

2025 Aetna Pharmacy Drug Guide

Advanced Control Plan - Aetna: California

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

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 Previous versions are no longer in effect.

The Medical plan names to which this document applies to in the state of California are listed below:

Plan Name

Aetna Value Network HMO	AHF HMO Deductible HDHP
Aetna Value Network HMO HDHP	AHF HMO Deductible POS
Aetna Value Network OA Elect Choice® EPO	AHF HMO Deductible PPO
Aetna Value Network OA Managed Choice® POS	AHF OA Elect Choice® EPO
Aetna Value Network OA Managed Choice® POS HDHP	AHF OA Managed Choice® POS
Aexcel® OA Managed Choice® POS	AHF OA Managed Choice® POS HDHP
Aexcel® Plus Managed Choice® POS HDHP Tiered	AHF Open Choice® PPO
Aexcel® Plus OA Managed Choice® POS HDHP Tiered	AHF Open Choice® PPO HDHP
Aexcel® Plus OA Managed Choice® POS Tiered	AHF Savings Plus OA Managed Choice® POS
Aexcel® Plus Open Choice® PPO HDHP Tiered	AHF Savings Plus OA Managed Choice® POS HDHP
Aexcel® Plus Open Choice® PPO Tiered	AHF Sutter Health OA Elect Choice® EPO
AHF Aetna Value Network OA Managed Choice® POS	AHF Sutter Health OA Managed Choice® POS
AHF AWH MemorialCare OA Managed Choice® POS	AHF Sutter Health OA Managed Choice® POS HDHP
AHF AWH PrimeCare OA Managed Choice® POS	AWH MemorialCare Managed Choice® POS
AHF AWH Providence OA Elect Choice® EPO	AWH MemorialCare OA Elect Choice® EPO
AHF AWH Providence OA Managed Choice® POS	AWH MemorialCare OA Elect Choice® EPO HDHP
AHF AWH Sharp OA Managed Choice® POS	AWH MemorialCare OA Managed Choice® POS
AHF AWH Southern CA OA Managed Choice® POS	AWH MemorialCare OA Managed Choice® POS HDHP
AHF AWH Southern CA OA Managed Choice® POS HDHP	AWH PrimeCare HMO
AHF HMO	AWH PrimeCare OA Elect Choice® EPO
AHF HMO Basic POS	AWH PrimeCare OA Elect Choice® EPO HDHP
AHF HMO Basic PPO	AWH PrimeCare OA Managed Choice® POS
AHF HMO Deductible	AWH PrimeCare OA Managed Choice® POS HDHP

Plan Name

AWH PrimeCare OA Managed Choice® POS HDHP Tiered	HMO Basic POS
AWH PrimeCare OA Managed Choice® POS Tiered	HMO Basic POS HDHP
AWH Providence Managed Choice® POS	HMO Basic PPO
AWH Providence OA Elect Choice® EPO	HMO Basic PPO HDHP
AWH Providence OA Elect Choice® EPO HDHP	HMO Deductible
AWH Providence OA Managed Choice® POS	HMO Deductible EPO
AWH Providence OA Managed Choice® POS HDHP	HMO Deductible HDHP
AWH SCCIPA OA Elect Choice® EPO	HMO Deductible POS
AWH SCCIPA OA Elect Choice® EPO HDHP	HMO Deductible POS HDHP
AWH SCCIPA OA Managed Choice® POS	HMO Deductible PPO
AWH Sharp OA Elect Choice® EPO	HMO Deductible PPO HDHP
AWH Sharp OA Managed Choice® POS	HMO HDHP
AWH Sharp OA Managed Choice® POS HDHP	Managed Choice® POS
AWH Southern CA HMO	Managed Choice® POS HDHP
AWH Southern CA HMO HDHP	OA Elect Choice® EPO
AWH Southern CA Managed Choice® POS	OA Elect Choice® EPO HDHP
AWH Southern CA OA Elect Choice® EPO	OA Managed Choice® POS
AWH Southern CA OA Elect Choice® EPO HDHP	OA Managed Choice® POS HDHP
AWH Southern CA OA Managed Choice® POS	Open Choice® PPO
AWH Southern CA OA Managed Choice® POS HDHP	Open Choice® PPO HDHP
Elect Choice® EPO	QPOS
HMO	QPOS HDHP
HMO Basic	Savings Plus OA Managed Choice® POS
HMO Basic EPO	Savings Plus OA Managed Choice® POS HDHP
HMO Basic HDHP	

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Table of Contents

INFORMATIONAL SECTION.....	5
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION.....	16
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS.....	30
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER.....	46
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	61
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....	79
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES.....	125
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS.....	179
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS.....	190
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS.....	194
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM.....	203
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS.....	226
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS.....	232
OTHER.....	239
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS.....	239
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS.....	252

Definitions

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

Coinsurance means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

Copayment means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

Deductible means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

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

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

Exception request means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.

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

Formulary or **prescription drug list** means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

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

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

Non-formulary drug means a prescription drug that is not listed on this formulary.

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

Prescribing provider means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

Prescription means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

Prescription drug means a drug that by law requires a prescription.

Prior Authorization means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

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

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

How to use this guide

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

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

A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the brand or generic name of the drug in the alphabetical index; and

If a generic equivalent for a brand name drug is not available on the market or is not covered, the drug will not be separately listed by its generic name.

- A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs;
- The generic name for a brand name drug is included after the brand name in parentheses and all lowercase italicized letters. (For example: COREG (*carvedilol*))
- If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all lowercase italicized letters; and (For example: *carvedilol*)
- If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface with the first letter of each word capitalized. (For example: *desogestrel-ethinyl estradiol* (Azurette)).
- Inclusion of a prescription drug on the formulary does not guarantee that your provider will prescribe the drug for a particular medical condition.'
- Therapeutic categories and classes are based on the Medispan therapeutic classification system.

Your plan includes

- Brand and generic drugs that are hand-picked for their quality and effectiveness
- A specialty pharmacy fills specialty drug 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 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 – G (tier 1):** the lowest cost share
- **Preferred brand – PB (tier 2):** a slightly higher cost share
- **Non-preferred brand – NP (tier 3):** a higher cost share
- **Preferred Specialty – PSP (tier 4):** lower cost share for specialty drugs
- **Non-preferred Specialty – NPS (tier 5):** higher cost share for non-preferred specialty drugs
- **Copay Exception – CE:** Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

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 example your copayments and maximum dollar amounts.

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

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 your treatment, if needed. With this type of pharmacy, you can get this medicine sent right to our mailbox.

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**
 - 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 with 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:1-877-833-2779)). 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**. 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 service may save you money. For more information, visit the website on your member ID card and log in to your account.

What are generic drugs?

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

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

What is precertification/prior authorization (PA)?

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

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

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

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(s) 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 prior authorization, 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 prior authorization, step therapy or quantity limits requirement or for a drug that's not covered on your plan. Coverage determinations will be made within 72 hours of receiving non-urgent requests. 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.

Medical exceptions which are approved for non-urgent requests will cover the duration of the prescription, including refills. Approved medical exceptions for exigent circumstances will provide coverage for the duration of the exigency.

If your request is denied you have the right to file an appeal using the process described in the notification letter.

If a determination is not made for a prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved and we may not deny the request thereafter.

In accordance with state law, members who are covered under small group health insurance policies and who have previously received approval from us for coverage of medications for the members' medical conditions will continue to have those medications covered, for as long as the prescriber continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the member's medical condition.

How can your provider request a medical exception?

The following options will provide detail to help request a medical exception.

- Submit their request through our secure provider website on www.availity.com.
- Call the Aetna Pharmacy prior authorization 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

Can the formulary change during the year?

The formulary can change throughout the year. Some reasons why they 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.

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.

How do you find a pharmacy?

You can find a pharmacy in two ways:

- **Online:** By logging onto your secure member website at Aetna.com.
- **By phone:** Call the toll-free number on your ID card. During regular business hours, a representative can assist you. Our automated telephone assistant can give you this information 24 hours a day.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-888-802-3862.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable California and Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, ancestry, religion, sex, marital status, age, gender, gender identity, sexual orientation 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 race, color, national origin, ancestry, religion, sex, marital status, age, gender, gender identity, sexual orientation or disability, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator
P.O. Box 24030, Fresno, CA 93779
1-800-648-7817 (TTY: 711), Fax: 860-262-7705
CRCordinator@aetna.com.

You can also file a complaint with the California Department of Insurance at **www.insurance.ca.gov**, or at: Consumer Services Division, 300 Spring Street South Tower, Los Angeles CA 90013, or at **1-800-927-HELP (4357) (TTY: 711), TDD: 1-800-482-4TDD (4833) (TTY: 711)**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex. You can 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

[illegible]

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	လၢတၢ်ကမၤန့ၣ်တၢ်မၤစၢအတၢ်ဖဲတၢ်မၤတဖၣ် 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	Nan bōk jipañ kōn kajin ilo an ejjelōk wōṇean ñan kwe, kwōn kallok nōm̄ba eo ilo kaat in ID eo am̄.
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.

Advanced Control Plan - Aetna CA

		Coverage Requirements and Limits AL = Age Limit IBC = Indication Based Coverage N10 = Drug Coverage for Student Health members. N7 = Drug tier when CE does not apply N8 = Drug Specific Coverage PA = Prior Authorization QL = Quantity Limit QLR = Quantity Limit Restriction Based on Age Select OTC = Select OTC Program if your pharmacy plan includes this program you may have coverage for products noted with a doctors prescription. Please see your plan benefit information for specific coverage details. SPC = Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage. ST = Step Therapy STX = Safer and/or more effective treatments are available
		Drug Tier CE = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply. NF = Non-formulary, not covered unless exception request granted Tier 1 (G) = Generic Tier 2 (PB) = Preferred Brand Tier 3 (NPB) = Non-Preferred Brand Tier 4 (PSP) = Preferred Specialty Tier 5 (NPSP) = Non-Preferred Specialty
lowercase italics = Generic drugs	UPPERCASE = Brand name drugs	
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
COX-2 INHIBITORS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (<i>celecoxib</i>)	NF	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>celecoxib oral capsule 50 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
ELYXYB ORAL SOLUTION 120 MG/4.8ML (<i>celecoxib (migraine)</i>)	NF	
GOUT		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>allopurinol oral tablet 200 mg</i>	NF	
<i>colchicine oral capsule 0.6 mg</i>	NF	
<i>colchicine oral tablet 0.6 mg</i>	Tier 1 (G)	QL (120 TABLETS per 25 DAYS)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1 (G)	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 1 (G)	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (<i>colchicine</i>)	NF	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (<i>pegloticase</i>)	Tier 5 (NPSP)	PA
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	Tier 2 (PB)	QL (60 CAPSULES per 25 days)
<i>probenecid oral tablet 500 mg</i>	Tier 1 (G)	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	NF	
MISCELLANEOUS		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (<i>ziconotide acetate</i>)	Tier 5 (NPSP)	
NON-OPIOID ANALGESICS		
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)	Tier 1 (G)	STX; QL (48 TABLETS per 25 Days)
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	NF	
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1 (G)	STX; QL (48 TABLETS per 25 DAYS)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	NF	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 1 (G)	STX; N8 (Listing does not include certain NDCs); QL (48 TABLETS per 25 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1 (G)	STX; N8 (Listing does not include certain NDCs); QL (48 CAPSULES per 25 days)
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	NF	
JOURNAVX ORAL TABLET 50 MG (<i>suzetrigine</i>)	NF	
NSAIDS		
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	NF	
COXANTO ORAL CAPSULE 300 MG (<i>oxaprozin</i>)	NF	
<i>diclofenac epolamine external patch 1.3 %</i>	Tier 1 (G)	STX; QL (30 PATCHES per 25 days)
<i>diclofenac potassium oral capsule 25 mg</i>	NF	
<i>diclofenac potassium oral tablet 25 mg</i>	NF	
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	NF	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Tier 1 (G)	
<i>diclofenac sodium external solution 1.5 %</i>	Tier 1 (G)	PA; QL (300 ML per 21 days)
<i>diclofenac sodium external solution 2 %</i>	NF	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	Tier 1 (G)	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1 (G)	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>fenoprofen calcium oral capsule 400 mg</i>	NF	
FENOPRON ORAL CAPSULE 300 MG (<i>fenoprofen calcium</i>)	NF	
FLECTOR EXTERNAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	NF	
<i>flurbiprofen oral tablet 100 mg</i>	NF	
<i>flurbiprofen oral tablet 50 mg</i>	Tier 1 (G)	
<i>ibuprofen (Ibu Oral Tablet 600 Mg)</i>	Tier 1 (G)	
<i>ibuprofen oral tablet 300 mg</i>	NF	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	NF	STX
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1 (G)	STX
<i>indomethacin oral suspension 25 mg/5ml</i>	NF	STX
<i>indomethacin rectal suppository 50 mg</i>	NF	STX
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	NF	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	NF	
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (20 TABLETS per 25 DAYS)
LICART EXTERNAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	NF	
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	NF	
<i>diclofenac potassium (Lofena Oral Tablet 25 Mg)</i>	NF	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	Tier 1 (G)	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>meloxicam oral capsule 10 mg, 5 mg</i>	NF	
<i>meloxicam oral suspension 7.5 mg/5ml</i>	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1 (G)	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1 (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>	Tier 1 (G)	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	Tier 1 (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>	Tier 1 (G)	
<i>oxaprozin oral capsule 300 mg</i>	NF	
<i>oxaprozin oral tablet 600 mg</i>	Tier 1 (G)	
PENNSAID EXTERNAL SOLUTION 2 % (<i>diclofenac sodium</i>)	NF	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1 (G)	
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	NF	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	NF	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1 (G)	
TOLECTIN 600 ORAL TABLET 600 MG (<i>tolmetin sodium</i>)	NF	
<i>tolmetin sodium oral capsule 400 mg</i>	NF	
<i>tolmetin sodium oral tablet 600 mg</i>	NF	
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	NF	
NSAIDS, COMBINATIONS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	NF	
COMBOGESIC ORAL TABLET 325-97.5 MG (<i>ibuprofen-acetaminophen</i>)	NF	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	NF	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	NF	
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	NF	
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG (<i>naproxen-esomeprazole</i>)	NF	
OPIOID ANALGESICS		
<i>acetaminophen-codeine oral solution 300-30 mg/12.5ml</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (2700 ML per 25 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (400 TABLETS per 25 DAYS)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (360 TABLETS per 25 Days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (180 TABLETS per 25 Days)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	NF	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (300 CAPSULES per 25 days)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	NF	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	Tier 1 (G)	STX; N8 (Listing does not include certain NDCs); QL (48 CAPSULES per 25 DAYS)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Tier 1 (G)	STX; QL (48 CAPSULES per 25 DAYS)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Tier 1 (G)	STX; QL (48 CAPSULES per 25 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Tier 1 (G)	QL (2 BOTTLES per 25 days)
<i>codeine sulfate oral tablet 30 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 3 (NPB)	N8 (Subject to initial limit); QL (42 TABLETS per 25 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>tramadol hcl</i>)	Tier 3 (NPB)	ST; QL (30 CAPSULES per 25 DAYS)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (<i>tramadol hcl</i>)	Tier 3 (NPB)	ST
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	Tier 3 (NPB)	N8 (Subject to initial limit); QL (480 ML per 25 days)
DILAUDID ORAL TABLET 2 MG (<i>hydromorphone hcl</i>)	Tier 3 (NPB)	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
DILAUDID ORAL TABLET 4 MG (<i>hydromorphone hcl</i>)	Tier 3 (NPB)	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
DILAUDID ORAL TABLET 8 MG (<i>hydromorphone hcl</i>)	Tier 3 (NPB)	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	Tier 1 (G)	ST
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr</i>	Tier 1 (G)	ST; QL (10 PATCHES per 25 DAYS)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	Tier 3 (NPB)	STX; QL (48 CAPSULES per 25 DAYS)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	NF	
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	NF	
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml</i>	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	Tier 1 (G)	QL (2700 ML per 25 DAYs)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (2700 ML per 25 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYs)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (50 TABLETS per 25 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 8 mg</i>	Tier 1 (G)	ST; QL (30 TABLETS per 25 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour 32 mg</i>	Tier 1 (G)	ST
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (480 ML per 25 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 4 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	NF	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	NF	
<i>meperidine hcl oral solution 50 mg/5ml</i>	NF	
<i>meperidine hcl oral tablet 50 mg</i>	NF	
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate 10 Mg/ML)	Tier 1 (G)	ST; QL (45 ML per 25 days)
<i>methadone hcl oral concentrate 10 mg/ml</i>	Tier 1 (G)	QL (30 ML per 25 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	Tier 1 (G)	ST; QL (225 ML per 25 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	Tier 1 (G)	ST; QL (450 ML per 25 DAYS)
<i>methadone hcl oral tablet 10 mg</i>	Tier 1 (G)	ST; QL (30 TABLETS per 25 days)
<i>methadone hcl oral tablet 5 mg</i>	Tier 1 (G)	ST; QL (90 TABLETS per 25 days)
<i>methadone hcl oral tablet soluble 40 mg</i>	Tier 1 (G)	QL (9 TABLETS per 25 DAYS)
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	Tier 3 (NPB)	QL (30 ML per 25 DAYS)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	Tier 3 (NPB)	QL (30 ML per 25 DAYS)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (135 ML per 25 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	Tier 1 (G)	ST
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1 (G)	ST; QL (30 CAPSULES per 25 DAYS)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	Tier 1 (G)	ST; QL (60 CAPSULES per 25 days)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	Tier 1 (G)	ST

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<i>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg</i>	Tier 1 (G)	ST; QL (30 CAPSULES per 25 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	Tier 1 (G)	ST
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	Tier 1 (G)	ST; QL (90 TABLETS per 25 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (900 ML per 25 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (675 ML per 25 DAYs)
<i>morphine sulfate oral tablet 15 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>morphine sulfate oral tablet 30 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG (<i>morphine sulfate</i>)	Tier 3 (NPB)	ST; QL (90 TABLETS per 25 DAYs)
MS CONTIN ORAL TABLET EXTENDED RELEASE 60 MG (<i>morphine sulfate</i>)	Tier 3 (NPB)	ST
<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>	Tier 1 (G)	N8 (Subject to initial limit); QL (180 CAPSULES per 25 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (90 ML per 25 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (900 ML per 25 days)

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<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 15 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 20 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
<i>oxycodone hcl oral tablet 30 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
<i>oxycodone hcl oral tablet abuse-deterrent 10 mg, 15 mg, 30 mg, 5 mg</i>	NF	
<i>oxycodone-acetaminophen oral solution 10-300 mg/5ml, 5-325 mg/5ml</i>	NF	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	NF	
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (180 TABLETS per 25 DAYS)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (360 TABLETS per 25 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (240 TABLETS per 25 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	NF	
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	NF	

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<i>oxymorphone hcl oral tablet 10 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (90 TABLETS per 25 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	NF	
PROLATE ORAL SOLUTION 10-300 MG/5ML (<i>oxycodone-acetaminophen</i>)	NF	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	NF	
ROXICODONE ORAL TABLET 15 MG (<i>oxycodone hcl</i>)	Tier 3 (NPB)	N8 (Subject to initial limit); QL (120 TABLETS per 25 days)
ROXICODONE ORAL TABLET 30 MG (<i>oxycodone hcl</i>)	Tier 3 (NPB)	N8 (Subject to initial limit); QL (60 TABLETS per 25 days)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	NF	
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	NF	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg</i>	Tier 1 (G)	ST; QL (30 TABLETS per 25 days)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</i>	Tier 1 (G)	ST
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	Tier 1 (G)	ST; QL (30 TABLETS per 25 days)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	Tier 1 (G)	ST
<i>tramadol hcl oral solution 5 mg/ml</i>	NF	
<i>tramadol hcl oral tablet 100 mg, 25 mg, 75 mg</i>	NF	

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<i>tramadol hcl oral tablet 50 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (180 TABLETS per 25 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1 (G)	N8 (Subject to initial limit); QL (40 TABLETS per 25 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (<i>oxycodone</i>)	NF	
OPIOID PARTIAL AGONISTS		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 75 MCG (<i>buprenorphine hcl</i>)	Tier 2 (PB)	ST; QL (60 FILMS per 25 DAYS)
BELBUCA BUCCAL FILM 600 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	Tier 2 (PB)	ST
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Tier 1 (G)	ST; QL (4 PATCH WEEKLY per 25 days)
<i>buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr</i>	Tier 1 (G)	ST
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	NF	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	Tier 1 (G)	STX; N8 (Subject to initial limit.); QL (120 TABLETS per 25 days)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	Tier 4 (PSP)	
SALICYLATES		
<i>aspirin childrens oral tablet chewable 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Min 12 Years and Max 59 Years)

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<i>aspirin oral tablet delayed release 81 mg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 Days); AL (Min 12 Years and Max 59 Years)
<i>diflunisal oral tablet 500 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
DOLOBID ORAL TABLET 250 MG, 375 MG (<i>diflunisal</i>)	NF	
VISCOSUPPLEMENTS		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	Tier 4 (PSP)	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	Tier 4 (PSP)	PA
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (<i>cross-linked hyaluronate</i>)	NF	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	Tier 4 (PSP)	PA
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (<i>hyaluronan</i>)	NF	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (<i>hyaluronan</i>)	NF	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (<i>hyaluronan</i>)	NF	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	Tier 4 (PSP)	PA
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	

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SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (<i>hylan g-f 20</i>)	NF	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (<i>hylan g-f 20</i>)	NF	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTHELMINTICS - DRUGS FOR WORM INFECTION		
<i>albendazole oral tablet 200 mg</i>	Tier 1 (G)	QL (336 TABLETS per 365 days)
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	Tier 3 (NPB)	QL (24 TABLETS per 365 DAYS)
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	Tier 2 (PB)	QL (12 TABLETS per 365 days)
<i>ivermectin oral tablet 3 mg</i>	Tier 1 (G)	PA; QL (9 TABLETS per 75 days)
<i>ivermectin oral tablet 6 mg</i>	Tier 1 (G)	PA; QL (9 TABLETS per 75 DAYS)
<i>praziquantel oral tablet 600 mg</i>	Tier 1 (G)	QL (24 TABLETS per 365 DAYS)
STROMEKTOL ORAL TABLET 3 MG (<i>ivermectin</i>)	Tier 3 (NPB)	PA; QL (9 TABLETS per 75 DAYS)
ANTI-BACTERIALS - MISCELLANEOUS		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	Tier 5 (NPSP)	PA
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	NF	
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)

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<i>sulfadiazine oral tablet 500 mg</i>	NF	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1 (G)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	Tier 3 (NPB)	ST; QL (4 TABLETS per 7 DAYS)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (<i>isavuconazonium sulfate</i>)	NF	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Tier 1 (G)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1 (G)	
<i>flucytosine oral capsule 250 mg</i>	Tier 1 (G)	STX
<i>flucytosine oral capsule 500 mg</i>	NF	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1 (G)	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1 (G)	
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	NF	
<i>itraconazole oral capsule 100 mg</i>	Tier 1 (G)	
<i>itraconazole oral solution 10 mg/ml</i>	Tier 1 (G)	PA
<i>ketoconazole oral tablet 200 mg</i>	Tier 1 (G)	PA; STX
NOXAFIL ORAL PACKET 300 MG (<i>posaconazole</i>)	NF	
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	NF	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (<i>posaconazole</i>)	NF	
<i>nystatin oral tablet 500000 unit</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>posaconazole oral suspension 40 mg/ml</i>	NF	
<i>posaconazole oral tablet delayed release 100 mg</i>	NF	
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	NF	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1 (G)	

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<i>tolsura oral capsule 65 mg</i>	NF	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (<i>oteseconazole</i>)	Tier 3 (NPB)	PA; QL (18 CAPSULES per 336 DAYs)
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Tier 1 (G)	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1 (G)	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	NF	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1 (G)	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 1 (G)	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	Tier 1 (G)	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	NF	
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 1 (G)	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Tier 1 (G)	
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1 (G)	
SOVUNA ORAL TABLET 300 MG (<i>hydroxychloroquine sulfate</i>)	NF	
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 1 (G)	QL (900 ML per 30 DAYs)
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 1 (G)	QL (60 TABLETS per 30 DAYs)
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	NF	
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	Tier 1 (G)	QL (30 CAPSULES per 30 DAYs)
<i>atazanavir sulfate oral capsule 200 mg</i>	Tier 1 (G)	QL (60 CAPSULES per 30 DAYs)
<i>darunavir oral tablet 600 mg</i>	Tier 1 (G)	QL (60 TABLETS per 30 days)
<i>darunavir oral tablet 800 mg</i>	Tier 1 (G)	QL (30 TABLETS per 30 DAYs)

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EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	Tier 3 (NPB)	QL (60 TABLETS per 30 days)
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG (<i>rilpivirine hcl</i>)	Tier 3 (NPB)	QL (180 TABLETS per 180 DAYS)
<i>efavirenz oral tablet 600 mg</i>	Tier 1 (G)	QL (30 TABLETS per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	Tier 1 (G)	QL (30 TABLETS per 30 DAYS)
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	Tier 3 (NPB)	QL (30 CAPSULES per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	Tier 3 (NPB)	QL (680 ML per 28 days)
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	Tier 3 (NPB)	QL (900 ML per 30 days)
EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>)	Tier 3 (NPB)	QL (60 tablets per 30 days)
EPIVIR ORAL TABLET 300 MG (<i>lamivudine</i>)	Tier 3 (NPB)	QL (30 tablets per 30 days)
<i>etravirine oral tablet 100 mg</i>	Tier 1 (G)	QL (120 TABLETS per 30 DAYS)
<i>etravirine oral tablet 200 mg</i>	Tier 1 (G)	QL (60 TABLETS per 30 DAYS)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Tier 1 (G)	QL (120 TABLETS per 30 DAYS)
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (<i>etravirine</i>)	NF	
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	Tier 2 (PB)	QL (60 TABLETS per 30 DAYS)
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	Tier 2 (PB)	QL (60 PACKETS per 30 days)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	Tier 2 (PB)	QL (120 TABLETS per 30 DAYS)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	Tier 2 (PB)	QL (180 TABLETS per 30 DAYS)
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1 (G)	QL (900 ML per 30 DAYS)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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<i>lamivudine oral tablet 150 mg</i>	Tier 1 (G)	QL (60 TABLETS per 30 days)
<i>lamivudine oral tablet 300 mg</i>	Tier 1 (G)	QL (30 TABLETS per 30 days)
<i>maraviroc oral tablet 150 mg</i>	Tier 1 (G)	QL (60 TABLETS per 30 DAYS)
<i>maraviroc oral tablet 300 mg</i>	Tier 1 (G)	QL (120 TABLETS per 30 DAYS)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 1 (G)	QL (30 TABLETS per 30 DAYS)
<i>nevirapine oral suspension 50 mg/5ml</i>	Tier 1 (G)	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 1 (G)	QL (60 TABLETS per 30 DAYS)
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	
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	Tier 3 (NPB)	QL (180 CAPSULES per 30 DAYS)
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	Tier 3 (NPB)	QL (1800 ML per 30 DAYS)
REYATAZ ORAL CAPSULE 200 MG, 300 MG (<i>atazanavir sulfate</i>)	NF	
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	NF	
<i>ritonavir oral tablet 100 mg</i>	Tier 1 (G)	QL (360 TABLETS per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	Tier 3 (NPB)	QL (60 TABLETS per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	NF	
SELZENTRY ORAL TABLET 150 MG, 300 MG (<i>maraviroc</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUNLENCA ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	Tier 5 (NPSP)	QL (4 TABLETS per 2 DAYs)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (<i>lenacapavir sodium</i>)	Tier 5 (NPSP)	QL (4 TABLETS per 2 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (<i>lenacapavir sodium</i>)	Tier 5 (NPSP)	QL (5 TABLETS per 8 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1 (G)	QL (30 TABLETS per 30 DAYs)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	Tier 2 (PB)	QL (60 TABLETS per 30 DAYs)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	Tier 2 (PB)	QL (360 TABLETS per 30 days)
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	Tier 3 (NPB)	QL (30 TABLETS per 30 DAYs)
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	NF	
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	Tier 3 (NPB)	QL (240 G per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG (<i>tenofovir disoproxil fumarate</i>)	Tier 3 (NPB)	QL (30 TABLETS per 30 days)
YEZTUGO ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	NF	
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	Tier 3 (NPB)	QL (900 ML per 30 days)
<i>zidovudine oral capsule 100 mg</i>	Tier 1 (G)	QL (180 CAPSULES per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 1 (G)	QL (1800 ML per 30 DAYs)
<i>zidovudine oral tablet 300 mg</i>	Tier 1 (G)	QL (60 TABLETS per 30 days)
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Tier 1 (G)	QL (30 TABLETS per 30 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIKTARVY ORAL TABLET 30-120-15 MG (<i>bictegravir-emtricitab-tenofovir</i>)	Tier 2 (PB)	QL (30 TABLETS per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	Tier 2 (PB)	QL (30 TABLETS per 30 DAYS)
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	Tier 2 (PB)	QL (30 TABLETS per 30 DAYS)
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	Tier 3 (NPB)	QL (30 TABLETS per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofovir df</i>)	Tier 3 (NPB)	QL (30 TABLETS per 30 days)
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	Tier 2 (PB)	QL (30 TABLETS per 30 days)
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	CE	N7 (PB); N8 (\$0 copay when medically necessary for pre-exposure prophylaxis); QL (30 TABLETS per 30 days)
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	Tier 2 (PB)	QL (30 TABLETS per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Tier 1 (G)	QL (30 TABLETS per 30 Days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1 (G)	QL (30 TABLETS per 30 DAYS)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1 (G)	QL (30 TABLETS per 30 DAYS)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	CE	N7 (G); N8 (\$0 copay applies for pre-exposure prophylaxis only); QL (30 TABLETS per 30 days)
<i>emtricitab-rilpivir-tenofovir df oral tablet 200-25-300 mg</i>	Tier 1 (G)	QL (30 TABLETS per 30 DAYS)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	Tier 3 (NPB)	QL (30 TABLETS per 30 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	Tier 2 (PB)	QL (30 TABLETS per 30 DAYs)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	Tier 3 (NPB)	QL (30 TABLETS per 30 DAYs)
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (<i>lopinavir-ritonavir</i>)	NF	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1 (G)	QL (60 TABLETS per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 1 (G)	QL (300 TABLETS per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 1 (G)	QL (120 TABLETS per 30 DAYs)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofov af</i>)	Tier 2 (PB)	QL (30 TABLETS per 30 DAYs)
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	Tier 3 (NPB)	QL (30 TABLETS per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	Tier 3 (NPB)	QL (30 TABLETS per 30 days)
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	Tier 3 (NPB)	QL (30 TABLETS per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	Tier 2 (PB)	QL (30 TABLETS per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	Tier 2 (PB)	QL (30 TABLETS per 30 DAYs)
<i>triumeq pd oral tablet soluble 60-5-30 mg</i>	Tier 2 (PB)	QL (180 TABLETS per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (<i>emtricitabine-tenofovir df</i>)	NF	
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine oral capsule 250 mg</i>	Tier 1 (G)	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isoniazid oral syrup 50 mg/5ml</i>	Tier 1 (G)	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1 (G)	
<i>rifabutin oral capsule 150 mg</i>	Tier 1 (G)	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	Tier 5 (NPSP)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir oral capsule 200 mg</i>	Tier 1 (G)	
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 1 (G)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1 (G)	
<i>cidofovir intravenous solution 75 mg/ml</i>	Tier 1 (G)	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1 (G)	
<i>ganciclovir sodium intravenous solution 500 mg/10ml</i>	NF	
LAGEVRIO ORAL CAPSULE 200 MG (<i>molnupiravir</i>)	CE	N7 (NPB)
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	Tier 5 (NPSP)	PA; QL (120 TABLETS per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 1 (G)	QL (40 CAPSULES per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tier 1 (G)	QL (20 CAPSULES per 90 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 1 (G)	QL (360 ML per 90 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	CE	N7 (PB); QL (40 TABLETS per 30 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (<i>nirmatrelvir-ritonavir</i>)	CE	N7 (PB); QL (22 TABLETS per 30 DAYS)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	CE	N7 (PB); QL (60 TABLETS per 30 days)
PREVYMIS ORAL PACKET 120 MG, 20 MG (<i>letermovir</i>)	Tier 3 (NPB)	QL (4 PACKETS per 1 DAY)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREVYMIS ORAL TABLET 240 MG (<i>letermovir</i>)	Tier 3 (NPB)	QL (2 TABLETS per 1 day)
PREVYMIS ORAL TABLET 480 MG (<i>letermovir</i>)	Tier 3 (NPB)	QL (1 TABLET per 1 DAY)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	Tier 2 (PB)	QL (2 inhalers per 90 days)
<i>rimantadine hcl oral tablet 100 mg</i>	Tier 1 (G)	
SITAVIG BUCCAL TABLET 50 MG (<i>acyclovir</i>)	NF	
TAMIFLU ORAL CAPSULE 30 MG (<i>oseltamivir phosphate</i>)	Tier 3 (NPB)	QL (40 CAPSULES per 90 DAYS)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	Tier 3 (NPB)	QL (20 CAPSULES per 90 DAYS)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (<i>oseltamivir phosphate</i>)	Tier 3 (NPB)	QL (360 ML per 90 days)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 1 (G)	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (<i>valganciclovir hcl</i>)	NF	
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	NF	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 1 (G)	PA; QL (1000 ML per 30 days)
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 1 (G)	PA; QL (120 TABLETS per 30 days)
VALTREX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	NF	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	NF	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	NF	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	NF	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1 (G)	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	Tier 1 (G)	
<i>cefadroxil oral capsule 500 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Tier 1 (G)	
<i>cefadroxil oral tablet 1 gm</i>	Tier 1 (G)	
<i>cefdinir oral capsule 300 mg</i>	Tier 1 (G)	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1 (G)	
<i>cefixime oral capsule 400 mg</i>	Tier 1 (G)	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1 (G)	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Tier 1 (G)	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	Tier 1 (G)	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1 (G)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1 (G)	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1 (G)	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>cephalexin oral capsule 750 mg</i>	Tier 1 (G)	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1 (G)	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1 (G)	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1 (G)	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	Tier 1 (G)	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1 (G)	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1 (G)	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	Tier 2 (PB)	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	Tier 2 (PB)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	Tier 1 (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 oral capsule delayed release particles 250 mg</i>	Tier 1 (G)	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	Tier 1 (G)	
<i>erythromycin base oral tablet delayed release 333 mg</i>	Tier 1 (G)	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	Tier 1 (G)	
<i>erythromycin oral tablet delayed release 250 mg, 500 mg</i>	Tier 1 (G)	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1 (G)	
<i>levofloxacin oral solution 25 mg/ml</i>	Tier 1 (G)	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1 (G)	
<i>moxifloxacin hcl oral tablet 400 mg</i>	Tier 1 (G)	
HEPATITIS B		
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 1 (G)	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	Tier 5 (NPSP)	PA; QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	NF	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1 (G)	QL (30 TABLETS per 30 days)
<i>lamivudine oral tablet 100 mg</i>	Tier 1 (G)	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	Tier 4 (PSP)	QL (30 TABLETS per 30 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEPATITIS C		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	Tier 2 (PB)	PA; IBC (Preferred for all genotypes); QL (28 PELLETS per 28 days)
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	Tier 2 (PB)	PA; IBC (Preferred for all genotypes); QL (56 PELLETS per 28 days)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	Tier 2 (PB)	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
HARVONI ORAL PACKET 33.75-150 MG (<i>ledipasvir-sofosbuvir</i>)	Tier 4 (PSP)	PA; QL (28 PACKET per 28 DAYs)
HARVONI ORAL PACKET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	Tier 4 (PSP)	PA; QL (56 PELLETS per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	Tier 4 (PSP)	PA; IBC (Preferred for genotypes 1,4,5,6); QL (28 TABLETS per 28 days)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	NF	
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	NF	
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	NF	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	NF	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	NF	
<i>ribavirin oral capsule 200 mg</i>	Tier 1 (G)	PA
<i>ribavirin oral tablet 200 mg</i>	Tier 1 (G)	PA
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	NF	
SOVALDI ORAL PACKET 150 MG (<i>sofosbuvir</i>)	Tier 5 (NPSP)	PA; QL (28 PELLETS per 28 days)

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09/01/2025

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SOVALDI ORAL PACKET 200 MG (<i>sofosbuvir</i>)	Tier 5 (NPSP)	PA; QL (56 PELLETS per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG (<i>sofosbuvir</i>)	Tier 5 (NPSP)	PA; QL (28 TABLETS per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	Tier 4 (PSP)	PA; IBC (Preferred for all genotypes); QL (28 TABLETS per 28 days)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	NF	
MISCELLANEOUS		
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 1 (G)	
<i>clindamycin hcl oral capsule 150 mg, 75 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>clindamycin hcl oral capsule 300 mg</i>	Tier 1 (G)	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Tier 1 (G)	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	Tier 1 (G)	
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	NF	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	NF	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	NF	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Tier 1 (G)	PA
<i>linezolid oral tablet 600 mg</i>	Tier 1 (G)	PA; N8 (Listing does not include certain NDCs)
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	NF	
MEPRON ORAL SUSPENSION 750 MG/5ML (<i>atovaquone</i>)	Tier 2 (PB)	
<i>methenamine hippurate oral tablet 1 gm</i>	Tier 1 (G)	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	Tier 1 (G)	
<i>metronidazole oral capsule 375 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metronidazole oral tablet 125 mg</i>	NF	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>nitazoxanide oral tablet 500 mg</i>	Tier 1 (G)	QL (20 TABLETS per 25 DAYS); AL (Min 12 Years)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1 (G)	
<i>nitrofurantoin monohydrate macro oral capsule 100 mg</i>	Tier 1 (G)	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>nitrofurantoin oral suspension 50 mg/5ml</i>	NF	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	Tier 1 (G)	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 1 (G)	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	Tier 3 (NPB)	PA
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	NF	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	Tier 1 (G)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
VANCOCIN ORAL CAPSULE 125 MG (<i>vancomycin hcl</i>)	Tier 3 (NPB)	QL (80 CAPSULES per 10 Days)
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Tier 1 (G)	QL (80 CAPSULES per 10 days)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	NF	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	NF	
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	Tier 2 (PB)	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	NF	
ZYVOX ORAL TABLET 600 MG (<i>linezolid</i>)	NF	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>amoxicillin oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	Tier 1 (G)	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1 (G)	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 1 (G)	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	Tier 1 (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>	Tier 1 (G)	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg</i>	Tier 1 (G)	
<i>amoxicillin-pot clavulanate oral tablet 875-125 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>ampicillin oral capsule 500 mg</i>	Tier 1 (G)	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Tier 1 (G)	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1 (G)	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1 (G)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	Tier 1 (G)	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (doxycycline hyclate)	NF	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1 (G)	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1 (G)	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	NF	
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1 (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>	Tier 1 (G)	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 75 mg</i>	Tier 1 (G)	
<i>doxycycline monohydrate oral tablet 50 mg</i>	Tier 1 (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>	Tier 1 (G)	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1 (G)	
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	Tier 5 (NPSP)	PA; QL (30 TABLETS per 14 DAYS)
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	NF	
<i>doxycycline hyclate</i> (Targadox Oral Tablet 50 Mg)	NF	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	Tier 1 (G)	QL (120 CAPSULES per 25 days)
<i>tetracycline hcl oral tablet 250 mg, 500 mg</i>	NF	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	CE	N7 (G)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	CE	N7 (NPSP)
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	CE	N7 (NPSP)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	CE	PA; N7 (G)
ANTIMETABOLITES		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	CE	PA; N7 (G)
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	CE	PA; N7 (NPSP); QL (5 TABLETS per 28 days)
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	CE	N7 (NPB)

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09/01/2025

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

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09/01/2025

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POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	CE	PA; N7 (NPSP); QL (21 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>lenalidomide</i>)	CE	PA; N7 (PSP); QL (28 CAPSULES per 28 days)
REVLIMID ORAL CAPSULE 20 MG, 25 MG (<i>lenalidomide</i>)	CE	PA; N7 (PSP); QL (21 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 100 MG (<i>thalidomide</i>)	Tier 4 (PSP)	PA; QL (112 CAPSULES per 28 days)
THALOMID ORAL CAPSULE 50 MG (<i>thalidomide</i>)	Tier 4 (PSP)	PA; QL (28 CAPSULES per 28 days)
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
<i>abiraterone acetate oral tablet 500 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYS)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (<i>niraparib-abiraterone acetate</i>)	CE	N7 (NF)
<i>anastrozole oral tablet 1 mg</i>	CE	N7 (G); AL (Min 35 Years)
<i>bicalutamide oral tablet 50 mg</i>	CE	N7 (G)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	Tier 4 (PSP)	PA
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	Tier 4 (PSP)	PA
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	Tier 4 (PSP)	PA
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	Tier 4 (PSP)	PA
ERLEADA ORAL TABLET 240 MG (<i>apalutamide</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
EULEXIN ORAL CAPSULE 125 MG (<i>flutamide</i>)	CE	N7 (NF)
<i>exemestane oral tablet 25 mg</i>	CE	N7 (G); AL (Min 35 Years)

