



January 1, 2021

Changes coming to your plan's pharmacy drug lists

There will be changes to the **Aetna Value Plus Plan** drug list that applies to your plan starting on **January 1, 2021**. It's important that you review the changes in the chart below. Talk to your health care provider about how these changes might impact you.

What if I need a prescription drug that requires a medical exception?

You or your prescriber can request a medical exception to the changes in this letter. If you would like to ask for an exception, talk with your prescriber. Or, you can call us at the toll-free number on your Member ID card.

We'll contact you and your prescriber with our decision. If we approve your exception, you will pay your plan copay or cost-share. But first you must meet any deductible or out-of-pocket requirements of your pharmacy plan.

How to find a preferred medicine that's right for you

You can visit the website that's shown on your member ID card. Then log in to your account. To better understand how your plan's pharmacy benefits work, call us at the number on your member ID card.

UPPER CASE = brand-name medication

lower case = generic medication

If your plan doesn't have formulary exclusions, you will pay the non-preferred copay.

* Changes apply if your plan includes this program. Refer to your plan documents.

Prescription Drug	Change(s)
ABILIFY MAINTENA	Preferred brand drug
acamprosate calcium dr	Quantity limits removed
ACCOLATE	Quantity limits removed
ACCU-CHEK AVIVA PLUS	Not covered for plans with Formulary Exclusions; Quantity limits removed
ACCU-CHEK COMPACT PLUS	Not covered for plans with Formulary Exclusions; Quantity limits removed
ACCU-CHEK GUIDE	Not covered for plans with Formulary Exclusions; Quantity limits removed
ACCU-CHEK LANCETS / LANCING DEVICES	Non-preferred brand drug
ACCU-CHEK SMARTVIEW STRIPS	Not covered for plans with Formulary Exclusions; Quantity limits removed
acetaminophen / caffeine / dihydrocodeine	Preferred generic drug
acetaminophen / codeine	You can fill up to 90ml/ day

Prescription Drug	Change(s)
acetazolamide er	Non-preferred generic drug; Step therapy removed
acid reducer	You can fill up to 90/ year*
acitretin	Preauthorization required*
ACTHAR	You can fill up to 7 vials/ 21 days*
ACTIVELLA	Quantity limits removed
ACTOPLUS MET	Quantity limits removed
ACTOS	Not covered for plans with Formulary Exclusions; Quantity limits removed
ACUVAIL	Not covered for plans with Formulary Exclusions
ACZONE	Quantity limits removed
adapalene cre 0.1%	Preauthorization required*
adapalene gel 0.1%	Non-preferred generic drug; Over-the-counter drug no longer covered by your plan
adapalene gel 0.3%	Preauthorization required*
adapalene lot 0.1%	Preferred generic drug
adapalene pump	Preauthorization required*
ADCIRCA	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
ADDERALL TAB 10MG	You can fill up to 3/ day
ADDERALL TAB 12.5MG	You can fill up to 3/ day
ADDERALL TAB 15MG	You can fill up to 2/ day
ADDERALL TAB 20MG	You can fill up to 2/ day
ADDERALL TAB 30MG	You can fill up to 1/ day
ADDERALL TAB 5MG	You can fill up to 3/ day
ADDERALL TAB 7.5MG	You can fill up to 3/ day
ADDERALL XR CAP 10MG	Non-preferred brand drug; Step therapy removed
ADDERALL XR CAP 15MG	Non-preferred brand drug; Step therapy removed; You can fill up to 1/ day
ADDERALL XR CAP 20MG	Non-preferred brand drug; Step therapy removed; You can fill up to 1/ day
ADDERALL XR CAP 25MG	Non-preferred brand drug; Step therapy removed; You can fill up to 1/ day
ADDERALL XR CAP 30MG	Non-preferred brand drug; Step therapy removed; You can fill up to 1/ day
ADDERALL XR CAP 5MG	Non-preferred brand drug; Step therapy removed
adefovir dipivoxil	Quantity limits removed
ADEMPAS	Preferred specialty drug; Step therapy removed
ADHANSIA XR	Preauthorization removed; Step therapy removed
ADRENALIN	Non-preferred brand drug
ADVATE	Non-preferred specialty drug
ADYNOVATE	Preferred specialty drug
ADYPHREN	Not covered for plans with Formulary Exclusions; Quantity limits removed
ADZENYS ER	Not covered for plans with Formulary Exclusions; Step therapy removed
ADZENYS XR TAB 3.1MG	Preauthorization removed; Step therapy removed
ADZENYS XR TAB 6.3MG	Preauthorization removed; Step therapy removed

Prescription Drug	Change(s)
ADZENYS XR TAB 9.4MG	Preauthorization removed; Step therapy removed
AEMCOLO	Quantity limits removed
AFINITOR	Non-preferred specialty drug; Step therapy removed
AFINITOR DIS TAB 2MG	Preferred specialty drug
AFINITOR DIS TAB 3MG	Preferred specialty drug
AFINITOR DIS TAB 5MG	Preferred specialty drug
AFINITOR TAB 10MG	Preferred specialty drug
AGGRENOLX	You can fill up to 2/ day*
AGRYLIN	You can fill up to 6/ day*
AIMOVIG	Preauthorization removed; You must first try divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, venlafaxine*
AIRDUO RESPICLICK	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed; Quantity limits removed
AJOVY	Preauthorization removed; You must first try divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, venlafaxine*
AKYNZEO	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed; Quantity limits removed
ALA SCALP	Preauthorization required*; You can fill up to 6ml/ day*
albendazole	You can fill up to 336 tabs/365 days*
ALBENZA	You can fill up to 336/ year*
albuterol sulfate	You can fill up to 2 ml/ day*
albuterol sulfate amps	You can fill up to 5 boxes/ month*
albuterol sulfate hfa 18gm	You can fill up to 2 inhalers/30 days*
albuterol sulfate hfa 6.7gm	You can fill up to 2 inhalers/30 days*
albuterol sulfate hfa 8.5gm	You can fill up to 2 inhalers/30 days*
alclometasone dipropionate	You can fill up to 120gm/ month*
ALDARA	Quantity limits removed
ALECENSA	Preferred specialty drug
alendronate sodium	Quantity limits removed
alfuzosin hcl er	Quantity limits removed
aliskiren	Preferred generic drug; Quantity limits removed
ALIVE PRENATAL MULTI-VITAMIN / PLANT DHA	Non-preferred brand drug; Over-the-counter drug no longer covered by your plan
ALKERAN	Step therapy removed
allergy nasal spray 24 hour	Quantity limits removed
alogliptin	Not covered for plans with Formulary Exclusions; Quantity limits removed
alogliptin / metformin hcl	Not covered for plans with Formulary Exclusions; Quantity limits removed
alogliptin / pioglitazone	Not covered for plans with Formulary Exclusions; Quantity limits removed

