

Plan for your best health

2027 Aetna Pharmacy Drug Guide High Value Plan

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 Previous versions are no longer in effect.

High Value Drug List

The **High Value Drug List** is not an all-inclusive list but represents a summary of prescribed medications within select therapeutic categories. This useful reference tool can assist medical providers in selecting therapeutically appropriate and cost-effective products for their patients. Preferred brand-name medications are listed to help identify product that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only.

This list represents brand products in CAPS and generic products in lowercase *italics*. Unless specifically indicated, drug list products will include all dosage forms, except for orally disintegrating formulations. Some prescription benefit plan designs may alter coverage of certain products or vary copay amounts based on the condition being treated. This document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, preference for brands and mandatory generics whenever available.

This list is not an all-inclusive list and does not guarantee coverage. Please visit [Aetna.com](https://www.aetna.com) for a complete list.

LEGEND

AGE = Age Limit

OTC = Over the counter

PA = Prior Authorization

PA* = If Quantity Limit is exceeded, Prior Authorization may apply

PA** = If Step Therapy requirements are not met, Prior Authorization may apply

QL = Quantity Limits

SP = Drug subject to Specialty Guideline Management

ST = Step Therapy

Key	
UPPERCASE	Brand-name medicine
<i>Upper and lowercase italics</i>	Branded generic medicine
<i>lowercase italics</i>	Generic medicine

ANALGESICS

NSAIDS

diclofenac potassium 50mg
diclofenac sodium delayed-rel
diclofenac sodium ext-rel
etodolac
flurbiprofen
ibuprofen
ketorolac tromethamine
meloxicam tabs
napumetone
naproxen tabs
oxaprozin
piroxicam
sulindac

SALICYLATES

diflunisal

VISCOSUPPLEMENTS

DUROLANE **SP, PA**
EUFLEXXA **SP, PA**
GELSYN-3 **SP, PA**
ORTHOVISC **SP, PA**

ANTI-INFECTIVES

ANTHELMINTICS

ivermectin
praziquantel **QL; PA***
EMVERM **QL; PA***

ANTIFUNGALS

fluconazole
griseofulvin microsize
itraconazole
nystatin
terbinafine hcl tabs
voriconazole

ANTITUBERCULAR AGENTS

rifabutin

ANTIVIRALS

acyclovir
famciclovir
oseltamivir phosphate **QL; PA***
valacyclovir hcl

CEPHALOSPORINS

cefadroxil
cefdinir
cefepodoxime proxetil
cefprozil
cefuroxime axetil
cephalexin

ERYTHROMYCINS/MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycin
erythromycin base
erythromycins
fidaxomicin
DIFICID **PA**
ZITHROMAX

FLUOROQUINOLONES

ciprofloxacin hcl
levofloxacin
moxifloxacin hcl
CIPRO

HEPATITIS C

ribavirin
MAVYRET **SP, PA, QL**

MISCELLANEOUS

atovaquone
clindamycin hcl
linezolid **PA**
linezolid inj **PA**
metronidazole
nitrofurantoin ext-rel
nitrofurantoin macrocrystals
sulfamethoxazole/trimethoprim
vancomycin hcl **QL**

PENICILLINS

amoxicillin
amoxicillin & pot clavulanate
amoxicillin & pot clavulanate ext-rel
ampicillin
dicloxacillin sodium
penicillin v potassium

TETRACYCLINES

doxycycline hyclate caps; tabs
 20mg, 100mg
doxycycline monohydrate susp
minocycline hcl
tetracycline hcl

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

amlodipine besylate-benazepril hcl
enalapril maleate &
hydrochlorothiazide
lisinopril & hydrochlorothiazide

ACE INHIBITORS

captopril
enalapril maleate
lisinopril
perindopril erbumine
ramipril
trandolapril

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

irbesartan-hydrochlorothiazide
losartan potassium &
hydrochlorothiazide
olmesartan medoxomil-
hydrochlorothiazide
valsartan-hydrochlorothiazide

