHALATION CAPSULE 40 MG ( <i>mannitol (cystic fibrosis)</i> )                                          | NF        |            |
| BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG ( <i>mannitol (cystic fibrosis)</i> )                           | NF        |            |
| CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG ( <i>aztreonam lysine</i> )                                        | NF        |            |
| KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG ( <i>ivacaftor</i> )                                                   | NPSP      |            |
| KALYDECO ORAL PACKET 50 MG, 75 MG ( <i>ivacaftor</i> )                                                             | NPB       |            |
| KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )                       | NF        |            |
| ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG ( <i>lumacaftor-ivacaftor</i> )                               | NPSP      |            |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG ( <i>lumacaftor-ivacaftor</i> )                                         | NPB       |            |
| PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML ( <i>dornase alfa</i> )                                                 | NPSP      |            |
| SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG ( <i>tezacaftor-ivacaftor</i> )                   | NPSP      |            |
| TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML ( <i>tobramycin</i> )                                             | NF        |            |
| TOBI PODHALER INHALATION CAPSULE 28 MG ( <i>tobramycin</i> )                                                       | NF        |            |
| <i>tobramycin inhalation nebulization solution 300 mg/5ml</i>                                                      | G         |            |
| TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG ( <i>elexacaftor-tezacaftor-ivacaft</i> ) | NPSP      |            |
| TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG ( <i>elexacaftor-tezacaftor-ivacaft</i> )         | NPSP      |            |
| <b>LEUKOTRIENE MODIFIERS</b>                                                                                       |           |            |
| <i>zileuton er oral tablet extended release 12 hour 600 mg</i>                                                     | NF        |            |
| <b>LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES</b>                                      |           |            |
| <i>montelukast sodium oral packet 4 mg</i>                                                                         | G         |            |
| <i>montelukast sodium oral tablet 10 mg</i>                                                                        | G         |            |
| <i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>                                                          | G         |            |
| SINGULAIR ORAL PACKET 4 MG ( <i>montelukast sodium</i> )                                                           | NF        |            |
| SINGULAIR ORAL TABLET 10 MG ( <i>montelukast sodium</i> )                                                          | NF        |            |

| Prescription Drug Name                                                            | Drug Tier | Drug Notes                                 |
|-----------------------------------------------------------------------------------|-----------|--------------------------------------------|
| SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG<br>(montelukast sodium)                 | NF        |                                            |
| zafirlukast oral tablet 10 mg, 20 mg                                              | G         |                                            |
| <b>MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES</b>                           |           |                                            |
| cromolyn sodium inhalation nebulization solution 20 mg/2ml                        | G         |                                            |
| <b>MISCELLANEOUS</b>                                                              |           |                                            |
| acetylcysteine inhalation solution 10 %, 20 %                                     | G         |                                            |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG (roflumilast)                               | NF        |                                            |
| HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % (sodium chloride)                 | NPB       |                                            |
| OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML<br>(ensifentrine)                      | NF        |                                            |
| sodium chloride inhalation nebulization solution 0.9 %                            | G         | N8 (Listing does not include certain NDCs) |
| sodium chloride inhalation nebulization solution 10 %, 3 %, 7 %                   | G         |                                            |
| <b>NASAL STEROIDS - DRUGS TO TREAT ALLERGIES</b>                                  |           |                                            |
| flunisolide nasal solution 25 mcg/act (0.025%)                                    | G         |                                            |
| fluticasone propionate nasal suspension 50 mcg/act                                | G         |                                            |
| mometasone furoate nasal suspension 50 mcg/act                                    | G         |                                            |
| OMNARIS NASAL SUSPENSION 50 MCG/ACT (ciclesonide)                                 | NF        |                                            |
| QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (beclomethasone diprop (nasal)) | NF        |                                            |
| QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (beclomethasone diprop (nasal))           | NF        |                                            |
| SINUVA NASAL IMPLANT 1350 MCG (mometasone furoate)                                | NF        |                                            |
| XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (fluticasone propionate)               | PB        |                                            |
| <b>PULMONARY FIBROSIS AGENTS</b>                                                  |           |                                            |
| ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)                                  | NF        |                                            |
| OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)                             | PSP       |                                            |
| pirfenidone oral tablet 534 mg                                                    | NF        |                                            |
| <b>SEVERE ASTHMA AGENTS</b>                                                       |           |                                            |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (benralizumab)           | PSP       |                                            |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (tezepelumab-ekko)     | PSP       |                                            |

| Prescription Drug Name                                                                                                                    | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</b>                                                                                          |           |            |
| 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        |            |
| ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )                          | NF        |            |
| ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )                           | NF        |            |
| ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT ( <i>mometasone furoate</i> )              | NF        |            |
| ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT ( <i>mometasone furoate</i> )                           | NF        |            |
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT ( <i>mometasone furoate</i> )                                         | PB        |            |
| <i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>                                                                 | G         |            |
| <i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 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> )                              | PB        |            |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT ( <i>beclomethasone diprop hfa</i> )                            | NF        |            |
| <b>STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD</b>                                                                 |           |            |
| ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT ( <i>fluticasone-salmeterol</i> ) | NF        |            |
| ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT ( <i>fluticasone-salmeterol</i> )                             | NF        |            |
| AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT ( <i>albuterol-budesonide</i> )                                                                 | PB        |            |

| Prescription Drug Name                                                                                                                 | Drug Tier | Drug Notes                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| BREO ELLIPTA INHALATION AEROSOL POWDER<br>BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT<br>( <i>fluticasone furoate-vilanterol</i> ) | PB        | N8 (Listing does not include certain NDCs) |
| BREO ELLIPTA INHALATION AEROSOL POWDER<br>BREATH ACTIVATED 50-25 MCG/INH ( <i>fluticasone furoate-vilanterol</i> )                     | PB        |                                            |
| <i>budesonide-formoterol fumarate</i> (Breyna Inhalation Aerosol 160-4.5 Mcg/Act, 80-4.5 Mcg/Act)                                      | G         |                                            |
| <i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>                                               | G         |                                            |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDER<br>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> )                 | NF        |                                            |
| <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>                | G         | N8 (Listing does not include certain NDCs) |
| <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) | G         |                                            |
| <b>XANTHINES - DRUGS TO TREAT COPD</b>                                                                                                 |           |                                            |
| <i>theophylline</i> (Elixophyllin Oral Elixir 80 Mg/15Ml)                                                                              | NPB       |                                            |
| THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR<br>100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline</i> )                                | NF        |                                            |
| <i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>                                                             | G         |                                            |
| <i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>                                                             | G         |                                            |
| <i>theophylline oral elixir 80 mg/15ml</i>                                                                                             | G         |                                            |



| Prescription Drug Name                                                                 | Drug Tier | Drug Notes                                 |
|----------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS</b>                                |           |                                            |
| <b>DERMATOLOGY, ACNE</b>                                                               |           |                                            |
| ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG ( <i>isotretinoin micronized</i> )  | NF        |                                            |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG ( <i>isotretinoin</i> ) | NPB       |                                            |
| ACANYA EXTERNAL GEL 1.2-2.5 % ( <i>clindamycin phos-benzoyl perox</i> )                | NF        |                                            |
| ACZONE EXTERNAL GEL 5 %, 7.5 % ( <i>dapsone</i> )                                      | NF        |                                            |
| <i>adainzoxia external gel 0.3-2.5-4 %</i>                                             | NF        |                                            |
| <i>adapalene external cream 0.1 %</i>                                                  | G         |                                            |
| <i>adapalene external gel 0.1 %</i>                                                    | G         |                                            |
| <i>adapalene external gel 0.3 %</i>                                                    | G         | N8 (Listing does not include certain NDCs) |
| <i>adapalene external pad 0.1 %</i>                                                    | NF        |                                            |
| <i>adapalene external solution 0.1 %</i>                                               | NF        |                                            |
| <i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>                               | G         |                                            |
| AKLIEF EXTERNAL CREAM 0.005 % ( <i>trifarotene</i> )                                   | PB        |                                            |
| ALTRENO EXTERNAL LOTION 0.05 % ( <i>tretinoin</i> )                                    | NF        |                                            |
| <i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)                       | G         |                                            |
| AMZEEQ EXTERNAL FOAM 4 % ( <i>minocycline hcl micronized</i> )                         | NF        |                                            |
| <i>aphoria external gel 0.3-2.5-4 %</i>                                                | NF        |                                            |
| ARAZLO EXTERNAL LOTION 0.045 % ( <i>tazarotene</i> )                                   | NF        |                                            |
| AZELEX EXTERNAL CREAM 20 % ( <i>azelaic acid</i> )                                     | NF        |                                            |
| BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 % ( <i>benzoyl peroxide</i> )                        | NF        |                                            |
| BENZEPRO EXTERNAL FOAM 5.3 % ( <i>benzoyl peroxide</i> )                               | G         |                                            |
| BENZEPRO EXTERNAL LIQUID 6.8 % ( <i>benzoyl peroxide</i> )                             | NF        |                                            |
| <i>benzoyl perox-hydrocortisone external lotion 5-0.5 %</i>                            | G         |                                            |
| <i>benzoyl peroxide external foam 9.8 %</i>                                            | G         |                                            |
| <i>benzoyl peroxide-erythromycin external gel 5-3 %</i>                                | G         |                                            |
| 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)                 | G         |                                            |
| <i>clindamycin phosphate</i> (Clindacin Etz External Swab 1 %)                         | G         |                                            |
| <i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)                           | G         |                                            |

| Prescription Drug Name                                                                         | Drug Tier | Drug Notes                                 |
|------------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <i>clindamycin phos (once-daily) external gel 1 %</i>                                          | NF        |                                            |
| <i>clindamycin phos (twice-daily) external gel 1 %</i>                                         | NF        |                                            |
| <i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>                   | G         |                                            |
| <i>clindamycin phosphate external foam 1 %</i>                                                 | G         |                                            |
| <i>clindamycin phosphate external lotion 1 %</i>                                               | G         |                                            |
| <i>clindamycin phosphate external solution 1 %</i>                                             | G         |                                            |
| <i>clindamycin phosphate external swab 1 %</i>                                                 | G         |                                            |
| <i>clindamycin-tretinoin external gel 1.2-0.025 %</i>                                          | G         |                                            |
| <i>dapsone external gel 5 %</i>                                                                | G         | N8 (Listing does not include certain NDCs) |
| DIFFERIN EXTERNAL LOTION 0.1 % ( <i>adapalene</i> )                                            | NF        |                                            |
| EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % ( <i>adapalene-benzoyl peroxide</i> )                      | PB        |                                            |
| <i>ery external pad 2 %</i>                                                                    | G         |                                            |
| <i>erythromycin external gel 2 %</i>                                                           | G         |                                            |
| <i>erythromycin external solution 2 %</i>                                                      | G         |                                            |
| FABIOR EXTERNAL FOAM 0.1 % ( <i>tazarotene</i> )                                               | NF        |                                            |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>                                    | G         |                                            |
| <i>isotretinoin oral capsule 25 mg, 35 mg</i>                                                  | NF        |                                            |
| <i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel 1.2-5 %)                             | G         |                                            |
| ONEXTON EXTERNAL GEL 1.2-3.75 % ( <i>clindamycin phos-benzoyl perox</i> )                      | NPB       |                                            |
| PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 % ( <i>benzoyl peroxide</i> )                          | NF        |                                            |
| <i>resorcinol-sulfur external lotion 2-5 %</i>                                                 | G         |                                            |
| RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % ( <i>tretinoin microsphere</i> )                      | NF        |                                            |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.06 %, 0.08 %, 0.1 % ( <i>tretinoin microsphere</i> ) | NF        |                                            |
| <i>sulfacetamide sodium (acne) external lotion 10 %</i>                                        | G         |                                            |
| <i>sulfamez wash external emulsion 10-1 %</i>                                                  | G         |                                            |
| <i>tazarotene external foam 0.1 %</i>                                                          | NF        |                                            |
| <i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>                                         | G         |                                            |
| <i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>                                          | G         |                                            |
| <i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>                                        | G         |                                            |
| <i>tretinoin microsphere pump external gel 0.04 %</i>                                          | G         |                                            |

## 2026 Pharmacy Drug Guide - Aetna Standard Plan

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01/01/2026

| Prescription Drug Name                                                  | Drug Tier | Drug Notes |
|-------------------------------------------------------------------------|-----------|------------|
| TWYNEO EXTERNAL CREAM 0.1-3 % ( <i>tretinoin-benzoyl peroxide</i> )     | PB        |            |
| WINLEVI EXTERNAL CREAM 1 % ( <i>clascoterone</i> )                      | NPB       |            |
| <i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)  | G         |            |
| ZIANA EXTERNAL GEL 1.2-0.025 % ( <i>clindamycin-tretinoin</i> )         | NF        |            |
| <b>DERMATOLOGY, ACTINIC KERATOSIS</b>                                   |           |            |
| <i>fluorouracil external cream 0.5 %</i>                                | NF        |            |
| <i>fluorouracil external cream 5 %</i>                                  | G         |            |
| <i>fluorouracil external solution 2 %, 5 %</i>                          | G         |            |
| <i>imiquimod external cream 5 %</i>                                     | G         |            |
| <i>imiquimod pump external cream 3.75 %</i>                             | G         |            |
| KLISYRI (250 MG) EXTERNAL OINTMENT 1 % ( <i>tirbanibulin</i> )          | NF        |            |
| KLISYRI (350 MG) EXTERNAL OINTMENT 1 % ( <i>tirbanibulin</i> )          | NF        |            |
| TOLAK EXTERNAL CREAM 4 % ( <i>fluorouracil</i> )                        | NF        |            |
| ZYCLARA EXTERNAL CREAM 3.75 % ( <i>imiquimod</i> )                      | NPB       |            |
| ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % ( <i>imiquimod</i> )          | NPB       |            |
| <b>DERMATOLOGY, ANTIBIOTICS</b>                                         |           |            |
| <i>gentamicin sulfate external cream 0.1 %</i>                          | G         |            |
| <i>gentamicin sulfate external ointment 0.1 %</i>                       | G         |            |
| <i>mupirocin calcium external cream 2 %</i>                             | NF        |            |
| <i>mupirocin external ointment 2 %</i>                                  | G         |            |
| NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % ( <i>neomycin-fluocinolone</i> ) | NF        |            |
| SILVADENE EXTERNAL CREAM 1 % ( <i>silver sulfadiazine</i> )             | NPB       |            |
| <i>silver sulfadiazine external cream 1 %</i>                           | G         |            |
| <i>silver sulfadiazine</i> (Ssd External Cream 1 %)                     | G         |            |
| SULFAMYLON EXTERNAL CREAM 85 MG/GM ( <i>mafenide acetate</i> )          | NPB       |            |
| <b>DERMATOLOGY, ANTIFUNGALS</b>                                         |           |            |
| <i>ciclopirox</i> (Ciclodan External Solution 8 %)                      | G         |            |
| <i>ciclopirox external gel 0.77 %</i>                                   | G         |            |
| <i>ciclopirox external shampoo 1 %</i>                                  | G         |            |
| <i>ciclopirox external solution 8 %</i>                                 | G         |            |

| Prescription Drug Name                                                                | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------|-----------|------------|
| <i>ciclopirox olamine external cream 0.77 %</i>                                       | G         |            |
| <i>ciclopirox olamine external suspension 0.77 %</i>                                  | G         |            |
| <i>clotrimazole external cream 1 %</i>                                                | G         |            |
| <i>clotrimazole external solution 1 %</i>                                             | G         |            |
| <i>clotrimazole-betamethasone external cream 1-0.05 %</i>                             | G         |            |
| <i>clotrimazole-betamethasone external lotion 1-0.05 %</i>                            | G         |            |
| <i>econazole nitrate external cream 1 %</i>                                           | G         |            |
| ECOZA EXTERNAL FOAM 1 % ( <i>econazole nitrate</i> )                                  | NPB       |            |
| ERTACZO EXTERNAL CREAM 2 % ( <i>sertaconazole nitrate</i> )                           | NPB       |            |
| EXELDERM EXTERNAL CREAM 1 % ( <i>sulconazole nitrate</i> )                            | NPB       |            |
| EXELDERM EXTERNAL SOLUTION 1 % ( <i>sulconazole nitrate</i> )                         | NPB       |            |
| <i>fungimez external solution</i>                                                     | NF        |            |
| JUBLIA EXTERNAL SOLUTION 10 % ( <i>efinaconazole</i> )                                | NPB       |            |
| <i>ketoconazole external cream 2 %</i>                                                | G         |            |
| <i>ketoconazole external foam 2 %</i>                                                 | NF        |            |
| <i>ketoconazole</i> (Ketodan External Foam 2 %)                                       | NF        |            |
| <i>luliconazole external cream 1 %</i>                                                | NF        |            |
| <i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>               | G         |            |
| <i>naftifine hcl external cream 1 %, 2 %</i>                                          | G         |            |
| NAFTIN EXTERNAL GEL 2 % ( <i>naftifine hcl</i> )                                      | NPB       |            |
| <i>nystatin</i> (Nyamyc External Powder 100000 Unit/Gm)                               | G         |            |
| <i>nystatin external cream 100000 unit/gm</i>                                         | G         |            |
| <i>nystatin external ointment 100000 unit/gm</i>                                      | G         |            |
| <i>nystatin external powder 100000 unit/gm</i>                                        | G         |            |
| <i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>                     | G         |            |
| <i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>                  | G         |            |
| <i>nystatin</i> (Nystop External Powder 100000 Unit/Gm)                               | G         |            |
| <i>oxiconazole nitrate external cream 1 %</i>                                         | NF        |            |
| OXISTAT EXTERNAL LOTION 1 % ( <i>oxiconazole nitrate</i> )                            | NPB       |            |
| <i>sulconazole nitrate external solution 1 %</i>                                      | NPB       |            |
| <i>tavaborole external solution 5 %</i>                                               | NF        |            |
| VUSION EXTERNAL OINTMENT 0.25-15-81.35 %<br>( <i>miconazole-zinc oxide-petrolat</i> ) | NPB       |            |
| <b>DERMATOLOGY, ANTIPRURITIC</b>                                                      |           |            |
| <i>doxepin hcl external cream 5 %</i>                                                 | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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01/01/2026

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|--------------------------------------------------------------------------------------------------|-----------|------------|
| <b>DERMATOLOGY, ANTIPSORIATICS</b>                                                               |           |            |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>                                              | G         |            |
| <i>calcipotriene external cream 0.005 %</i>                                                      | NF        |            |
| <i>calcipotriene external foam 0.005 %</i>                                                       | NF        |            |
| <i>calcipotriene external ointment 0.005 %</i>                                                   | G         |            |
| <i>calcipotriene external solution 0.005 %</i>                                                   | G         |            |
| <i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>                             | NF        |            |
| <i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>                           | NF        |            |
| <i>calcipotriene (Calcitrene External Ointment 0.005 %)</i>                                      | G         |            |
| <i>calcitriol external ointment 3 mcg/gm</i>                                                     | NF        |            |
| ENSTILAR EXTERNAL FOAM 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )                    | PB        |            |
| <i>methoxsalen rapid oral capsule 10 mg</i>                                                      | NPB       |            |
| SORILUX EXTERNAL FOAM 0.005 % ( <i>calcipotriene</i> )                                           | NF        |            |
| SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML ( <i>spesolimab-sbzo</i> ) | NPSP      |            |
| TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )              | NPB       |            |
| <i>tazarotene external cream 0.1 %</i>                                                           | G         |            |
| TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % ( <i>tazarotene</i> )                                       | NF        |            |
| TAZORAC EXTERNAL GEL 0.05 %, 0.1 % ( <i>tazarotene</i> )                                         | NF        |            |
| VECTICAL EXTERNAL OINTMENT 3 MCG/GM ( <i>calcitriol</i> )                                        | NF        |            |
| VTAMA EXTERNAL CREAM 1 % ( <i>tapinarof</i> )                                                    | PB        |            |
| WYNZORA EXTERNAL CREAM 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )                    | NF        |            |
| ZORYVE EXTERNAL CREAM 0.3 % ( <i>roflumilast</i> )                                               | PB        |            |
| <b>DERMATOLOGY, ANTISEBORRHEICS</b>                                                              |           |            |
| <i>glycolic acid solution 70 %</i>                                                               | NPB       |            |
| <i>ketconazole external shampoo 2 %</i>                                                          | G         |            |
| <i>selenium sulfide external lotion 2.5 %</i>                                                    | G         |            |
| ZORYVE EXTERNAL FOAM 0.3 % ( <i>roflumilast</i> )                                                | PB        |            |
| <b>DERMATOLOGY, ATOPIC DERMATITIS</b>                                                            |           |            |
| ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>tralokinumab-ldrm</i> )                | NPSP      |            |
| ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>tralokinumab-ldrm</i> )             | NPSP      |            |

| Prescription Drug Name                                                                     | Drug Tier | Drug Notes |
|--------------------------------------------------------------------------------------------|-----------|------------|
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG<br>( <i>abrocitinib</i> )                        | PSP       |            |
| EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR<br>250 MG/2ML ( <i>lebrikizumab-lbkz</i> )     | PSP       |            |
| EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED<br>SYRINGE 250 MG/2ML ( <i>lebrikizumab-lbkz</i> ) | PSP       |            |
| ELIDEL EXTERNAL CREAM 1 % ( <i>pimecrolimus</i> )                                          | NF        |            |
| EUCRISA EXTERNAL OINTMENT 2 % ( <i>crisaborole</i> )                                       | PB        |            |
| OPZELURA EXTERNAL CREAM 1.5 % ( <i>ruxolitinib phosphate</i> )                             | PB        |            |
| <i>pimecrolimus external cream 1 %</i>                                                     | G         |            |
| <i>tacrolimus external ointment 0.03 %, 0.1 %</i>                                          | G         |            |
| ZORYVE EXTERNAL CREAM 0.15 % ( <i>roflumilast</i> )                                        | PB        |            |
| <b>DERMATOLOGY, CORTICOSTEROIDS</b>                                                        |           |            |
| ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5<br>% ( <i>hydrocortisone</i> )                | NF        |            |
| ALA SCALP EXTERNAL LOTION 2 % ( <i>hydrocortisone</i> )                                    | NF        |            |
| <i>ala-cort external cream 1 %</i>                                                         | G         |            |
| <i>alclometasone dipropionate external cream 0.05 %</i>                                    | G         |            |
| <i>alclometasone dipropionate external ointment 0.05 %</i>                                 | G         |            |
| <i>amcinonide external cream 0.1 %</i>                                                     | NF        |            |
| <i>amcinonide external ointment 0.1 %</i>                                                  | NF        |            |
| <i>betamethasone dipropionate aug external cream 0.05 %</i>                                | G         |            |
| <i>betamethasone dipropionate aug external gel 0.05 %</i>                                  | G         |            |
| <i>betamethasone dipropionate aug external lotion 0.05 %</i>                               | G         |            |
| <i>betamethasone dipropionate aug external ointment 0.05 %</i>                             | G         |            |
| <i>betamethasone dipropionate external cream 0.05 %</i>                                    | G         |            |
| <i>betamethasone dipropionate external lotion 0.05 %</i>                                   | G         |            |
| <i>betamethasone dipropionate external ointment 0.05 %</i>                                 | NF        |            |
| <i>betamethasone valerate external cream 0.1 %</i>                                         | G         |            |
| <i>betamethasone valerate external foam 0.12 %</i>                                         | G         |            |
| <i>betamethasone valerate external lotion 0.1 %</i>                                        | G         |            |
| <i>betamethasone valerate external ointment 0.1 %</i>                                      | G         |            |
| BRYHALI EXTERNAL LOTION 0.01 % ( <i>halobetasol<br/>propionate</i> )                       | PB        |            |
| <i>clobetasol propionate e external cream 0.05 %</i>                                       | G         |            |
| <i>clobetasol propionate emulsion external foam 0.05 %</i>                                 | NF        |            |



| Prescription Drug Name                                                       | Drug Tier | Drug Notes |
|------------------------------------------------------------------------------|-----------|------------|
| <i>clobetasol propionate external cream 0.05 %</i>                           | G         |            |
| <i>clobetasol propionate external foam 0.05 %</i>                            | G         |            |
| <i>clobetasol propionate external gel 0.05 %</i>                             | G         |            |
| <i>clobetasol propionate external liquid 0.05 %</i>                          | NF        |            |
| <i>clobetasol propionate external lotion 0.05 %</i>                          | G         |            |
| <i>clobetasol propionate external ointment 0.05 %</i>                        | G         |            |
| <i>clobetasol propionate external shampoo 0.05 %</i>                         | G         |            |
| <i>clobetasol propionate external solution 0.05 %</i>                        | G         |            |
| CLOBEX EXTERNAL LOTION 0.05 % ( <i>clobetasol propionate</i> )               | NPB       |            |
| CLOBEX EXTERNAL SHAMPOO 0.05 % ( <i>clobetasol propionate</i> )              | NPB       |            |
| CLOBEX SPRAY EXTERNAL LIQUID 0.05 % ( <i>clobetasol propionate</i> )         | NF        |            |
| <i>clocortolone pivalate external cream 0.1 %</i>                            | NF        |            |
| <i>clobetasol propionate</i> (Clodan External Shampoo 0.05 %)                | G         |            |
| CLODERM EXTERNAL CREAM 0.1 % ( <i>clocortolone pivalate</i> )                | NPB       |            |
| CORDRAN EXTERNAL TAPE 4 MCG/SQCM ( <i>flurandrenolide</i> )                  | NF        |            |
| DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % ( <i>fluocinolone acetonide</i> )   | NPB       |            |
| DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % ( <i>fluocinolone acetonide</i> )  | NPB       |            |
| <i>desonide external cream 0.05 %</i>                                        | G         |            |
| <i>desonide external gel 0.05 %</i>                                          | NF        |            |
| <i>desonide external lotion 0.05 %</i>                                       | G         |            |
| <i>desonide external ointment 0.05 %</i>                                     | G         |            |
| <i>desoximetasone external cream 0.05 %, 0.25 %</i>                          | G         |            |
| <i>desoximetasone external gel 0.05 %</i>                                    | G         |            |
| <i>desoximetasone external liquid 0.25 %</i>                                 | G         |            |
| <i>desoximetasone external ointment 0.05 %</i>                               | NF        |            |
| <i>desoximetasone external ointment 0.25 %</i>                               | G         |            |
| <i>diflorasone diacetate external cream 0.05 %</i>                           | NF        |            |
| <i>diflorasone diacetate external ointment 0.05 %</i>                        | NF        |            |
| DIPROLENE EXTERNAL OINTMENT 0.05 % ( <i>betamethasone dipropionate aug</i> ) | NPB       |            |
| DUOBRII EXTERNAL LOTION 0.01-0.045 % ( <i>halobetasol prop-tazarotene</i> )  | NF        |            |

| Prescription Drug Name                                              | Drug Tier | Drug Notes |
|---------------------------------------------------------------------|-----------|------------|
| <i>fluocinolone acetonide body external oil 0.01 %</i>              | G         |            |
| <i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>        | G         |            |
| <i>fluocinolone acetonide external ointment 0.025 %</i>             | G         |            |
| <i>fluocinolone acetonide external solution 0.01 %</i>              | G         |            |
| <i>fluocinolone acetonide scalp external oil 0.01 %</i>             | G         |            |
| <i>fluocinonide emulsified base external cream 0.05 %</i>           | G         |            |
| <i>fluocinonide external cream 0.05 %</i>                           | G         |            |
| <i>fluocinonide external cream 0.1 %</i>                            | NF        |            |
| <i>fluocinonide external gel 0.05 %</i>                             | G         |            |
| <i>fluocinonide external ointment 0.05 %</i>                        | G         |            |
| <i>fluocinonide external solution 0.05 %</i>                        | G         |            |
| <i>flurandrenolide external lotion 0.05 %</i>                       | NF        |            |
| <i>fluticasone propionate external cream 0.05 %</i>                 | G         |            |
| <i>fluticasone propionate external lotion 0.05 %</i>                | G         |            |
| <i>fluticasone propionate external ointment 0.005 %</i>             | G         |            |
| <i>halcinonide external cream 0.1 %</i>                             | NF        |            |
| <i>halobetasol propionate external cream 0.05 %</i>                 | G         |            |
| <i>halobetasol propionate external foam 0.05 %</i>                  | NF        |            |
| <i>halobetasol propionate external ointment 0.05 %</i>              | G         |            |
| HALOG EXTERNAL CREAM 0.1 % ( <i>halcinonide</i> )                   | NF        |            |
| <i>hydrocortisone butyrate external cream 0.1 %</i>                 | NF        |            |
| <i>hydrocortisone butyrate external lotion 0.1 %</i>                | NF        |            |
| <i>hydrocortisone butyrate external ointment 0.1 %</i>              | G         |            |
| <i>hydrocortisone butyrate external solution 0.1 %</i>              | G         |            |
| <i>hydrocortisone external cream 2.5 %</i>                          | G         |            |
| <i>hydrocortisone external lotion 2 %</i>                           | NF        |            |
| <i>hydrocortisone external lotion 2.5 %</i>                         | G         |            |
| <i>hydrocortisone external ointment 1 %, 2.5 %</i>                  | G         |            |
| <i>hydrocortisone valerate external cream 0.2 %</i>                 | G         |            |
| <i>hydrocortisone valerate external ointment 0.2 %</i>              | G         |            |
| IMPOYZ EXTERNAL CREAM 0.025 % ( <i>clobetasol propionate</i> )      | NF        |            |
| <i>halobetasol propionate</i> (Lexette External Foam 0.05 %)        | NF        |            |
| MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 % ( <i>hydrocortisone</i> ) | G         |            |
| <i>mometasone furoate external cream 0.1 %</i>                      | G         |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                 | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------|-----------|------------|
| <i>mometasone furoate external ointment 0.1 %</i>                                      | G         |            |
| <i>mometasone furoate external solution 0.1 %</i>                                      | G         |            |
| SERNIVO EXTERNAL EMULSION 0.05 % ( <i>betamethasone dipropionate</i> )                 | NPB       |            |
| TEXACORT EXTERNAL SOLUTION 2.5 % ( <i>hydrocortisone</i> )                             | G         |            |
| TOPICORT EXTERNAL OINTMENT 0.25 % ( <i>desoximetasone</i> )                            | NPB       |            |
| <i>clobetasol propionate emulsion</i> (Tovet External Foam 0.05 %)                     | NF        |            |
| <i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>                   | NF        |            |
| <i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>                    | G         |            |
| <i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>                          | G         |            |
| <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>                 | G         |            |
| <i>triamcinolone acetonide external ointment 0.05 %</i>                                | NF        |            |
| <i>triamcinolone in absorbase external ointment 0.05 %</i>                             | NF        |            |
| <i>triamcinolone acetonide</i> (Triderm External Cream 0.5 %)                          | G         |            |
| ULTRAVATE EXTERNAL LOTION 0.05 % ( <i>halobetasol propionate</i> )                     | NF        |            |
| <b>DERMATOLOGY, LOCAL ANESTHETICS</b>                                                  |           |            |
| <i>lidocaine hcl</i> (Glydo External Prefilled Syringe 2 %)                            | G         |            |
| <i>l.e.t. (racepinephrine) external gel 4-0.05-0.5 %</i>                               | NF        |            |
| <i>l.e.t. external gel 4-0.05-0.5 %</i>                                                | NF        |            |
| LDO PLUS EXTERNAL GEL 4 % ( <i>lidocaine hcl</i> )                                     | NF        |            |
| <i>lidocaine external patch 5 %</i>                                                    | G         |            |
| <i>lidocaine hcl external solution 4 %</i>                                             | G         |            |
| <i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>                   | G         |            |
| <i>lidocaine-prilocaine external cream 2.5-2.5 %</i>                                   | G         |            |
| LIDODERM EXTERNAL PATCH 5 % ( <i>lidocaine</i> )                                       | NPB       |            |
| LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % ( <i>lidocaine-camphor-menthol</i> )               | NF        |            |
| <i>paingo kft external kit 2.5-2.5-10-30 %</i>                                         | NF        |            |
| <i>prepi supply combination kit 2.5-2.5 &amp; 0.9 %</i>                                | NF        |            |
| QUTENZA (2 PATCH) EXTERNAL KIT 8 % ( <i>capsaicin-cleansing gel</i> )                  | NPSP      |            |
| QUTENZA (4 PATCH) EXTERNAL KIT 8 % ( <i>capsaicin-cleansing gel</i> )                  | NPSP      |            |
| QUTENZA EXTERNAL KIT 8 % ( <i>capsaicin-cleansing gel</i> )                            | NPSP      |            |
| VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % ( <i>lidocaine hcl-blood collection</i> ) | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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01/01/2026

| Prescription Drug Name                                                                                  | Drug Tier | Drug Notes |
|---------------------------------------------------------------------------------------------------------|-----------|------------|
| <i>wpr plus wound healing system external therapy pack 4 &amp; 10-30 %</i>                              | NF        |            |
| <b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>                                              |           |            |
| ACUICYN EXTERNAL SOLUTION ( <i>eyelid cleansers</i> )                                                   | NF        |            |
| <i>acyclovir external cream 5 %</i>                                                                     | NF        |            |
| <i>acyclovir external ointment 5 %</i>                                                                  | G         |            |
| AMELUZ EXTERNAL GEL 10 % ( <i>aminolevulinic acid hcl</i> )                                             | NF        |            |
| <i>ammonium lactate external cream 12 %</i>                                                             | G         |            |
| <i>ammonium lactate external lotion 12 %</i>                                                            | G         |            |
| AVENOVA EXTERNAL SOLUTION 0.01 % ( <i>eyelid cleansers</i> )                                            | NF        |            |
| CONDYLOX EXTERNAL GEL 0.5 % ( <i>podofilox</i> )                                                        | NPB       |            |
| DENAVIR EXTERNAL CREAM 1 % ( <i>penciclovir</i> )                                                       | NPB       |            |
| HYFTOR EXTERNAL GEL 0.2 % ( <i>sirolimus</i> )                                                          | NF        |            |
| <i>iodine tincture external tincture 2 %</i>                                                            | NPB       |            |
| NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG ( <i>nemolizumab-ilto</i> )                                   | PSP       |            |
| NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) ( <i>chlorhex-mupir-dimeth-silicone</i> ) | NF        |            |
| <i>podofilox external solution 0.5 %</i>                                                                | G         |            |
| RECTIV RECTAL OINTMENT 0.4 % ( <i>nitroglycerin</i> )                                                   | NPB       |            |
| <i>salimez external cream 6 %</i>                                                                       | NPB       |            |
| <i>salimez forte external cream 10 %</i>                                                                | NPB       |            |
| SANTYL EXTERNAL OINTMENT 250 UNIT/GM ( <i>collagenase</i> )                                             | NPB       |            |
| SOFDRA EXTERNAL GEL 12.45 % ( <i>sofpironium bromide</i> )                                              | NPB       |            |
| TARGRETIN EXTERNAL GEL 1 % ( <i>bexarotene</i> )                                                        | NF        |            |
| VALCHLOR EXTERNAL GEL 0.016 % ( <i>mechlorethamine hcl topical</i> ))                                   | NPSP      |            |
| VEREGEN EXTERNAL OINTMENT 15 % ( <i>sinecatechins</i> )                                                 | NF        |            |
| XERAC AC EXTERNAL SOLUTION 6.25 % ( <i>aluminum chloride in alcohol</i> )                               | NPB       |            |
| YCANTH EXTERNAL SOLUTION 0.7 % ( <i>cantharidin</i> )                                                   | NF        |            |
| <b>DERMATOLOGY, ROSACEA</b>                                                                             |           |            |
| <i>azelaic acid external gel 15 %</i>                                                                   | G         |            |
| <i>doxycycline oral capsule delayed release 40 mg</i>                                                   | NF        |            |
| EPSOLAY EXTERNAL CREAM 5 % ( <i>benzoyl peroxide</i> )                                                  | NF        |            |