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09/01/2025

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FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (<i>fulvestrant</i>)	Tier 5 (NPSP)	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	NF	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	NF	
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	Tier 4 (PSP)	PA
<i>letrozole oral tablet 2.5 mg</i>	CE	N7 (G)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 4 (PSP)	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (<i>leuprolide acetate</i>)	Tier 5 (NPSP)	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	NF	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate (3 month)</i>)	Tier 5 (NPSP)	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	NF	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NF	
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	CE	N7 (NPSP)
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	CE	N7 (G)
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	CE	N7 (NF)
<i>nilutamide oral tablet 150 mg</i>	CE	N7 (G)
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)

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ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hydrochloride</i>)	CE	N7 (NF)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	CE	N7 (G); AL (Min 35 Years)
<i>toremifene citrate oral tablet 60 mg</i>	CE	N7 (G)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	NF	
VABRINTY SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	NF	
VABRINTY SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	NF	
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYS)
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYS)
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate micronized</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG (<i>abiraterone acetate</i>)	CE	N7 (NF)
KINASE INHIBITORS		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (<i>everolimus</i>)	CE	N7 (NF)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	CE	N7 (NF)
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG (<i>brigatinib</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPSP); QL (56 CAPSULES per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPSP); QL (112 CAPSULES per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (<i>cabozantinib s-malate</i>)	CE	PA; N7 (NPSP); QL (1 KIT per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	CE	PA; N7 (PSP); QL (56 CAPSULES per 28 days)
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	CE	N7 (NF)
DANZITEN ORAL TABLET 71 MG, 95 MG (<i>nilotinib tartrate</i>)	CE	N7 (NF)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
<i>dasatinib oral tablet 20 mg</i>	CE	PA; N7 (PSP); QL (90 TABLETS per 30 DAYS)
ENSACOVE ORAL CAPSULE 100 MG, 25 MG (<i>ensartinib hcl</i>)	CE	N7 (NF)
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
<i>erlotinib hcl oral tablet 25 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
<i>everolimus oral tablet soluble 2 mg, 5 mg</i>	CE	PA; N7 (PSP); QL (60 TABLETS per 30 DAYS)
<i>everolimus oral tablet soluble 3 mg</i>	CE	PA; N7 (PSP); QL (90 TABLETS per 30 DAYS)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	CE	N7 (NF)
FRUZAQLA ORAL CAPSULE 1 MG (<i>fruquintinib</i>)	CE	PA; N7 (NPSP); QL (84 CAPSULES per 28 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	CE	N7 (NF)
ITOVEBI ORAL TABLET 3 MG (<i>inavolisib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
ITOVEBI ORAL TABLET 9 MG (<i>inavolisib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	CE	PA; IBC (Not covered for polycythemia vera); N7 (NPSP); QL (60 TABLETS per 30 days)
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>)	CE	N7 (NF)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (21 TABLETS per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (42 TABLETS per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	CE	PA; N7 (PSP); QL (63 TABLETS per 28 days)
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	CE	PA; N7 (PSP); QL (240 CAPSULES per 30 days)
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	CE	PA; N7 (PSP); QL (180 TABLETS per 30 DAYS)
LAZCLUZE ORAL TABLET 240 MG, 80 MG (<i>lazertinib mesylate</i>)	CE	N7 (NF)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)

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09/01/2025

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LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (<i>lenvatinib mesylate</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>)	CE	PA; N7 (NPSP); QL (90 TABLETS per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	CE	N7 (NF)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	CE	N7 (NF)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	CE	N7 (NF)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (PSP); QL (1080 ML per 28 days)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	CE	PA; N7 (PSP); QL (180 TABLETS per 30 days)
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	CE	N7 (NF)
<i>nilotinib d-tartrate oral capsule 150 mg, 200 mg, 50 mg</i>	CE	N7 (NF)

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<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	CE	PA; N7 (PSP); N8 (Generic of Tasigna); QL (120 CAPSULES per 30 DAYs)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (<i>tovorafenib</i>)	CE	N7 (NF)
OJEMDA ORAL TABLET 100 MG (<i>tovorafenib</i>)	CE	N7 (NF)
<i>pazopanib hcl oral tablet 200 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 Days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	CE	N7 (NF)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>alpelisib</i>)	CE	PA; N7 (PSP); QL (28 TABLETS per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	CE	PA; N7 (PSP); QL (56 TABLETS per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (<i>alpelisib</i>)	CE	PA; N7 (PSP); QL (56 TABLETS per 28 days)
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	CE	N7 (NF)
RETEVMO ORAL TABLET 120 MG, 160 MG (<i>selpercatinib</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
RETEVMO ORAL TABLET 40 MG (<i>selpercatinib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
RETEVMO ORAL TABLET 80 MG (<i>selpercatinib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (<i>vimseltinib</i>)	CE	N7 (NF)
ROZLYTREK ORAL CAPSULE 100 MG (<i>entrectinib</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG (<i>entrectinib</i>)	CE	PA; N7 (PSP); QL (90 CAPSULES per 30 days)
ROZLYTREK ORAL PACKET 50 MG (<i>entrectinib</i>)	CE	PA; N7 (PSP); QL (8 CARTONS per 28 days)

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09/01/2025

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RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	CE	PA; N7 (PSP); QL (224 CAPSULES per 28 days)
SCEMBLIX ORAL TABLET 100 MG (<i>asciminib hcl</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
SCEMBLIX ORAL TABLET 20 MG (<i>asciminib hcl</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
SCEMBLIX ORAL TABLET 40 MG (<i>asciminib hcl</i>)	CE	PA; N7 (PSP); QL (240 TABLETS per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	CE	PA; N7 (PSP); QL (120 TABLETS per 30 DAYS)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	CE	N7 (NF)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	CE	PA; N7 (PSP); QL (84 TABLETS per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 DAYS)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	CE	N7 (NF)
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	CE	N7 (NF)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	CE	PA; N7 (PSP); QL (120 CAPSULES per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG (<i>dabrafenib mesylate</i>)	CE	PA; N7 (PSP); QL (840 TABLETS per 28 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 days)
TARCEVA ORAL TABLET 100 MG (<i>erlotinib hcl</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	CE	N7 (NF)
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	CE	N7 (NF)

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TRUQAP ORAL TABLET 200 MG (<i>capivasertib</i>)	CE	PA; N7 (PSP); QL (64 TABLETS per 28 days)
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG (<i>capivasertib</i>)	CE	PA; N7 (PSP); QL (64 TABLETS per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	CE	PA; N7 (NPSP); QL (120 TABLETS per 30 days)
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hcl</i>)	CE	N7 (NF)
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	CE	PA; N7 (NPSP); QL (180 TABLETS per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	CE	PA; N7 (NPSP); QL (56 TABLETS per 28 days)
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	CE	PA; N7 (PSP); QL (60 CAPSULES per 30 days)
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	CE	PA; N7 (PSP); QL (180 CAPSULES per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	CE	PA; N7 (PSP); QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	CE	N7 (NF)
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	CE	N7 (NF)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	CE	N7 (NF)
XALKORI ORAL CAPSULE SPRINKLE 150 MG (<i>crizotinib</i>)	CE	PA; N7 (NPSP); QL (180 CAPSULES per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG, 50 MG (<i>crizotinib</i>)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	CE	N7 (NF)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	CE	PA; N7 (PSP); QL (60 TABLETS per 30 days)
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
MISCELLANEOUS		
<i>bexarotene oral capsule 75 mg</i>	CE	PA; N7 (PSP)
<i>hydroxyurea oral capsule 500 mg</i>	CE	N7 (G)
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 days)
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	CE	PA; N7 (NPSP); QL (240 TABLETS per 30 days)
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	CE	PA; N7 (PSP); QL (180 TABLETS per 30 days)
LUMAKRAS ORAL TABLET 120 MG (<i>sotorasib</i>)	CE	PA; N7 (PSP); QL (240 TABLETS per 30 days)
LUMAKRAS ORAL TABLET 240 MG (<i>sotorasib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
LUMAKRAS ORAL TABLET 320 MG (<i>sotorasib</i>)	CE	PA; N7 (PSP); QL (90 TABLETS per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	CE	PA; N7 (PSP); QL (120 TABLETS per 30 days)
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	CE	PA; N7 (PSP); QL (30 CAPSULES per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (<i>nirogacestat hydrobromide</i>)	CE	N7 (NF)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG (<i>revumenib citrate</i>)	CE	N7 (NF)
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	CE	N7 (NF)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	CE	N7 (NF)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	CE	N7 (NF)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	CE	N7 (NF)
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>)	CE	N7 (NF)
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 days)
<i>tretinoin oral capsule 10 mg</i>	CE	N7 (G)
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	Tier 4 (PSP)	QL (20 PACKETS per 5 days)
VORANIGO ORAL TABLET 10 MG (<i>vorasidenib</i>)	CE	PA; N7 (NPSP); QL (60 TABLETS per 30 DAYS)
VORANIGO ORAL TABLET 40 MG (<i>vorasidenib</i>)	CE	PA; N7 (NPSP); QL (30 TABLETS per 30 DAYS)
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	CE	N7 (NF)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (8 TABLETS per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (16 TABLETS per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (4 TABLETS per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (8 TABLETS per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (4 TABLETS per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (24 TABLETS per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (8 TABLETS per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	CE	PA; N7 (NPSP); QL (32 TABLETS per 28 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	CE	PA; N7 (PSP); QL (30 TABLETS per 30 DAYS)
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	CE	PA; N7 (NPSP); QL (120 CAPSULES per 30 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	NF	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1 (G)	
<i>enalapril maleate oral solution 1 mg/ml</i>	Tier 1 (G)	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	NF	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1 (G)	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (G)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1 (G)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	NF	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1 (G)	
KERENDIA ORAL TABLET 10 MG, 20 MG (<i>finerenone</i>)	Tier 2 (PB)	
<i>spironolactone oral suspension 25 mg/5ml</i>	NF	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1 (G)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1 (G)	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Tier 1 (G)	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 1 (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>	Tier 1 (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	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	NF	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	NF	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	NF	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	NF	

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09/01/2025

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<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1 (G)	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1 (G)	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	NF	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1 (G)	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 1 (G)	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1 (G)	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 1 (G)	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1 (G)	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ARBLI ORAL SUSPENSION 10 MG/ML (<i>losartan potassium</i>)	NF	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	NF	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	NF	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1 (G)	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	NF	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	NF	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	NF	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1 (G)	

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09/01/2025

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MICARDIS ORAL TABLET 40 MG, 80 MG (<i>telmisartan</i>)	NF	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1 (G)	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1 (G)	
<i>valsartan oral solution 4 mg/ml</i>	NF	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1 (G)	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1 (G)	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	NF	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	NF	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1 (G)	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 4 (PSP)	PA
<i>flecainide acetate oral tablet 100 mg, 150 mg</i>	Tier 1 (G)	
<i>flecainide acetate oral tablet 50 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	Tier 2 (PB)	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	NF	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	Tier 1 (G)	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1 (G)	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	NF	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1 (G)	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1 (G)	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	Tier 5 (NPSP)	PA; ST

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09/01/2025

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ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS - DRUGS TO TREAT HIGH CHOLESTEROL		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	Tier 2 (PB)	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	Tier 2 (PB)	
ANTILIPEMICS, BILE ACID RESINS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine light oral packet 4 gm</i>	Tier 1 (G)	
<i>cholestyramine light oral powder 4 gm/dose</i>	Tier 1 (G)	
<i>cholestyramine oral packet 4 gm</i>	Tier 1 (G)	
<i>cholestyramine oral powder 4 gm/dose</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>colesevelam hcl oral packet 3.75 gm</i>	Tier 1 (G)	
<i>colesevelam hcl oral tablet 625 mg</i>	Tier 1 (G)	
<i>colestipol hcl oral granules 5 gm</i>	Tier 1 (G)	
<i>colestipol hcl oral packet 5 gm</i>	Tier 1 (G)	
<i>colestipol hcl oral tablet 1 gm</i>	Tier 1 (G)	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1 (G)	
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	NF	
ANTILIPEMICS, FIBRATES - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>fenofibrate micronized oral capsule 130 mg</i>	NF	
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>fenofibrate micronized oral capsule 43 mg</i>	Tier 1 (G)	
<i>fenofibrate oral capsule 150 mg</i>	Tier 1 (G)	
<i>fenofibrate oral capsule 200 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)

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09/01/2025

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<i>fenofibrate oral capsule 50 mg</i>	NF	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	NF	
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	Tier 1 (G)	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Tier 1 (G)	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1 (G)	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
TRICOR ORAL TABLET 145 MG, 48 MG (<i>fenofibrate</i>)	NF	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	NF	
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (<i>atorvastatin calcium</i>)	NF	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	CE	N7 (G); AL (Min 40 Years and Max 75 Years)
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	Tier 1 (G)	N8 (Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	NF	
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	NF	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Tier 1 (G)	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NIACOR ORAL TABLET 500 MG (<i>niacin (antihyperlipidemic)</i>)	NF	
ANTIPIPEMICS, OMEGA-3 FATTY ACIDS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	NF	
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	NF	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Tier 1 (G)	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (<i>icosapent ethyl</i>)	Tier 2 (PB)	
ANTIPIPEMICS, PCSK9 INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	NF	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	Tier 2 (PB)	PA; QL (1 CARTRIDGE per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	Tier 2 (PB)	PA; QL (3 SYRINGES per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	Tier 2 (PB)	PA; QL (3 PENS per 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tier 1 (G)	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1 (G)	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1 (G)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Tier 1 (G)	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	Tier 1 (G)	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1 (G)	
<i>bisoprolol fumarate oral tablet 2.5 mg</i>	NF	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>nebivolol hcl</i>)	NF	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1 (G)	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1 (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	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	NF	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NF	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	NF	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NF	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>labetalol hcl oral tablet 400 mg</i>	NF	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1 (G)	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1 (G)	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1 (G)	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1 (G)	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Tier 1 (G)	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1 (G)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1 (G)	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	NF	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 1 (G)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (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	
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>	Tier 1 (G)	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1 (G)	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	Tier 1 (G)	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1 (G)	
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	Tier 1 (G)	
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1 (G)	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	NF	
<i>levamlodipine maleate oral tablet 2.5 mg, 5 mg</i>	NF	
<i>diltiazem hcl</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>	Tier 1 (G)	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Tier 1 (G)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>nimodipine oral capsule 30 mg</i>	Tier 1 (G)	
<i>nimodipine oral solution 60 mg/20ml</i>	Tier 1 (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>	Tier 1 (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	
<i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i>	NF	
<i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg</i>	Tier 1 (G)	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1 (G)	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digoxin oral solution 0.05 mg/ml</i>	Tier 1 (G)	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	Tier 1 (G)	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (<i>digoxin</i>)	NF	
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tier 1 (G)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Tier 1 (G)	
<i>acetazolamide oral tablet 125 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>acetazolamide oral tablet 250 mg</i>	Tier 1 (G)	
<i>amiloride hcl oral tablet 5 mg</i>	Tier 1 (G)	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1 (G)	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1 (G)	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1 (G)	
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 4 (PSP)	PA; QL (120 TABLETS per 30 DAYs)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	NF	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1 (G)	
<i>furosemide oral tablet 20 mg, 40 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>furosemide oral tablet 80 mg</i>	Tier 1 (G)	
HEMICLOR ORAL TABLET 12.5 MG (<i>chlorthalidone</i>)	NF	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1 (G)	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1 (G)	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>hydrochlorothiazide</i>)	NF	
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	Tier 5 (NPSP)	PA; QL (120 TABLETS per 30 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1 (G)	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (G)	
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (<i>torsemide</i>)	NF	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Tier 1 (G)	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	NF	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1 (G)	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1 (G)	
HEART FAILURE		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (<i>sacubitril-valsartan</i>)	Tier 2 (PB)	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	Tier 2 (PB)	
INPEFA ORAL TABLET 200 MG, 400 MG (<i>sotagliflozin</i>)	NF	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	Tier 1 (G)	
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1 (G)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	Tier 2 (PB)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISCELLANEOUS		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG (<i>ranolazine</i>)	NF	
ATTRUBY ORAL TABLET THERAPY PACK 356 MG (<i>acoramidis hcl</i>)	NF	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	Tier 5 (NPSP)	PA; QL (30 CAPSULES per 30 days)
<i>clonidine er oral tablet extended release 24 hour 0.17 mg</i>	NF	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1 (G)	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
DEMSER ORAL CAPSULE 250 MG (<i>metirosine</i>)	Tier 5 (NPSP)	PA; QL (480 CAPSULES per 30 DAYS)
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	Tier 3 (NPB)	ST; QL (360 CAPSULES per 25 days)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 4 (PSP)	PA; QL (180 CAPSULES per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1 (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>	Tier 1 (G)	
<i>metirosine oral capsule 250 mg</i>	Tier 4 (PSP)	PA; QL (480 CAPSULES per 30 days)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (G)	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1 (G)	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (<i>clonidine</i>)	NF	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>)	NF	

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<i>phenoxybenzamine hcl oral capsule 10 mg</i>	Tier 1 (G)	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Tier 1 (G)	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>olezarsen sodium</i>)	NF	
TRYVIO ORAL TABLET 12.5 MG (<i>aprocitentan</i>)	NF	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	Tier 3 (NPB)	
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	Tier 5 (NPSP)	PA; QL (30 CAPSULES per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	NF	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (<i>isosorbide dinitrate</i>)	NF	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1 (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>	Tier 1 (G)	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1 (G)	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1 (G)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1 (G)	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	Tier 1 (G)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	NF	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	Tier 4 (PSP)	PA; QL (90 TABLETS per 30 days)
<i>tadalafil (pah)</i> (Alyq Oral Tablet 20 Mg)	Tier 4 (PSP)	PA; QL (60 TABLETS per 30 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 4 (PSP)	PA; QL (30 TABLETS per 30 DAYs)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 4 (PSP)	PA; QL (60 TABLETS per 30 days)
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	Tier 4 (PSP)	PA
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	Tier 5 (NPSP)	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	NF	
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	Tier 4 (PSP)	PA; QL (30 TABLETS per 30 days)
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (<i>macitentan-tadalafil</i>)	Tier 4 (PSP)	PA; QL (30 TABLETS per 30 DAYs)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	Tier 4 (PSP)	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	Tier 4 (PSP)	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	Tier 4 (PSP)	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	Tier 4 (PSP)	PA
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	NF	
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	NF	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	Tier 4 (PSP)	PA; QL (784 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 1 (G)	PA; QL (360 TABLETS per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	Tier 4 (PSP)	PA; QL (60 TABLETS per 30 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	Tier 4 (PSP)	PA; QL (300 ML per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	NF	
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	NF	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	Tier 4 (PSP)	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	Tier 4 (PSP)	PA; QL (112 CARTRIDGES per 28 DAYs)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	Tier 4 (PSP)	PA; QL (252 CARTRIDGES per 28 DAYs)
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	Tier 4 (PSP)	PA; QL (28 AMPULES per 28 DAYs)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	Tier 4 (PSP)	PA; QL (28 AMPULES per 28 DAYs)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	Tier 4 (PSP)	PA; QL (28 AMPULES per 28 DAYs)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	Tier 4 (PSP)	PA; QL (60 TABLETS per 30 days)
UPTRAVI ORAL TABLET 200 MCG (<i>selexipag</i>)	Tier 4 (PSP)	PA; QL (140 TABLETS per 28 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	Tier 4 (PSP)	PA; QL (1 TABLET THERAPY PACK per 28 days)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	Tier 5 (NPSP)	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	Tier 5 (NPSP)	PA; QL (270 ML per 30 days)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG (<i>sotatercept-csrk</i>)	Tier 5 (NPSP)	PA; QL (2 VIALS per 21 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG (<i>sotatercept-csrk</i>)	Tier 5 (NPSP)	PA; QL (1 VIAL per 21 days)
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG (<i>treprostinil sodium</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ALCOHOL DETERRENTS		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 1 (G)	
<i>disulfiram oral tablet 250 mg</i>	Tier 1 (G)	
<i>disulfiram oral tablet 500 mg</i>	NF	
AMYOTROPHIC LATERAL SCLEROSIS (ALS) - DRUGS TO TREAT ALS		
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	Tier 4 (PSP)	PA; QL (50 ML per 28 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	Tier 4 (PSP)	PA; QL (70 ML per 28 days)
<i>riluzole oral tablet 50 mg</i>	Tier 1 (G)	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	NF	
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg</i>	Tier 1 (G)	QL (150 TABLETS per 25 DAYS)
<i>alprazolam er oral tablet extended release 24 hour 3 mg</i>	Tier 1 (G)	QL (90 TABLETS per 25 DAYS)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	Tier 3 (NPB)	QL (300 ML per 25 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1 (G)	QL (150 TABLETS per 25 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1 (G)	QL (150 TABLETS per 25 days)
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG (<i>clomipramine hcl</i>)	Tier 3 (NPB)	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 days); AL (Max 65 Years)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANAFRANIL ORAL CAPSULE 75 MG (<i>clomipramine hcl</i>)	Tier 3 (NPB)	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 days); AL (Max 65 Years)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	NF	
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG (<i>buspirone hcl</i>)	NF	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1 (G)	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (360 CAPSULES per 25 DAYS)
<i>clomipramine hcl oral capsule 25 mg, 50 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 days); AL (Max 65 Years)
<i>clomipramine hcl oral capsule 75 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (90 CAPSULES per 25 days); AL (Max 65 Years)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	Tier 1 (G)	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (150 ML per 25 DAYS)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (150 TABLETS per 25 days)
<i>lorazepam oral tablet 2 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (150 TABLETS per 25 DAYS)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG (<i>lorazepam</i>)	Tier 3 (NPB)	QL (150 CAPSULES per 25 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 3 MG (<i>lorazepam</i>)	Tier 3 (NPB)	QL (90 CAPSULES per 25 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1 (G)	QL (120 CAPSULES per 25 DAYS)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	NF	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (<i>alprazolam</i>)	NF	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (<i>donepezil hcl</i>)	NF	
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1 (G)	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	Tier 1 (G)	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Tier 1 (G)	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	Tier 1 (G)	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1 (G)	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1 (G)	
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1 (G)	
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Tier 1 (G)	
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	Tier 1 (G)	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	Tier 2 (PB)	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1 (G)	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG (<i>benzgalantamine gluconate</i>)	NF	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (150 TABLETS per 25 days); AL (Max 65 Years)
<i>amitriptyline hcl oral tablet 100 mg, 150 mg, 75 mg</i>	Tier 1 (G)	QLR (Members 65 and older subject to PA); AL (Max 65 Years)
<i>amitriptyline hcl oral tablet 25 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>amitriptyline hcl oral tablet 50 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Max 65 Years)
<i>amoxapine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (90 TABLETS per 25 days); AL (Max 65 Years)
<i>amoxapine oral tablet 150 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (60 TABLETS per 25 days); AL (Max 65 Years)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	NF	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (<i>dextromethorphan-bupropion</i>)	NF	

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09/01/2025

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<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Tier 1 (G)	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 1 (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>	Tier 1 (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>	Tier 1 (G)	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1 (G)	
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (90 TABLETS per 25 days); AL (Max 65 Years)
<i>desipramine hcl oral tablet 100 mg, 150 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Max 65 Years)
<i>desipramine hcl oral tablet 50 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 days); AL (Max 65 Years)
<i>desipramine hcl oral tablet 75 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	NF	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 1 (G)	

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxepin hcl oral capsule 10 mg, 25 mg, 50 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (90 CAPSULES per 25 days); AL (Max 65 Years)
<i>doxepin hcl oral capsule 100 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
<i>doxepin hcl oral capsule 150 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
<i>doxepin hcl oral capsule 75 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (60 CAPSULES per 25 days); AL (Max 65 Years)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (450 ML per 25 days); AL (Max 65 Years)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (<i>duloxetine hcl</i>)	NF	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	Tier 1 (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>)	Tier 3 (NPB)	

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1 (G)	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	NF	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	NF	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1 (G)	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	Tier 1 (G)	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	Tier 1 (G)	
<i>fluoxetine hcl oral tablet 60 mg</i>	NF	
<i>imipramine hcl oral tablet 10 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 days); AL (Max 65 Years)
<i>imipramine hcl oral tablet 25 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs.); QL (120 TABLETS per 25 days); AL (Max 65 Years)
<i>imipramine hcl oral tablet 50 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>imipramine pamoate oral capsule 100 mg, 75 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
<i>imipramine pamoate oral capsule 125 mg, 150 mg</i>	Tier 1 (G)	AL (Max 65 Years)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (<i>escitalopram oxalate</i>)	NF	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	Tier 1 (G)	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Tier 1 (G)	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1 (G)	STX
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	Tier 3 (NPB)	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 days); AL (Max 65 Years)
<i>nortriptyline hcl oral capsule 10 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 days); AL (Max 65 Years)
<i>nortriptyline hcl oral capsule 25 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 days); AL (Max 65 Years)
<i>nortriptyline hcl oral capsule 50 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
<i>nortriptyline hcl oral capsule 75 mg</i>	Tier 1 (G)	AL (Max 65 Years)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (750 ML per 25 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 10 MG (<i>nortriptyline hcl</i>)	Tier 3 (NPB)	QLR (QL applies to members age 65 and older); QL (150 CAPSULES per 25 days); AL (Max 65 Years)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAMELOR ORAL CAPSULE 25 MG (<i>nortriptyline hcl</i>)	Tier 3 (NPB)	QLR (QL applies to members age 65 and older); QL (60 CAPSULES per 25 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 50 MG (<i>nortriptyline hcl</i>)	Tier 3 (NPB)	QLR (QL applies to members age 65 and older); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
PAMELOR ORAL CAPSULE 75 MG (<i>nortriptyline hcl</i>)	Tier 3 (NPB)	AL (Max 65 Years)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg</i>	Tier 1 (G)	
<i>paroxetine hcl er oral tablet extended release 24 hour 37.5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	NF	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1 (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>	Tier 1 (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</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>protriptyline hcl oral tablet 5 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (90 TABLETS per 25 days); AL (Max 65 Years)
PROZAC ORAL CAPSULE 20 MG (<i>fluoxetine hcl</i>)	NF	
RALDESY ORAL SOLUTION 10 MG/ML (<i>trazodone hcl</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	NF	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 1 (G)	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1 (G)	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	Tier 5 (NPSP)	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	Tier 5 (NPSP)	PA
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Tier 1 (G)	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1 (G)	
<i>trazodone hcl oral tablet 300 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>trimipramine maleate oral capsule 100 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (30 CAPSULES per 25 days); AL (Max 65 Years)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); N8 (Listing does not include certain NDCs); QL (60 CAPSULES per 25 days); AL (Max 65 Years)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	Tier 2 (PB)	ST
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	NF	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Tier 1 (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>	Tier 1 (G)	N8 (Listing does not include certain NDCs)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1 (G)	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	NF	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	NF	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>bupropion hcl</i>)	NF	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (<i>sertraline hcl</i>)	NF	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sertraline hcl</i>)	NF	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (<i>zuranolone</i>)	Tier 4 (PSP)	PA; QL (28 CAPSULES per 14 DAYs)
ZURZUVAE ORAL CAPSULE 30 MG (<i>zuranolone</i>)	Tier 4 (PSP)	PA; QL (14 CAPSULES per 14 DAYs)
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>amantadine hcl oral solution 50 mg/5ml</i>	Tier 1 (G)	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1 (G)	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	NF	
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	Tier 4 (PSP)	PA; QL (20 CARTRIDGES per 30 days)
<i>benztropine mesylate oral tablet 0.5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>benztropine mesylate oral tablet 1 mg, 2 mg</i>	Tier 1 (G)	
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 1 (G)	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 1 (G)	
<i>carbidopa oral tablet 25 mg</i>	Tier 1 (G)	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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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>)	Tier 2 (PB)	
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1 (G)	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	Tier 3 (NPB)	
<i>tolcapone oral tablet 100 mg</i>	Tier 1 (G)	STX
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Tier 1 (G)	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Tier 1 (G)	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML (<i>foscarbidopa-foslevodopa</i>)	NF	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	NF	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	NF	
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (<i>aripiprazole</i>)	Tier 2 (PB)	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	Tier 2 (PB)	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	Tier 2 (PB)	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	NF	
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1 (G)	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1 (G)	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Tier 1 (G)	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	Tier 3 (NPB)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (aripiprazole lauroxil)	Tier 3 (NPB)	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Tier 1 (G)	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (lumateperone tosylate)	NF	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	NF	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1 (G)	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1 (G)	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1 (G)	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (xanomeline-trospium chloride)	NF	
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG (xanomeline-trospium chloride)	NF	
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 (paliperidone palmitate)	NF	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (iloperidone)	NF	
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG (iloperidone)	NF	
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG (iloperidone)	NF	
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG (iloperidone)	NF	
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1 (G)	
fluphenazine hcl oral elixir 2.5 mg/5ml	Tier 1 (G)	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	NF	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	NF	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1 (G)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1 (G)	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (<i>paliperidone palmitate</i>)	NF	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG (<i>paliperidone</i>)	Tier 3 (NPB)	PA; QL (30 TABLETS per 25 DAYs)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (<i>paliperidone</i>)	Tier 3 (NPB)	PA; QL (60 TABLETS per 25 DAYs)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (<i>paliperidone palmitate</i>)	NF	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)	NF	
<i>loxapine succinate oral capsule 10 mg, 5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>loxapine succinate oral capsule 25 mg, 50 mg</i>	Tier 1 (G)	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1 (G)	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5- 10 MG (<i>olanzapine-samidorphan</i>)	NF	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	Tier 5 (NPSP)	PA; QL (30 CAPSULES per 30 days)
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	Tier 5 (NPSP)	PA; QL (30 TABLETS per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg</i>	Tier 1 (G)	
<i>olanzapine oral tablet 5 mg, 7.5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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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>	Tier 1 (G)	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1 (G)	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	Tier 2 (PB)	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1 (G)	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1 (G)	
<i>quetiapine fumarate oral tablet 150 mg</i>	NF	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	Tier 3 (NPB)	PA; QL (30 TABLETS per 25 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1 (G)	
<i>risperidone oral solution 1 mg/ml</i>	Tier 1 (G)	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1 (G)	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1 (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>)	Tier 3 (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>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1 (G)	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML (<i>risperidone</i>)	NF	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG (<i>cariprazine hcl</i>)	Tier 2 (PB)	PA; QL (60 CAPSULES per 25 DAYs)
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	Tier 2 (PB)	PA; QL (30 CAPSULES per 25 DAYs)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1 (G)	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	Tier 1 (G)	
ANTISEIZURE AGENTS - DRUGS TO TREAT SEIZURES		
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	Tier 2 (PB)	
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>)	Tier 2 (PB)	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	Tier 2 (PB)	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 1 (G)	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>carbamazepine oral suspension 100 mg/5ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>carbamazepine oral tablet 200 mg</i>	Tier 1 (G)	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	Tier 1 (G)	
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1 (G)	
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1 (G)	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (300 TABLETS per 25 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1 (G)	QL (300 TABLETS per 25 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1 (G)	QL (180 TABLETS per 25 days)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	NF	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	NF	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	NF	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	NF	
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	NF	
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1 (G)	QL (240 ML per 25 days)
<i>diazepam oral solution 5 mg/5ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (1200 ML per 25 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (120 TABLETS per 25 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Tier 1 (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>	Tier 1 (G)	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 1 (G)	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Tier 1 (G)	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (<i>levetiracetam</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	Tier 5 (NPSP)	PA; QL (800 ML per 30 days)
EPRONTIA ORAL SOLUTION 25 MG/ML (<i>topiramate</i>)	NF	
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	Tier 1 (G)	
<i>ethosuximide oral capsule 250 mg</i>	Tier 1 (G)	
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 1 (G)	
<i>felbamate oral suspension 600 mg/5ml</i>	Tier 1 (G)	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 1 (G)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	NF	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	Tier 2 (PB)	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	Tier 2 (PB)	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1 (G)	QL (6 CAPSULES per 1 day)
<i>gabapentin oral solution 250 mg/5ml</i>	Tier 1 (G)	QL (72 ML per 1 day)
<i>gabapentin oral solution 300 mg/6ml</i>	Tier 1 (G)	QL (72 ML per 1 Day)
<i>gabapentin oral tablet 600 mg</i>	Tier 1 (G)	QL (6 TABLETS per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Tier 1 (G)	QL (4 TABLETS per 1 day)
GABARONE ORAL TABLET 100 MG, 400 MG (<i>gabapentin</i>)	NF	
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	NF	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	NF	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	Tier 3 (NPB)	QL (300 TABLETS per 25 days)
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	NF	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 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 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	NF	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	NF	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	Tier 1 (G)	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1 (G)	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 1 (G)	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1 (G)	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	Tier 1 (G)	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	Tier 1 (G)	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	Tier 1 (G)	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1 (G)	
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1 (G)	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1 (G)	
<i>levetiracetam oral tablet disintegrating soluble 250 mg</i>	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	Tier 2 (PB)	QL (10 SOLUTION per 25 days)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	Tier 3 (NPB)	QL (6 CAPSULES per 1 day)
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	Tier 3 (NPB)	QL (72 ML per 1 day)
NEURONTIN ORAL TABLET 600 MG (<i>gabapentin</i>)	Tier 3 (NPB)	QL (6 TABLETS per 1 day)
NEURONTIN ORAL TABLET 800 MG (<i>gabapentin</i>)	Tier 3 (NPB)	QL (4 TABLETS per 1 day)
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	NF	
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	NF	
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg</i>	Tier 1 (G)	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Tier 1 (G)	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1 (G)	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	Tier 2 (PB)	
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1 (G)	
<i>phenobarbital oral elixir 30 mg/7.5ml, 60 mg/15ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1 (G)	
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 1 (G)	
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 1 (G)	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1 (G)	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1 (G)	QL (120 CAPSULES per 25 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pregabalin oral capsule 200 mg</i>	Tier 1 (G)	QL (90 CAPSULES per 25 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 1 (G)	QL (60 CAPSULES per 25 days)
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1 (G)	QL (900 ML per 25 days)
<i>primidone oral tablet 125 mg</i>	NF	
<i>primidone oral tablet 250 mg</i>	Tier 1 (G)	
<i>primidone oral tablet 50 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1 (G)	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Tier 1 (G)	PA
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	NF	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	NF	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG (<i>levetiracetam</i>)	NF	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	NF	
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>	Tier 1 (G)	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	NF	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1 (G)	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	Tier 1 (G)	
<i>topiramate oral solution 25 mg/ml</i>	Tier 1 (G)	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1 (G)	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	NF	

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09/01/2025

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TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	NF	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	Tier 3 (NPB)	QL (120 TABLETS per 25 days)
<i>valproic acid oral capsule 250 mg</i>	Tier 1 (G)	
<i>valproic acid oral solution 250 mg/5ml</i>	Tier 1 (G)	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>)	Tier 2 (PB)	QL (10 BLISTER per 25 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML (<i>diazepam</i>)	Tier 2 (PB)	QL (10 BLISTER per 25 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML (<i>diazepam</i>)	Tier 2 (PB)	QL (10 BLISTER per 25 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>)	Tier 2 (PB)	QL (10 BLISTER per 25 days)
<i>vigabatrin oral packet 500 mg</i>	Tier 4 (PSP)	PA; QL (180 PACKETS per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	Tier 4 (PSP)	PA; QL (180 TABLETS per 30 days)
<i>vigabatrin</i> (Vigadrone Oral Packet 500 Mg)	Tier 4 (PSP)	PA; QL (180 PACKETS per 30 days)
VIGAFYDE ORAL SOLUTION 100 MG/ML (<i>vigabatrin</i>)	NF	
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>)	Tier 2 (PB)	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (<i>cenobamate</i>)	Tier 2 (PB)	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>cenobamate</i>)	Tier 2 (PB)	

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG (<i>cenobamate</i>)	Tier 2 (PB)	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	NF	
ZONISADE ORAL SUSPENSION 100 MG/5ML (<i>zonisamide</i>)	NF	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1 (G)	
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	NF	
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	NF	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1 (G)	STX; QL (120 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 5 mg</i>	Tier 1 (G)	QL (90 CAPSULES per 25 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 30 mg</i>	Tier 1 (G)	QL (30 CAPSULES per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg</i>	Tier 1 (G)	QL (90 TABLETS per 25 DAYS)
<i>amphetamine-dextroamphetamine oral tablet 12.5 mg, 5 mg, 7.5 mg</i>	Tier 1 (G)	QL (90 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 15 mg</i>	Tier 1 (G)	QL (60 TABLETS per 25 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	Tier 1 (G)	QL (60 TABLETS per 25 DAYS)

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Tier 1 (G)	QL (30 TABLETS per 25 days)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	NF	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NF	
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1 (G)	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	Tier 2 (PB)	QL (30 CAPSULES per 25 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (<i>methylphenidate hcl</i>)	NF	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	NF	
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	NF	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (<i>dextroamphetamine sulfate</i>)	Tier 3 (NPB)	ST; QL (120 CAPSULES per 25 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG (<i>dextroamphetamine sulfate</i>)	Tier 3 (NPB)	ST; QL (60 CAPSULES per 25 DAYS)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1 (G)	QL (60 CAPSULES per 25 DAYS)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 40 mg</i>	Tier 1 (G)	QL (30 CAPSULES per 25 DAYS)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 35 mg</i>	Tier 1 (G)	QL (30 CAPSULES per 25 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	Tier 1 (G)	QL (60 TABLETS per 25 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	Tier 1 (G)	QL (120 TABLETS per 25 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	Tier 1 (G)	QL (120 CAPSULES per 25 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	Tier 1 (G)	QL (60 CAPSULES per 25 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Tier 1 (G)	QL (1200 ML per 25 DAYs)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1 (G)	QL (120 TABLETS per 25 DAYs)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	NF	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	NF	
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	NF	
FOCALIN ORAL TABLET 10 MG (<i>dexmethylphenidate hcl</i>)	Tier 3 (NPB)	QL (60 TABLETS per 25 days)
FOCALIN ORAL TABLET 2.5 MG (<i>dexmethylphenidate hcl</i>)	Tier 3 (NPB)	QL (120 TABLETS per 25 days)
FOCALIN ORAL TABLET 5 MG (<i>dexmethylphenidate hcl</i>)	Tier 3 (NPB)	QL (120 TABLETS per 25 DAYs)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	NF	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1 (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</i>	Tier 1 (G)	QL (60 CAPSULES per 25 DAYs)
<i>lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 1 (G)	QL (30 CAPSULES per 25 DAYs)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg</i>	Tier 1 (G)	QL (60 TABLETS per 25 DAYs)
<i>lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg</i>	Tier 1 (G)	QL (30 TABLETS per 25 DAYs)
METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	NF	
<i>methamphetamine hcl oral tablet 5 mg</i>	Tier 1 (G)	STX; QL (150 TABLETS per 25 days)
METHYLIN ORAL SOLUTION 10 MG/5ML (<i>methylphenidate hcl</i>)	Tier 3 (NPB)	QL (900 ML per 25 DAYs)
METHYLIN ORAL SOLUTION 5 MG/5ML (<i>methylphenidate hcl</i>)	Tier 3 (NPB)	QL (1800 ML per 25 DAYs)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	Tier 1 (G)	QL (60 CAPSULES per 25 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	Tier 1 (G)	QL (30 CAPSULES per 25 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	Tier 1 (G)	QL (60 CAPSULES per 25 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	Tier 1 (G)	QL (30 CAPSULES per 25 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>	Tier 1 (G)	QL (60 TABLETS per 25 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 36 mg</i>	Tier 1 (G)	QL (60 tablets per 25 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	NF	
<i>methylphenidate hcl er (osm) oral tablet extended release 54 mg</i>	Tier 1 (G)	QL (30 tablets per 25 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	Tier 1 (G)	QL (30 TABLETS per 25 days)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	Tier 1 (G)	QL (60 CAPSULES per 25 DAYs)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i>	Tier 1 (G)	QL (30 CAPSULES per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	Tier 1 (G)	QL (90 TABLETS per 25 DAYs)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg</i>	Tier 1 (G)	QL (60 TABLETS per 25 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	Tier 1 (G)	QL (30 TABLETS per 25 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Tier 1 (G)	QL (900 ML per 25 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Tier 1 (G)	QL (1800 ML per 25 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	Tier 1 (G)	QL (180 TABLETS per 25 DAYs)
<i>methylphenidate hcl oral tablet 20 mg</i>	Tier 1 (G)	QL (90 TABLETS per 25 DAYs)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (G)	QL (180 TABLETS per 25 days)
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	NF	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	NF	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML (<i>clonidine hcl</i>)	NF	
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution 5 Mg/5Ml)	Tier 1 (G)	QL (1200 ML per 25 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	Tier 2 (PB)	QL (90 CAPSULES per 25 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	NF	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG (<i>methylphenidate hcl</i>)	NF	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG (<i>methylphenidate hcl</i>)	Tier 3 (NPB)	QL (60 CAPSULES per 25 DAYS)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>methylphenidate hcl</i>)	Tier 3 (NPB)	QL (30 CAPSULES per 25 DAYS)
RITALIN ORAL TABLET 10 MG (<i>methylphenidate hcl</i>)	Tier 3 (NPB)	QL (180 TABLETS per 25 days)
RITALIN ORAL TABLET 20 MG (<i>methylphenidate hcl</i>)	Tier 3 (NPB)	QL (90 TABLETS per 25 days)
RITALIN ORAL TABLET 5 MG (<i>methylphenidate hcl</i>)	Tier 3 (NPB)	QL (180 TABLETS per 25 DAYS)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3 (NPB)	QL (60 CAPSULES per 25 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3 (NPB)	QL (30 CAPSULES per 25 days)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3 (NPB)	QL (60 TABLETS per 25 days)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 3 (NPB)	QL (30 TABLETS per 25 days)
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (<i>dextroamphetamine</i>)	NF	
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 15 Mg, 20 Mg)	Tier 1 (G)	QL (60 TABLETS per 25 days)
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 1 (G)	QL (120 TABLETS per 25 days)
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 30 Mg)	Tier 1 (G)	QL (30 TABLETS per 25 days)
BOTULINUM TOXINS		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxinA</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (<i>daxibotulinumtoxina-lanm</i>)	Tier 4 (PSP)	PA; N8 (Not covered for cosmetic use)
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>)	Tier 4 (PSP)	PA; N8 (Not covered for cosmetic use)
FIBROMYALGIA		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 3 (NPB)	ST
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	Tier 3 (NPB)	ST
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (<i>zolpidem tartrate</i>)	Tier 3 (NPB)	ST; QL (15 TABLETS per 25 days)
AMBIEN ORAL TABLET 10 MG, 5 MG (<i>zolpidem tartrate</i>)	Tier 3 (NPB)	ST; QL (15 TABLETS per 25 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	NF	
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	NF	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Max 65 Years)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	NF	
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1 (G)	QL (15 TABLETS per 25 DAYS)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1 (G)	QL (15 TABLETS per 25 DAYS)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	NF	
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	Tier 3 (NPB)	QL (10 TABLETS per 25 DAYS)