Prescription Drug	Change(s)
ALORA	Not covered for plans with Formulary Exclusions; Quantity limits removed
alosetron hcl	Step therapy removed
ALPHAGAN P	Preferred brand drug
alprazolam	You can fill up to 5/ day*
ALPRAZOLAM INTENSOL	You can fill up to 10ml/ day*
alprazolam odt	You can fill up to 5/ day*
alprazolam xr	Quantity limits removed
ALPROLIX	Not covered for plans with Formulary Exclusions
ALREX	Not covered for plans with Formulary Exclusions
ALTOPREV	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
ALUNBRIG	Preferred specialty drug
ALZAIR ALLERGY BLOCKER NASAL SPRAY	Not covered for plans with Formulary Exclusions
amabelz	Quantity limits removed
AMBIEN	Step therapy removed; You can fill up to 15/ month*
AMBIEN CR	You can fill up to 15/ month*
ambrisentan	You can fill up to 1/ day*
amcinonide cream	Step therapy removed; You can fill up to 120gm/ month*
amcinonide lotion	Step therapy removed; You can fill up to 120ml/ month*
amcinonide ointment	Preauthorization required*; Step therapy removed; You can fill up to 6gm/ day*
AMELUZ	Not covered for plans with Formulary Exclusions
AMERGE	You must first try 3 of naratriptan, rizatriptan, sumatriptan, zolmitriptan.*
AMICAR	Non-preferred brand drug
AMICAR SOLUTION	Not covered for plans with Formulary Exclusions
AMITIZA	Not covered for plans with Formulary Exclusions; Quantity limits removed
amitriptylin tab 10mg	You can fill up to 5/ day*
amitriptylin tab 25mg	You can fill up to 2/ day*
amitriptylin tab 50mg	You can fill up to 1/ day*
amlodipine / olmesartan medoxomil	Quantity limits removed
amlodipine / valsartan / hctz	Quantity limits removed
amlodipine / valsartan / hydrochlorothiazide	Quantity limits removed
amlodipine besylate / atorvastatin calcium	Non-preferred generic drug; Step therapy removed; Quantity limits removed
amlodipine besylate / valsartan	Quantity limits removed
amnestem	Quantity limits removed

Prescription Drug	Change(s)
amoxapine tab 100mg	You can fill up to 3/ day*
amoxapine tab 150mg	You can fill up to 2/ day*
amoxapine tab 25mg	You can fill up to 3/ day*
amoxapine tab 50mg	You can fill up to 3/ day*
amphet / dextr tab 10mg	You can fill up to 3/ day
amphet / dextr tab 12.5mg	You can fill up to 3/ day
amphet / dextr tab 15mg	You can fill up to 2/ day
amphet / dextr tab 20mg	You can fill up to 2/ day
amphet / dextr tab 30mg	You can fill up to 1/ day
amphet / dextr tab 5mg	You can fill up to 3/ day
amphet / dextr tab 7.5mg	You can fill up to 3/ day
amphetamine / dextroamphetamine	You can fill up to 1/ day
amphetamine er	You must first try 3 of generic amphetamine, amphetamine/dextroamphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate , Mydayis,Vyvanse*
amphetamine sulfate	Preauthorization removed
amphetamine tab 10mg	You can fill up to 3/ day
amphetamine tab 12.5mg	You can fill up to 3/ day
amphetamine tab 15mg	You can fill up to 2/ day
amphetamine tab 20mg	You can fill up to 2/ day
amphetamine tab 30mg	You can fill up to 1/ day
amphetamine tab 5mg	You can fill up to 3/ day
amphetamine tab 7.5mg	You can fill up to 3/ day
AMPYRA	Non-preferred specialty drug; You must first try dalfampridine*
ANADROL-50	Preauthorization required*
ANAFRANIL CAP 25MG	You can fill up to 5/ day*
ANAFRANIL CAP 50MG	You can fill up to 5/ day*
ANAFRANIL CAP 75MG	You can fill up to 3/ day*
anagrelide cap 0.5mg	You can fill up to 6/ day*
anagrelide cap 1mg	You can fill up to 3/ day*
ANCOBON	Non-preferred brand drug; Step therapy removed
ANDRODERM	Preferred brand drug; Step therapy removed; Quantity limits removed
ANDROGEL GEL 1.62%	Non-preferred brand drug; Step therapy removed; Quantity limits removed
ANGELIQ	Not covered for plans with Formulary Exclusions
ANNOVERA	Preferred brand drug
ANTARA	Quantity limits removed
ANZEMET	Not covered for plans with Formulary Exclusions; Quantity limits removed
APADAZ	You can fill up to 168/ month

Prescription Drug	Change(s)
APOKYN	Not covered for plans with Formulary Exclusions
aprepitant cap 125mg	You can fill up to 2/ 21 days*
aprepitant cap 40mg	You can fill up to 3/ 180 days*
aprepitant cap 80mg	You can fill up to 4/ 21 days*
APRISO	Step therapy removed; Quantity limits removed
APTENSIO XR	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed
APTIVUS	Non-preferred brand drug
ARAKODA	Not covered for plans with Formulary Exclusions
ARALAST NP	Not covered for plans with Formulary Exclusions
ARAVA	Quantity limits removed
ARCALYST	You can fill up to 4 vials/ month*
argyle sterile water 100ml	Preferred generic drug
ARICEPT	Preauthorization removed
aripiprazole	Quantity limits removed
aripiprazole odt	Quantity limits removed
ARISTADA INITIO	Non-preferred brand drug
ARIXTRA	Quantity limits removed
armodafinil	Quantity limits removed
ARTHROTEC 50	Not covered for plans with Formulary Exclusions
ARTHROTEC 75	Not covered for plans with Formulary Exclusions
ARYMO ER TAB	Not covered for plans with Formulary Exclusions; Preauthorization removed
ASACOL HD	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
ASCOR	Not covered for plans with Formulary Exclusions
aspirin / dipyridamole	You can fill up to 2/ day*
ASTAGRAFXL CAP 0.5MG	Not covered for plans with Formulary Exclusions; Quantity limits removed
ASTAGRAFXL CAP 1MG	Not covered for plans with Formulary Exclusions; Quantity limits removed
ASTAGRAFXL CAP 5MG	Not covered for plans with Formulary Exclusions
ATACAND	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
ATACAND HCT	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
atomoxetine	You can fill up to 1/ day
atorvastatin calcium	Quantity limits removed
atropine sulfate	Not covered under pharmacy benefit
ATROVENT HFA	Not covered for plans with Formulary Exclusions; Quantity limits removed
augmented betamethasone dipropionate	You can fill up to 120gm/ month*
AUGMENTIN	Non-preferred brand drug

Prescription Drug	Change(s)
AUSTEDO	Preferred specialty drug; Step therapy removed
AUSTEDO TAB 6MG	Preferred specialty drug; Step therapy removed; You can fill up to 2/ day*
AUTOLET II CLINISAFE	Quantity limits removed
AUTOLET LITE CLINISAFE	Quantity limits removed
AUTOLET LITE STARTER PACK	Quantity limits removed
AVALIDE	Step therapy removed; Quantity limits removed
AVANDARYL	Quantity limits removed
AVANDIA	Quantity limits removed
AVAPRO	Step therapy removed; Quantity limits removed
avidoxy	Preferred generic drug; Step therapy removed
avita	Preauthorization removed
AVODART	Preauthorization required*; Step therapy removed
AZASITE	Not covered for plans with Formulary Exclusions
azelastine hcl	You can fill up to 60ml/30 days*
azelastine hydrochloride / fluticasone propionate	You can fill up to 1 package/ month*
AZELEX	Not covered for plans with Formulary Exclusions
AZILECT	Quantity limits removed
AZOPT	Not covered for plans with Formulary Exclusions
AZOR	Step therapy removed; Quantity limits removed
AZULFIDINE	Step therapy removed; Quantity limits removed
AZULFIDINE EN-TABS	Step therapy removed; Quantity limits removed
balsalazide disodium	Quantity limits removed
BANZEL SUS 40MG / ML	Preauthorization required*
BANZEL TAB	Preauthorization required*; Quantity limits removed
BAQSIMI ONE PACK	Quantity limits removed
BAQSIMI TWO PACK	Quantity limits removed
BARACLUDE SOLUTION	Preferred specialty drug
BAXDELA	Preauthorization removed; Quantity limits removed
BECONASE AQ	Not covered for plans with Formulary Exclusions; Step therapy removed
BELBUCA	Preferred brand drug; Preauthorization removed
BELSOMRA	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
BENEFIX	Non-preferred specialty drug
BENICAR	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
BENICAR HCT	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed

Prescription Drug	Change(s)
BENLYSTA	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
BENLYSTA INJ 120MG	Step therapy removed; You can fill up to 4 vials/ month*
BENLYSTA INJ 400MG	You can fill up to 4 vials/ month*
benzhydrocodone / acetaminophen	You can fill up to 168/ month
BENZIQ	Preferred brand drug
BENZIQLS	Preferred brand drug
BENZNIDAZOLE	Preauthorization removed; Quantity limits removed
benzonatate cap 150mg	Non-preferred generic drug; Step therapy removed
BEPREVE	Not covered for plans with Formulary Exclusions
BERINERT	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
baser	Preferred generic drug
BESIVANCE	Not covered for plans with Formulary Exclusions
betamethasone dipropionate	You can fill up to 120ml/ month*
betamethasone valerate	Step therapy removed
betamethasone valerate aerosol	You can fill up to 120gm/ month*
betamethasone valerate cream	Step therapy removed; You can fill up to 120gm/ month*
betamethasone valerate lotion	Step therapy removed; You can fill up to 120ml/ month*
BETAPACE	Not covered for plans with Formulary Exclusions
BETAPACE AF	Not covered for plans with Formulary Exclusions
betaxolol hcl	Preferred generic drug
BETIMOL	Preferred brand drug
BETOPTIC-S	Not covered for plans with Formulary Exclusions
BEVESPI AEROSPHERE	Not covered for plans with Formulary Exclusions; Quantity limits removed
BI-EST 80:20 PROGESTERONE COMPOUNDING KIT	Not covered for plans with Formulary Exclusions
bicalutamide	Quantity limits removed
BIDIL	Preferred brand drug
BIJUVA	Preferred brand drug; Quantity limits removed
BILTRICIDE	You can fill up to 24/ year*
BINOSTO	Non-preferred brand drug
BONJESTA	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed; Quantity limits removed
bosentan	You can fill up to 2/ day*

Prescription Drug	Change(s)
BREZTRI AEROSPHERE	Preferred brand drug; You can fill up to 1 inhaler/ month*
BRISDELLE	Step therapy removed
BROVANA	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed; Quantity limits removed
BRYHALI	Preferred brand drug; Step therapy removed
budesonide er	Quantity limits removed
budesonide nasal spray	You can fill up to 2 packages/ month*
budesonide sus 0.25mg / 2	Preauthorization removed
budesonide sus 0.5mg / 2	Preauthorization removed
budesonide sus 1mg / 2ml	Preauthorization removed; You can fill up to 1 box/ month*
BUNAVAIL	Not covered for plans with Formulary Exclusions
BUNAVAIL MIS 6.3-1MG	Not covered for plans with Formulary Exclusions
BUPHENYL	Not covered for plans with Formulary Exclusions; Preauthorization removed; Quantity limits removed
buprenorphine	Preauthorization removed
buprenorphine hcl / naloxone hcl	Not covered for plans with Formulary Exclusions
bupropion hcl	Quantity limits removed
bupropion hydrochloride er (sr)	Quantity limits removed
bupropion hydrochloride er (xl)	Quantity limits removed
but / apap / caf cap	Not covered for plans with Formulary Exclusions
but / apap / caf tab	You can fill up to 48/ month*
butal / apap cap 50-300mg	Preferred generic drug; Step therapy removed; You can fill up to 48/ month*
butal / apap tab 50-325mg	You can fill up to 48/ month*
butalbital / aspirin / caffeine	You can fill up to 48/ month*
butalbital / aspirin / caffeine / codeine	You can fill up to 48/ month
BUTRANS	Not covered for plans with Formulary Exclusions; Preauthorization removed
CADUET	Non-preferred brand drug; Step therapy removed; Quantity limits removed
CAFERGOT	Not covered for plans with Formulary Exclusions
calcipotriene ointment	You can fill up to 2gm/ month*
calcipotriene solution	You must first try betamethasone, fluocinolone, mometasone, halcinonide, triamcinolone*; You can fill up to 2ml/ month*
calcitonin-salmon	Quantity limits removed
calcitrene	Preferred generic drug; Step therapy removed
CALCIUM-FOLIC ACID PLUS D	Not covered for plans with Formulary Exclusions
CANASA	Not covered for plans with Formulary Exclusions; Quantity limits removed

Prescription Drug	Change(s)
candesartan cilexetil	Quantity limits removed
candesartan cilexetil / hydrochlorothiazide	Quantity limits removed
CARAFATE	Not covered for plans with Formulary Exclusions
CARBATROL	Non-preferred brand drug
carbinoxamine maleate	Preferred generic drug
CARDIZEM	Not covered for plans with Formulary Exclusions
CARDIZEM LA	Not covered for plans with Formulary Exclusions; Quantity limits removed
CARDIZEM LA TAB 420MG / 24	Not covered for plans with Formulary Exclusions
CARDURA XL	Quantity limits removed
carisoprodol	You can fill up to 84/ month*
carisoprodol / aspirin	You can fill up to 168/ month*
carisoprodol / aspirin / codeine	You can fill up to 168/ month*
carisoprodol tab 250mg	Non-preferred generic drug; Step therapy removed; You can fill up to 84/ month*
CARNITOR	Not covered for plans with Formulary Exclusions
CARNITOR SF	Not covered for plans with Formulary Exclusions
cartia xt	Quantity limits removed
carvedilol phosphate	Quantity limits removed
CASODEX	Quantity limits removed
CAYSTON	Preauthorization required*; You can fill up to 84ml/month*
cdp / amitrip tab 10-25mg	You can fill up to 2/ day*
cdp / amitrip tab 5-12.5mg	You can fill up to 4/ day*
CELEBREX	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
celecoxib	Quantity limits removed
CELEXA	Quantity limits removed
CELLCEPT	Not covered for plans with Formulary Exclusions
CELONTIN	Non-preferred brand drug
CENTANY	You can fill up to 30gm/ month*
CEQUA	Step therapy removed
CEREZYME	You can fill up to 15 vials/ 14 day*
cevimeline hcl	Quantity limits removed
CHENODAL	Preauthorization removed
chlordiazepoxide hcl	You can fill up to 12/ day*
chlordiazepoxide hcl / clidinium bromide	Non-preferred generic drug; Preauthorization removed
chlorzoxazone	Not covered for plans with Formulary Exclusions