ANGIOTENSIN II RECEPTOR ANTAGONISTS

irbesartan
losartan potassium
olmesartan medoxomil
valsartan

ANTIARRHYTHMICS

amiodarone
disopyramide phosphate
dofetilide
flecainide acetate
ibutilide fumarate
propafenone ext-rel
propafenone hcl
sotalol

ANTIPEMICS, BILE ACID RESINS

cholestyramine
colestipol hcl

ANTIPEMICS, FIBRATES

fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg)
gemfibrozil

ANTIPEMICS, HMG-COA REDUCTASE INHIBITORS

atorvastatin calcium
pravastatin sodium
rosuvastatin calcium
simvastatin

ANTIPEMICS, MISCELLANEOUS

niacin ext-rel

ANTIPEMICS, OMEGA-3 FATTY ACIDS

icosapent ethyl

ANTIPEMICS, PCSK9 INHIBITORS

LIPFENDRA **QL**
REPATHA **QL**
REPATHA SURECLICK **QL**

BETA-BLOCKER/DIURETIC COMBINATIONS

atenolol & chlorthalidone
bisoprolol & hydrochlorothiazide
metoprolol & hydrochlorothiazide

BETA-BLOCKERS

acebutolol hcl
atenolol
bisoprolol fumarate
carvedilol
labetalol hcl
metoprolol succinate ext-rel
metoprolol tartrate 25mg, 50mg, 100mg
nadolol
pindolol
propranolol ext-rel
propranolol hcl

CALCIUM CHANNEL BLOCKERS

amlodipine besylate
diltiazem ext-rel
felodipine ext-rel
isradipine
nicardipine hcl
nifedipine ext-rel
verapamil ext-rel

DIGITALIS GLYCOSIDES

digoxin
digoxin ped elixir

DIURETICS

amiloride & hydrochlorothiazide
amiloride hcl
bumetanide
chlorthalidone
ethacrynic acid
furosemide
hydrochlorothiazide
indapamide
metolazone
spironolactone &
hydrochlorothiazide
torsemide
triamterene & hydrochlorothiazide

HEART FAILURE

dapagliflozin **ST; PA****
isosorbide dinitrate-hydralazine
hcl
ivabradine hcl
sacubitril-valsartan
CORLANOR
JARDIANCE **ST; PA****

MISCELLANEOUS

hydralazine hcl
midodrine hcl
ranolazine ext-rel

NITRATES

isosorbide dinitrate 5mg, 10mg,
20mg, 30mg
isosorbide mononitrate ext-rel
nitroglycerin sublingual
nitroglycerin transdermal

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

alprazolam **QL**
alprazolam orally disintegrating
tabs **QL**
buspirone hcl
fluvoxamine ext-rel
fluvoxamine maleate
lorazepam **QL**
oxazepam **QL**
ALPRAZOLAM INTENSOL **QL**

ANTIDEPRESSANTS

bupropion
bupropion hcl ext-rel
citalopram hydrobromide
desvenlafaxine succinate ext-rel
doxepin
duloxetine delayed-rel
escitalopram oxalate
fluoxetine hcl caps; soln
fluoxetine hcl tabs 10mg, 20mg
mirtazapine
mirtazapine orally disintegrating
tabs
paroxetine hcl ext-rel²
paroxetine hcl tabs
sertraline hcl
trazodone hcl
venlafaxine hcl
venlafaxine hcl ext-rel
vilazodone hcl
SPRAVATO 56MG DOSE **SP, PA**
SPRAVATO 84MG DOSE **SP, PA**
ZURZUVAE **SP, PA, QL**

HYPNOTICS

ramelteon **QL; PA***
zaleplon **QL; PA***
zolpidem tartrate **QL; PA***
zolpidem tartrate ext-rel **QL; PA***
BELSOMRA