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09/01/2025

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIGRAINE - ERGOTAMINE DERIVATIVES - DRUGS TO TREAT SEVERE HEADACHES		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	Tier 1 (G)	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	NF	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	NF	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	NF	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (<i>dihydroergotamine mesylate hfa</i>)	NF	
MIGRAINE - MISCELLANEOUS - DRUGS TO TREAT SEVERE HEADACHES		
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	Tier 2 (PB)	ST; QL (16 TABLETS per 25 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	Tier 2 (PB)	ST; QL (30 TABLETS per 25 days)
REYVOW ORAL TABLET 100 MG (<i>lasmiditan succinate</i>)	Tier 3 (NPB)	ST; QL (8 TABLETS per 25 days)
REYVOW ORAL TABLET 50 MG (<i>lasmiditan succinate</i>)	Tier 3 (NPB)	ST; QL (4 TABLETS per 25 days)
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	Tier 2 (PB)	ST; QL (16 TABLETS per 25 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (<i>zavegepant hcl</i>)	NF	
MIGRAINE - MONOCLONAL ANTIBODIES - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	NF	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	Tier 2 (PB)	ST; QL (3 SYRINGES per 75 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	Tier 2 (PB)	ST; QL (3 SYRINGES per 75 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2 (PB)	ST; QL (3 SYRINGES per 25 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

110

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2 (PB)	ST; N8 (Quantity limit will be 2 syringes for the initial month); QL (1 SYRINGE per 25 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2 (PB)	ST; N8 (Quantity limit will be 2 syringes for the initial month); QL (1 SYRINGE per 25 days)
MIGRAINE - TRIPTANS AND COMBINATIONS - DRUGS TO TREAT SEVERE HEADACHES		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1 (G)	QL (12 TABLETS per 25 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Tier 1 (G)	QL (12 TABLETS per 25 days)
FROVA ORAL TABLET 2.5 MG (<i>frovatriptan succinate</i>)	Tier 3 (NPB)	ST; QL (18 TABLETS per 25 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	Tier 1 (G)	QL (18 TABLETS per 25 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sumatriptan succinate</i>)	Tier 3 (NPB)	ST; QL (12 TABLETS per 25 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML (<i>sumatriptan succinate</i>)	Tier 3 (NPB)	ST; QL (18 SYRINGES per 25 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML (<i>sumatriptan succinate</i>)	Tier 3 (NPB)	ST; QL (12 SOLUTION CARTRIDGE per 25 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML (<i>sumatriptan succinate</i>)	Tier 3 (NPB)	ST; QL (18 SYRINGES per 25 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML (<i>sumatriptan succinate</i>)	Tier 3 (NPB)	ST; QL (12 SOLUTION AUTO-INJECTOR per 25 days)
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (<i>rizatriptan benzoate</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1 (G)	QL (12 TABLETS per 25 days)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	Tier 3 (NPB)	ST; QL (8 POUCHES per 25 days)
RELPAK ORAL TABLET 20 MG, 40 MG (<i>eletriptan hydrobromide</i>)	Tier 3 (NPB)	ST; QL (12 TABLETS per 25 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Tier 1 (G)	QL (18 TABLETS per 25 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Tier 1 (G)	QL (18 TABLETS per 25 days)
<i>sumatriptan nasal solution 20 mg/act</i>	Tier 1 (G)	QL (12 SPRAYS per 25 days)
<i>sumatriptan nasal solution 5 mg/act</i>	Tier 1 (G)	QL (24 SPRAYS per 25 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1 (G)	QL (12 TABLETS per 25 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	Tier 1 (G)	QL (18 SYRINGES per 25 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	Tier 1 (G)	QL (12 SOLUTION CARTRIDGE per 25 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 1 (G)	QL (12 VIALS per 25 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	Tier 1 (G)	QL (18 SYRINGES per 25 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	Tier 1 (G)	QL (12 SOLUTION AUTO-INJECTOR per 25 days)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	NF	
SYMBRAVO ORAL TABLET 20-10 MG (<i>meloxicam-rizatriptan</i>)	NF	
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	NF	
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	NF	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	Tier 3 (NPB)	ST; QL (24 INJECTORS per 25 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zolmitriptan nasal solution 2.5 mg</i>	Tier 1 (G)	QL (12 SPRAYS per 25 DAYs)
<i>zolmitriptan nasal solution 5 mg</i>	Tier 1 (G)	QL (12 SPRAYS per 25 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (12 TABLETS per 25 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	Tier 1 (G)	QL (12 TABLETS per 25 days)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (<i>zolmitriptan</i>)	Tier 3 (NPB)	ST; QL (12 SPRAYS per 25 days)
MISCELLANEOUS		
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	Tier 5 (NPSP)	PA; QL (3600 ML per 30 days)
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	Tier 4 (PSP)	PA; QL (1 SYRINGE per 28 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	Tier 5 (NPSP)	PA; QL (2 BOTTLES per 24 days)
EVRYSDI ORAL TABLET 5 MG (<i>risdiplam</i>)	Tier 5 (NPSP)	PA; QL (30 TABLETS per 30 DAYs)
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	Tier 5 (NPSP)	PA; QL (300 TABLETS per 30 days)
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	Tier 5 (NPSP)	PA; QL (90 CAPSULES per 30 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (<i>zilucoplan sodium</i>)	NF	
MOOD STABILIZERS - DRUGS TO TREAT MOOD DISORDERS		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Tier 1 (G)	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1 (G)	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1 (G)	
<i>lithium oral solution 8 meq/5ml</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOVEMENT DISORDERS		
AUSTEDO ORAL TABLET 12 MG, 9 MG (<i>deutetrabenazine</i>)	Tier 4 (PSP)	PA; QL (120 TABLETS per 30 days)
AUSTEDO ORAL TABLET 6 MG (<i>deutetrabenazine</i>)	Tier 4 (PSP)	PA; QL (60 TABLETS per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG (<i>deutetrabenazine</i>)	Tier 4 (PSP)	PA; QL (120 TABLETS per 30 DAYs)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG (<i>deutetrabenazine</i>)	Tier 4 (PSP)	PA; QL (30 TABLETS per 30 DAYs)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG (<i>deutetrabenazine</i>)	Tier 4 (PSP)	PA; QL (60 TABLETS per 30 DAYs)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG (<i>deutetrabenazine</i>)	Tier 4 (PSP)	PA; QL (30 TABLETS per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (<i>deutetrabenazine</i>)	Tier 4 (PSP)	PA; QL (90 TABLETS per 30 DAYs)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (<i>deutetrabenazine</i>)	Tier 4 (PSP)	PA; QL (28 TABLETS per 28 DAYs)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 4 (PSP)	PA; QL (30 CAPSULES per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 4 (PSP)	PA; QL (30 CAPSULES per 30 DAYs)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	Tier 4 (PSP)	PA; QL (1 PACK per 28 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 4 (PSP)	PA; QL (240 TABLETS per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	Tier 4 (PSP)	PA; QL (120 TABLETS per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>)	NF	

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09/01/2025

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MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	Tier 5 (NPSP)	PA; ST; QL (60 TABLETS per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	NF	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 4 (PSP)	PA; QL (4 SYRINGES per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 4 (PSP)	PA; QL (4 SYRINGES per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	Tier 4 (PSP)	PA; QL (120 CAPSULES per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	Tier 4 (PSP)	PA; QL (14 INJECTIONS per 28 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	NF	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	Tier 4 (PSP)	PA; QL (12 ML per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Tier 4 (PSP)	PA; QL (60 TABLETS per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	Tier 4 (PSP)	PA; N8 (Listing does not include certain NDCs); QL (14 CAPSULES per 28 DAYS)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	Tier 4 (PSP)	PA; QL (60 CAPSULES per 30 DAYS)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	Tier 4 (PSP)	PA; QL (1 KIT per 30 DAYS)
<i>fingolimod hcl oral capsule 0.5 mg</i>	Tier 4 (PSP)	PA; QL (30 CAPSULES per 30 DAYS)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i>fingolimod hcl</i>)	NF	
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	Tier 4 (PSP)	PA; QL (30 ML per 30 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML (<i>ocrelizumab</i>)	Tier 4 (PSP)	PA; QL (2 VIALS per 168 DAYS)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML (<i>ocrelizumab-hyaluronidase-ocsq</i>)	Tier 4 (PSP)	PA; QL (1 VIAL per 168 DAYS)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Tier 5 (NPSP)	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Tier 5 (NPSP)	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Tier 5 (NPSP)	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Tier 5 (NPSP)	PA; QL (2 INJECTIONS per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	Tier 5 (NPSP)	PA; QL (2 INJECTIONS per 28 days)
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	Tier 5 (NPSP)	PA; QL (30 TABLETS per 30 days)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (<i>ponesimod</i>)	Tier 5 (NPSP)	PA; QL (14 TABLETS per 14 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 4 (PSP)	PA; QL (12 PENS per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	Tier 4 (PSP)	PA; QL (1 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	Tier 4 (PSP)	PA; QL (12 SYRINGES per 28 DAYS)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	Tier 4 (PSP)	PA; QL (1 ML per 28 days)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (<i>fingolimod lauryl sulfate</i>)	Tier 5 (NPSP)	PA; QL (30 TABLETS per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	NF	
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (<i>dimethyl fumarate</i>)	NF	
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 4 (PSP)	PA; QL (30 TABLETS per 30 DAYS)
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	Tier 4 (PSP)	PA; QL (1 ML per 28 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	Tier 4 (PSP)	PA; QL (120 CAPSULES per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Ulcerative Colitis); QL (1 PACK per 7 days)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Ulcerative Colitis); QL (30 CAPSULES per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (<i>ozanimod hcl</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Ulcerative Colitis); QL (1 KIT per 28 days)
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>cyclobenzaprine hcl</i>)	NF	
<i>baclofen oral solution 10 mg/5ml, 5 mg/5ml</i>	NF	
<i>baclofen oral suspension 25 mg/5ml</i>	NF	
<i>baclofen oral tablet 10 mg, 15 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>baclofen oral tablet 20 mg, 5 mg</i>	Tier 1 (G)	
<i>carisoprodol oral tablet 250 mg</i>	NF	
<i>carisoprodol oral tablet 350 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (84 TABLETS per 28 days)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	NF	

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09/01/2025

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<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	NF	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1 (G)	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	NF	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1 (G)	
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (<i>givinostat hcl</i>)	NF	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (<i>baclofen</i>)	NF	
<i>metaxalone oral tablet 400 mg, 640 mg</i>	NF	
<i>metaxalone oral tablet 800 mg</i>	Tier 1 (G)	
<i>methocarbamol oral tablet 1000 mg</i>	NF	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>norgesic forte oral tablet 50-770-60 mg</i>	NF	
NORGESIC ORAL TABLET 25-385-30 MG (<i>orphenadrine-aspirin-caffeine</i>)	NF	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	NF	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (<i>orphenadrine-aspirin-caffeine</i>)	NF	
OZOBAX DS ORAL SOLUTION 10 MG/5ML (<i>baclofen</i>)	NF	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (<i>palovarotene</i>)	NF	
SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>)	Tier 3 (NPB)	QL (84 TABLETS per 28 DAYS)
<i>methocarbamol (Tanlor Oral Tablet 1000 Mg)</i>	NF	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	Tier 1 (G)	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYASTHENIA GRAVIS - DRUGS TO TREAT MYASTHENIA GRAVIS		
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	NF	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	NF	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	Tier 1 (G)	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	Tier 1 (G)	
<i>pyridostigmine bromide oral tablet 30 mg</i>	NF	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1 (G)	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML (<i>efgartigimod alfa-hyalur-qvfc</i>)	Tier 4 (PSP)	PA
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 1 (G)	PA; QL (30 TABLETS per 25 days)
<i>armodafinil oral tablet 50 mg</i>	Tier 1 (G)	PA; QL (60 TABLETS per 25 days)
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	Tier 4 (PSP)	PA; QL (30 PACKETS per 30 days)
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (<i>sodium oxybate</i>)	Tier 4 (PSP)	PA; QL (28 PACKETS per 28 DAYs)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1 (G)	PA; QL (60 TABLETS per 25 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (<i>armodafinil</i>)	NF	
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	NF	
<i>sodium oxybate oral solution 500 mg/ml</i>	NF	
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	Tier 2 (PB)	PA; QL (30 TABLETS per 25 days)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	Tier 4 (PSP)	PA; QL (60 TABLETS per 30 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

120

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	NF	
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	Tier 4 (PSP)	PA; QL (540 ML per 30 days)
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	Tier 1 (G)	QL (60 FILM per 25 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1 (G)	QL (90 FILM per 25 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	CE	QL (90 TABLETS per 25 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	Tier 2 (PB)	QL (90 TABLETS per 25 DAYS)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	Tier 2 (PB)	QL (30 TABLETS per 25 DAYS)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	Tier 2 (PB)	QL (60 TABLETS per 25 DAYS)
OPIOID ANTAGONIST		
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	Tier 3 (NPB)	QL (4 SPRAYS per 25 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	Tier 1 (G)	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	Tier 1 (G)	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	Tier 1 (G)	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Tier 1 (G)	QL (4 SPRAYS per 25 days)
<i>naltrexone hcl oral tablet 50 mg</i>	CE	N8 (Listing does not include certain NDCs)
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	Tier 3 (NPB)	QL (4 SPRAYS per 25 days)
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	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIVIVE NASAL LIQUID 3 MG/0.1ML (<i>naloxone hcl</i>)	Tier 3 (NPB)	QL (4 SPRAYS per 25 DAYs)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	Tier 5 (NPSP)	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	NF	
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	CE	
POSTHERPETIC NEURALGIA (PHN)		
<i>gabapentin (once-daily) oral tablet 300 mg</i>	Tier 1 (G)	ST; QL (150 TABLETS per 25 DAYs)
<i>gabapentin (once-daily) oral tablet 600 mg</i>	Tier 1 (G)	ST; QL (90 TABLETS per 25 DAYs)
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	Tier 2 (PB)	ST; QL (150 TABLETS per 25 days)
GRALISE ORAL TABLET 450 MG (<i>gabapentin (once-daily)</i>)	Tier 2 (PB)	ST; QL (90 TABLETS per 25 DAYs)
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	Tier 2 (PB)	ST; QL (90 TABLETS per 25 days)
GRALISE ORAL TABLET 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	Tier 2 (PB)	ST; QL (60 TABLETS per 25 DAYs)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	NF	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	NF	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	NF	
PSYCHOTHERAPEUTIC-MISC		
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	Tier 3 (NPB)	SPC

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 days); AL (Max 65 Years)
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	NF	
<i>lofexidine hcl oral tablet 0.18 mg</i>	Tier 1 (G)	
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	Tier 3 (NPB)	
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	NF	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1 (G)	STX
<i>paroxetine mesylate oral capsule 7.5 mg</i>	NF	
<i>perphenazine-amitriptyline oral tablet 2-10 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (150 TABLETS per 25 days); AL (Max 65 Years)
<i>perphenazine-amitriptyline oral tablet 2-25 mg, 4-25 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (60 TABLETS per 25 days); AL (Max 65 Years)
<i>perphenazine-amitriptyline oral tablet 4-10 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (120 TABLETS per 25 days); AL (Max 65 Years)
<i>perphenazine-amitriptyline oral tablet 4-50 mg</i>	Tier 1 (G)	QLR (QL applies to members age 65 and older); QL (30 TABLETS per 25 days); AL (Max 65 Years)
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	NF	
SMOKING DETERRENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	CE	N7 (G); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT per 365 days)
<i>cvs nicotine mouth/throat gum 4 mg</i>	CE	N7 (G); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 Days)
<i>cvs nicotine polacrilex mouth/throat gum 2 mg</i>	CE	N7 (G); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
<i>cvs nicotine polacrilex mouth/throat gum 4 mg</i>	CE	N7 (G); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 treatment cycles per 1 year)
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg</i>	CE	N7 (G); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
<i>cvs nicotine polacrilex mouth/throat lozenge 4 mg</i>	CE	N7 (G); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 treatment cycles per 1 year)
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr</i>	CE	N7 (G); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 treatment cycles per 1 year)
<i>cvs nicotine transdermal patch 24 hour 21 mg/24hr</i>	CE	N7 (G); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 1 YEAR)

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09/01/2025

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<i>cvs nicotine transdermal patch 24 hour 7 mg/24hr</i>	CE	N7 (G); N8 (\$0 copay limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	CE	N7 (NPB); N8 (\$0 copay limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	CE	N7 (NPB); N8 (\$0 copay limited to 2 treatment cycles/year); QL (168 DAYS OF TREATMENT per 365 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	CE	N7 (G); N8 (\$0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 Days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	CE	N7 (G); N8 (\$0 limited to 2 treatment cycles/year); QL (2 TREATMENT CYCLES per 365 days)
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ACROMEGALY - DRUGS TO TREAT CONDITIONS THAT CAUSE EXCESSIVE GROWTH		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>)	NF	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 1 (G)	PA; QL (90 ML per 30 days)
<i>octreotide acetate injection solution 1000 mcg/ml</i>	Tier 1 (G)	PA; QL (45 ML per 30 days)
<i>octreotide acetate injection solution 200 mcg/ml</i>	Tier 1 (G)	PA; QL (225 ML per 30 days)
<i>octreotide acetate intramuscular kit 10 mg</i>	Tier 4 (PSP)	PA; QL (1 INJECTION per 28 DAYs)

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09/01/2025

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<i>octreotide acetate intramuscular kit 20 mg</i>	Tier 4 (PSP)	PA; QL (2 INJECTIONS per 28 days)
<i>octreotide acetate intramuscular kit 30 mg</i>	Tier 4 (PSP)	PA; QL (1 INJECTION per 28 days)
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 1 (G)	PA; QL (90 ML per 30 days)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	Tier 5 (NPSP)	PA; QL (90 ML per 30 DAYS)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	NF	
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	Tier 4 (PSP)	PA; QL (1 INJECTION per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	NF	
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	NF	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (<i>testosterone undecanoate</i>)	Tier 5 (NPSP)	PA
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>testosterone cypionate</i>)	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (<i>testosterone undecanoate</i>)	NF	
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (<i>testosterone undecanoate</i>)	NF	
<i>methitest oral tablet 10 mg</i>	Tier 1 (G)	PA; STX
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1 (G)	PA; STX
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	Tier 2 (PB)	PA
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	

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09/01/2025

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<i>testosterone cypionate injection solution 200 mg/ml</i>	NF	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 1 (G)	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 1 (G)	PA
<i>testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	Tier 1 (G)	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)</i>	Tier 1 (G)	PA; N8 (Listing does not include certain NDCs)
<i>testosterone transdermal solution 30 mg/act</i>	Tier 1 (G)	PA
TLANDO ORAL CAPSULE 112.5 MG (<i>testosterone undecanoate</i>)	NF	
UNDECATREX ORAL CAPSULE 200 MG (<i>testosterone undecanoate</i>)	NF	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	NF	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	NF	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1 (G)	
ANTIDIABETICS, BIGUANIDE		
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	NF	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1 (G)	

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09/01/2025

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<i>metformin hcl oral solution 500 mg/5ml</i>	Tier 1 (G)	
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>	Tier 1 (G)	
<i>metformin hcl oral tablet 625 mg, 750 mg</i>	NF	
<i>metformin hcl oral tablet 850 mg</i>	CE	N7 (G); AL (Min 35 Years and Max 70 Years)
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	NF	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	NF	
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	NF	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin phos-metformin hcl</i>)	NF	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin phos-metformin hcl</i>)	NF	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	NF	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin-metformin hcl</i>)	NF	
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>	NF	
<i>sitaglipt base-metform hcl er oral tablet extended release 24 hour 100-1000 mg, 50-1000 mg, 50-500 mg</i>	NF	
<i>sitagliptin base-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>	NF	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linaglip-metform</i>)	Tier 2 (PB)	ST

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09/01/2025

128

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

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	Tier 2 (PB)	PA; QL (30 TABLETS per 25 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	Tier 2 (PB)	PA; QL (4 PENS per 21 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	NF	
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	Tier 2 (PB)	ST
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	Tier 2 (PB)	ST
ANTIDIABETICS, INSULIN		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	NF	
APIDRA INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	NF	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NF	
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	NF	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	Tier 2 (PB)	
FIASP INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	Tier 2 (PB)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	Tier 2 (PB)	N8 (Listing does not include certain NDCs)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	NF	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	NF	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	NF	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	NF	
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	Tier 2 (PB)	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	Tier 2 (PB)	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	NF	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin aspart injection solution 100 unit/ml</i>	NF	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	NF	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	NF	
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i>	NF	
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	NF	
<i>insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml</i>	NF	
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	NF	
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Tier 2 (PB)	
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	Tier 2 (PB)	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro injection solution 100 unit/ml</i>	NF	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	NF	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	NF	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	Tier 2 (PB)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	Tier 2 (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	
MERIOLOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart-szjj</i>)	NF	
MERIOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart-szjj</i>)	NF	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	NF	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	Tier 2 (PB)	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	NF	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	Tier 2 (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>)	Tier 2 (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>)	Tier 2 (PB)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	Tier 2 (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>)	Tier 2 (PB)	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	NF	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	NF	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	Tier 2 (PB)	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	Tier 2 (PB)	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	Tier 2 (PB)	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	Tier 2 (PB)	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	Tier 2 (PB)	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-aglr</i>)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	NF	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	Tier 2 (PB)	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	Tier 2 (PB)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	Tier 2 (PB)	ST
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	Tier 2 (PB)	ST
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	Tier 2 (PB)	ST
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	NF	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
<i>bexagliflozin oral tablet 20 mg</i>	NF	
BRENZAVVY ORAL TABLET 20 MG (<i>bexagliflozin</i>)	NF	
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	NF	
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	Tier 2 (PB)	ST
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	NF	
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	Tier 2 (PB)	ST
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyrogutamicac</i>)	NF	
ANTIDIABETICS, SULFONYLUREA		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1 (G)	
<i>glimepiride oral tablet 3 mg</i>	NF	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (G)	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1 (G)	
<i>glipizide oral tablet 2.5 mg</i>	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI OBESITY		
ADIPEX-P ORAL TABLET 37.5 MG (<i>phentermine hcl</i>)	Tier 3 (NPB)	PA; SPC; QL (30 TABLETS per 25 days)
<i>benzphetamine hcl oral tablet 50 mg</i>	Tier 1 (G)	PA; SPC; QL (90 TABLETS per 25 days)
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>)	NF	
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	Tier 1 (G)	PA; SPC; N8 (Listing does not include certain NDCs); QL (30 TABLETS per 25 days)
<i>diethylpropion hcl oral tablet 25 mg</i>	Tier 1 (G)	PA; SPC; QL (90 TABLETS per 25 days)
LOMAIRA ORAL TABLET 8 MG (<i>phentermine hcl</i>)	NF	
<i>orlistat oral capsule 120 mg</i>	Tier 1 (G)	PA; SPC; QL (90 CAPSULES per 25 days)
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	NF	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1 (G)	PA; SPC; QL (180 TABLETS per 25 days)
<i>phentermine hcl oral capsule 15 mg</i>	Tier 1 (G)	PA; SPC; QL (60 CAPSULES per 25 days)
<i>phentermine hcl oral capsule 30 mg, 37.5 mg</i>	Tier 1 (G)	PA; SPC; QL (30 CAPSULES per 25 days)
<i>phentermine hcl oral tablet 37.5 mg</i>	Tier 1 (G)	PA; SPC; QL (30 TABLETS per 25 days)
<i>phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	Tier 1 (G)	PA; SPC; QL (30 CAPSULES per 25 DAYS)
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine-topiramate</i>)	Tier 2 (PB)	PA; SPC; QL (30 CAPSULES per 25 days)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	Tier 2 (PB)	PA; SPC; QL (5 PENS per 25 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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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>)	Tier 2 (PB)	PA; SPC; QL (4 PENS per 21 days)
XENICAL ORAL CAPSULE 120 MG (<i>orlistat</i>)	NF	
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	NF	
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Tier 4 (PSP)	PA; QL (60 TABLETS per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	Tier 4 (PSP)	PA; QL (120 TABLETS per 30 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG (<i>cinacalcet hcl</i>)	Tier 5 (NPSP)	PA; QL (60 TABLETS per 30 days)
SENSIPAR ORAL TABLET 90 MG (<i>cinacalcet hcl</i>)	Tier 5 (NPSP)	PA; QL (120 TABLETS per 30 days)
CALCIUM REGULATORS, BIPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>)	Tier 3 (NPB)	ST; QL (1 TABLETS per 21 days)
ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>)	Tier 3 (NPB)	ST; QL (4 TABLETS per 21 days)
<i>alendronate sodium oral solution 70 mg/75ml</i>	Tier 1 (G)	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	Tier 1 (G)	
AELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	Tier 3 (NPB)	ST; QL (4 TABLETS per 21 days)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	Tier 3 (NPB)	ST; QL (4 TABLETS per 21 days)
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	Tier 3 (NPB)	ST; QL (4 TABLETS per 21 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	Tier 3 (NPB)	ST; QL (4 TABLETS per 21 days)
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	Tier 1 (G)	
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 1 (G)	
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	Tier 1 (G)	
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	Tier 5 (NPSP)	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	Tier 5 (NPSP)	PA
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	Tier 1 (G)	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	Tier 1 (G)	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	Tier 1 (G)	PA
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	Tier 5 (NPSP)	PA
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	Tier 1 (G)	PA
CALCIUM REGULATORS, MISCELLANEOUS		
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-bnht</i>)	NF	
BOMYNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/1.7ML (<i>denosumab-bnht</i>)	NF	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 1 (G)	
CONEXXENCE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-bnht</i>)	NF	
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-bbdz</i>)	NF	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-bmwo</i>)	NF	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	Tier 4 (PSP)	PA; QL (1 SYRINGE per 180 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab-bmwo</i>)	NF	
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab-bbdz</i>)	NF	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	Tier 5 (NPSP)	PA; QL (1 VIAL per 28 days)
CALCIUM REGULATORS, PARATHYROID HORMONES		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (<i>teriparatide</i>)	NF	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (<i>teriparatide</i>)	Tier 5 (NPSP)	PA; QL (1 PEN per 28 days)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	Tier 4 (PSP)	PA; QL (1 PEN per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	Tier 4 (PSP)	PA; QL (1 PEN per 30 days)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML (<i>palopegteriparatide</i>)	NF	
CARNITINE DEFICIENCY AGENTS		
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	NF	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	NF	
<i>levocarnitine oral solution 1 gm/10ml</i>	Tier 1 (G)	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1 (G)	
CENTRAL PRECOCIOUS PUBERTY - DRUGS TO SUPPRESS PITUITARY HORMONES		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	Tier 4 (PSP)	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (<i>leuprolide acetate (3 month)</i>)	Tier 4 (PSP)	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	Tier 4 (PSP)	PA

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	Tier 4 (PSP)	PA
CHELATING AGENTS		
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	NF	
CUVRIOR ORAL TABLET 300 MG (<i>trientine tetrahydrochloride</i>)	NF	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	Tier 4 (PSP)	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 4 (PSP)	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Tier 4 (PSP)	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	Tier 4 (PSP)	PA
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	Tier 4 (PSP)	PA
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	NF	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	NF	
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	NF	
FERRIPROX ORAL TABLET 1000 MG (<i>deferiprone</i>)	NF	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>)	NF	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	NF	
<i>penicillamine oral capsule 250 mg</i>	Tier 4 (PSP)	
<i>penicillamine oral tablet 250 mg</i>	Tier 1 (G)	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	NF	
<i>trientine hcl oral capsule 250 mg, 500 mg</i>	Tier 4 (PSP)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
AFTERPILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	CE	N7 (G)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	CE	N7 (G)
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet 90-20 Mcg)	CE	N7 (G)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	CE	N7 (PB); QL (1 RING per 300 days)
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (G)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
AVERI ORAL TABLET 0.15-0.03 MG (<i>desogestrel-eth estrad-fe</i>)	CE	N7 (NF)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (G)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	NF	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (G)
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	NF	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	CE	N7 (G)
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (G)
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (G)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
<i>condoms</i>	CE	N7 (Not Covered)
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (G)

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09/01/2025

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<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (G)
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	CE	N7 (G)
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	CE	N7 (G)
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	CE	N7 (NF)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N7 (G)
<i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet 90-20 Mcg)	CE	N7 (G)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	CE	N7 (G)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	CE	N7 (G)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (G)
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	CE	N7 (NPB)
<i>norethindrone</i> (Emzahh Oral Tablet 0.35 Mg)	CE	N7 (G)
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	CE	N7 (G)
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	CE	N7 (G)
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (G)

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09/01/2025

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<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	CE	N7 (G)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	CE	N7 (G); QL (13 RING per 300 days)
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
FC2 FEMALE CONDOM (<i>condoms - female</i>)	CE	N7 (NPB)
<i>norethin ace-eth estrad-fe</i> (Feirza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Feirza 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	CE	N7 (NPB); QL (1 DEVICE per 300 days)
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (<i>norethindrone acet-ethinyl est</i>)	CE	N7 (NF)
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (G)
<i>norethin-eth estradiol-fe</i> (Galbriela Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (G)
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
<i>etonogestrel-ethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	CE	N7 (G); QL (13 RING per 300 DAYS)
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	CE	N7 (G)
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)

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<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet 0.15-0.03 Mg)	CE	N7 (G)
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet 0.15-0.03 Mg)	CE	N7 (G)
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (G)
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet 3-0.02 Mg)	CE	N7 (G)
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet 0.15-0.03 Mg)	CE	N7 (G)
<i>levonorgest-eth estrad-fe bisg</i> (Joyeaux Oral Tablet 0.1-20 Mg-Mcg(21))	CE	N7 (G)
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	CE	N7 (G)
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (G)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (G)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	N7 (G)
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	CE	N7 (G)
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet 50-30/75-40/125-30 Mcg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg</i>	CE	N7 (G)
<i>levonorgestrel oral tablet 1.5 mg</i>	CE	N7 (Not Covered)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	CE	N7 (G)
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/125-30 mcg</i>	CE	N7 (G)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	CE	N7 (NF)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphase</i>)	CE	N7 (PB)
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	CE	N7 (G)
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet 3-0.02 Mg)	CE	N7 (G)
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (G)
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	CE	N7 (G)
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
<i>norethindrone</i> (Lyleq Oral Tablet 0.35 Mg)	CE	N7 (G)
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	CE	N7 (G)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	CE	N7 (G)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	CE	N7 (G); QL (4 ML per 300 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	CE	N7 (G); QL (4 ML per 300 days)
<i>norethindrone</i> (Meleya Oral Tablet 0.35 Mg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Merzee Oral Capsule 1-20 Mg-Mcg(24))	CE	N7 (G)

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09/01/2025

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<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	CE	N7 (G)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	CE	N7 (G)
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (G)
<i>levonorgest-eth estradiol-iron</i> (Minzoya Oral Tablet 0.1-20 Mg-Mcg(21))	CE	N7 (G)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 Days)
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N7 (NF)
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (G)
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	CE	N7 (PB)
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (G)
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	CE	N7 (NPB); QL (1 IMPLANT per 300 days)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	CE	N7 (NF)
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet 3-0.02 Mg)	CE	N7 (G)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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<i>norethindrone</i> (Nora-Be Oral Tablet 0.35 Mg)	CE	N7 (G)
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	CE	N7 (G)
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	CE	N7 (G)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	CE	N7 (G)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	CE	N7 (G)
<i>norethindrone oral tablet 0.35 mg</i>	CE	N7 (G)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	CE	N7 (G)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	CE	N7 (G)
<i>norethindrone</i> (Norlyroc Oral Tablet 0.35 Mg)	CE	N7 (G)
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (G)
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	CE	N7 (G)
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (G)
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	NF	
<i>norethindrone-eth estradiol</i> (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	CE	N7 (G)
<i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (G)
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet 3-0.03 Mg)	CE	N7 (G)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	CE	N7 (Not Covered)
OPTION 2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)

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09/01/2025

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PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	CE	N7 (NPB); QL (1 INTRAUTERINE DEVICE per 300 days)
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (G)
<i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (G)
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	CE	N7 (G)
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
REACT ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	CE	N7 (Not Covered)
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet 42-21-21-7 Days)	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Rosyrah Oral Tablet 42-21-21-7 Days)	CE	N7 (G)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	Tier 3 (NPB)	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet 0.15-0.03 Mg)	CE	N7 (G)
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	CE	N7 (G)
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (G)
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)	CE	N7 (G)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	CE	N7 (PB); QL (1 INTRAUTERINE DEVICE per 300 days)
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	CE	N7 (NF)
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (G)

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

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09/01/2025

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<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	CE	N7 (G)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	CE	N7 (G)
<i>norgestrel-ethinyl estradiol</i> (Turqoz Oral Tablet 0.3-30 Mg-Mcg)	CE	N7 (G)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	CE	N7 (NF)
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	CE	N7 (Not Covered)
<i>ethynodiol diac-eth estradiol</i> (Valtya 1/50 Oral Tablet 1-50 Mg-Mcg)	CE	N7 (G)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (<i>desogestrel-ethinyl estradiol</i>)	CE	N7 (G)
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet 3-0.02 Mg)	CE	N7 (G)
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	CE	N7 (G)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	CE	N7 (G)
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	CE	N7 (G)
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	CE	N7 (G)
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	CE	N7 (G)
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet 0.5-35 Mg-Mcg)	CE	N7 (G)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	CE	N7 (NPB); QL (1 DIAPHRAGM per 300 days)

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09/01/2025

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

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	Tier 2 (PB)	QL (150 TEST STRIPS per 25 days)
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	Tier 2 (PB)	N8 (Accu-Chek lancets and lancet devices are the only preferred options)
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	Tier 2 (PB)	N8 (Accu-Chek lancets and lancet devices are the only preferred options)
ACCU-CHEK GUIDE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 2 (PB)	QL (150 TEST STRIPS per 25 days)
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	Tier 2 (PB)	N8 (Accu-Chek lancets and lancet devices are the only preferred options)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	Tier 2 (PB)	QL (150 TEST STRIPS per 25 days)
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	Tier 2 (PB)	N8 (Accu-Chek lancets and lancet devices are the only preferred options)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Tier 2 (PB)	N8 (Accu-Chek lancets and lancet devices are the only preferred options)
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE NO CODING IN VITRO STRIP (<i>glucose blood</i>)	NF	
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (<i>glucose blood</i>)	NF	
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
DEXCOM G6 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	Tier 2 (PB)	
DEXCOM G6 SENSOR (<i>continuous glucose sensor</i>)	Tier 2 (PB)	QL (3 SENSORS per 25 days)
DEXCOM G6 TRANSMITTER (<i>continuous glucose transmitter</i>)	Tier 2 (PB)	
DEXCOM G7 RECEIVER DEVICE (<i>continuous glucose receiver</i>)	Tier 2 (PB)	
DEXCOM G7 SENSOR (<i>continuous glucose sensor</i>)	Tier 2 (PB)	QL (3 SENSORS per 25 days)
DIASTIX REAGENT IN VITRO STRIP (<i>glucose urine test-glucose ox</i>)	NF	

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
DUO-CARE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy plus ii glucose test in vitro strip</i>	NF	
EASY STEP TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>easy talk blood glucose test in vitro strip</i>	NF	
<i>easy trak blood glucose test in vitro strip</i>	NF	
EASYGLUCO IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYMAX 15 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYMAX TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EASYPRO PLUS IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>element compact test in vitro strip</i>	NF	
ELEMENT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
ENLITE GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	NF	
<i>eq blood glucose test in vitro strip</i>	NF	
EVERSENSE 365 SENSOR/HOLDER (<i>continuous glucose sensor</i>)	NF	
EVERSENSE 365 SMART TRANSMIT (<i>continuous glucose transmitter</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gnp easy touch glucose test in vitro strip</i>	NF	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (<i>glucose blood</i>)	NF	
GUARDIAN 4 GLUCOSE SENSOR (<i>continuous glucose sensor</i>)	NF	
GUARDIAN 4 TRANSMITTER (<i>continuous glucose transmitter</i>)	NF	
GUARDIAN LINK 3 TRANSMITTER (<i>continuous glucose transmitter</i>)	NF	
GUARDIAN REAL-TIME REPLACE PED DEVICE (<i>continuous glucose receiver</i>)	NF	
GUARDIAN SENSOR (3) (<i>continuous glucose sensor</i>)	NF	
<i>guardian sensor 3</i>	NF	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
IGLUCOSE TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP (<i>glucose blood</i>)	NF	
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
INFINITY VOICE IN VITRO STRIP (<i>glucose blood</i>)	NF	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	NF	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	NF	
MEIJER TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MEIJER TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
MYGLUCOHEALTH TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
NEUTEK 2TEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (<i>insulin disposable pump</i>)	Tier 2 (PB)	
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	Tier 2 (PB)	
OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	Tier 2 (PB)	
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	Tier 2 (PB)	
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	Tier 2 (PB)	
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>one drop test in vitro strip</i>	NF	
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	NF	
ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>)	NF	
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	NF	
ONETOUCH ULTRA TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
ONETOUCH ULTRASOFT 2 LANCETS (<i>lancets</i>)	NF	
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	NF	
OPTIUMEZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>pharmacist choice no coding in vitro strip</i>	NF	
POCKETCHEM EZ TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (<i>glucose blood</i>)	NF	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>pro voice v8/v9 glucose in vitro strip</i>	NF	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	NF	