Prescription Drug	Change(s)
ciclopirox nail lacquer	Preauthorization required*
cilostazol	You can fill up to 2/ day*
CILOXAN	Not covered for plans with Formulary Exclusions
CIMDUO	Preferred brand drug
cinacalcet hcl	Preferred specialty drug; Not covered at mail-order pharmacy; Must be filled through a specialty network pharmacy
cinacalcet tab 90mg	Preferred specialty drug; Not covered at mail-order pharmacy; Must be filled through a specialty network pharmacy
CINQAIR	Not covered for plans with Formulary Exclusions
CINRYZE	Step therapy removed
CIPRO HC	Not covered for plans with Formulary Exclusions
CIPRODEX	Not covered for plans with Formulary Exclusions
citalopram hydrobromide	Quantity limits removed
CITRANATAL 90 DHA	Preferred brand drug
CITRANATALASSURE	Preferred brand drug
CITRANATALB-CALM	Preferred brand drug
CITRANATALBLOOM	Preferred brand drug
CITRANATALBLOOM DHA	Preferred brand drug
CITRANATAL DHA	Preferred brand drug
CITRANATALESENCE	Not covered for plans with Formulary Exclusions
CITRANATAL HARMONY	Preferred brand drug
CITRANATALMEDLEY	Preferred brand drug
CITRANATALRX	Preferred brand drug
claravis	Quantity limits removed
CLARINEX	Quantity limits removed
CLARINEX-D 12 HOUR	Quantity limits removed
CLARITIN ALLERGY CHILDRENS	Non-preferred brand drug; Over-the-counter drug no longer covered by your plan
CLENPIQ	Preferred brand drug
CLEOCIN-T	Step therapy removed
CLIMARA	Quantity limits removed
CLIMARA PRO	Preferred brand drug; Quantity limits removed
CLINDAGEL	Not covered for plans with Formulary Exclusions; Step therapy removed
clindam / benz gel 1.2-2.5%	Preferred generic drug; Step therapy removed
clindamycin / benzoyl peroxide	Non-preferred generic drug; Step therapy removed
clindamycin gel	Non-preferred generic drug; Step therapy removed
clindamycin gel 1%	Step therapy removed
clindamycin lot 1%	Step therapy removed
clindamycin phosphate	Step therapy removed; Quantity limits removed

Prescription Drug	Change(s)
clindamycin phosphate / benzoyl peroxide	Non-preferred generic drug
clindamycin phosphate / tretinoin	Preauthorization required*
clobazam	Preauthorization required*; Quantity limits removed
clobazam sus 2.5mg / ml	Preauthorization required*
clobetasol e cre 0.05%	Step therapy removed
clobetasol lot 0.05%	Step therapy removed; You can fill up to 120ml/ month*
clobetasol propionate	Step therapy removed
clobetasol sha 0.05%	You can fill up to 120ml/ month*
clobetasol sol 0.05%	Step therapy removed
clobetasol spray	Not covered for plans with Formulary Exclusions; Quantity limits removed
CLOBEX LOT 0.05%	Preauthorization required*; Step therapy removed; You can fill up to 180ml/ month*
CLOBEX SHA 0.05%	Preauthorization required*; You can fill up to 180ml/ month*
CLOBEX SPR 0.05%	Not covered for plans with Formulary Exclusions; Quantity limits removed
clocortolone pivalate	You can fill up to 120gm/ month*
clodan	Preferred generic drug; Quantity limits removed
CLODERM	Preauthorization required*; You can fill up to 6gm/ day*
clomipramine cap 25mg	You can fill up to 5/ day*
clomipramine cap 50mg	You can fill up to 5/ day*
clomipramine cap 75mg	You can fill up to 3/ day*
clonazepam	You can fill up to 10/ day*
clonazepam odt	You can fill up to 10/ day*
clonidine hydrochloride er	Preauthorization removed
clopidogrel	Quantity limits removed
clorazepate dipotassium	You can fill up to 6/ day*
clotrimazole / betamethasone dipropionate	You can fill up to 60ml/ month*
clozapine	Quantity limits removed
clozapine odt	Quantity limits removed
CLOZARIL	Preauthorization removed; Step therapy removed; Quantity limits removed
CODITUSSIN AC	Preauthorization removed
COLAZAL	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
COLCRYS	Non-preferred brand drug; Step therapy removed
COMBIPATCH	Not covered for plans with Formulary Exclusions; Quantity limits removed
COMBIVENT RESPIMAT	Non-preferred brand drug
COMPLERA	Not covered for plans with Formulary Exclusions; Quantity limits removed
CONCERTA TAB 18MG	Step therapy removed

Prescription Drug	Change(s)
CONCERTA TAB 27MG	Step therapy removed
CONCERTA TAB 36MG	Step therapy removed; You can fill up to 2/ day
CONCERTA TAB 54MG	Step therapy removed; You can fill up to 1/ day
CONZIP	Non-preferred brand drug; Preauthorization removed
COPIKTRA	Preferred specialty drug
CORDRAN	Not covered for plans with Formulary Exclusions; Quantity limits removed
CORDRAN CRE 0.025%	Preauthorization required*; You can fill up to 6gm/ day*
CORDRAN CRE 0.05%	Preauthorization required*
CORDRAN LOT 0.05%	Preauthorization required*
COREG CR	Not covered for plans with Formulary Exclusions; Quantity limits removed
coremino	Preferred generic drug; Step therapy removed
CORLANOR	Non-preferred brand drug
CORTIFOAM	Preferred brand drug; Step therapy removed; Quantity limits removed
CORTISPORIN	Non-preferred brand drug
CORVITE 150	Not covered for plans with Formulary Exclusions
CORVITE FE	Not covered for plans with Formulary Exclusions
COSOPT	Non-preferred brand drug
COSOPT PF	Not covered for plans with Formulary Exclusions
COZAAR	You can fill up to 1/ day*
COZAAR TAB 100MG	You can fill up to 1/ day*
CRINONE	Not covered for plans with Formulary Exclusions
cromolyn sodium	You can fill up to 2 boxes/ month*
CUVITRU	Not covered for plans with Formulary Exclusions
cvs allergy relief	Quantity limits removed
CVS GLUCOSE METER TEST STRIPS	Non-preferred brand drug; Step therapy removed; Quantity limits removed
cvs omeprazole / sodium bicarbonate	Quantity limits removed
CVS PRENATAL GUMMIES	Non-preferred brand drug; Over-the-counter drug no longer covered by your plan
cyclobenzaprine hcl	Not covered for plans with Formulary Exclusions
CYCLOSET	Not covered for plans with Formulary Exclusions; Quantity limits removed
CYMBALTA	Not covered for plans with Formulary Exclusions
CYSTAGON	Preferred specialty drug; Not covered at mail-order pharmacy; Must be filled through a specialty network pharmacy
CYTOGAM	Non-preferred specialty drug
CYTOVENE	Non-preferred brand drug
DALIRESP	Preferred brand drug; Preauthorization removed; Step therapy removed; Quantity limits removed
dapsone	Quantity limits removed