MIGRAINE - MISCELLANEOUS

QULIPTA **ST, QL; PA****
UBRELVY **ST, QL; PA****

MIGRAINE - MONOCLONAL ANTIBODIES

AJOVY **ST, QL; PA****
EMGALITY **ST, QL; PA****

MIGRAINE - TRIPTANS AND COMBINATIONS

naratriptan hcl **QL; PA***
rizatriptan benzoate **QL; PA***
rizatriptan orally disintegrating
tabs **QL; PA***
sumatriptan succinate **QL; PA***
zolmitriptan **QL; PA***
zolmitriptan orally disintegrating
tabs **QL; PA***

MULTIPLE SCLEROSIS AGENTS

dimethyl fumarate delayed-rel **SP, PA, QL**
fingolimod hcl **SP, PA, QL**
glatiramer acetate **SP, PA, QL**
teriflunomide **SP, PA, QL**
AVONEX **SP, PA, QL**
BETASERON **SP, PA, QL**
BRIUMVI **SP, PA, QL**
KESIMPTA **SP, PA, QL**
MAYZENT **SP, PA, QL**

MAYZENT STARTER PACK **SP, PA, QL**
OCREVUS **SP, PA, QL**
REBIF **SP, PA, QL**
TYRUKO **SP, PA, QL**
ZEPOSIA **SP, PA, QL**
ZEPOSIA STARTER KIT **SP, PA, QL**

ENDOCRINE AND METABOLIC

ANTIDIABETICS, BIGUANIDE

metformin ext-rel (except generics for
FORTAMET and GLUMETZA)
metformin hcl

ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS

glipizide-metformin hcl

ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS

saxagliptin-metformin hcl **ST; PA****

TRIJARDY XR **ST; PA****
ZITUVIMET **ST; PA****
ZITUVIMET XR **ST; PA****

ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

saxagliptin hcl **ST; PA****
ZITUVIO **ST; PA****

ANTIDIABETICS, INCRETIN MIMETIC AGENTS

liraglutide **ST, QL; PA****
MOUNJARO **ST, QL; PA****
OZEMPIC **ST, QL; PA****
RYBELSUS **ST, QL; PA****
TRULICITY **ST, QL; PA****

ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS

SOLIQUA **ST; PA****

ANTIDIABETICS, INSULIN

AWIQLI FLEXTOUCH
FIASP
HUMULIN R U-500
INSULIN GLARGINE-YFGN
LANTUS
LANTUS SOLOSTAR
NOVOLIN **OTC**
NOVOLOG
NOVOLOG MIX
TRESIBA

ANTIDIABETICS, INSULIN SENSITIZER

pioglitazone hcl

ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION

pioglitazone hcl-metformin hcl

ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION

pioglitazone hcl-glimepiride

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS

dapagliflozin free base-metformin
hcl **ST; PA****
SYNJARDY **ST; PA****
SYNJARDY XR **ST; PA****
XIGDUO XR 2.5 MG-1000 **ST; PA****

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS

GLYXAMBI **ST; PA****

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS

dapagliflozin **ST; PA****
JARDIANCE **ST; PA****

ANTIDIABETICS, SULFONYLUREA

glimepiride
glipizide
glipizide ext-rel
glipizide xl

CALCIUM REGULATORS, BISPHOSPHONATES

alendronate sodium
ibandronate sodium
risedronate sodium
zoledronic acid

CALCIUM REGULATORS, MISCELLANEOUS

BILPREVDA **SP, PA, QL**
OSENVELT **SP, PA, QL**
OSPOMYV **SP, PA, QL**
STOBACLO **SP, PA, QL**

CALCIUM REGULATORS, PARATHYROID HORMONES

teriparatide 560mcg/2.24ml **SP, PA, QL**
BONSITY **SP, PA, QL**
TERIPARATIDE 560MCG/2.24ML
SP, PA, QL
TYMLOS **SP, PA, QL**