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PTS PANELS EGLU TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
QUICKTEK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RELION CONFIRM/MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	NF	
SIMPLERA SENSOR (<i>continuous glucose sensor</i>)	NF	
SIMPLERA SYNC SENSOR (<i>continuous glucose sensor</i>)	NF	
SIMPLERA SYSTEM (<i>continuous glucose sensor</i>)	NF	
SMARTEST BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SOLUS V2 TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
SUPREME TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>true focus blood glucose strip in vitro strip</i>	NF	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	NF	
TWIST REFILL KIT KIT (<i>insulin disposable pump</i>)	Tier 2 (PB)	
TWIST REFILL KIT/INFUSION SET KIT (<i>insulin disposable pump</i>)	Tier 2 (PB)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TWIST STARTER KIT KIT (<i>insulin disposable pump</i>)	Tier 2 (PB)	
UNISTRIp CONTROL IN VITRO SOLUTION LOW (<i>blood glucose calibration</i>)	Tier 3 (NPB)	N8 (Listing does not include certain NDCs)
UNISTRIp1 GENERIC IN VITRO STRIP (<i>glucose blood</i>)	NF	
<i>verasens blood glucose test in vitro strip</i>	NF	
V-GO 20 KIT 20 UNIT/24HR (<i>insulin disposable pump</i>)	NF	
V-GO 30 KIT 30 UNIT/24HR (<i>insulin disposable pump</i>)	NF	
V-GO 40 KIT 40 UNIT/24HR (<i>insulin disposable pump</i>)	NF	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	NF	
ENDOMETRIOSIS		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
ORILISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	Tier 2 (PB)	PA
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	Tier 3 (NPB)	PA
FERTILITY REGULATORS		
<i>cetorelix acetate subcutaneous kit 0.25 mg</i>	Tier 4 (PSP)	PA; SPC
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	NF	
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	NF	
<i>clomiphene citrate</i> (Clomid Oral Tablet 50 Mg)	Tier 1 (G)	SPC
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>)	Tier 4 (PSP)	PA; SPC
<i>ganirelix acetate</i> (Fyremadel Subcutaneous Solution Prefilled Syringe 250 Mcg/0.5ml)	NF	
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	NF	
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	Tier 4 (PSP)	PA; SPC

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09/01/2025

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GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 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	
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>follitropin alfa</i>)	NF	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>menotropins</i>)	Tier 4 (PSP)	PA; SPC
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (<i>chorionic gonadotropin</i>)	NF	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	NF	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	Tier 4 (PSP)	PA; SPC
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
AGAMREE ORAL SUSPENSION 40 MG/ML (<i>vamorolone</i>)	NF	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	NF	
<i>cortisone acetate oral tablet 25 mg</i>	NF	
<i>deflazacort oral suspension 22.75 mg/ml</i>	Tier 4 (PSP)	PA; QL (52 ML per 30 days)
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg</i>	Tier 4 (PSP)	PA; QL (30 TABLETS per 30 days)
<i>deflazacort oral tablet 6 mg</i>	Tier 4 (PSP)	PA; QL (60 TABLETS per 30 days)
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Tier 1 (G)	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1 (G)	

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09/01/2025

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<i>dexamethasone oral tablet 1.5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	Tier 1 (G)	
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>	Tier 1 (G)	
HEMADY ORAL TABLET 20 MG (<i>dexamethasone</i>)	NF	
<i>dexamethasone</i> (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	Tier 1 (G)	
<i>hydrocortisone oral tablet 10 mg, 5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>hydrocortisone oral tablet 20 mg</i>	Tier 1 (G)	
KHINDIVI ORAL SOLUTION 1 MG/ML (<i>hydrocortisone</i>)	NF	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1 (G)	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Tier 1 (G)	
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 1 (G)	
<i>prednisolone oral tablet 5 mg</i>	NF	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	NF	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	Tier 1 (G)	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Tier 1 (G)	
<i>prednisone oral solution 5 mg/5ml</i>	Tier 1 (G)	
<i>prednisone oral tablet 1 mg, 20 mg, 5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>prednisone oral tablet 10 mg, 2.5 mg, 50 mg</i>	Tier 1 (G)	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Tier 1 (G)	

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09/01/2025

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RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (<i>prednisone</i>)	NF	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	NF	
<i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))	NF	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	NF	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	Tier 2 (PB)	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	Tier 2 (PB)	
BD GLUCOSE ORAL TABLET CHEWABLE 5 GM (<i>dextrose</i> (<i>diabetic use</i>))	Tier 3 (NPB)	
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 1 (G)	
<i>glucagon emergency injection kit 1 mg</i>	Tier 1 (G)	
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>	NF	
<i>glucose oral tablet chewable 4 gm</i>	Tier 3 (NPB)	
<i>gnp glucose gummies oral tablet chewable 2 gm</i>	Tier 1 (G)	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	Tier 2 (PB)	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	Tier 2 (PB)	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	Tier 2 (PB)	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	Tier 2 (PB)	
<i>lanreotide acetate solution 120 mg/0.5ml subcutaneous</i>	NF	
<i>lanreotide acetate solution 120 mg/0.5ml subcutaneous</i>	Tier 4 (PSP)	PA; QL (1 INJECTION per 28 days)

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09/01/2025

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

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09/01/2025

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NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	NF	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	NF	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	NF	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	Tier 5 (NPSP)	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	NF	
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (<i>somapacitan-beco</i>)	Tier 4 (PSP)	PA; QL (4 PENS per 28 days)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	NF	
LYSOSOMAL STORAGE DISORDERS - DRUGS TO TREAT LYSOSOMAL STORAGE DISORDERS		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (<i>laronidase</i>)	Tier 5 (NPSP)	PA
AQNEURSA ORAL PACKET 1 GM (<i>levacetyleucine</i>)	NF	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	Tier 5 (NPSP)	PA
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (<i>sebelipase alfa</i>)	Tier 5 (NPSP)	PA
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (<i>arimoclomol citrate</i>)	NF	
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (<i>galsulfase</i>)	Tier 5 (NPSP)	PA
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	NF	

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09/01/2025

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VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (<i>elosulfase alfa</i>)	Tier 5 (NPSP)	PA
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE - DRUGS TO TREAT FABRY DISEASE		
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML, 5 MG/2.5ML (<i>pegunigalsidase alfa-iwxj</i>)	Tier 4 (PSP)	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (<i>agalsidase beta</i>)	Tier 4 (PSP)	PA
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	Tier 4 (PSP)	PA
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE - DRUGS TO TREAT GAUCHER DISEASE		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	Tier 4 (PSP)	PA; QL (56 CAPSULES per 28 days)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	Tier 4 (PSP)	PA; QL (15 VIALS per 14 days)
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	NF	
<i>miglustat oral capsule 100 mg</i>	Tier 4 (PSP)	PA; QL (90 CAPSULES per 30 days)
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglucerase alfa</i>)	NF	
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	Tier 5 (NPSP)	PA; QL (90 CAPSULES per 30 days)
MENOPAUSAL SYMPTOM AGENTS - DRUGS TO TREAT MENOPAUSE		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	NF	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	NF	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (<i>estradiol-progesterone</i>)	Tier 2 (PB)	

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09/01/2025

170

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	Tier 2 (PB)	
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	
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	NF	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	NF	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1 (G)	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	Tier 1 (G)	
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	NF	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1 (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>	Tier 1 (G)	
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1 (G)	
<i>estradiol vaginal tablet 10 mcg</i>	NF	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	Tier 1 (G)	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1 (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>)	NF	

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09/01/2025

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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)	Tier 1 (G)	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	Tier 2 (PB)	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	Tier 2 (PB)	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1 (G)	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>esterified estrogens</i>)	NF	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	NF	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1 (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	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	NF	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	NF	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	NF	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	NF	
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	Tier 2 (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	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISCELLANEOUS		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	Tier 5 (NPSP)	PA; QL (28 PENS per 28 days)
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	Tier 5 (NPSP)	PA; QL (35 ML per 21 days)
<i>betaine oral powder</i>	Tier 4 (PSP)	PA
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1 (G)	
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	Tier 5 (NPSP)	PA; QL (28 SYRINGES per 28 days)
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	Tier 5 (NPSP)	PA; QL (35 ML per 21 days)
CRENESSITY ORAL CAPSULE 100 MG, 50 MG (<i>crinecerfont</i>)	Tier 5 (NPSP)	PA; QL (60 CAPSULES per 30 days)
CRENESSITY ORAL CAPSULE 25 MG (<i>crinecerfont</i>)	Tier 5 (NPSP)	PA
CRENESSITY ORAL SOLUTION 50 MG/ML (<i>crinecerfont</i>)	Tier 5 (NPSP)	PA; QL (120 ML per 30 days)
CYSTADANE ORAL POWDER (<i>betaine</i>)	NF	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	Tier 4 (PSP)	PA
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	NF	
HARLIKU ORAL TABLET 2 MG (<i>nitisinone (aku)</i>)	NF	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	NF	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	Tier 5 (NPSP)	PA
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	NF	
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	NF	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)	Tier 1 (G)	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Tier 1 (G)	
<i>mifepristone oral tablet 200 mg</i>	Tier 1 (G)	N7 (G); N8 (Available at \$0 copay)
<i>mifepristone oral tablet 300 mg</i>	Tier 4 (PSP)	PA; QL (120 TABLETS per 30 days)
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	Tier 5 (NPSP)	PA; QL (30 VIALS per 30 days)
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	NF	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	NF	
<i>raloxifene hcl oral tablet 60 mg</i>	CE	N7 (G); AL (Min 35 Years)
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (<i>resmetirom</i>)	NF	
SAMSCA ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	Tier 5 (NPSP)	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Tier 4 (PSP)	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	Tier 4 (PSP)	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspargate</i>)	Tier 5 (NPSP)	PA; QL (60 ML per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	Tier 5 (NPSP)	PA

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>	Tier 4 (PSP)	PA; N8 (Generic of Jynarque); QL (56 TABLETS per 28 DAYS)
<i>tolvaptan tablet 15 mg oral</i>	Tier 4 (PSP)	PA; N8 (Generic of Jynarque); QL (60 EA per 30 Days)
<i>tolvaptan tablet 15 mg oral</i>	Tier 4 (PSP)	PA; N8 (Generic of Samsca)
<i>tolvaptan tablet 30 mg oral</i>	Tier 4 (PSP)	PA; N8 (Generic of Jynarque); QL (30 EA per 30 Days)
<i>tolvaptan tablet 30 mg oral</i>	Tier 4 (PSP)	PA; N8 (Generic of Samsca)
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	
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG (<i>diazoxide choline</i>)	NF	
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	Tier 5 (NPSP)	QL (4 PACKETS per 1 DAY)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	Tier 5 (NPSP)	PA; QL (120 CAPSULES per 30 days)
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (<i>ferric citrate</i>)	Tier 2 (PB)	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 1 (G)	
<i>ferric citrate oral tablet 1 gm 210 mg(fe)</i>	Tier 1 (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	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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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>	Tier 1 (G)	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1 (G)	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1 (G)	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	NF	
XPHOZAH ORAL TABLET 20 MG, 30 MG (<i>tenapanor hcl (ckd)</i>)	NF	
POLYNEUROPATHY		
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (<i>eplontersen sodium</i>)	NF	
POTASSIUM-REMOVING AGENTS - DRUGS TO REGULATE POTASSIUM LEVELS		
<i>sodium polystyrene sulfonate</i> (Kionex Combination Suspension 15 Gm/60ML)	Tier 1 (G)	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	NF	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1 (G)	
<i>sodium polystyrene sulfonate</i> (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60ML)	Tier 1 (G)	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM (<i>patiomer sorbitex calcium</i>)	Tier 2 (PB)	
PROGESTINS - DRUGS TO REGULATE PROGESTIN		
CRINONE VAGINAL GEL 4 %, 8 % (<i>progesterone</i>)	Tier 2 (PB)	
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	NF	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (G)	
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	CE	N7 (G)
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1 (G)	
<i>progesterone oral capsule 100 mg, 200 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (progesterone)	NF	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
ADTHYZA ORAL TABLET 120 MG, 130 MG, 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG (thyroid)	NF	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine sodium)	NF	
ERMEZA ORAL SOLUTION 150 MCG/5ML (levothyroxine sodium)	NF	
levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	NF	
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	Tier 1 (G)	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1 (G)	
methimazole oral tablet 10 mg, 5 mg	Tier 1 (G)	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	NF	
propylthiouracil oral tablet 50 mg	Tier 1 (G)	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid)	NF	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (levothyroxine sodium)	NF	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	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 (levothyroxine sodium)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	NF	
UREA CYCLE DISORDER - DRUGS TO TREAT UREA CYCLE DISORDER		
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	NF	
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	NF	
CARBAGLU ORAL TABLET SOLUBLE 200 MG (<i>carglumic acid</i>)	NF	
<i>carglumic acid oral tablet soluble 200 mg</i>	Tier 4 (PSP)	PA
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM (<i>sodium phenylbutyrate</i>)	NF	
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM (<i>sodium phenylbutyrate</i>)	NF	
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>)	Tier 4 (PSP)	PA; QL (672 G per 30 days)
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	NF	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	Tier 4 (PSP)	PA; QL (798 G per 30 days)
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 4 (PSP)	PA; QL (1200 TABLETS per 30 days)

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UTERINE FIBROIDS - DRUGS TO TREAT UTERINE FIBROIDS		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	Tier 2 (PB)	PA
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	Tier 2 (PB)	PA
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	Tier 3 (NPB)	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 1 (G)	
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	Tier 5 (NPSP)	PA
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Tier 1 (G)	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Tier 1 (G)	
VITAMIN D ANALOGS		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1 (G)	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1 (G)	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	Tier 3 (NPB)	ST
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTICHOLINERGICS		
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	Tier 3 (NPB)	
<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
GLYCATE ORAL TABLET 1.5 MG (<i>glycopyrrolate</i>)	NF	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	Tier 1 (G)	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>glycopyrrolate oral tablet 1.5 mg</i>	NF	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	Tier 1 (G)	
ANTIDIARRHEALS		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Tier 1 (G)	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1 (G)	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	NF	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	NF	
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	NF	
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	NF	
<i>aprepitant oral capsule 125 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (2 CAPSULES per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (3 CAPSULES per 180 DAYS)
<i>aprepitant oral capsule 80 & 125 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (2 PACKS per 21 DAYS)
<i>aprepitant oral capsule 80 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (4 CAPSULES per 21 days)
<i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)	Tier 1 (G)	

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	Tier 1 (G)	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1 (G)	PA; QL (120 CAPSULES per 25 days)
EMEND BIPACK ORAL CAPSULE 80 MG (<i>aprepitant</i>)	NF	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	NF	
EMEND TRIPACK ORAL CAPSULE 80 & 125 MG (<i>aprepitant</i>)	NF	
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1 (G)	QL (12 TABLETS per 21 days)
<i>meclizine hcl oral tablet 50 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1 (G)	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	Tier 1 (G)	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 1 (G)	QL (200 ML per 21 DAYs)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier 1 (G)	QL (2 TABLETS per 21 days)
<i>ondansetron hcl oral tablet 4 mg</i>	Tier 1 (G)	QL (18 TABLETS per 21 days)
<i>ondansetron hcl oral tablet 8 mg</i>	Tier 1 (G)	QL (18 TABLETS per 21 DAYs)
<i>ondansetron oral tablet dispersible 16 mg</i>	NF	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 1 (G)	QL (18 TABLETS per 21 days)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	NF	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier 1 (G)	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	Tier 1 (G)	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	Tier 2 (PB)	QL (2 PATCHES per 21 days)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 1 (G)	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	NF	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	NF	
ANTISPASMODICS - DRUGS FOR MUSCLE SPASM		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
LIBRAX ORAL CAPSULE 5-2.5 MG (<i>chlordiazepoxide-clidinium</i>)	NF	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	Tier 1 (G)	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1 (G)	
<i>famotidine oral tablet 40 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1 (G)	
INFLAMMATORY BOWEL DISEASE - BOWEL, INTESTINE, AND STOMACH CONDITION DRUGS		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	Tier 3 (NPB)	
<i>balsalazide disodium oral capsule 750 mg</i>	Tier 1 (G)	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	NF	
<i>budesonide oral capsule delayed release particles 3 mg</i>	Tier 1 (G)	
<i>budesonide rectal foam 2 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CANASA RECTAL SUPPOSITORY 1000 MG (<i>mesalamine</i>)	NF	
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	NF	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	Tier 2 (PB)	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (<i>mesalamine</i>)	NF	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	NF	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Tier 1 (G)	
<i>mesalamine oral capsule delayed release 400 mg</i>	Tier 1 (G)	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	Tier 1 (G)	
<i>mesalamine rectal enema 4 gm</i>	Tier 1 (G)	
<i>mesalamine rectal suppository 1000 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>)	NF	
ROWASA RECTAL KIT 4 GM (<i>mesalamine-cleanser</i>)	NF	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	NF	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1 (G)	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Tier 1 (G)	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	Tier 2 (PB)	
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	NF	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	NF	
IBSRELA ORAL TABLET 50 MG (<i>tenapanor hcl</i>)	NF	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	Tier 2 (PB)	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Tier 1 (G)	PA
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	Tier 3 (NPB)	PA
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	Tier 2 (PB)	PA
LAXATIVES - DRUGS FOR CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acid</i>)	CE	N7 (PB); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
<i>enulose oral solution 10 gm/15ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	Tier 1 (G)	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted 236 Gm)	Tier 1 (G)	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	NF	
<i>lactulose</i> (Kristalose Oral Packet 10 Gm, 20 Gm)	Tier 1 (G)	
<i>lactulose oral packet 10 gm, 20 gm</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>lactulose oral solution 10 gm/15ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	NF	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	CE	N7 (G); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Tier 1 (G)	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Tier 1 (G)	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	CE	N7 (NF)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	CE	N7 (NPB); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	CE	N7 (NF); N8 (\$0 copay for members age 45 through 75, otherwise not covered)
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (<i>peg 3350-kcl-nacl-nasulf-mgsul</i>)	CE	N7 (Not Covered); N8 (\$0 copay for members age 45 through 75); AL (Min 45 Years and Max 75 Years)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	NF	
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-mag sulfate-kcl</i>)	CE	N7 (NF); N8 (\$0 copay for members age 45 through 75, otherwise not covered)
MISCELLANEOUS		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (<i>odevixibat</i>)	NF	
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (<i>odevixibat</i>)	NF	
CARAFATE ORAL SUSPENSION 1 GM/10ML (<i>sucralfate</i>)	NF	
CARAFATE ORAL TABLET 1 GM (<i>sucralfate</i>)	NF	
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	Tier 4 (PSP)	PA; QL (90 TABLETS per 30 days)
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	Tier 5 (NPSP)	PA
CTEXLI ORAL TABLET 250 MG (<i>chenodiol</i>)	NF	
EOHILIA ORAL SUSPENSION 2 MG/10ML (<i>budesonide</i>)	NF	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	Tier 5 (NPSP)	PA; QL (1 KIT per 30 days)
GIMOTI NASAL SOLUTION 15 MG/ACT (<i>metoclopramide hcl</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IQIRVO ORAL TABLET 80 MG (<i>elafibranor</i>)	Tier 4 (PSP)	PA; QL (30 TABLETS per 30 days)
LIVDELZI ORAL CAPSULE 10 MG (<i>seladelpar lysine</i>)	NF	
LIVMARLI ORAL SOLUTION 19 MG/ML (<i>maralixibat chloride</i>)	Tier 5 (NPSP)	PA; QL (60 ML per 30 DAYS)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	Tier 5 (NPSP)	PA; QL (90 ML per 30 days)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG (<i>maralixibat chloride</i>)	NF	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1 (G)	N8 (Available at \$0 copay)
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	NF	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	NF	
OALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	NF	
<i>prucalopride succinate oral tablet 1 mg, 2 mg</i>	NF	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	NF	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	NF	
RELTONE ORAL CAPSULE 200 MG, 400 MG (<i>ursodiol</i>)	NF	
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	Tier 5 (NPSP)	PA; QL (3 BOTTLES per 25 days)
<i>sucralfate oral suspension 1 gm/10ml</i>	NF	
<i>sucralfate oral tablet 1 gm</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	Tier 2 (PB)	PA
<i>ursodiol oral capsule 200 mg, 400 mg</i>	NF	
<i>ursodiol oral capsule 300 mg</i>	Tier 1 (G)	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOQUEZNA ORAL TABLET 10 MG, 20 MG (<i>vonoprazan fumarate</i>)	Tier 3 (NPB)	PA; QL (30 TABLETS per 25 days)
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	Tier 5 (NPSP)	PA; QL (12 CAPSULES per 30 DAYs)
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	Tier 5 (NPSP)	PA; QL (84 TABLETS per 28 days)
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2 (PB)	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NF	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	NF	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2 (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>)	Tier 2 (PB)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	NF	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	NF	
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	Tier 1 (G)	QL (90 CAPSULES per 365 DAYs)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	Tier 1 (G)	QL (90 CAPSULES per 365 days)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	Tier 1 (G)	QL (90 PACKET per 365 DAYs)
<i>esomeprazole magnesium oral packet 2.5 mg, 5 mg</i>	Tier 1 (G)	QL (90 PACKETS per 365 DAYs)
<i>lansoprazole oral capsule delayed release 15 mg</i>	Tier 1 (G)	Select OTC; QL (90 CAPSULES per 365 DAYs)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Tier 1 (G)	QL (90 CAPSULES per 365 DAYs)
<i>lansoprazole oral tablet delayed release dispersible 30 mg</i>	NF	
NEXIUM 24HR ORAL TABLET DELAYED RELEASE 20 MG (<i>esomeprazole magnesium</i>)	Tier 1 (G)	Select OTC; QL (90 tablets per 365 days)
NEXIUM ORAL CAPSULE DELAYED RELEASE 40 MG (<i>esomeprazole magnesium</i>)	NF	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (<i>esomeprazole magnesium</i>)	NF	
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	Tier 1 (G)	Select OTC; QL (90 CAPSULES per 365 days)
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	Tier 1 (G)	Select OTC; QL (90 TABLETS per 365 DAYs)
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	Tier 1 (G)	QL (90 CAPSULES per 365 days)
<i>omeprazole oral capsule delayed release 20 mg</i>	Tier 1 (G)	Select OTC; QL (90 CAPSULES per 365 days)
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	Tier 1 (G)	QL (90 CAPSULES per 365 DAYs)
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	NF	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pantoprazole sodium oral packet 40 mg</i>	NF	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (90 TABLETS per 365 days)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG (<i>lansoprazole</i>)	NF	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	NF	
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (<i>omeprazole magnesium</i>)	Tier 1 (G)	Select OTC; QL (90 TABLETS per 365 DAYS)
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	NF	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	NF	
<i>ra omeprazole oral tablet delayed release 20 mg</i>	Tier 1 (G)	Select OTC; QL (90 TABLETS per 365 days)
<i>rabeprazole sodium oral capsule sprinkle 10 mg</i>	Tier 3 (NPB)	QL (90 CAPSULES per 365 DAYS)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Tier 1 (G)	QL (90 TABLETS per 365 days)
ZEGERID OTC ORAL CAPSULE 20-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	Tier 1 (G)	Select OTC; QL (90 CAPSULES per 365 days)
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Tier 1 (G)	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	Tier 2 (PB)	
<i>hydrocortisone (Proctozone-Hc External Cream 2.5 %)</i>	Tier 1 (G)	
ULCER THERAPY COMBINATIONS		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	Tier 1 (G)	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	Tier 1 (G)	

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	NF	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (<i>amoxicill-rifabutin-omeprazole</i>)	Tier 2 (PB)	
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 1 (G)	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1 (G)	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Tier 1 (G)	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	NF	
<i>finasteride oral tablet 5 mg</i>	Tier 1 (G)	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	NF	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	Tier 3 (NPB)	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	NF	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1 (G)	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1 (G)	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
TEZRULY ORAL SOLUTION 1 MG/ML (<i>terazosin hcl</i>)	NF	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	NF	
CONTRACEPTIVES - PRODUCTS FOR BIRTH CONTROL		
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	CE	N7 (NPB)
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	CE	N7 (Not Covered)
ERECTILE DYSFUNCTION		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	NF	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	Tier 3 (NPB)	SPC; QL (6 KITS per 25 days)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG (<i>alprostadil (vasodilator)</i>)	Tier 3 (NPB)	SPC; QL (6 VIALS per 25 days)
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG (<i>tadalafil</i>)	NF	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	Tier 3 (NPB)	SPC; QL (6 VIALS per 25 days)
<i>phenylephrine hcl intracavernosal solution 2 mg/2ml</i>	NF	
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	NF	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1 (G)	SPC; QL (6 TABLETS per 25 DAYS)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	NF	
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	NF	
<i>tadalafil oral tablet 10 mg</i>	Tier 1 (G)	SPC; QL (6 TABLETS per 25 days)
<i>tadalafil oral tablet 2.5 mg</i>	Tier 1 (G)	SPC; QL (30 TABLETS per 25 days)
<i>tadalafil oral tablet 20 mg</i>	Tier 1 (G)	SPC; N8 (Listing does not include certain NDCs); QL (6 TABLETS per 25 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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<i>tadalafil oral tablet 5 mg</i>	Tier 1 (G)	SPC; N8 (Listing does not include certain NDCs); QL (30 TABLETS per 25 days)
<i>vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1 (G)	SPC; QL (6 TABLETS per 25 days)
<i>vardenafil hcl oral tablet dispersible 10 mg</i>	Tier 1 (G)	
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>)	NF	
MISCELLANEOUS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	NF	
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	NF	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	NF	
<i>oral citrate oral solution 490-640 mg/5ml</i>	NF	
<i>pot & sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Tier 1 (G)	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	NF	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (<i>nedosiran sodium</i>)	NF	
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML (<i>nedosiran sodium</i>)	NF	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (<i>budesonide</i>)	NF	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	NF	
<i>tiopronin oral tablet 100 mg</i>	Tier 4 (PSP)	PA
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	Tier 4 (PSP)	PA
VANRAFIA ORAL TABLET 0.75 MG (<i>atrasentan hcl</i>)	NF	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	Tier 1 (G)	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Tier 1 (G)	
<i>flavoxate hcl oral tablet 100 mg</i>	Tier 1 (G)	
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	Tier 2 (PB)	ST; QL (30 TABLETS per 25 days)
<i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i>	NF	
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>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>oxybutynin chloride oral tablet 2.5 mg</i>	NF	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1 (G)	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	Tier 1 (G)	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Tier 1 (G)	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Tier 1 (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>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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<i>tropium chloride oral tablet 20 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	NF	
VAGINAL ANTI-INFECTIVES - DRUGS TO TREAT VAGINAL INFECTIONS		
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1 (G)	
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1 (G)	
<i>miconazole 3 vaginal suppository 200 mg</i>	Tier 1 (G)	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	NF	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1 (G)	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1 (G)	
VANDAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	NF	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	Tier 2 (PB)	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	Tier 2 (PB)	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 1 (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>	Tier 1 (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>	Tier 1 (G)	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	NF	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	Tier 1 (G)	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml</i>	Tier 1 (G)	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	NF	
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	NF	
<i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>	Tier 1 (G)	
<i>rivaroxaban oral tablet 2.5 mg</i>	Tier 1 (G)	
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>	Tier 1 (G)	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	Tier 2 (PB)	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	Tier 2 (PB)	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	Tier 2 (PB)	
BLEEDING DISORDERS AGENTS		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	Tier 5 (NPSP)	PA
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	NF	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	Tier 5 (NPSP)	PA

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09/01/2025

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CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	Tier 5 (NPSP)	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cmplx</i>)	NF	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	Tier 5 (NPSP)	PA
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	Tier 5 (NPSP)	PA
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (<i>prothrombin complex conc human</i>)	Tier 5 (NPSP)	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	Tier 4 (PSP)	PA
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	Tier 5 (NPSP)	PA
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG (<i>coagulation factor viia-jncw</i>)	Tier 4 (PSP)	PA
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (<i>coagulation factor xiii a-sub</i>)	Tier 5 (NPSP)	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	NF	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	Tier 4 (PSP)	PA
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	Tier 4 (PSP)	PA

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09/01/2025

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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>)	Tier 4 (PSP)	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	NF	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	Tier 4 (PSP)	PA; QL (2 SYRINGES per 28 days)
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 PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	NF	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	NF	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	NF	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	NF	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	Tier 4 (PSP)	PA

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	Tier 4 (PSP)	PA
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-txid</i>)	NF	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-apgf</i>)	NF	
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>)	Tier 4 (PSP)	PA
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>	NF	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	Tier 4 (PSP)	PA
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	
HEMOPHILIA A AGENTS		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	Tier 4 (PSP)	PA
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	Tier 4 (PSP)	PA

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	Tier 4 (PSP)	PA
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten-eh1</i>)	Tier 4 (PSP)	PA
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiiic)</i>)	Tier 4 (PSP)	PA
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	Tier 4 (PSP)	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	Tier 5 (NPSP)	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	Tier 5 (NPSP)	PA
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucl)</i>)	Tier 4 (PSP)	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	Tier 5 (NPSP)	PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>antihemophilic factor</i>)	Tier 5 (NPSP)	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>)	Tier 4 (PSP)	PA
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	Tier 4 (PSP)	PA

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	Tier 4 (PSP)	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	Tier 4 (PSP)	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	Tier 4 (PSP)	PA
<i>obizur intravenous solution reconstituted 500 unit</i>	Tier 5 (NPSP)	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihem factor recomb (rfviii)</i>)	Tier 5 (NPSP)	PA
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	Tier 4 (PSP)	PA
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	Tier 4 (PSP)	PA
HEMOPHILIA A AND B AGENTS		
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML (<i>concizumab-mtci</i>)	NF	
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>marstacimab-hncq</i>)	NF	
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML (<i>fitusiran sodium</i>)	NF	
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>fitusiran sodium</i>)	NF	
HEMOPHILIA B AGENTS		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	Tier 5 (NPSP)	PA

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

200

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	Tier 4 (PSP)	PA
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	Tier 4 (PSP)	PA
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	Tier 5 (NPSP)	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	NF	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	Tier 5 (NPSP)	PA
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	Tier 4 (PSP)	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	NF	
MISCELLANEOUS		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	Tier 1 (G)	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	Tier 1 (G)	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Tier 1 (G)	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1 (G)	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 1 (G)	
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfate</i>)	NF	
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (<i>mitapivat sulfate</i>)	NF	
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	Tier 5 (NPSP)	PA; QL (180 CAPSULES per 30 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1 (G)	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	Tier 4 (PSP)	PA; QL (10 VIALS per 30 days)
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	Tier 5 (NPSP)	PA; QL (60 CAPSULES per 30 days)
VOYDEYA ORAL TABLET 100 MG (<i>danicopan</i>)	NF	
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (<i>danicopan</i>)	NF	
PLATELET AGGREGATION INHIBITORS - BLOOD THINNERS		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 1 (G)	
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	Tier 2 (PB)	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	Tier 1 (G)	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1 (G)	
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	NF	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 1 (G)	
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	Tier 1 (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 sulfate</i>)	NF	
SICKLE CELL DISEASE		
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	Tier 4 (PSP)	PA; QL (180 PACKETS per 30 days)
<i>l-glutamine oral packet 5 gm</i>	Tier 4 (PSP)	PA; QL (180 PACKETS per 30 DAYS)
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	Tier 2 (PB)	
XROMI ORAL SOLUTION 100 MG/ML (<i>hydroxyurea</i>)	CE	N7 (NF)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THROMBOCYTOPENIA AGENTS - DRUGS TO TREAT PLATELET DISORDERS		
ALVAIZ ORAL TABLET 18 MG, 36 MG (<i>eltrombopag choline</i>)	Tier 4 (PSP)	PA; QL (90 TABLETS per 30 DAYS)
ALVAIZ ORAL TABLET 54 MG, 9 MG (<i>eltrombopag choline</i>)	Tier 4 (PSP)	PA; QL (60 TABLETS per 30 DAYS)
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	Tier 4 (PSP)	PA; QL (60 TABLETS per 30 days)
<i>eltrombopag olamine oral packet 12.5 mg</i>	Tier 4 (PSP)	PA; QL (120 PACKETS per 30 DAYS)
<i>eltrombopag olamine oral packet 25 mg</i>	Tier 4 (PSP)	PA; QL (180 PACKETS per 30 DAYS)
<i>eltrombopag olamine oral tablet 12.5 mg, 75 mg</i>	Tier 4 (PSP)	PA; QL (60 TABLETS per 30 DAYS)
<i>eltrombopag olamine oral tablet 25 mg, 50 mg</i>	Tier 4 (PSP)	PA; QL (90 TABLETS per 30 DAYS)
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	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	Tier 2 (PB)	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	Tier 3 (NPB)	PA

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (grass mix pollens allergen ext)	Tier 4 (PSP)	PA
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG (peanut powder-dnfp)	NF	
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (peanut powder-dnfp)	NF	
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (peanut powder-dnfp)	NF	
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (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 (peanut powder-dnfp)	NF	
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (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 (peanut powder-dnfp)	NF	
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (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 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG (peanut powder-dnfp)	NF	
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (peanut powder-dnfp)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	Tier 2 (PB)	PA
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	Tier 4 (PSP)	PA; ST; QL (5 VIALS per 42 days)
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	NF	IBC (Available as NPSP with PA for Ulcerative Colitis)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	Tier 4 (PSP)	PA; QL (1 SYRINGE per 90 days)
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-srlf</i>)	NF	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	NF	
<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>)	Tier 4 (PSP)	PA; QL (5 VIALS per 42 days)
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	NF	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED)		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	NF	
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	NF	
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-afzb</i>)	NF	
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	NF	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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<i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml</i>	NF	
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml</i>	NF	
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	Tier 4 (PSP)	PA; ST; QL (4 PENS per 28 days)
<i>adalimumab-adaz subcutaneous solution auto-injector 80 mg/0.8ml</i>	Tier 4 (PSP)	PA; ST; QL (2 PENS per 28 DAYS)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml</i>	Tier 4 (PSP)	PA; ST; QL (2 SYRINGES per 28 DAYS)
<i>adalimumab-adaz subcutaneous solution prefilled syringe 20 mg/0.2ml, 40 mg/0.4ml</i>	Tier 4 (PSP)	PA; ST; QL (4 SYRINGES per 28 days)
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.4ml, 40 mg/0.8ml</i>	NF	
<i>adalimumab-adbm(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml</i>	NF	
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.4ml, 40 mg/0.8ml</i>	NF	
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>	Tier 4 (PSP)	PA; ST; QL (4 PENS per 28 days)
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml</i>	Tier 4 (PSP)	PA; ST; QL (4 SYRINGES per 28 days)
<i>adalimumab-ryvk (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	NF	
<i>adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (<i>bimekizumab-bkzx</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Psoriasis. Not covered for Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa); QL (2 INJECTIONS per 28 days)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML (<i>bimekizumab-bkzx</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Psoriasis. Not covered for Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa); QL (1 INJECTION per 28 DAYS)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>bimekizumab-bkzx</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Psoriasis. Not covered for Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa); QL (2 INJECTIONS per 28 days)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML (<i>bimekizumab-bkzx</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Psoriasis. Not covered for Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa); QL (1 INJECTION per 28 DAYS)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.); QL (2 KITS per 28 Days)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for Non-radiographical Axial Spondyloarthritis and preferred agent for Ankylosing Spondylitis, Crohn's, Psoriasis, Psoriatic Arthritis, and Rheumatoid Arthritis after the failure of two preferred agents.); QL (1 KIT per 28 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (2 SYRINGES per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (2 PENS per 28 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (1 PEN per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>secukinumab</i>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (1 SYRINGE per 28 days)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, Non-radiographical Axial Spondyloarthritis, Hidradenitis Suppurativa. Not covered for Psoriasis); QL (1 PEN per 28 days)
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	NF	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	NF	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	Tier 2 (PB)	PA; IBC (Preferred agent for Asthma, Atopic Dermatitis, and Eosinophilic Esophagitis); QL (2 PENS per 28 days)

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DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>dupilumab</i>)	Tier 2 (PB)	PA; IBC (Preferred agent for Preferred agent for Asthma, Atopic Dermatitis, Chronic Rhinosinusitis with Nasal Polyps, COPD, Eosinophilic Esophagitis, and Prurigo Nodularis); QL (4 PENS per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	Tier 2 (PB)	PA; IBC (Preferred agent for Asthma, Atopic Dermatitis, and Eosinophilic Esophagitis); QL (2 SYRINGES per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	Tier 2 (PB)	PA; IBC (Preferred agent for Preferred agent for Asthma, Atopic Dermatitis, Chronic Rhinosinusitis with Nasal Polyps, COPD, Eosinophilic Esophagitis, and Prurigo Nodularis); QL (4 SYRINGES per 28 days)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 CARTRIDGES per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 VIALS per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (8 SYRINGES per 28 days)

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09/01/2025

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ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for all conditions except Psoriasis); QL (4 SYRINGES per 28 days)
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	NF	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	NF	
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	NF	
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	NF	
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	NF	
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	NF	
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	NF	
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	NF	
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	NF	
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	NF	

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HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (<i>adalimumab-adaz</i>)	Tier 4 (PSP)	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (4 PENS per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	Tier 4 (PSP)	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (2 PENS per 28 days)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-adaz</i>)	Tier 4 (PSP)	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (4 SYRINGES per 28 days)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	Tier 4 (PSP)	PA; ST; N8 (Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.); QL (1 KIT per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 PENS per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis); QL (2 SYRINGES per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	NF	
LEQSELVI ORAL TABLET 8 MG (<i>deuruxolitinib phosphate</i>)	NF	
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	Tier 4 (PSP)	PA; QL (28 CAPSULES per 28 days)

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	Tier 2 (PB)	PA; IBC (Preferred agent for Asthma and Chronic Rhinosinusitis with Nasal Polyps); QL (3 INJECTIONS per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	Tier 2 (PB)	PA; IBC (Preferred agent for Asthma and Chronic Rhinosinusitis with Nasal Polyps); QL (3 INJECTIONS per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	Tier 2 (PB)	PA; IBC (Preferred agent for Asthma and Chronic Rhinosinusitis with Nasal Polyps); QL (1 SYRINGE per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	NF	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	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	
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>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis. Not covered for other conditions); QL (4 SYRINGES per 28 days)
OTEZLA ORAL TABLET 20 MG (<i>apremilast</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 DAYs)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (60 TABLETS per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 days)
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (<i>apremilast</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (55 TABLETS per 28 DAYs)
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-aauz</i>)	NF	
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-ttwe</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab-ttwe</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days)

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab-ttwe</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 56 days)
RINVOQ LQ ORAL SOLUTION 1 MG/ML (<i>upadacitinib</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Psoriatic Arthritis); QL (2 BOTTLES per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (<i>upadacitinib</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Atopic Dermatitis, Ankylosing Spondylitis, Ulcerative Colitis, Non-radiographical Axial Spondyloarthritis, and Crohn's Disease); QL (30 TABLETS per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (<i>upadacitinib</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Atopic Dermatitis, Ulcerative Colitis, and Crohn's Disease); QL (30 TABLETS per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Ulcerative Colitis and Crohn's Disease); QL (1 FILL per 1 INDUCTION PERIOD)
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-aekn</i>)	NF	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	NF	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab-ryvk</i>)	NF	
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab-ryvk</i>)	NF	

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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>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (<i>risankizumab-rzaa</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Crohn's Disease and Ulcerative Colitis); QL (1 CARTRIDGE per 56 DAYS)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Crohn's Disease and Ulcerative Colitis); QL (1 CARTRIDGE per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Psoriasis and Psoriatic Arthritis); QL (1 SYRINGE per 84 days)
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Psoriasis); QL (30 TABLETS per 30 DAYS)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days)

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09/01/2025

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STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 56 days)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-stba</i>)	NF	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	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 AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 PEN per 56 Days)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 PEN per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 syringe per 56 days)