Prescription Drug	Change(s)
DARAPRIM	Not covered for plans with Formulary Exclusions
darifenacin hydrobromide er	Quantity limits removed
DAURISMO	Not covered for plans with Formulary Exclusions; Preauthorization removed; Quantity limits removed
DAYTRANA	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed
deferoxamine mesylate	Non-preferred specialty drug; Preauthorization required*
DELSTRIGO	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
DEMSEER	Non-preferred brand drug; Step therapy removed
DEPEN TITRATABS	Non-preferred brand drug
DEPO-SUBQ PROVERA 104	Not covered for plans with Formulary Exclusions
DEPO-TESTOSTERONE	Preauthorization required*
DERMA-SMOOTHIE / FS BODY	Preauthorization required*; You can fill up to 6ml/ day*
DERMA-SMOOTHIE / FS SCALP	Preauthorization required*; You can fill up to 6ml/ day*
DESCOVY	Preferred brand drug
DESFERAL	Preauthorization required*
desipramine tab 100mg	You can fill up to 1/ day*
desipramine tab 10mg	You can fill up to 3/ day*
desipramine tab 150mg	You can fill up to 1/ day*
desipramine tab 25mg	You can fill up to 3/ day*
desipramine tab 50mg	You can fill up to 3/ day*
desipramine tab 75mg	You can fill up to 2/ day*
desloratadine	Preferred generic drug; Quantity limits removed
desloratadine odt	Quantity limits removed
DESONATE	Preauthorization required*; You can fill up to 6gm/ day*
desonide cream	Step therapy removed; You can fill up to 120gm/ month*
desonide lotion	Step therapy removed; You can fill up to 120ml/ month*
desonide ointment	Step therapy removed; You can fill up to 120gm/ month*
DESOWEN	Preauthorization required*; Step therapy removed; You can fill up to 6gm/ day*
desoximetasone oin 0.25%	Step therapy removed
desoximetasone spr 0.25%	Preferred generic drug
desoximetasone	Step therapy removed; You can fill up to 120gm/ month*
DESODYN	Preauthorization removed; Step therapy removed
DESVENLAFAX TAB 100MG ER	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed; Quantity limits removed
DESVENLAFAX TAB 50MG ER	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed; Quantity limits removed

Prescription Drug	Change(s)
desvenlafaxine er	Preauthorization removed
DETROL	Step therapy removed
DETROL LA	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
DEXABLISS	Non-preferred brand drug; Step therapy removed
dexchlorpheniramine maleate	Preferred generic drug
DEXEDRINE CAP 15MG CR	You can fill up to 2/ day
dexmethylphenidate hcl	You can fill up to 2/ day
dexmethylphenidate hcl er	You can fill up to 1/ day
dextroamphet cap 15mg er	You can fill up to 2/ day
dextroamphetamine sulfate	Preauthorization removed
DIALYVITE	Not covered for plans with Formulary Exclusions
DIASTAT ACUDIAL	Not covered for plans with Formulary Exclusions; Quantity limits removed
DIASTAT PEDIATRIC	Not covered for plans with Formulary Exclusions; Quantity limits removed
diazepam intensol	You can fill up to 8ml/ day*
diazepam rectal gel	Quantity limits removed
diazepam solution	You can fill up to 40ml/ day*
diazepam tab	You can fill up to 4/ day*
DIBENZYLINE	Non-preferred brand drug
DICLEGIS	Non-preferred brand drug; Preauthorization removed; Quantity limits removed
diclofenac gel 3%	Non-preferred generic drug
diclofenac sodium	Preferred generic drug; Preauthorization required*
DIFFERIN CRE 0.1%	Preauthorization required*
DIFFERIN GEL 0.3%	Preauthorization required*; Step therapy removed
DIFFERIN LOT 0.1%	Not covered for plans with Formulary Exclusions; Step therapy removed
DIFICID	Preferred brand drug; Quantity limits removed
dihydroergotamine mesylate	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
diltiazem hcl cd	Quantity limits removed
diltiazem hcl er	Quantity limits removed
diltiazem hcl er tab	Preferred generic drug
diltiazem hcl er tablet	Preferred generic drug; Quantity limits removed
diltiazem hydrochloride er	Quantity limits removed
DIOVAN	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
DIOVAN HCT	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
DIPENTUM	Preauthorization required*; Step therapy removed; Quantity limits removed
DIPROLENE	Preauthorization required*

Prescription Drug	Change(s)
DIPROLENE AF	Preauthorization required*; You can fill up to 6gm/ day*
dipyridamole tab 25mg	You can fill up to 4/ day*
dipyridamole tab 50mg	You can fill up to 8/ day*
dipyridamole tab 75mg	You can fill up to 4/ day*
DIVIGEL GEL	Quantity limits removed
DIVIGEL GEL 0.25MG	Preferred brand drug; Quantity limits removed
DIVIGEL GEL 0.5MG	Preferred brand drug; Quantity limits removed
DIVIGEL GEL 0.75MG	Preferred brand drug; Quantity limits removed
DIVIGEL GEL 1MG / GM	Preferred brand drug; Quantity limits removed
dofetilide	Preferred specialty drug; Preauthorization required*; Not covered at mail-order pharmacy; Must be filled through a specialty network pharmacy
DOLOPHINE	Preauthorization removed
donepezil hcl	Preauthorization removed
donepezil hydrochloride odt	Preauthorization removed
DOPTelet	Preferred specialty drug
DORAL	You can fill up to 15/ month*
dorzolamide hcl / timolol maleate	Preferred generic drug
dotti	Quantity limits removed
DOVATO	You can fill up to 1/ day*
DOVONEX	You can fill up to 60gm/ month*
doxepin hcl cap 100mg	You can fill up to 1/ day*
doxepin hcl cap 10mg	You can fill up to 3/ day*
doxepin hcl cap 150mg	You can fill up to 1/ day*
doxepin hcl cap 25mg	You can fill up to 3/ day*
doxepin hcl cap 50mg	You can fill up to 3/ day*
doxepin hcl cap 75mg	You can fill up to 2/ day*
doxepin hcl con 10mg / ml	You can fill up to 15ml/ day*
doxepin hcl cre 5%	Not covered for plans with Formulary Exclusions
doxercalciferol	Quantity limits removed
doxycycl hyc tab 150mg dr	Non-preferred generic drug
doxycycline	Non-preferred generic drug; Step therapy removed
doxycycline cap 40mg	Non-preferred generic drug; Quantity limits removed
doxycycline hyclate	Preferred generic drug
doxycycline hyclate dr	Non-preferred generic drug; Step therapy removed
doxycycline monohydrate tab	Non-preferred generic drug; Step therapy removed
doxylamine succinate / pyridoxine hcl	Preferred generic drug; Preauthorization removed; Quantity limits removed
DUAVEE	Not covered for plans with Formulary Exclusions; Quantity limits removed
DUETACT	Quantity limits removed