2026 Pharmacy Drug Guide - Aetna Standard Plan

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

| Prescription Drug Name                                                                 | Drug Tier | Drug Notes |
|----------------------------------------------------------------------------------------|-----------|------------|
| FINACEA EXTERNAL FOAM 15 % ( <i>azelaic acid</i> )                                     | PB        |            |
| FINACEA EXTERNAL GEL 15 % ( <i>azelaic acid</i> )                                      | NF        |            |
| <i>ivermectin external cream 1 %</i>                                                   | G         |            |
| <i>metronidazole external cream 0.75 %</i>                                             | G         |            |
| <i>metronidazole external gel 0.75 %, 1 %</i>                                          | G         |            |
| <i>metronidazole external lotion 0.75 %</i>                                            | G         |            |
| MIRVASO EXTERNAL GEL 0.33 % ( <i>brimonidine tartrate</i> )                            | NF        |            |
| NORITATE EXTERNAL CREAM 1 % ( <i>metronidazole</i> )                                   | NF        |            |
| ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG ( <i>doxycycline</i> )                       | PB        |            |
| RHOFADE EXTERNAL CREAM 1 % ( <i>oxymetazoline hcl</i> )                                | NF        |            |
| SOOLANTRA EXTERNAL CREAM 1 % ( <i>ivermectin</i> )                                     | NF        |            |
| ZILXI EXTERNAL FOAM 1.5 % ( <i>minocycline hcl micronized</i> )                        | NF        |            |
| <b>DERMATOLOGY, SCABICIDES AND PEDICULICIDES</b>                                       |           |            |
| CROTAN EXTERNAL LOTION 10 % ( <i>crotamiton</i> )                                      | G         |            |
| <i>malathion external lotion 0.5 %</i>                                                 | G         |            |
| OVIDE EXTERNAL LOTION 0.5 % ( <i>malathion</i> )                                       | NPB       |            |
| <i>permethrin external cream 5 %</i>                                                   | G         |            |
| <i>spinosad external suspension 0.9 %</i>                                              | G         |            |
| <i>sulfurated lime external solution</i>                                               | NPB       |            |
| <b>DERMATOLOGY, WOUND CARE AGENTS</b>                                                  |           |            |
| <i>acetic acid irrigation solution 0.25 %</i>                                          | G         |            |
| <i>sodium chloride (gu irrigant)</i> (Argyle Sterile Saline Irrigation Solution 0.9 %) | G         |            |
| AZADROX EXTERNAL GEL ( <i>silver</i> )                                                 | NF        |            |
| BASADROX EXTERNAL GEL ( <i>silver</i> )                                                | NF        |            |
| <i>sodium chloride (gu irrigant)</i> (Curity Sterile Saline Irrigation Solution 0.9 %) | G         |            |
| FILSUVEZ EXTERNAL GEL 10 % ( <i>birch triterpenes</i> )                                | NF        |            |
| KERASTAT EXTERNAL CREAM ( <i>keratin</i> )                                             | NF        |            |
| KERASTAT EXTERNAL GEL 5 % ( <i>keratin</i> )                                           | NF        |            |
| L-MESITRAN SOFT WOUND EXTERNAL GEL ( <i>wound dressings</i> )                          | NF        |            |
| VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML ( <i>beremagene geperpavec-svdt</i> )        | NF        |            |

| Prescription Drug Name                                                                     | Drug Tier | Drug Notes                                 |
|--------------------------------------------------------------------------------------------|-----------|--------------------------------------------|
| <b>MOUTH/THROAT/DENTAL AGENTS</b>                                                          |           |                                            |
| <i>cevimeline hcl oral capsule 30 mg</i>                                                   | G         |                                            |
| <i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>                                | G         | N8 (Listing does not include certain NDCs) |
| <i>clotrimazole mouth/throat troche 10 mg</i>                                              | G         |                                            |
| EVOXAC ORAL CAPSULE 30 MG ( <i>cevimeline hcl</i> )                                        | NPB       |                                            |
| <i>lidocaine hcl mouth/throat solution 4 %</i>                                             | G         |                                            |
| <i>lidocaine viscous hcl mouth/throat solution 2 %</i>                                     | G         | N8 (Listing does not include certain NDCs) |
| <i>nystatin mouth/throat suspension 100000 unit/ml</i>                                     | G         |                                            |
| <i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste 0.1 %)                          | G         |                                            |
| ORAVIG BUCCAL TABLET 50 MG ( <i>miconazole</i> )                                           | NPB       |                                            |
| <i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution 0.12 %)                    | G         |                                            |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>                                            | G         |                                            |
| SALAGEN ORAL TABLET 5 MG, 7.5 MG ( <i>pilocarpine hcl</i> )                                | NPB       |                                            |
| <i>triamcinolone acetonide mouth/throat paste 0.1 %</i>                                    | G         |                                            |
| <b>OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR</b>                                         |           |                                            |
| <i>acetic acid otic solution 2 %</i>                                                       | G         | 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>                                               | G         |                                            |
| <i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>                               | G         |                                            |
| <i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>                             | NF        |                                            |
| CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML ( <i>neomycin-colist-hc-thonzonium</i> ) | NPB       |                                            |
| <i>fluocinolone acetonide otic oil 0.01 %</i>                                              | G         |                                            |
| <i>hydrocortisone-acetic acid otic solution 1-2 %</i>                                      | G         |                                            |
| <i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>                                | G         |                                            |
| <i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>                                   | G         |                                            |
| <i>ofloxacin otic solution 0.3 %</i>                                                       | G         |                                            |
| OTOVEL OTIC SOLUTION 0.3-0.025 % ( <i>ciprofloxacin-fluocinolone</i> )                     | NF        |                                            |



## Index

|                                            |                                           |          |                                     |              |
|--------------------------------------------|-------------------------------------------|----------|-------------------------------------|--------------|
| 12-PANEL POC                               | <i>acetic acid</i> .....                  | 220, 221 | ADRENALIN.....                      | 53, 202, 205 |
| TOXICOLOGY SYSTEM.....                     | <i>acetylcysteine</i> .....               | 207      | ADTHYZA.....                        | 153          |
| <i>1st tier unifine pentips</i> .....      | ACIPHEX.....                              | 163      | ADVAIR DISKUS.....                  | 208          |
| <i>1st tier unifine pentips plus</i> ..... | <i>acitretin</i> .....                    | 214      | ADVAIR HFA.....                     | 208          |
| <i>abacavir sulfate</i> .....              | ACTHAR.....                               | 151      | ADVANCE INTUITION                   |              |
| <i>abacavir sulfate-lamivudine</i> .....   | ACTHAR GEL.....                           | 151      | METER.....                          | 107          |
| ABILIFY.....                               | <i>acti-lance 28g</i> .....               | 107      | ADVANCE INTUITION                   |              |
| ABILIFY ASIMTUFII.....                     | <i>acti-lance lite lancets 28g</i> .....  | 107      | MONITOR.....                        | 107          |
| ABILIFY MAINTENA.....                      | <i>acti-lance special lancets 17g</i> ... | 107      | ADVANCE INTUITION TEST              |              |
| ABILIFY MYCITE                             | <i>acti-lance universal 23g</i> .....     | 107      | .....                               | 107          |
| MAINTENANCE KIT.....                       | ACTIMMUNE.....                            | 184      | ADVANCE MICRO-DRAW                  |              |
| ABILIFY MYCITE STARTER                     | <i>active fe</i> .....                    | 191      | METER.....                          | 107          |
| KIT.....                                   | <i>activite</i> .....                     | 191      | ADVANCE MICRO-DRAW                  |              |
| <i>abiraterone acetate</i> .....           | ACTOS.....                                | 91       | TEST.....                           | 107          |
| ABRILADA (1 PEN).....                      | ACUICYN.....                              | 219      | ADVANCED ALLERGY                    |              |
| ABRILADA (2 PEN).....                      | ACULAR.....                               | 198      | COLLECTION.....                     | 215          |
| ABRILADA (2 SYRINGE).....                  | ACUVAIL.....                              | 198      | <i>advanced mobile lancet</i> ..... | 107          |
| ABSORICA.....                              | <i>acyclovir</i> .....                    | 26, 219  | ADVATE.....                         | 171          |
| ABSORICA LD.....                           | ACZONE.....                               | 210      | ADVOCATE BLOOD                      |              |
| <i>acamprosate calcium</i> .....           | <i>adainzoxia</i> .....                   | 210      | GLUCOSE MONITOR.....                | 107          |
| ACANYA.....                                | <i>adalimumab-aacf (2 pen)</i> .....      | 176      | ADVOCATE BLOOD                      |              |
| <i>acarbose</i> .....                      | <i>adalimumab-aacf (2 syringe)</i> ....   | 176      | GLUCOSE SYSTEM.....                 | 107          |
| ACCRUFER.....                              | <i>adalimumab-aacf(cd/uc/hs strt)</i>     | 176      | ADVOCATE INSULIN PEN                |              |
| ACCU-CHEK AVIVA PLUS..                     | <i>adalimumab-aacf(ps/uv starter)</i>     | 176      | NEEDLE.....                         | 107          |
| ACCU-CHEK FASTCLIX                         | <i>adalimumab-aaty (1 pen)</i> .....      | 176      | ADVOCATE INSULIN PEN                |              |
| LANCET.....                                | <i>adalimumab-aaty (2 pen)</i> .....      | 176      | NEEDLES.....                        | 107          |
| ACCU-CHEK FASTCLIX                         | <i>adalimumab-aaty (2 syringe)</i> ....   | 176      | ADVOCATE INSULIN                    |              |
| LANCETS.....                               | <i>adalimumab-aaty cd/uc/hs start</i>     | 177      | SYRINGE.....                        | 107          |
| ACCU-CHEK GUIDE.....                       | <i>adalimumab-adaz</i> .....              | 177      | ADVOCATE LANCETS.....               | 107          |
| ACCU-CHEK GUIDE ME.....                    | <i>adalimumab-adbm (2 pen)</i> .....      | 177      | ADVOCATE LANCETS 30G..              | 107          |
| ACCU-CHEK GUIDE TEST..                     | <i>adalimumab-adbm (2 syringe)</i> ..     | 177      | ADVOCATE LANCING                    |              |
| ACCU-CHEK LINKASSIST..                     | <i>adalimumab-adbm(cd/uc/hs</i>           |          | DEVICE.....                         | 107          |
| ACCU-CHEK PLASTIC                          | <i>strt)</i> .....                        | 177      | ADVOCATE RAPID-SAFE                 |              |
| CARTRIDGE.....                             | <i>adalimumab-adbm(ps/uv</i>              |          | LANCING.....                        | 107          |
| ACCU-CHEK SAFE-T PRO                       | <i>starter)</i> .....                     | 177      | ADVOCATE REDI-CODE.....             | 108          |
| LANCETS.....                               | <i>adalimumab-fkjp (2 pen)</i> .....      | 177      | ADVOCATE REDI-CODE+....             | 108          |
| ACCU-CHEK SMARTVIEW..                      | <i>adalimumab-fkjp (2 syringe)</i> ....   | 177      | ADVOCATE REDI-CODE+                 |              |
| ACCU-CHEK SOFTCLIX                         | <i>adalimumab-ryvk (2 pen)</i> .....      | 177      | TEST.....                           | 108          |
| LANCET DEV.....                            | <i>adalimumab-ryvk (2 syringe)</i> ....   | 177      | ADVOCATE SAFETY                     |              |
| ACCU-CHEK SOFTCLIX                         | <i>adapalene</i> .....                    | 210      | LANCETS.....                        | 108          |
| LANCETS.....                               | <i>adapalene-benzoyl peroxide</i> ....    | 210      | ADVOCATE SAFETY                     |              |
| ACCU-CHEK ULTRAFLEX                        | ADBRY.....                                | 214      | LANCETS 26G.....                    | 108          |
| INF SET.....                               | ADCIRCA.....                              | 55       | ADVOCATE TEST.....                  | 108          |
| ACCU-CHEK ULTRAFLEX-1                      | ADDERALL.....                             | 71       | <i>adynovate</i> .....              | 171          |
| INF SET.....                               | ADDERALL XR.....                          | 71       | ADZENYS XR-ODT.....                 | 71           |
| ACCURETIC.....                             | <i>adefovir dipivoxil</i> .....           | 29       | AFINITOR.....                       | 36           |
| ACCUTREND GLUCOSE.....                     | ADEMPAS.....                              | 55       | AFINITOR DISPERZ.....               | 36           |
| <i>acebutolol hcl</i> .....                | ADIPEX-P.....                             | 92       | Afirmelle.....                      | 95           |
| <i>acetaminophen-codeine</i> .....         | <i>adjustable lancing device</i> .....    | 107      | AFREZZA.....                        | 88           |
| <i>acetazolamide</i> .....                 | ADLARITY.....                             | 57       | AFSTYLA.....                        | 171          |
| <i>acetazolamide er</i> .....              | ADMELOG.....                              | 87       | AFTERA.....                         | 95           |

|                                         |     |                                           |        |                                        |     |
|-----------------------------------------|-----|-------------------------------------------|--------|----------------------------------------|-----|
| AFTERPILL.....                          | 95  | <i>alprazolam er</i> .....                | 57     | <i>amphetamine-dextroamphet er</i> ... | 71  |
| AGAMATRIX AMP TEST.....                 | 108 | ALPRAZOLAM INTENSOL.....                  | 57     | <i>amphetamine-</i>                    |     |
| AGAMATRIX CONTROL                       |     | <i>alprazolam xr</i> .....                | 57     | <i>dextroamphetamine</i> .....         | 71  |
| LEVEL 2.....                            | 108 | ALPROLIX.....                             | 173    | <i>ampicillin</i> .....                | 32  |
| AGAMATRIX CONTROL                       |     | ALREX.....                                | 198    | <i>ampicillin sodium</i> .....         | 32  |
| LEVEL 4.....                            | 108 | Altacaine.....                            | 199    | AMPYRA.....                            | 77  |
| AGAMATRIX JAZZ TEST.....                | 108 | Altafrin.....                             | 199    | AMRIX.....                             | 79  |
| AGAMATRIX JAZZ                          |     | Altavera.....                             | 95     | AMZEEQ.....                            | 210 |
| WIRELESS 2.....                         | 108 | ALTOPREV.....                             | 47     | ANAFRANIL.....                         | 57  |
| AGAMATRIX PRESTO.....                   | 108 | ALTRENO.....                              | 210    | <i>anagrelide hcl</i> .....            | 173 |
| AGAMATRIX PRESTO TEST                   | 108 | <i>altrixa</i> .....                      | 191    | <i>anastrozole</i> .....               | 34  |
| AGAMATRIX ULTRA-THIN                    |     | ALTUVIIIO.....                            | 171    | ANDROGEL PUMP.....                     | 84  |
| LANCETS.....                            | 108 | ALUNBRIG.....                             | 36     | ANGELIQ.....                           | 149 |
| AGAMREE.....                            | 145 | ALVAIZ.....                               | 174    | ANNOVERA.....                          | 95  |
| AGRYLIN.....                            | 173 | ALVESCO.....                              | 208    | ANORO ELLIPTA.....                     | 202 |
| AIMOVIG.....                            | 75  | <i>alyacen 1/35</i> .....                 | 95     | ANUSOL-HC.....                         | 164 |
| <i>aimSCO twist lancets 32g</i> .....   | 108 | <i>alyacen 7/7/7</i> .....                | 95     | ANZEMET.....                           | 157 |
| AIMSCO TWIST LANCETS                    |     | ALYFTREK.....                             | 205    | <i>apap-caff-dihydrocodeine</i> .....  | 16  |
| 33G.....                                | 108 | ALYGLO.....                               | 183    | <i>aphoria</i> .....                   | 210 |
| Airavite.....                           | 191 | Alyq.....                                 | 55     | APIDRA.....                            | 88  |
| AIRSUPRA.....                           | 208 | <i>amantadine hcl</i> .....               | 61     | APIDRA SOLOSTAR.....                   | 88  |
| AJOVY.....                              | 75  | <i>ambrisentan</i> .....                  | 55     | APLENZIN.....                          | 58  |
| AKEEGA.....                             | 34  | <i>amcinonide</i> .....                   | 215    | APOKYN.....                            | 61  |
| AKLIEF.....                             | 210 | AMELUZ.....                               | 219    | <i>apraclonidine hcl</i> .....         | 201 |
| AKTEN.....                              | 199 | Amethyst.....                             | 95     | <i>aprepitant</i> .....                | 157 |
| AKYNZEO.....                            | 157 | <i>amiloride hcl</i> .....                | 52     | Apri.....                              | 95  |
| ALA SCALP.....                          | 215 | <i>amiloride-hydrochlorothiazide</i> ...  | 52     | APRISO.....                            | 159 |
| <i>ala-cort</i> .....                   | 215 | <i>aminocaproic acid</i> .....            | 173    | APTENSIO XR.....                       | 71  |
| <i>albendazole</i> .....                | 21  | <i>amiodarone hcl</i> .....               | 45     | APTIOM.....                            | 66  |
| <i>albuterol sulfate</i> .....          | 204 | AMITIZA.....                              | 160    | APTIVUS.....                           | 23  |
| <i>albuterol sulfate hfa</i> .....      | 204 | <i>amitriptyline hcl</i> .....            | 58     | <i>aq insulin syringe</i> .....        | 108 |
| <i>alclometasone dipropionate</i> ..... | 215 | AMJEVITA.....                             | 177    | <i>aqinject pen needle</i> .....       | 108 |
| ALDACTONE.....                          | 43  | AMJEVITA-PED 10KG TO                      |        | AQUALANCE LANCETS 30G                  |     |
| ALECENSA.....                           | 36  | <15KG .....                               | 177    | .....                                  | 108 |
| <i>alendronate sodium</i> .....         | 93  | AMJEVITA-PED 15KG TO                      |        | ARAKODA.....                           | 23  |
| <i>alfuzosin hcl er</i> .....           | 164 | <30KG .....                               | 177    | ARALAST NP.....                        | 201 |
| ALIMTA.....                             | 33  | AMLADEX.....                              | 191    | Aranelle.....                          | 96  |
| <i>aliskiren fumarate</i> .....         | 52  | AMLODIPINE                                |        | ARANESP (ALBUMIN FREE)                 |     |
| ALKINDI SPRINKLE.....                   | 145 | BES+SYRSPEND SF.....                      | 50     | .....                                  | 170 |
| <i>allopurinol</i> .....                | 13  | <i>amlodipine besy-benazepril hcl</i> ..  | 42     | ARAVA.....                             | 182 |
| ALLZITAL.....                           | 14  | <i>amlodipine besylate</i> .....          | 50     | ARAZLO.....                            | 210 |
| <i>almotriptan malate</i> .....         | 75  | <i>amlodipine besylate-valsartan</i> ...  | 43     | ARCALYST.....                          | 184 |
| ALOCRIIL.....                           | 195 | <i>amlodipine atorvastatin</i> .....      | 50     | <i>arformoterol tartrate</i> .....     | 204 |
| <i>alogliptin benzoate</i> .....        | 86  | <i>amlodipine-olmesartan</i> .....        | 43     | Argyle Sterile Saline.....             | 220 |
| <i>alogliptin-metformin hcl</i> .....   | 86  | <i>ammonium lactate</i> .....             | 219    | Argyle Sterile Water.....              | 201 |
| <i>alogliptin-pioglitazone</i> .....    | 86  | Amnesteem.....                            | 210    | ARIKAYCE.....                          | 22  |
| ALORA.....                              | 149 | <i>amoxapine</i> .....                    | 58     | ARIMIDEX.....                          | 34  |
| <i>alosetron hcl</i> .....              | 160 | <i>amoxicill-clarithro-lansopraz</i> ...  | 164    | <i>aripiprazole</i> .....              | 63  |
| ALPHAGAN P.....                         | 201 | <i>amoxicillin</i> .....                  | 31, 32 | ARISTADA.....                          | 63  |
| ALPHANATE.....                          | 169 | <i>amoxicillin-pot clavulanate</i> .....  | 32     | ARISTADA INITIO.....                   | 63  |
| ALPHANINE SD.....                       | 173 | <i>amoxicillin-pot clavulanate er</i> ... | 32     | ARIXTRA.....                           | 168 |
| <i>alprazolam</i> .....                 | 57  | <i>amphetamine sulfate</i> .....          | 71     | <i>armodafinil</i> .....               | 81  |

|                                         |     |                                          |     |                                      |          |
|-----------------------------------------|-----|------------------------------------------|-----|--------------------------------------|----------|
| ARMOUR THYROID.....                     | 154 | ASSURE PRO BLOOD                         |     | AUTOLET MINI.....                    | 110      |
| ARNUITY ELLIPTA.....                    | 208 | GLUCOSE METER.....                       | 109 | AUTOLET PLATFORMS.....               | 110      |
| AROMASIN.....                           | 34  | ASSURE PRO TEST.....                     | 109 | AUTOLET PLUS.....                    | 110      |
| ARTHROTEC.....                          | 16  | ASTAGRAF XL.....                         | 185 | AUTOSOFT 30 INFUSION                 |          |
| ASCENIV.....                            | 183 | ASTAMED MYO.....                         | 191 | SET.....                             | 110      |
| Ascomp-Codeine.....                     | 16  | ATABEX EC.....                           | 187 | AUTOSOFT 90 INFUSION                 |          |
| Ashlyna.....                            | 96  | ATABEX OB.....                           | 187 | SET.....                             | 110      |
| ASMANEX (120 METERED                    |     | ATACAND.....                             | 44  | AUTOSOFT XC INFUSION                 |          |
| DOSES).....                             | 208 | ATACAND HCT.....                         | 43  | SET.....                             | 110      |
| ASMANEX (14 METERED                     |     | <i>atazanavir sulfate</i> .....          | 23  | AUVELITY.....                        | 58       |
| DOSES).....                             | 208 | <i>atenolol</i> .....                    | 49  | AUVI-Q.....                          | 202      |
| ASMANEX (30 METERED                     |     | ATENOLOL+SYRSPEND SF...                  | 49  | AVENOVA.....                         | 219      |
| DOSES).....                             | 208 | <i>atenolol-chlorthalidone</i> .....     | 48  | AVERI.....                           | 96       |
| ASMANEX (60 METERED                     |     | ATIVAN.....                              | 57  | Aviane.....                          | 96       |
| DOSES).....                             | 208 | <i>atomoxetine hcl</i> .....             | 71  | <i>avidoxy</i> .....                 | 32       |
| ASMANEX HFA.....                        | 208 | ATORVALIQ.....                           | 47  | AVONEX PEN.....                      | 77       |
| <i>aspirin</i> .....                    | 20  | <i>atorvastatin calcium</i> .....        | 47  | AVONEX PREFILLED.....                | 77       |
| <i>aspirin adult low dose</i> .....     | 19  | <i>atovaquone</i> .....                  | 30  | AVSOLA.....                          | 176      |
| <i>aspirin adult low strength</i> ..... | 19  | <i>atovaquone-proguanil hcl</i> .....    | 23  | Ayuna.....                           | 96       |
| <i>aspirin ec adult low dose</i> .....  | 19  | <i>atropine sulfate</i> .....            | 199 | AYVAKIT.....                         | 36       |
| <i>aspirin ec low strength</i> .....    | 19  | ATROVENT HFA.....                        | 203 | AZADROX.....                         | 220      |
| <i>aspirin low dose</i> .....           | 19  | ATTRUBY.....                             | 53  | Azasan.....                          | 185      |
| <i>aspirin regimen</i> .....            | 20  | AUBAGIO.....                             | 77  | AZASITE.....                         | 197      |
| <i>aspirin-dipyridamole er</i> .....    | 174 | Aubra Eq.....                            | 96  | <i>azathioprine</i> .....            | 185      |
| ASPRUZYO SPRINKLE.....                  | 53  | AUGTYRO.....                             | 36  | <i>azelaic acid</i> .....            | 219      |
| ASSURE 3 METER.....                     | 108 | <i>aum insulin safety pen needle</i> ... | 109 | <i>azelastine hcl</i> .....          | 195, 203 |
| ASSURE 3 TEST.....                      | 108 | <i>aum mini insulin pen needle</i> ....  | 109 | <i>azelastine-fluticasone</i> .....  | 203      |
| ASSURE 4 METER.....                     | 108 | <i>aum pen needle</i> .....              | 109 | AZELEX.....                          | 210      |
| ASSURE 4 TEST.....                      | 108 | AUM READYGARD DUO                        |     | <i>azesco</i> .....                  | 187      |
| <i>assure comfort lancets 28g</i> ..... | 108 | PEN NEEDLE.....                          | 109 | <i>azithromycin</i> .....            | 28       |
| ASSURE ID DUO PRO PEN                   |     | AUM SAFETY PEN NEEDLE                    | 109 | AZOPT.....                           | 199      |
| NEEDLES.....                            | 108 | <i>aurora lancet super thin 30g</i> .... | 109 | AZOR.....                            | 43       |
| ASSURE ID PRO PEN                       |     | <i>aurora lancet thin 23g</i> .....      | 109 | AZSTARYS.....                        | 71       |
| NEEDLES.....                            | 109 | <i>aurora pen needles</i> .....          | 109 | AZULFIDINE.....                      | 159      |
| ASSURE ID SAFETY PEN                    |     | Aurovela 1.5/30.....                     | 96  | AZULFIDINE EN-TABS.....              | 159      |
| NEEDLES.....                            | 109 | Aurovela 1/20.....                       | 96  | Azurette.....                        | 96       |
| ASSURE II.....                          | 109 | Aurovela 24 Fe.....                      | 96  | Bac (Butalbital-Acetamin-Caff).      | 14       |
| ASSURE II CHECK.....                    | 109 | Aurovela Fe 1.5/30.....                  | 96  | <i>bacitracin</i> .....              | 197      |
| ASSURE LANCE LANCETS..                  | 109 | Aurovela Fe 1/20.....                    | 96  | <i>bacitracin-polymyxin b</i> .....  | 197      |
| ASSURE LANCE LANCETS                    |     | AURYXIA.....                             | 152 | <i>bacitra-neomycin-polymyxin-hc</i> | 196      |
| 21G.....                                | 109 | AUSTEDO.....                             | 77  | <i>baclofen</i> .....                | 79       |
| ASSURE LANCE PLUS                       |     | AUSTEDO XR.....                          | 77  | BACTRIM.....                         | 30       |
| SAFETY 25G.....                         | 109 | AUSTEDO XR PATIENT                       |     | BACTRIM DS.....                      | 30       |
| ASSURE LANCE PLUS                       |     | TITRATION.....                           | 77  | BAFIERTAM.....                       | 77       |
| SAFETY 30G.....                         | 109 | AUTO-LANCET.....                         | 109 | <i>balsalazide disodium</i> .....    | 159      |
| ASSURE LANCE SAFETY                     |     | AUTO-LANCET MINI.....                    | 109 | BALVERSA.....                        | 36       |
| LANCET 28G.....                         | 109 | AUTOLET II CLINISAFE.....                | 109 | Balziva.....                         | 96       |
| ASSURE PLATINUM.....                    | 109 | AUTOLET LANCING                          |     | BANZEL.....                          | 66       |
| ASSURE PLATINUM METER                   |     | DEVICE.....                              | 109 | BAQSIMI ONE PACK.....                | 147      |
| .....                                   | 109 | AUTOLET LITE CLINISAFE.....              | 109 | BAQSIMI TWO PACK.....                | 147      |
| ASSURE PRISM MULTI                      |     | AUTOLET LITE STARTER                     |     | BARACLUDE.....                       | 29       |
| TEST.....                               | 109 | PACK.....                                | 109 | BARRIGEL.....                        | 164      |