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TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 28 days)
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab-aazg</i>)	NF	
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab-aazg</i>)	NF	
<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>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Ulcerative Colitis); QL (30 TABLETS per 30 DAYS)
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-auub</i>)	NF	
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab-auub</i>)	NF	
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis and preferred agent for Ulcerative Colitis after the failure of two preferred agents. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (240 ML per 24 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis and preferred agent for Ulcerative Colitis after the failure of two preferred agents. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (60 TABLETS per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	Tier 4 (PSP)	PA; ST; IBC (Preferred agent for Rheumatoid Arthritis and preferred agent for Ulcerative Colitis after the failure of two preferred agents. Not covered for Psoriatic Arthritis, Ankylosing Spondylitis); QL (30 TABLETS per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	Tier 2 (PB)	PA; IBC (Preferred agent for Asthma and Chronic Rhinosinusitis with Nasal Polyps); QL (8 INJECTIONS per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>omalizumab</i>)	Tier 2 (PB)	PA; IBC (Preferred agent for Asthma and Chronic Rhinosinusitis with Nasal Polyps); QL (4 INJECTIONS per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (<i>omalizumab</i>)	Tier 2 (PB)	PA; IBC (Preferred agent for Asthma and Chronic Rhinosinusitis with Nasal Polyps); QL (2 INJECTIONS per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	Tier 2 (PB)	PA; IBC (Preferred agent for Asthma and Chronic Rhinosinusitis with Nasal Polyps); QL (8 SYRINGES per 28 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>omalizumab</i>)	Tier 2 (PB)	PA; IBC (Preferred agent for Asthma and Chronic Rhinosinusitis with Nasal Polyps); QL (4 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	Tier 2 (PB)	PA; IBC (Preferred agent for Asthma and Chronic Rhinosinusitis with Nasal Polyps); QL (2 SYRINGES per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	Tier 2 (PB)	PA; IBC (Preferred agent for Asthma and Chronic Rhinosinusitis with Nasal Polyps); QL (8 VIALS per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-kfce</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 VIAL per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab-kfce</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab-kfce</i>)	Tier 4 (PSP)	PA; IBC (Preferred agent for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis); QL (1 SYRINGE per 56 days)
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-aaty</i>)	NF	
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-aaty</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqvh</i>)	NF	
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	NF	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	NF	
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1 (G)	
<i>methotrexate sodium oral tablet 2.5 mg</i>	CE	N7 (G); N8 (Listing does not include certain NDCs)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>)	Tier 4 (PSP)	PA; QL (4 PENS per 28 days)
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>)	NF	
SOVUNA ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	NF	
HEREDITARY ANGIOEDEMA		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML (<i>garadacimab-gxii</i>)	NF	
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NF	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	NF	
EKTERLY ORAL TABLET 300 MG (<i>sebetralstat</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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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>)	Tier 5 (NPSP)	PA; QL (20 VIALS per 30 days)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Tier 4 (PSP)	PA; QL (45 SYRINGES per 90 days)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	Tier 5 (NPSP)	PA; QL (30 ML per 90 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	Tier 4 (PSP)	PA; QL (28 CAPSULES per 28 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	Tier 4 (PSP)	PA; QL (60 VIALS per 90 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	Tier 4 (PSP)	PA; QL (2 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (<i>lanadelumab-flyo</i>)	Tier 4 (PSP)	PA; QL (2 SYRINGES per 28 DAYS)
IMMUNOGLOBULIN		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)-stwk</i>)	NF	
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-slra</i>)	NF	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	Tier 5 (NPSP)	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	Tier 4 (PSP)	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	NF	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	Tier 5 (NPSP)	PA

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	NF	
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	NF	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	Tier 5 (NPSP)	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	Tier 5 (NPSP)	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	Tier 5 (NPSP)	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (<i>varicella-zoster immune glob</i>)	Tier 5 (NPSP)	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (<i>rho d immune globulin</i>)	Tier 5 (NPSP)	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	Tier 5 (NPSP)	PA
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (<i>interferon gamma-1b</i>)	Tier 5 (NPSP)	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	NF	
JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>)	NF	
IMMUNOSUPPRESSANTS		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (<i>lymphocyte,anti-thymo imm glob</i>)	Tier 3 (NPB)	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

224

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	Tier 5 (NPSP)	PA; QL (4 INJECTIONS per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	Tier 5 (NPSP)	PA; QL (4 INJECTIONS per 28 days)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1 (G)	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1 (G)	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1 (G)	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 1 (G)	
<i>cyclosporine modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1 (G)	
<i>cyclosporine modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 1 (G)	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	Tier 3 (NPB)	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	NF	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1 (G)	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	Tier 1 (G)	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1 (G)	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Tier 1 (G)	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (<i>mycophenolate mofetil</i>)	NF	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	Tier 5 (NPSP)	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	Tier 5 (NPSP)	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	Tier 5 (NPSP)	
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	NF	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	Tier 5 (NPSP)	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	Tier 5 (NPSP)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (<i>basiliximab</i>)	Tier 3 (NPB)	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1 (G)	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1 (G)	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1 (G)	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (<i>anti-thymocyte glob (rabbit)</i>)	Tier 3 (NPB)	
MISCELLANEOUS		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	Tier 5 (NPSP)	PA; QL (2 VIALS per 28 days)
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	NF	
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	Tier 1 (G)	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	Tier 1 (G)	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release 15 Meq)	Tier 1 (G)	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	Tier 1 (G)	
<i>potassium chloride</i> (Klor-Con Oral Packet 20 Meq)	Tier 1 (G)	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release 8 Meq)	Tier 1 (G)	
POKONZA ORAL PACKET 10 MEQ (<i>potassium chloride</i>)	NF	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	Tier 1 (G)	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	Tier 1 (G)	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 1 (G)	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	Tier 1 (G)	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg</i>	CE	N7 (Not Covered); AL (Max 5 Years)
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	Tier 1 (G)	
PRENATAL VITAMINS		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG (<i>prenatal vit-dss-fe cbn-fa</i>)	NF	
ATABEX OB ORAL TABLET 29-1 MG (<i>prenatal vit w/ fe bisg-fa</i>)	NF	
<i>azesco oral tablet 13-1 mg</i>	NF	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NF	
CITRANATAL ASSURE ORAL 35-1 & 300 MG (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	NF	
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG (<i>prenat-fefmcb-dss-fa-dha w/o a</i>)	NF	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	NF	
<i>complete natal dha oral 29-1-200 & 200 mg</i>	NF	
<i>completenate oral tablet chewable 29-1 mg</i>	NF	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>)	Tier 1 (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>natal pnv oral tablet 6-0.5 mg</i>	NF	
NEEVO DHA ORAL CAPSULE 27-1.13 MG (<i>prenat w/oa-fefum-methf-omegas</i>)	NF	
NESTABS DHA ORAL 32-1 MG (<i>prenat-w/oa-fe bisgly-fa-omega</i>)	NF	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o a</i>)	NF	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	NF	
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG (<i>prenat-fecbn-feaspgl-fa-fish</i>)	NF	
OB COMPLETE ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	NF	
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NF	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (<i>prenatal-fe cbn-fe asp gly-fa</i>)	NF	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG (<i>prenat-fecbn-feaspgl-fa-omega</i>)	NF	
<i>pnv prenatal plus multivit+dha oral 27-1 & 312 mg</i>	NF	
<i>pnv tabs 20-1 oral tablet 20-1 mg</i>	NF	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	Tier 1 (G)	
<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	

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09/01/2025

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<i>pregen dha oral capsule 28-1-35 mg</i>	NF	
<i>pregenna oral tablet 20-1 mg</i>	NF	
<i>prena 1 true oral 30-1.4 & 300 mg</i>	NF	
<i>prenal oral tablet chewable 1.4 mg</i>	NF	
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 MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	NF	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	NF	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	NF	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	NF	
PRENATOL-M ORAL TABLET 27-1.2 MG (<i>prenatal vit-fe fumarate-fa</i>)	NF	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG (<i>prenat w/o a vit-fefum-fepo-fa</i>)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (<i>prenat vit-fepoly-methylfol-fa</i>)	NF	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	NF	
SELECT-OB+DHA ORAL 29-1 & 250 MG (<i>prenatal vit-fepoly-fa-dha</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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TARON-C DHA ORAL CAPSULE 35-1 MG (<i>prenat-fefum-fepo-fa-omega 3</i>)	NF	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	NF	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 1 (G)	
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>	NF	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NF	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG (<i>prenatal vit-fe phos-fa-omega</i>)	NF	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	NF	
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	NF	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	NF	
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	
VIVA DHA ORAL CAPSULE 28-1-200 MG (<i>prenatal vit-fe fum-fa-omega</i>)	NF	
<i>wescap-c dha oral capsule 53.5-38-1 mg</i>	NF	
<i>wescap-pn dha oral capsule 27-0.6-0.4-300 mg</i>	NF	
<i>westgel dha oral capsule 31-0.6-0.4-200 mg</i>	NF	
<i>zalvit oral tablet 13-1 mg</i>	NF	
<i>ziphex oral tablet 13-1 mg</i>	NF	
VITAMINS - VITAMINS AND SUPPLEMENTS		
ACCRUFER ORAL CAPSULE 30 MG (<i>ferric maltol</i>)	NF	
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML (<i>ascorbic acid</i>)	NF	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 1 (G)	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	NF	

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09/01/2025

230

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAVIMET-IRON ORAL TABLET CHEWABLE (<i>multiple vitamins-iron</i>)	NF	
FA-8 ORAL CAPSULE 0.8 MG (<i>folic acid</i>)	CE	N7 (Not Covered); QL (100 CAPSULES per 30 days); AL (Max 55 Years)
FERRO-PLEX ORAL TABLET 115-1 MG (<i>fe fum-fa-c-e-b12-intrins fact</i>)	NF	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	NF	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>ped multiple vit-minerals-fl</i>)	NF	
FOLGARD OS ORAL TABLET 500-1.1 MG (<i>multiple vit-min-calcium-fa</i>)	NF	
<i>folic acid oral tablet 400 mcg</i>	CE	N7 (Not Covered); N8 (Listing does not include certain NDCs); QL (100 tablets per 30 days); AL (Max 55 Years)
<i>folic acid oral tablet 800 mcg</i>	CE	N7 (Not Covered); QL (100 TABLETS per 30 DAYS); AL (Max 55 Years)
FOLICORE B COMPLEX ORAL TABLET 1-10-0.4 MG (<i>folic acid-vit b6-vit b12</i>)	NF	
FOLVITA COMPLEX ORAL TABLET 1-10-0.4 MG (<i>folic acid-vit b6-vit b12</i>)	NF	
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	Tier 1 (G)	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	NF	
NEPHPLEX RX ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	NF	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (<i>niacinamide-zn-cu-methfo-se-cr</i>)	NF	
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	NF	
<i>phytonadione oral tablet 5 mg</i>	Tier 1 (G)	

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09/01/2025

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POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	NF	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (<i>ped multivitamins-fl-iron</i>)	NF	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (<i>multi vit-min-fluoride-fe-fa</i>)	NF	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (<i>ped multivitamins-fl-iron</i>)	NF	
RENATABS WITH IRON ORAL 1 & 100 MG (<i>b complex-c-biotin-e-fa-fe cbn</i>)	NF	
<i>reno caps oral capsule 1 mg</i>	Tier 1 (G)	Select OTC
<i>tri-vi-floro oral suspension 0.25 mg/ml</i>	NF	
<i>tri-vitamin with fluoride oral suspension 0.25 mg/ml</i>	NF	
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (<i>iron sucrose</i>)	Tier 5 (NPSP)	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Tier 1 (G)	
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 1 (G)	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	NF	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	NF	
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 1 (G)	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Tier 1 (G)	
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	Tier 1 (G)	Select OTC
ZADITOR OPHTHALMIC SOLUTION 0.035 % (<i>ketotifen fumarate</i>)	Tier 1 (G)	Select OTC
ZERVIAE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	NF	
ANTIGLAUCOMA BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Tier 1 (G)	

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09/01/2025

232

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETIMOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol hemihydrate</i>)	NF	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	NF	
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 1 (G)	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	NF	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1 (G)	
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	NF	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	Tier 1 (G)	
<i>timolol maleate</i> (Timolol Maleate Ocudose Ophthalmic Solution 0.5 %)	NF	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Tier 1 (G)	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier 1 (G)	
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	NF	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	NF	
ANTIGLAUCOMA COMBINATION AGENTS - DRUGS TO TREAT GLAUCOMA		
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Tier 1 (G)	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	NF	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	NF	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Tier 1 (G)	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Tier 1 (G)	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	NF	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	Tier 2 (PB)	

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ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 1 (G)	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 1 (G)	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 1 (G)	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	NF	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	NF	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 1 (G)	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	NF	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	NF	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Tier 1 (G)	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 1 (G)	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	NF	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	NF	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1 (G)	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Tier 1 (G)	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1 (G)	
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 1 (G)	
<i>levofloxacin ophthalmic solution 1.5 %</i>	NF	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	Tier 1 (G)	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 1 (G)	

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09/01/2025

234

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1 (G)	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1 (G)	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	Tier 1 (G)	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1 (G)	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1 (G)	
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1 (G)	
XDEMVY OPHTHALMIC SOLUTION 0.25 % (<i>lotilaner</i>)	Tier 2 (PB)	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	NF	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	NF	
ALREX OPHTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	NF	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	Tier 1 (G)	
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	NF	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	NF	
<i>clobetasol propionate ophthalmic suspension 0.05 %</i>	NF	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Tier 1 (G)	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1 (G)	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Tier 1 (G)	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	Tier 3 (NPB)	PA; QL (2 BOTTLES per 90 days)
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	NF	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 1 (G)	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 1 (G)	

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FML FORTE OPHTHALMIC SUSPENSION 0.25 % (fluorometholone)	NF	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (fluorometholone)	NF	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (nepafenac)	NF	
INVELTYS OPHTHALMIC SUSPENSION 1 % (loteprednol etabonate)	NF	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	Tier 1 (G)	
LOTEMAX OPHTHALMIC GEL 0.5 % (loteprednol etabonate)	NF	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (loteprednol etabonate)	NF	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (loteprednol etabonate)	NF	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (loteprednol etabonate)	NF	
loteprednol etabonate ophthalmic gel 0.5 %	NF	
loteprednol etabonate ophthalmic suspension 0.2 %	NF	
loteprednol etabonate ophthalmic suspension 0.5 %	Tier 1 (G)	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (dexamethasone)	NF	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (nepafenac)	NF	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (prednisolone acetate)	NF	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	NF	
prednisolone acetate ophthalmic suspension 1 %	Tier 1 (G)	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (bromfenac sodium)	NF	
CARBONIC ANHYDRASE INHIBITORS - DRUGS TO TREAT GLAUCOMA		
AZOPT OPHTHALMIC SUSPENSION 1 % (brinzolamide)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>brinzolamide ophthalmic suspension 1 %</i>	NF	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
DRY EYE DISEASE		
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	NF	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	NF	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	NF	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	Tier 2 (PB)	
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	Tier 2 (PB)	
TRYPTYR OPHTHALMIC SOLUTION 0.003 % (<i>acoltremon</i>)	NF	
VEVYE OPHTHALMIC SOLUTION 0.1 % (<i>cyclosporine</i>)	NF	
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	Tier 2 (PB)	
MISCELLANEOUS		
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 1 (G)	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	NF	
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	Tier 5 (NPSP)	PA; QL (4 BOTTLES per 28 days)
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	Tier 5 (NPSP)	PA; QL (2 ML per 7 DAYs)
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 1 (G)	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	Tier 1 (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	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>)	Tier 5 (NPSP)	PA

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09/01/2025

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PROSTAGLANDINS - DRUGS TO TREAT GLAUCOMA		
<i>bimatoprost ophthalmic solution 0.03 %</i>	Tier 1 (G)	
IYUZEH OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	NF	
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1 (G)	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	NF	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	Tier 1 (G)	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	NF	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	NF	
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	NF	
RETINAL DISORDERS		
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (<i>ranibizumab-nuna</i>)	Tier 4 (PSP)	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab-eqrn</i>)	Tier 4 (PSP)	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	NF	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	NF	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	NF	
RHO KINASE INHIBITORS - DRUGS TO TREAT EYE CONDITIONS		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	NF	

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09/01/2025

238

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMPATHOMIMETICS - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 % (brimonidine tartrate)	Tier 2 (PB)	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	Tier 1 (G)	
OTHER		
IRRIGATION SOLUTIONS		
<i>sterile water for irrigation irrigation solution</i>	Tier 1 (G)	STX
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS - DRUGS FOR REPLACEMENT, MODIFICATION, TREATMENT		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	Tier 4 (PSP)	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML (<i>alpha1-proteinase inhibitor</i>)	Tier 4 (PSP)	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	NF	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (<i>alpha1-proteinase inhibitor</i>)	Tier 4 (PSP)	PA
ANAPHYLAXIS TREATMENT AGENTS		
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	Tier 2 (PB)	QL (4 INJECTIONS per 25 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	Tier 1 (G)	QL (4 INJECTIONS per 25 DAYs)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	NF	
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (4 INJECTIONS per 25 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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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	
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML (<i>epinephrine</i>)	NF	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	Tier 2 (PB)	QL (1 package per 25 days)
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>)	Tier 3 (NPB)	QL (2 PACKAGES per 25 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 1 (G)	QL (6 BOXES per 25 DAYS)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	Tier 2 (PB)	QL (1 PACKAGE per 25 days)
<i>umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act</i>	NF	
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	Tier 2 (PB)	QL (1 PACKAGE per 25 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	Tier 2 (PB)	QL (1 package per 25 days)
ANTICHOLINERGICS		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	NF	

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09/01/2025

240

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INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	NF	
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (5 boxes per 25 days)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Tier 1 (G)	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	Tier 2 (PB)	QL (1 PACKAGE per 25 DAYS)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	Tier 2 (PB)	QL (1 PACKAGE per 25 DAYS)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	Tier 2 (PB)	QL (1 PACKAGE per 25 days)
<i>tiotropium bromide monohydrate 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>)	Tier 2 (PB)	QL (30 ML per 25 days)
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	Tier 1 (G)	QL (1 G per 25 days)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	NF	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	NF	
ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES		
ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION 30 MG/5ML (<i>fexofenadine hcl</i>)	Tier 1 (G)	Select OTC
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 30 MG (<i>fexofenadine hcl</i>)	Tier 1 (G)	Select OTC
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (<i>fexofenadine hcl</i>)	Tier 1 (G)	Select OTC
<i>allergy rel child (cetirizine) oral tablet dispersible 10 mg</i>	Tier 1 (G)	Select OTC

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09/01/2025

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<i>azelastine hcl nasal solution 0.1 %</i>	Tier 1 (G)	QL (2 BOTTLES per 25 DAYs)
<i>carbinoxamine maleate er oral suspension extended release 4 mg/5ml</i>	Tier 1 (G)	ST
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1 (G)	
<i>carbinoxamine maleate oral tablet 6 mg</i>	NF	
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	Tier 1 (G)	Select OTC
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	Tier 1 (G)	Select OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	Tier 1 (G)	Select OTC
CLARITIN ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML (<i>loratadine</i>)	Tier 1 (G)	Select OTC
CLARITIN ORAL CAPSULE 10 MG (<i>loratadine</i>)	Tier 1 (G)	Select OTC
CLARITIN ORAL TABLET 10 MG (<i>loratadine</i>)	Tier 1 (G)	Select OTC
CLARITIN ORAL TABLET CHEWABLE 10 MG, 5 MG (<i>loratadine</i>)	Tier 1 (G)	Select OTC
CLARITIN REDITABS JUNIORS ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	Tier 1 (G)	Select OTC
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 5 MG (<i>loratadine</i>)	Tier 1 (G)	Select OTC
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 1 (G)	
<i>cvs allergy relief childrens oral suspension 30 mg/5ml</i>	Tier 1 (G)	Select OTC
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Tier 1 (G)	
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>desloratadine oral tablet 5 mg</i>	Tier 1 (G)	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	Tier 1 (G)	
<i>eq loratadine childrens oral tablet chewable 5 mg</i>	Tier 1 (G)	Select OTC
<i>fexofenadine hcl oral tablet 180 mg</i>	Tier 1 (G)	Select OTC
<i>gnp loratadine oral tablet dispersible 10 mg</i>	Tier 1 (G)	Select OTC
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Tier 1 (G)	

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09/01/2025

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<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Tier 1 (G)	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	Tier 3 (NPB)	ST
<i>kp fexofenadine hcl oral tablet 60 mg</i>	Tier 1 (G)	Select OTC
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Tier 1 (G)	Select OTC
<i>loratadine childrens oral solution 5 mg/5ml</i>	Tier 1 (G)	Select OTC
<i>loratadine oral capsule 10 mg</i>	Tier 1 (G)	Select OTC
<i>loratadine oral tablet 10 mg</i>	Tier 1 (G)	Select OTC
<i>olopatadine hcl nasal solution 0.6 %</i>	Tier 1 (G)	QL (1 SOLUTION per 25 days)
<i>ra allergy relief oral capsule 10 mg</i>	Tier 1 (G)	Select OTC
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	NF	
<i>carbinoxamine maleate</i> (Ryvent Oral Tablet 6 Mg)	NF	
XYZAL ALLERGY 24HR ORAL TABLET 5 MG (<i>levocetirizine dihydrochloride</i>)	Tier 1 (G)	Select OTC
ZYRTEC ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE 10 MG (<i>cetirizine hcl</i>)	Tier 1 (G)	Select OTC
ZYRTEC ALLERGY ORAL CAPSULE 10 MG (<i>cetirizine hcl</i>)	Tier 1 (G)	Select OTC
ZYRTEC ALLERGY ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	Tier 1 (G)	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML (<i>cetirizine hcl</i>)	Tier 1 (G)	Select OTC
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG, 2.5 MG (<i>cetirizine hcl</i>)	Tier 1 (G)	Select OTC
ZYRTEC ORAL TABLET CHEWABLE 10 MG (<i>cetirizine hcl</i>)	Tier 1 (G)	Select OTC

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BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (2 INHALERS per 25 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (5 BOXES per 25 DAYS)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (5 BOXES per 25 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (60 ML per 25 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Tier 1 (G)	
<i>albuterol sulfate oral tablet 2 mg</i>	Tier 1 (G)	
<i>albuterol sulfate oral tablet 4 mg</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	NF	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (<i>arformoterol tartrate</i>)	NF	
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	Tier 1 (G)	QL (2 BOXES per 25 DAYS)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	Tier 1 (G)	QL (300 ML per 25 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	Tier 1 (G)	QL (45 ML per 25 days)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Tier 1 (G)	QL (2 INHALERS per 25 days)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	Tier 3 (NPB)	QL (60 VIALS per 25 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	NF	

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09/01/2025

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SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	NF	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	Tier 2 (PB)	QL (1 PACKAGE per 25 DAYS)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	Tier 1 (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	
COLD/COUGH		
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (<i>fexofenadine-pseudoephedrine</i>)	Tier 1 (G)	Select OTC
ALLEGRA-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (<i>fexofenadine-pseudoephedrine</i>)	Tier 1 (G)	Select OTC
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1 (G)	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	Tier 1 (G)	Select OTC
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>loratadine-pseudoephedrine</i>)	Tier 1 (G)	Select OTC
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	Tier 1 (G)	Select OTC
<i>coditussin ac oral liquid 200-10 mg/5ml</i>	Tier 1 (G)	Select OTC; QL (60 ML per 1 day)
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	Tier 1 (G)	Select OTC
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	Tier 1 (G)	Select OTC
<i>ft allergy d-12 hour oral tablet extended release 12 hour 5-120 mg</i>	Tier 1 (G)	Select OTC

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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>	Tier 1 (G)	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Tier 1 (G)	QL (30 ML per 1 day)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	Tier 1 (G)	QL (6 TABLETS per 1 day)
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	Tier 1 (G)	Select OTC
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	NF	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	Tier 1 (G)	QL (30 ML per 1 DAY)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Tier 1 (G)	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	Tier 1 (G)	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Tier 1 (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	
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>cetirizine-pseudoephedrine</i>)	Tier 1 (G)	Select OTC
CYSTIC FIBROSIS		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (<i>vanzacaft-tezacaft-deutivacaft</i>)	NF	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	NF	
BRONCHITOL INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	NF	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	Tier 5 (NPSP)	PA; QL (84 VIALS per 28 days)
KALYDECO ORAL PACKET 13.4 MG, 5.8 MG (<i>ivacaftor</i>)	Tier 5 (NPSP)	PA; QL (56 PACKETS per 28 DAYS)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

246

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	Tier 5 (NPSP)	PA; QL (56 PACKET per 28 days)
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	Tier 5 (NPSP)	PA; QL (1 CARTONS per 28 days)
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NF	
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	Tier 5 (NPSP)	PA; QL (56 PACKET per 28 days)
ORKAMBI ORAL PACKET 75-94 MG (<i>lumacaftor-ivacaftor</i>)	Tier 5 (NPSP)	PA; QL (56 PACKETS per 28 DAYS)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	Tier 5 (NPSP)	PA; QL (112 TABLETS per 28 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	Tier 5 (NPSP)	PA; QL (150 ML per 30 Days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	Tier 5 (NPSP)	PA; QL (56 TABLETS per 28 days)
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	NF	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	NF	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	Tier 4 (PSP)	PA; QL (224 ML per 28 DAYS)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 3 (NPB)	PA; QL (280 ML per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	Tier 3 (NPB)	PA; QL (84 TABLETS per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80- 40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	Tier 3 (NPB)	PA; QL (56 PACKETS per 28 days)
LEUKOTRIENE MODIFIERS		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	NF	
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEUKOTRIENE RECEPTOR ANTAGONISTS - DRUGS TO TREAT ASTHMA AND ALLERGIES		
<i>montelukast sodium oral packet 4 mg</i>	Tier 1 (G)	
<i>montelukast sodium oral tablet 10 mg</i>	Tier 1 (G)	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Tier 1 (G)	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	NF	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	NF	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1 (G)	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 1 (G)	QL (2 BOXES per 25 DAYs)
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Tier 1 (G)	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	NF	
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML (<i>ensifentrine</i>)	NF	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 1 (G)	
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>budesonide nasal suspension 32 mcg/act</i>	Tier 1 (G)	Select OTC; QL (2 packages per 25 days)
FLONASE ALLERGY REL CHILDRENS NASAL SUSPENSION 50 MCG/ACT (<i>fluticasone propionate</i>)	Tier 1 (G)	Select OTC; QL (1 ML per 25 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 1 (G)	QL (3 CONTAINERS per 25 DAYs)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 1 (G)	Select OTC; QL (1 ML per 25 DAYs)
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (<i>triamcinolone acetanide</i>)	Tier 1 (G)	Select OTC; QL (1 PACKAGE per 25 DAYs)
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	NF	

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09/01/2025

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QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NF	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	NF	
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	Tier 1 (G)	Select OTC; QL (1 ML per 25 DAYs)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	Tier 2 (PB)	PA; QL (2 PACKAGES per 25 days)
PULMONARY FIBROSIS AGENTS		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	NF	
ESBRIET ORAL TABLET 267 MG, 801 MG (<i>pirfenidone</i>)	NF	
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	Tier 4 (PSP)	PA; QL (60 CAPSULES per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	Tier 4 (PSP)	PA; QL (270 CAPSULES per 30 DAYs)
<i>pirfenidone oral tablet 267 mg</i>	Tier 4 (PSP)	PA; QL (270 TABLETS per 30 Days)
<i>pirfenidone oral tablet 534 mg</i>	NF	
<i>pirfenidone oral tablet 801 mg</i>	Tier 4 (PSP)	PA; QL (90 TABLETS per 30 Days)
SEVERE ASTHMA AGENTS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	Tier 2 (PB)	PA; QL (1 PEN per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (<i>benralizumab</i>)	Tier 2 (PB)	PA; QL (1 SYRINGE per 56 days)
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	Tier 2 (PB)	PA; QL (1 PEN per 28 days)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	Tier 2 (PB)	PA; QL (1 SYRINGE per 28 DAYs)
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	NF	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	NF	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>mometasone furoate</i>)	Tier 2 (PB)	QL (1 PACKAGE per 25 days)
<i>budesonide inhalation suspension 0.25 mg/2ml</i>	Tier 1 (G)	QL (3 ML per 25 days)
<i>budesonide inhalation suspension 0.5 mg/2ml</i>	Tier 1 (G)	QL (2 ML per 25 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	Tier 1 (G)	QL (1 ML per 25 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act</i>	NF	
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>	NF	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT (<i>budesonide</i>)	Tier 2 (PB)	QL (2 PACKAGES per 25 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT (<i>budesonide</i>)	Tier 2 (PB)	QL (3 PACKAGES per 25 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	NF	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	NF	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	Tier 2 (PB)	QL (3 PACKAGES per 25 DAYS)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (<i>fluticasone furoate-vilanterol</i>)	Tier 2 (PB)	N8 (Listing does not include certain NDCs); QL (1 package per 25 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	Tier 2 (PB)	QL (1 PACKAGE per 25 DAYS)
<i>budesonide-formoterol fumarate</i> (Breyna Inhalation Aerosol 160-4.5 Mcg/Act, 80-4.5 Mcg/Act)	Tier 1 (G)	QL (3 PACKAGES per 25 DAYS)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Tier 1 (G)	QL (3 PACKAGES per 25 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium br-formoterol fum</i>)	NF	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	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>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (1 PACKAGE per 25 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	NF	

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09/01/2025

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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)	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (1 PACKAGE per 25 days)
XANTHINES - DRUGS TO TREAT COPD		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	NF	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1 (G)	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 1 (G)	
<i>theophylline oral elixir 80 mg/15ml</i>	Tier 1 (G)	
<i>theophylline oral solution 80 mg/15ml</i>	Tier 1 (G)	
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	NF	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	NF	
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	NF	
<i>isotretinoin</i> (Accutane Oral Capsule 20 Mg, 30 Mg, 40 Mg)	Tier 1 (G)	PA
ACZONE EXTERNAL GEL 5 %, 7.5 % (<i>dapsone</i>)	NF	
<i>adapalene external cream 0.1 %</i>	Tier 1 (G)	PA; QL (45 G per 25 days); AL (Max 35 Years)
<i>adapalene external gel 0.1 %</i>	Tier 1 (G)	PA; Select OTC; QL (45 G per 25 days); AL (Max 35 Years)

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09/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>adapalene external gel 0.3 %</i>	Tier 1 (G)	PA; N8 (Listing does not include certain NDCs); QL (45 G per 25 days); AL (Max 35 Years)
<i>adapalene external pad 0.1 %</i>	NF	
<i>adapalene external solution 0.1 %</i>	NF	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	Tier 1 (G)	PA; AL (Max 35 Years)
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	Tier 2 (PB)	PA
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	NF	
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 1 (G)	PA
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	NF	
ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>)	NF	
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	NF	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	NF	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Tier 1 (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)	Tier 1 (G)	PA
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	Tier 3 (NPB)	QL (60 ML per 25 DAYs)
<i>clindamycin phosphate</i> (Clindacin-P External Swab 1 %)	Tier 1 (G)	
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	NF	
<i>clindamycin phos (once-daily) external gel 1 %</i>	NF	
<i>clindamycin phos (twice-daily) external gel 1 %</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (75 G per 25 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %</i>	Tier 1 (G)	
<i>clindamycin phosphate external foam 1 %</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>clindamycin phosphate external lotion 1 %</i>	Tier 1 (G)	QL (60 ML per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phosphate external solution 1 %</i>	Tier 1 (G)	QL (60 ML per 25 days)
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	Tier 1 (G)	PA; N8 (Listing does not include certain NDCs); AL (Max 35 Years)
<i>dapsone external gel 5 %</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>dapsone external gel 7.5 %</i>	Tier 1 (G)	
DIFFERIN EXTERNAL CREAM 0.1 % (<i>adapalene</i>)	Tier 3 (NPB)	PA; QL (45 G per 25 days); AL (Max 35 Years)
DIFFERIN EXTERNAL GEL 0.1 % (<i>adapalene</i>)	Tier 1 (G)	PA; Select OTC; QL (45 G per 25 days); AL (Max 35 Years)
DIFFERIN EXTERNAL GEL 0.3 % (<i>adapalene</i>)	Tier 3 (NPB)	PA; QL (45 G per 25 days); AL (Max 35 Years)
DIFFERIN EXTERNAL LOTION 0.1 % (<i>adapalene</i>)	NF	
EPIDUO EXTERNAL GEL 0.1-2.5 % (<i>adapalene-benzoyl peroxide</i>)	Tier 2 (PB)	PA; AL (Max 35 Years)
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	Tier 2 (PB)	PA; AL (Max 35 Years)
<i>ery external pad 2 %</i>	Tier 1 (G)	
ERYGEL EXTERNAL GEL 2 % (<i>erythromycin</i>)	Tier 3 (NPB)	QL (60 G per 25 days)
<i>erythromycin external gel 2 %</i>	Tier 1 (G)	QL (60 G per 25 days)
<i>erythromycin external solution 2 %</i>	Tier 1 (G)	QL (60 ML per 25 days)
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	NF	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1 (G)	PA
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	NF	
KLARON EXTERNAL LOTION 10 % (<i>sulfacetamide sodium (acne)</i>)	Tier 3 (NPB)	ST
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	Tier 3 (NPB)	PA; AL (Max 35 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (<i>tretinoin</i>)	Tier 3 (NPB)	PA; AL (Max 35 Years)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	NF	
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	NF	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (<i>imiquimod</i>)	NF	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 1 (G)	
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 1 (G)	
<i>mupirocin calcium external cream 2 %</i>	NF	
<i>mupirocin external ointment 2 %</i>	Tier 1 (G)	QL (30 G per 25 days)
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	NF	
<i>silver sulfadiazine external cream 1 %</i>	Tier 1 (G)	
<i>silver sulfadiazine (Ssd External Cream 1 %)</i>	Tier 1 (G)	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox external gel 0.77 %</i>	Tier 1 (G)	
<i>ciclopirox external shampoo 1 %</i>	Tier 1 (G)	
<i>ciclopirox external solution 8 %</i>	Tier 1 (G)	PA; STX; QL (6.6 ML per 21 days)
<i>ciclopirox olamine external cream 0.77 %</i>	Tier 1 (G)	
<i>ciclopirox olamine external suspension 0.77 %</i>	Tier 1 (G)	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Tier 1 (G)	STX; QL (60 G per 25 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	Tier 1 (G)	STX; QL (60 ML per 25 days)
<i>econazole nitrate external cream 1 %</i>	Tier 1 (G)	QL (85 G per 25 days)
ECOZA EXTERNAL FOAM 1 % (<i>econazole nitrate</i>)	NF	
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	NF	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	Tier 3 (NPB)	ST
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	Tier 3 (NPB)	ST
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	Tier 3 (NPB)	PA; QL (4 ML per 21 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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<i>ketoconazole external cream 2 %</i>	Tier 1 (G)	
<i>ketoconazole external foam 2 %</i>	NF	
<i>luliconazole external cream 1 %</i>	NF	
LUZU EXTERNAL CREAM 1 % (<i>luliconazole</i>)	NF	
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	Tier 1 (G)	
<i>naftifine hcl external cream 1 %, 2 %</i>	Tier 1 (G)	
<i>naftifine hcl external gel 2 %</i>	NF	
NAFTIN EXTERNAL GEL 2 % (<i>naftifine hcl</i>)	NF	
<i>nystatin external cream 100000 unit/gm</i>	Tier 1 (G)	
<i>nystatin external ointment 100000 unit/gm</i>	Tier 1 (G)	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	Tier 1 (G)	STX; QL (60 G per 25 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	Tier 1 (G)	STX; QL (60 G per 25 days)
<i>oxiconazole nitrate external cream 1 %</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (60 G per 25 days)
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	NF	
<i>sulconazole nitrate external cream 1 %</i>	Tier 1 (G)	
<i>sulconazole nitrate external solution 1 %</i>	Tier 1 (G)	
<i>tavaborole external solution 5 %</i>	NF	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	NF	
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl external cream 5 %</i>	NF	
PRUDOXIN EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	Tier 3 (NPB)	ST; QL (45 G per 25 days)
ZONALON EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	Tier 3 (NPB)	ST; QL (45 G per 25 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 1 (G)	PA; QL (60 CAPSULES per 25 days)
<i>calcipotriene external cream 0.005 %</i>	NF	
<i>calcipotriene external foam 0.005 %</i>	NF	
<i>calcipotriene external ointment 0.005 %</i>	Tier 1 (G)	ST; QL (60 G per 25 days)
<i>calcipotriene external solution 0.005 %</i>	Tier 1 (G)	ST; QL (60 ML per 25 days)
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	NF	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	NF	
<i>calcitriol external ointment 3 mcg/gm</i>	NF	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	Tier 2 (PB)	
<i>methoxsalen rapid oral capsule 10 mg</i>	Tier 1 (G)	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	NF	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>spesolimab-sbzo</i>)	Tier 5 (NPSP)	PA; QL (2 SYRINGES per 28 days)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	Tier 2 (PB)	
<i>tazarotene external cream 0.05 %</i>	NF	
<i>tazarotene external cream 0.1 %</i>	Tier 1 (G)	PA; AL (Max 35 Years)
<i>tazarotene external gel 0.05 %, 0.1 %</i>	NF	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	NF	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	NF	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	NF	
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	Tier 2 (PB)	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	NF	
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	Tier 2 (PB)	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole external shampoo 2 %</i>	Tier 1 (G)	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

258

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast</i>)	Tier 2 (PB)	
DERMATOLOGY, ATOPIC DERMATITIS		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>tralokinumab-ldrm</i>)	Tier 4 (PSP)	PA; QL (2 PENS per 28 days)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	Tier 4 (PSP)	PA; QL (4 SYRINGES per 28 days)
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	Tier 4 (PSP)	PA; QL (30 TABLETS per 30 days)
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	NF	
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	Tier 2 (PB)	
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	Tier 2 (PB)	PA; QL (60 G per 28 days)
<i>pimecrolimus external cream 1 %</i>	Tier 1 (G)	PA
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 1 (G)	PA
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast</i>)	Tier 2 (PB)	
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>amcinonide external cream 0.1 %</i>	NF	
<i>amcinonide external ointment 0.1 %</i>	NF	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Tier 1 (G)	QL (120 ML per 25 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	Tier 1 (G)	QL (120 ML per 25 DAYS)
<i>betamethasone dipropionate external ointment 0.05 %</i>	NF	
<i>betamethasone valerate external cream 0.1 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>betamethasone valerate external foam 0.12 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>betamethasone valerate external lotion 0.1 %</i>	Tier 1 (G)	QL (120 ML per 25 days)

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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<i>betamethasone valerate external ointment 0.1 %</i>	Tier 1 (G)	QL (120 G per 25 days)
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	Tier 2 (PB)	QL (120 G per 25 days)
<i>clobetasol propionate e external cream 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>clobetasol propionate emulsion external foam 0.05 %</i>	NF	
<i>clobetasol propionate external cream 0.025 %</i>	Tier 1 (G)	QL (120 G per 25 DAYs)
<i>clobetasol propionate external cream 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>clobetasol propionate external foam 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>clobetasol propionate external gel 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>clobetasol propionate external liquid 0.05 %</i>	NF	
<i>clobetasol propionate external lotion 0.05 %</i>	Tier 1 (G)	QL (120 ML per 25 days)
<i>clobetasol propionate external ointment 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>clobetasol propionate external shampoo 0.05 %</i>	Tier 1 (G)	QL (120 ML per 25 days)
<i>clobetasol propionate external solution 0.05 %</i>	Tier 1 (G)	QL (120 ML per 25 days)
CLOBEX EXTERNAL LOTION 0.05 % (<i>clobetasol propionate</i>)	Tier 3 (NPB)	PA; QL (180 ML per 25 DAYs)
CLOBEX EXTERNAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	Tier 3 (NPB)	PA; QL (180 ML per 25 DAYs)
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	NF	
<i>clocortolone pivalate external cream 0.1 %</i>	NF	
CLODERM EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	Tier 3 (NPB)	PA; QL (180 G per 25 days)
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	NF	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetone</i>)	Tier 3 (NPB)	PA; QL (120 ML per 25 days)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetone</i>)	Tier 3 (NPB)	PA; QL (120 ML per 25 days)
<i>desonide external cream 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>desonide external gel 0.05 %</i>	NF	

2025 Pharmacy Drug Guide - Advanced Control Plan - Aetna CA

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09/01/2025

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<i>desonide external lotion 0.05 %</i>	Tier 1 (G)	QL (120 ML per 25 days)
<i>desonide external ointment 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
DESOWEN EXTERNAL CREAM 0.05 % (<i>desonide</i>)	Tier 3 (NPB)	PA; QL (180 G per 25 days)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>desoximetasone external gel 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>desoximetasone external liquid 0.25 %</i>	Tier 1 (G)	QL (120 ML per 25 days)
<i>desoximetasone external ointment 0.05 %</i>	NF	
<i>desoximetasone external ointment 0.25 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>diflorasone diacetate external cream 0.05 %</i>	NF	
<i>diflorasone diacetate external ointment 0.05 %</i>	NF	
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	Tier 3 (NPB)	PA; QL (180 G per 25 days)
DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	NF	
<i>fluocinolone acetonide body external oil 0.01 %</i>	Tier 1 (G)	QL (120 ML per 25 days)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	Tier 1 (G)	QL (120 ML per 25 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 1 (G)	QL (120 ML per 25 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>fluocinonide external cream 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>fluocinonide external cream 0.1 %</i>	NF	
<i>fluocinonide external gel 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>fluocinonide external ointment 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>fluocinonide external solution 0.05 %</i>	Tier 1 (G)	QL (120 ML per 25 days)
<i>flurandrenolide external lotion 0.05 %</i>	NF	
<i>fluticasone propionate external cream 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>fluticasone propionate external lotion 0.05 %</i>	Tier 1 (G)	QL (120 ML per 25 days)
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 1 (G)	QL (120 G per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>halcinonide external cream 0.1 %</i>	NF	
<i>halcinonide external solution 0.1 %</i>	Tier 1 (G)	QL (120 ML per 25 DAYs)
<i>halobetasol propionate external cream 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>halobetasol propionate external foam 0.05 %</i>	NF	
<i>halobetasol propionate external ointment 0.05 %</i>	Tier 1 (G)	QL (120 G per 25 days)
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	NF	
<i>hydrocortisone butyrate external cream 0.1 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>hydrocortisone butyrate external lotion 0.1 %</i>	NF	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>hydrocortisone butyrate external solution 0.1 %</i>	Tier 1 (G)	QL (120 ML per 25 DAYs)
<i>hydrocortisone external cream 2.5 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>hydrocortisone external lotion 2 %</i>	NF	
<i>hydrocortisone external lotion 2.5 %</i>	Tier 1 (G)	QL (120 ML per 25 days)
<i>hydrocortisone external ointment 2.5 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>hydrocortisone external solution 2.5 %</i>	NF	
<i>hydrocortisone valerate external cream 0.2 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>hydrocortisone valerate external ointment 0.2 %</i>	Tier 1 (G)	QL (120 G per 25 days)
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	NF	
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	NF	
<i>mometasone furoate external cream 0.1 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>mometasone furoate external ointment 0.1 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>mometasone furoate external solution 0.1 %</i>	Tier 1 (G)	QL (120 ML per 25 days)
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	Tier 3 (NPB)	PA; QL (120 ML per 25 DAYs)
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	Tier 3 (NPB)	PA; QL (180 G per 25 days)
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	Tier 3 (NPB)	PA; QL (180 G per 25 days)
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	Tier 1 (G)	PA; QL (120 ML per 25 days)