Prescription Drug	Change(s)
DUOBRII	Preferred brand drug; Quantity limits removed
DUOPA	Step therapy removed
DUPIXENT	Preferred specialty drug
DUPIXENT INJ 200 / 1.14ML	Preferred specialty drug; You can fill up to 2 inj/ 14 days*
DURAGESIC	Preauthorization removed
DUREZOL	Not covered for plans with Formulary Exclusions
DURLAZA	Not covered for plans with Formulary Exclusions
DUROLANE	Preferred specialty drug; Step therapy removed
dutasteride	Preauthorization required*
dvorah	Preferred generic drug
DYANAVEL XR	Preauthorization removed
DYMISTA	You can fill up to 1 package/ month*
E.E.S. GRANULES	Not covered for plans with Formulary Exclusions
EASY TRAK II BLOOD GLUCOSE TEST STRIPS	Non-preferred brand drug; Step therapy removed; Quantity limits removed
ed-spaz	Preferred generic drug
EDARBI	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
EDARBYCLOR	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
EDURANT	Preferred brand drug
EFFER-K	Non-preferred brand drug
EFFEXOR XR	Not covered for plans with Formulary Exclusions; Quantity limits removed
EFFIENT	Preauthorization removed
EFUDEX	Non-preferred brand drug
ELAPRASE	Non-preferred specialty drug
ELELYSO	Not covered for plans with Formulary Exclusions
ELESTRIN	Not covered for plans with Formulary Exclusions; Quantity limits removed
ELIGARD	Preferred specialty drug
ELIQUIS	Quantity limits removed
ELIQUIS STARTER PACK	Quantity limits removed
ELMIRON	Non-preferred brand drug
ELOCTATE	Not covered for plans with Formulary Exclusions
EMCYT	Non-preferred brand drug
EMEND	Not covered for plans with Formulary Exclusions; Quantity limits removed
EMEND SUS 125MG	Not covered for plans with Formulary Exclusions
EMGALITY 100 MG	Preauthorization removed; You must first try sumatriptan, zolmitriptan*
EMGALITY 120 MG	Preauthorization removed; You must first try divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, venlafaxine*

Prescription Drug	Change(s)
EMSAM	Quantity limits removed
ENABLEX	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
ENBREL	You can fill up to 8 inj/ month*
ENDARI	Non-preferred specialty drug; Step therapy removed; Not covered at mail-order pharmacy; Must be filled through a specialty network pharmacy
ENDOMETRIN	Preferred brand drug
enoxaparin sodium	Quantity limits removed
ENSTILAR	Preferred brand drug; Quantity limits removed
entecavir	Quantity limits removed
ENTRESTO	Preauthorization removed; Quantity limits removed
ENVARUSUS XR	Not covered for plans with Formulary Exclusions
EPANED	Preauthorization removed; Quantity limits removed
EPIDIOLEX	Step therapy removed
EPIDUO	Preferred brand drug; Step therapy removed
EPINEPHRINE PROFESSIONAL	Not covered for plans with Formulary Exclusions; Quantity limits removed
EPINEPHRINESNAP-EMS	Not covered for plans with Formulary Exclusions; Quantity limits removed
EPINEPHRINESNAP-V	Not covered for plans with Formulary Exclusions; Quantity limits removed
EPIPEN 2-PAK	Preferred brand drug; Step therapy removed
EPIPEN-JR 2-PAK	Preferred brand drug; Step therapy removed
EPISNAP	Not covered for plans with Formulary Exclusions; Quantity limits removed
EPIVIR HBV	Not covered for plans with Formulary Exclusions
EPOGEN	Not covered for plans with Formulary Exclusions; Step therapy removed
epoprostenol sodium	Preferred specialty drug
eq omeprazole	You can fill up to 90/ year*
eq omeprazole magnesium	You can fill up to 90/ year*
EQUAPAX / IBUPROFEN / MINREX	Not covered for plans with Formulary Exclusions
ERGOCAL	Not covered for plans with Formulary Exclusions
ERIVEDGE	Preferred specialty drug
ERLEADA	Preferred specialty drug
ERYPED 200	Not covered for plans with Formulary Exclusions
ERYPED 400	Not covered for plans with Formulary Exclusions
ESBRIET	Preferred specialty drug
escitalopram oxalate	Quantity limits removed
ESGIC	You can fill up to 48/ month*
estazolam	You can fill up to 15/ month*
estradiol	Quantity limits removed

Prescription Drug	Change(s)
estradiol / norethindrone acetate	Quantity limits removed
ESTRING	Not covered for plans with Formulary Exclusions
ESTROGEL	Not covered for plans with Formulary Exclusions; Quantity limits removed
eszopiclone	You can fill up to 15/ month*
EUCRISA	Preferred brand drug; Preauthorization removed; Step therapy removed; Quantity limits removed
EVAMIST	Preferred brand drug; Quantity limits removed
EVENCARE PROVIEW BLOOD GLUCOSE TEST STRIPS	Quantity limits removed
EVOCLIN	You must first try clindamycin, erythromycin, erythromycin/benzoyl peroxide*
EVOTAZ	Preferred brand drug
EVOXAC	Quantity limits removed
EVZIO	Preauthorization removed; Step therapy removed; You can fill up to 2 cartons(4 auto-injectors)/ 180 days*
EXELDERM	Non-preferred brand drug
EXFORGE	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
EXFORGE HCT	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
EYLEA	Preferred specialty drug
ezetimibe	Quantity limits removed
ezetimibe / simvastatin	Quantity limits removed
FABIOR	Not covered for plans with Formulary Exclusions; Step therapy removed
famciclovir	Quantity limits removed
FARESTON	Non-preferred brand drug; Step therapy removed
FARXIGA	You must first try metformin/xr*; Quantity limits removed
FARYDAK	Not covered for plans with Formulary Exclusions; Preauthorization removed; Quantity limits removed
febuxostat	Preferred generic drug; Step therapy removed; Quantity limits removed
FEIBA	Non-preferred specialty drug
felodipine er	Quantity limits removed
FEMHRT LOW DOSE	Not covered for plans with Formulary Exclusions
FEMRING	Not covered for plans with Formulary Exclusions; Quantity limits removed
fenofibrate capsule	Quantity limits removed
fenofibrate tab 40mg	Non-preferred generic drug; Step therapy removed; Quantity limits removed
fenofibrate tablet	Quantity limits removed
FENOFIBRIC ACID	Not covered for plans with Formulary Exclusions; Quantity limits removed
fenofibric acid dr	Quantity limits removed

Prescription Drug	Change(s)
FENOGLIDE	Non-preferred brand drug; Step therapy removed; Quantity limits removed
fenoprofen calcium	Not covered for plans with Formulary Exclusions
fentanyl	Preauthorization removed
fentanyl citrate	Preferred generic drug
FENTORA	Not covered for plans with Formulary Exclusions; Preauthorization removed
FERRIPROX	Not covered for plans with Formulary Exclusions; Preauthorization removed
FETZIMA	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed; Quantity limits removed
FETZIMA TITRATION PACK	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed; Quantity limits removed
FIBRICOR	Quantity limits removed
FIBRYGA	Non-preferred specialty drug
FINACEA	Preferred brand drug; Preauthorization required*
finasteride	You can fill up to 1/ day*
FINTEPLA	Not covered for plans with Formulary Exclusions; Preauthorization removed
FIORICET	Not covered for plans with Formulary Exclusions
FIORINAL	You can fill up to 48/ month*
FIRAZYR	Preferred specialty drug; Step therapy removed
FIRVANQ	Not covered for plans with Formulary Exclusions
flac	Preferred generic drug
FLAREX	Preferred brand drug
FLEBOGAMMA DIF	Non-preferred specialty drug
FLONASE ALLERGY RELIEF CHILDRENS	You can fill up to 1 package/ month*
FLORIVA	Not covered for plans with Formulary Exclusions
FLOVENT HFA	Preferred brand drug
flunisolide	You can fill up to 3 containers/ month*
fluocinolone acetonide body	You can fill up to 120ml/ month*
fluocinolone acetonide cream	Step therapy removed; You can fill up to 120gm/ month*
fluocinolone acetonide ointment	Step therapy removed; You can fill up to 120gm/ month*
fluocinolone acetonide scalp	You can fill up to 120ml/ month*
fluocinolone acetonide solution	You can fill up to 120ml/ month*
fluocinonide	Step therapy removed
fluocinonide cre 0.1%	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
fluoride	Not covered under pharmacy benefit
fluoritab	Not covered under pharmacy benefit
fluoxetine dr	Quantity limits removed