|                                          |     |                                            |         |                                           |          |
|------------------------------------------|-----|--------------------------------------------|---------|-------------------------------------------|----------|
| BASADROX.....                            | 220 | BEPREVE.....                               | 195     | BOSULIF.....                              | 36       |
| BASAGLAR KWIKPEN.....                    | 88  | BERINERT.....                              | 183     | BOTOX.....                                | 73       |
| BASAGLAR TEMPO PEN.....                  | 88  | BESIVANCE.....                             | 197     | <i>bp vit 3</i> .....                     | 191      |
| BAXDELA.....                             | 29  | BESREMI.....                               | 34      | <i>b-plex</i> .....                       | 191      |
| BAYER ASPIRIN EC LOW                     |     | <i>betaine</i> .....                       | 151     | <i>b-plex plus</i> .....                  | 191      |
| DOSE.....                                | 20  | <i>betamethasone dipropionate</i> .....    | 215     | BRAFTOVI.....                             | 36       |
| BAYER LOW DOSE.....                      | 20  | <i>betamethasone dipropionate</i>          |         | BRENZAVVY.....                            | 92       |
| BD INSULIN SYRINGE.....                  | 110 | <i>aug</i> .....                           | 215     | BREO ELLIPTA.....                         | 209      |
| BD INSULIN SYRINGE                       |     | <i>betamethasone valerate</i> .....        | 215     | BREXAFEMME.....                           | 22       |
| MICROFINE.....                           | 110 | BETAPACE.....                              | 45      | Breyna.....                               | 209      |
| BD INSULIN SYRINGE U-500                 |     | BETAPACE AF.....                           | 45      | BREZTRI AEROSPHERE.....                   | 202      |
| .....                                    | 110 | BETASERON.....                             | 77      | <i>briellyn</i> .....                     | 96       |
| BD INSULIN SYRINGE                       |     | <i>betaxolol hcl</i> .....                 | 49, 195 | BRILINTA.....                             | 174      |
| ULTRAFINE.....                           | 110 | <i>bethanechol chloride</i> .....          | 166     | <i>brimonidine tartrate</i> .....         | 201      |
| BD LATITUDE DIABETES....                 | 110 | BETHKIS.....                               | 206     | <i>brinzolamide</i> .....                 | 199      |
| BD LOGIC BLOOD                           |     | BETIMOL.....                               | 195     | BRIVIACT.....                             | 66       |
| GLUCOSE MONITOR.....                     | 110 | BETOPTIC-S.....                            | 195     | <i>bromfenac sodium (once-daily)</i>      | 198      |
| BD MICROTAINER                           |     | BEVESPI AEROSPHERE.....                    | 202     | <i>bromocriptine mesylate</i> .....       | 61       |
| LANCETS.....                             | 110 | <i>bexagliflozin</i> .....                 | 92      | BROMSITE.....                             | 198      |
| BD PEN NEEDLE MICRO                      |     | <i>bexarotene</i> .....                    | 40      | BRONCHITOL.....                           | 206      |
| ULTRAFINE.....                           | 110 | BEYAZ.....                                 | 96      | BRONCHITOL TOLERANCE                      |          |
| BD PEN NEEDLE MINI                       |     | BEYFORTUS.....                             | 186     | TEST.....                                 | 206      |
| ULTRAFINE.....                           | 110 | <i>bicalutamide</i> .....                  | 34      | BROVANA.....                              | 204      |
| BD PEN NEEDLE NANO 2ND                   |     | BIDIL.....                                 | 53      | BRUKINSA.....                             | 36       |
| GEN.....                                 | 110 | BIJUVA.....                                | 149     | BRYHALI.....                              | 215      |
| BD PEN NEEDLE NANO                       |     | BIKTARVY.....                              | 25      | <i>budesonide</i> .....                   | 159, 208 |
| ULTRAFINE.....                           | 110 | <i>bimatoprost</i> .....                   | 200     | <i>budesonide er</i> .....                | 159      |
| BD PEN NEEDLE ORIG                       |     | <i>bi-mix</i> .....                        | 165     | <i>budesonide-formoterol fumarate</i>     |          |
| ULTRAFINE.....                           | 110 | BIMZELX.....                               | 177     | .....                                     | 209      |
| BD PEN NEEDLE SHORT                      |     | BINOSTO.....                               | 93      | <i>bumetanide</i> .....                   | 52       |
| ULTRAFINE.....                           | 110 | <i>biocel</i> .....                        | 191     | BUPHENYL.....                             | 155      |
| BD SAFETYGLIDE INSULIN                   |     | BIORPHEN.....                              | 53      | <i>buprenorphine</i> .....                | 19       |
| SYRINGE.....                             | 110 | BIOTEL CARE BLOOD                          |         | <i>buprenorphine hcl</i> .....            | 82       |
| BD VEO INSULIN SYR U/F                   |     | GLUCOSE.....                               | 111     | <i>buprenorphine hcl-naloxone hcl</i>     | 81       |
| 1/2UNIT.....                             | 110 | BIOTEL CARE BLOOD                          |         | <i>bupropion hcl</i> .....                | 58       |
| BD VEO INSULIN SYR                       |     | GLUCOSE SYST.....                          | 111     | <i>bupropion hcl er (smoking det)</i> ... | 82       |
| ULTRAFINE.....                           | 111 | BIOTEL CARE TEST STRIPS                    | 111     | <i>bupropion hcl er (sr)</i> .....        | 58       |
| BELBUCA.....                             | 19  | <i>bisoprolol fumarate</i> .....           | 49      | <i>bupropion hcl er (xl)</i> .....        | 58       |
| BELSOMRA.....                            | 74  | <i>bisoprolol-hydrochlorothiazide</i> ..   | 48      | <i>buspirone hcl</i> .....                | 57       |
| <i>benazepril hcl</i> .....              | 42  | BIVIGAM.....                               | 183     | <i>butalbital-acetaminophen</i> .....     | 14       |
| <i>benazepril-hydrochlorothiazide</i> .. | 42  | Blisovi 24 Fe.....                         | 96      | <i>butalbital-apap-caff-cod</i> .....     | 16       |
| BENEFIX.....                             | 173 | Blisovi Fe 1.5/30.....                     | 96      | <i>butalbital-apap-caffeine</i> .....     | 14       |
| BENICAR.....                             | 44  | Blisovi Fe 1/20.....                       | 96      | <i>butalbital-asa-caff-codeine</i> .....  | 16       |
| BENICAR HCT.....                         | 43  | <i>blood glucose monitor system</i> ...    | 111     | <i>butalbital-aspirin-caffeine</i> .....  | 14       |
| BENLYSTA.....                            | 185 | <i>blood glucose monitoring 333</i> ..     | 111     | <i>butorphanol tartrate</i> .....         | 16       |
| BENZEPRO.....                            | 210 | <i>blood glucose system pak</i> .....      | 111     | BUTRANS.....                              | 19       |
| <i>benznidazole</i> .....                | 21  | <i>blood glucose test</i> .....            | 111     | BYLVAY.....                               | 161      |
| <i>benzonatate</i> .....                 | 205 | <i>blood glucose test strips 333</i> ..... | 111     | BYLVAY (PELLETS).....                     | 161      |
| <i>benzoyl perox-hydrocortisone</i> ...  | 210 | BLULINK CONTROL HIGH                       |         | BYOOVIZ.....                              | 200      |
| <i>benzoyl peroxide</i> .....            | 210 | & LOW.....                                 | 111     | BYSTOLIC.....                             | 49       |
| <i>benzoyl peroxide-erythromycin</i>     | 210 | BONJESTA.....                              | 157     | <i>cabergoline</i> .....                  | 151      |
| <i>benztropine mesylate</i> .....        | 61  | <i>bosentan</i> .....                      | 55      | CABLIVI.....                              | 169      |



|                                          |          |                                        |        |                                           |              |
|------------------------------------------|----------|----------------------------------------|--------|-------------------------------------------|--------------|
| CABOMETYX.....                           | 36       | CARESENS N VOICE<br>SYSTEM.....        | 111    | <i>cephalexin</i> .....                   | 28           |
| CABTREO.....                             | 210      | CARETOUCH CONTROL<br>SOL LEVEL 2.....  | 111    | CEQUA.....                                | 199          |
| CALCIFOL.....                            | 191      | CARETOUCH INSULIN<br>SYRINGE.....      | 112    | CERDELGA.....                             | 148          |
| <i>calcipotriene</i> .....               | 214      | CARETOUCH<br>LANCING/EJECTOR.....      | 112    | CEREZYME.....                             | 149          |
| <i>calcipotriene-betameth diprop</i> ..  | 214      | CARETOUCH MONITOR<br>SYSTEM.....       | 112    | <i>cetirizine hcl</i> .....               | 203          |
| <i>calcitonin (salmon)</i> .....         | 94       | CARETOUCH PEN NEEDLES<br>.....         | 112    | CETROTIDE.....                            | 144          |
| Calcitrene.....                          | 214      | CARETOUCH SAFETY<br>LANCETS.....       | 112    | <i>cevimeline hcl</i> .....               | 221          |
| <i>calcitriol</i> .....                  | 156, 214 | CARETOUCH SAFETY<br>LANCETS 26G.....   | 112    | Charlotte 24 Fe.....                      | 97           |
| <i>calcium acetate (phos binder)</i> ... | 152      | CARETOUCH TEST.....                    | 112    | Chateal Eq.....                           | 97           |
| CALQUENCE.....                           | 36       | CARETOUCH TWIST<br>LANCETS 28G.....    | 112    | CHEMET.....                               | 95           |
| CAMBIA.....                              | 14       | CARETOUCH TWIST<br>LANCETS 30G.....    | 112    | CHEMSTRIP K.....                          | 112          |
| Camila.....                              | 96       | CARETOUCH TWIST<br>LANCETS 33G.....    | 112    | CHEMSTRIP UGK.....                        | 112          |
| Camrese.....                             | 96       | CARETOUCH TWIST MC<br>LANCETS 30G..... | 112    | CHENODAL.....                             | 161          |
| Camrese Lo.....                          | 96       | <i>carglumic acid</i> .....            | 155    | <i>childrens aspirin</i> .....            | 20           |
| CAMZYOS.....                             | 53       | <i>carisoprodol</i> .....              | 79, 80 | <i>chlordiazepoxide hcl</i> .....         | 57           |
| <i>candesartan cilexetil</i> .....       | 44       | CARNITOR.....                          | 94     | <i>chlordiazepoxide-amitriptyline</i> ... | 82           |
| <i>candesartan cilexetil-hctz</i> .....  | 43       | CARNITOR SF.....                       | 94     | <i>chlorhexidine gluconate</i> .....      | 221          |
| <i>capecitabine</i> .....                | 33       | CAROSPIR.....                          | 43     | <i>chloroquine phosphate</i> .....        | 23           |
| CAPLYTA.....                             | 63       | <i>carteolol hcl</i> .....             | 195    | <i>chlorpromazine hcl</i> .....           | 63           |
| CAPRELSA.....                            | 36       | Cartia Xt.....                         | 50     | <i>chlorthalidone</i> .....               | 52           |
| <i>captopril</i> .....                   | 42       | <i>carvedilol</i> .....                | 49     | <i>chlorzoxazone</i> .....                | 80           |
| CARAFATE.....                            | 161      | <i>carvedilol phosphate er</i> .....   | 49     | CHOLBAM.....                              | 161          |
| CARBAGLU.....                            | 155      | CATAPRES-TTS-1.....                    | 53     | <i>cholestyramine</i> .....               | 46           |
| <i>carbamazepine</i> .....               | 66       | CATAPRES-TTS-2.....                    | 53     | <i>cholestyramine light</i> .....         | 46           |
| <i>carbamazepine er</i> .....            | 66       | CATAPRES-TTS-3.....                    | 53     | <i>chorionic gonadotropin</i> .....       | 145          |
| <i>carbidopa</i> .....                   | 61       | CAYA.....                              | 96     | CIALIS.....                               | 165          |
| <i>carbidopa-levodopa</i> .....          | 61       | CAYSTON.....                           | 206    | CIBINQO.....                              | 215          |
| <i>carbidopa-levodopa er</i> .....       | 61       | <i>cefaclor</i> .....                  | 27     | Ciclodan.....                             | 212          |
| <i>carbidopa-levodopa-entacapone</i>     | 62       | <i>cefaclor er</i> .....               | 27     | <i>ciclopirox</i> .....                   | 212          |
| <i>carbinoxamine maleate</i> .....       | 203      | <i>cefadroxil</i> .....                | 27     | <i>ciclopirox olamine</i> .....           | 213          |
| CARDIOCOM LANCING<br>DEVICE.....         | 111      | <i>cefdinir</i> .....                  | 27     | <i>cilostazol</i> .....                   | 173          |
| CARDIZEM.....                            | 50       | <i>cefepime</i> .....                  | 27     | CILOXAN.....                              | 197          |
| CARDIZEM CD.....                         | 50       | <i>cefpodoxime proxetil</i> .....      | 27     | CIMDUO.....                               | 25           |
| CARDIZEM LA.....                         | 50       | <i>cefprozil</i> .....                 | 27     | CIMERLI.....                              | 200          |
| CARDURA.....                             | 164      | <i>cefuroxime axetil</i> .....         | 28     | <i>cimetidine</i> .....                   | 159          |
| CARDURA XL.....                          | 164      | CELEBREX.....                          | 13     | <i>cimetidine hcl</i> .....               | 159          |
| CAREFINE PEN NEEDLES... 111              |          | <i>celecoxib</i> .....                 | 13     | CIMZIA (2 SYRINGE).....                   | 177          |
| <i>careone advanced lancing dev</i> ..   | 111      | CELLCEPT.....                          | 185    | CIMZIA-STARTER.....                       | 177          |
| <i>careone insulin syringe</i> .....     | 111      | CELONTIN.....                          | 66     | <i>cinacalcet hcl</i> .....               | 93           |
| CAREONE LANCET SUPER<br>THIN 30G.....    | 111      | CENFOL.....                            | 191    | CINRYZE.....                              | 183          |
| <i>careone lancet thin 23g</i> .....     | 111      |                                        |        | CIPRO.....                                | 29           |
| <i>careone unifine pentips plus</i> .... | 111      |                                        |        | CIPRO HC.....                             | 221          |
| CARESENS LANCETS.....                    | 111      |                                        |        | <i>ciprofloxacin hcl</i> .....            | 29, 197, 221 |
| CARESENS LANCETS 30G... 111              |          |                                        |        | <i>ciprofloxacin-dexamethasone</i> ...    | 221          |
| CARESENS N FELIZ.....                    | 111      |                                        |        | <i>ciprofloxacin-fluocinolone pf</i> ...  | 221          |
| CARESENS N FELIZ BT.....                 | 111      |                                        |        | <i>citalopram hydrobromide</i> .....      | 58           |
| CARESENS N GLUCOSE<br>SYSTEM.....        | 111      |                                        |        | CITRANATAL 90 DHA.....                    | 187          |
| CARESENS N GLUCOSE<br>TEST.....          | 111      |                                        |        | CITRANATAL ASSURE.....                    | 187          |
|                                          |          |                                        |        | Claravis.....                             | 210          |
|                                          |          |                                        |        | CLARINEX.....                             | 203          |
|                                          |          |                                        |        | CLARINEX-D 12 HOUR.....                   | 205          |
|                                          |          |                                        |        | <i>clarithromycin</i> .....               | 28           |

|                                          |          |                                          |          |                                 |        |
|------------------------------------------|----------|------------------------------------------|----------|---------------------------------|--------|
| <i>clarithromycin er</i> .....           | 28       | <i>clobetasol propionate emulsion</i>    | 215      | COMFORT TOUCH                   |        |
| CLEANLET LANCETS 28G ...                 | 112      | CLOBEX.....                              | 216      | LANCETS 31G.....                | 114    |
| <i>clemastine fumarate</i> .....         | 203      | CLOBEX SPRAY.....                        | 216      | COMFORT TOUCH PLUS              |        |
| CLENPIQ.....                             | 160      | <i>clocortolone pivalate</i> .....       | 216      | LANCETS 28G.....                | 114    |
| CLEOCIN.....                             | 30, 167  | Clodan.....                              | 216      | COMFORT TOUCH PLUS              |        |
| CLEVER CHEK AUTO-CODE                    |          | CLODERM.....                             | 216      | LANCETS 30G.....                | 114    |
| SYSTEM.....                              | 112      | <i>clomipramine hcl</i> .....            | 57       | COMPLERA.....                   | 25     |
| CLEVER CHEK AUTO-CODE                    |          | <i>clonazepam</i> .....                  | 66       | <i>complete natal dha</i> ..... | 187    |
| TEST.....                                | 112      | <i>clonidine</i> .....                   | 54       | <i>completenate</i> .....       | 187    |
| CLEVER CHEK AUTO-CODE                    |          | <i>clonidine hcl</i> .....               | 53       | Compro.....                     | 157    |
| VOICE.....                               | 112      | <i>clonidine hcl er</i> .....            | 71       | CO-NATAL FA.....                | 187    |
| CLEVER CHEK LANCETS....                  | 112      | <i>clopidogrel bisulfate</i> .....       | 174      | CONCEPT DHA.....                | 187    |
| CLEVER CHEK SYSTEM.....                  | 112      | <i>clorazepate dipotassium</i> .....     | 66       | CONCEPT OB.....                 | 187    |
| CLEVER CHEK TEST.....                    | 112      | <i>clotrimazole</i> .....                | 213, 221 | CONCERTA.....                   | 72     |
| CLEVER CHOICE AUTO-                      |          | <i>clotrimazole-betamethasone</i> .....  | 213      | <i>condoms</i> .....            | 97     |
| CODE SYSTEM.....                         | 112      | <i>clozapine</i> .....                   | 63       | CONDYLOX.....                   | 219    |
| CLEVER CHOICE AUTO-                      |          | <i>c-nate dha</i> .....                  | 187      | CONJUPRI.....                   | 50     |
| CODE TEST.....                           | 112      | COAGADEX.....                            | 169      | <i>constulose</i> .....         | 160    |
| CLEVER CHOICE COMFORT                    |          | COAGUCHEK LANCETS.....                   | 113      | CONTOUR MONITOR.....            | 114    |
| EZ.....                                  | 112, 113 | COARTEM.....                             | 23       | CONTOUR NEXT EZ.....            | 114    |
| CLEVER CHOICE LANCETS                    |          | COBENFY.....                             | 63       | CONTOUR NEXT GEN                |        |
| 21G.....                                 | 113      | COBENFY STARTER PACK...                  | 63       | MONITOR.....                    | 114    |
| CLEVER CHOICE LANCETS                    |          | <i>codeine sulfate</i> .....             | 16       | CONTOUR NEXT LINK.....          | 114    |
| 23G.....                                 | 113      | COLAZAL.....                             | 159      | CONTOUR NEXT MONITOR            | 114    |
| CLEVER CHOICE LANCETS                    |          | <i>colchicine</i> .....                  | 13       | CONTOUR NEXT ONE.....           | 114    |
| 28G.....                                 | 113      | <i>colchicine-probenecid</i> .....       | 13       | CONTOUR NEXT TEST.....          | 114    |
| CLEVER CHOICE MICRO                      |          | <i>colesevelam hcl</i> .....             | 46       | CONTOUR PLUS BLUE.....          | 114    |
| SYSTEM.....                              | 113      | <i>colestipol hcl</i> .....              | 46       | CONTOUR PLUS TEST.....          | 114    |
| CLEVER CHOICE MICRO                      |          | COMBIGAN.....                            | 196      | CONTOUR TEST.....               | 114    |
| TEST.....                                | 113      | COMBIPATCH.....                          | 149      | CONTRAVE.....                   | 92     |
| CLEVER CHOICE MINI                       |          | COMBIVENT RESPIMAT.....                  | 202      | CONZIP.....                     | 16     |
| SYSTEM.....                              | 113      | COMBOGESIC.....                          | 16       | COOL BLOOD GLUCOSE              |        |
| CLEVER CHOICE NO                         |          | COMETRIQ (100 MG DAILY                   |          | TEST STRIPS.....                | 114    |
| CODING.....                              | 113      | DOSE).....                               | 36       | COOL MONITOR.....               | 114    |
| CLEVER CHOICE TALK                       |          | COMETRIQ (140 MG DAILY                   |          | COOL MONITOR KIT.....           | 114    |
| SYSTEM.....                              | 113      | DOSE).....                               | 36       | COPAXONE.....                   | 77, 78 |
| CLIMARA.....                             | 149      | COMETRIQ (60 MG DAILY                    |          | COPIKTRA.....                   | 36     |
| CLIMARA PRO.....                         | 149      | DOSE).....                               | 36       | CORDRAN.....                    | 216    |
| Clindacin Etz.....                       | 210      | <i>comfort assured lancets 28g</i> ..... | 113      | COREG.....                      | 49     |
| Clindacin-P.....                         | 210      | <i>comfort assured lancets 33g</i> ..... | 113      | COREG CR.....                   | 49     |
| <i>clindamycin hcl</i> .....             | 30       | COMFORT EZ INSULIN                       |          | CORLANOR.....                   | 53     |
| <i>clindamycin palmitate hcl</i> .....   | 30       | SYRINGE.....                             | 113      | CORTENEMA.....                  | 159    |
| <i>clindamycin phos (once-daily)</i> ..  | 211      | COMFORT EZ MICRO PEN                     |          | CORTIFOAM.....                  | 159    |
| <i>clindamycin phos (twice-daily)</i> .. | 211      | NEEDLES.....                             | 113      | CORTISPORIN-TC.....             | 221    |
| <i>clindamycin phos-benzoyl perox</i>    |          | COMFORT EZ PEN                           |          | CORTROPHIN.....                 | 151    |
| .....                                    | 211      | NEEDLES.....                             | 113      | CORTROPHIN GEL.....             | 151    |
| <i>clindamycin phosphate</i> .....       | 167, 211 | COMFORT EZ PRO PEN                       |          | CORVITE 150.....                | 191    |
| <i>clindamycin-tretinoin</i> .....       | 211      | NEEDLES.....                             | 113      | <i>corvite fe</i> .....         | 191    |
| CLINDESSE.....                           | 168      | COMFORT EZ SHORT PEN                     |          | COSENTYX.....                   | 178    |
| <i>clobazam</i> .....                    | 66       | NEEDLES.....                             | 113      | COSENTYX (300 MG DOSE)..        | 178    |
| <i>clobetasol propionate</i> .....       | 216      | COMFORT TOUCH INSULIN                    |          | COSENTYX SENSOREADY             |        |
| <i>clobetasol propionate e</i> .....     | 215      | PEN NEED.....                            | 113      | (300 MG).....                   | 178    |



|                                            |               |                                          |         |                                            |          |
|--------------------------------------------|---------------|------------------------------------------|---------|--------------------------------------------|----------|
| COSENTYX SENSOREADY<br>PEN.....            | 178           | <i>cyproheptadine hcl</i> .....          | 203     | DERMACINRX PRETRATE..                      | 187      |
| COSENTYX UNOREADY.....                     | 178           | Cyred Eq.....                            | 97      | DERMA-SMOOTH/FS                            |          |
| COSOPT.....                                | 196           | CYSTADANE.....                           | 151     | BODY.....                                  | 216      |
| COTELIC.....                               | 36            | CYSTADROPS.....                          | 200     | DERMA-SMOOTH/FS                            |          |
| COTEMPLA XR-ODT.....                       | 72            | CYSTAGON.....                            | 151     | SCALP.....                                 | 216      |
| COXANTO.....                               | 14            | CYSTARAN.....                            | 200     | DESCOVY.....                               | 25       |
| COZAAR.....                                | 44            | CYTOMEL.....                             | 154     | DESFERAL.....                              | 95       |
| CRENESSITY.....                            | 151           | CYTOTEC.....                             | 161     | <i>desipramine hcl</i> .....               | 59       |
| CREON.....                                 | 162           | <i>cytra k crystals</i> .....            | 166     | <i>desloratadine</i> .....                 | 204      |
| CRESEMBA.....                              | 22            | <i>dabigatran etexilate mesylate</i> ..  | 168     | <i>desmopressin ace spray refrig.</i> ..   | 156      |
| CRESTOR.....                               | 47            | <i>dalfampridine er</i> .....            | 78      | <i>desmopressin acetate</i> .....          | 156      |
| CREXONT.....                               | 62            | DALIRESP.....                            | 207     | <i>desmopressin acetate spray</i> .....    | 156      |
| CRINONE.....                               | 153           | <i>danazol</i> .....                     | 144     | <i>desogestrel-ethinyl estradiol</i> ..... | 97       |
| <i>cromolyn sodium</i> .....               | 161, 195, 207 | DANTRIUM.....                            | 80      | <i>desonide</i> .....                      | 216      |
| CROTAN.....                                | 220           | <i>dantrolene sodium</i> .....           | 80      | <i>desoximetasone</i> .....                | 216      |
| Cryelle-28.....                            | 97            | DANZITEN.....                            | 36      | <i>desvenlafaxine er</i> .....             | 59       |
| CUPRIMINE.....                             | 95            | <i>dapagliflozin pro-metformin er</i> .. | 91      | <i>desvenlafaxine succinate er</i> .....   | 59       |
| Curity Sterile Saline.....                 | 220           | <i>dapagliflozin propanediol</i> .....   | 92      | <i>dexamethasone</i> .....                 | 145, 146 |
| CUTAQUIG.....                              | 183           | <i>dapsone</i> .....                     | 30, 211 | <i>dexamethasone (la)</i> .....            | 145      |
| CUVITRU.....                               | 183           | DARAPRIM.....                            | 30      | DEXAMETHASONE                              |          |
| CUVPOSA.....                               | 156           | <i>darifenacin hydrobromide er</i> ....  | 167     | INTENSOL.....                              | 145      |
| CUVRIOR.....                               | 95            | Dasetta 1/35 (28).....                   | 97      | <i>dexamethasone sodium</i>                |          |
| CVS ADVANCED GLUCOSE                       |               | Dasetta 7/7/7.....                       | 97      | <i>phosphate</i> .....                     | 198      |
| TEST.....                                  | 114           | DAURISMO.....                            | 34      | DEXCOM G6 RECEIVER.....                    | 115      |
| <i>cvs aspirin low dose</i> .....          | 20            | DAVIMET-FLUORIDE.....                    | 191     | DEXCOM G6 SENSOR.....                      | 115      |
| <i>cvs aspirin low strength</i> .....      | 20            | DAXXIFY.....                             | 73      | DEXCOM G6 TRANSMITTER                      |          |
| <i>cvs folic acid</i> .....                | 191           | <i>dayavite</i> .....                    | 191     | .....                                      | 115      |
| <i>cvs glucose meter test strips</i> ..... | 114           | DAYBUE.....                              | 76      | DEXCOM G7 15 DAY                           |          |
| CVS KETONE CARE.....                       | 114           | Daysee.....                              | 97      | SENSOR.....                                | 115      |
| <i>cvs lancets original</i> .....          | 114           | DAYTRANA.....                            | 72      | DEXCOM G7 RECEIVER.....                    | 115      |
| <i>cvs lancets thin 26g</i> .....          | 114           | DAYVIGO.....                             | 74      | DEXCOM G7 SENSOR.....                      | 115      |
| <i>cvs lancing device</i> .....            | 114           | D-CARE BLOOD GLUCOSE.....                | 114     | Dexifol.....                               | 191      |
| <i>cvs nicotine</i> .....                  | 82            | D-CARE GLUCOMETER.....                   | 114     | DEXILANT.....                              | 163      |
| <i>cvs nicotine polacrilex</i> .....       | 82            | DDAVP.....                               | 155     | <i>dexlansoprazole</i> .....               | 163      |
| <i>cvs true metrix glucose test</i> .....  | 114           | Deblitane.....                           | 97      | <i>dexmethylphenidate hcl</i> .....        | 72       |
| <i>cvs ultra thin lancets</i> .....        | 114           | <i>deferasirox</i> .....                 | 95      | <i>dexmethylphenidate hcl er</i> .....     | 72       |
| cyanocobalamin.....                        | 191           | <i>deferoxamine mesylate</i> .....       | 95      | DEXONTO 0.4%.....                          | 146      |
| <i>cyclobenzaprine hcl</i> .....           | 80            | DELESTROGEN.....                         | 149     | DEXTENZA.....                              | 198      |
| <i>cyclobenzaprine hcl er</i> .....        | 80            | DELSTRIGO.....                           | 25      | <i>dextroamphetamine sulfate</i> .....     | 72       |
| <i>cyclopentolate hcl</i> .....            | 200           | Delyla.....                              | 97      | <i>dextroamphetamine sulfate er</i> ....   | 72       |
| <i>cyclophosphamide</i> .....              | 33            | DELZICOL.....                            | 159     | DEXYCU.....                                | 198      |
| <i>cycloserine</i> .....                   | 26            | <i>demeclocycline hcl</i> .....          | 32      | DHIVY.....                                 | 62       |
| CYCLOSET.....                              | 87            | DEMSEER.....                             | 54      | DIACOMIT.....                              | 67       |
| <i>cyclosporine</i> .....                  | 185, 199      | DENAVIR.....                             | 219     | DIASTIX.....                               | 115      |
| <i>cyclosporine modified</i> .....         | 185           | DEPAKOTE.....                            | 67      | DIATHRIVE BLOOD                            |          |
| CYLTEZO (2 PEN).....                       | 178           | DEPAKOTE ER.....                         | 66      | GLUCOSE METER.....                         | 115      |
| CYLTEZO (2 SYRINGE).....                   | 178           | DEPAKOTE SPRINKLES.....                  | 67      | DIATHRIVE BLOOD                            |          |
| CYLTEZO-CD/UC/HS                           |               | DEPEN TITRATABS.....                     | 95      | GLUCOSE TEST.....                          | 115      |
| STARTER.....                               | 178           | DEPO-ESTRADIOL.....                      | 149     | DIATHRIVE GLUCOSE TEST                     |          |
| CYLTEZO-PSORIASIS/UV                       |               | DEPO-PROVERA.....                        | 97      | .....                                      | 115      |
| STARTER.....                               | 178           | DEPO-SUBQ PROVERA 104... 97              |         | DIATHRIVE LANCET                           |          |
|                                            |               | Depo-Testosterone.....                   | 84      | ULTRA THIN 30.....                         | 115      |

|                                           |         |                                             |             |                                            |     |
|-------------------------------------------|---------|---------------------------------------------|-------------|--------------------------------------------|-----|
| DIATHRIVE LANCETS.....                    | 115     | DOCIVYX.....                                | 41          | <i>duloxetine hcl</i> .....                | 59  |
| DIATHRIVE LANCING                         |         | <i>dofetilide</i> .....                     | 45          | DUOBRII.....                               | 216 |
| DEVICE.....                               | 115     | Dolishale.....                              | 97          | DUO-CARE TEST.....                         | 116 |
| DIATHRIVE PEN NEEDLE....                  | 115     | <i>donepezil hcl</i> .....                  | 58          | DUOPA.....                                 | 62  |
| DIATHRIVE+ GLUCOSE                        |         | DOPTelet.....                               | 174         | DUPIXENT.....                              | 178 |
| MONITOR.....                              | 115     | DORYX MPC.....                              | 32          | DUREZOL.....                               | 198 |
| DIATHRIVE+ GLUCOSE                        |         | <i>dorzolamide hcl</i> .....                | 199         | DUROLANE.....                              | 20  |
| TEST.....                                 | 115     | <i>dorzolamide hcl-timolol mal</i> ....     | 196         | <i>dutasteride</i> .....                   | 164 |
| <i>diazepam</i> .....                     | 67      | <i>dorzolamide hcl-timolol mal pf</i> ..    | 196         | <i>dutasteride-tamsulosin hcl</i> .....    | 165 |
| Diazepam Intensol.....                    | 67      | Dotti.....                                  | 149         | DUVYZAT.....                               | 80  |
| DICLEGIS.....                             | 157     | <i>double pm</i> .....                      | 196         | <i>d-xylose</i> .....                      | 186 |
| <i>diclofenac epolamine</i> .....         | 14      | DOVATO.....                                 | 25          | DYANAVEL XR.....                           | 72  |
| <i>diclofenac potassium</i> .....         | 14      | <i>doxazosin mesylate</i> .....             | 164         | DYMISTA.....                               | 203 |
| <i>diclofenac potassium(migraine)</i> ..  | 14      | <i>doxepin hcl</i> .....                    | 59, 74, 213 | DYRENIUM.....                              | 52  |
| <i>diclofenac sodium</i> .....            | 14, 198 | <i>doxercalciferol</i> .....                | 156         | DYSPORT.....                               | 73  |
| <i>diclofenac sodium er</i> .....         | 14      | <i>doxycycline</i> .....                    | 219         | E.E.S. 400.....                            | 28  |
| <i>diclofenac-misoprostol</i> .....       | 16      | <i>doxycycline hyclate</i> .....            | 32          | E.E.S. GRANULES.....                       | 28  |
| <i>dicloxacillin sodium</i> .....         | 32      | <i>doxycycline monohydrate</i> ....         | 32, 33      | <i>easy comfort insulin syringe</i> ....   | 116 |
| <i>dicyclomine hcl</i> .....              | 156     | <i>doxylamine-pyridoxine</i> .....          | 157         | <i>easy comfort lancets</i> .....          | 116 |
| <i>diethylpropion hcl er</i> .....        | 93      | DRISDOL.....                                | 191         | <i>easy comfort lancets twist top</i> ..   | 116 |
| DIFFERIN.....                             | 211     | <i>dronabinol</i> .....                     | 157         | <i>easy comfort pen needles</i> .....      | 116 |
| DIFICID.....                              | 28      | DROPLET GENTEEL                             |             | <i>easy glide pen needles</i> .....        | 116 |
| <i>diflorasone diacetate</i> .....        | 216     | LANCING DEVICE.....                         | 115         | EASY MAX BLOOD                             |     |
| <i>diflunisal</i> .....                   | 20      | DROPLET INSULIN                             |             | GLUCOSE TEST.....                          | 116 |
| <i>difluprednate</i> .....                | 198     | SYRINGE.....                                | 115         | EASY MAX T1 GLUCOSE                        |     |
| Digox.....                                | 52      | DROPLET LANCETS ULTRA                       |             | SYSTEM.....                                | 116 |
| <i>digoxin</i> .....                      | 52      | THIN 30G.....                               | 115         | <i>easy mini eject lancing device</i> ..   | 116 |
| <i>dihydroergotamine mesylate</i> ....    | 75      | DROPLET LANCING                             |             | <i>easy mini lancing device</i> .....      | 116 |
| DILANTIN.....                             | 67      | DEVICE.....                                 | 115         | <i>easy plus ii glucose system</i> .....   | 116 |
| DILANTIN INFATABS.....                    | 67      | DROPLET MICRON.....                         | 115         | <i>easy plus ii glucose test</i> .....     | 116 |
| DILANTIN-125.....                         | 67      | DROPLET PERSONAL                            |             | EASY STEP GLUCOSE                          |     |
| DILAUDID.....                             | 16, 17  | LANCETS 30G.....                            | 115         | MONITOR.....                               | 116 |
| <i>diltiazem hcl</i> .....                | 51      | <i>dropsafe safety pen needles</i> ....     | 115         | EASY STEP TEST.....                        | 116 |
| <i>diltiazem hcl er</i> .....             | 51      | DROPSAFE SAFETY                             |             | <i>easy talk blood glucose system</i> ..   | 116 |
| <i>diltiazem hcl er beads</i> .....       | 50      | SYRINGE/NEEDLE.....                         | 115         | <i>easy talk blood glucose test</i> ....   | 116 |
| <i>diltiazem hcl er coated beads</i> .... | 50      | <i>drospiren-eth estrad-levomefol</i> ...97 |             | <i>easy talk plus ii test strips</i> ..... | 116 |
| <i>dilt-xr</i> .....                      | 51      | <i>drospirenone-ethinyl estradiol</i> ...97 |             | EASY TOUCH FLIPLOCK                        |     |
| <i>dimethyl fumarate</i> .....            | 78      | DROXIA.....                                 | 174         | INSULIN SY.....                            | 116 |
| <i>dimethyl fumarate starter pack</i> ... | 78      | DRUG MART ON-THE-GO                         |             | EASY TOUCH GLUCOSE                         |     |
| DIOVAN.....                               | 44      | LANCET 30G.....                             | 116         | SYSTEM.....                                | 116 |
| DIOVAN HCT.....                           | 43      | <i>drug mart unifine pentips</i> .....      | 116         | EASY TOUCH HEALTHPRO                       |     |
| DIPENTUM.....                             | 159     | <i>drug mart unifine pentips plus</i> ..    | 116         | GLUCOSE.....                               | 116 |
| <i>diphenhydramine hcl</i> .....          | 204     | DRUG MART UNILET                            |             | EASY TOUCH INSULIN                         |     |
| <i>diphenoxylate-atropine</i> .....       | 157     | LANCETS 28G.....                            | 116         | SAFETY SYR.....                            | 117 |
| DIPROLENE.....                            | 216     | DRUG MART UNILET                            |             | EASY TOUCH INSULIN                         |     |
| <i>dipyridamole</i> .....                 | 174     | LANCETS 30G.....                            | 116         | SYRINGE.....                               | 117 |
| <i>disopyramide phosphate</i> .....       | 45      | DRUG MART UNILET                            |             | EASY TOUCH LANCETS 21G                     |     |
| <i>disulfiram</i> .....                   | 56      | LANCETS 33G.....                            | 116         | .....                                      | 117 |
| DIURIL.....                               | 52      | DSUVIA.....                                 | 17          | EASY TOUCH LANCETS 23G                     |     |
| <i>divalproex sodium</i> .....            | 67      | DUAKLIR PRESSAIR.....                       | 209         | .....                                      | 117 |
| <i>divalproex sodium er</i> .....         | 67      | DUAVEE.....                                 | 149         |                                            |     |
| DIVIGEL.....                              | 149     | DULERA.....                                 | 209         |                                            |     |