CONTRACEPTIVES

desogestrel & ethinyl estradiol

desogestrel-ethinyl estradiol (biphasic)
 desogestrel-ethinyl estradiol (triphasic)
 drospirenone-ethinyl estradiol
 ethynodiol diacet & eth estrad
 etonogestrel-ethinyl estradiol
 levonorgestrel & eth estradiol
 levonorgestrel-eth estradiol (triphasic)
 levonorgestrel-ethinyl estradiol (91-day)
 medroxyprogesterone acetate 150 mg/ml
 norelgestromin/ethinyl estradiol - xulane
 norethin acet & estrad-fe
 norethindrone
 norethindrone & eth estradiol
 norethindrone & ethinyl estradiol-fe
 norethindrone acet & eth estra
 norethindrone-eth estradiol (triphasic)
 norgestimate-ethinyl estradiol
 norgestimate-ethinyl estradiol (triphasic)
 norgestrel & ethinyl estradiol
 ELLA
 KYLEENA
 LO LOESTRIN FE
 MIRENA
 NEXPLANON
 PARAGARD INTRAUTERINE COP
 SKYLA

DIABETIC SUPPLIES

ACCU-CHEK AVIVA PLUS STRIPS AND KITS ¹ **OTC**
 ACCU-CHEK GUIDE STRIPS AND KITS ¹ **OTC**
 ACCU-CHEK LANCETS / LANCING DEVICE **OTC**
 ACCU-CHEK SMARTVIEW STRIPS AND KITS ¹ **OTC**
 BD INSULIN SYRINGES AND NEEDLES
 BD INSULIN SYRINGES AND NEEDLES **OTC**
 EMBECTA ULTRAFINE INSULIN SYRINGES (EXCEPT CERTAIN NDCS) **OTC**
 EMBECTA ULTRAFINE NEEDLES (EXCEPT CERTAIN NDCS) **OTC**
 FREESTYLE LIBRE RECEIVER
 FREESTYLE LIBRE SENSOR
 KETO-DIASTIX **OTC**
 KETONE TEST STRIPS **OTC**
 MULTISTIX 10 SG **OTC**
 OMNIPOD 5 INSULIN INFUSION PUMP
 OMNIPOD DASH INSULIN INFUSION PUMP

TRUE METRIX STRIPS AND KITS ¹
OTC
 TRUEPLUS LANCETS **OTC**
 TWIIST REFILL KIT/INFUSIO
 TWIIST STARTER KIT

HUMAN GROWTH HORMONES

NORDITROPIN **SP, PA**
 SOGROYA **SP, PA, QL**

MENOPAUSAL SYMPTOM AGENTS

estradiol
 estradiol vaginal
 estradiol vaginal crm
 estradiol/norethindrone
 COMBIPATCH
 IMVEXXY

MISCELLANEOUS

raloxifene hcl

PHOSPHATE BINDER AGENTS

calcium acetate caps
 sevelamer carbonate

PROGESTINS

medroxyprogesterone acetate
 norethindrone acetate
 progesterone, micronized
 CRINONE

THYROID AGENTS

levothyroxine sodium
 liothyronine sodium

GASTROINTESTINAL

H2-RECEPTOR ANTAGONISTS

cimetidine
 famotidine

PROTON PUMP INHIBITORS

lansoprazole delayed-rel
 omeprazole delayed-rel
 pantoprazole delayed-rel tabs

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

alfuzosin ext-rel
 doxazosin mesylate
 finasteride
 tamsulosin hcl
 terazosin hcl

CONTRACEPTIVES

PHEXXI

URINARY ANTISPASMODICS

mirabegron
 oxybutynin chloride
 oxybutynin ext-rel
 tolterodine tartrate

trosipium

VAGINAL ANTI-INFECTIVES

clindamycin cream
 metronidazole vaginal gel
 terconazole vaginal

HEMATOLOGIC

ANTICOAGULANTS

dabigatran etexilate mesylate
 enoxaparin sodium
 rivaroxaban
 warfarin sodium
 ELIQUIS
 ELIQUIS STARTER PACK
 XARELTO
 XARELTO STARTER PACK