Prescription Drug	Change(s)
fluoxetine hcl	Quantity limits removed
flurandrenolide	Non-preferred generic drug
flurazepam hcl	You can fill up to 15/ month*
fluticasone propionate / salmeterol	Not covered for plans with Formulary Exclusions; Quantity limits removed
fluticasone propionate / salmeterol diskus	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
fluticasone propionate cream	Step therapy removed; You can fill up to 120gm/ month*
fluticasone propionate lotion	You can fill up to 120ml/ month*
fluticasone propionate ointment	You can fill up to 120gm/ month*
fluticasone propionate spray	You can fill up to 1 package/ month*
fluvastatin	Quantity limits removed
fluvastatin sodium er	Preferred generic drug; Quantity limits removed
fluvoxamine maleate	Quantity limits removed
fluvoxamine maleate er	Quantity limits removed
FML FORTE	Not covered for plans with Formulary Exclusions
FML LIQUIFILM	Not covered for plans with Formulary Exclusions
FOCALIN	Step therapy removed
FOCALIN TAB 10MG	Step therapy removed; You can fill up to 2/ day
FOCALIN XR	You can fill up to 1/ day
folbee plus	Preferred generic drug
FOLBIC	Not covered under pharmacy benefit; Over-the-counter drug no longer covered by your plan
folic acid	Preferred generic drug
FOLIC-K	Not covered for plans with Formulary Exclusions
FOLICA-BE	Not covered for plans with Formulary Exclusions
fondaparinux sodium	Quantity limits removed
FORFIVO XL	Non-preferred brand drug; Step therapy removed; Quantity limits removed
FOSAMAX	You must first try alendronate*
FOSRENOL	Not covered for plans with Formulary Exclusions
FRAGMIN	Not covered for plans with Formulary Exclusions; Quantity limits removed
FREESTYLE LIBRE 2 / READER / FLASH GLUCOSE MONITORING SYSTEM	Non-preferred brand drug; Step therapy removed
FREESTYLE LIBRE 2 / SENSOR / FLASH GLUCOSE MONITORING SYSTEM	Non-preferred brand drug; Step therapy removed
FURADANTIN	Non-preferred brand drug
gabapentin solution	You can fill up to 72ml/ day*

Prescription Drug	Change(s)
gabapentin tab	You can fill up to 4/ day*
GABITRIL	Quantity limits removed
GALAFOLD	Preferred specialty drug
galantamine hydrobromide	Preauthorization removed
galantamine hydrobromide er	Preauthorization removed
GAMMAPLEX	Non-preferred specialty drug
GAMUNEX-C	Non-preferred specialty drug
GAMUNEX-CINJ 40 / 400ML	Not covered for plans with Formulary Exclusions
GEL-ONE	Not covered for plans with Formulary Exclusions; Step therapy removed
GELSYN-3	Preferred specialty drug; Step therapy removed
GENTEEL LANCING KIT / BUTTERFLY BLUE	Quantity limits removed
GENVISC 850	You must first try 3 of GELSYN-3, SUPARTZ, EUFLEXXA, DUROLANE*
GENVOYA	Preferred brand drug; Step therapy removed
GLASSIA	Not covered for plans with Formulary Exclusions
GLEOSTINE	Preauthorization removed
GLUCAGEN DIAGNOSTIC	Non-preferred brand drug; Quantity limits removed
GLUCAGEN HYPOKIT	Quantity limits removed
GLUCAGON EMERGENCY KIT	Quantity limits removed
glydo	You can fill up to 2 ml/ day*
GLYXAMBI	You must first try metformin/xr*; Quantity limits removed
gnp 24 hour nasal allerg y spray	Quantity limits removed
GOJJI BLOOD GLUCOSE TEST STRIPS	Non-preferred brand drug; Quantity limits removed
GOLYTELY	Not covered for plans with Formulary Exclusions
GONITRO	Not covered for plans with Formulary Exclusions
goodsense nasal allergy spray	Quantity limits removed
GRALISE	Preferred brand drug; Quantity limits removed
granisetron hcl	You can fill up to 12 tabs/21 days*
GRANIX	Not covered for plans with Formulary Exclusions; Step therapy removed
GRASTEK	You must first try 1 oral antihistamine and 1 intranasal corticosteroid*
guanfacine er	Preauthorization removed
GUARDIAN CONNECT TRANSMITTER KIT	Not covered for plans with Formulary Exclusions
GUARDIAN LINK 3	Non-preferred brand drug; Step therapy removed
GUARDIAN SENSOR (3)	Not covered for plans with Formulary Exclusions
GVOKE HYPOPEN 1-PACK	Preferred brand drug; Quantity limits removed
GVOKE HYPOPEN 2-PACK	Quantity limits removed
GVOKE PFS	Preferred brand drug; Quantity limits removed

Prescription Drug	Change(s)
HAEGARDA	Non-preferred specialty drug; Step therapy removed
halcinonide	Preferred generic drug; You can fill up to 4gm/ day*
HALCION	You can fill up to 10/ month*
halobetasol propionate	Step therapy removed
HALOG	Not covered for plans with Formulary Exclusions
HARMONY BLOOD GLUCOSE TEST STRIPS	Quantity limits removed
HARVONI	You can fill up to 1/ day*
HEMANGEOL	Preauthorization removed
HEPAGAM B	Non-preferred specialty drug
HEPSERA	Not covered for plans with Formulary Exclusions; Quantity limits removed
HETLIOZ	You can fill up to 1/ day*
HIZENTRA	Non-preferred specialty drug
hm omeprazole	You can fill up to 90/ year*
HOMATROPAIRE	Not covered under pharmacy benefit
homatropine hbr	Not covered under pharmacy benefit
HORIZANT	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed; Quantity limits removed
HUMATROPE	Not covered for plans with Formulary Exclusions
HUMIRA PEN	Quantity limits removed
HYALGAN	You must first try 3 of GELSYN-3, SUPARTZ, EUFLEXXA, DUROLANE*
hydrocodone / acetaminophen	You can fill up to 6/ day
hydrocodone bitartrate / acetaminophen	You can fill up to 90ml/ day
hydrocodone bitartrate er	Preauthorization removed
hydrocodone polistirex / chlorpheniramine polistirex	Quantity limits removed
hydrocortisone butyrate cream	You can fill up to 120gm/ month*
hydrocortisone butyrate lotion	You can fill up to 120ml/ month*
hydrocortisone butyrate ointment	You can fill up to 120gm/ month*
hydrocortisone butyrate solution	You can fill up to 120ml/ month*
hydrocortisone cream	You can fill up to 120gm/ month*
hydrocortisone lotion	You can fill up to 120ml/ month*
hydrocortisone ointment	You can fill up to 120gm/ month*
hydrocortisone valerate	You can fill up to 120gm/ month*
hydromorphone hcl er	Preauthorization removed