|                                               |                                                   |                                             |
|-----------------------------------------------|---------------------------------------------------|---------------------------------------------|
| EASY TOUCH LANCETS 26G<br>.....117            | EASYPRO PLUS..... 118                             | EMBECTA PEN NEEDLE<br>NANO..... 119         |
| EASY TOUCH LANCETS 28G<br>.....117            | EBGLYSS.....215                                   | EMBECTA PEN NEEDLE<br>NANO 2 GEN.....119    |
| EASY TOUCH LANCETS<br>28G/TWIST..... 117      | <i>econazole nitrate</i> .....213                 | EMBECTA PEN NEEDLE<br>ULTRAFINE..... 119    |
| EASY TOUCH LANCETS 30G<br>.....117            | ECONTRA ONE-STEP.....97                           | EMBRACE BLOOD<br>GLUCOSE MONITOR..... 119   |
| EASY TOUCH LANCETS<br>30G/TWIST..... 117      | ECOTRIN LOW STRENGTH... 20                        | EMBRACE BLOOD<br>GLUCOSE TEST..... 119      |
| EASY TOUCH LANCETS 32G<br>.....117            | ECOZA..... 213                                    | EMBRACE EVO BLOOD<br>GLUCOSE TEST..... 119  |
| EASY TOUCH LANCETS<br>32G/TWIST..... 117      | <i>ec-rx estradiol</i> ..... 149                  | EMBRACE EVO GLUCOSE<br>MONITOR.....119      |
| EASY TOUCH LANCETS<br>33G/TWIST..... 117      | <i>ec-rx progesterone</i> ..... 153               | EMBRACE EVO GLUCOSE<br>MONITORING.....119   |
| EASY TOUCH LANCING<br>DEVICE.....117          | <i>ec-rx testosterone</i> .....84                 | EMBRACE LANCETS<br>ULTRA THIN 30G.....119   |
| EASY TOUCH PEN<br>NEEDLES.....117             | EDARBI..... 44                                    | EMBRACE PEN NEEDLES...119                   |
| EASY TOUCH SAFETY<br>LANCETS 21G..... 117     | EDARBYCLOR..... 44                                | EMBRACE PRESSURE<br>ACTIVATED 21G.....119   |
| EASY TOUCH SAFETY<br>LANCETS 23G..... 117     | EDLUAR..... 74                                    | EMBRACE PRESSURE<br>ACTIVATED 28G.....119   |
| EASY TOUCH SAFETY<br>LANCETS 26G..... 117     | EDURANT..... 23                                   | EMBRACE PRO GLUCOSE<br>METER.....119        |
| EASY TOUCH SAFETY<br>LANCETS 28G..... 117     | <i>efavirenz</i> .....23                          | EMBRACE PRO GLUCOSE<br>TEST.....119         |
| EASY TOUCH SAFETY PEN<br>NEEDLES.....117      | Effer-K.....186                                   | EMBRACE TALK BLOOD<br>GLUCOSE..... 119      |
| EASY TOUCH<br>SHEATHLOCK SYRINGE.... 117      | EFFEXOR XR..... 59                                | EMBRACE TALK GLUCOSE<br>TEST.....119        |
| EASY TOUCH TEST.....117                       | EFFIENT..... 174                                  | EMBRACE TALK<br>MONITORING SYSTEM..... 119  |
| <i>easy trak blood glucose system</i> .117    | EGRIFTA WR.....151                                | EMBRACE WAVE BLOOD<br>GLUCOSE..... 119      |
| <i>easy trak blood glucose test</i> ..... 117 | ELELYSO.....149                                   | EMBRACE WAVE GLUCOSE<br>METER.....119       |
| <i>easy trak ii blood glucose sys</i> ... 117 | ELEMENT AUTOCODE<br>SYSTEM.....118                | EMEND..... 158                              |
| <i>easy trak ii glucose test</i> ..... 117    | <i>element compact glucose system</i><br>.....118 | EMEND BIPACK..... 158                       |
| EASYGLUCO..... 117, 118                       | <i>element compact test</i> .....118              | EMEND TRIPACK..... 158                      |
| EASYMAX 15 LEVEL 2-3<br>CONTROL..... 118      | <i>element compact v glucose sys</i> ..118        | EMFLAZA..... 146                            |
| EASYMAX 15 TEST..... 118                      | ELEMENT PLUS..... 118                             | EMGALITY.....75                             |
| EASYMAX CONTROL<br>NORMAL/HIGH..... 118       | ELEMENT TEST..... 118                             | EMGALITY (300 MG DOSE)... 75                |
| EASYMAX NG BLOOD<br>GLUCOSE.....118           | ELEPSIA XR.....67                                 | EMPAVELI..... 173                           |
| EASYMAX TEST..... 118                         | ELESTRIN..... 149                                 | EMSAM.....59                                |
| EASYMAX V BLOOD<br>GLUCOSE.....118            | <i>eletriptan hydrobromide</i> ..... 75           | <i>emtricitabine-tenofovir df</i> ..... 25  |
| EASYPRO BLOOD<br>GLUCOSE MONITOR..... 118     | ELFOLATE PLUS..... 191                            | EMTRIVA..... 23                             |
| EASYPRO BLOOD<br>GLUCOSE TEST..... 118        | ELIDEL..... 215                                   | EMVERM.....21                               |
|                                               | ELIGARD.....34                                    | Emzahh..... 97                              |
|                                               | Elinest..... 97                                   | <i>enalapril maleate</i> .....42            |
|                                               | ELIQUIS.....168                                   | <i>enalapril-hydrochlorothiazide</i> ....42 |
|                                               | ELIQUIS DVT/PE STARTER<br>PACK.....168            | ENBRACE HR..... 188                         |
|                                               | Elixophyllin..... 209                             |                                             |
|                                               | ELLA..... 97                                      |                                             |
|                                               | ELMIRON..... 166                                  |                                             |
|                                               | ELOCTATE.....171                                  |                                             |
|                                               | Eluryng..... 97                                   |                                             |
|                                               | ELYXYB..... 13                                    |                                             |
|                                               | EMBECTA AUTOSHIELD<br>DUO.....118                 |                                             |
|                                               | EMBECTA INS SYR U/F 1/2<br>UNIT..... 118          |                                             |
|                                               | EMBECTA INSULIN SYR<br>ULTRAFINE..... 118         |                                             |
|                                               | EMBECTA INSULIN<br>SYRINGE U-500..... 118         |                                             |

|                                       |     |                                             |              |                                     |     |
|---------------------------------------|-----|---------------------------------------------|--------------|-------------------------------------|-----|
| ENBREL.....                           | 178 | <i>erlotinib hcl</i> .....                  | 36           | EXFORGE.....                        | 44  |
| ENBREL MINI.....                      | 178 | ERMEZA.....                                 | 154          | EXFORGE HCT.....                    | 44  |
| ENBREL SURECLICK.....                 | 178 | Errin.....                                  | 98           | EXJADE.....                         | 95  |
| ENCARE.....                           | 165 | ERTACZO.....                                | 213          | EYLEA.....                          | 201 |
| ENDARI.....                           | 174 | <i>ery</i> .....                            | 211          | EYSUVIS.....                        | 198 |
| Endocet.....                          | 17  | ERYPED 400.....                             | 28           | EZALLOR SPRINKLE.....               | 47  |
| ENDOMETRIN.....                       | 153 | Ery-Tab.....                                | 28           | <i>ezetimibe</i> .....              | 46  |
| Enilloring.....                       | 97  | <i>erythromycin</i> .....                   | 28, 197, 211 | <i>ezetimibe-simvastatin</i> .....  | 48  |
| ENLITE GLUCOSE SENSOR.....            | 119 | <i>erythromycin base</i> .....              | 28           | EZ-LETS LANCETS 21G.....            | 120 |
| ENLITE SERTER.....                    | 119 | <i>erythromycin ethylsuccinate</i> .....    | 28           | EZ-LETS LANCETS 26G.....            | 120 |
| <i>enoxaparin sodium</i> .....        | 168 | ERZOFRI.....                                | 64           | EZ-LETS LANCETS 28G.....            | 120 |
| Enpresse-28.....                      | 98  | ESBRIET.....                                | 207          | EZ-LETS LANCETS 30G.....            | 120 |
| Enskyce.....                          | 98  | <i>escitalopram oxalate</i> .....           | 59           | FA-8.....                           | 192 |
| ENSPRYNG.....                         | 76  | <i>esomeprazole magnesium</i> .....         | 163          | FABHALTA.....                       | 174 |
| ENSTILAR.....                         | 214 | ESPEROCT.....                               | 172          | FABIOR.....                         | 211 |
| <i>entacapone</i> .....               | 62  | Estarylla.....                              | 98           | Falmina.....                        | 98  |
| ENTADFI.....                          | 165 | <i>estazolam</i> .....                      | 74           | <i>famciclovir</i> .....            | 26  |
| <i>entecavir</i> .....                | 29  | <i>estradiol</i> .....                      | 149, 150     | <i>famotidine</i> .....             | 159 |
| ENTRESTO.....                         | 53  | <i>estradiol valerate</i> .....             | 150          | FANAPT.....                         | 64  |
| ENTYVIO.....                          | 176 | <i>estradiol-norethindrone acet...</i>      | 150          | FANAPT TITRATION PACK               |     |
| ENTYVIO PEN.....                      | 178 | ESTRING.....                                | 150          | A.....                              | 64  |
| <i>enulose</i> .....                  | 160 | ESTROGEL.....                               | 150          | FANAPT TITRATION PACK               |     |
| ENVARUS XR.....                       | 185 | <i>eszopiclone</i> .....                    | 74           | C.....                              | 64  |
| EOHILIA.....                          | 161 | <i>ethacrynic acid</i> .....                | 52           | FARXIGA.....                        | 92  |
| EPANED.....                           | 42  | <i>ethambutol hcl</i> .....                 | 26           | FASENRA PEN.....                    | 207 |
| EPCLUSA.....                          | 29  | <i>ethosuximide</i> .....                   | 67           | FC2 FEMALE CONDOM.....              | 98  |
| EPIDIOLEX.....                        | 67  | <i>ethynodiol diac-eth estradiol</i> .....  | 98           | <i>febuxostat</i> .....             | 13  |
| EPIDUO FORTE.....                     | 211 | <i>etodolac</i> .....                       | 14, 15       | FEIBA.....                          | 169 |
| <i>epinastine hcl</i> .....           | 195 | <i>etodolac er</i> .....                    | 14           | Feirza 1.5/30.....                  | 98  |
| <i>epinephrine</i> .....              | 202 | <i>etonogestrel-ethinyl estradiol</i> ..... | 98           | Feirza 1/20.....                    | 98  |
| <i>epinephrine professional</i> ..... | 202 | <i>etoposide</i> .....                      | 41           | <i>felbamate</i> .....              | 67  |
| EPINEPHRINESNAP-EMS.....              | 202 | EUCRISA.....                                | 215          | <i>felodipine er</i> .....          | 51  |
| EPINEPHRINESNAP-V.....                | 202 | EUFLEXXA.....                               | 21           | FEMARA.....                         | 35  |
| EPIPEN 2-PAK.....                     | 202 | EULEXIN.....                                | 35           | FEMCAP.....                         | 98  |
| EPIPEN JR 2-PAK.....                  | 202 | EVAMIST.....                                | 150          | FEMLYV.....                         | 98  |
| <i>eplerenone</i> .....               | 43  | EVEKEO.....                                 | 72           | FEMRING.....                        | 150 |
| EPOGEN.....                           | 170 | EVENITY.....                                | 151          | <i>fenofibrate</i> .....            | 46  |
| <i>epoprostenol sodium</i> .....      | 55  | EVERSENSE 365                               |              | <i>fenofibrate micronized</i> ..... | 46  |
| EPRONTIA.....                         | 67  | SENSOR/HOLDER.....                          | 120          | <i>fenofibric acid</i> .....        | 46  |
| EPSOLAY.....                          | 219 | EVERSENSE 365 SMART                         |              | <i>fenopropfen calcium</i> .....    | 15  |
| <i>eq aspirin low dose</i> .....      | 20  | TRANSMIT.....                               | 120          | <i>fentanyl</i> .....               | 17  |
| <i>eq blood glucose test</i> .....    | 120 | EVERSENSE                                   |              | <i>ferotransin</i> .....            | 192 |
| <i>eq nicotine</i> .....              | 83  | SENSOR/HOLDER.....                          | 120          | FERRIPROX.....                      | 95  |
| <i>eq nicotine polacrilex</i> .....   | 83  | EVERSENSE SMART                             |              | FERRIPROX TWICE-A-DAY...95          |     |
| <i>eq nicotine step 3</i> .....       | 83  | TRANSMITTER.....                            | 120          | FETZIMA.....                        | 59  |
| <i>eq aspirin low dose</i> .....      | 20  | EVOLUTION AUTOCODE....                      | 120          | FETZIMA TITRATION.....              | 59  |
| EQUETRO.....                          | 64  | EVOTAZ.....                                 | 25           | Fexmid.....                         | 80  |
| <i>ergocalciferol</i> .....           | 191 | EVOXAC.....                                 | 221          | FIASP.....                          | 88  |
| ERGOMAR.....                          | 75  | EVRYSDI.....                                | 76           | FIASP FLEXTOUCH.....                | 88  |
| <i>ergotamine-caffeine</i> .....      | 75  | EXELDERM.....                               | 213          | FIASP PENFILL.....                  | 88  |
| ERIVEDGE.....                         | 34  | <i>exemestane</i> .....                     | 35           | FIASP PUMPCART.....                 | 88  |
| ERLEADA.....                          | 35  | <i>exenatide</i> .....                      | 87           | FIBRYGA.....                        | 169 |



|                                               |                                               |                                        |
|-----------------------------------------------|-----------------------------------------------|----------------------------------------|
| FIFTY50 GLUCOSE METER                         | <i>fluticasone furoate-vilanterol</i> ... 209 | FORA LANCETS..... 121                  |
| 2.0..... 120                                  | <i>fluticasone propionate</i> ..... 207, 217  | FORA LANCING DEVICE..... 121           |
| FIFTY50 GLUCOSE TEST 2.0 120                  | <i>fluticasone propionate diskus</i> ... 208  | FORA PREMIUM V10 BLE                   |
| FIFTY50 PEN NEEDLES..... 120                  | <i>fluticasone propionate hfa</i> ..... 208   | SYSTEM..... 121                        |
| FIFTY50 SAFETY SEAL                           | <i>fluticasone-salmeterol</i> ..... 209       | FORA TEST N' GO                        |
| LANCETS..... 120                              | <i>fluvastatin sodium</i> ..... 47            | MONITOR..... 121                       |
| FIFTY50 SUPERIOR                              | <i>fluvastatin sodium er</i> ..... 47         | FORA TN'G ADVANCE PRO 121              |
| COMFORT SYR..... 120                          | <i>fluvoxamine maleate</i> ..... 57           | FORA TN'G VOICE..... 121               |
| FIFTY50 UNILET LANCETS                        | <i>fluvoxamine maleate er</i> ..... 57        | FORA TN'G/TN'G VOICE..... 121          |
| 33G..... 120                                  | FML FORTE..... 198                            | FORA V10 BLOOD                         |
| FILSPARI..... 166                             | FML LIQUIFILM..... 198                        | GLUCOSE TEST..... 121                  |
| FILSUVEZ..... 220                             | FOCALIN XR..... 72                            | FORA V12 BLOOD                         |
| FINACEA..... 220                              | <i>folagent dha</i> ..... 192                 | GLUCOSE SYSTEM..... 121                |
| <i>finasteride</i> ..... 165                  | <i>folamax</i> ..... 192                      | FORA V30A BLOOD                        |
| FINGERSTIX LANCETS..... 120                   | <i>folamed dha</i> ..... 192                  | GLUCOSE TEST..... 121                  |
| FINTEPLA..... 67                              | <i>folaprima</i> ..... 192                    | FORACARE GD40 MONITOR                  |
| Finzala..... 98                               | <i>folate</i> ..... 192                       | ..... 121                              |
| FIORICET..... 14                              | <i>folbee</i> ..... 192                       | FORACARE GD40 TEST..... 121            |
| FIRAZYR..... 183                              | <i>folbee plus</i> ..... 192                  | FORACARE PREMIUM V10. 121              |
| FIRDAPSE..... 76                              | FOLGARD OS..... 192                           | FORACARE PREMIUM V10                   |
| FIRMAGON..... 35                              | <i>folic acid</i> ..... 192                   | TEST..... 121                          |
| FIRMAGON (240 MG DOSE) ... 35                 | FOLI-D..... 192                               | FORACARE TEST N GO                     |
| FIRST-METRONIDAZOLE..... 30                   | <i>folite</i> ..... 192                       | MONITOR..... 121                       |
| FIRVANQ..... 30                               | FOLIVANE-OB..... 188                          | FORACARE TEST N GO                     |
| FLAREX..... 198                               | FOLLISTIM AQ..... 145                         | TEST..... 122                          |
| <i>flavoxate hcl</i> ..... 167                | <i>foltrin</i> ..... 192                      | FORTEO..... 94                         |
| FLEBOGAMMA DIF..... 183                       | FOLVITE-D..... 192                            | FOSAMAX..... 93                        |
| <i>flecainide acetate</i> ..... 45            | <i>fondaparinux sodium</i> ..... 168          | FOSAMAX PLUS D..... 93                 |
| FLEQSUVY..... 80                              | FORA 6 CONNECT..... 120                       | <i>fosamprenavir calcium</i> ..... 23  |
| FLOLAN..... 55                                | FORA 6 CONNECT/GTEL                           | <i>fosinopril sodium</i> ..... 42      |
| <i>flolipid</i> ..... 47                      | TEST..... 120                                 | <i>fosinopril sodium-hctz</i> ..... 42 |
| FLORIVA..... 192                              | FORA D40/G31 BLOOD                            | FOSRENOL..... 152                      |
| FLORIVA PLUS..... 192                         | GLUCOSE..... 120                              | FOSTEUM..... 192                       |
| <i>fluconazole</i> ..... 22                   | FORA G20 BLOOD                                | FOSTEUM PLUS..... 192                  |
| <i>flucytosine</i> ..... 22                   | GLUCOSE SYSTEM..... 120                       | FOTIVDA..... 37                        |
| <i>fludrocortisone acetate</i> ..... 146      | FORA G20 BLOOD                                | FRAGMIN..... 168                       |
| <i>flunisolide</i> ..... 207                  | GLUCOSE TEST..... 120                         | FREESTYLE FREEDOM LITE                 |
| <i>fluocinolone acetonide</i> ..... 217, 221  | FORA G30A BLOOD                               | ..... 122                              |
| <i>fluocinolone acetonide body</i> ..... 217  | GLUCOSE SYSTEM..... 120                       | FREESTYLE INSULINX                     |
| <i>fluocinolone acetonide scalp</i> ... 217   | FORA GD20 BLOOD                               | TEST..... 122                          |
| <i>fluocinonide</i> ..... 217                 | GLUCOSE SYSTEM..... 121                       | FREESTYLE LANCETS..... 122             |
| <i>fluocinonide emulsified base</i> ..... 217 | FORA GD20 TEST..... 121                       | FREESTYLE LIBRE 14 DAY                 |
| <i>fluorometholone</i> ..... 198              | FORA GD50 BLOOD                               | READER..... 122                        |
| <i>fluorouracil</i> ..... 212                 | GLUCOSE SYSTEM..... 121                       | FREESTYLE LIBRE 14 DAY                 |
| <i>fluoxetine hcl</i> ..... 59                | FORA GD50 BLOOD                               | SENSOR..... 122                        |
| <i>fluoxetine hcl (pmd)</i> ..... 82          | GLUCOSE TEST..... 121                         | FREESTYLE LIBRE 2 PLUS                 |
| <i>fluphenazine decanoate</i> ..... 64        | FORA GTEL BLOOD                               | SENSOR..... 122                        |
| <i>fluphenazine hcl</i> ..... 64              | GLUCOSE SYSTEM..... 121                       | FREESTYLE LIBRE 2                      |
| <i>flurandrenolide</i> ..... 217              | FORA GTEL BLOOD                               | READER..... 122                        |
| <i>flurazepam hcl</i> ..... 74                | GLUCOSE TEST..... 121                         | FREESTYLE LIBRE 2                      |
| <i>flurbiprofen</i> ..... 15                  | FORA GTEL BLOOD                               | SENSOR..... 122                        |
| <i>flurbiprofen sodium</i> ..... 198          | KETONE TEST..... 121                          |                                        |

|                                         |                                        |          |                                            |     |
|-----------------------------------------|----------------------------------------|----------|--------------------------------------------|-----|
| FREESTYLE LIBRE 3 PLUS                  | <i>gemfibrozil</i> .....               | 47       | GLEOSTINE.....                             | 33  |
| SENSOR.....                             | Gemmily.....                           | 98       | <i>glimepiride</i> .....                   | 92  |
| FREESTYLE LIBRE 3                       | GEMTESA.....                           | 167      | <i>glipizide</i> .....                     | 92  |
| READER.....                             | <i>generlac</i> .....                  | 160      | <i>glipizide er</i> .....                  | 92  |
| FREESTYLE LIBRE 3                       | Gengraf.....                           | 185      | <i>glipizide-metformin hcl</i> .....       | 86  |
| SENSOR.....                             | GENOTROPIN.....                        | 148      | <i>global ease inject pen needles</i> ..   | 123 |
| FREESTYLE LIBRE READER                  | GENOTROPIN MINQUICK..                  | 147      | <i>global easy glide insulin syr</i> ....  | 123 |
| .....                                   | <i>gentamicin sulfate</i> .....        | 197, 212 | <i>global easy glide pen needles</i> ...   | 123 |
| FREESTYLE LITE.....                     | GENTEEL BUTTERFLY                      |          | <i>global inject ease insulin syr</i> .... | 123 |
| FREESTYLE LITE TEST.....                | TOUCH LANCET.....                      | 122      | <i>global inject ease lancets 28g</i> ...  | 123 |
| FREESTYLE PRECISION                     | GENTEEL CONTACT TIPS                   |          | <i>global inject ease lancets 30g</i> ...  | 123 |
| NEO SYSTEM.....                         | (BLUE).....                            | 122      | <i>global insulin syringes</i> .....       | 123 |
| FREESTYLE PRECISION                     | GENTEEL CONTACT TIPS                   |          | <i>global lancing device</i> .....         | 123 |
| NEO TEST.....                           | (CLEAR).....                           | 123      | GLOPERBA.....                              | 13  |
| FREESTYLE TEST.....                     | GENTEEL CONTACT TIPS                   |          | <i>glucagon emergency</i> .....            | 147 |
| FREESTYLE UNISTICK II                   | (GREEN).....                           | 123      | GLUCO PERFECT 3 METER..                    | 123 |
| LANCETS.....                            | GENTEEL CONTACT TIPS                   |          | GLUCO PERFECT 3 TEST.....                  | 123 |
| <i>frovatriptan succinate</i> .....     | (ORANGE).....                          | 123      | GLUCOCARD 01 BLOOD                         |     |
| FRUZAQLA.....                           | GENTEEL CONTACT TIPS                   |          | GLUCOSE.....                               | 123 |
| <i>ft aspirin</i> .....                 | (RAINBOW).....                         | 123      | GLUCOCARD 01 SENSOR                        |     |
| <i>ft aspirin low dose</i> .....        | GENTEEL CONTACT TIPS                   |          | PLUS.....                                  | 124 |
| <i>ft folic acid</i> .....              | (VIOLET).....                          | 123      | GLUCOCARD 01-MINI                          |     |
| <i>ft nicotine</i> .....                | GENTEEL CONTACT TIPS                   |          | GLUCOSE.....                               | 124 |
| <i>ft nicotine mini</i> .....           | (YELLOW).....                          | 123      | GLUCOCARD EXPRESSION                       |     |
| FULPHILA.....                           | GENTEEL LANCING KIT                    |          | MONITOR.....                               | 124 |
| <i>fungimez</i> .....                   | (BLUE).....                            | 123      | GLUCOCARD EXPRESSION                       |     |
| FUROSCIX.....                           | GENTEEL NOZZLES.....                   | 123      | TEST.....                                  | 124 |
| <i>furosemide</i> .....                 | GENTEEL PLUS LANCING                   |          | GLUCOCARD SHINE                            |     |
| FUSION PLUS.....                        | (BLACK).....                           | 123      | CONNEX.....                                | 124 |
| FUZEON.....                             | GENTEEL PLUS LANCING                   |          | GLUCOCARD SHINE                            |     |
| Fyavolv.....                            | (PURPLE).....                          | 123      | EXPRESS.....                               | 124 |
| FYCOMPA.....                            | GENTEEL PLUS LANCING                   |          | GLUCOCARD SHINE TEST..                     | 124 |
| FYLNETRA.....                           | (WHITE).....                           | 123      | GLUCOCARD SHINE XL.....                    | 124 |
| Fyremadel.....                          | GENTEEL PLUS LANCING                   |          | GLUCOCARD VITAL                            |     |
| <i>gabapentin</i> .....                 | DEV(BLUE).....                         | 123      | MONITOR.....                               | 124 |
| GALAFOLD.....                           | GENTEEL PLUS LANCING                   |          | GLUCOCARD VITAL TEST..                     | 124 |
| <i>galantamine hydrobromide</i> .....   | DEV(PINK).....                         | 123      | GLUCOCARD X-METER.....                     | 124 |
| <i>galantamine hydrobromide er</i> .... | GENULTIMATE TEST.....                  | 123      | GLUCOCARD X-SENSOR.....                    | 124 |
| GAMMAGARD.....                          | GENVISC 850.....                       | 21       | GLUCOCOM BLOOD                             |     |
| GAMMAGARD S/D LESS                      | GENVOYA.....                           | 25       | GLUCOSE MONITOR.....                       | 124 |
| IGA.....                                | GEODON.....                            | 64       | GLUCOCOM LANCETS 28G..                     | 124 |
| GAMMAKED.....                           | <i>ght blood glucose monitor</i> ..... | 123      | GLUCOCOM LANCETS 30G..                     | 124 |
| GAMMAPLEX.....                          | <i>ght test</i> .....                  | 123      | GLUCOCOM LANCETS 33G..                     | 124 |
| GAMUNEX-C.....                          | GIAPREZA.....                          | 54       | GLUCOCOM MONITOR.....                      | 124 |
| <i>ganirelix acetate</i> .....          | GILENYA.....                           | 78       | GLUCOCOM TEST.....                         | 124 |
| <i>gatifloxacin</i> .....               | GILOTRIF.....                          | 37       | GLUCONAVII BLOOD                           |     |
| GATTEX.....                             | GIMOTI.....                            | 161      | GLUCOSE SYS.....                           | 124 |
| GAVRETO.....                            | GLASSIA.....                           | 201      | GLUCONAVII BLOOD                           |     |
| <i>ge100 blood glucose system</i> ..... | <i>glatiramer acetate</i> .....        | 78       | GLUCOSE TEST.....                          | 124 |
| <i>ge100 blood glucose test</i> .....   | Glatopa.....                           | 78       | GLUCOPRO INSULIN                           |     |
| GEL-ONE.....                            | GLEEVEC.....                           | 37       | SYRINGE.....                               | 124 |
| GELSYN-3.....                           | GLEOLAN.....                           | 186      |                                            |     |