PLATELET AGGREGATION INHIBITORS

clopidogrel bisulfate
 dipyridamole
 dipyridamole ext-rel/aspirin
 prasugrel hcl
 ticagrelor

IMMUNOLOGIC AGENTS

ALOPECIA AREATA

LITFULO **SP, PA, QL**
 OLUMIANT **SP, PA, QL**

AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)

AVSOLA **SP, PA, QL**
 ENTIVIO INTRAVENOUS **SP, PA, QL**
 ILUMYA **SP, PA, QL**
 INFlixIMAB **SP, PA, QL**
 PYZCHIVA INTRAVENOUS **SP, PA, QL**
 REMICADE **SP, PA, QL**
 SIMPONI ARIA **SP, PA, QL**
 SKYRIZI INTRAVENOUS **SP, PA, QL**
 STELARA INTRAVENOUS **SP, PA, QL**
 TREMFYA INTRAVENOUS **SP, PA, QL**
 YESINTEK INTRAVENOUS **SP, PA, QL**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS

tofacitinib citrate **SP, PA, QL**
 ADALIMUMAB-ADAZ **SP, PA, QL**
 ENBREL **SP, PA, QL**
 HADLIMA **SP, PA, QL**
 HADLIMA PUSHTOUCH **SP, PA, QL**
 HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) **SP, PA, QL**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS

tofacitinib citrate **SP, PA, QL**
 ADALIMUMAB-ADAZ **SP, PA, QL**
 COSENTYX SUBCUTANEOUS **SP, PA, QL**
 ENBREL **SP, PA, QL**
 HADLIMA **SP, PA, QL**
 HADLIMA PUSHTOUCH **SP, PA, QL**
 HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) **SP, PA, QL**
 RINVOQ **SP, PA, QL**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE

ADALIMUMAB-ADAZ **SP, PA, QL**
 ENTIVIO PEN **SP, PA, QL**
 HADLIMA **SP, PA, QL**
 HADLIMA PUSHTOUCH **SP, PA, QL**
 HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) **SP, PA, QL**
 PYZCHIVA (EXCEPT NDCS 61314-XXXX-XX) **SP, PA, QL**
 RINVOQ **SP, PA, QL**
 SKYRIZI **SP, PA, QL**
 TREMFYA **SP, PA, QL**
 TREMFYA PEN **SP, PA, QL**
 YESINTEK **SP, PA, QL**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA

ADALIMUMAB-ADAZ **SP, PA, QL**
 COSENTYX SUBCUTANEOUS **SP, PA, QL**
 HADLIMA **SP, PA, QL**
 HADLIMA PUSHTOUCH **SP, PA, QL**
 HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) **SP, PA, QL**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

CIMZIA (2 SYRINGE) **SP, PA, QL**
 COSENTYX SUBCUTANEOUS **SP, PA, QL**
 RINVOQ **SP, PA, QL**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS

ADALIMUMAB-ADAZ **SP, PA, QL**
 BIMZELX **SP, PA, QL**
 HADLIMA **SP, PA, QL**
 HADLIMA PUSHTOUCH **SP, PA, QL**
 HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) **SP, PA, QL**
 ICOTYDE **SP, PA, QL**
 OTEZLA **SP, PA, QL**
 OTEZLA XR **SP, PA, QL**