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09/01/2025

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TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	Tier 3 (NPB)	PA; QL (180 G per 25 days)
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	Tier 3 (NPB)	PA; QL (180 ML per 25 DAYS)
<i>clobetasol propionate emulsion</i> (Tovet External Foam 0.05 %)	NF	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	NF	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1 (G)	QL (120 G per 25 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Tier 1 (G)	QL (120 ML per 25 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1 (G)	QL (120 G per 25 days)
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	NF	
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	NF	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine external ointment 5 %</i>	Tier 1 (G)	QL (50 G per 25 days)
<i>lidocaine external patch 5 %</i>	Tier 1 (G)	PA; N8 (Listing does not include certain NDCs); QL (90 PATCHES per 25 days)
<i>lidocaine hcl external solution 4 %</i>	Tier 1 (G)	QL (50 ML per 25 DAYS)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 1 (G)	QL (30 G per 25 days)
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	Tier 3 (NPB)	PA; QL (90 PATCHES per 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>)	Tier 1 (G)	Select OTC
<i>acyclovir external cream 5 %</i>	NF	
<i>acyclovir external ointment 5 %</i>	Tier 1 (G)	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	NF	
<i>bexarotene external gel 1 %</i>	Tier 4 (PSP)	PA
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	NF	
<i>docosanol external cream 10 %</i>	Tier 1 (G)	Select OTC

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09/01/2025

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HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	NF	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	Tier 5 (NPSP)	QL (1 STICK per 25 DAYs)
<i>penciclovir external cream 1 %</i>	NF	
<i>podofilox external gel 0.5 %</i>	Tier 1 (G)	
<i>podofilox external solution 0.5 %</i>	Tier 1 (G)	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	Tier 3 (NPB)	PA
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	NF	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	Tier 5 (NPSP)	PA; QL (2 G per 30 days)
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	NF	
ZELSUVMI EXTERNAL GEL 10.3 % (<i>berdazimer sodium</i>)	NF	
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	NF	
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	NF	
DERMATOLOGY, ROSACEA		
<i>azelaic acid external gel 15 %</i>	Tier 1 (G)	
<i>brimonidine tartrate external gel 0.33 %</i>	NF	
<i>doxycycline oral capsule delayed release 40 mg</i>	NF	
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>minocycline hcl micronized</i>)	NF	
EPSOLAY EXTERNAL CREAM 5 % (<i>benzoyl peroxide</i>)	NF	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	Tier 2 (PB)	PA
<i>ivermectin external cream 1 %</i>	Tier 1 (G)	PA
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	Tier 3 (NPB)	ST; QL (60 G per 25 days)
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	NF	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	Tier 3 (NPB)	QL (60 ML per 25 DAYs)
<i>metronidazole external cream 0.75 %</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (60 G per 25 days)

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<i>metronidazole external gel 0.75 %, 1 %</i>	Tier 1 (G)	QL (60 G per 25 days)
<i>metronidazole external lotion 0.75 %</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs); QL (60 ML per 25 days)
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	NF	
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	NF	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	Tier 2 (PB)	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	NF	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	NF	
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	NF	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	Tier 1 (G)	
ELIMITE EXTERNAL CREAM 5 % (<i>permethrin</i>)	NF	
<i>malathion external lotion 0.5 %</i>	Tier 1 (G)	
<i>permethrin external cream 5 %</i>	Tier 1 (G)	
<i>spinosad external suspension 0.9 %</i>	Tier 1 (G)	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1 (G)	
REGRANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	Tier 3 (NPB)	PA; QL (30 G per 25 days)
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1 (G)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	Tier 1 (G)	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1 (G)	N8 (Listing does not include certain NDCs)
<i>clotrimazole mouth/throat troche 10 mg</i>	Tier 1 (G)	QL (90 LOZENGES per 25 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Tier 1 (G)	
<i>nystatin suspension 100000 unit/ml mouth/throat</i>	NF	
<i>nystatin suspension 100000 unit/ml mouth/throat</i>	Tier 1 (G)	

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ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	Tier 3 (NPB)	QL (14 TABLETS per 25 days)
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1 (G)	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1 (G)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid otic solution 2 %</i>	Tier 1 (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>	Tier 1 (G)	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	Tier 1 (G)	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	NF	
<i>fluocinolone acetonide otic oil 0.01 %</i>	Tier 1 (G)	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Tier 1 (G)	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	Tier 1 (G)	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 1 (G)	
<i>ofloxacin otic solution 0.3 %</i>	Tier 1 (G)	
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	NF	

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09/01/2025

Index

<i>abacavir sulfate</i>	32	<i>adalimumab-aaty (1 pen)</i>	206	AIMOVIG.....	110
<i>abacavir sulfate-lamivudine</i>	35	<i>adalimumab-aaty (2 syringe)</i>	206	AIRSUPRA.....	251
ABILIFY.....	91	<i>adalimumab-adaz</i>	206	AJOVY.....	110
ABILIFY ASIMTUFII.....	91	<i>adalimumab-adbm (2 pen)</i>	206	AKEEGA.....	48
ABILIFY MAINTENA.....	91	<i>adalimumab-adbm (2 syringe)</i> ..	206	AKLIEF.....	253
<i>abiraterone acetate</i>	48	<i>adalimumab-adbm(cd/uc/hs</i> <i>stri)</i>	206	AKYNZEO.....	180
ABREVA.....	263	<i>adalimumab-adbm(ps/uv</i> <i>starter)</i>	206	<i>albendazole</i>	30
ABRILADA (1 PEN).....	205	<i>adalimumab-fkjp (2 pen)</i>	206	<i>albuterol sulfate</i>	244
ABRILADA (2 PEN).....	205	<i>adalimumab-fkjp (2 syringe)</i>	206	<i>albuterol sulfate hfa</i>	244
ABRILADA (2 SYRINGE).....	205	<i>adalimumab-ryvk (2 pen)</i>	206	<i>alclometasone dipropionate</i>	259
ABSORICA.....	252	<i>adalimumab-ryvk (2 syringe)</i>	206	<i>alcohol swabs</i>	156
ABSORICA LD.....	252	<i>adapalene</i>	252, 253	ALDURAZYME.....	169
<i>acamprosate calcium</i>	79	<i>adapalene-benzoyl peroxide</i>	253	ALECENSA.....	50
ACANYA.....	252	ADBRY.....	259	<i>alendronate sodium</i>	138
<i>acarbose</i>	127	ADCIRCA.....	76	<i>alfuzosin hcl er</i>	190
ACCRUFER.....	230	ADDERALL.....	102	ALHEMO.....	200
ACCU-CHEK AVIVA PLUS..	155	ADDERALL XR.....	102	<i>aliskiren fumarate</i>	73
ACCU-CHEK FASTCLIX		ADDYI.....	122	ALKINDI SPRINKLE.....	165
LANCET.....	155	<i>adefovir dipivoxil</i>	41	ALLEGRA ALLERGY.....	241
ACCU-CHEK FASTCLIX		ADEMPAS.....	76	ALLEGRA ALLERGY	
LANCETS.....	155	ADIPEX-P.....	137	CHILDRENS.....	241
ACCU-CHEK GUIDE TEST..	155	ADLARITY.....	81	ALLEGRA-D ALLERGY &	
ACCU-CHEK SAFE-T PRO		ADMELOG.....	130	CONGESTION.....	245
LANCETS.....	155	ADMELOG SOLOSTAR.....	130	<i>allergy rel child (cetirizine)</i>	241
ACCU-CHEK SMARTVIEW..	155	ADTHYZA.....	177	<i>allopurinol</i>	17
ACCU-CHEK SOFTCLIX		ADVAIR DISKUS.....	251	ALLZITAL.....	17
LANCET DEV.....	155	ADVAIR HFA.....	251	<i>almotriptan malate</i>	111
ACCU-CHEK SOFTCLIX		ADVANCE INTUITION TEST		<i>alogliptin benzoate</i>	129
LANCETS.....	155	.....	155	<i>alogliptin-metformin hcl</i>	128
Accutane.....	252	ADVANCE MICRO-DRAW		<i>alogliptin-pioglitazone</i>	128
ACCUTREND GLUCOSE.....	155	TEST.....	155	ALORA.....	170
<i>acebutolol hcl</i>	69	ADVANCE MICRO-DRAW		<i>alosetron hcl</i>	184
<i>acetaminophen-codeine</i>	21	TEST.....	155	ALPHAGAN P.....	239
<i>acetazolamide</i>	73	ADVATE.....	198	ALPHANATE.....	195
<i>acetazolamide er</i>	73	ADVOCATE REDI-CODE.....	155	ALPHANINE SD.....	200
<i>acetic acid</i>	265, 266	ADVOCATE REDI-CODE+		<i>alprazolam</i>	79
<i>acetylcysteine</i>	248	TEST.....	155	<i>alprazolam er</i>	79
ACIPHEX.....	187	ADVOCATE TEST.....	155	ALPRAZOLAM INTENSOL.....	79
<i>acitretin</i>	258	<i>adynovate</i>	198	ALPROLIX.....	201
ACTEMRA.....	205	ADZENYS XR-ODT.....	102	ALREX.....	235
ACTEMRA ACTPEN.....	205	AFINITOR.....	50	Altavera.....	142
ACTHAR.....	173	AFINITOR DISPERZ.....	50	ALTOPREV.....	67
ACTHAR GEL.....	173	Afirmelle.....	142	ALTRENO.....	253
ACTIMMUNE.....	224	AFREZZA.....	130	ALTUVIIIIO.....	199
ACTONEL.....	138	AFSTYLA.....	199	ALUNBRIG.....	50, 51
ACTOS.....	135	AFTERA.....	142	ALVAIZ.....	203
ACUVAIL.....	235	AFTERPILL.....	142	ALVESCO.....	249
<i>acyclovir</i>	38, 263	AGAMATRIX AMP TEST.....	155	<i>alyacen 1/35</i>	142
ACZONE.....	252	AGAMATRIX JAZZ TEST.....	156	<i>alyacen 7/7/7</i>	142
<i>adalimumab-aacf (2 pen)</i>	206	AGAMATRIX PRESTO TEST.....	156	ALYFTREK.....	246
<i>adalimumab-aacf (2 syringe)</i>	206	AGAMREE.....	165	ALYGLO.....	222

Alyq.....	76	APIDRA.....	130	ATABEX OB.....	227
<i>amantadine hcl</i>	89	APIDRA SOLOSTAR.....	130	ATACAND.....	64
AMBIEN.....	108	APLENZIN.....	82	ATACAND HCT.....	63
AMBIEN CR.....	108	APOKYN.....	89	<i>atazanavir sulfate</i>	32
<i>ambrisentan</i>	77	<i>apomorphine hcl</i>	89	ATELVIA.....	138
<i>amcinonide</i>	259	<i>aprepitant</i>	180	<i>atenolol</i>	69
AMELUZ.....	263	Apri.....	142	<i>atenolol-chlorthalidone</i>	69
Amethyst.....	142	APRISO.....	182	ATGAM.....	224
<i>amiloride hcl</i>	73	APTENSIO XR.....	103	ATIVAN.....	80
<i>amiloride-hydrochlorothiazide</i> ...	73	APTIOM.....	95	<i>atomoxetine hcl</i>	103
<i>aminocaproic acid</i>	201	APTIVUS.....	32	ATORVALIQ.....	67
<i>amiodarone hcl</i>	65	AQNEURSA.....	169	<i>atorvastatin calcium</i>	67
AMITIZA.....	183	ARAKODA.....	32	<i>atovaquone</i>	43
<i>amitriptyline hcl</i>	82	ARALAST NP.....	239	<i>atovaquone-proguanil hcl</i>	32
AMJEVITA.....	207	Aranelle.....	142	ATRALIN.....	253
AMJEVITA-PED 10KG TO		ARANESP (ALBUMIN FREE)		<i>atropine sulfate</i>	237
<15KG	207	.....	196, 197	ATROVENT HFA.....	240
AMJEVITA-PED 15KG TO		ARAZLO.....	253	ATTRUBY.....	75
<30KG	207	ARBLI.....	64	AUBAGIO.....	115
<i>amlodipine besy-benazepril hcl</i> ..	61	ARCALYST.....	224	Aubra Eq.....	142
<i>amlodipine besylate</i>	71	<i>arformoterol tartrate</i>	244	AUGTYRO.....	51
<i>amlodipine besylate-valsartan</i> ...	63	ARIKAYCE.....	30	Aurovela 1.5/30.....	142
<i>amlodipine-atorvastatin</i>	71	<i>aripiprazole</i>	91	Aurovela 1/20.....	142
<i>amlodipine-olmesartan</i>	63	ARISTADA.....	92	Aurovela 24 Fe.....	142
<i>amlodipine-valsartan-hctz</i>	63	ARISTADA INITIO.....	91	Aurovela Fe 1.5/30.....	142
Amnesteem.....	253	<i>armodafinil</i>	120	Aurovela Fe 1/20.....	142
<i>amoxapine</i>	82	ARNUITY ELLIPTA.....	250	AURYXIA.....	175
<i>amoxicill-clarithro-lansopraz</i> ...	189	ARTHROTEC.....	20	AUSTEDO.....	114
<i>amoxicillin</i>	44, 45	ASCENIV.....	222	AUSTEDO XR.....	114
<i>amoxicillin-pot clavulanate</i>	45	ASCOR.....	230	AUSTEDO XR PATIENT	
<i>amoxicillin-pot clavulanate er</i> ...	45	<i>asenapine maleate</i>	92	TITRATION.....	114
<i>amphetamine sulfate</i>	102	Ashlyna.....	142	AUVELITY.....	82
<i>amphetamine-dextroamphet er</i> ...	102	ASMANEX (120 METERED		AUVI-Q.....	239
<i>amphetamine-</i>		DOSES).....	250	<i>avanafil</i>	191
<i>dextroamphetamine</i>	102, 103	ASMANEX (30 METERED		AVEED.....	126
<i>amphet-dextroamphet 3-bead er</i>		DOSES).....	250	AVERI.....	142
.....	103	ASMANEX (60 METERED		Aviane.....	143
<i>ampicillin</i>	45	DOSES).....	250	AVMAPKI FAKZYNJA CO-	
AMPYRA.....	115	ASMANEX HFA.....	250	PACK.....	51
AMRIX.....	118	<i>aspirin</i>	29	AVONEX PEN.....	115
AMZEEQ.....	253	<i>aspirin childrens</i>	28	AVONEX PREFILLED.....	115
ANAFRANIL.....	79, 80	<i>aspirin-dipyridamole er</i>	202	AVSOLA.....	205
<i>anagrelide hcl</i>	201	ASPRUZYO SPRINKLE.....	75	Ayuna.....	143
<i>anastrozole</i>	48	ASSURE 3 TEST.....	156	AYVAKIT.....	51
ANDEMBRY.....	221	ASSURE 4 TEST.....	156	AZASITE.....	234
ANDROGEL PUMP.....	126	ASSURE II.....	156	<i>azathioprine</i>	224
ANGELIQ.....	170	ASSURE II CHECK.....	156	<i>azelaic acid</i>	264
ANNOVERA.....	142	ASSURE PLATINUM.....	156	<i>azelastine hcl</i>	232, 242
ANORO ELLIPTA.....	240	ASSURE PRISM MULTI		<i>azelastine-fluticasone</i>	241
ANZEMET.....	180	TEST.....	156	AZELEX.....	253
APADAZ.....	21	ASSURE PRO TEST.....	156	<i>azesco</i>	227
<i>apap-caff-dihydrocodeine</i>	21	ATABEX EC.....	227	<i>azithromycin</i>	40

AZMIRO.....	126	BEPREVE.....	232	BRIVIACT.....	95
AZOPT.....	236	BERINERT.....	221	<i>bromfenac sodium</i>	235
AZOR.....	63	BESIVANCE.....	234	<i>bromfenac sodium (once-daily)</i>	235
AZSTARYS.....	103	BESREMI.....	47	<i>bromocriptine mesylate</i>	89
Azurette.....	143	<i>betaine</i>	173	BROMSITE.....	235
Bac (Butalbital-Acetamin-Caff). 17		<i>betamethasone dipropionate</i>	259	BRONCHITOL.....	246
<i>bacitracin</i>	234	<i>betamethasone dipropionate</i>		BROVANA.....	244
<i>bacitracin-polymyxin b</i>	234	<i>aug</i>	259	BRUKINSA.....	51
<i>baclofen</i>	118	<i>betamethasone valerate</i>	259, 260	BRYHALI.....	260
BAFIERTAM.....	115	BETAPACE.....	65	BUCAPSOL.....	80
BALCOLTRA.....	143	BETAPACE AF.....	65	<i>budesonide</i>	182, 248, 250
<i>balsalazide disodium</i>	182	BETASERON.....	115	<i>budesonide er</i>	182
BALVERSA.....	51	<i>betaxolol hcl</i>	70, 232	<i>budesonide-formoterol fumarate</i>	
Balziva.....	143	<i>bethanechol chloride</i>	192	.....	251
BANZEL.....	95	BETHKIS.....	246	<i>bumetanide</i>	73
BAQSIMI ONE PACK.....	167	BETIMOL.....	233	BUPHENYL.....	178
BAQSIMI TWO PACK.....	167	BETOPTIC-S.....	233	<i>buprenorphine</i>	28
BARACLUDE.....	41	BEVESPI AEROSPHERE.....	240	<i>buprenorphine hcl</i>	122
BASAGLAR KWIKPEN.....	130	<i>bexagliflozin</i>	136	<i>buprenorphine hcl-naloxone hcl</i>	
BASAGLAR TEMPO PEN.....	130	<i>bexarotene</i>	59, 263	.....	121
BD GLUCOSE.....	167	BEYAZ.....	143	<i>bupropion hcl</i>	83
BD INSULIN SYRINGE U-500		<i>bicalutamide</i>	48	<i>bupropion hcl er (smoking det)</i>	124
.....	156	BIJUVA.....	170	<i>bupropion hcl er (sr)</i>	83
BD PEN NEEDLE MICRO		BIKTARVY.....	36	<i>bupropion hcl er (xl)</i>	83
ULTRAFINE.....	156	BILTRICIDE.....	30	<i>buspirone hcl</i>	80
BD PEN NEEDLE MINI		<i>bimatoprost</i>	238	<i>butalbital-acetaminophen</i>	17, 18
ULTRAFINE.....	156	BIMZELX.....	207	<i>butalbital-apap-caff-cod</i>	21
BD PEN NEEDLE NANO 2ND		BINOSTO.....	138	<i>butalbital-apap-caffeine</i>	18
GEN.....	156	<i>bismuth/metronidaz/tetracyclin</i>	189	<i>butalbital-asa-caff-codeine</i>	21
BD PEN NEEDLE NANO		<i>bisoprolol fumarate</i>	70	<i>butalbital-aspirin-caffeine</i>	18
ULTRAFINE.....	156	<i>bisoprolol-hydrochlorothiazide</i> ..	69	<i>butorphanol tartrate</i>	22
BD PEN NEEDLE ORIG		BIVIGAM.....	222	BUTRANS.....	28
ULTRAFINE.....	156	Blisovi 24 Fe.....	143	BYLVAY.....	185
BD PEN NEEDLE SHORT		Blisovi Fe 1.5/30.....	143	BYLVAY (PELLETS).....	185
ULTRAFINE.....	156	Blisovi Fe 1/20.....	143	BYOOVIZ.....	238
BD VEO INSULIN SYR		<i>blood glucose test</i>	156	BYSTOLIC.....	70
ULTRAFINE.....	156	BOMYNTRA.....	139	<i>cabergoline</i>	173
BELBUCA.....	28	BONSITY.....	140	CABLIVI.....	195
BELSOMRA.....	108	<i>bosentan</i>	77	CABOMETYX.....	51
<i>benazepril hcl</i>	62	BOSULIF.....	51	CABTREO.....	253
<i>benazepril-hydrochlorothiazide</i> ..	61	BOTOX.....	107	<i>calcipotriene</i>	258
BENEFIX.....	201	BRAFTOVI.....	51	<i>calcipotriene-betameth diprop</i> ..	258
BENICAR.....	64	BRENZAVVY.....	136	<i>calcitonin (salmon)</i>	139
BENICAR HCT.....	63	BREO ELLIPTA.....	251	<i>calcitriol</i>	179, 258
BENLYSTA.....	225	BREXAFEMME.....	31	<i>calcium acetate (phos binder)</i> ...	175
<i>benzhydrocodone-</i>		Breyna.....	251	CALQUENCE.....	51
<i>acetaminophen</i>	21	BREZTRI AEROSPHERE.....	240	CAMBIA.....	18
<i>benzonatate</i>	245	<i>briellyn</i>	143	Camila.....	143
<i>benzoyl peroxide-erythromycin</i>	253	BRILINTA.....	202	Camrese.....	143
<i>benzphetamine hcl</i>	137	<i>brimonidine tartrate</i>	239, 264	Camrese Lo.....	143
<i>benztropine mesylate</i>	89	<i>brimonidine tartrate-timolol</i>	233	CAMZYOS.....	75
<i>bepotastine besilate</i>	232	<i>brinzolamide</i>	237	CANASA.....	183

<i>candesartan cilexetil</i>	64	CETROTIDE.....	164	<i>clemastine fumarate</i>	242
<i>candesartan cilexetil-hctz</i>	63	<i>cevimeline hcl</i>	265	CLENPIQ.....	184
<i>capecitabine</i>	46	Charlotte 24 Fe.....	143	CLEOCIN-T.....	253
CAPLYTA.....	92	Chateal Eq.....	143	CLEVER CHEK AUTO-CODE	
CAPRELSA.....	52	CHENODAL.....	185	TEST.....	157
<i>captopril</i>	62	<i>chlordiazepoxide hcl</i>	80	CLEVER CHEK AUTO-CODE	
<i>captopril-hydrochlorothiazide</i>	61	<i>chlordiazepoxide-amitriptyline</i> ..	123	VOICE.....	157
CARAFATE.....	185	<i>chlordiazepoxide-clidinium</i>	182	CLEVER CHEK TEST.....	157
CARBAGLU.....	178	<i>chlorhexidine gluconate</i>	265	CLEVER CHOICE AUTO-	
<i>carbamazepine</i>	95	<i>chloroquine phosphate</i>	32	CODE TEST.....	157
<i>carbamazepine er</i>	95	<i>chlorpromazine hcl</i>	92	CLEVER CHOICE MICRO	
<i>carbidopa</i>	89	<i>chlorthalidone</i>	73	TEST.....	157
<i>carbidopa-levodopa</i>	90	<i>chlorzoxazone</i>	118, 119	CLEVER CHOICE NO	
<i>carbidopa-levodopa er</i>	89	CHOLBAM.....	185	CODING.....	157
<i>carbidopa-levodopa-entacapone</i>	90	<i>cholestyramine</i>	66	CLEVER CHOICE TALK	
<i>carbinoxamine maleate</i>	242	<i>cholestyramine light</i>	66	SYSTEM.....	157
<i>carbinoxamine maleate er</i>	242	<i>chorionic gonadotropin</i>	164	CLIMARA.....	171
CARDIZEM.....	71	CIALIS.....	191	CLIMARA PRO.....	171
CARDIZEM CD.....	71	CIBINQO.....	259	Clindacin-P.....	253
CARDIZEM LA.....	71	<i>ciclopirox</i>	256	CLINDAGEL.....	253
CARESENS N GLUCOSE		<i>ciclopirox olamine</i>	256	<i>clindamycin hcl</i>	43
TEST.....	156	<i>cidofovir</i>	38	<i>clindamycin palmitate hcl</i>	43
CARETOUCH TEST.....	157	<i>cilostazol</i>	201	<i>clindamycin phos (once-daily)</i> ..	253
<i>carglumic acid</i>	178	CILOXAN.....	234	<i>clindamycin phos (twice-daily)</i> ..	253
<i>carisoprodol</i>	118	CIMDUO.....	36	<i>clindamycin phos-benzoyl perox</i>	
CARNITOR.....	140	CIMERLI.....	238	.....	253
CARNITOR SF.....	140	<i>cimetidine</i>	182	<i>clindamycin phosphate</i>	
CAROSPIR.....	62	<i>cimetidine hcl</i>	182	.....	194, 253, 254
<i>carteolol hcl</i>	233	CIMZIA (2 SYRINGE).....	208	<i>clindamycin-tretinoin</i>	254
<i>carvedilol</i>	70	CIMZIA-STARTER.....	208	<i>clobazam</i>	95
<i>carvedilol phosphate er</i>	70	<i>cinacalcet hcl</i>	138	<i>clobetasol propionate</i>	235, 260
CAVERJECT.....	191	CINRYZE.....	221	<i>clobetasol propionate e</i>	260
CAVERJECT IMPULSE.....	191	CIPRO HC.....	266	<i>clobetasol propionate emulsion</i>	260
CAYA.....	143	<i>ciprofloxacin hcl</i>	41, 234, 266	CLOBEX.....	260
CAYSTON.....	246	<i>ciprofloxacin-dexamethasone</i> ...	266	CLOBEX SPRAY.....	260
<i>cefaclor</i>	39	<i>ciprofloxacin-fluocinolone pf</i>	266	<i>clocortolone pivalate</i>	260
<i>cefadroxil</i>	39, 40	<i>citalopram hydrobromide</i>	83	CLODERM.....	260
<i>cefdinir</i>	40	CITRANATAL 90 DHA.....	227	Clomid.....	164
<i>cefixime</i>	40	CITRANATAL ASSURE.....	227	<i>clomipramine hcl</i>	80
<i>cefpodoxime proxetil</i>	40	CITRANATAL HARMONY..	227	<i>clonazepam</i>	95, 96
<i>cefprozil</i>	40	CITRANATAL MEDLEY.....	227	<i>clonidine</i>	75
<i>cefuroxime axetil</i>	40	Claravis.....	253	<i>clonidine er</i>	75
CELEBREX.....	16	<i>clarithromycin</i>	40	<i>clonidine hcl</i>	75
<i>celecoxib</i>	16, 17	<i>clarithromycin er</i>	40	<i>clopidogrel bisulfate</i>	202
<i>cephalexin</i>	40	CLARITIN.....	242	<i>clorazepate dipotassium</i>	96
CEQUA.....	237	CLARITIN ALLERGY		<i>clotrimazole</i>	265
CERDELGA.....	170	CHILDRENS.....	242	<i>clotrimazole-betamethasone</i>	256
CEREZYME.....	170	CLARITIN REDITABS.....	242	<i>clozapine</i>	92
<i>cetirizine hcl</i>	242	CLARITIN REDITABS		COAGADEX.....	195
<i>cetirizine hcl allergy child</i>	242	JUNIORS.....	242	COBENFY.....	92
<i>cetirizine-pseudoephedrine er</i> ...	245	CLARITIN-D 12 HOUR.....	245	COBENFY STARTER PACK...	92
<i>cetrorelix acetate</i>	164	CLARITIN-D 24 HOUR.....	245	<i>codeine sulfate</i>	22

<i>coditussin ac</i>	245	COZAAR.....	64	Dasetta 7/7/7.....	144
COLAZAL.....	183	CRENESSITY.....	173	DAURISMO.....	47
<i>colchicine</i>	17	CREON.....	187	DAVIMET-IRON.....	231
<i>colchicine-probenecid</i>	17	CRESEMBA.....	31	DAXXIFY.....	108
<i>colesevelam hcl</i>	66	CRESTOR.....	67	DAYBUE.....	113
<i>colestipol hcl</i>	66	CREXONT.....	90	Daysee.....	144
<i>colistimethate sodium (cba)</i>	43	CRINONE.....	176	DAYTRANA.....	103
COMBIGAN.....	233	<i>cromolyn sodium</i>	232, 248	DAYVIGO.....	108
COMBIPATCH.....	171	CROTAN.....	265	D-CARE BLOOD GLUCOSE.....	157
COMBIVENT RESPIMAT.....	240	Cryselle-28.....	143	DDAVP.....	179
COMBOGESIC.....	20	CTEXTLI.....	185	Deblitane.....	144
COMETRIQ (100 MG DAILY DOSE).....	52	CUPRIMINE.....	141	<i>deferasirox</i>	141
COMETRIQ (140 MG DAILY DOSE).....	52	CUTAQUIG.....	222	<i>deferasirox granules</i>	141
COMETRIQ (60 MG DAILY DOSE).....	52	CUVITRU.....	222	<i>deferiprone</i>	141
COMPLERA.....	36	CUVPOSA.....	179	<i>deferoxamine mesylate</i>	141
<i>complete natal dha</i>	227	CUVRIOR.....	141	<i>deflazacort</i>	165
<i>completenate</i>	227	CVS ADVANCED GLUCOSE TEST.....	157	DELSTRIGO.....	36
Compro.....	180	<i>cvs allergy relief childrens</i>	242	Delyla.....	144
CONCEPT OB.....	227	<i>cvs nicotine</i>	124, 125	DELZICOL.....	183
CONCERTA.....	103	<i>cvs nicotine polacrilex</i>	124	<i>demeclocycline hcl</i>	45
<i>condoms</i>	143	<i>cyanocobalamin</i>	230	DEMSEER.....	75
CONEXXENCE.....	139	<i>cyclobenzaprine hcl</i>	119	DENAVIR.....	263
CONJUPRI.....	71	<i>cyclobenzaprine hcl er</i>	119	DEPAKOTE.....	96
CONTOUR NEXT TEST.....	157	<i>cyclophosphamide</i>	46	DEPAKOTE ER.....	96
CONTOUR TEST.....	157	<i>cycloserine</i>	37	DEPAKOTE SPRINKLES.....	96
CONTRACE.....	137	CYCLOSET.....	129	DEPO-SUBQ PROVERA 104.....	144
CONZIP.....	22	<i>cyclosporine</i>	225, 237	DERMA-SMOOTH/FS BODY.....	260
COOL BLOOD GLUCOSE TEST STRIPS.....	157	<i>cyclosporine modified</i>	225	DERMA-SMOOTH/FS SCALP.....	260
COPAXONE.....	115	CYLTEZO (2 PEN).....	209	DESCOVY.....	36
COPIKTRA.....	52	CYLTEZO (2 SYRINGE).....	209	DESFERAL.....	141
CORDRAN.....	260	<i>cyproheptadine hcl</i>	242	<i>desipramine hcl</i>	83
COREG CR.....	70	Cyred Eq.....	144	<i>desloratadine</i>	242
CORIFACT.....	196	CYSTADANE.....	173	<i>desmopressin ace spray refrig.</i>	179
CORTIFOAM.....	183	CYSTADROPS.....	237	<i>desmopressin acetate</i>	179
<i>cortisone acetate</i>	165	CYSTAGON.....	173	<i>desmopressin acetate spray</i>	179
CORTROPHIN.....	173	CYSTARAN.....	237	<i>desogestrel-ethinyl estradiol</i>	144
CORTROPHIN GEL.....	173	CYTOMEL.....	177	<i>desonide</i>	260, 261
COSENTYX.....	209	<i>dabigatran etexilate mesylate</i>	194	DESOWEN.....	261
COSENTYX (300 MG DOSE).....	208	<i>dalfampridine er</i>	115	<i>desoximetasone</i>	261
COSENTYX SENSOREADY (300 MG).....	208	DALIRESP.....	248	<i>desvenlafaxine er</i>	83
COSENTYX SENSOREADY PEN.....	209	<i>danazol</i>	164	<i>desvenlafaxine succinate er</i>	83
COSENTYX UNOREADY.....	209	<i>dantrolene sodium</i>	119	<i>dexamethasone</i>	165, 166
COSOPT PF.....	233	DANZITEN.....	52	<i>dexamethasone sodium phosphate</i>	235
COTELLIC.....	52	<i>dapagliflozin pro-metformin er</i>	135	DEXCOM G6 RECEIVER.....	157
COTEMPLA XR-ODT.....	103	<i>dapagliflozin propanediol</i>	136	DEXCOM G6 SENSOR.....	157
COXANTO.....	18	<i>dapsone</i>	43, 254	DEXCOM G6 TRANSMITTER.....	157
		DARAPRIM.....	43	DEXCOM G7 RECEIVER.....	157
		<i>darifenacin hydrobromide er</i>	193	DEXCOM G7 SENSOR.....	157
		<i>darunavir</i>	32		
		<i>dasatinib</i>	52		
		Dasetta 1/35 (28).....	144		

DEXEDRINE.....	103	<i>divalproex sodium</i>	96	EASYPRO BLOOD	
DEXILANT.....	187	<i>divalproex sodium er</i>	96	GLUCOSE TEST.....	158
<i>dexlansoprazole</i>	187	DIVIGEL.....	171	EASYPRO PLUS.....	158
<i>dexmethylphenidate hcl</i>	103	<i>docosanol</i>	263	<i>econazole nitrate</i>	256
<i>dexmethylphenidate hcl er</i>	103	<i>dofetilide</i>	65	ECONTRA ONE-STEP.....	144
<i>dextroamphetamine sulfate</i>	104	Dolishale.....	144	ECOZA.....	256
<i>dextroamphetamine sulfate er</i> ...	104	DOLOBID.....	29	EDARBI.....	64
DHIVY.....	90	<i>donepezil hcl</i>	81	EDARBYCLOR.....	63
DIACOMIT.....	96	DOPTELET.....	203	EDEX.....	191
DIASTIX REAGENT.....	157	DORYX MPC.....	45	EDLUAR.....	108
DIATHRIVE GLUCOSE TEST		<i>dorzolamide hcl</i>	237	EDURANT.....	33
.....	158	<i>dorzolamide hcl-timolol mal</i>	233	EDURANT PED.....	33
<i>diazepam</i>	96	<i>dorzolamide hcl-timolol mal pf</i> .	233	<i>efavirenz</i>	33
Diazepam Intensol.....	96	DOVATO.....	36	<i>efavirenz-emtricitab-tenofo df</i>	36
<i>diazoxide</i>	167	<i>doxazosin mesylate</i>	190	<i>efavirenz-lamivudine-tenofovir</i> ...	36
DIBENZYLINE.....	75	<i>doxepin hcl</i>	84, 108, 257	EFFEXOR XR.....	84
<i>dichlorphenamide</i>	73	<i>doxercalciferol</i>	179	EKTERLY.....	221
<i>diclofenac epolamine</i>	18	<i>doxycycline</i>	264	ELAPRASE.....	169
<i>diclofenac potassium</i>	18	<i>doxycycline hyclate</i>	45	ELELYSO.....	170
<i>diclofenac potassium(migraine)</i> ..	18	<i>doxycycline monohydrate</i>	45, 46	<i>element compact test</i>	158
<i>diclofenac sodium</i>	18, 235, 255	<i>doxylamine-pyridoxine</i>	181	ELEMENT TEST.....	158
<i>diclofenac sodium er</i>	18	DRIZALMA SPRINKLE.....	84	ELEPSIA XR.....	96
<i>diclofenac-misoprostol</i>	20	<i>dronabinol</i>	181	ELESTRIN.....	171
<i>dicloxacillin sodium</i>	45	<i>drospiren-eth estrad-levomefol</i> ..	144	<i>eletriptan hydrobromide</i>	111
<i>dicyclomine hcl</i>	179, 180	<i>drospirenone-ethinyl estradiol</i> ..	144	ELFABRIO.....	170
<i>diethylpropion hcl</i>	137	<i>droxidopa</i>	75	ELIDEL.....	259
<i>diethylpropion hcl er</i>	137	DUAKLIR PRESSAIR.....	251	ELIGARD.....	48
DIFFERIN.....	254	DUAVEE.....	171	ELIMITE.....	265
DIFICID.....	40	DUEXIS.....	21	Elinest.....	144
<i>diflorasone diacetate</i>	261	DULERA.....	251	ELIQUIS.....	194
<i>diflunisal</i>	29	<i>duloxetine hcl</i>	84	ELIQUIS DVT/PE STARTER	
<i>difluprednate</i>	235	DUOBRII.....	261	PACK.....	194
<i>digoxin</i>	73	DUO-CARE TEST.....	158	ELLA.....	144
<i>dihydroergotamine mesylate</i>	110	DUOPA.....	90	ELMIRON.....	192
DILANTIN.....	96	DUPIXENT.....	209, 210	ELOCTATE.....	199
DILANTIN INFATABS.....	96	DUROLANE.....	29	<i>eltrombopag olamine</i>	203
DILANTIN-125.....	96	<i>dutasteride</i>	190	ELYXYB.....	17
DILAUDID.....	22	<i>dutasteride-tamsulosin hcl</i>	190	EMBRACE BLOOD	
<i>diltiazem hcl</i>	72	DUVYZAT.....	119	GLUCOSE TEST.....	158
<i>diltiazem hcl er</i>	71	DYANAVEL XR.....	104	EMBRACE EVO BLOOD	
<i>diltiazem hcl er beads</i>	71	DYMISTA.....	241	GLUCOSE TEST.....	158
<i>diltiazem hcl er coated beads</i>	71	DYRENIUM.....	73	EMBRACE PRO GLUCOSE	
<i>dilt-xr</i>	72	DYSPORT.....	108	TEST.....	158
<i>dimethyl fumarate</i>	115	E.E.S. 400.....	41	EMBRACE TALK GLUCOSE	
<i>dimethyl fumarate starter pack</i> ..	115	E.E.S. GRANULES.....	41	TEST.....	158
DIOVAN.....	64	<i>easy plus ii glucose test</i>	158	EMBRACE WAVE BLOOD	
DIOVAN HCT.....	63	EASY STEP TEST.....	158	GLUCOSE.....	158
<i>diphenoxylate-atropine</i>	180	<i>easy talk blood glucose test</i>	158	EMEND.....	181
DIPROLENE.....	261	<i>easy trak blood glucose test</i>	158	EMEND BIPACK.....	181
<i>dipyridamole</i>	202	EASYGLUCO.....	158	EMEND TRIPACK.....	181
<i>disopyramide phosphate</i>	65	EASYMAX 15 TEST.....	158	EMFLAZA.....	166
<i>disulfiram</i>	79	EASYMAX TEST.....	158	EMGALITY.....	111