|                                      |                                  |     |                                   |        |
|--------------------------------------|----------------------------------|-----|-----------------------------------|--------|
| GLUCOPRO SYR RES 3ML                 | GONAL-F RFF REDIJECT.....        | 145 | Haloette.....                     | 98     |
| 22GX3/8".....                        | goodsense aspirin low dose.....  | 20  | HALOG.....                        | 217    |
| glucose meter test.....              | goodsense nicotine.....          | 83  | haloperidol.....                  | 62, 64 |
| glyburide.....                       | GRALISE.....                     | 82  | haloperidol decanoate.....        | 64     |
| glyburide micronized.....            | granisetron hcl.....             | 158 | haloperidol lactate.....          | 64     |
| glyburide-metformin.....             | GRANIX.....                      | 170 | HARVONI.....                      | 29     |
| GLYCATÉ.....                         | GRASTEK.....                     | 175 | healthwise insulin syr/needle.... | 126    |
| glycolic acid.....                   | griseofulvin microsize.....      | 22  | healthwise micron pen needles.    | 126    |
| glycopyrrolate.....                  | griseofulvin ultramicrosize..... | 22  | healthwise short pen needles....  | 126    |
| Glydo.....                           | guanfacine hcl.....              | 54  | Heather.....                      | 98     |
| GLYXAMBI.....                        | guanfacine hcl er.....           | 72  | h-e-b aspirin.....                | 20     |
| gnp adult aspirin low strength....   | GUARDIAN 4 GLUCOSE               |     | h-e-b incontrol adv lancing.....  | 126    |
| gnp aspirin.....                     | SENSOR.....                      | 125 | h-e-b incontrol lancets 28g.....  | 126    |
| GNP EASY TOUCH CONT                  | GUARDIAN 4                       |     | h-e-b incontrol lancets 30g.....  | 126    |
| HIGH/LOW.....                        | TRANSMITTER.....                 | 125 | h-e-b incontrol lancets 33g.....  | 126    |
| GNP EASY TOUCH                       | GUARDIAN LINK 3                  |     | h-e-b incontrol pen needles.....  | 126    |
| GLUCOSE METER.....                   | TRANSMITTER.....                 | 125 | H-E-B INCONTROL UNIFINE           |        |
| gnp easy touch glucose test.....     | GUARDIAN REAL-TIME               |     | PENTIP.....                       | 126    |
| gnp folic acid.....                  | CHARGER.....                     | 125 | HEMADY.....                       | 146    |
| gnp insulin syringe.....             | GUARDIAN REAL-TIME               |     | HEMANGEOL.....                    | 49     |
| gnp insulin syringes.....            | REPLACE PED.....                 | 126 | HEMLIBRA.....                     | 172    |
| gnp insulin syringes 28gx1/2"....    | GUARDIAN REAL-TIME               |     | HEMOCYTE PLUS.....                | 192    |
| gnp insulin syringes 29gx1/2"....    | TEST PLUG.....                   | 126 | HEMOFIL M.....                    | 172    |
| gnp insulin syringes 30gx5/16"....   | GUARDIAN SENSOR (3).....         | 126 | heparin sod (porcine) in d5w....  | 168    |
| gnp insulin syringes 31gx5/16"....   | guardian sensor 3.....           | 126 | heparin sodium (porcine).....     | 168    |
| gnp nicotine.....                    | GVOKE HYOPEN 1-PACK..            | 147 | heparin sodium (porcine) pf.....  | 168    |
| gnp nicotine mini.....               | GVOKE HYOPEN 2-PACK..            | 147 | hepmad.....                       | 168    |
| gnp nicotine polacrilex.....         | GVOKE PFS.....                   | 147 | HER STYLE.....                    | 98     |
| gnp sterile lancets 28g.....         | GYNAZOLE-1.....                  | 168 | HETLIOZ.....                      | 74     |
| gnp sterile lancets 30g.....         | HABITROL.....                    | 83  | HETLIOZ LQ.....                   | 74     |
| gnp sterile lancets 33g.....         | HADLIMA.....                     | 178 | Hidex 6-Day.....                  | 146    |
| GNP TRUE METRIX AIR                  | HADLIMA PUSHTOUCH.....           | 178 | HIZENTRA.....                     | 184    |
| METER.....                           | HAEGARDA.....                    | 183 | HM EMBRACE TALK                   |        |
| GNP TRUE METRIX                      | HAEMOLANCE.....                  | 126 | SYSTEM.....                       | 126    |
| GLUCOSE METER.....                   | HAEMOLANCE LOW FLOW              |     | HM ULTICARE INSULIN               |        |
| GNP TRUE METRIX                      | LANCETS.....                     | 126 | SYRINGE.....                      | 126    |
| GLUCOSE STRIPS.....                  | HAEMOLANCE PLUS.....             | 126 | HM ULTICARE MINI PEN              |        |
| GNP TRUETRACK SMART                  | HAEMOLANCE PLUS HIGH             |     | NEEDLES.....                      | 126    |
| SYSTEM.....                          | FLOW.....                        | 126 | HM ULTICARE SHORT PEN             |        |
| GNP TRUETRACK TEST                   | HAEMOLANCE PLUS LOW              |     | NEEDLES.....                      | 126    |
| STRIPS.....                          | FLOW.....                        | 126 | HORIZANT.....                     | 82     |
| gnp ulticare pen needles.....        | HAEMOLANCE PLUS MAX              |     | HULIO (2 PEN).....                | 179    |
| GNP ULTIGUARD                        | FLOW.....                        | 126 | HULIO (2 SYRINGE).....            | 179    |
| SAFEPACK NEEDLE.....                 | HAEMOLANCE PLUS                  |     | HUMALOG.....                      | 88     |
| gnp ultra com insulin syringe... 125 | PEDIATRIC FLOW.....              | 126 | HUMALOG KWIKPEN.....              | 88     |
| GOCOVRI.....                         | Hailey 1.5/30.....               | 98  | HUMALOG MIX 50/50                 |        |
| GOJJI LANCING                        | Hailey 24 Fe.....                | 98  | KWIKPEN.....                      | 88     |
| DEVICE/CLEAR CAP.....                | Hailey Fe 1.5/30.....            | 98  | HUMALOG MIX 75/25.....            | 88     |
| GOJJI STERILE LANCETS....            | Hailey Fe 1/20.....              | 98  | HUMALOG MIX 75/25                 |        |
| GOLYTELY.....                        | halcinonide.....                 | 217 | KWIKPEN.....                      | 88     |
| GOMEKLI.....                         | HALCION.....                     | 74  | HUMALOG TEMPO PEN.....            | 88     |
| GONAL-F.....                         | halobetasol propionate.....      | 217 | HUMATE-P.....                     | 169    |

|                                            |               |                                   |     |                                            |     |
|--------------------------------------------|---------------|-----------------------------------|-----|--------------------------------------------|-----|
| HUMATIN.....                               | 22            | HYQVIA.....                       | 184 | INBRIJA.....                               | 62  |
| HUMATROPE.....                             | 148           | HYRIMOZ.....                      | 179 | Incassia.....                              | 98  |
| HUMIRA (1 PEN).....                        | 179           | HYRIMOZ-PLAQUE                    |     | INCONTROL ULTICARE                         |     |
| HUMIRA (2 PEN).....                        | 179           | PSORIASIS START.....              | 179 | PEN NEEDLES.....                           | 127 |
| HUMIRA (2 SYRINGE).....                    | 179           | HYSINGLA ER.....                  | 17  | INCRELEX.....                              | 151 |
| HUMIRA-PSORIASIS/UEVIT                     |               | HY-VEE LANCETS.....               | 127 | INCRUSE ELLIPTA.....                       | 203 |
| STARTER.....                               | 179           | <i>hy-vee thin lancets</i> .....  | 127 | <i>indapamide</i> .....                    | 52  |
| HUMULIN 70/30.....                         | 88            | HYZAAR.....                       | 44  | INDERAL LA.....                            | 49  |
| HUMULIN 70/30 KWIKPEN....                  | 88            | <i>ibandronate sodium</i> .....   | 93  | INDERAL XL.....                            | 49  |
| HUMULIN N.....                             | 89            | IBRANCE.....                      | 37  | INDOCIN.....                               | 15  |
| HUMULIN N KWIKPEN.....                     | 89            | IBSRELA.....                      | 160 | Indocin.....                               | 15  |
| HUMULIN R.....                             | 89            | IBTROZI.....                      | 37  | <i>indomethacin</i> .....                  | 15  |
| HUMULIN R U-500                            |               | Ibu.....                          | 15  | <i>indomethacin er</i> .....               | 15  |
| KWIKPEN.....                               | 89            | <i>ibuprofen</i> .....            | 15  | INFINITY BLOOD GLUCOSE                     |     |
| HW EMBRACE PRO                             |               | <i>ibuprofen-famotidine</i> ..... | 16  | SYSTEM.....                                | 127 |
| GLUCOSE METER.....                         | 126           | ICAR-C PLUS.....                  | 192 | INFINITY BLOOD GLUCOSE                     |     |
| HW EMBRACE PRO                             |               | <i>icatibant acetate</i> .....    | 183 | TEST.....                                  | 127 |
| GLUCOSE TEST.....                          | 127           | Iclevia.....                      | 98  | INFINITY VOICE.....                        | 127 |
| HW EMBRACE TALK                            |               | ICLUSIG.....                      | 37  | INFLECTRA.....                             | 176 |
| BLOOD GLUCOSE.....                         | 127           | <i>icosapent ethyl</i> .....      | 48  | <i>infliximab</i> .....                    | 176 |
| HW EMBRACE TALK                            |               | IDELVION.....                     | 173 | INGREZZA.....                              | 77  |
| GLUCOSE TEST.....                          | 127           | IDHIFA.....                       | 40  | INLYTA.....                                | 37  |
| HYALGAN.....                               | 21            | IFE-BIMIX 30/1.....               | 165 | INNOPRAN XL.....                           | 49  |
| HYCAMTIN.....                              | 41            | IGLUCOSE MONITORING               |     | INPEFA.....                                | 53  |
| HYCODAN.....                               | 205           | SYSTEM.....                       | 127 | INQOVI.....                                | 33  |
| <i>hydralazine hcl</i> .....               | 54            | IGLUCOSE TEST STRIPS.....         | 127 | INREBIC.....                               | 37  |
| HYDREA.....                                | 40            | IHEALTH BLOOD GLUCOSE             |     | INSPIRA.....                               | 43  |
| <i>hydrochlorothiazide</i> .....           | 52            | TEST STR.....                     | 127 | <i>insulin degludec</i> .....              | 89  |
| <i>hydrocod poli-chlorphe poli er</i> .205 |               | ILARIS.....                       | 186 | <i>insulin degludec flextouch</i> .....    | 89  |
| <i>hydrocodone bit-homatrop mbr</i> 205    |               | ILEVRO.....                       | 198 | <i>insulin glargine max solostar</i> ..... | 89  |
| <i>hydrocodone-acetaminophen</i> .....     | 17            | ILUMYA.....                       | 176 | <i>insulin glargine solostar</i> .....     | 89  |
| <i>hydrocodone-ibuprofen</i> .....         | 17            | <i>imatinib mesylate</i> .....    | 37  | <i>insulin glargine-yfgn</i> .....         | 89  |
| <i>hydrocortisone</i> .....                | 146, 159, 217 | IMBRUVICA.....                    | 37  | <i>insulin syringe</i> .....               | 127 |
| <i>hydrocortisone (perianal)</i> .....     | 164           | IMCIVREE.....                     | 151 | <i>insulin syringe-needle u-100</i> .....  | 127 |
| <i>hydrocortisone ace-pramoxine</i> .164   |               | <i>imipramine hcl</i> .....       | 59  | <i>insupen pen needles</i> .....           | 127 |
| <i>hydrocortisone butyrate</i> .....       | 217           | <i>imipramine pamoate</i> .....   | 59  | INTELENCE.....                             | 23  |
| <i>hydrocortisone valerate</i> .....       | 217           | <i>imiquimod</i> .....            | 212 | INTRAROSA.....                             | 151 |
| <i>hydrocortisone-acetic acid</i> .....    | 221           | <i>imiquimod pump</i> .....       | 212 | Introvale.....                             | 99  |
| <i>hydromet</i> .....                      | 205           | <i>imkeldi</i> .....              | 37  | INTUNIV.....                               | 72  |
| <i>hydromorphone hcl</i> .....             | 17            | IMPOYZ.....                       | 217 | INVEGA HAFYERA.....                        | 64  |
| <i>hydromorphone hcl er</i> .....          | 17            | IMURAN.....                       | 185 | INVEGA SUSTENNA.....                       | 64  |
| <i>hydroxychloroquine sulfate</i> .23, 182 |               | IMVEXXY MAINTENANCE               |     | INVEGA TRINZA.....                         | 64  |
| <i>hydroxyurea</i> .....                   | 40            | PACK.....                         | 150 | INVELTYS.....                              | 198 |
| <i>hydroxyzine hcl</i> .....               | 204           | IMVEXXY STARTER PACK.150          |     | INVOKAMET.....                             | 91  |
| <i>hydroxyzine pamoate</i> .....           | 204           | IN TOUCH.....                     | 127 | INVOKAMET XR.....                          | 91  |
| HYFTOR.....                                | 219           | IN TOUCH BLOOD                    |     | INVOKANA.....                              | 92  |
| <i>hylavite</i> .....                      | 192           | GLUCOSE TEST.....                 | 127 | <i>iodine tincture</i> .....               | 219 |
| <i>hylazinc</i> .....                      | 192           | IN TOUCH LANCING                  |     | IOPIDINE.....                              | 201 |
| HYMOVIS.....                               | 21            | DEVICE.....                       | 127 | <i>ipratropium bromide</i> .....           | 203 |
| <i>hyoscyamine sulfate</i> .....           | 156           | IN TOUCH STERILE                  |     | <i>ipratropium-albuterol</i> .....         | 202 |
| <i>hyoscyamine sulfate er</i> .....        | 156           | LANCETS 30G.....                  | 127 | IQIRVO.....                                | 161 |
| HYPERSAL.....                              | 207           | INATAL GT.....                    | 188 | <i>irbesartan</i> .....                    | 44  |

|                                          |         |                                     |              |                                            |          |
|------------------------------------------|---------|-------------------------------------|--------------|--------------------------------------------|----------|
| <i>irbesartan-hydrochlorothiazide</i> .. | 44      | JYNARQUE.....                       | 151          | KOATE.....                                 | 172      |
| IRESSA.....                              | 37      | Kaitlib Fe.....                     | 99           | KOATE-DVI.....                             | 172      |
| ISENTRESS.....                           | 23, 24  | KALETRA.....                        | 25           | KOGENATE FS.....                           | 172      |
| ISENTRESS HD.....                        | 23      | Kalliga.....                        | 99           | KONVOMEF.....                              | 163      |
| Isibloom.....                            | 99      | KALYDECO.....                       | 206          | KORLYM.....                                | 151      |
| <i>isoniazid</i> .....                   | 26      | KAPSPARGO SPRINKLE.....             | 49           | KOSELUGO.....                              | 37       |
| ISORDIL TITRADOSE.....                   | 54      | KARBINAL ER.....                    | 204          | <i>kosher prenatal plus iron</i> .....     | 188      |
| <i>isosorbide dinitrate</i> .....        | 54      | Kariva.....                         | 99           | KOVALTRY.....                              | 172      |
| <i>isosorbide mononitrate</i> .....      | 54      | KATERZIA.....                       | 51           | <i>kp aspirin</i> .....                    | 20       |
| <i>isosorbide mononitrate er</i> .....   | 54      | Kelnor 1/35.....                    | 99           | K-PHOS.....                                | 186      |
| <i>isotretinoin</i> .....                | 211     | KEPPRA.....                         | 68           | KRAZATI.....                               | 40       |
| <i>isradipine</i> .....                  | 51      | KEPPRA XR.....                      | 68           | KRINTAFEL.....                             | 23       |
| ISTURISA.....                            | 106     | KERASTAT.....                       | 220          | Kristalose.....                            | 160      |
| ITOVEBI.....                             | 37      | KERENDIA.....                       | 43           | KROGER AUTOLET                             |          |
| <i>itraconazole</i> .....                | 22      | KESIMPTA.....                       | 78           | LANCING DEVICE.....                        | 128      |
| <i>ivermectin</i> .....                  | 21, 220 | <i>ketoconazole</i> .....           | 22, 213, 214 | KROGER HEALTHPRO                           |          |
| IWILFIN.....                             | 40      | Ketodan.....                        | 213          | LANCET 26G.....                            | 128      |
| IXINITY.....                             | 173     | KETO-DIASTIX.....                   | 127          | <i>kroger lancets</i> .....                | 128      |
| IYUZEH.....                              | 200     | <i>ketone test</i> .....            | 127          | <i>kroger lancets super thin</i> .....     | 128      |
| JADENU.....                              | 95      | <i>ketoprofen</i> .....             | 15           | <i>kroger lancets thin</i> .....           | 128      |
| JADENU SPRINKLE.....                     | 95      | <i>ketoprofen er</i> .....          | 15           | <i>kroger pen needles</i> .....            | 128      |
| Jaimiess.....                            | 99      | <i>ketorolac tromethamine</i> ..... | 15, 198      | KRYSTEXXA.....                             | 13       |
| JAKAFI.....                              | 37      | KETOSTIX.....                       | 127          | K-Tan Plus.....                            | 193      |
| JALYN.....                               | 165     | KEVEYIS.....                        | 52           | Kurvelo.....                               | 99       |
| Jantoven.....                            | 169     | KEVZARA.....                        | 179          | KUVAN.....                                 | 151      |
| JANUMET.....                             | 86      | <i>keyfolic</i> .....               | 193          | KYLEENA.....                               | 99       |
| JANUMET XR.....                          | 86      | KINERET.....                        | 179          | KYZATREX.....                              | 85       |
| JANUVIA.....                             | 87      | <i>kinney lancets</i> .....         | 128          | <i>l.e.t.</i> .....                        | 218      |
| JARDIANCE.....                           | 92      | <i>kinney thin lancets</i> .....    | 128          | <i>l.e.t. (racepinephrine)</i> .....       | 218      |
| Jasmiel.....                             | 99      | <i>kinray insulin syringe</i> ..... | 128          | <i>labetalol hcl</i> .....                 | 49       |
| JATENZO.....                             | 85      | Kionex.....                         | 153          | <i>lactated ringers</i> .....              | 201      |
| JAYPIRCA.....                            | 37      | KISQALI (200 MG DOSE).....          | 37           | LACTEROL.....                              | 157      |
| Jencycla.....                            | 99      | KISQALI (400 MG DOSE).....          | 37           | <i>lactovive</i> .....                     | 157      |
| <i>jenliva prenatal/postnatal</i> .....  | 188     | KISQALI (600 MG DOSE).....          | 37           | <i>lactulose</i> .....                     | 160, 161 |
| JENTADUETO.....                          | 86      | KITABIS PAK (W/<br>NEBULIZER).....  | 206          | LAMICTAL.....                              | 68       |
| JENTADUETO XR.....                       | 86      | KLARITY-A.....                      | 197          | LAMICTAL ODT.....                          | 68       |
| Jinteli.....                             | 150     | KLARITY-L.....                      | 198          | LAMICTAL STARTER.....                      | 68       |
| JIVI.....                                | 172     | KLISYRI (250 MG).....               | 212          | LAMICTAL XR.....                           | 68       |
| JOENJA.....                              | 185     | KLISYRI (350 MG).....               | 212          | <i>lamivudine</i> .....                    | 24, 29   |
| Jolessa.....                             | 99      | KLONOPIN.....                       | 68           | <i>lamivudine-zidovudine</i> .....         | 25       |
| JORNAY PM.....                           | 72      | Klor-Con.....                       | 186          | <i>lamotrigine</i> .....                   | 68       |
| Joyeaux.....                             | 99      | Klor-Con.....                       | 186          | <i>lamotrigine er</i> .....                | 68       |
| JUBLIA.....                              | 213     | Klor-Con 10.....                    | 186          | <i>lamotrigine starter kit-blue</i> .....  | 68       |
| Juleber.....                             | 99      | Klor-Con M10.....                   | 186          | <i>lamotrigine starter kit-green</i> ..... | 68       |
| JULUCA.....                              | 25      | Klor-Con M15.....                   | 186          | <i>lamotrigine starter kit-orange</i> .... | 68       |
| Junel 1.5/30.....                        | 99      | Klor-Con M20.....                   | 186          | LAMPIT.....                                | 30       |
| Junel 1/20.....                          | 99      | Klor-Con/Mf.....                    | 186          | <i>lancet device</i> .....                 | 128      |
| Junel Fe 1.5/30.....                     | 99      | KLOXXADO.....                       | 81           | <i>lancet device with ejector</i> .....    | 128      |
| Junel Fe 1/20.....                       | 99      | <i>kls aspirin low dose</i> .....   | 20           | <i>lancets</i> .....                       | 128      |
| Junel Fe 24.....                         | 99      | KLS QUIT2.....                      | 83           | <i>lancets 30g</i> .....                   | 128      |
| JUXTAPID.....                            | 48      | KLS QUIT4.....                      | 83           | <i>lancets 33g</i> .....                   | 128      |
| JYLAMVO.....                             | 33      |                                     |              | <i>lancets micro thin 33g</i> .....        | 128      |

|                                     |     |                                             |          |                                            |     |
|-------------------------------------|-----|---------------------------------------------|----------|--------------------------------------------|-----|
| <i>lancets super thin 28g</i> ..... | 128 | <i>levallbuterol tartrate</i> .....         | 204      | <i>lithium carbonate</i> .....             | 77  |
| <i>lancets thin</i> .....           | 128 | LEVVID.....                                 | 157      | <i>lithium carbonate er</i> .....          | 77  |
| LANCETS ULTRA THIN.....             | 128 | <i>levetiracetam</i> .....                  | 68       | LITHOBID.....                              | 77  |
| <i>lancing device</i> .....         | 128 | <i>levetiracetam er</i> .....               | 68       | LITHOSTAT.....                             | 166 |
| LANOXIN.....                        | 52  | <i>levobunolol hcl</i> .....                | 195      | LIVALO.....                                | 47  |
| <i>lanreotide acetate</i> .....     | 84  | <i>levocarnitine</i> .....                  | 94       | LIVDELZI.....                              | 161 |
| <i>lansoprazole</i> .....           | 163 | <i>levocetirizine dihydrochloride</i> ..    | 204      | <i>live better lancet super thin</i> ..... | 128 |
| <i>lanthanum carbonate</i> .....    | 152 | <i>levofloxacin</i> .....                   | 29       | LIVMARLI.....                              | 161 |
| LANTUS.....                         | 89  | Levonest.....                               | 100      | LIVTENCITY.....                            | 26  |
| LANTUS SOLOSTAR.....                | 89  | <i>levonorgest-eth estrad 91-day</i> ..     | 100      | L-MESITRAN SOFT WOUND                      |     |
| LANZO.....                          | 128 | <i>levonorgest-eth estradiol-iron</i> ..    | 100      | .....                                      | 220 |
| Larin 1.5/30.....                   | 99  | <i>levonorgestrel</i> .....                 | 100      | LMR PLUS.....                              | 218 |
| Larin 1/20.....                     | 99  | <i>levonorgestrel-ethinyl estrad</i> ....   | 100      | LO LOESTRIN FE.....                        | 100 |
| Larin 24 Fe.....                    | 100 | <i>levonorg-eth estrad triphasic</i> ....   | 100      | LODINE.....                                | 15  |
| Larin Fe 1.5/30.....                | 100 | Levora 0.15/30 (28).....                    | 100      | LODOCO.....                                | 54  |
| Larin Fe 1/20.....                  | 100 | <i>levorphanol tartrate</i> .....           | 17       | Loestrin 1.5/30 (21).....                  | 100 |
| <i>latanoprost</i> .....            | 200 | Levo-T.....                                 | 154      | Loestrin 1/20 (21).....                    | 100 |
| LATUDA.....                         | 64  | <i>levothyroxine sodium</i> .....           | 154      | Loestrin Fe 1.5/30.....                    | 100 |
| LAZCLUZE.....                       | 38  | Levoxyl.....                                | 154      | Loestrin Fe 1/20.....                      | 100 |
| LDL CARE.....                       | 193 | LEVSIN.....                                 | 157      | Lofena.....                                | 15  |
| LDO PLUS.....                       | 218 | LEVSIN/SL.....                              | 157      | Lojaimiess.....                            | 100 |
| LEADER UNIFINE PENTIPS.....         | 128 | LEXAPRO.....                                | 59       | LOKELMA.....                               | 153 |
| LEADER UNIFINE PENTIPS              |     | Lexette.....                                | 217      | Lomaira.....                               | 93  |
| PLUS.....                           | 128 | LIALDA.....                                 | 159      | LOMOTIL.....                               | 157 |
| <i>ledipasvir-sofosbuvir</i> .....  | 29  | LIBERTY MEDICAL                             |          | LONSURF.....                               | 33  |
| Leena.....                          | 100 | LANCETS.....                                | 128      | <i>loperamide hcl</i> .....                | 157 |
| <i>leflunomide</i> .....            | 182 | LIBRAX.....                                 | 159      | LOPRESSOR.....                             | 49  |
| LENVIMA (10 MG DAILY                |     | LICART.....                                 | 15       | <i>lorazepam</i> .....                     | 57  |
| DOSE).....                          | 38  | <i>lidocaine</i> .....                      | 218      | LORBRENA.....                              | 38  |
| LENVIMA (12 MG DAILY                |     | <i>lidocaine hcl</i> .....                  | 218, 221 | LOREEV XR.....                             | 57  |
| DOSE).....                          | 38  | <i>lidocaine hcl urethral/mucosal</i> ..... | 218      | Loryna.....                                | 100 |
| LENVIMA (14 MG DAILY                |     | <i>lidocaine viscous hcl</i> .....          | 221      | <i>losartan potassium</i> .....            | 44  |
| DOSE).....                          | 38  | <i>lidocaine-prilocaine</i> .....           | 218      | <i>losartan potassium-hctz</i> .....       | 44  |
| LENVIMA (18 MG DAILY                |     | LIDODERM.....                               | 218      | LOTEMAX.....                               | 198 |
| DOSE).....                          | 38  | LIKMEZ.....                                 | 30       | LOTEMAX SM.....                            | 199 |
| LENVIMA (20 MG DAILY                |     | LILETTA (52 MG).....                        | 100      | <i>loteprednol etabonate</i> .....         | 199 |
| DOSE).....                          | 38  | <i>linezolid</i> .....                      | 30       | LOTREL.....                                | 42  |
| LENVIMA (24 MG DAILY                |     | LINZESS.....                                | 160      | LOTRONEX.....                              | 160 |
| DOSE).....                          | 38  | <i>liothyronine sodium</i> .....            | 154      | <i>lovastatin</i> .....                    | 47  |
| LENVIMA (4 MG DAILY                 |     | LIPITOR.....                                | 47       | LOVAZA.....                                | 48  |
| DOSE).....                          | 38  | LIPOFEN.....                                | 47       | LOVENOX.....                               | 169 |
| LENVIMA (8 MG DAILY                 |     | <i>liraglutide</i> .....                    | 87       | Low-Ogestrel.....                          | 100 |
| DOSE).....                          | 38  | <i>lisdexanfetamine dimesylate</i> .....    | 72       | <i>loxapine succinate</i> .....            | 65  |
| LESCOL XL.....                      | 47  | <i>lisinopril</i> .....                     | 42       | Lo-Zumandimine.....                        | 100 |
| Lessina.....                        | 100 | <i>lisinopril-hydrochlorothiazide</i> ....  | 42       | <i>lubiprostone</i> .....                  | 160 |
| LETAIRIS.....                       | 55  | <i>lite touch lancets</i> .....             | 128      | LUCEMYRA.....                              | 82  |
| <i>letrozole</i> .....              | 35  | LITE TOUCH LANCING PEN.....                 | 128      | LUCENTIS.....                              | 201 |
| <i>leucovorin calcium</i> .....     | 41  | LITETOUCH INSULIN                           |          | Luizza 1.5/30.....                         | 101 |
| LEUKERAN.....                       | 33  | SYRINGE.....                                | 128      | Luizza 1/20.....                           | 101 |
| LEUKINE.....                        | 170 | LITETOUCH LANCETS.....                      | 128      | <i>luliconazole</i> .....                  | 213 |
| <i>leuprolide acetate</i> .....     | 35  | LITETOUCH PEN NEEDLES.....                  | 128      | LUMAKRAS.....                              | 40  |
| <i>levallbuterol hcl</i> .....      | 204 | LITFULO.....                                | 179      | LUMIGAN.....                               | 200 |



|                             |     |                                          |          |                                           |          |
|-----------------------------|-----|------------------------------------------|----------|-------------------------------------------|----------|
| LUMRYZ.....                 | 81  | MAXALT-MLT.....                          | 76       | MEIJER TRUETRACK                          |          |
| LUMRYZ STARTER PACK.....    | 81  | MAXICOMFORT II PEN                       |          | GLUCOSE SYS.....                          | 129      |
| LUNESTA.....                | 74  | NEEDLE.....                              | 129      | MEIJER TRUETRACK TEST.....                | 129      |
| LUPKYNIS.....               | 185 | MAXI-COMFORT INSULIN                     |          | MEKINIST.....                             | 38       |
| LUPRON DEPOT (1-MONTH)..... | 35  | SYRINGE.....                             | 129      | MEKTOVI.....                              | 38       |
| LUPRON DEPOT (3-MONTH)..... | 35  | MAXI-COMFORT SAFETY                      |          | Meleya.....                               | 101      |
| LUPRON DEPOT (4-MONTH)..... | 35  | PEN NEEDLE.....                          | 129      | <i>meloxicam</i> .....                    | 15       |
| LUPRON DEPOT (6-MONTH)..... | 35  | MAXICOMFORT SYR 27G X                    |          | <i>memantine hcl</i> .....                | 58       |
| LUPRON DEPOT-PED (1-        |     | 1/2".....                                | 129      | <i>memantine hcl er</i> .....             | 58       |
| MONTH).....                 | 94  | MAXIDEX.....                             | 199      | MENOPUR.....                              | 145      |
| LUPRON DEPOT-PED (3-        |     | MAXITROL.....                            | 196      | MENOSTAR.....                             | 150      |
| MONTH).....                 | 94  | MAYZENT.....                             | 78       | <i>meperidine hcl</i> .....               | 17       |
| Lutera.....                 | 101 | MAYZENT STARTER PACK..                   | 78       | <i>meprobamate</i> .....                  | 57       |
| LYBALVI.....                | 65  | <i>mb caps</i> .....                     | 30       | <i>mercaptopurine</i> .....               | 33       |
| Lyleq.....                  | 101 | <i>meclizine hcl</i> .....               | 158      | <i>mesalamine</i> .....                   | 159, 160 |
| LYNPARZA.....               | 40  | <i>meclofenamate sodium</i> .....        | 15       | <i>mesalamine er</i> .....                | 159      |
| LYRICA.....                 | 69  | <i>medi tab</i> .....                    | 193      | <i>mesalamine-cleanser</i> .....          | 160      |
| LYRICA CR.....              | 82  | <i>medic insulin syringe</i> .....       | 129      | MESNEX.....                               | 41       |
| Lysiplex Plus.....          | 193 | <i>medichoice safety lancet</i> .....    | 129      | MESTINON.....                             | 80       |
| LYSODREN.....               | 35  | <i>medichoice safety lancet extra</i> .. | 129      | <i>metaxalone</i> .....                   | 80       |
| LYTGOBI (12 MG DAILY        |     | <i>medichoice safety lancet norm</i> ..  | 129      | <i>metformin hcl</i> .....                | 86       |
| DOSE).....                  | 38  | <i>medicine shoppe pen needles</i> ....  | 129      | <i>metformin hcl er</i> .....             | 86       |
| LYTGOBI (16 MG DAILY        |     | MEDLANCE PLUS EXTRA                      |          | <i>metformin hcl er (mod)</i> .....       | 85       |
| DOSE).....                  | 38  | 21G.....                                 | 129      | <i>metformin hcl er (osm)</i> .....       | 85       |
| LYTGOBI (20 MG DAILY        |     | MEDLANCE PLUS LITE 25G.....              | 129      | <i>methadone hcl</i> .....                | 17       |
| DOSE).....                  | 38  | MEDLANCE PLUS SPECIAL                    |          | Methadone Hcl Intensol.....               | 17       |
| LYUMJEV.....                | 89  | 0.8MM.....                               | 129      | <i>methadone hcl-sodium chloride</i> ..   | 17       |
| LYUMJEV KWIKPEN.....        | 89  | MEDLANCE PLUS                            |          | METHADOSE.....                            | 17       |
| LYUMJEV TEMPO PEN.....      | 89  | SUPERLITE 30G.....                       | 129      | Methadose.....                            | 17       |
| Lyza.....                   | 101 | MEDLANCE PLUS                            |          | METHADOSE SUGAR-FREE..                    | 17       |
| MACROBID.....               | 30  | UNIVERSAL 21G.....                       | 129      | <i>methamphetamine hcl</i> .....          | 72       |
| MACRODANTIN.....            | 30  | MEDPURA                                  |          | <i>methazolamide</i> .....                | 52       |
| MAGELLAN INSULIN            |     | HYDROCORTISONE.....                      | 217      | <i>methenamine hippurate</i> .....        | 30       |
| SAFETY SYR.....             | 129 | MEDROL.....                              | 146      | <i>methenamine mandelate</i> .....        | 30       |
| MALARONE.....               | 23  | <i>medroxyprogesterone acetate</i>       |          | Methergine.....                           | 151      |
| <i>malathion</i> .....      | 220 | .....                                    | 101, 153 | <i>methimazole</i> .....                  | 154      |
| MARATHON MEDICAL            |     | <i>mefenamic acid</i> .....              | 15       | <i>methitest</i> .....                    | 85       |
| PENTIPS.....                | 129 | <i>mefloquine hcl</i> .....              | 23       | <i>methocarbamol</i> .....                | 80       |
| <i>marlissa</i> .....       | 101 | <i>megestrol acetate</i> .....           | 35, 153  | <i>methotrexate sodium</i> .....          | 33, 182  |
| MARPLAN.....                | 59  | MEIJER LANCETS.....                      | 129      | <i>methotrexate sodium (pf)</i> .....     | 33       |
| MATERNACEL.....             | 188 | MEIJER LANCETS                           |          | <i>methoxsalen rapid</i> .....            | 214      |
| MATULANE.....               | 33  | UNIVERSAL 21G.....                       | 129      | <i>methscopolamine bromide</i> .....      | 157      |
| Matzim La.....              | 51  | MEIJER LANCETS                           |          | <i>methyl dopa</i> .....                  | 54       |
| MAVENCLAD (10 TABS).....    | 78  | UNIVERSAL 30G.....                       | 129      | <i>methylergonovine maleate</i> .....     | 151      |
| MAVENCLAD (4 TABS).....     | 78  | MEIJER LANCETS                           |          | <i>methylphenidate hcl</i> .....          | 73       |
| MAVENCLAD (5 TABS).....     | 78  | UNIVERSAL 33G.....                       | 129      | <i>methylphenidate hcl er</i> .....       | 73       |
| MAVENCLAD (6 TABS).....     | 78  | <i>meijer pen needles</i> .....          | 129      | <i>methylphenidate hcl er (cd)</i> .....  | 72       |
| MAVENCLAD (7 TABS).....     | 78  | MEIJER TRUE2GO BLOOD                     |          | <i>methylphenidate hcl er (la)</i> .....  | 72       |
| MAVENCLAD (8 TABS).....     | 78  | GLUCOSE.....                             | 129      | <i>methylphenidate hcl er (osm)</i> ..... | 72, 73   |
| MAVENCLAD (9 TABS).....     | 78  | MEIJER TRUERESULT                        |          | <i>methylprednisolone</i> .....           | 146      |
| MAVYRET.....                | 29  | GLUCOSE SYS.....                         | 129      | <i>methyltestosterone</i> .....           | 85       |
| MAXALT.....                 | 76  | MEIJER TRUETEST TEST.....                | 129      | <i>metoclopramide hcl</i> .....           | 158      |