PYZCHIVA (EXCEPT NDCS 61314-XXXX-XX) # **SP, PA, QL**
SKYRIZI **SP, PA, QL**
SOTYKTU **SP, PA, QL**
TREMFYA **SP, PA, QL**
TREMFYA PEN **SP, PA, QL**
YESINTEK **SP, PA, QL**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS

tofacitinib citrate **SP, PA, QL**
ADALIMUMAB-ADAZ **SP, PA, QL**
COSENTYX SUBCUTANEOUS **SP, PA, QL**
ENBREL **SP, PA, QL**
HADLIMA **SP, PA, QL**
HADLIMA PUSHTOUCH **SP, PA, QL**
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) # **SP, PA, QL**
OTEZLA **SP, PA, QL**
OTEZLA XR **SP, PA, QL**
PYZCHIVA (EXCEPT NDCS 61314-XXXX-XX) # **SP, PA, QL**
RINVOQ **SP, PA, QL**
SKYRIZI **SP, PA, QL**
TREMFYA **SP, PA, QL**
TREMFYA PEN **SP, PA, QL**
YESINTEK **SP, PA, QL**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS

tofacitinib citrate **SP, PA, QL**
ADALIMUMAB-ADAZ **SP, PA, QL**
ENBREL **SP, PA, QL**
HADLIMA **SP, PA, QL**
HADLIMA PUSHTOUCH **SP, PA, QL**
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) # **SP, PA, QL**
KEVZARA **SP, PA, QL**
ORENCIA CLICKJECT **SP, PA, QL**
ORENCIA SUBCUTANEOUS **SP, PA, QL**
RINVOQ **SP, PA, QL**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS

tofacitinib citrate **SP, PA, QL**
ADALIMUMAB-ADAZ **SP, PA, QL**
ENTYVIO PEN **SP, PA, QL**

HADLIMA **SP, PA, QL**
HADLIMA PUSHTOUCH **SP, PA, QL**
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) # **SP, PA, QL**
PYZCHIVA (EXCEPT NDCS 61314-XXXX-XX) # **SP, PA, QL**
RINVOQ **SP, PA, QL**
SKYRIZI **SP, PA, QL**
TREMFYA **SP, PA, QL**
TREMFYA PEN **SP, PA, QL**
YESINTEK **SP, PA, QL**
ZEPOSIA **SP, PA, QL**
ZEPOSIA STARTER KIT **SP, PA, QL**

OPHTHALMIC

ANTIGLAUCOMA BETA-BLOCKERS

betaxolol hcl (ophth)
timolol maleate (ophth)

ANTIGLAUCOMA COMBINATION AGENTS

dorzolamide hcl-timolol maleate

CARBONIC ANHYDRASE INHIBITORS

dorzolamide hcl

DRY EYE DISEASE

cyclosporine (ophth) **PA, QL**
RESTASIS Multidose is preferred **PA, QL**
VEVYE **PA, QL**

PROSTAGLANDINS

bimatoprost
latanoprost

SYMPATHOMIMETICS

brimonidine 0.15%, 0.2%

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

epinephrine (anaphylaxis) ² **QL; PA***

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ipratropium/albuterol inhalation soln **QL**
ANORO ELLIPTA **QL**

BEVESPI AEROSPHERE **QL**

ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS

TRELEGY ELLIPTA **QL**

ANTICHOLINERGICS

ipratropium inhalation solution **QL**
SPIRIVA **QL**
SPIRIVA HANDIHALER **QL**
YUPELRI **QL**

BETA AGONISTS

albuterol inhalation soln **QL**
albuterol sulfate, cfc-free aerosol ² **QL**
formoterol inhalation solution **QL**
levalbuterol nebulizer soln concentrate **QL**
levalbuterol, cfc-free aerosol **QL**
STRIVERDI RESPIMAT **QL**