EMGALITY (300 MG DOSE).....	110	<i>ergotamine-caffeine</i>	110	EVOTAZ.....	36
EMPAVELI.....	202	ERIVEDGE.....	47	EVRYSDI.....	113
EMROSI.....	264	ERLEADA.....	48	EXELDERM.....	256
EMSAM.....	84	<i>erlotinib hcl</i>	52	<i>exemestane</i>	48
<i>emtricitabine</i>	33	ERMEZA.....	177	<i>exenatide</i>	129
<i>emtricitabine-tenofovir df</i>	36	Errin.....	144	EXFORGE.....	63
<i>emtricitab-rilpivir-tenofov df</i>	36	ERTACZO.....	256	EXFORGE HCT.....	63
EMTRIVA.....	33	<i>ery</i>	254	EXJADE.....	141
EMVERM.....	30	ERYGEL.....	254	EYLEA.....	238
Emzahh.....	144	ERYPED 400.....	41	EYSUVIS.....	235
<i>enalapril maleate</i>	62	<i>erythromycin</i>	41, 234, 254	EZALLOR SPRINKLE.....	67
<i>enalapril-hydrochlorothiazide</i>	61	<i>erythromycin base</i>	41	<i>ezetimibe</i>	66
ENBRACE HR.....	227	<i>erythromycin ethylsuccinate</i>	41	<i>ezetimibe-simvastatin</i>	68
ENBREL.....	210, 211	ERZOFRI.....	92	FA-8.....	231
ENBREL MINI.....	210	ESBRIET.....	249	FABHALTA.....	202
ENBREL SURECLICK.....	211	<i>escitalopram oxalate</i>	85	FABIOR.....	254
ENCARE.....	190	<i>eslicarbazepine acetate</i>	97	FABRAZYME.....	170
ENDARI.....	202	<i>esomeprazole magnesium</i>	188	Falmina.....	145
ENDOMETRIN.....	176	ESPEROCT.....	199	<i>famciclovir</i>	38
ENLITE GLUCOSE SENSOR.....	158	Estarylla.....	144	<i>famotidine</i>	182
<i>enoxaparin sodium</i>	194	<i>estazolam</i>	108	FANAPT.....	92
Enpresse-28.....	144	<i>estradiol</i>	171	FANAPT TITRATION PACK	
ENSACOVE.....	52	<i>estradiol valerate</i>	171	A.....	92
Enskyce.....	144	<i>estradiol-norethindrone acet</i>	171	FANAPT TITRATION PACK	
ENSPRYNG.....	113	ESTRING.....	171	B.....	92
ENSTILAR.....	258	ESTROGEL.....	171	FANAPT TITRATION PACK	
<i>entacapone</i>	90	<i>eszopiclone</i>	108	C.....	92
ENTADFI.....	190	<i>ethacrynic acid</i>	73	FARXIGA.....	136
<i>entecavir</i>	41	<i>ethambutol hcl</i>	37	FASENRA.....	249
ENTRESTO.....	74	<i>ethosuximide</i>	97	FASENRA PEN.....	249
ENTYVIO.....	205	<i>ethynodiol diac-eth estradiol</i>	145	FASLODEX.....	49
ENTYVIO PEN.....	211	<i>etodolac</i>	19	FC2 FEMALE CONDOM.....	145
<i>enulose</i>	184	<i>etodolac er</i>	18	<i>febuxostat</i>	17
EOHILIA.....	185	<i>etonogestrel-ethinyl estradiol</i> ...	145	FEIBA.....	196
EPANED.....	62	<i>etoposide</i>	61	Feirza 1.5/30.....	145
EPCLUSA.....	42	<i>etravirine</i>	33	Feirza 1/20.....	145
EPIDIOLEX.....	97	EUCRISA.....	259	<i>felbamate</i>	97
EPIDUO.....	254	EUFLEXXA.....	29	<i>felodipine er</i>	72
EPIDUO FORTE.....	254	EULEXIN.....	48	FEMCAP.....	145
<i>epinastine hcl</i>	232	EVAMIST.....	172	FEMLYV.....	145
<i>epinephrine</i>	239	EVEKEO.....	104	FEMRING.....	172
EPINEPHRINESNAP-V.....	240	EVENITY.....	173	<i>fenofibrate</i>	66, 67
EPIPEN 2-PAK.....	240	<i>everolimus</i>	52, 225	<i>fenofibrate micronized</i>	66
EPIPEN JR 2-PAK.....	240	EVERSENSE 365		<i>fenofibric acid</i>	67
EPIVIR.....	33	SENSOR/HOLDER.....	158	<i>fenoprofen calcium</i>	19
<i>eplerenone</i>	62	EVERSENSE 365 SMART		FENOPRON.....	19
EPOGEN.....	197	TRANSMIT.....	158	<i>fentanyl</i>	22
<i>epoprostenol sodium</i>	77	EVERSENSE		<i>ferric citrate</i>	175
EPRONTIA.....	97	SENSOR/HOLDER.....	159	FERRIPROX.....	141
EPSOLAY.....	264	EVERSENSE SMART		FERRIPROX TWICE-A-DAY.....	141
<i>eq blood glucose test</i>	158	TRANSMITTER.....	159	FERRO-PLEX.....	231
<i>eq loratadine childrens</i>	242	EVOLUTION AUTOCODE.....	159	<i>fesoterodine fumarate er</i>	193

FETZIMA.....	85	<i>fluticasone furoate-vilanterol</i> ...	251	FRAGMIN.....	194, 195
FETZIMA TITRATION.....	85	<i>fluticasone propionate</i>	248, 261	FREESTYLE INSULINX	
<i>fexofenadine hcl</i>	242	<i>fluticasone propionate diskus</i> ...	250	TEST.....	159
<i>fexofenadine-pseudoephed er</i> ...	245	<i>fluticasone propionate hfa</i>	250	FREESTYLE LIBRE 14 DAY	
FIASP.....	130	<i>fluticasone-salmeterol</i>	251	SENSOR.....	160
FIASP FLEXTOUCH.....	130	<i>fluvastatin sodium</i>	67	FREESTYLE LIBRE 2 PLUS	
FIASP PENFILL.....	131	<i>fluvastatin sodium er</i>	67	SENSOR.....	160
FIASP PUMPCART.....	131	<i>fluvoxamine maleate</i>	80	FREESTYLE LIBRE 2	
FIBRYGA.....	196	<i>fluvoxamine maleate er</i>	80	SENSOR.....	160
FIFTY50 GLUCOSE TEST 2.0	159	FML FORTE.....	236	FREESTYLE LIBRE 3 PLUS	
FILSPARI.....	192	FML LIQUIFILM.....	236	SENSOR.....	160
FINACEA.....	264	FOCALIN.....	104	FREESTYLE LIBRE 3	
<i>finasteride</i>	190	FOCALIN XR.....	104	READER.....	160
<i>fingolimod hcl</i>	115	FOLGARD OS.....	231	FREESTYLE LIBRE 3	
FINTEPLA.....	97	<i>folic acid</i>	231	SENSOR.....	160
Finzala.....	145	FOLICORE B COMPLEX.....	231	FREESTYLE LIBRE READER	
FIORICET.....	18	FOLIVANE-OB.....	228	.....	160
FIORICET/CODEINE.....	22	FOLLISTIM AQ.....	164	FREESTYLE LITE TEST.....	160
FIRAZYR.....	222	FOLVITA COMPLEX.....	231	FREESTYLE PRECISION	
FIRDAPSE.....	113	<i>fondaparinux sodium</i>	194	NEO TEST.....	160
FIRMAGON.....	49	FORA 6 CONNECT.....	159	FREESTYLE TEST.....	160
FIRMAGON (240 MG DOSE)...	49	FORA 6 CONNECT/GTEL		FROVA.....	111
FIRVANQ.....	43	TEST.....	159	<i>frovatriptan succinate</i>	111
FLAREX.....	235	FORA D40/G31 BLOOD		FRUZAQLA.....	52, 53
<i>flavoxate hcl</i>	193	GLUCOSE.....	159	<i>ft allergy d-12 hour</i>	245
FLEBOGAMMA DIF.....	222	FORA G20 BLOOD		FULPHILA.....	197
<i>flecainide acetate</i>	65	GLUCOSE TEST.....	159	<i>fulvestrant</i>	49
FLECTOR.....	19	FORA GD20 TEST.....	159	<i>furosemide</i>	73, 74
FLEQSUVY.....	119	FORA GD50 BLOOD		Fyavolv.....	172
FLOLAN.....	77	GLUCOSE TEST.....	159	FYCOMPA.....	97
<i>flolipid</i>	67	FORA GTEL BLOOD		FYLNETRA.....	197
FLONASE ALLERGY REL		GLUCOSE TEST.....	159	Fyremadel.....	164
CHILDRENS.....	248	FORA TN'G ADVANCE PRO	159	<i>gabapentin</i>	97
FLORIVA.....	231	FORA TN'G/TN'G VOICE.....	159	<i>gabapentin (once-daily)</i>	122
<i>fluconazole</i>	31	FORA V10 BLOOD		GABARONE.....	97
<i>flucytosine</i>	31	GLUCOSE TEST.....	159	GALAFOLD.....	170
<i>fludrocortisone acetate</i>	166	FORA V30A BLOOD		<i>galantamine hydrobromide</i>	81
<i>flunisolide</i>	248	GLUCOSE TEST.....	159	<i>galantamine hydrobromide er</i>	81
<i>fluocinolone acetonide</i>	261, 266	FORACARE GD40 TEST.....	159	Galbriela.....	145
<i>fluocinolone acetonide body</i>	261	FORACARE PREMIUM V10		GAMMAGARD.....	223
<i>fluocinolone acetonide scalp</i>	261	TEST.....	159	GAMMAGARD S/D LESS	
<i>fluocinonide</i>	261	FORACARE TEST N GO		IGA.....	223
<i>fluocinonide emulsified base</i>	261	TEST.....	159	GAMMAKED.....	223
<i>fluorometholone</i>	235	<i>formoterol fumarate</i>	244	GAMMAPLEX.....	223
<i>fluorouracil</i>	255	FORTEO.....	140	GAMUNEX-C.....	223
<i>fluoxetine hcl</i>	85	FOSAMAX.....	138	<i>ganciclovir sodium</i>	38
<i>fluoxetine hcl (pmd)</i>	123	FOSAMAX PLUS D.....	139	<i>ganirelix acetate</i>	164
<i>fluphenazine hcl</i>	92	<i>fosamprenavir calcium</i>	33	<i>gatifloxacin</i>	234
<i>flurandrenolide</i>	261	<i>fosinopril sodium</i>	62	GATTEX.....	185
<i>flurazepam hcl</i>	108	<i>fosinopril sodium-hctz</i>	61	GAVILYTE-C.....	184
<i>flurbiprofen</i>	19	FOSRENOL.....	175	Gavilyte-G.....	184
<i>flurbiprofen sodium</i>	235	FOTIVDA.....	52	GAVRETO.....	53

<i>ge100 blood glucose test</i>	160	GOLYTELY	184	HETLIOZ LQ	109
<i>gefitinib</i>	53	GONAL-F	165	Hidex 6-Day	166
GEL-ONE	29	GONAL-F RFF	165	HIZENTRA	223
GELSYN-3	29	GONAL-F RFF REDIRECT	165	HORIZANT	122
<i>gemfibrozil</i>	67	GRALISE	122	HULIO (2 PEN)	211
Gemmily	145	<i>granisetron hcl</i>	181	HULIO (2 SYRINGE)	211
GEMTESA	193	GRANIX	197	HUMALOG	131
Gengraf	225	GRASTEK	203	HUMALOG JUNIOR	
GENOTROPIN	168	<i>griseofulvin microsize</i>	31	KWIKPEN	131
GENOTROPIN MINISQUICK ..	168	<i>griseofulvin ultramicrosize</i>	31	HUMALOG KWIKPEN	131
<i>gentamicin sulfate</i>	234, 256	<i>guanfacine hcl</i>	75	HUMALOG MIX 50/50	
GENULTIMATE TEST	160	<i>guanfacine hcl er</i>	104	KWIKPEN	131
GENVISC 850	29	GUARDIAN 4 GLUCOSE		HUMALOG MIX 75/25	131
GENVOYA	37	SENSOR	161	HUMALOG MIX 75/25	
GEODON	93	GUARDIAN 4		KWIKPEN	131
<i>ght test</i>	160	TRANSMITTER	161	HUMALOG TEMPO PEN	131
GILENYA	115	GUARDIAN LINK 3		HUMATE-P	196
GILOTRIF	53	TRANSMITTER	161	HUMATIN	30
GIMOTI	185	GUARDIAN REAL-TIME		HUMATROPE	168
GLASSIA	239	REPLACE PED	161	HUMIRA (1 PEN)	211
<i>glatiramer acetate</i>	115, 116	GUARDIAN SENSOR (3)	161	HUMIRA (2 PEN)	211
Glatopa	116	<i>guardian sensor 3</i>	161	HUMIRA (2 SYRINGE)	211
GLEEVEC	53	GVOKE HYOPEN 1-PACK ..	167	HUMIRA-CD/UC/HS	
GLEOSTINE	46	GVOKE HYOPEN 2-PACK ..	167	STARTER	211
<i>glimepiride</i>	136	GVOKE KIT	167	HUMIRA-PSORIASIS/VEIT	
<i>glipizide</i>	136	GVOKE PFS	167	STARTER	211
<i>glipizide er</i>	136	HADLIMA	211	HUMULIN 70/30	131
<i>glipizide-metformin hcl</i>	128	HADLIMA PUSH TOUCH	211	HUMULIN 70/30 KWIKPEN ..	131
GLOPERBA	17	HAEGARDA	222	HUMULIN N	131
<i>glucagon emergency</i>	167	Hailey 1.5/30	145	HUMULIN N KWIKPEN	131
GLUCO PERFECT 3 TEST	160	Hailey 24 Fe	145	HUMULIN R	131
GLUCOCARD 01 SENSOR		Hailey Fe 1.5/30	145	HUMULIN R U-500	
PLUS	160	Hailey Fe 1/20	145	(CONCENTRATED)	132
GLUCOCARD EXPRESSION		<i>halcinonide</i>	262	HUMULIN R U-500	
TEST	160	HALCION	108	KWIKPEN	132
GLUCOCARD SHINE TEST ..	160	<i>halobetasol propionate</i>	262	HW EMBRACE PRO	
GLUCOCARD VITAL TEST ..	160	Haloette	145	GLUCOSE TEST	161
GLUCOCARD X-SENSOR	160	HALOG	262	HW EMBRACE TALK	
GLUCOCOM TEST	160	<i>haloperidol</i>	93	GLUCOSE TEST	161
GLUCONAVII BLOOD		<i>haloperidol lactate</i>	93	HYALGAN	29
GLUCOSE TEST	160	HARLIKU	173	HYCANTIN	61
<i>glucose</i>	167	HARVONI	42	HYCODAN	246
<i>glucose meter test</i>	160	Heather	145	<i>hydralazine hcl</i>	75
GLYCATÉ	180	HELIDAC THERAPY	190	<i>hydrochlorothiazide</i>	74
<i>glycopyrrolate</i>	180	HEMADY	166	<i>hydrocod poli-chlorphe poli er</i> ..	246
GLYXAMBI	136	HEMICLOR	74	<i>hydrocodone bitartrate er</i>	22
<i>gnp easy touch glucose test</i>	161	HEMLIBRA	199	<i>hydrocodone bit-homatrop mbr</i> ..	246
<i>gnp glucose gummies</i>	167	HEMOFIL M	199	<i>hydrocodone-acetaminophen</i> ..	22, 23
<i>gnp loratadine</i>	242	<i>heparin sodium (porcine)</i>	195	<i>hydrocodone-ibuprofen</i>	23
GOCOVRI	90	<i>heparin sodium (porcine) pf</i>	195	<i>hydrocortisone</i>	166, 262
GOJJI BLOOD TEST		HER STYLE	145	<i>hydrocortisone (perianal)</i>	189
STRIP/LANCETS	161	HETLIOZ	109	<i>hydrocortisone butyrate</i>	262

<i>hydrocortisone valerate</i>	262	IMPOYZ.....	262	INVOKAMET XR.....	135
<i>hydrocortisone-acetic acid</i>	266	IMULDOSA.....	205	INVOKANA.....	136
<i>hydromorphone hcl</i>	23	IMURAN.....	225	INZIRQO.....	74
<i>hydromorphone hcl er</i>	23	IMVEXXY MAINTENANCE		<i>ipratropium bromide</i>	241
<i>hydroxychloroquine sulfate</i>	32, 221	PACK.....	172	<i>ipratropium-albuterol</i>	240
<i>hydroxyurea</i>	59	IMVEXXY STARTER PACK.....	172	IQIRVO.....	186
<i>hydroxyzine hcl</i>	242, 243	IN TOUCH BLOOD		<i>irbesartan</i>	64
<i>hydroxyzine pamoate</i>	243	GLUCOSE TEST.....	161	<i>irbesartan-hydrochlorothiazide</i> ..	64
HYFTOR.....	264	INATAL GT.....	228	IRESSA.....	54
HYMOVIS.....	29	INBRIJA.....	90	ISENTRESS.....	33
HYMPAVZI.....	200	Incassia.....	146	ISENTRESS HD.....	33
HYPERRHO S/D.....	223	INCRELEX.....	173	Isibloom.....	146
HYPERTET.....	223	INCRUSE ELLIPTA.....	241	<i>isoniazid</i>	38
HYQVIA.....	223	<i>indapamide</i>	74	ISORDIL TITRADOSE.....	76
HYRIMOZ.....	212	INDERAL LA.....	70	<i>isosorb dinitrate-hydralazine</i>	74
HYRIMOZ-PLAQUE		INDERAL XL.....	70	<i>isosorbide dinitrate</i>	76
PSORIASIS START.....	212	INDOCIN.....	19	<i>isosorbide mononitrate</i>	76
HYSINGLA ER.....	24	<i>indomethacin</i>	19	<i>isosorbide mononitrate er</i>	76
HYZAAR.....	63	INFINITY BLOOD GLUCOSE		<i>isotretinoin</i>	254
<i>ibandronate sodium</i>	139	TEST.....	161	<i>isradipine</i>	72
IBRANCE.....	53	INFINITY VOICE.....	161	ISTALOL.....	233
IBSRELA.....	183	INFLECTRA.....	205	ISTURISA.....	154
IBTROZI.....	53	<i>infliximab</i>	205	ITOVEBI.....	54
Ibu.....	19	INGREZZA.....	114	<i>itraconazole</i>	31
<i>ibuprofen</i>	19	INLYTA.....	53	<i>ivabradine hcl</i>	74
<i>ibuprofen-famotidine</i>	21	INNOPRAN XL.....	70	<i>ivermectin</i>	30, 264
<i>icatibant acetate</i>	222	INPEFA.....	74	IWILFIN.....	59
Iclevia.....	146	INQOVI.....	46	IXINITY.....	201
ICLUSIG.....	53	INREBIC.....	53	IYUZEH.....	238
<i>icosapent ethyl</i>	69	<i>insulin asp prot & asp flexpen</i> ..	132	JADENU.....	141
IDELVION.....	201	<i>insulin aspart</i>	132	JADENU SPRINKLE.....	141
IDHIFA.....	59	<i>insulin aspart flexpen</i>	132	Jaimiess.....	146
IGLUCOSE TEST STRIPS.....	161	<i>insulin aspart penfill</i>	132	JAKAFI.....	54
IHEALTH BLOOD GLUCOSE		<i>insulin aspart prot & aspart</i>	132	JALYN.....	190
TEST STR.....	161	<i>insulin degludec</i>	132	JANUMET.....	128
ILARIS.....	226	<i>insulin degludec flextouch</i>	132	JANUMET XR.....	128
ILEVRO.....	236	<i>insulin glargine max solostar</i> ...	132	JANUVIA.....	129
ILUMYA.....	205	<i>insulin glargine solostar</i>	132	JARDIANCE.....	136
<i>imatinib mesylate</i>	53	<i>insulin glargine-yfgn</i>	132	Jasmiel.....	146
IMBRUVICA.....	53	<i>insulin lispro</i>	132	JATENZO.....	126
IMCIVREE.....	173	<i>insulin lispro (1 unit dial)</i>	132	JAYPIRCA.....	54
<i>imipramine hcl</i>	85	<i>insulin lispro junior kwikpen</i>	132	Jencycla.....	146
<i>imipramine pamoate</i>	85	<i>insulin lispro prot & lispro</i>	132	<i>jenliva prenatal/postnatal</i>	228
<i>imiquimod</i>	255	INTELENCE.....	33	JENTADUETO.....	128
<i>imiquimod pump</i>	255	INTRAROSA.....	173	JENTADUETO XR.....	128
IMITREX.....	111	Introvale.....	146	Jinteli.....	172
IMITREX STATDOSE		INTUNIV.....	104	JIVI.....	199
REFILL.....	111	INVEGA.....	93	JOENJA.....	224
IMITREX STATDOSE		INVEGA HAFYERA.....	93	Jolessa.....	146
SYSTEM.....	111	INVEGA TRINZA.....	93	JORNAY PM.....	104
<i>imkeldi</i>	53	INVELTYS.....	236	JOURNAVX.....	18
IMOGAM RABIES-HT.....	223	INVOKAMET.....	135	Joyeaux.....	146

JUBBONTI.....	139	Klor-Con 10.....	226	Leena.....	147
JUBLIA.....	256	Klor-Con M10.....	226	<i>leflunomide</i>	221
Juleber.....	146	Klor-Con M15.....	226	LENVIMA (10 MG DAILY	
JULUCA.....	37	Klor-Con M20.....	226	DOSE).....	54
Junel 1.5/30.....	146	KLOXXADO.....	121	LENVIMA (12 MG DAILY	
Junel 1/20.....	146	KOATE.....	199	DOSE).....	54
Junel Fe 1.5/30.....	146	KOATE-DVI.....	199	LENVIMA (14 MG DAILY	
Junel Fe 1/20.....	146	KOGENATE FS.....	199	DOSE).....	54
Junel Fe 24.....	146	KORLYM.....	174	LENVIMA (18 MG DAILY	
JUXTAPID.....	68	KOSELUGO.....	54	DOSE).....	54
JYLAMVO.....	46	<i>kosher prenatal plus iron</i>	228	LENVIMA (20 MG DAILY	
JYNARQUE.....	173	KOVALTRY.....	199	DOSE).....	55
Kaitlib Fe.....	146	<i>kp fexofenadine hcl</i>	243	LENVIMA (24 MG DAILY	
KALBITOR.....	222	KRAZATI.....	59	DOSE).....	55
KALETRA.....	37	KRINTAFEL.....	32	LENVIMA (4 MG DAILY	
Kalliga.....	146	Kristalose.....	184	DOSE).....	55
KALYDECO.....	246, 247	KRYSTEXXA.....	17	LENVIMA (8 MG DAILY	
KANUMA.....	169	Kurvelo.....	147	DOSE).....	55
KAPSPARGO SPRINKLE.....	70	KUVAN.....	174	LEQSEVI.....	212
KARBINAL ER.....	243	KYLEENA.....	147	LESCOL XL.....	68
Kariva.....	146	KYZATREX.....	126	Lessina.....	147
KATERZIA.....	72	<i>labetalol hcl</i>	70	LETAIRIS.....	77
KCENTRA.....	196	<i>lacosamide</i>	97	<i>letrozole</i>	49
<i>kedrab</i>	223	<i>lactulose</i>	184	<i>leucovorin calcium</i>	61
Kelnor 1/35.....	147	LAGEVRIO.....	38	LEUKINE.....	197
Kelnor 1/50.....	147	LAMICTAL.....	98	<i>leuprolide acetate</i>	49
KEPPRA.....	97	LAMICTAL ODT.....	98	<i>levalbuterol hcl</i>	244
KEPPRA XR.....	97	LAMICTAL STARTER.....	98	<i>levalbuterol tartrate</i>	244
KERENDIA.....	62	LAMICTAL XR.....	98	<i>levamlodipine maleate</i>	72
KESIMPTA.....	116	<i>lamivudine</i>	33, 34, 41	<i>levetiracetam</i>	98
<i>ketoconazole</i>	31, 257, 258	<i>lamivudine-zidovudine</i>	37	<i>levetiracetam er</i>	98
KETO-DIASTIX.....	161	<i>lamotrigine</i>	98	<i>levobunolol hcl</i>	233
<i>ketoprofen</i>	19	<i>lamotrigine er</i>	98	<i>levocarnitine</i>	140
<i>ketoprofen er</i>	19	<i>lamotrigine starter kit-blue</i>	98	<i>levocetirizine dihydrochloride</i> ..	243
<i>ketorolac tromethamine</i>	19, 236	<i>lamotrigine starter kit-green</i>	98	<i>levofloxacin</i>	41, 234
KETOSTIX.....	161	<i>lamotrigine starter kit-orange</i>	98	Levonest.....	147
<i>ketotifen fumarate</i>	232	LANOXIN.....	73	<i>levonorgest-eth estrad 91-day</i> ..	147
KEVEYIS.....	74	<i>lanreotide acetate</i>	167	<i>levonorgestrel</i>	147
KEVZARA.....	212	<i>lansoprazole</i>	188	<i>levonorgestrel-ethinyl estrad</i>	147
KHINDIVI.....	166	<i>lanthanum carbonate</i>	175	<i>levonorg-eth estrad triphasic</i>	147
KINERET.....	212	LANTUS.....	133	Levora 0.15/30 (28).....	148
Kionex.....	176	LANTUS SOLOSTAR.....	132	<i>levorphanol tartrate</i>	24
KISQALI (200 MG DOSE).....	54	<i>lapatinib ditosylate</i>	54	<i>levothyroxine sodium</i>	177
KISQALI (400 MG DOSE).....	54	Larin 1.5/30.....	147	LEVULAN KERASTICK.....	264
KISQALI (600 MG DOSE).....	54	Larin 1/20.....	147	LEXAPRO.....	86
KITABIS PAK (W/ NEBULIZER).....	247	Larin 24 Fe.....	147	LEXETTE.....	262
KLARON.....	254	Larin Fe 1.5/30.....	147	<i>l-glutamine</i>	202
KLISYRI (250 MG).....	255	Larin Fe 1/20.....	147	LIALDA.....	183
KLISYRI (350 MG).....	255	<i>latanoprost</i>	238	LIBRAX.....	182
KLONOPIN.....	97	LATUDA.....	93	LICART.....	19
Klor-Con.....	226	LAZCLUZE.....	54	<i>lidocaine</i>	263
		<i>ledipasvir-sofosbuvir</i>	42	<i>lidocaine hcl</i>	263

<i>lidocaine viscous hcl</i>	265	LOVAZA.....	69	MAVENCLAD (4 TABS).....	116
<i>lidocaine-prilocaine</i>	263	Low-Ogestrel.....	148	MAVENCLAD (5 TABS).....	116
LIDODERM.....	263	<i>loxapine succinate</i>	93	MAVENCLAD (6 TABS).....	116
LIKMEZ.....	43	Lo-Zumandimine.....	148	MAVENCLAD (7 TABS).....	116
LILETTA (52 MG).....	148	<i>lubiprostone</i>	183	MAVENCLAD (8 TABS).....	116
<i>linezolid</i>	43	LUCEMYRA.....	123	MAVENCLAD (9 TABS).....	116
LINZESS.....	183	LUCENTIS.....	238	MAVYRET.....	42
<i>liothyronine sodium</i>	177	<i>luliconazole</i>	257	MAXALT.....	111
LIPITOR.....	68	LUMAKRAS.....	59	MAXALT-MLT.....	111
<i>liraglutide</i>	129	LUMIGAN.....	238	MAXIDEX.....	236
<i>lisdexamfetamine dimesylate</i>	104, 105	LUMRYZ.....	120	MAYZENT.....	116
<i>lisinopril</i>	62	LUMRYZ STARTER PACK...	120	MAYZENT STARTER PACK	116
<i>lisinopril-hydrochlorothiazide</i>	61	LUNESTA.....	109	<i>meclizine hcl</i>	181
LITFULO.....	212	LUPKYNIS.....	225	<i>meclofenamate sodium</i>	19
<i>lithium</i>	113	LUPRON DEPOT (1-MONTH).	49	<i>medroxyprogesterone acetate</i>	148, 176
<i>lithium carbonate</i>	113	LUPRON DEPOT (3-MONTH).	49	<i>mefenamic acid</i>	19
<i>lithium carbonate er</i>	113	LUPRON DEPOT (4-MONTH).	49	<i>mefloquine hcl</i>	32
LITHOSTAT.....	192	LUPRON DEPOT (6-MONTH).	49	<i>megestrol acetate</i>	49, 176
LIVALO.....	68	LUPRON DEPOT-PED (1- MONTH).....	140	MEIJER TRUETEST TEST....	161
LIVDELZI.....	186	LUPRON DEPOT-PED (3- MONTH).....	140	MEIJER TRUETRACK TEST.	161
LIVMARLI.....	186	LUPRON DEPOT-PED (6- MONTH).....	140	MEKINIST.....	55
LIVTENCITY.....	38	<i>lurasidone hcl</i>	93	MEKTOVI.....	55
LO LOESTRIN FE.....	148	Lutera.....	148	Meleya.....	148
LODINE.....	19	LUTRATE DEPOT.....	49	<i>meloxicam</i>	19, 20
LODOCO.....	75	LUZU.....	257	<i>memantine hcl</i>	81
Loestrin 1.5/30 (21).....	148	LYBALVI.....	93	<i>memantine hcl er</i>	81
Loestrin 1/20 (21).....	148	Lyleq.....	148	<i>memantine hcl-donepezil hcl</i>	81
Loestrin Fe 1.5/30.....	148	LYNPARZA.....	59	MENEST.....	172
Loestrin Fe 1/20.....	148	LYRICA.....	99	MENOPUR.....	165
Lofena.....	19	LYRICA CR.....	122	MENOSTAR.....	172
<i>lofexidine hcl</i>	123	LYSODREN.....	49	<i>meperidine hcl</i>	24
Lojaimiess.....	148	LYTGOBI (12 MG DAILY DOSE).....	55	MEPRON.....	43
LOKELMA.....	176	LYTGOBI (16 MG DAILY DOSE).....	55	<i>mercaptopurine</i>	47
LOMAIRA.....	137	LYTGOBI (20 MG DAILY DOSE).....	55	MERILOG.....	133
LONSURF.....	47	LYUMJEV.....	133	MERILOG SOLOSTAR.....	133
<i>lopinavir-ritonavir</i>	37	LYUMJEV KWIKPEN.....	133	Merzee.....	148
<i>loratadine</i>	243	LYUMJEV TEMPO PEN.....	133	<i>mesalamine</i>	183
<i>loratadine childrens</i>	243	Lyza.....	148	<i>mesalamine er</i>	183
<i>loratadine-d 24hr</i>	246	MACRODANTIN.....	43	MESTINON.....	120
<i>lorazepam</i>	80	<i>malathion</i>	265	METADATE CD.....	105
Lorazepam Intensol.....	80	<i>maraviroc</i>	34	<i>metaxalone</i>	119
LORBRENA.....	55	<i>marlissa</i>	148	<i>metformin hcl</i>	128
LOREEV XR.....	80, 81	MATERNACEL.....	228	<i>metformin hcl er</i>	127
Loryna.....	148	MATULANE.....	46	<i>metformin hcl er (mod)</i>	127
<i>losartan potassium</i>	64	Matzim La.....	72	<i>metformin hcl er (osm)</i>	127
<i>losartan potassium-hctz</i>	64	MAVENCLAD (10 TABS).....	116	<i>methadone hcl</i>	24
LOTEMAX.....	236			Methadone Hcl Intensol.....	24
LOTEMAX SM.....	236			METHADOSE.....	24
<i>loteprednol etabonate</i>	236			METHADOSE SUGAR-FREE..	24
LOTRONEX.....	184			<i>methamphetamine hcl</i>	105
<i>lovastatin</i>	68			<i>methazolamide</i>	74

<i>methenamine hippurate</i>	43	MINIVELLE.....	172	<i>na sulfate-k sulfate-mg sulf</i>	184
<i>methenamine mandelate</i>	43	<i>minocycline hcl</i>	46	<i>nabumetone</i>	20
Methergine.....	174	<i>minocycline hcl er</i>	46	<i>nadolol</i>	70
<i>methimazole</i>	177	<i>minoxidil</i>	75	<i>naftifine hcl</i>	257
<i>methitest</i>	126	Minzoya.....	149	NAFTIN.....	257
<i>methocarbamol</i>	119	MIPLYFFA.....	169	NAGLAZYME.....	169
<i>methotrexate sodium</i>	47, 221	<i>mirabegron er</i>	193	<i>nalocet</i>	25
<i>methotrexate sodium (pf)</i>	47	MIRCERA.....	197	<i>naloxone hcl</i>	121
<i>methoxsalen rapid</i>	258	MIRENA (52 MG).....	149	<i>naltrexone hcl</i>	121
<i>methscopolamine bromide</i>	180	<i>mirtazapine</i>	86	NAMZARIC.....	81
<i>methyldopa</i>	75	MIRVASO.....	265	NAPRELAN.....	20
<i>methylergonovine maleate</i>	174	<i>misoprostol</i>	186	<i>naproxen</i>	20
METHYLIN.....	105	MITIGARE.....	17	<i>naproxen sodium</i>	20
<i>methylphenidate</i>	106	MIUDELLA INTRAUTERINE		<i>naproxen sodium er</i>	20
<i>methylphenidate hcl</i>	106	COPPER.....	149	<i>naproxen-esomeprazole mg</i>	21
<i>methylphenidate hcl er</i>	106	<i>modafinil</i>	120	<i>naratriptan hcl</i>	112
<i>methylphenidate hcl er (cd)</i>	105	<i>moexipril hcl</i>	62	NARCAN.....	121
<i>methylphenidate hcl er (la)</i>	105	<i>mometasone furoate</i>	262	NASACORT ALLERGY 24HR	
<i>methylphenidate hcl er (osm)</i>	105	Mono-Linyah.....	149	.....	248
<i>methylphenidate hcl er (xr)</i>		MONOVISC.....	29	NASCOBAL.....	231
.....	105, 106	<i>montelukast sodium</i>	248	<i>natal pnv</i>	228
<i>methylprednisolone</i>	166	<i>morphine sulfate</i>	25	NATAZIA.....	149
<i>methyltestosterone</i>	126	<i>morphine sulfate (concentrate)</i> ...	24	<i>nateglinide</i>	135
<i>metoclopramide hcl</i>	181	<i>morphine sulfate er</i>	24, 25	NATESTO.....	126
<i>metolazone</i>	74	<i>morphine sulfate er beads</i>	24	NAYZILAM.....	99
<i>metoprolol succinate er</i>	70	MOTEGRITY.....	186	<i>nebivolol hcl</i>	70
<i>metoprolol tartrate</i>	70	MOTOFEN.....	180	Necon 0.5/35 (28).....	149
<i>metoprolol-hydrochlorothiazide</i> ..	69	MOTPOLY XR.....	99	NEEVO DHA.....	228
METROCREAM.....	264	MOUNJARO.....	129	<i>nefazodone hcl</i>	86
METROGEL.....	264	MOVANTIK.....	186	NEFFY.....	240
METROLOTION.....	264	MOVIPREP.....	184	<i>neomycin sulfate</i>	30
<i>metronidazole</i> 43, 44, 194, 264, 265		<i>moxifloxacin hcl</i>	41, 234	<i>neomycin-polymyxin-dexameth</i> ..	234
<i>metyrosine</i>	75	<i>moxifloxacin hcl (2x day)</i>	234	<i>neomycin-polymyxin-hc</i>	266
Mibelas 24 Fe.....	149	MS CONTIN.....	25	NEORAL.....	225
MICARDIS.....	65	MULPLETA.....	203	NEO-SYNALAR.....	256
MICARDIS HCT.....	64	MULTAQ.....	65	NEOTUSS PLUS.....	246
<i>miconazole 3</i>	194	<i>mupirocin</i>	256	NEPHPLEX RX.....	231
<i>miconazole-zinc oxide-petrolat</i> ..	257	<i>mupirocin calcium</i>	256	NERLYNX.....	55
MICRODOT TEST.....	161	MY CHOICE.....	149	NESTABS.....	228
Microgestin 1.5/30.....	149	MY WAY.....	149	NESTABS DHA.....	228
Microgestin 1/20.....	149	MYALEPT.....	174	NESTABS ONE.....	228
Microgestin Fe 1.5/30.....	149	MYCAPSSA.....	125	NEULASTA.....	197
Microgestin Fe 1/20.....	149	<i>mycophenolate mofetil</i>	225	NEULASTA ONPRO.....	197
<i>midazolam hcl</i>	109	<i>mycophenolate sodium</i>	225	NEUPOGEN.....	197
<i>midodrine hcl</i>	75	MYDAYIS.....	106	NEUPRO.....	90
MIEBO.....	237	MYFEMBREE.....	179	NEURONTIN.....	99
<i>mifepristone</i>	174	MYGLUCOHEALTH TEST...161		NEUTEK 2TEK TEST.....	161
MIGERGOT.....	110	MYHIBBIN.....	225	NEVANAC.....	236
<i>miglitol</i>	127	MYRBETRIQ.....	193	<i>nevirapine</i>	34
<i>miglustat</i>	170	MYTESI.....	180	<i>nevirapine er</i>	34
Mili.....	149	MYXREDLIN.....	133	NEW DAY.....	149
Mimvey.....	172	<i>na ferric gluc cplx in sucrose</i> ...	231	NEXAVAR.....	55

NEXICLON XR.....	75	Nortrel 0.5/35 (28).....	150	Nylia 1/35.....	150
NEXIUM.....	188	Nortrel 1/35 (21).....	150	Nylia 7/7/7.....	150
NEXIUM 24HR.....	188	Nortrel 7/7/7.....	150	NYPOZI.....	198
NEXLETOL.....	66	<i>nortriptyline hcl</i>	86	<i>nystatin</i>	31, 257, 265
NEXLIZET.....	66	NORVASC.....	72	<i>nystatin-triamcinolone</i>	257
NEXPLANON.....	149	NORVIR.....	34	NYVEPRIA.....	198
NEXTSTELLIS.....	149	NOURIANZ.....	90	OB COMPLETE.....	228
NGENLA.....	168	NOVA MAX GLUCOSE TEST		OB COMPLETE ONE.....	228
<i>niacin er (antihyperlipidemic)</i>	68	.....	162	OB COMPLETE PETITE.....	228
NIACOR.....	69	NOVAREL.....	165	OB COMPLETE PREMIER....	228
<i>nicardipine hcl</i>	72	NOVOEIGHT.....	200	OB COMPLETE/DHA.....	228
NICOMIDE.....	231	NOVOLIN 70/30.....	133	<i>obizur</i>	200
<i>nicotinamide</i>	231	NOVOLIN 70/30 FLEXPEN....	133	OALIVA.....	186
NICOTROL.....	125	NOVOLIN 70/30 FLEXPEN		Ocella.....	150
NICOTROL NS.....	125	RELION.....	133	OCREVUS.....	117
<i>nifedipine</i>	72	NOVOLIN 70/30 RELION.....	133	OCREVUS ZUNOVO.....	117
<i>nifedipine er</i>	72	NOVOLIN N.....	133	OCTAGAM.....	224
<i>nifedipine er osmotic release</i>	72	NOVOLIN N FLEXPEN.....	133	<i>octreotide acetate</i>	125, 126
Nikki.....	149	NOVOLIN N FLEXPEN		ODACTRA.....	203
NILANDRON.....	49	RELION.....	133	ODEFSEY.....	37
<i>nilotinib d-tartrate</i>	55	NOVOLIN N RELION.....	133	ODOMZO.....	59
<i>nilotinib hcl</i>	56	NOVOLIN R.....	134	OFEV.....	249
<i>nilutamide</i>	49	NOVOLIN R FLEXPEN.....	134	<i>ofloxacin</i>	235, 266
<i>nimodipine</i>	72	NOVOLIN R FLEXPEN		OGSIVEO.....	59
NINLARO.....	61	RELION.....	134	OHTUVAYRE.....	248
<i>nisoldipine er</i>	72	NOVOLIN R RELION.....	134	OJEMDA.....	56
<i>nitazoxanide</i>	44	NOVOLOG.....	134	<i>olanzapine</i>	93
<i>nitisinone</i>	168	NOVOLOG 70/30 FLEXPEN		<i>olanzapine-fluoxetine hcl</i>	123
<i>nitrofurantoin</i>	44	RELION.....	134	<i>olmesartan medoxomil</i>	65
<i>nitrofurantoin macrocrystal</i>	44	NOVOLOG FLEXPEN.....	134	<i>olmesartan medoxomil-hctz</i>	64
<i>nitrofurantoin monohyd macro</i>	44	NOVOLOG MIX 70/30.....	134	<i>olmesartan-amlodipine-hctz</i>	64
<i>nitroglycerin</i>	76	NOVOLOG MIX 70/30		<i>olopatadine hcl</i>	243
NITYR.....	168	FLEXPEN.....	134	OLPRUVA (2 GM DOSE).....	178
<i>niva thyroid</i>	177	NOVOLOG PENFILL.....	134	OLPRUVA (3 GM DOSE).....	178
NIVESTYM.....	197, 198	NOVOSEVEN RT.....	196	OLPRUVA (4 GM DOSE).....	178
<i>nizatidine</i>	182	NOXAFIL.....	31	OLPRUVA (5 GM DOSE).....	178
Nora-Be.....	150	NPLATE.....	203	OLPRUVA (6 GM DOSE).....	178
NORDITROPIN FLEXPRO....	168	NUBEQA.....	49	OLPRUVA (6.67 GM DOSE)..	178
<i>norethin ace-eth estrad-fe</i>	150	NUCALA.....	213	OLUMIANT.....	213
<i>norethindrone</i>	150	NUCYNTA.....	25	<i>omega-3-acid ethyl esters</i>	69
<i>norethindrone acetate</i>	176	NUCYNTA ER.....	25	<i>omeprazole</i>	188
<i>norethindrone acet-ethinyl est.</i> ..	150	NUEDEXTA.....	123	<i>omeprazole magnesium</i>	188
NORGESIC.....	119	NUPLAZID.....	93	<i>omeprazole-sodium bicarbonate</i>	
<i>norgesic forte</i>	119	NURTEC.....	110	.....	188
<i>norgestimate-eth estradiol</i>	150	NUTROPIN AQ NUSPIN 10... 168		OMNARIS.....	248
<i>norgestim-eth estrad triphasic</i> ..	150	NUTROPIN AQ NUSPIN 20... 169		OMNIFLEX DIAPHRAGM....	150
NORITATE.....	265	NUTROPIN AQ NUSPIN 5....	169	OMNIPOD 5 DEXG7G6	
NORLIQVA.....	72	NUVARING.....	150	INTRO GEN 5.....	162
Norlyroc.....	150	NUVESSA.....	194	OMNIPOD 5 DEXG7G6 PODS	
NORPACE.....	65	NUVIGIL.....	120	GEN 5.....	162
NORPRAMIN.....	86	NUWIQ.....	200	OMNIPOD DASH INTRO	
NORTHERA.....	75	NUZYRA.....	46	(GEN 4).....	162