|                                             |              |                                          |               |                                           |     |
|---------------------------------------------|--------------|------------------------------------------|---------------|-------------------------------------------|-----|
| <i>metolazone</i> .....                     | 52           | MITOSOL.....                             | 197           | <i>multivitamin w/fluoride</i> .....      | 193 |
| <i>metoprolol succinate er</i> .....        | 49           | <i>mm aspirin</i> .....                  | 20            | <i>multi-vitamin/fluoride</i> .....       | 193 |
| <i>metoprolol tartrate</i> .....            | 49           | MM BLOOD GLUCOSE                         |               | <i>multi-vitamin/fluoride/iron</i> .....  | 193 |
| <i>metoprolol-hydrochlorothiazide</i> ..... | 48           | SYSTEM.....                              | 130           | <i>mupirocin</i> .....                    | 212 |
| <i>metronidazole</i> .....                  | 31, 168, 220 | MM BLOOD GLUCOSE                         |               | <i>mupirocin calcium</i> .....            | 212 |
| <i>mexiletine hcl</i> .....                 | 45           | SYSTEM REFILL.....                       | 130           | MY CHOICE.....                            | 101 |
| MIACALCIN.....                              | 94           | MM BLULINK GLUCOSE                       |               | MY WAY.....                               | 101 |
| Mibelas 24 Fe.....                          | 101          | MONIT SYS.....                           | 130           | MYALEPT.....                              | 152 |
| MICARDIS.....                               | 44           | MM BLULINK GLUCOSE                       |               | MYCAPSSA.....                             | 84  |
| MICARDIS HCT.....                           | 44           | TEST.....                                | 130           | <i>mycophenolate mofetil</i> .....        | 185 |
| <i>miconazole 3</i> .....                   | 168          | MM EASY TOUCH                            |               | <i>mycophenolate sodium</i> .....         | 185 |
| <i>miconazole-zinc oxide-petrolat</i> ..... | 213          | GLUCOSE.....                             | 130           | MYDAYIS.....                              | 73  |
| MICRODOT BLOOD                              |              | MM EASY TOUCH                            |               | MYDCOMBI.....                             | 200 |
| GLUCOSE SYSTEM.....                         | 129          | GLUCOSE METER.....                       | 130           | MYFEMBREE.....                            | 155 |
| MICRODOT TEST.....                          | 130          | <i>mm insulin syringe/needle</i> .....   | 130           | MYFORTIC.....                             | 185 |
| Microgestin 1.5/30.....                     | 101          | MM PEN NEEDLES.....                      | 130           | MYGLUCOHEALTH BLOOD                       |     |
| Microgestin 1/20.....                       | 101          | MM TWIST LANCETS.....                    | 130           | GLUCOSE.....                              | 131 |
| Microgestin Fe 1.5/30.....                  | 101          | <i>m-natal plus</i> .....                | 188           | MYGLUCOHEALTH                             |     |
| Microgestin Fe 1/20.....                    | 101          | <i>modafinil</i> .....                   | 81            | LANCETS 30G.....                          | 131 |
| MICROLET LANCETS.....                       | 130          | <i>moexipril hcl</i> .....               | 42            | MYGLUCOHEALTH TEST...                     | 131 |
| MICROLET NEXT LANCING                       |              | <i>mometasone furoate</i> ..             | 207, 217, 218 | MYHIBBIN.....                             | 185 |
| DEVICE.....                                 | 130          | Mondoxylene NI.....                      | 33            | MYLERAN.....                              | 33  |
| <i>midazolam hcl</i> .....                  | 74           | MONOJECT INSULIN                         |               | MYRBETRIQ.....                            | 167 |
| MIDAZOLAM+SYRSPEND                          |              | SYRINGE.....                             | 130           | MYTESI.....                               | 157 |
| SF.....                                     | 74           | MONOJECT ULTRA                           |               | MYXREDLIN.....                            | 89  |
| <i>midodrine hcl</i> .....                  | 54           | COMFORT SYRINGE.....                     | 130           | <i>na sulfate-k sulfate-mg sulf</i> ..... | 161 |
| MIEBO.....                                  | 199          | MONOLET LANCETS.....                     | 131           | <i>nabumetone</i> .....                   | 15  |
| MIGERGOT.....                               | 75           | MONOLET OPD LANCETS..                    | 131           | <i>nadolol</i> .....                      | 50  |
| <i>miglitol</i> .....                       | 85           | MONOLETTOR SAFETY                        |               | <i>nafcillin sodium</i> .....             | 32  |
| <i>miglustat</i> .....                      | 149          | LANCETS.....                             | 131           | <i>naftifine hcl</i> .....                | 213 |
| Mili.....                                   | 101          | Mono-Linyah.....                         | 101           | NAFTIN.....                               | 213 |
| Mimvey.....                                 | 150          | MONOVISC.....                            | 21            | <i>nalmefene hcl</i> .....                | 81  |
| <i>mincora</i> .....                        | 193          | <i>montelukast sodium</i> .....          | 206           | <i>nalocet</i> .....                      | 18  |
| <i>mini lancing device</i> .....            | 130          | <i>morphine sulfate</i> .....            | 18            | <i>naloxone hcl</i> .....                 | 81  |
| MINILINK REAL-TIME                          |              | <i>morphine sulfate (concentrate)</i> .. | 18            | <i>naltrexone hcl</i> .....               | 81  |
| TRANSMITTER.....                            | 130          | <i>morphine sulfate er</i> .....         | 18            | NAMENDA TITRATION PAK.....                | 58  |
| MINIMED PUMP                                |              | <i>morphine sulfate er beads</i> .....   | 18            | NAMZARIC.....                             | 58  |
| RESERVOIR 3ML.....                          | 130          | MOTEGRITY.....                           | 161           | NAPRELAN.....                             | 15  |
| MINIMED RESERVOIR                           |              | MOTOFEN.....                             | 157           | <i>naproxen</i> .....                     | 15  |
| 1.8ML.....                                  | 130          | MOTPOLY XR.....                          | 69            | <i>naproxen sodium</i> .....              | 15  |
| MINIMED RESERVOIR 3ML                       | 130          | MOUNJARO.....                            | 87            | <i>naproxen sodium er</i> .....           | 15  |
| MINIVELLE.....                              | 150          | MOVANTIK.....                            | 162           | <i>naproxen-esomeprazole mg</i> .....     | 16  |
| <i>minocycline hcl</i> .....                | 33           | MOVIPREP.....                            | 161           | <i>naratriptan hcl</i> .....              | 76  |
| <i>minocycline hcl er</i> .....             | 33           | <i>moxifloxacin hcl</i> .....            | 29, 197       | NARCAN.....                               | 82  |
| <i>minoxidil</i> .....                      | 54           | MS CONTIN.....                           | 18            | NARDIL.....                               | 59  |
| Minzoya.....                                | 101          | MULPLETA.....                            | 174           | NASCOBAL.....                             | 193 |
| MIRCERA.....                                | 170          | MULTAQ.....                              | 45            | NATACYN.....                              | 197 |
| MIRENA (52 MG).....                         | 101          | MULTIGEN.....                            | 193           | <i>natal pnv</i> .....                    | 188 |
| <i>mirtazapine</i> .....                    | 59           | MULTIGEN FOLIC.....                      | 193           | NATAZIA.....                              | 101 |
| MIRVASO.....                                | 220          | MULTIGEN PLUS.....                       | 193           | <i>nateglinide</i> .....                  | 91  |
| <i>misoprostol</i> .....                    | 161          | MULTI-LANCET DEVICE 2..                  | 131           | NATESTO.....                              | 85  |
| MITIGARE.....                               | 13           | <i>multipro</i> .....                    | 193           | NAYZILAM.....                             | 69  |



|                                                        |          |                                            |          |                                       |     |
|--------------------------------------------------------|----------|--------------------------------------------|----------|---------------------------------------|-----|
| <i>nebivolol hcl</i> .....                             | 50       | NICAZEL.....                               | 193      | Norlyroc.....                         | 102 |
| NEBUPENT.....                                          | 31       | NICAZEL FORTE.....                         | 193      | NORPACE.....                          | 45  |
| Necon 0.5/35 (28).....                                 | 101      | NICOMIDE.....                              | 193      | NORPACE CR.....                       | 45  |
| Necon 1/35 (28).....                                   | 101      | NICORELIEF.....                            | 83       | NORPRAMIN.....                        | 60  |
| NEEVO DHA.....                                         | 188      | <i>nicotinamide</i> .....                  | 193      | NORTHERA.....                         | 54  |
| <i>nefazodone hcl</i> .....                            | 60       | <i>nicotine</i> .....                      | 83, 84   | Nortrel 0.5/35 (28).....              | 102 |
| NEMLUVIO.....                                          | 219      | <i>nicotine mini</i> .....                 | 83       | Nortrel 1/35 (21).....                | 102 |
| <i>neoke bhb</i> .....                                 | 193      | <i>nicotine polacrilex</i> .....           | 83       | Nortrel 1/35 (28).....                | 102 |
| <i>neomycin sulfate</i> .....                          | 22       | <i>nicotine polacrilex mini</i> .....      | 83       | Nortrel 7/7/7.....                    | 102 |
| <i>neomycin-bacitracin zn-</i><br><i>polymyx</i> ..... | 197      | <i>nicotine step 1</i> .....               | 83       | <i>nortriptyline hcl</i> .....        | 60  |
| <i>neomycin-polymyxin-dexameth</i> .....               | 196      | <i>nicotine step 2</i> .....               | 83       | NORVASC.....                          | 51  |
| <i>neomycin-polymyxin-gramicidin</i><br>.....          | 197      | <i>nicotine step 3</i> .....               | 83       | NORVIR.....                           | 24  |
| <i>neomycin-polymyxin-hc</i> ....                      | 196, 221 | NICOTROL NS.....                           | 84       | NOURIANZ.....                         | 62  |
| <i>neonatal complete</i> .....                         | 188      | <i>nifedipine</i> .....                    | 51       | NOVA MAX BLOOD<br>GLUCOSE SYSTEM..... | 131 |
| NEONATAL PLUS.....                                     | 188      | <i>nifedipine er</i> .....                 | 51       | NOVA MAX GLUCOSE TEST<br>.....        | 131 |
| Neo-Polycin.....                                       | 197      | <i>nifedipine er osmotic release</i> ..... | 51       | NOVA MAX PLUS KETONE<br>TEST.....     | 131 |
| Neo-Polycin Hc.....                                    | 196      | Nikki.....                                 | 102      | NOVA SAFETY LANCETS<br>23G.....       | 131 |
| NEO-SYNALAR.....                                       | 212      | NILANDRON.....                             | 35       | NOVA SAFETY LANCETS<br>28G.....       | 131 |
| <i>neo-vital rx</i> .....                              | 188      | <i>nilutamide</i> .....                    | 35       | NOVA SUREFLEX LANCETS<br>.....        | 131 |
| <i>neovite</i> .....                                   | 193      | <i>nimodipine</i> .....                    | 51       | NOVA SUREFLEX LANCING<br>DEVICE.....  | 131 |
| NERLYNX.....                                           | 38       | NINLARO.....                               | 41       | NOVAREL.....                          | 145 |
| NESTABS.....                                           | 188      | NIPRIDE RTU.....                           | 54       | NOVOEIGHT.....                        | 172 |
| NESTABS DHA.....                                       | 188      | <i>nisoldipine er</i> .....                | 51       | NOVOFINE PEN NEEDLE....               | 131 |
| NESTABS ONE.....                                       | 188      | NITRO-BID.....                             | 54       | NOVOFINE PLUS PEN<br>NEEDLE.....      | 131 |
| Neuac.....                                             | 211      | NITRO-DUR.....                             | 55       | NOVOLIN 70/30.....                    | 90  |
| NEULASTA.....                                          | 170      | <i>nitrofurantoin</i> .....                | 31       | NOVOLIN 70/30 FLEXPEN....             | 89  |
| NEULASTA ONPRO.....                                    | 170      | <i>nitrofurantoin macrocrystal</i> .....   | 31       | NOVOLIN 70/30 FLEXPEN<br>RELION.....  | 89  |
| NEUPOGEN.....                                          | 170      | <i>nitrofurantoin monohyd macro</i> ...31  |          | NOVOLIN 70/30 RELION.....             | 89  |
| NEUPRO.....                                            | 62       | <i>nitroglycerin</i> .....                 | 55       | NOVOLIN N.....                        | 90  |
| NEURONTIN.....                                         | 69       | NITROLINGUAL.....                          | 55       | NOVOLIN N FLEXPEN.....                | 90  |
| NEUTEK 2TEK TEST.....                                  | 131      | NITYR.....                                 | 147      | NOVOLIN N FLEXPEN<br>RELION.....      | 90  |
| NEVANAC.....                                           | 199      | <i>niva thyroid</i> .....                  | 154      | NOVOLIN N RELION.....                 | 90  |
| <i>nevirapine</i> .....                                | 24       | NIVA-PLUS.....                             | 188      | NOVOLIN R.....                        | 90  |
| <i>nevirapine er</i> .....                             | 24       | NIVESTYM.....                              | 170, 171 | NOVOLIN R FLEXPEN.....                | 90  |
| NEW DAY.....                                           | 101      | <i>nizatidine</i> .....                    | 159      | NOVOLIN R FLEXPEN<br>RELION.....      | 90  |
| NEXAVAR.....                                           | 38       | Nora-Be.....                               | 102      | NOVOLIN R RELION.....                 | 90  |
| NEXICLON XR.....                                       | 54       | NORDIPEN 5 INJECTION<br>DEVICE.....        | 148      | NOVOLOG.....                          | 90  |
| NEXIUM.....                                            | 163      | NORDITROPIN FLEXPRO....                    | 148      | NOVOLOG 70/30 FLEXPEN<br>RELION.....  | 90  |
| NEXLETOL.....                                          | 46       | <i>norelgestromin-eth estradiol</i> ....   | 102      | NOVOLOG FLEXPEN.....                  | 90  |
| NEXLIZET.....                                          | 46       | <i>norethin ace-eth estrad-fe</i> .....    | 102      |                                       |     |
| NEXPLANON.....                                         | 102      | <i>norethindrone</i> .....                 | 102      |                                       |     |
| NEXTERONE.....                                         | 45       | <i>norethindrone acetate</i> .....         | 153      |                                       |     |
| NEXTSTELLIS.....                                       | 102      | <i>norethindrone acet-ethinyl est</i> ..   | 102      |                                       |     |
| NGENLA.....                                            | 148      | <i>norethindrone-eth estradiol</i> .....   | 150      |                                       |     |
| <i>niacin (antihyperlipidemic)</i> .....               | 48       | <i>norethin-eth estradiol-fe</i> .....     | 102      |                                       |     |
| <i>niacin er (antihyperlipidemic)</i> ....             | 48       | <i>norgesic forte</i> .....                | 80       |                                       |     |
| NIACOR.....                                            | 48       | <i>norgestimate-eth estradiol</i> .....    | 102      |                                       |     |
| NICADAN.....                                           | 193      | <i>norgestim-eth estrad triphasic</i> ..   | 102      |                                       |     |
| NICAPRIN.....                                          | 193      | NORITATE.....                              | 220      |                                       |     |
| <i>nicardipine hcl</i> .....                           | 51       | NORLIQVA.....                              | 51       |                                       |     |
|                                                        |          | Norlyda.....                               | 102      |                                       |     |

|                                     |                                         |              |                         |          |
|-------------------------------------|-----------------------------------------|--------------|-------------------------|----------|
| NOVOLOG FLEXPEN                     | ODOMZO.....                             | 40           | ONETOUCH DELICA PLUS    |          |
| RELION.....                         | OFEV.....                               | 207          | LANCET30G.....          | 132      |
| NOVOLOG MIX 70/30.....              | <i>ofloxacin</i> .....                  | 29, 197, 221 | ONETOUCH DELICA PLUS    |          |
| NOVOLOG MIX 70/30                   | OGSIVEO.....                            | 40           | LANCET33G.....          | 132      |
| FLEXPEN.....                        | OHTUVAYRE.....                          | 207          | ONETOUCH DELICA PLUS    |          |
| NOVOLOG MIX 70/30                   | OJEMDA.....                             | 38           | LANCING.....            | 132      |
| RELION.....                         | OJJAARA.....                            | 38           | ONETOUCH DELICA         |          |
| NOVOLOG PENFILL.....                | <i>olanzapine</i> .....                 | 65           | SAFETY LANCING.....     | 132      |
| NOVOLOG RELION.....                 | <i>olanzapine-fluoxetine hcl</i> .....  | 82           | ONETOUCH ULTRA.....     | 132      |
| NOVOSEVEN RT.....                   | <i>olmesartan medoxomil</i> .....       | 45           | ONETOUCH ULTRA 2.....   | 132      |
| NOXAFIL.....                        | <i>olmesartan medoxomil-hctz</i> .....  | 44           | ONETOUCH ULTRA BLUE     |          |
| NP THYROID.....                     | <i>olmesartan-amlodipine-hctz</i> ..... | 44           | TEST.....               | 132      |
| NPLATE.....                         | <i>olopatadine hcl</i> .....            | 195, 204     | ONETOUCH ULTRA TEST ... | 132      |
| NUBEQA.....                         | OLPRUVA (2 GM DOSE).....                | 155          | ONETOUCH ULTRASOFT 2    |          |
| NUCALA.....                         | OLPRUVA (3 GM DOSE).....                | 155          | LANCETS.....            | 132      |
| NUCYNTA.....                        | OLPRUVA (4 GM DOSE).....                | 155          | ONETOUCH VERIO.....     | 132      |
| NUCYNTA ER.....                     | OLPRUVA (5 GM DOSE).....                | 155          | ONETOUCH VERIO FLEX     |          |
| NUEDEXTA.....                       | OLPRUVA (6 GM DOSE).....                | 155          | SYSTEM.....             | 132      |
| Nufol.....                          | OLPRUVA (6.67 GM DOSE) ..               | 155          | ONETOUCH VERIO          |          |
| Nulev.....                          | OLUMIANT.....                           | 179          | REFLECT.....            | 132      |
| NUPLAZID.....                       | OMECLAMOX-PAK.....                      | 164          | <i>onevite</i> .....    | 193      |
| NURTEC.....                         | <i>omega-3-acid ethyl esters</i> .....  | 48           | ONEXTON.....            | 211      |
| NUSURGEPAK SURGICAL                 | <i>omeprazole</i> .....                 | 163          | ONFI.....               | 69       |
| PREP/CARE.....                      | <i>omeprazole-sodium bicarbonate</i>    | 163          | ONGENTYS.....           | 62       |
| Nutrifac Zx.....                    | .....                                   | 163          | ONGLYZA.....            | 87       |
| NUTROPIN AQ NUSPIN 10...            | OMNARIS.....                            | 207          | ONIVYDE.....            | 41       |
| NUTROPIN AQ NUSPIN 20...            | OMNIFLEX DIAPHRAGM.....                 | 102          | ONUREG.....             | 34       |
| NUTROPIN AQ NUSPIN 5....            | OMNIPOD 5 DEXG7G6                       |              | ONYDA XR.....           | 73       |
| NUVARING.....                       | INTRO GEN 5.....                        | 131          | ONZETRA XSAIL.....      | 76       |
| NUVESSA.....                        | OMNIPOD 5 DEXG7G6 PODS                  |              | OPCICON ONE-STEP.....   | 102      |
| NUVIGIL.....                        | GEN 5.....                              | 131          | OPFOLDA.....            | 148      |
| NUWIQ.....                          | OMNIPOD DASH INTRO                      |              | OPILL.....              | 102      |
| NUZYRA.....                         | (GEN 4).....                            | 131          | OPIPZA.....             | 65       |
| Nyamyc.....                         | OMNIPOD DASH PDM (GEN                   |              | OPSUMIT.....            | 55       |
| Nylia 1/35.....                     | 4).....                                 | 131          | OPSYNVI.....            | 55       |
| Nylia 7/7/7.....                    | OMNIPOD DASH PODS                       |              | OPTION 2.....           | 103      |
| NYMALIZE.....                       | (GEN 4).....                            | 131          | OPTIONS GYNOL II        |          |
| <i>nystatin</i> .....               | OMNIPOD POD PALS.....                   | 131          | CONTRACEPTIVE.....      | 165      |
| <i>nystatin-triamcinolone</i> ..... | OMNITROPE.....                          | 148          | OPTIUMEZ TEST.....      | 132      |
| Nystop.....                         | OMVOH.....                              | 180          | OPVEE.....              | 82       |
| NYVEPRIA.....                       | OMVOH (300 MG DOSE).....                | 179          | OPZELURA.....           | 215      |
| OB COMPLETE.....                    | ON CALL EXPRESS BLOOD                   |              | ORACEA.....             | 220      |
| OB COMPLETE ONE.....                | GLUCOSE.....                            | 131          | ORACIT.....             | 166      |
| OB COMPLETE PETITE.....             | ON CALL EXPRESS                         |              | ORALAIR.....            | 175      |
| OB COMPLETE PREMIER...              | MONITORING SYS.....                     | 131          | Oralone.....            | 221      |
| OB COMPLETE/DHA.....                | <i>ondansetron</i> .....                | 158          | ORAPRED ODT.....        | 146      |
| <i>obizur</i> .....                 | <i>ondansetron hcl</i> .....            | 158          | ORAVIG.....             | 221      |
| OICALIVA.....                       | <i>one drop blood glucose monitor</i>   |              | ORENCIA.....            | 176, 180 |
| OCTAGAM.....                        | .....                                   | 131          | ORENCIA CLICKJECT.....  | 180      |
| <i>octreotide acetate</i> .....     | <i>one drop test</i> .....              | 131          | ORENITRAM.....          | 55       |
| ODACTRA.....                        | <i>one vite womens plus</i> .....       | 188          | ORENITRAM MONTH 1.....  | 55       |
| ODEFSEY.....                        |                                         |              | ORENITRAM MONTH 2.....  | 55       |

|                                           |     |                                             |     |                                          |          |
|-------------------------------------------|-----|---------------------------------------------|-----|------------------------------------------|----------|
| ORENITRAM MONTH 3.....                    | 55  | PALFORZIA (160 MG DAILY DOSE).....          | 175 | PEMAZYRE.....                            | 38       |
| ORFADIN.....                              | 147 | PALFORZIA (20 MG DAILY DOSE).....           | 175 | <i>pen needle/5-bevel tip</i> .....      | 132      |
| ORGOVYX.....                              | 35  | PALFORZIA (200 MG DAILY DOSE).....          | 175 | <i>pen needles</i> .....                 | 132      |
| ORIAHNN.....                              | 155 | PALFORZIA (240 MG DAILY DOSE).....          | 175 | <i>penicillamine</i> .....               | 95       |
| ORILISSA.....                             | 144 | PALFORZIA (3 MG DAILY DOSE).....            | 175 | <i>penicillin v potassium</i> .....      | 32       |
| ORKAMBI.....                              | 206 | PALFORZIA (300 MG MAINTENANCE).....         | 175 | PENNSAID.....                            | 15       |
| ORLADEYO.....                             | 183 | PALFORZIA (300 MG TITRATION).....           | 175 | PENTASA.....                             | 160      |
| ORLYNVAH.....                             | 31  | PALFORZIA (40 MG DAILY DOSE).....           | 175 | <i>pentazocine-naloxone hcl</i> .....    | 19       |
| <i>orphenadrine citrate er</i> .....      | 80  | PALFORZIA (6 MG DAILY DOSE).....            | 175 | PENTIPS.....                             | 132      |
| <i>orphenadrine-aspirin-caffeine</i> .... | 80  | PALFORZIA (80 MG DAILY DOSE).....           | 175 | PENTIPS GENERIC PEN NEEDLES.....         | 132      |
| ORPHENGESIC FORTE.....                    | 80  | PALFORZIA INITIAL DOSE 4-17YRS.....         | 175 | <i>pentoxifylline er</i> .....           | 173      |
| Orquidea.....                             | 103 | PALFORZIA INITIAL ESCALATION.....           | 175 | PERCOCET.....                            | 18       |
| ORSERDU.....                              | 35  | <i>paliperidone er</i> .....                | 65  | PERFECT LANCETS 28G.....                 | 132      |
| Orsythia.....                             | 103 | PALYNZIQ.....                               | 152 | PERFECT LANCETS 30G.....                 | 132      |
| <i>ortho df</i> .....                     | 193 | PAMELOR.....                                | 60  | PERFOROMIST.....                         | 204      |
| ORTHOVISC.....                            | 21  | PANCREAZE.....                              | 162 | <i>perindopril erbumine</i> .....        | 42       |
| <i>oscimin</i> .....                      | 157 | <i>pantoprazole sodium</i> .....            | 163 | Periogard.....                           | 221      |
| <i>oseltamivir phosphate</i> .....        | 26  | PANZYGA.....                                | 184 | <i>permethrin</i> .....                  | 220      |
| OSEVELT.....                              | 94  | PARADIGM REAL-TIME TRANSMITTER.....         | 132 | <i>perphenazine</i> .....                | 65       |
| OSPHENA.....                              | 152 | PARADIGM SILHOUETTE COMBO 23".....          | 132 | <i>perphenazine-amitriptyline</i> .....  | 82       |
| OTEZLA.....                               | 180 | PARAGARD.....                               |     | PERSERIS.....                            | 65       |
| OTOVEL.....                               | 221 | INTRAUTERINE COPPER.....                    | 103 | PERTZYE.....                             | 162      |
| OTULFI.....                               | 180 | <i>paricalcitol</i> .....                   | 156 | Pfizerpen.....                           | 32       |
| OVIDE.....                                | 220 | PARNATE.....                                | 60  | <i>ph strips</i> .....                   | 132      |
| OVIDREL.....                              | 145 | <i>paroxetine hcl</i> .....                 | 60  | PHARMACIST CHOICE AUTOCODE.....          | 132      |
| <i>oxaprozin</i> .....                    | 15  | <i>paroxetine hcl er</i> .....              | 60  | PHARMACIST CHOICE AUTOCODE SYS.....      | 132      |
| <i>oxazepam</i> .....                     | 57  | <i>paroxetine mesylate</i> .....            | 82  | PHARMACIST CHOICE LANCETS.....           | 132      |
| <i>oxcarbazepine</i> .....                | 69  | PAXIL.....                                  | 60  | PHARMACIST CHOICE MINI SYSTEM.....       | 133      |
| OXERVATE.....                             | 200 | PAXIL CR.....                               | 60  | <i>pharmacist choice no coding</i> ....  | 133      |
| <i>oxiconazole nitrate</i> .....          | 213 | PAXLOVID (150/100).....                     | 26  | PHEBURANE.....                           | 155      |
| OXISTAT.....                              | 213 | PAXLOVID (300/100 & 150/100).....           | 26  | <i>phendimetrazine tartrate er</i> ..... | 93       |
| OXTELLAR XR.....                          | 69  | PAXLOVID (300/100).....                     | 26  | <i>phenelzine sulfate</i> .....          | 60       |
| <i>oxybutynin chloride</i> .....          | 167 | <i>pc unifine pentips</i> .....             | 132 | <i>phenobarbital</i> .....               | 69       |
| <i>oxybutynin chloride er</i> .....       | 167 | <i>peg-3350/electrolytes/ascorbat</i> ..... | 161 | <i>phenoxybenzamine hcl</i> .....        | 54       |
| <i>oxycodone hcl</i> .....                | 18  | PEGASYS.....                                | 29  | <i>phenylephrine hcl</i> .....           | 200      |
| <i>oxycodone-acetaminophen</i> .....      | 18  | <i>peg-kcl-nacl-nasulf-na asc-c</i> .....   | 161 | <i>phenytoin</i> .....                   | 69       |
| OXYCONTIN.....                            | 18  | PEG-PREP.....                               | 161 | <i>phenytoin sodium extended</i> .....   | 69       |
| <i>oxymorphone hcl</i> .....              | 18  |                                             |     | PHEXXI.....                              | 165      |
| <i>oxymorphone hcl er</i> .....           | 18  |                                             |     | Philith.....                             | 103      |
| OXYTROL.....                              | 167 |                                             |     | Phospha 250 Neutral.....                 | 186      |
| OZEMPIC (0.25 OR 0.5 MG/DOSE).....        | 87  |                                             |     | <i>phosphorous</i> .....                 | 186      |
| OZEMPIC (1 MG/DOSE).....                  | 87  |                                             |     | Phospho-Trin 250 Neutral.....            | 187      |
| OZEMPIC (2 MG/DOSE).....                  | 87  |                                             |     | Physiolyte.....                          | 201      |
| OZOBAX DS.....                            | 80  |                                             |     | Physiosol Irrigation.....                | 201      |
| OZURDEX.....                              | 199 |                                             |     | <i>phytonadione</i> .....                | 193      |
| Pacerone.....                             | 45  |                                             |     | PIFELTRO.....                            | 24       |
| <i>paingo kft</i> .....                   | 218 |                                             |     | <i>pilocarpine hcl</i> .....             | 200, 221 |
| PALFORZIA (12 MG DAILY DOSE).....         | 175 |                                             |     |                                          |          |
| PALFORZIA (120 MG DAILY DOSE).....        | 175 |                                             |     |                                          |          |