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

DUPIXENT **SP, PA, QL**
NUCALA **SP, PA, QL**

CHRONIC RHINOSINUSITIS WITH NASAL POLYPS

DUPIXENT **SP, PA, QL**
NUCALA **SP, PA, QL**
XOLAIR **SP, PA, QL**

CHRONIC SPONTANEOUS URTICARIA

DUPIXENT **SP, PA, QL**
XOLAIR **SP, PA, QL**

EOSINOPHILIC ESOPHAGITIS

DUPIXENT **SP, PA, QL**

LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast sodium

NASAL STEROIDS

flunisolide spray
fluticasone spray

SEVERE ASTHMA AGENTS

DUPIXENT **SP, PA, QL**
FASENRA **SP, PA, QL**
FASENRA PEN **SP, PA, QL**

NUCALA **SP, PA, QL**
TEZSPIRE **SP, PA, QL**
XOLAIR **SP, PA, QL**

STEROID INHALANTS

budesonide inh susp **QL; PA***
ASMANEX HFA **QL**
PULMICORT FLEXHALER **QL**

STEROID/BETA-AGONIST COMBINATIONS

breyna 80-4.5 mcg/act **QL**
breyna 160-4.5 mcg/act **QL**
budesonide-formoterol fumarate dihydrate **QL**
fluticasone-salmeterol ² **QL**
wixela inhub **QL**
AIRSUPRA **QL**

TOPICAL

DERMATOLOGY, ACNE

clindamycin gel ² **QL; PA***
clindamycin lotion **QL; PA***
clindamycin solution **QL; PA***
erythromycin gel 2% **QL; PA***
erythromycin soln **QL; PA***
erythromycin/benzoyl peroxide **QL; PA***
sulfacetamide lotion 10%
tretinoin

DERMATOLOGY, ATOPIC DERMATITIS

pimecrolimus
tacrolimus (topical)
CIBINQO **SP, PA, QL**
DUPIXENT **SP, PA, QL**
EBGLYSS **SP, PA, QL**
NEMLUVIO **SP, PA, QL**
RINVOQ **SP, PA, QL**

DERMATOLOGY, PRURIGO NODULARIS

DUPIXENT **SP, PA, QL**
NEMLUVIO **SP, PA, QL**

MOUTH/THROAT/DENTAL AGENTS

clotrimazole troches

FOR YOUR INFORMATION: This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market. Unless specifically indicated, drug list products will include all oral dosage forms, except for orally disintegrating formulations. This list represents brand products in CAPS and generic products in lowercase *italics*. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to [Aetna.com](https://www.aetna.com) to check coverage.

An exception process may exist for specific clinical or regulatory circumstances that require coverage of a removed medication.

Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.

¹ An ACCU-CHEK or TRUE METRIX blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK or TRUE METRIX. For more information on how to obtain a blood glucose meter, call: [1-877-418-4746](tel:1-877-418-4746) (TTY: 711).

² Listing does not include certain NDCs. Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

BD ULTRAFINE or EMBECTA ULTRAFINE (except certain NDCs) syringes and needles are the only preferred options.

ACCU-CHEK or TRUE METRIX (Trividia manufactured NDCs) brand test strips are the only preferred options.

ACCU-CHEK lancing devices are the only preferred options.

ACCU-CHEK or TRUEPLUS (only certain NDCs) lancets are the only preferred options.

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark®. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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TTY:711

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

Hawaiian	No ka wala‘au ‘ana me ka lawelawe ‘ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obula, kpọọ nọmba nọ na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၣ်တၢ်မၤစၢအတၢ်ဖဲတၢ်မၤတဖၣ် လၢတအိၣ်ဒီးအပူၤလၢနကဘၣ်ဟ့ၣ်အီၤအဂီၢ်,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 ئەگەریت بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໃບທາດປີໃຫຍ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
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 nōmba eo ilo kaat in ID eo am.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah nílíggo nanitinígíí bee néého'dółzinígíí béésh 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]

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Disclaimers:

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.

Not all health services are covered. Your plan may not cover certain drugs such as infertility, erectile dysfunction, weight loss and smoking cessation. 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.

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

In accordance with state law, commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Pharmacy Drug Guide (formulary), Precertification, Quantity Limits or Step-Therapy Lists during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, precertification approval is known as "pre-service utilization review." It is not "verification" as defined by Texas law.

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

This 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.