OMNIPOD DASH PDM (GEN 4).....	162	ORGOVYX.....	49	PALFORZIA (3 MG DAILY DOSE).....	204
OMNIPOD DASH PODS (GEN 4).....	162	ORIAHNN.....	179	PALFORZIA (300 MG MAINTENANCE).....	204
OMNITROPE.....	169	ORILISSA.....	164	PALFORZIA (300 MG TITRATION).....	204
OMVOH.....	213	ORKAMBI.....	247	PALFORZIA (40 MG DAILY DOSE).....	204
OMVOH (300 MG DOSE).....	213	ORLADEYO.....	222	PALFORZIA (6 MG DAILY DOSE).....	204
ON CALL EXPRESS BLOOD GLUCOSE.....	162	<i>orlistat</i>	137	PALFORZIA (80 MG DAILY DOSE).....	204
ONAPGO.....	90	<i>orphenadrine-aspirin-caffeine</i> ..	119	PALFORZIA INITIAL DOSE 1-3YRS.....	204
<i>ondansetron</i>	181	ORPHENGESIC FORTE.....	119	PALFORZIA INITIAL ESCALATION.....	204
<i>ondansetron hcl</i>	181	ORSERDU.....	50	<i>paliperidone er</i>	94
<i>one drop test</i>	162	ORTHOVISC.....	29	PALYNZIQ.....	174
ONETOUCH DELICA PLUS LANCET30G.....	162	<i>oseltamivir phosphate</i>	38	PAMELOR.....	86, 87
ONETOUCH DELICA PLUS LANCET33G.....	162	OSEVELT.....	139	<i>pamidronate disodium</i>	139
ONETOUCH DELICA PLUS LANCING.....	162	OSPHERA.....	174	PANCREAZE.....	187
ONETOUCH ULTRA TEST...162		OTEZLA.....	214	<i>pantoprazole sodium</i>	189
ONETOUCH ULTRASOFT 2 LANCETS.....	162	OTOVEL.....	266	PANZYGA.....	224
ONETOUCH VERIO.....	162	OTREXUP.....	221	PARAGARD	
ONFI.....	99	OTULFI.....	214	INTRAUTERINE COPPER....	151
ONGENTYS.....	90	OVIDREL.....	165	<i>paricalcitol</i>	179
ONGLYZA.....	129	<i>oxaprozin</i>	20	<i>paroxetine hcl</i>	87
ONUREG.....	47	<i>oxazepam</i>	81	<i>paroxetine hcl er</i>	87
ONYDA XR.....	106	<i>oxcarbazepine</i>	99	<i>paroxetine mesylate</i>	123
ONZETRA XSAIL.....	112	<i>oxcarbazepine er</i>	99	PAXIL.....	87
OPCICON ONE-STEP.....	150	OXERVATE.....	237	PAXIL CR.....	87
OPFOLDA.....	169	<i>oxiconazole nitrate</i>	257	PAXLOVID (150/100).....	38
OPILL.....	150	OXISTAT.....	257	PAXLOVID (300/100 & 150/100).....	38
OPIPZA.....	94	OXTELLAR XR.....	99	PAXLOVID (300/100).....	38
OPSUMIT.....	77	<i>oxybutynin chloride</i>	193	<i>pazopanib hcl</i>	56
OPSYNVI.....	77	<i>oxybutynin chloride er</i>	193	<i>peg 3350-kcl-na bicarb-nacl</i>	184
OPTION 2.....	150	<i>oxycodone hcl</i>	25, 26	<i>peg-3350/electrolytes</i>	184
OPTIONS GYNOL II CONTRACEPTIVE.....	190	<i>oxycodone-acetaminophen</i>	26	PEGASYS.....	42
OPTIUMEZ TEST.....	162	OXYCONTIN.....	26	<i>peg-kcl-nacl-nasulf-na asc-c</i>	184
OPVEE.....	121	<i>oxymorphone hcl</i>	27	PEG-PREP.....	185
OPZELURA.....	259	<i>oxymorphone hcl er</i>	26	PEMAZYRE.....	56
ORACEA.....	265	OZEMPIC (0.25 OR 0.5 MG/DOSE).....	129	<i>penciclovir</i>	264
<i>oral citrate</i>	192	OZEMPIC (1 MG/DOSE).....	129	<i>penicillamine</i>	141
ORALAIR.....	204	OZEMPIC (2 MG/DOSE).....	129	<i>penicillin v potassium</i>	45
ORAVIG.....	266	OZOBAX DS.....	119	PENNSAID.....	20
ORENCIA.....	205, 214	PALFORZIA (1 MG DAILY DOSE).....	204	<i>pentamidine isethionate</i>	44
ORENCIA CLICKJECT.....	213	PALFORZIA (12 MG DAILY DOSE).....	204	PENTASA.....	183
ORENITRAM.....	77	PALFORZIA (160 MG DAILY DOSE).....	204	<i>pentazocine-naloxone hcl</i>	28
ORENITRAM MONTH 1.....	77	PALFORZIA (20 MG DAILY DOSE).....	204	<i>pentoxifylline er</i>	201
ORENITRAM MONTH 2.....	77	PALFORZIA (240 MG DAILY DOSE).....	204	<i>perampanel</i>	99
ORENITRAM MONTH 3.....	77			PERCOCET.....	27
ORFADIN.....	168				

PERFOROMIST	244	POCKETCHEM EZ TEST	162	PRENATE RESTORE	229
<i>perindopril erbumine</i>	62	<i>podofilox</i>	264	PRENATOL-M	229
<i>permethrin</i>	265	POGO AUTOMATIC TEST		PRESTALIA	61
<i>perphenazine</i>	94	CARTRIDGES	162	PREVACID	189
<i>perphenazine-amitriptyline</i>	123	POKONZA	226	PREVACID SOLUTAB	189
PERSERIS	94	<i>polymyxin b-trimethoprim</i>	235	PREVYMIS	38, 39
PERTZYE	187	POLY-VI-FLOR	232	PREZCOBIX	37
PHARMACIST CHOICE		POLY-VI-FLOR/IRON	232	PREZISTA	34
AUTOCODE	162	POMALYST	48	PRIALT	17
<i>pharmacist choice no coding</i>	162	PONVORY	117	PRILOSEC	189
PHEBURANE	178	PONVORY STARTER PACK	117	PRILOSEC OTC	189
<i>phendimetrazine tartrate</i>	137	Portia-28	151	<i>primaquine phosphate</i>	32
<i>phendimetrazine tartrate er</i>	137	<i>posaconazole</i>	31	<i>primidone</i>	100
<i>phenelzine sulfate</i>	87	<i>pot & sod cit-cit ac</i>	192	PRISTIQ	87
<i>phenobarbital</i>	99	<i>potassium chloride</i>	227	PRIVIGEN	224
<i>phenoxybenzamine hcl</i>	76	<i>potassium chloride crys er</i>	226	<i>pro voice v8/v9 glucose</i>	162
<i>phentermine hcl</i>	137	<i>potassium chloride er</i>	226, 227	PROAIR RESPICLICK	244
<i>phentermine-topiramate er</i>	137	<i>potassium citrate er</i>	192	<i>probenecid</i>	17
<i>phenylephrine hcl</i>	191	PRADAXA	195	Procentra	106
<i>phenytoin</i>	99	PRALUENT	69	<i>prochlorperazine maleate</i>	181
<i>phenytoin sodium extended</i>	99	<i>pramipexole dihydrochloride</i>	90	PROCRT	198
PHEXXI	191	<i>pramipexole dihydrochloride er</i>	90	PROCTOFOAM HC	189
Philith	151	<i>prasugrel hcl</i>	202	Proctozone-Hc	189
<i>phytonadione</i>	231	<i>pravastatin sodium</i>	68	PROCYSBI	192
PIFELTRO	34	<i>praziquantel</i>	30	PRODIGY NO CODING	
<i>pilocarpine hcl</i>	237, 266	<i>prazosin hcl</i>	63	BLOOD GLUC	162
<i>pimecrolimus</i>	259	PRECISION XTRA BLOOD		PROFILNINE	201
<i>pimozide</i>	123	GLUCOSE	162	<i>progesterone</i>	176
Pimtrea	151	PRED FORTE	236	PROGRAF	225
<i>pindolol</i>	70	PRED MILD	236	PROLASTIN-C	239
<i>pioglitazone hcl</i>	135	<i>prednisolone</i>	166	PROLATE	27
<i>pioglitazone hcl-glimepiride</i>	135	<i>prednisolone acetate</i>	236	PROLENSA	236
<i>pioglitazone hcl-metformin hcl</i>	135	<i>prednisolone sodium phosphate</i>	166	PROLIA	139
PIQRAY (200 MG DAILY		<i>prednisone</i>	166	PROMACTA	203
DOSE)	56	<i>pregabalin</i>	99, 100	<i>promethazine hcl</i>	181, 182
PIQRAY (250 MG DAILY		<i>pregabalin er</i>	122	<i>promethazine-codeine</i>	246
DOSE)	56	<i>pregen dha</i>	229	<i>promethazine-dm</i>	246
PIQRAY (300 MG DAILY		<i>pregenna</i>	229	<i>promethazine-phenylephrine</i>	246
DOSE)	56	PREGNYL	165	PROMETHEGAN	182
<i>pirfenidone</i>	249	PREMARIN	172	PROMETRIUM	177
Pirmella 7/7/7	151	PREMPHASE	172	<i>propafenone hcl</i>	65
<i>piroxicam</i>	20	PREMPRO	172	<i>propafenone hcl er</i>	65
<i>pitavastatin calcium</i>	68	<i>prena 1 true</i>	229	<i>propranolol hcl</i>	71
PLAVIX	202	<i>prenal</i>	229	<i>propranolol hcl er</i>	70
PLEGRIDY	117	PRENATAL-U	229	<i>propylthiouracil</i>	177
PLEGRIDY STARTER PACK	117	PRENATE	229	PROSCAR	190
PLENVU	185	PRENATE AM	229	PROTONIX	189
<i>pnv prenatal plus multivit+dha</i>	228	PRENATE DHA	229	<i>protriptyline hcl</i>	87
<i>pnv tabs 20-1</i>	228	PRENATE ELITE	229	PROVIDA OB	229
<i>pnv-dha</i>	228	PRENATE ENHANCE	229	PROVIGIL	120
<i>pnv-dha+docusate</i>	228	PRENATE MINI	229	PROZAC	87
<i>pnv-omega</i>	228	PRENATE PIXIE	229	<i>prucalopride succinate</i>	186

PRUDOXIN.....	257	RAPAFLO.....	190	REVUFORJ.....	59
<i>pseudoeph-bromphen-dm</i>	246	<i>rasagiline mesylate</i>	90	REXTOVY.....	121
PTS PANELS EGLU TEST.....	163	RASUVO.....	221	REXULTI.....	94
PULMICORT.....	250	RAVICTI.....	178	REYATAZ.....	34
PULMICORT FLEXHALER...	250	RAYALDEE.....	179	REYVOW.....	110
PULMOZYME.....	247	RAYOS.....	167	REZDIFFRA.....	174
PURIXAN.....	47	REACT.....	151	REZLIDHIA.....	59
<i>pyrazinamide</i>	38	REBIF.....	117	REZUROCK.....	225
<i>pyridostigmine bromide</i>	120	REBIF REBIDOSE.....	117	REZVOGLAR KWIKPEN.....	134
<i>pyridostigmine bromide er</i>	120	REBIF REBIDOSE		RHOFADE.....	265
<i>pyrimethamine</i>	44	TITRATION PACK.....	117	RHOGAM ULTRA-	
PYRUKYND.....	201	REBIF TITRATION PACK....	117	FILTERED PLUS.....	224
PYRUKYND TAPER PACK...	201	REBINYN.....	201	RHOPHYLAC.....	224
PYZCHIVA.....	214, 215	RECLAST.....	139	RHOPRESSA.....	238
QELBREE.....	106	Reclipsen.....	151	RIASTAP.....	196
QFITLIA.....	200	RECOMBINATE.....	200	<i>ribavirin</i>	42
QINLOCK.....	56	RECORLEV.....	154	<i>rifabutin</i>	38
QNASL.....	249	REFUAH PLUS BLOOD		<i>rifampin</i>	38
QNASL CHILDRENS.....	249	GLUCOSE TEST.....	163	RIGHTEST GS100 BLOOD	
QSYMIA.....	137	REGRANEX.....	265	GLUCOSE.....	163
<i>quad-mix</i>	191	RELAFEN DS.....	20	RIGHTEST GS300 BLOOD	
<i>quazepam</i>	109	RELENZA DISKHALER.....	39	GLUCOSE.....	163
<i>quetiapine fumarate</i>	94	<i>releuko</i>	198	RIGHTEST GS550 BLOOD	
<i>quetiapine fumarate er</i>	94	RELEXXII.....	107	GLUCOSE.....	163
QUFLORA FE.....	232	RELION CONFIRM/MICRO		<i>riluzole</i>	79
QUFLORA FE PEDIATRIC....	232	TEST.....	163	<i>rimantadine hcl</i>	39
QUICKTEK TEST.....	163	RELISTOR.....	186	RINVOQ.....	215
QUILLICHEW ER.....	106	RELPAK.....	112	RINVOQ LQ.....	215
QUILLIVANT XR.....	106	RELTONE.....	186	RIOMET.....	128
<i>quinapril hcl</i>	62	REMICADE.....	205	<i>risedronate sodium</i>	139
<i>quinapril-hydrochlorothiazide</i>	61	REMODULIN.....	77	<i>risperidone</i>	94
<i>quinidine sulfate</i>	65	RENATABS WITH IRON.....	232	<i>risperidone microspheres er</i>	94
<i>quinine sulfate</i>	32	RENFLEXIS.....	205	RITALIN.....	107
QUINTET AC BLOOD		<i>reno caps</i>	232	RITALIN LA.....	107
GLUCOSE TEST.....	163	RENTHYROID.....	177	<i>ritonavir</i>	34
QUINTET BLOOD GLUCOSE		REVELA.....	176	<i>rivaroxaban</i>	195
TEST.....	163	<i>repaglinide</i>	135	<i>rivastigmine</i>	81
QULIPTA.....	110	REPATHA.....	69	<i>rivastigmine tartrate</i>	81
QUVIVIQ.....	109	REPATHA PUSHTRONEX		Rivelsa.....	151
QVAR REDIHALER.....	250	SYSTEM.....	69	RIVFLOZA.....	192
<i>ra allergy relief</i>	243	REPATHA SURECLICK.....	69	RIVIVE.....	122
<i>ra omeprazole</i>	189	RESTASIS.....	237	<i>rixubis</i>	201
<i>rabeprazole sodium</i>	189	RESTASIS MULTIDOSE.....	237	<i>rizatriptan benzoate</i>	112
RADICAVA ORS.....	79	RESTORIL.....	109	ROCKLATAN.....	233
RADICAVA ORS STARTER		RETACRIT.....	198	<i>roflumilast</i>	248
KIT.....	79	RETEVMO.....	56	ROLVEDON.....	198
RAGWITEK.....	205	RETIN-A.....	254	ROMVIMZA.....	56
RALDESY.....	87	RETIN-A MICRO.....	255	<i>ropinirole hcl</i>	90
<i>raloxifene hcl</i>	174	RETIN-A MICRO PUMP.....	255	<i>ropinirole hcl er</i>	90
<i>ramelteon</i>	109	RETROVIR.....	34	<i>rosuvastatin calcium</i>	68
<i>ramipril</i>	62	REVATIO.....	77	Rosyrah.....	151
<i>ranolazine er</i>	76	REVLIMID.....	48	ROWASA.....	183

ROXICODONE.....	27	SEYSARA.....	46	SOLOSEC.....	44
ROXYBOND.....	27	SFROWASA.....	183	SOLUS V2 TEST.....	163
ROZEREM.....	109	Sharobel.....	151	SOMA.....	119
ROZLYTREK.....	56	SIGNIFOR.....	174	SOMATULINE DEPOT.....	126
RUBRACA.....	59	SIGNIFOR LAR.....	174	SOMAVERT.....	126
RUCONEST.....	222	SIKLOS.....	202	SOOLANTRA.....	265
<i>rufinamide</i>	100	<i>sildenafil citrate</i>	77, 191	<i>sorafenib tosylate</i>	57
RUKOBIA.....	34	SILENOR.....	109	SORILUX.....	258
RYALTRIS.....	241	SILIQ.....	215	<i>sotalol hcl</i>	65
RYBELSUS.....	130	<i>silodosin</i>	190	<i>sotalol hcl (af)</i>	65
RYCLORA.....	243	<i>silver sulfadiazine</i>	256	SOTYKTU.....	216
RYDAPT.....	57	SIMBRINZA.....	233	SOVALDI.....	42, 43
RYKINDO.....	94	SIMLANDI (1 PEN).....	215	SOVUNA.....	32, 221
RYTARY.....	91	SIMLANDI (1 SYRINGE).....	215	SPEVIGO.....	258
Ryvent.....	243	SIMLANDI (2 PEN).....	216	<i>spinosad</i>	265
SABRIL.....	100	SIMLANDI (2 SYRINGE).....	216	SPIRIVA HANDIHALER.....	241
SAFYRAL.....	151	Simliya.....	151	SPIRIVA RESPIMAT.....	241
SAMSCA.....	174	Simpesse.....	151	<i>spironolactone</i>	62
SANCUSO.....	182	SIMPLERA SENSOR.....	163	<i>spironolactone-hctz</i>	74
SANDIMMUNE.....	225	SIMPLERA SYNC SENSOR...	163	SPORANOX.....	31
SANDOSTATIN.....	126	SIMPLERA SYSTEM.....	163	SPRAVATO (56 MG DOSE)....	88
SANDOSTATIN LAR DEPOT	126	SIMPONI.....	216	SPRAVATO (84 MG DOSE)....	88
SANTYL.....	264	SIMULECT.....	226	Sprintec 28.....	151
SAPHRIS.....	94	<i>simvastatin</i>	68	SPRITAM.....	100
<i>sapropterin dihydrochloride</i>	174	SINEMET.....	91	SPRIX.....	20
SAVAYSA.....	195	SINGULAIR.....	248	SPRYCEL.....	57
SAVELLA.....	108	<i>sirolimus</i>	226	Sps (Sodium Polystyrene Sulf).	176
SAVELLA TITRATION PACK		SIRTURO.....	38	Sronyx.....	152
.....	108	<i>sitaglipt base-metform hcl er</i> ...	128	Ssd.....	256
<i>saxagliptin hcl</i>	129	<i>sitagliptin</i>	129	STEGLATRO.....	136
<i>saxagliptin-metformin er</i>	128	<i>sitagliptin base-metformin hcl</i> ..	128	STEGLUJAN.....	136
SAXENDA.....	137	SITAVIG.....	39	STELARA.....	216, 217
SCSEMBLIX.....	57	SIVEXTRO.....	44	STENDRA.....	191
<i>scopolamine</i>	182	SKYCLARYS.....	113	STEQEYMA.....	217
SECUADO.....	94	SKYLA.....	151	<i>sterile water for irrigation</i>	239
SEGLUROMET.....	135	SKYRIZI.....	216	STIMUFEND.....	198
SELARSDI.....	215	SKYRIZI PEN.....	216	STIOLTO RESPIMAT.....	240
SELECT-OB.....	229	SKYTROFA.....	169	STIVARGA.....	57
SELECT-OB+DHA.....	229	SLYND.....	151	STOBOCLO.....	140
<i>selegiline hcl</i>	91	SMARTEST BLOOD		STRENSIQ.....	174
SELZENTRY.....	34	GLUCOSE TEST.....	163	STRIBILD.....	37
SEMGLEE (YFGN).....	134	SOAANZ.....	74	STRIVERDI RESPIMAT.....	245
SENSIPAR.....	138	<i>sodium chloride</i>	265	STROMECTOL.....	30
SEREVENT DISKUS.....	245	<i>sodium fluoride</i>	227	SUBLOCADE.....	28
SERNIVO.....	262	<i>sodium oxybate</i>	120	SUBOXONE.....	121
SEROQUEL XR.....	94	<i>sodium phenylbutyrate</i>	178	SUCRAID.....	186
SEROSTIM.....	169	<i>sodium polystyrene sulfonate</i>	176	<i>sucralfate</i>	186
<i>sertraline hcl</i>	88	<i>sofosbuvir-velpatasvir</i>	42	SUFLAVE.....	185
Setlakin.....	151	SOGROYA.....	169	<i>sulconazole nitrate</i>	257
<i>sevelamer carbonate</i>	176	SOHONOS.....	119	<i>sulfacetamide sodium</i>	235
<i>sevelamer hcl</i>	176	<i>solifenacin succinate</i>	193	<i>sulfacetamide sodium (acne)</i>	255
SEVENFACT.....	196	SOLQUA.....	130	<i>sulfacetamide-prednisolone</i>	234

<i>sulfadiazine</i>	31	Tanlor	119	<i>theophylline er</i>	252
<i>sulfamethoxazole-trimethoprim</i> ..	44	TAPERDEX 12-DAY	167	THIOLA	193
<i>sulfasalazine</i>	183	Taperdex 6-Day	167	THIOLA EC	192
<i>sulindac</i>	20	TAPERDEX 7-DAY	167	<i>thioridazine hcl</i>	94
<i>sumatriptan</i>	112	TARCEVA	57	<i>thiothixene</i>	94
<i>sumatriptan succinate</i>	112	Targadox	46	THYMOGLOBULIN	226
<i>sumatriptan succinate refill</i>	112	TARGRETIN	60, 264	THYQUIDITY	177
<i>sumatriptan-naproxen sodium</i> ..	112	Tarina 24 Fe	152	<i>thyroid</i>	177
<i>sunitinib malate</i>	57	Tarina Fe 1/20 Eq	152	<i>tiagabine hcl</i>	100
SUNLENCA	35	TARON-C DHA	230	TIBSOVO	60
SUNOSI	120	TARPEYO	192	<i>ticagrelor</i>	202
SUPARTZ FX	29	TASCENSO ODT	117	TIKOSYN	65
<i>super quad-mix</i>	191	TASIGNA	57	Tilia Fe	152
SUPREME TEST	163	<i>tasimelteon</i>	109	<i>timolol hemihydrate</i>	233
SUPREP BOWEL PREP KIT ..	185	<i>tavaborole</i>	257	<i>timolol maleate</i>	71, 233
SUTAB	185	TAVALISSE	203	<i>timolol maleate (once-daily)</i>	233
SUTENT	57	TAVNEOS	201	Timolol Maleate Ocudose	233
Syeda	152	Taysofy	152	<i>timolol maleate pf</i>	233
SYMBICORT	252	TAYTULLA	152	TIMOPTIC OCUDOSE	233
SYMBRAVO	112	<i>tazarotene</i>	255, 258	<i>tinidazole</i>	31
SYMDEKO	247	TAZORAC	258	<i>tiopronin</i>	193
SYMFI	37	TAZVERIK	60	<i>tiotropium bromide</i>	
SYMPAZAN	100	TECFIDERA	118	<i>monohydrate</i>	241
SYMPROIC	186	TEGLUTIK	79	TIROSINT	177
SYMTUZA	37	TEGRETOL	100	TIROSINT-SOL	178
SYNAGIS	226	TEGRETOL-XR	100	TIVICAY	35
SYNALAR	262	<i>telmisartan</i>	65	TIVICAY PD	35
SYNAREL	164	<i>telmisartan-amlodipine</i>	64	<i>tizanidine hcl</i>	119
SYNDROS	182	<i>telmisartan-hctz</i>	64	TLANDO	127
SYNJARDY	135	<i>temazepam</i>	109	TOBI	247
SYNJARDY XR	136	<i>temozolomide</i>	46	TOBI PODHALER	247
SYNOJOYNT	29	<i>tenofovir disoproxil fumarate</i>	35	TOBRADEX	234
SYNVISC	30	TEPMETKO	57	TOBRADEX ST	234
SYNVISC ONE	30	<i>terazosin hcl</i>	190	<i>tobramycin</i>	235, 247
SYPRINE	141	<i>terbinafine hcl</i>	31	<i>tobramycin-dexamethasone</i>	234
TABRECTA	57	<i>terbutaline sulfate</i>	245	TODAY SPONGE	191
TACLONEX	258	<i>terconazole</i>	194	TOLAK	256
<i>tacrolimus</i>	226, 259	<i>teriflunomide</i>	118	<i>tolcapone</i>	91
<i>tadalafil</i>	191, 192	<i>teriparatide</i>	140	TOLECTIN 600	20
<i>tadalafil (pah)</i>	77	TESTIM	126	<i>tolmetin sodium</i>	20
TADLIQ	78	<i>testosterone</i>	127	<i>tolsura</i>	32
TAFINLAR	57	<i>testosterone cypionate</i>	127	<i>tolterodine tartrate</i>	193
<i>tafluprost (pf)</i>	238	<i>testosterone enanthate</i>	127	<i>tolterodine tartrate er</i>	193
TAGRISSO	57	<i>tetrabenazine</i>	114	<i>tolvaptan</i>	175
TAKE ACTION	152	<i>tetracycline hcl</i>	46	TOPICORT	263
TAKHZYRO	222	TEXACORT	262	TOPICORT SPRAY	263
TALICIA	190	TEZRULY	190	<i>topiramate</i>	100
TALTZ	217	TEZSPIRE	249	<i>topiramate er</i>	100
TALZENNA	59	THALITONE	74	TOPROL XL	71
TAMIFLU	39	THALOMID	48	<i>toremifene citrate</i>	50
<i>tamoxifen citrate</i>	50	THEO-24	252	<i>torse mide</i>	74
<i>tamsulosin hcl</i>	190	<i>theophylline</i>	252	TOSYMRA	112

TOUJEO MAX SOLOSTAR...	134	Tri-Mili	152	TYVASO DPI TITRATION	
TOUJEO SOLOSTAR	134	<i>trimipramine maleate</i>	88	KIT	78
Tovet	263	<i>trinatal rx 1</i>	230	TYVASO REFILL KIT	78
TOVIAZ	193	TRINATE	230	TYVASO STARTER KIT	78
TRACLEER	78	TRINTELLIX	88	UBRELVY	110
TRADJENTA	129	TRIPTODUR	141	UCERIS	183
<i>tramadol hcl</i>	27, 28	Tri-Sprintec	152	UDENYCA	198
<i>tramadol hcl (er biphasic)</i>	27	<i>tristart dha</i>	230	ULORIC	17
<i>tramadol hcl er</i>	27	TRIUMEQ	37	ULTRAVATE	263
<i>tramadol-acetaminophen</i>	28	<i>triumeq pd</i>	37	<i>umeclidinium-vilanterol</i>	240
<i>trandolapril</i>	62	<i>tri-vi-floro</i>	232	UNDECATREX	127
<i>trandolapril-verapamil hcl er</i>	61	TRIVISC	30	UNISTrip CONTROL	164
<i>tranexamic acid</i>	202	<i>tri-vitamin with fluoride</i>	232	UNISTrip1 GENERIC	164
<i>tranylcypromine sulfate</i>	88	Tri-Vylibra	153	UPNEEQ	237
TRAVATAN Z	238	Tri-Vylibra Lo	153	UPTRAVI	78
<i>travoprost (bak free)</i>	238	<i>tropicamide</i>	237	UPTRAVI TITRATION	78
<i>trazodone hcl</i>	88	<i>tropium chloride</i>	194	UROXATRAL	190
TRELEGY ELLIPTA	240	<i>tropium chloride er</i>	193	<i>ursodiol</i>	186
TRELSTAR MIXJECT	50	TRUDHESA	110	<i>ustekinumab</i>	218
TREMFYA	217, 218	<i>true focus blood glucose strip</i> ..	163	<i>ustekinumab-aekn</i>	218
TREMFYA ONE-PRESS	217	TRUE METRIX BLOOD		<i>ustekinumab-ttwe</i>	218
TREMFYA PEN	217	GLUCOSE TEST	163	UZEDY	95
<i>treprostinil</i>	78	TRUETEST TEST	163	VABRINTY	50
TRESIBA	135	TRUETRACK TEST	163	VAGIFEM	172
TRESIBA FLEXTOUCH	135	TRULICITY	130	<i>valacyclovir hcl</i>	39
<i>tretinoin</i>	60, 255	TRUQAP	58	VALCHLOR	264
<i>tretinoin microsphere</i>	255	TRUVADA	37	VALCYTE	39
<i>tretinoin microsphere pump</i>	255	TRYNGOLZA	76	<i>valganciclovir hcl</i>	39
TRETTEN	196	TRYPTYR	237	VALIUM	101
TREXIMET	112	TRYVIO	76	<i>valproic acid</i>	101
<i>triamcinolone acetonide</i>		TUDORZA PRESSAIR	241	<i>valsartan</i>	65
.....	249, 263, 266	TUKYSA	58	<i>valsartan-hydrochlorothiazide</i> ..	64
<i>triamterene</i>	74	TURALIO	58	VALTOCO 10 MG DOSE	101
<i>triamterene-hctz</i>	74	Turqoz	153	VALTOCO 15 MG DOSE	101
<i>triazolam</i>	109	TUXARIN ER	246	VALTOCO 20 MG DOSE	101
TRICOR	67	TWIIST REFILL KIT	163	VALTOCO 5 MG DOSE	101
<i>trientine hcl</i>	141	TWIIST REFILL		VALTREX	39
Tri-Estarylla	152	KIT/INFUSION SET	163	Valtya 1/50	153
<i>trifluoperazine hcl</i>	94	TWIIST STARTER KIT	164	VANCOCIN	44
<i>trifluridine</i>	235	TWIRLA	153	<i>vancomycin hcl</i>	44
<i>trihexyphenidyl hcl</i>	91	TWYNEO	255	VANDAZOLE	194
TRIJDARDY XR	128	TYBLUME	153	VANFLYTA	58
TRIKAFTA	247	TYBOST	35	VANOS	263
Tri-Legest Fe	152	TYENNE	218	VANRAFIA	193
TRILEPTAL	100, 101	TYKERB	58	<i>varденаfil hcl</i>	192
Tri-Linyah	152	TYMLOS	140	<i>varenicline tartrate</i>	125
Tri-Lo-Estarylla	152	TYRVAYA	237	<i>varenicline tartrate (starter)</i>	125
Tri-Lo-Marzia	152	TYSABRI	118	VARIZIG	224
Tri-Lo-Mili	152	TYVASO	78	VARUBI (180 MG DOSE)	182
Tri-Lo-Sprintec	152	TYVASO DPI		VASCEPA	69
TRILURON	30	MAINTENANCE KIT	78	VCF VAGINAL	
<i>trimethobenzamide hcl</i>	182			CONTRACEPTIVE	191

VECAMYL.....	76	VITAFOL GUMMIES.....	230	<i>westgel dha</i>	230
VECTICAL.....	258	VITAFOL ULTRA.....	230	WEZLANA.....	218
VELETRI.....	78	VITAFOL-OB.....	230	WIDE-SEAL DIAPHRAGM 60	
VELIVET.....	153	VITAFOL-OB+DHA.....	230	.....	153
VELPHORO.....	176	VITAFOL-ONE.....	230	WIDE-SEAL DIAPHRAGM 65	
VELSIPITY.....	218	<i>vitalara</i>	230	.....	153
VELTASSA.....	176	<i>vitamin d (ergocalciferol)</i>	232	WIDE-SEAL DIAPHRAGM 70	
VEMLIDY.....	41	VITRAKVI.....	58	.....	153
VENCLEXTA.....	47	VIVA DHA.....	230	WIDE-SEAL DIAPHRAGM 75	
VENCLEXTA STARTING		VIVAGUARD INO TEST		.....	153
PACK.....	47	STRIPS.....	164	WIDE-SEAL DIAPHRAGM 80	
<i>venlafaxine besylate er</i>	88	VIVELLE-DOT.....	172	.....	154
<i>venlafaxine hcl</i>	89	VIVITROL.....	122	WIDE-SEAL DIAPHRAGM 85	
<i>venlafaxine hcl er</i>	88	VIVJOA.....	32	.....	154
VENOFER.....	232	VIZIMPRO.....	58	WIDE-SEAL DIAPHRAGM 90	
VENTAVIS.....	78	VOGELXO.....	127	.....	154
VENTOLIN HFA.....	245	VOGELXO PUMP.....	127	WIDE-SEAL DIAPHRAGM 95	
VEOZAH.....	175	Volnea.....	153	.....	154
<i>verapamil hcl</i>	73	VONJO.....	58	WILATE.....	196
<i>verapamil hcl er</i>	72, 73	VONVENDI.....	196	WINLEVI.....	255
<i>verasens blood glucose test</i>	164	VOQUEZNA.....	187	WINREVAIR.....	78
VEREGEN.....	264	VORANIGO.....	60	WINRHOF SDF.....	224
VERKAZIA.....	237	<i>voriconazole</i>	32	Wixela Inhub.....	252
VERQUVO.....	74	VOSEVI.....	43	Wymzya Fe.....	154
VERZENIO.....	58	VOTRIENT.....	58	WYNZORA.....	258
VESICARE.....	194	VOWST.....	187	WYOST.....	140
Vestura.....	153	VOXZOGO.....	168	XADAGO.....	91
VEVYE.....	237	VOYDEYA.....	202	XALKORI.....	58
V-GO 20.....	164	VPRIV.....	170	XANAX.....	81
V-GO 30.....	164	VRAYLAR.....	95	XANAX XR.....	81
V-GO 40.....	164	VTAMA.....	258	Xarah Fe.....	154
VIAGRA.....	192	VUMERITY.....	118	XARELTO.....	195
VIBERZI.....	184	VUSION.....	257	XARELTO STARTER PACK.....	195
VICTOZA.....	130	VYALEV.....	91	XATMEP.....	47
Vienna.....	153	Vyfemla.....	153	XCOPRI.....	101, 102
<i>vigabatrin</i>	101	VYKAT XR.....	175	XCOPRI (250 MG DAILY	
Vigadrone.....	101	VYLEESI.....	124	DOSE).....	101
VIGAFYDE.....	101	Vylibra.....	153	XCOPRI (350 MG DAILY	
VIIBRYD.....	89	VYNDAMAX.....	76	DOSE).....	101
VIJOICE.....	175	VYNDAQEL.....	76	XDEMVY.....	235
<i>vilazodone hcl</i>	89	VYVANSE.....	107	XELJANZ.....	218, 219
VIMIZIM.....	170	VYVGART HYTRULO.....	120	XELJANZ XR.....	219
VIMOVO.....	21	VYZULTA.....	238	XELODA.....	47
VIMPAT.....	101	WAINUA.....	176	XELPROS.....	238
VIOKACE.....	187	WAKIX.....	120	Xelria Fe.....	154
<i>violele</i>	153	<i>warfarin sodium</i>	195	XELSTRYM.....	107
VIRACEPT.....	35	WEGOVY.....	138	XEMBIFY.....	224
VIREAD.....	35	WELIREG.....	60	XENAZINE.....	114
VISCO-3.....	30	WELLBUTRIN XL.....	89	XENICAL.....	138
VISTOGARD.....	60	Wera.....	153	XEOMIN.....	108
VISUDYNE.....	237	<i>wescap-c dha</i>	230	XERESE.....	39
VITAFOL FE+.....	230	<i>wescap-pn dha</i>	230	XERMELO.....	187

XGEVA.....	140	Zafemy.....	154	ZONALON.....	257
XHANCE.....	249	<i>zafirlukast</i>	248	ZONEGRAN.....	102
XIFAXAN.....	44	<i>zaleplon</i>	109	ZONISADE.....	102
XIGDUO XR.....	136	<i>zalvit</i>	230	<i>zonisamide</i>	102
XIIDRA.....	237	ZARXIO.....	198	ZONTIVITY.....	202
XOFLUZA (40 MG DOSE).....	39	ZAVESCA.....	170	ZORYVE.....	258, 259
XOFLUZA (80 MG DOSE).....	39	ZAVZPRET.....	110	Zovia 1/35 (28).....	154
XOLAIR.....	219, 220	ZEGALOGUE.....	168	ZOVIRAX.....	264
XOLREMDI.....	198	ZEGERID OTC.....	189	ZTALMY.....	102
XOPENEX HFA.....	245	ZEJULA.....	60	ZUBSOLV.....	121
XOSPATA.....	58	ZELAPAR.....	91	Zumandimine.....	154
XPHOZAH.....	176	ZELBORAF.....	58	ZUNVEYL.....	82
XPOVIO (100 MG ONCE		ZELSUVMI.....	264	ZURZUVAE.....	89
WEEKLY).....	60	ZEMAIRA.....	239	ZYCLARA.....	256
XPOVIO (40 MG ONCE		ZEMBRACE SYMTOUCH.....	112	ZYCLARA PUMP.....	256
WEEKLY).....	60	Zenatane.....	255	ZYDELIG.....	59
XPOVIO (40 MG TWICE		ZENPEP.....	187	ZYFLO.....	247
WEEKLY).....	60	Zenzedi.....	107	ZYKADIA.....	59
XPOVIO (60 MG ONCE		ZEPATIER.....	43	ZYLET.....	234
WEEKLY).....	60	ZEPBOUND.....	138	ZYMFENTRA (1 PEN).....	221
XPOVIO (60 MG TWICE		ZEPOSIA.....	118	ZYMFENTRA (2 SYRINGE).....	221
WEEKLY).....	60	ZEPOSIA 7-DAY STARTER		ZYPITAMAG.....	68
XPOVIO (80 MG ONCE		PACK.....	118	ZYRTEC.....	243
WEEKLY).....	60	ZEPOSIA STARTER KIT.....	118	ZYRTEC ALLERGY.....	243
XPOVIO (80 MG TWICE		ZERViate.....	232	ZYRTEC ALLERGY	
WEEKLY).....	60	ZESTORETIC.....	62	CHILDRENS.....	243
XROMI.....	202	ZETIA.....	66	ZYRTEC CHILDRENS	
XTAMPZA ER.....	28	ZIAGEN.....	35	ALLERGY.....	243
XTANDI.....	50	ZIANA.....	255	ZYRTEC-D ALLERGY &	
Xulane.....	154	<i>zidovudine</i>	35	CONGESTION.....	246
XULTOPHY.....	130	ZIEXTENZO.....	198	ZYTIGA.....	50
XURIDEN.....	175	ZILBRYSQ.....	113	ZYVOX.....	44
XYNTHA.....	200	<i>zileuton er</i>	247		
XYNTHA SOLOFUSE.....	200	ZILXI.....	265		
XYOSTED.....	127	ZIMHI.....	122		
XYREM.....	121	<i>ziphex</i>	230		
XYWAV.....	121	<i>ziprasidone hcl</i>	95		
XYZAL ALLERGY 24HR.....	243	<i>ziprasidone mesylate</i>	95		
YASMIN 28.....	154	ZIPSOR.....	20		
YAZ.....	154	ZIRGAN.....	235		
YESINTEK.....	220	ZITUVIMET.....	129		
YEZTUGO.....	35	ZITUVIMET XR.....	129		
YONSA.....	50	ZITUVIO.....	129		
YORVIPATH.....	140	ZOKINVY.....	175		
YOSPRALA.....	202	<i>zoledronic acid</i>	139		
YUFLYMA (1 PEN).....	220	ZOLINZA.....	60		
YUFLYMA (2 SYRINGE).....	220	<i>zolmitriptan</i>	113		
YUPELRI.....	241	ZOLOFT.....	89		
YUSIMRY.....	221	<i>zolpidem tartrate</i>	109		
YUTREPIA.....	78	<i>zolpidem tartrate er</i>	109		
Yuvaferm.....	172	ZOMACTON.....	169		
ZADITOR.....	232	ZOMIG.....	113		