|                                           |        |                                           |          |                                          |     |
|-------------------------------------------|--------|-------------------------------------------|----------|------------------------------------------|-----|
| <i>pimecrolimus</i> .....                 | 215    | Portia-28.....                            | 103      | PRENATE PIXIE.....                       | 189 |
| <i>pimozide</i> .....                     | 82     | <i>posaconazole</i> .....                 | 22       | PRENATE RESTORE.....                     | 189 |
| Pimtrex.....                              | 103    | <i>pot &amp; sod cit-cit ac</i> .....     | 166      | PRENATOL-M.....                          | 189 |
| <i>pindolol</i> .....                     | 50     | <i>potassium chloride</i> .....           | 187      | PRENATRIX.....                           | 190 |
| <i>pioglitazone hcl</i> .....             | 91     | <i>potassium chloride crys er</i> .....   | 187      | PRENATRYL.....                           | 190 |
| <i>pioglitazone hcl-glimepiride</i> ..... | 91     | <i>potassium chloride er</i> .....        | 187      | <i>prepiv supply</i> .....               | 218 |
| <i>pioglitazone hcl-metformin hcl</i> ... | 91     | <i>potassium citrate er</i> .....         | 166      | PRESTALIA.....                           | 42  |
| PIP BLOOD GLUCOSE                         |        | <i>potassium citrate-citric acid</i> .... | 166      | <i>pretomanid</i> .....                  | 26  |
| MONITORING.....                           | 133    | PR BENZOYL PEROXIDE.....                  | 211      | PREVACID.....                            | 163 |
| PIP BLOOD GLUCOSE TEST                    |        | PRADAXA.....                              | 169      | PREVACID SOLUTAB.....                    | 163 |
| STRIP.....                                | 133    | PRALUENT.....                             | 48       | Prevalite.....                           | 46  |
| <i>pip lancets 28g</i> .....              | 133    | <i>pramipexole dihydrochloride</i> .....  | 62       | PREVENT DROPSAFE PEN                     |     |
| <i>pip lancets 30g</i> .....              | 133    | <i>pramipexole dihydrochloride er</i> ..  | 62       | NEEDLES.....                             | 133 |
| PIQRAY (200 MG DAILY                      |        | <i>prasugrel hcl</i> .....                | 174      | PREVENT SAFETY PEN                       |     |
| DOSE).....                                | 39     | <i>pravastatin sodium</i> .....           | 47       | NEEDLES.....                             | 133 |
| PIQRAY (250 MG DAILY                      |        | <i>praziquantel</i> .....                 | 22       | PREVIDOLRX ANALGESIC..                   | 16  |
| DOSE).....                                | 39     | <i>prazosin hcl</i> .....                 | 43       | PREVYMIS.....                            | 26  |
| PIQRAY (300 MG DAILY                      |        | PRECISION SURE-DOSE                       |          | PREZCOBIX.....                           | 25  |
| DOSE).....                                | 39     | SYRINGE.....                              | 133      | PREZISTA.....                            | 24  |
| <i>pirfenidone</i> .....                  | 207    | PRED FORTE.....                           | 199      | PRIALT.....                              | 14  |
| Pirmella 7/7/7.....                       | 103    | PRED MILD.....                            | 199      | PRIFTIN.....                             | 26  |
| <i>piroxicam</i> .....                    | 15     | <i>prednisolone</i> .....                 | 146      | PRIOSEC.....                             | 163 |
| PLAQUENIL.....                            | 182    | <i>prednisolone acetate</i> .....         | 199      | <i>primaquine phosphate</i> .....        | 23  |
| PLAVIX.....                               | 174    | <i>prednisolone acetate p-f</i> .....     | 199      | <i>primidone</i> .....                   | 69  |
| PLEGRIDY.....                             | 78, 79 | <i>prednisolone sodium phosphate</i>      |          | PRISTIQ.....                             | 60  |
| PLEGRIDY STARTER PACK..                   | 78     | .....                                     | 146, 199 | PRIVIGEN.....                            | 184 |
| PLENITY.....                              | 93     | <i>prednisolone-gatifloxacin</i> .....    | 196      | PRO COMFORT INSULIN                      |     |
| PLENITY WELCOME KIT.....                  | 93     | <i>prednisone</i> .....                   | 146      | SYRINGE.....                             | 133 |
| PLENVU.....                               | 161    | PREDNISONE INTENSOL.....                  | 146      | <i>pro comfort lancets 30g</i> .....     | 133 |
| <i>pnv prenatal plus multivit+dha</i>     | 188    | <i>preferred plus unifine pentips</i> ... | 133      | <i>pro comfort lancets 31g</i> .....     | 133 |
| <i>pnv tabs 20-1</i> .....                | 188    | <i>pregabalin</i> .....                   | 69       | <i>pro comfort pen needles</i> .....     | 133 |
| <i>pnv-dha</i> .....                      | 188    | <i>pregen dha</i> .....                   | 189      | <i>pro comfort safety lancets 30g</i> .. | 133 |
| <i>pnv-dha+docusate</i> .....             | 189    | <i>pregenna</i> .....                     | 189      | <i>pro voice v8/v9 glucose</i> .....     | 133 |
| <i>pnv-omega</i> .....                    | 189    | PREGNYL.....                              | 145      | <i>pro voice v9 glucose system</i> ..... | 133 |
| <i>pnv-select</i> .....                   | 189    | PREMARIN.....                             | 150      | PROAIR RESPICLICK.....                   | 205 |
| POCKETCHEM EZ SYSTEM.....                 | 133    | PREMESISRX.....                           | 189      | <i>probenecid</i> .....                  | 13  |
| POCKETCHEM EZ TEST.....                   | 133    | PREMPHASE.....                            | 150      | <i>prochlorperazine</i> .....            | 158 |
| <i>podofilox</i> .....                    | 219    | PREMPRO.....                              | 150      | <i>prochlorperazine edisylate</i> .....  | 158 |
| POGO AUTOMATIC BLOOD                      |        | <i>prena 1 true</i> .....                 | 189      | <i>prochlorperazine maleate</i> .....    | 158 |
| GLUCOSE.....                              | 133    | <i>prenal</i> .....                       | 189      | PROCORT.....                             | 164 |
| POGO AUTOMATIC TEST                       |        | <i>prenal pearl</i> .....                 | 189      | PROCRT.....                              | 171 |
| CARTRIDGES.....                           | 133    | <i>prenal</i> .....                       | 189      | <i>pro-critic</i> .....                  | 194 |
| POKONZA.....                              | 187    | <i>prenal 19</i> .....                    | 189      | PROCTOFOAM HC.....                       | 164 |
| Polycin.....                              | 197    | <i>prenal plus</i> .....                  | 189      | Procto-Med Hc.....                       | 164 |
| <i>poly-iron 150 forte</i> .....          | 193    | PRENATAL-U.....                           | 189      | Proctozone-Hc.....                       | 164 |
| <i>polymyxin b-trimethoprim</i> .....     | 197    | PRENATE.....                              | 189      | PROCYSBI.....                            | 166 |
| <i>polysaccharide iron forte</i> .....    | 193    | PRENATE AM.....                           | 189      | PRODIGY AUTOCODE                         |     |
| POLY-VI-FLOR.....                         | 194    | PRENATE DHA.....                          | 189      | BLOOD GLUCOSE.....                       | 133 |
| POLY-VI-FLOR/IRON.....                    | 194    | PRENATE ELITE.....                        | 189      | PRODIGY INSULIN                          |     |
| POMALYST.....                             | 34     | PRENATE ENHANCE.....                      | 189      | SYRINGE.....                             | 133 |
| PONVORY.....                              | 79     | PRENATE ESSENTIAL.....                    | 189      | PRODIGY LANCETS 28G.....                 | 133 |
| PONVORY STARTER PACK...79                 |        | PRENATE MINI.....                         | 189      |                                          |     |



|                                         |          |                                           |     |                                        |     |
|-----------------------------------------|----------|-------------------------------------------|-----|----------------------------------------|-----|
| PRODIGY LANCING<br>DEVICE.....          | 134      | <i>pyrazinamide</i> .....                 | 26  | QUTENZA (4 PATCH).....                 | 218 |
| PRODIGY NO CODING<br>BLOOD GLUC.....    | 134      | <i>pyridostigmine bromide</i> .....       | 80  | QUVIVIQ.....                           | 74  |
| PRODIGY POCKET BLOOD<br>GLUCOSE.....    | 134      | <i>pyridostigmine bromide er</i> .....    | 80  | QVAR REDIHALER.....                    | 208 |
| PRODIGY SAFETY<br>LANCETS 26G.....      | 134      | <i>pyridoxine hcl</i> .....               | 194 | <i>rabeprazole sodium</i> .....        | 164 |
| PRODIGY TWIST TOP<br>LANCETS 28G.....   | 134      | <i>pyrimethamine</i> .....                | 31  | RADICAVA ORS.....                      | 56  |
| PRODIGY VOICE BLOOD<br>GLUCOSE.....     | 134      | PYRUKYND.....                             | 173 | RADICAVA ORS STARTER<br>KIT.....       | 56  |
| PROFILNINE.....                         | 173      | PYRUKYND TAPER PACK...                    | 173 | RAGWITEK.....                          | 175 |
| <i>profola</i> .....                    | 194      | PYZCHIVA.....                             | 180 | <i>raloxifene hcl</i> .....            | 152 |
| <i>progesterone</i> .....               | 153      | QBRELIS.....                              | 43  | <i>ramelteon</i> .....                 | 74  |
| PROGLYCEM.....                          | 147      | <i>qc advanced lancing device</i> .....   | 134 | <i>ramipril</i> .....                  | 43  |
| PROGRAF.....                            | 185      | <i>qc aspirin low dose</i> .....          | 20  | <i>ranolazine er</i> .....             | 54  |
| PROLASTIN-C.....                        | 201      | <i>qc childrens aspirin</i> .....         | 20  | RAPAFLO.....                           | 165 |
| PROLATE.....                            | 18, 19   | <i>qc lancets super thin 30g</i> .....    | 134 | RAPIVAB.....                           | 27  |
| PROLENSA.....                           | 199      | <i>qc lancets ultra thin</i> .....        | 134 | <i>rasagiline mesylate</i> .....       | 62  |
| PROLIA.....                             | 94       | <i>qc nicotine transdermal system</i> ... | 84  | RASUVO.....                            | 182 |
| PROMACTA.....                           | 174      | <i>qc pen needles</i> .....               | 134 | RAVICTI.....                           | 155 |
| <i>promethazine hcl</i> .....           | 158      | <i>qc unifine pentips</i> .....           | 134 | <i>raya sure pen needle</i> .....      | 134 |
| <i>promethazine-codeine</i> .....       | 205      | <i>qc unilet lancets 28g</i> .....        | 134 | RAYALDEE.....                          | 156 |
| <i>promethazine-dm</i> .....            | 205      | <i>qc unilet lancets micro thin</i> ..... | 134 | RAYOS.....                             | 146 |
| Promethegan.....                        | 158      | QELBREE.....                              | 73  | REACT.....                             | 103 |
| PROMETHEGAN.....                        | 158      | QINLOCK.....                              | 39  | READYLANCE SAFETY<br>LANCETS.....      | 135 |
| PROMETRIUM.....                         | 153      | QNASL.....                                | 207 | <i>reality insulin syringe</i> .....   | 135 |
| <i>propafenone hcl</i> .....            | 45       | QNASL CHILDRENS.....                      | 207 | <i>reality lancets</i> .....           | 135 |
| <i>propafenone hcl er</i> .....         | 45       | QSYMIA.....                               | 93  | <i>reality trigger lancets</i> .....   | 135 |
| <i>proparacaine hcl</i> .....           | 200      | <i>quad-mix</i> .....                     | 165 | REBIF.....                             | 79  |
| <i>propranolol hcl</i> .....            | 50       | <i>quazepam</i> .....                     | 74  | REBIF REBIDOSE.....                    | 79  |
| <i>propranolol hcl er</i> .....         | 50       | <i>quetiapine fumarate</i> .....          | 65  | REBIF REBIDOSE<br>TITRATION PACK.....  | 79  |
| <i>propylthiouracil</i> .....           | 154      | <i>quetiapine fumarate er</i> .....       | 65  | REBIF TITRATION PACK.....              | 79  |
| PROSCAR.....                            | 165      | QUFLORA FE.....                           | 194 | REBINYN.....                           | 173 |
| PROTONIX.....                           | 163, 164 | QUFLORA FE PEDIATRIC ...                  | 194 | RECLAST.....                           | 93  |
| <i>protriptyline hcl</i> .....          | 60       | QUFLORA PEDIATRIC.....                    | 194 | Reclipsen.....                         | 103 |
| PROVERA.....                            | 153      | QUICKTEK.....                             | 134 | RECOMBINATE.....                       | 172 |
| PROVIDA OB.....                         | 190      | QUICKTEK TEST.....                        | 134 | RECORLEV.....                          | 106 |
| PROVIGIL.....                           | 81       | QUICKTEK/METER.....                       | 134 | RECTIV.....                            | 219 |
| <i>pseudoeph-bromphen-dm</i> .....      | 205      | QUILLICHEW ER.....                        | 73  | REFUAH PLUS BLOOD<br>GLUCOSE TEST..... | 135 |
| PTS PANELS EGLU TEST ....               | 134      | QUILLIVANT XR.....                        | 73  | REFUAH PLUS<br>MONITORING SYSTEM.....  | 135 |
| PULMICORT FLEXHALER...                  | 208      | <i>quinapril hcl</i> .....                | 43  | RELENZA DISKHALER.....                 | 27  |
| PULMOZYME.....                          | 206      | <i>quinapril-hydrochlorothiazide</i> .... | 42  | <i>releuko</i> .....                   | 171 |
| <i>pure comfort lancets 30g</i> .....   | 134      | <i>quinidine gluconate er</i> .....       | 45  | RELEXXII.....                          | 73  |
| <i>pure comfort safety pen needle</i> . | 134      | <i>quinidine sulfate</i> .....            | 45  | RELION ALL-IN-ONE.....                 | 135 |
| PURIXAN.....                            | 34       | <i>quinine sulfate</i> .....              | 23  | RELION BLOOD GLUCOSE<br>TEST.....      | 135 |
| <i>px insulin syringe</i> .....         | 134      | QUINTET AC BLOOD<br>GLUCOSE.....          | 134 | RELION CONFIRM<br>GLUCOSE MONITOR..... | 135 |
| <i>px lancets microthin 33g</i> .....   | 134      | QUINTET AC BLOOD<br>GLUCOSE TEST.....     | 134 | RELION CONFIRM/MICRO<br>TEST.....      | 135 |
| <i>px lancets ultra thin 28g</i> .....  | 134      | QUINTET BLOOD GLUCOSE<br>SYSTEM.....      | 134 |                                        |     |
| <i>px mini pen needles</i> .....        | 134      | QUINTET BLOOD GLUCOSE<br>TEST.....        | 134 |                                        |     |
| PYLERA.....                             | 164      | QULIPTA.....                              | 75  |                                        |     |
|                                         |          | QUTENZA.....                              | 218 |                                        |     |
|                                         |          | QUTENZA (2 PATCH).....                    | 218 |                                        |     |

|                                     |     |                                    |     |                                             |     |
|-------------------------------------|-----|------------------------------------|-----|---------------------------------------------|-----|
| RELION GLUCOSE TEST STRIPS.....     | 135 | RETACRIT.....                      | 171 | <i>ritonavir</i> .....                      | 24  |
| RELION INSULIN SYRINGE.....         | 135 | RETEVMO.....                       | 39  | <i>rivastigmine</i> .....                   | 58  |
| RELION KETONE TEST.....             | 135 | RETIN-A MICRO.....                 | 211 | <i>rivastigmine tartrate</i> .....          | 58  |
| RELION LANCET DEVICES 30G.....      | 135 | RETIN-A MICRO PUMP.....            | 211 | Rivelsa.....                                | 103 |
| RELION LANCETS MICRO-THIN 33G.....  | 135 | REVATIO.....                       | 55  | RIVFLOZA.....                               | 166 |
| RELION LANCETS THIN 26G.....        | 135 | REVLIMID.....                      | 34  | <i>rixubis</i> .....                        | 173 |
| RELION LANCETS ULTRA-THIN 30G.....  | 135 | REXTOVY.....                       | 82  | <i>rizatriptan benzoate</i> .....           | 76  |
| RELION LANCING DEVICE.....          | 135 | REXULTI.....                       | 65  | ROCALTROL.....                              | 156 |
| RELION MICRO.....                   | 135 | REYATAZ.....                       | 24  | ROCKLATAN.....                              | 196 |
| RELION PEN NEEDLES.....             | 135 | REYVOW.....                        | 75  | ROLVEDON.....                               | 171 |
| RELION PREMIER BLU MONITOR.....     | 135 | REZDIFFRA.....                     | 152 | <i>ropinirole hcl</i> .....                 | 62  |
| RELION PREMIER COMPACT SYSTEM.....  | 135 | REZLIDHIA.....                     | 40  | <i>ropinirole hcl er</i> .....              | 62  |
| RELION PREMIER VOICE MONITOR.....   | 136 | REZUROCK.....                      | 185 | <i>rosuvastatin calcium</i> .....           | 47  |
| RELION PRIME MONITOR.....           | 136 | REZVOGLAR KWIKPEN.....             | 91  | Roweepra.....                               | 69  |
| RELION PRIME TEST.....              | 136 | RHEUMATE.....                      | 194 | ROXICODONE.....                             | 19  |
| RELION TRUE MET AIR GLUC METER..... | 136 | RHOFADE.....                       | 220 | ROXYBOND.....                               | 19  |
| RELION TRUE METRIX TEST STRIPS..... | 136 | RHOPHYLAC.....                     | 184 | ROZEREM.....                                | 74  |
| RELION ULTIMA GLUCOSE SYSTEM.....   | 136 | RHOPRESSA.....                     | 201 | ROZLYTREK.....                              | 39  |
| RELION ULTIMA TEST.....             | 136 | <i>ribavirin</i> .....             | 29  | RUBRACA.....                                | 40  |
| RELION ULTRA THIN LANCETS 30G.....  | 136 | <i>rifabutin</i> .....             | 26  | RUCONEST.....                               | 183 |
| RELISTOR.....                       | 162 | <i>rifampin</i> .....              | 26  | <i>rufinamide</i> .....                     | 69  |
| <i>relnate dha</i> .....            | 190 | RIFAMPIN+SYRSPEND SF.....          | 26  | RUKOBIA.....                                | 24  |
| RELSTONE.....                       | 162 | RIGHTEST ALTERNATE SITE ADAPT..... | 136 | RYALTRIS.....                               | 203 |
| REMEDIENT.....                      | 194 | RIGHTEST GD500 LANCING DEVICE..... | 136 | RYBELSUS.....                               | 87  |
| REMERON.....                        | 60  | RIGHTEST GL300 LANCETS.....        | 136 | RYCLORA.....                                | 204 |
| REMERON SOLTAB.....                 | 60  | RIGHTEST GM100 BLOOD GLUCOSE.....  | 136 | RYDAPT.....                                 | 39  |
| REMICADE.....                       | 176 | RIGHTEST GM300 BLOOD GLUCOSE.....  | 136 | RYKINDO.....                                | 65  |
| REMODULIN.....                      | 55  | RIGHTEST GM550 BLOOD GLUCOSE.....  | 136 | RYTARY.....                                 | 62  |
| RENACIDIN.....                      | 166 | RIGHTEST GS100 BLOOD GLUCOSE.....  | 136 | Ryvent.....                                 | 204 |
| RENATABS WITH IRON.....             | 194 | RIGHTEST GS300 BLOOD GLUCOSE.....  | 136 | SABRIL.....                                 | 69  |
| RENFLEXIS.....                      | 176 | RIGHTEST GS550 BLOOD GLUCOSE.....  | 136 | <i>safety lancet 30g/pressure act</i> ..... | 136 |
| <i>reno caps</i> .....              | 194 | RIGHTEST GT333 BLOOD GLUCOSE.....  | 136 | SAFETY LANCETS.....                         | 136 |
| RENTHYROID.....                     | 155 | RIGHTEST GT333 GLUCOSE TEST.....   | 136 | SAFETY LANCETS 21G.....                     | 136 |
| REVELA.....                         | 152 | <i>riluzole</i> .....              | 57  | SAFETY LANCETS 23G.....                     | 136 |
| <i>repaglinide</i> .....            | 91  | <i>rimantadine hcl</i> .....       | 27  | <i>safety lancets 28g</i> .....             | 136 |
| REPATHA.....                        | 48  | <i>ringers irrigation</i> .....    | 201 | <i>safety pen needles</i> .....             | 137 |
| REPATHA SURECLICK.....              | 48  | RINVOQ.....                        | 180 | SAFYRAL.....                                | 103 |
| <i>resorcinol-sulfur</i> .....      | 211 | RINVOQ LQ.....                     | 180 | SALAGEN.....                                | 221 |
| RESTASIS.....                       | 199 | RIOMET.....                        | 86  | <i>salimez</i> .....                        | 219 |
| RESTASIS MULTIDOSE.....             | 199 | <i>risedronate sodium</i> .....    | 94  | <i>salimez forte</i> .....                  | 219 |
|                                     |     | RISPERDAL CONSTA.....              | 65  | SAMSCA.....                                 | 152 |
|                                     |     | <i>risperidone</i> .....           | 65  | SANCUSO.....                                | 158 |
|                                     |     |                                    |     | SANDOSTATIN.....                            | 84  |
|                                     |     |                                    |     | SANDOSTATIN LAR DEPOT.....                  | 84  |
|                                     |     |                                    |     | SANTYL.....                                 | 219 |
|                                     |     |                                    |     | SAPHRIS.....                                | 65  |
|                                     |     |                                    |     | <i>saps health plus lancets</i> .....       | 137 |
|                                     |     |                                    |     | <i>saps health twist top lancets</i> .....  | 137 |
|                                     |     |                                    |     | <i>saps twist top lancets</i> .....         | 137 |
|                                     |     |                                    |     | <i>saps scare twist top lancets</i> .....   | 137 |
|                                     |     |                                    |     | SAVAYSA.....                                | 169 |
|                                     |     |                                    |     | SAVELLA.....                                | 74  |



|                                             |                                               |                                               |
|---------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| SAVELLA TITRATION PACK 74                   | SIMPLE DIAGNOSTICS                            | Solia..... 103                                |
| SAXENDA..... 93                             | LANCING DEV..... 137                          | <i>solifenacin succinate</i> ..... 167        |
| <i>sb childrens aspirin</i> ..... 20        | SIMPLERA SENSOR..... 137                      | SOLQUA..... 87                                |
| <i>sb insulin syringe</i> ..... 137         | SIMPLERA SYNC SENSOR... 137                   | SOLOSEC..... 31                               |
| <i>sb lancets thin</i> ..... 137            | SIMPLERA SYSTEM..... 137                      | SOLTAMOX..... 35                              |
| <i>sb lancets ultra thin</i> ..... 137      | SIMPONI..... 180                              | SOLUS V2 BLOOD                                |
| SCEMBLIX..... 39                            | SIMPONI ARIA..... 176                         | GLUCOSE SYSTEM..... 137                       |
| <i>scopolamine</i> ..... 158                | <i>simvastatin</i> ..... 47                   | SOLUS V2 LANCETS 28G.... 138                  |
| SECUADO..... 65                             | SINEMET..... 62                               | SOLUS V2 LANCING                              |
| SECURESAFE INSULIN                          | SINGLE-LET..... 137                           | DEVICE..... 138                               |
| SYRINGE..... 137                            | SINGULAIR..... 206, 207                       | SOLUS V2 TEST..... 138                        |
| SECURESAFE SAFETY PEN                       | SINUVA..... 207                               | SOLUS V2 TWIST LANCETS                        |
| NEEDLES..... 137                            | <i>sirolimus</i> ..... 185                    | 30G..... 138                                  |
| SEGLUROMET..... 91                          | SIRTURO..... 26                               | SOLUVITA..... 187                             |
| SELARSDI..... 180                           | <i>sitagliptin</i> ..... 87                   | SOMATULINE DEPOT..... 84                      |
| <i>select-lite lancing device</i> ..... 137 | <i>sitagliptin base-metformin hcl</i> .... 86 | SOMAVERT..... 84                              |
| SELECT-OB..... 190                          | SITAVIG..... 27                               | SOOLANTRA..... 220                            |
| SELECT-OB+DHA..... 190                      | SIVEXTRO..... 31                              | SORILUX..... 214                              |
| <i>selegiline hcl</i> ..... 62              | SKYCLARYS..... 76                             | <i>sotalol hcl</i> ..... 45                   |
| <i>selenious acid</i> ..... 187             | SKYLA..... 103                                | <i>sotalol hcl (af)</i> ..... 45              |
| <i>selenium sulfide</i> ..... 214           | SKYRIZI..... 181                              | SOTYKTU..... 181                              |
| SELZENTRY..... 24                           | SKYRIZI PEN..... 180                          | SOTYLIZE..... 45                              |
| SEMGLEE (YFGN)..... 91                      | SKYTROFA..... 148                             | SOVALDI..... 30                               |
| <i>se-natal 19</i> ..... 190                | SLYND..... 103                                | SOVUNA..... 23, 183                           |
| SENSIPAR..... 93                            | <i>sm nicotine</i> ..... 84                   | SPEVIGO..... 214                              |
| SEREVENT DISKUS..... 205                    | <i>sm nicotine polacrilex</i> ..... 84        | <i>spinosad</i> ..... 220                     |
| SERNIVO..... 218                            | SMART DIABETES                                | SPIRIVA HANDIHALER..... 203                   |
| SEROQUEL XR..... 65                         | VANTAGE LANCING..... 137                      | SPIRIVA RESPIMAT..... 203                     |
| SEROSTIM..... 148                           | SMARTEST BLOOD                                | <i>spironolactone</i> ..... 43                |
| <i>sertraline hcl</i> ..... 60              | GLUCOSE TEST..... 137                         | <i>spironolactone-hctz</i> ..... 53           |
| Setlakin..... 103                           | SMARTEST EJECT..... 137                       | SPRAVATO (56 MG DOSE).... 60                  |
| <i>sevelamer carbonate</i> ..... 152        | SMARTEST EJECT                                | SPRAVATO (84 MG DOSE).... 60                  |
| <i>sevelamer hcl</i> ..... 153              | STARTER..... 137                              | Sprintec 28..... 103                          |
| SEVENFACT..... 169                          | SMARTEST LANCETS 28G... 137                   | SPRITAM..... 69                               |
| SEYSARA..... 33                             | SMARTEST PERSONA                              | SPRIX..... 16                                 |
| SFROWASA..... 160                           | STARTER..... 137                              | SPRYCEL..... 39                               |
| Sharobel..... 103                           | SMARTEST PRONTO                               | Sps (Sodium Polystyrene Sulf). 153            |
| SIGNIFOR..... 152                           | STARTER..... 137                              | SPS (SODIUM                                   |
| SIGNIFOR LAR..... 152                       | SMARTEST PROTEGE..... 137                     | POLYSTYRENE SULF)..... 153                    |
| SIKLOS..... 174                             | SMARTEST PROTEGE                              | Sronyx..... 103                               |
| <i>sildenafil citrate</i> ..... 56          | STARTER..... 137                              | Ssd..... 212                                  |
| SILENOR..... 74                             | SOANZ..... 53                                 | ST JOSEPH LOW DOSE..... 20                    |
| SILIQ..... 180                              | <i>sod citrate-citric acid</i> ..... 166      | STEGLATRO..... 92                             |
| <i>silodosin</i> ..... 165                  | <i>sodium chloride</i> ..... 207              | STEGLUJAN..... 92                             |
| SILVADENE..... 212                          | <i>sodium fluoride</i> ..... 187              | STELARA..... 181                              |
| <i>silver sulfadiazine</i> ..... 212        | <i>sodium oxybate</i> ..... 81                | STENDRA..... 165                              |
| SIMBRINZA..... 196                          | <i>sodium phenylbutyrate</i> ..... 155        | STERILANCE TL..... 138                        |
| SIMLANDI (1 PEN)..... 180                   | <i>sodium polystyrene sulfonate</i> .... 153  | <i>sterile water for irrigation</i> ..... 201 |
| SIMLANDI (2 PEN)..... 180                   | SOFDRA..... 219                               | STIMUFEND..... 171                            |
| SIMLANDI (2 SYRINGE)..... 180               | <i>sofosbuvir-velpatasvir</i> ..... 30        | STIOLTO RESPIMAT..... 202                     |
| Simliya..... 103                            | SOGROYA..... 148                              | STIVARGA..... 39                              |
| Simpesse..... 103                           | SOHONOS..... 80                               | STRENSIQ..... 152                             |

|                                           |     |                                |          |                                           |          |
|-------------------------------------------|-----|--------------------------------|----------|-------------------------------------------|----------|
| STRIBILD.....                             | 25  | SYMBICORT.....                 | 209      | Tarina Fe 1/20 Eq.....                    | 104      |
| STRIVERDI RESPIMAT.....                   | 205 | SYMDEKO.....                   | 206      | TARON-C DHA.....                          | 190      |
| STROVITE FORTE.....                       | 194 | SYMFI.....                     | 25       | TARPEYO.....                              | 166      |
| SUBLOCADE.....                            | 19  | SYMPAZAN.....                  | 70       | TASCENSO ODT.....                         | 79       |
| SUBOXONE.....                             | 81  | SYMPROIC.....                  | 162      | TASIGNA.....                              | 39       |
| Subvenite.....                            | 69  | SYMTUZA.....                   | 25       | <i>tavaborole</i> .....                   | 213      |
| Subvenite Starter Kit-Blue.....           | 69  | SYNAGIS.....                   | 186      | TAVALISSE.....                            | 174      |
| Subvenite Starter Kit-Green.....          | 70  | SYNAREL.....                   | 144      | TAVNEOS.....                              | 173      |
| Subvenite Starter Kit-Orange.....         | 70  | SYNDROS.....                   | 158      | Taysofy.....                              | 104      |
| SUCRAID.....                              | 162 | SYNJARDY.....                  | 92       | TAYTULLA.....                             | 104      |
| <i>sucralfate</i> .....                   | 162 | SYNJARDY XR.....               | 92       | <i>tazarotene</i> .....                   | 211, 214 |
| SUFLAVE.....                              | 161 | SYNOJOYNT.....                 | 21       | TAZORAC.....                              | 214      |
| <i>sulconazole nitrate</i> .....          | 213 | SYNTHROID.....                 | 154      | TAZVERIK.....                             | 40       |
| <i>sulfacetamide sodium</i> .....         | 197 | SYNVISC.....                   | 21       | TECFIDERA.....                            | 79       |
| <i>sulfacetamide sodium (acne)</i> ....   | 211 | SYNVISC ONE.....               | 21       | TECHLITE AST LANCETS....                  | 138      |
| <i>sulfacetamide-prednisolone</i> .....   | 196 | SYPRINE.....                   | 95       | <i>techlite insulin syringe</i> .....     | 138      |
| <i>sulfadiazine</i> .....                 | 22  | T:FLEX T:LOCK                  |          | TECHLITE LANCETS.....                     | 138      |
| <i>sulfamethoxazole-trimethoprim</i> ..   | 31  | CARTRIDGE 4.8ML.....           | 138      | TECHLITE PEN NEEDLES....                  | 139      |
| <i>sulfamez wash</i> .....                | 211 | T:SLIM X2 3ML CARTRIDGE        |          | TEGLUTIK.....                             | 57       |
| SULFAMYLON.....                           | 212 | .....                          | 138      | TEGRETOL.....                             | 70       |
| <i>sulfasalazine</i> .....                | 160 | TABLOID.....                   | 34       | TEGRETOL-XR.....                          | 70       |
| Sulfatrim Pediatric.....                  | 31  | TABRECTA.....                  | 39       | TEKTRUNA.....                             | 52       |
| <i>sulfurated lime</i> .....              | 220 | TACLONEX.....                  | 214      | <i>telmisartan</i> .....                  | 45       |
| <i>sulindac</i> .....                     | 16  | <i>tacrolimus</i> .....        | 186, 215 | <i>telmisartan-amlodipine</i> .....       | 44       |
| <i>sumatriptan</i> .....                  | 76  | <i>tadalafil</i> .....         | 166      | <i>telmisartan-hctz</i> .....             | 44       |
| <i>sumatriptan succinate</i> .....        | 76  | <i>tadalafil (pah)</i> .....   | 56       | <i>temazepam</i> .....                    | 74       |
| <i>sumatriptan succinate refill</i> ..... | 76  | TADLIQ.....                    | 56       | TEMBEXA.....                              | 27       |
| <i>sumatriptan-naproxen sodium</i> ....   | 76  | TAFINLAR.....                  | 39       | TEMODAR.....                              | 33       |
| SUNLENCA.....                             | 24  | TAGRISSO.....                  | 39       | <i>temozolomide</i> .....                 | 33       |
| SUNOSI.....                               | 81  | TAKE ACTION.....               | 103      | TEMPO REFILL.....                         | 139      |
| SUPARTZ FX.....                           | 21  | TAKHZYRO.....                  | 183      | TEMPO WELCOME.....                        | 139      |
| <i>super bi-mix</i> .....                 | 165 | TALICIA.....                   | 164      | TENCON.....                               | 14       |
| <i>super quad-mix</i> .....               | 165 | TALIVA.....                    | 194      | <i>tenofovir disoproxil fumarate</i> .... | 24       |
| <i>super thin lancets</i> .....           | 138 | TALTZ.....                     | 181      | TENORMIN.....                             | 50       |
| <i>super tri-mix</i> .....                | 165 | TALZENNA.....                  | 40       | TEPMETKO.....                             | 39       |
| <i>support</i> .....                      | 194 | <i>tamoxifen citrate</i> ..... | 35       | <i>terazosin hcl</i> .....                | 165      |
| SUPPRELIN LA.....                         | 94  | <i>tamsulosin hcl</i> .....    | 165      | <i>terbinafine hcl</i> .....              | 22       |
| SUPREME TEST.....                         | 138 | TANDEM MOBI AUTOSOFT           |          | <i>terbutaline sulfate</i> .....          | 205      |
| SUPREP BOWEL PREP KIT..                   | 161 | 30 KIT.....                    | 138      | <i>terconazole</i> .....                  | 168      |
| <i>sure comfort insulin syringe</i> ....  | 138 | TANDEM MOBI AUTOSOFT           |          | <i>teriparatide</i> .....                 | 94       |
| <i>sure comfort lancets 18g</i> .....     | 138 | XC KIT.....                    | 138      | TESTIM.....                               | 85       |
| <i>sure comfort lancets 21g</i> .....     | 138 | TANDEM MOBI SYSTEM             |          | TESTOPEL.....                             | 85       |
| <i>sure comfort lancets 23g</i> .....     | 138 | STARTER.....                   | 138      | <i>testosterone</i> .....                 | 85       |
| <i>sure comfort lancets 28g</i> .....     | 138 | TANDEM MOBI TRUSTEEL           |          | <i>testosterone cypionate</i> .....       | 85       |
| <i>sure comfort lancets 30g</i> .....     | 138 | SUPP KIT.....                  | 138      | <i>testosterone enanthate</i> .....       | 85       |
| <i>sure comfort lancing pen</i> .....     | 138 | TAPERDEX 12-DAY.....           | 146      | <i>tetrabenazine</i> .....                | 77       |
| <i>sure comfort pen needles</i> .....     | 138 | Taperdex 6-Day.....            | 147      | <i>tetracycline hcl</i> .....             | 33       |
| <i>surebiotic probiotic support</i> ....  | 157 | TAPERDEX 7-DAY.....            | 147      | TEXACORT.....                             | 218      |
| SURELITE LANCETS.....                     | 138 | TARCEVA.....                   | 39       | TEZSPIRE.....                             | 207      |
| SUTAB.....                                | 161 | Targadox.....                  | 33       | THALITONE.....                            | 53       |
| SUTENT.....                               | 39  | TARGRETIN.....                 | 40, 219  | THALOMID.....                             | 34       |
| Syeda.....                                | 103 | Tarina 24 Fe.....              | 103      | THEO-24.....                              | 209      |

|                                           |          |                                             |         |                                               |     |
|-------------------------------------------|----------|---------------------------------------------|---------|-----------------------------------------------|-----|
| <i>theophylline</i> .....                 | 209      | TOUJEO SOLOSTAR.....                        | 91      | TRIKAFTA.....                                 | 206 |
| <i>theophylline er</i> .....              | 209      | Tovet.....                                  | 218     | Tri-Legest Fe.....                            | 104 |
| THIOLA.....                               | 166      | TOVIAZ.....                                 | 167     | TRILEPTAL.....                                | 70  |
| THIOLA EC.....                            | 166      | TOXICOLOGY MED                              |         | Tri-Linyah.....                               | 104 |
| <i>thioridazine hcl</i> .....             | 65       | COLLECTION SYS.....                         | 139     | Tri-Lo-Estarylla.....                         | 104 |
| <i>thiothixene</i> .....                  | 66       | TPOXX.....                                  | 27      | Tri-Lo-Marzia.....                            | 104 |
| THRIVE.....                               | 84       | TRACLEER.....                               | 56      | Tri-Lo-Mili.....                              | 104 |
| <i>thrivite rx</i> .....                  | 190      | TRADJENTA.....                              | 87      | Tri-Lo-Sprintec.....                          | 104 |
| THYQUIDITY.....                           | 154      | <i>tramadol hcl</i> .....                   | 19      | TRILURON.....                                 | 21  |
| <i>thyroid</i> .....                      | 154      | <i>tramadol hcl (er biphasic)</i> .....     | 19      | <i>trimethobenzamide hcl</i> .....            | 158 |
| <i>tiagabine hcl</i> .....                | 70       | <i>tramadol hcl er</i> .....                | 19      | <i>trimethoprim</i> .....                     | 31  |
| TIBSOVO.....                              | 41       | <i>tramadol-acetaminophen</i> .....         | 19      | Tri-Mili.....                                 | 104 |
| TIKOSYN.....                              | 45       | <i>trandolapril</i> .....                   | 43      | <i>trimipramine maleate</i> .....             | 60  |
| Tilia Fe.....                             | 104      | <i>trandolapril-verapamil hcl er</i> ....   | 42      | <i>tri-mix</i> .....                          | 166 |
| <i>timolol hemihydrate</i> .....          | 195      | <i>tranexamic acid</i> .....                | 173     | <i>trinatal rx 1</i> .....                    | 190 |
| <i>timolol maleate</i> .....              | 50, 195  | <i>tranylcypromine sulfate</i> .....        | 60      | TRINATE.....                                  | 190 |
| <i>timolol maleate (once-daily)</i> ....  | 195      | TRAVATAN Z.....                             | 200     | Trinessa (28).....                            | 104 |
| TIMOPTIC OCUDOSE.....                     | 196      | TRAVEL LANCETS                              |         | TRINTELLIX.....                               | 60  |
| <i>tinidazole</i> .....                   | 22       | ADVANCED 28G.....                           | 139     | <i>triple pmb</i> .....                       | 196 |
| <i>tiotropium bromide</i> .....           | 203      | <i>travoprost (bak free)</i> .....          | 200     | <i>triple pmk</i> .....                       | 196 |
| TIROSINT.....                             | 154      | <i>trazodone hcl</i> .....                  | 60      | TRIPTODUR.....                                | 94  |
| TIROSINT-SOL.....                         | 154      | TRELEGY ELLIPTA.....                        | 203     | Tri-Sprintec.....                             | 104 |
| TIVICAY.....                              | 24       | TRELSTAR MIXJECT.....                       | 35      | <i>tristart dha</i> .....                     | 190 |
| TIVICAY PD.....                           | 24       | TREMFYA.....                                | 181     | TRIUMEQ.....                                  | 25  |
| <i>tizanidine hcl</i> .....               | 80       | TREMFYA ONE-PRESS.....                      | 181     | <i>triumeq pd</i> .....                       | 26  |
| TLANDO.....                               | 85       | TREMFYA PEN.....                            | 181     | TRI-VI-FLOR.....                              | 194 |
| TOBAKIENT.....                            | 194      | TREMFYA-CD/UC                               |         | <i>tri-vi-floro</i> .....                     | 194 |
| TOBI.....                                 | 206      | INDUCTION.....                              | 181     | TRIVISC.....                                  | 21  |
| TOBI PODHALER.....                        | 206      | <i>treprostinil</i> .....                   | 56      | <i>tri-vite/fluoride</i> .....                | 194 |
| TOBRADEX.....                             | 196      | TRESIBA.....                                | 91      | Trivora (28).....                             | 104 |
| TOBRADEX ST.....                          | 196      | TRESIBA FLEXTOUCH.....                      | 91      | Tri-Vylibra.....                              | 104 |
| <i>tobramycin</i> .....                   | 197, 206 | <i>tretinoin</i> .....                      | 41, 211 | Tri-Vylibra Lo.....                           | 104 |
| <i>tobramycin-dexamethasone</i> .....     | 196      | <i>tretinoin microsphere</i> .....          | 211     | TROKENDI XR.....                              | 70  |
| TOBREX.....                               | 197      | <i>tretinoin microsphere pump</i> .....     | 211     | <i>tronvite</i> .....                         | 194 |
| TODAY SPONGE.....                         | 165      | TREXALL.....                                | 34      | <i>tropicamide</i> .....                      | 200 |
| <i>todays health pen needles</i> .....    | 139      | TREXIMET.....                               | 76      | <i>trospium chloride</i> .....                | 167 |
| <i>todays health short pen needle</i> ..  | 139      | TREZIX.....                                 | 19      | <i>trospium chloride er</i> .....             | 167 |
| <i>todays health thin lancets 28g.</i> .. | 139      | Tri Femynor.....                            | 104     | TRUDHESA.....                                 | 75  |
| <i>todays health thin lancets 30g.</i> .. | 139      | <i>triamcinolone acetonide</i> ... 218, 221 |         | <i>true comfort insulin syringe</i> .....     | 139 |
| TOLAK.....                                | 212      | <i>triamcinolone in absorbase</i> .....     | 218     | <i>true comfort pen needles</i> .....         | 139 |
| <i>tolcapone</i> .....                    | 62       | <i>triamterene</i> .....                    | 53      | <i>true comfort pro insulin syr</i> .....     | 139 |
| <i>tolsura</i> .....                      | 22       | <i>triamterene-hctz</i> .....               | 53      | <i>true comfort pro pen needles</i> ....      | 139 |
| <i>tolterodine tartrate</i> .....         | 167      | <i>triazolam</i> .....                      | 74      | <i>true comfort safety lancets</i> .....      | 139 |
| <i>tolterodine tartrate er</i> .....      | 167      | <i>tricitrates</i> .....                    | 167     | <i>true comfort twist top lancets</i> ... 139 |     |
| TOPICORT.....                             | 218      | TRICOR.....                                 | 47      | TRUE FOCUS BLOOD                              |     |
| <i>topiramate</i> .....                   | 70       | Triderm.....                                | 218     | GLUCOSE METER.....                            | 139 |
| <i>topiramate er</i> .....                | 70       | <i>trientine hcl</i> .....                  | 95      | <i>true focus blood glucose strip</i> ... 139 |     |
| TOPROL XL.....                            | 50       | Tri-Estarylla.....                          | 104     | TRUE METRIX AIR                               |     |
| <i>toremifene citrate</i> .....           | 35       | <i>trifluoperazine hcl</i> .....            | 66      | GLUCOSE METER.....                            | 139 |
| <i>toremide</i> .....                     | 53       | <i>trifluridine</i> .....                   | 197     | TRUE METRIX BLOOD                             |     |
| TOSYMRA.....                              | 76       | <i>trihexyphenidyl hcl</i> .....            | 62      | GLUCOSE TEST.....                             | 139 |
| TOUJEO MAX SOLOSTAR.....                  | 91       | TRIJARDY XR.....                            | 86      |                                               |     |

|                                    |     |                                           |     |                                      |     |
|------------------------------------|-----|-------------------------------------------|-----|--------------------------------------|-----|
| TRUE METRIX GO                     |     | TYVASO DPI TITRATION                      |     | ULTRA-THIN II MINI PEN               |     |
| GLUCOSE METER.....                 | 139 | KIT.....                                  | 56  | NEEDLE.....                          | 142 |
| TRUE METRIX METER.....             | 139 | TYVASO REFILL KIT.....                    | 56  | ULTRA-THIN II PEN                    |     |
| TRUEPLUS 5-BEVEL PEN               |     | TYVASO STARTER KIT.....                   | 56  | NEEDLE SHORT.....                    | 142 |
| NEEDLES.....                       | 139 | UBREL VY.....                             | 75  | ULTRA-THIN II PEN                    |     |
| TRUEPLUS INSULIN                   |     | UCERIS.....                               | 160 | NEEDLES.....                         | 142 |
| SYRINGE.....                       | 140 | UDAMIN SP.....                            | 194 | ULTRAVATE.....                       | 218 |
| TRUEPLUS LANCETS 26G...            | 140 | UDENYCA.....                              | 171 | <i>umeclidinium-vilanterol</i> ..... | 202 |
| TRUEPLUS LANCETS 28G...            | 140 | ULORIC.....                               | 13  | UNDECATREX.....                      | 85  |
| TRUEPLUS LANCETS 30G...            | 140 | ULTICARE INSULIN                          |     | UNIFINE PENTIPS.....                 | 142 |
| TRUEPLUS LANCETS 33G...            | 140 | SAFETY SYR.....                           | 140 | UNIFINE PENTIPS PLUS.....            | 142 |
| TRUEPLUS SAFETY                    |     | ULTICARE INSULIN                          |     | UNIFINE PROTECT PEN                  |     |
| LANCETS 28G.....                   | 140 | SYRINGE.....                              | 140 | NEEDLE.....                          | 142 |
| TRUERESULT BLOOD                   |     | ULTICARE MICRO PEN                        |     | UNIFINE SAFECONTROL                  |     |
| GLUCOSE.....                       | 140 | NEEDLES.....                              | 140 | PEN NEEDLE.....                      | 142 |
| TRUETEST TEST.....                 | 140 | ULTICARE MINI PEN                         |     | UNIFINE ULTRA PEN                    |     |
| TRUETRACK BLOOD                    |     | NEEDLES.....                              | 140 | NEEDLE.....                          | 142 |
| GLUCOSE.....                       | 140 | ULTICARE PEN NEEDLES...                   | 141 | UNILET COMFORTOUCH                   |     |
| TRUETRACK SMART                    |     | ULTICARE SHORT PEN                        |     | LANCET.....                          | 142 |
| SYSTEM.....                        | 140 | NEEDLES.....                              | 141 | UNILET EXCELITE.....                 | 142 |
| TRUETRACK TEST.....                | 140 | ULTIGUARD SAFEPAK                         |     | UNILET EXCELITE II.....              | 142 |
| TRULANCE.....                      | 160 | PEN NEEDLE.....                           | 141 | UNILET G.P. LANCET.....              | 142 |
| TRULICITY.....                     | 87  | ULTIGUARD SAFEPAK                         |     | UNILET G.P. SUPERLITE                |     |
| TRUQAP.....                        | 39  | SYR/NEEDLE.....                           | 141 | LANCET.....                          | 142 |
| TRUSTEEL INFUSION SET...           | 140 | ULTI-LANCE AUTOMATIC..                    | 141 | UNILET GP 28 ULTRA THIN              | 142 |
| TRUVADA.....                       | 26  | ULTILET CLASSIC                           |     | UNILET LANCET.....                   | 142 |
| TUDORZA PRESSAIR.....              | 203 | LANCETS.....                              | 141 | UNILET MICRO-THIN 33G...             | 142 |
| TUKYSA.....                        | 39  | ULTILET LANCETS.....                      | 141 | UNILET SUPERLITE                     |     |
| TURALIO.....                       | 39  | ULTILET PEN NEEDLE.....                   | 141 | LANCET.....                          | 142 |
| Turqoz.....                        | 104 | ULTILET SAFETY LANCETS                    |     | UNILET SUPER-THIN 30G....            | 142 |
| TUXARIN ER.....                    | 205 | .....                                     | 141 | UNILET ULTRA-THIN 28G...             | 142 |
| TWIIIST REFILL KIT.....            | 140 | ULTILET SAFETY LANCETS                    |     | UNISTIK 1.....                       | 142 |
| TWIIIST REFILL                     |     | 23G.....                                  | 141 | UNISTIK 2.....                       | 142 |
| KIT/INFUSION SET.....              | 140 | <i>ultra comfort insulin syringe</i> .... | 141 | UNISTIK 2 COMFORT.....               | 142 |
| TWIIIST STARTER KIT.....           | 140 | ULTRA FLO INSULIN PEN                     |     | UNISTIK 2 EXTRA.....                 | 143 |
| TWIRLA.....                        | 104 | NEEDLES.....                              | 141 | UNISTIK 2 NEONATAL.....              | 143 |
| <i>twist top lancets 30g</i> ..... | 140 | ULTRA FLO INSULIN SYR                     |     | UNISTIK 2 NORMAL.....                | 143 |
| TWYNEO.....                        | 212 | 1/2 UNIT.....                             | 141 | UNISTIK 2 SUPER.....                 | 143 |
| TYBLUME.....                       | 105 | ULTRA FLO INSULIN                         |     | UNISTIK 3.....                       | 143 |
| TYBOST.....                        | 24  | SYRINGE.....                              | 141 | UNISTIK 3 COMFORT.....               | 143 |
| Tydemyl.....                       | 105 | <i>ultra thin lancets 31g</i> .....       | 141 | UNISTIK 3 EXTRA.....                 | 143 |
| TYENNE.....                        | 181 | ULTRA THIN PEN NEEDLES                    | 141 | UNISTIK 3 GENTLE.....                | 143 |
| TYKERB.....                        | 39  | <i>ultracare insulin syringe</i> .....    | 141 | UNISTIK 3 NEONATAL.....              | 143 |
| TYMLOS.....                        | 94  | <i>ultra-care lancets 30g</i> .....       | 141 | UNISTIK 3 NORMAL.....                | 143 |
| TYRVAYA.....                       | 200 | <i>ultracare pen needles</i> .....        | 141 | UNISTIK CZT COMFORT....              | 143 |
| TYSABRI.....                       | 79  | ULTRA-THIN II AUTO                        |     | UNISTIK CZT NORMAL.....              | 143 |
| TYVASO.....                        | 56  | LANCET.....                               | 141 | UNISTIK NORMAL.....                  | 143 |
| TYVASO DPI                         |     | ULTRA-THIN II INS SYR                     |     | UNISTIK PRO SAFETY                   |     |
| INSTITUTIONAL KIT.....             | 56  | SHORT.....                                | 142 | LANCET.....                          | 143 |
| TYVASO DPI                         |     | ULTRA-THIN II INSULIN                     |     | UNISTIK SAFETY LANCETS               |     |
| MAINTENANCE KIT.....               | 56  | SYRINGE.....                              | 142 | 28G.....                             | 143 |
|                                    |     | ULTRA-THIN II LANCETS....                 | 142 |                                      |     |



|                                             |                                          |     |                                         |        |
|---------------------------------------------|------------------------------------------|-----|-----------------------------------------|--------|
| UNISTIK SAFETY LANCETS                      | VARUBI (180 MG DOSE).....                | 159 | VERKAZIA.....                           | 200    |
| 30G.....                                    | VASCEPA.....                             | 48  | VERQUVO.....                            | 53     |
| UNISTIK TOUCH SAFETY                        | VASCULERA.....                           | 194 | VERSACLOZ.....                          | 66     |
| LANC 21G.....                               | VASOTEC.....                             | 43  | VERZENIO.....                           | 40     |
| UNISTIK TOUCH SAFETY                        | <i>vb6 p5p</i> .....                     | 194 | Vestura.....                            | 105    |
| LANC 23G.....                               | <i>v-c forte</i> .....                   | 194 | VEVYE.....                              | 199    |
| UNISTIK TOUCH SAFETY                        | VCF VAGINAL                              |     | VFEND.....                              | 22     |
| LANC 28G.....                               | CONTRACEPTIVE.....                       | 165 | V-GO 20.....                            | 144    |
| UNISTIK TOUCH SAFETY                        | VECAMYL.....                             | 54  | V-GO 30.....                            | 144    |
| LANC 30G.....                               | VECTICAL.....                            | 214 | V-GO 40.....                            | 144    |
| UNISTRIP1 GENERIC.....                      | VELETRI.....                             | 56  | VIAGRA.....                             | 166    |
| Unithroid.....                              | VELIVET.....                             | 105 | VIBERZI.....                            | 160    |
| UPNEEQ.....                                 | VELPHORO.....                            | 153 | Vic-Forte.....                          | 195    |
| UPTRAVI.....                                | VELSIPITY.....                           | 181 | VICTOZA.....                            | 87     |
| UPTRAVI TITRATION.....                      | VELTASSA.....                            | 153 | Vienva.....                             | 105    |
| Urimar-T.....                               | VEMLIDY.....                             | 29  | <i>vigabatrin</i> .....                 | 70     |
| UROCIT-K 10.....                            | VENCLEXTA.....                           | 34  | Vigadrone.....                          | 70     |
| UROCIT-K 15.....                            | VENCLEXTA STARTING                       |     | VIGAFYDE.....                           | 70     |
| UROXATRAL.....                              | PACK.....                                | 34  | VIGAMOX.....                            | 197    |
| URSO FORTE.....                             | VENIPUNCTURE PX1                         |     | VIIBRYD.....                            | 61     |
| <i>ursodiol</i> .....                       | PHLEBOTOMY.....                          | 218 | VIJOICE.....                            | 152    |
| URSODIOL+SYRSPEND SF..                      | <i>venlafaxine besylate er</i> .....     | 61  | VIMOVO.....                             | 16     |
| <i>ustekinumab</i> .....                    | <i>venlafaxine hcl</i> .....             | 61  | VIMPAT.....                             | 70, 71 |
| <i>ustekinumab-aekn</i> .....               | <i>venlafaxine hcl er</i> .....          | 61  | VINATE DHA RF.....                      | 190    |
| <i>ustekinumab-ttwe</i> .....               | VENTOLIN HFA.....                        | 205 | VIOKACE.....                            | 163    |
| UZEDY.....                                  | VEOZAH.....                              | 152 | <i>viorele</i> .....                    | 105    |
| VAGIFEM.....                                | <i>verapamil hcl</i> .....               | 51  | VIRACEPT.....                           | 24     |
| <i>valacyclovir hcl</i> .....               | <i>verapamil hcl er</i> .....            | 51  | VIREAD.....                             | 24     |
| VALCHLOR.....                               | <i>verasens blood glucose meter</i> ...  | 143 | VISCO-3.....                            | 21     |
| VALCYTE.....                                | <i>verasens blood glucose system</i> ..  | 143 | VISTOGARD.....                          | 41     |
| <i>valganciclovir hcl</i> .....             | <i>verasens blood glucose test</i> ..... | 143 | Vita S Forte.....                       | 195    |
| VALIUM.....                                 | VEREGEN.....                             | 219 | Vitacel.....                            | 195    |
| <i>valproic acid</i> .....                  | VERIFINE INSULIN PEN                     |     | VITAFOL FE+.....                        | 190    |
| <i>valsartan</i> .....                      | NEEDLE.....                              | 143 | VITAFOL GUMMIES.....                    | 190    |
| <i>valsartan-hydrochlorothiazide</i> ...    | VERIFINE INSULIN                         |     | VITAFOL ULTRA.....                      | 190    |
| VALTOCO 10 MG DOSE.....                     | SYRINGE.....                             | 143 | VITAFOL-OB.....                         | 190    |
| VALTOCO 15 MG DOSE.....                     | VERIFINE PLUS PEN                        |     | VITAFOL-OB+DHA.....                     | 190    |
| VALTOCO 20 MG DOSE.....                     | NEEDLE.....                              | 143 | VITAFOL-ONE.....                        | 190    |
| VALTOCO 5 MG DOSE.....                      | VERIFINE SAFE LANCET                     |     | <i>vitalara</i> .....                   | 190    |
| VALTREX.....                                | MINI 21G.....                            | 144 | VITAMEZ.....                            | 195    |
| Valtya 1/50.....                            | VERIFINE SAFE LANCET                     |     | <i>vitamin d (ergocalciferol)</i> ..... | 195    |
| VANOCOCIN.....                              | MINI 23G.....                            | 144 | <i>vitamin k1</i> .....                 | 195    |
| <i>vancomycin hcl</i> .....                 | VERIFINE SAFE LANCET                     |     | VITAROCA PLUS.....                      | 195    |
| VANCOMYCIN+SYRSPEND                         | MINI 28G.....                            | 144 | <i>vitasure</i> .....                   | 195    |
| SF.....                                     | VERIFINE SAFE LANCET                     |     | VITATHELY WITH GINGER                   | 190    |
| VANDAZOLE.....                              | MINI 30G.....                            | 144 | VITRAKVI.....                           | 40     |
| VANFLYTA.....                               | VERIFINE UNIVERSAL                       |     | VIVA DHA.....                           | 190    |
| VANISHPOINT INSULIN                         | LANCETS 28G.....                         | 144 | VIVAGUARD INO CONTROL                   |        |
| SYRINGE.....                                | VERIFINE UNIVERSAL                       |     | SOLUTION.....                           | 144    |
| <i>varenicline tartrate</i> .....           | LANCETS 30G.....                         | 144 | VIVAGUARD INO GLUCOSE                   |        |
| <i>varenicline tartrate (starter)</i> ..... | VERIFINE UNIVERSAL                       |     | METER.....                              | 144    |
| VARISOFT INFUSION SET... 143                | LANCETS 33G.....                         | 144 |                                         |        |

|                                         |                                      |     |                            |          |
|-----------------------------------------|--------------------------------------|-----|----------------------------|----------|
| VIVAGUARD INO SMART                     | <i>wesnatal dha complete</i> .....   | 191 | XEOMIN.....                | 73       |
| GLUC METER.....                         | <i>wesnate dha</i> .....             | 191 | XERAC AC.....              | 219      |
| VIVAGUARD INO TEST                      | <i>westab plus</i> .....             | 191 | XERESE.....                | 27       |
| STRIPS.....                             | <i>westgel dha</i> .....             | 191 | XERMELO.....               | 162      |
| VIVAGUARD LANCETS.....                  | WIDE-SEAL DIAPHRAGM 60               | 105 | XGEVA.....                 | 94       |
| VIVAGUARD LANCING                       | .....                                | 105 | XHANCE.....                | 207      |
| DEVICE.....                             | WIDE-SEAL DIAPHRAGM 65               | 105 | XIFAXAN.....               | 31       |
| VIVELLE-DOT.....                        | .....                                | 105 | XIGDUO XR.....             | 92       |
| VIVITROL.....                           | WIDE-SEAL DIAPHRAGM 70               | 105 | XIIDRA.....                | 199      |
| VIVJOA.....                             | .....                                | 105 | XOFIGO.....                | 41       |
| VIZIMPRO.....                           | WIDE-SEAL DIAPHRAGM 75               | 105 | XOFLUZA (40 MG DOSE).....  | 27       |
| VOGELXO.....                            | .....                                | 105 | XOFLUZA (80 MG DOSE).....  | 27       |
| VOGELXO PUMP.....                       | WIDE-SEAL DIAPHRAGM 80               | 105 | XOLAIR.....                | 181, 182 |
| Volnea.....                             | .....                                | 105 | XOLREMDI.....              | 171      |
| VOLTAREN.....                           | WIDE-SEAL DIAPHRAGM 85               | 105 | XOPENEX HFA.....           | 205      |
| VONJO.....                              | .....                                | 105 | XOSPATA.....               | 40       |
| VONVENDI.....                           | WIDE-SEAL DIAPHRAGM 90               | 105 | XPHOZAH.....               | 153      |
| VOQUEZNA.....                           | .....                                | 105 | XPOVIO (100 MG ONCE        |          |
| VORANIGO.....                           | WIDE-SEAL DIAPHRAGM 95               | 105 | WEEKLY).....               | 41       |
| <i>voriconazole</i> .....               | .....                                | 105 | XPOVIO (40 MG ONCE         |          |
| VOSEVI.....                             | WILATE.....                          | 170 | WEEKLY).....               | 41       |
| VOTRIENT.....                           | WINLEVI.....                         | 212 | XPOVIO (40 MG TWICE        |          |
| VOWST.....                              | WINREVAIR.....                       | 56  | WEEKLY).....               | 41       |
| VOXZOGO.....                            | WINRHO SDF.....                      | 184 | XPOVIO (60 MG ONCE         |          |
| VOYDEYA.....                            | Wixela Inhub.....                    | 209 | WEEKLY).....               | 41       |
| VPRIV.....                              | <i>wpr plus wound healing system</i> | 219 | XPOVIO (60 MG TWICE        |          |
| VRAYLAR.....                            | Wymzya Fe.....                       | 105 | WEEKLY).....               | 41       |
| VTAMA.....                              | WYNZORA.....                         | 214 | XPOVIO (80 MG ONCE         |          |
| VUITY.....                              | XACIATO.....                         | 168 | WEEKLY).....               | 41       |
| VUMERITY.....                           | XADAGO.....                          | 63  | XPOVIO (80 MG TWICE        |          |
| VUSION.....                             | XALATAN.....                         | 200 | WEEKLY).....               | 41       |
| Vyfemla.....                            | XALKORI.....                         | 40  | XTAMPZA ER.....            | 19       |
| VYJUVEK.....                            | XANAX.....                           | 57  | XTANDI.....                | 35       |
| VYLEESI.....                            | XANAX XR.....                        | 57  | Xulane.....                | 106      |
| Vylibra.....                            | Xarah Fe.....                        | 105 | XULTOPHY.....              | 87       |
| VYNDAMAX.....                           | XARELTO.....                         | 169 | XURIDEN.....               | 152      |
| VYNDAQEL.....                           | XARELTO STARTER PACK.....            | 169 | XYNTHA.....                | 172      |
| VYTORIN.....                            | XCOPRI.....                          | 71  | XYNTHA SOLOFUSE.....       | 172      |
| VYVANSE.....                            | XCOPRI (250 MG DAILY                 | 71  | XYOSTED.....               | 85       |
| VYVGART HYTRULO.....                    | DOSE).....                           | 71  | XYREM.....                 | 81       |
| VYZULTA.....                            | XCOPRI (350 MG DAILY                 | 71  | XYWAV.....                 | 81       |
| WAINUA.....                             | DOSE).....                           | 71  | <i>xyzbac</i> .....        | 195      |
| WAKIX.....                              | XDEMVI.....                          | 197 | YASMIN 28.....             | 106      |
| <i>warfarin sodium</i> .....            | XELJANZ.....                         | 181 | YAZ.....                   | 106      |
| <i>wegmans unifine pentips plus</i> ... | XELJANZ XR.....                      | 181 | YCANTH.....                | 219      |
| WEGOVY.....                             | XELODA.....                          | 34  | YESINTEK.....              | 182      |
| WELIREG.....                            | XELPROS.....                         | 200 | YEZTUGO.....               | 24       |
| WELLBUTRIN XL.....                      | Xelria Fe.....                       | 105 | <i>yl folic acid</i> ..... | 195      |
| <i>wellfola</i> .....                   | XELSTRYM.....                        | 73  | YONSA.....                 | 35       |
| <i>wellpro 31</i> .....                 | XEMBIFY.....                         | 184 | YOSPRALA.....              | 174      |
| Wera.....                               | XENAZINE.....                        | 77  | YUFLYMA (1 PEN).....       | 182      |
| <i>wescap-pn dha</i> .....              | XENICAL.....                         | 93  | YUFLYMA (2 PEN).....       | 182      |



|                                  |     |                           |          |
|----------------------------------|-----|---------------------------|----------|
| YUFLYMA (2 SYRINGE).....         | 182 | ZITHROMAX Z-PAK.....      | 28       |
| YUFLYMA-CD/UC/HS                 |     | ZITUVIMET.....            | 86       |
| STARTER.....                     | 182 | ZITUVIMET XR.....         | 86       |
| YUPELRI.....                     | 203 | ZITUVIO.....              | 87       |
| YUSIMRY.....                     | 182 | ZOCOR.....                | 47       |
| Yuvaferm.....                    | 151 | ZOKINVY.....              | 152      |
| Zafemy.....                      | 106 | ZOLADEX.....              | 36       |
| zafirlukast.....                 | 207 | zoledronic acid.....      | 94       |
| zaleplon.....                    | 74  | ZOLINZA.....              | 41       |
| zalvit.....                      | 191 | zolmitriptan.....         | 76       |
| ZANAFLEX.....                    | 80  | ZOLOFT.....               | 61       |
| ZARONTIN.....                    | 71  | zolpidem tartrate.....    | 74       |
| ZARXIO.....                      | 171 | zolpidem tartrate er..... | 74       |
| ZAVESCA.....                     | 149 | ZOMACTON.....             | 148      |
| ZAVZPRET.....                    | 75  | ZOMIG.....                | 76       |
| ZEGALOGUE.....                   | 147 | Zomig.....                | 76       |
| ZEJULA.....                      | 41  | ZONEGRAN.....             | 71       |
| zelac.....                       | 157 | ZONISADE.....             | 71       |
| ZELAPAR.....                     | 63  | zonisamide.....           | 71       |
| ZELBORAF.....                    | 40  | ZONTIVITY.....            | 174      |
| ZEMAIRA.....                     | 202 | ZORTRESS.....             | 186      |
| ZEMBRACE SYMTOUCH.....           | 76  | ZORYVE.....               | 214, 215 |
| ZEMPLAR.....                     | 156 | Zovia 1/35 (28).....      | 106      |
| Zenatane.....                    | 212 | ZTALMY.....               | 71       |
| ZENPEP.....                      | 163 | ZUBSOLV.....              | 81       |
| Zenzedi.....                     | 73  | Zumandimine.....          | 106      |
| ZEPATIER.....                    | 30  | ZURZUVAE.....             | 61       |
| ZEPBOUND.....                    | 93  | ZYCLARA.....              | 212      |
| ZEPOSIA.....                     | 79  | ZYCLARA PUMP.....         | 212      |
| ZEPOSIA 7-DAY STARTER            |     | ZYDELIG.....              | 40       |
| PACK.....                        | 79  | ZYKADIA.....              | 40       |
| ZEPOSIA STARTER KIT.....         | 79  | ZYLET.....                | 196      |
| ZERVIAE.....                     | 195 | ZYMFENTRA (1 PEN).....    | 182      |
| ZESTORETIC.....                  | 42  | ZYMFENTRA (2 PEN).....    | 182      |
| ZETIA.....                       | 46  | ZYMFENTRA (2 SYRINGE)..   | 182      |
| zevrx insulin syringe.....       | 144 | ZYPITAMAG.....            | 47       |
| zevrx pen needles.....           | 144 | ZYTIGA.....               | 36       |
| zevrx twist top lancets 30g..... | 144 |                           |          |
| ZIANA.....                       | 212 |                           |          |
| zidovudine.....                  | 25  |                           |          |
| ZIEXTENZO.....                   | 171 |                           |          |
| ZILBRYSQ.....                    | 76  |                           |          |
| zileuton er.....                 | 206 |                           |          |
| ZILXI.....                       | 220 |                           |          |
| ZIMHI.....                       | 82  |                           |          |
| ZIOPTAN.....                     | 200 |                           |          |
| ziphex.....                      | 191 |                           |          |
| ziprasidone hcl.....             | 66  |                           |          |
| ZIPSOR.....                      | 16  |                           |          |
| ZIRGAN.....                      | 197 |                           |          |
| ZITHROMAX.....                   | 28  |                           |          |
| ZITHROMAX TRI-PAK.....           | 28  |                           |          |