Prescription Drug	Change(s)
hydromorphone hydrochloride er	Preauthorization removed
hydroxyprogesterone caproate	You can fill up to 21 vials/ year*
HYMOVIS	You must first try 3 of GELSYN-3, SUPARTZ, EUFLEXXA, DUROLANE*
hyoscyamine sulfate	Preferred generic drug
hyoscyamine sulfate er	Preferred generic drug
hyoscyamine sulfate odt	Preferred generic drug
hyoscyamine sulfate sr	Preferred generic drug
HYPOLANCE AST LANCING KIT	Quantity limits removed
HYQVIA	Not covered for plans with Formulary Exclusions
HYSINGLA ER	Not covered for plans with Formulary Exclusions
HYZAAR	Step therapy removed
ibandronate sodium	Step therapy removed; Quantity limits removed
IBRANCE	Preferred specialty drug
ILEVRO	Not covered for plans with Formulary Exclusions
imipram hcl tab 10mg	You can fill up to 4/ day*
imipram hcl tab 25mg	You can fill up to 4/ day*
imipram hcl tab 50mg	You can fill up to 2/ day*
imipramine pamoate	You can fill up to 1/ day*
imiquimod pump	Non-preferred generic drug; Preauthorization required*; Step therapy removed; Quantity limits removed
IMITREX INJ 4MG / 0.5	You must first try 3 of naratriptan, rizatriptan, sumatriptan, zolmitriptan.*
IMITREX INJECTION	You must first try 3 of naratriptan, rizatriptan, sumatriptan, zolmitriptan.*
IMITREX SPR 20MG / ACT	You must first try 3 of naratriptan, rizatriptan, sumatriptan, zolmitriptan.*
IMITREX SPR 5MG / ACT	You must first try 3 of naratriptan, rizatriptan, sumatriptan, zolmitriptan.*
IMITREX TAB 100MG	You must first try 3 of naratriptan, rizatriptan, sumatriptan, zolmitriptan.*
IMITREX TAB 25MG	You must first try 3 of naratriptan, rizatriptan, sumatriptan, zolmitriptan.*
IMITREX TAB 50MG	You must first try 3 of naratriptan, rizatriptan, sumatriptan, zolmitriptan.*
IMITREX VIAL	You must first try 3 of naratriptan, rizatriptan, sumatriptan, zolmitriptan.*
IMPAVIDO	Preauthorization removed; Quantity limits removed
IMVEXXY	Preferred brand drug
INBRIJA	Preferred specialty drug
INCRELEX	Non-preferred specialty drug
INCRUSE ELLIPTA	Not covered for plans with Formulary Exclusions; Quantity limits removed
indomethacin	Quantity limits removed
INGREZZA	Preferred specialty drug
INTELENCE	Preferred brand drug
INTRAROSA	Not covered for plans with Formulary Exclusions; Quantity limits removed

Prescription Drug	Change(s)
INVEGA	Step therapy removed
ipratropium bromide / albuterol sulfate	You can fill up to 6 boxes/ month*
ipratropium sol 0.02%inh	You can fill up to 5 boxes/ month*
ipratropium spr 0.03%	Quantity limits removed
ipratropium spr 0.06%	Quantity limits removed
irbesartan	Quantity limits removed
irbesartan / hydrochlorothiazide	Quantity limits removed
IRESSA	Preferred specialty drug
ISORDIL TITRADOSE	Not covered for plans with Formulary Exclusions
isosorbide dinitrate	Not covered for plans with Formulary Exclusions
isotretinoin	Quantity limits removed
ISTALOL	Not covered for plans with Formulary Exclusions
itraconazole cap 100mg	Quantity limits removed
JAKAFI	You can fill up to 2/ day*
JALYN	Not covered for plans with Formulary Exclusions
JANUMET	You must first try metformin/xr*; Quantity limits removed
JANUMET XR	You must first try metformin/xr*; Quantity limits removed
JANUVIA	You must first try metformin/xr*; Quantity limits removed
JARDIANCE	You must first try metformin/xr*; Quantity limits removed
JIVI	Preferred specialty drug
JORNAY PM CAP 20MG ER	Step therapy removed
JORNAY PM CAP 40MG ER	Step therapy removed
JULUCA	Step therapy removed
JUXTAPID	Step therapy removed
JYNARQUE	Non-preferred specialty drug
JYNARQUE TAB 15MG	Non-preferred specialty drug
K-PHOS	Non-preferred brand drug
KADIAN	Not covered for plans with Formulary Exclusions; Preauthorization removed
KADIAN CAP 100MG ER	Not covered for plans with Formulary Exclusions; Preauthorization removed
KALBITOR	Step therapy removed; You can fill up to 10 inj/ month*
KANUMA	Non-preferred specialty drug
KAPSPARGO SPRINKLE	Not covered for plans with Formulary Exclusions
KERYDIN	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed
KESIMPTA	Preferred specialty drug
ketoconazole aer 2%	Not covered for plans with Formulary Exclusions; Quantity limits removed
ketoconazole cre 2%	Quantity limits removed
ketoconazole tab 200mg	Preauthorization required*; Quantity limits removed

Prescription Drug	Change(s)
ketodan	Preferred generic drug; Quantity limits removed
ketorolac tromethamine	Preferred generic drug
KEVZARA	Step therapy removed
KISQALI	Preferred specialty drug
KITABIS PAK	Preauthorization required*
KLARON	You must first try clindamycin, erythromycin, erythromycin/benzoyl peroxide*
KLONOPIN	You can fill up to 10/ day*
klor-con	Quantity limits removed
kls aller-cort	Quantity limits removed
KOGENATE FS	Preferred specialty drug
KOSHER PRENATAL PLUS IRON	Not covered for plans with Formulary Exclusions
KOVALTRY	Preferred specialty drug
KRINTAFEL	Not covered for plans with Formulary Exclusions
KRISTALOSE brand and generic	Quantity limits removed
KRYSTEXXA	Step therapy removed
KYLEENA	Preferred brand drug
KYNMOBI	Not covered for plans with Formulary Exclusions; Preauthorization removed
LACRISERT	Not covered for plans with Formulary Exclusions
LAMICTAL	Non-preferred brand drug; Step therapy removed
lamotrigine er	Quantity limits removed
lamotrigine odt	Quantity limits removed
LANOXIN	Not covered for plans with Formulary Exclusions
lansoprazole capsule	Quantity limits removed
lansoprazole odt	Non-preferred generic drug
lansoprazole tablet	Non-preferred generic drug
LASTACFT	Not covered for plans with Formulary Exclusions
latanoprost	Preferred generic drug
LATUDA	Preferred brand drug; Step therapy removed; Quantity limits removed
LATUDA TAB 60MG	Preferred brand drug; Step therapy removed
leflunomide	Quantity limits removed
LEMTRADA	Not covered for plans with Formulary Exclusions; Quantity limits removed
LESCOL XL	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
leuprolide acetate	Preferred specialty drug
levalbuterol	You can fill up to 1.5ml/day*
levalbuterol hcl	You can fill up to 10ml/ day*
levetiracetam	Quantity limits removed

Prescription Drug	Change(s)
levetiracetam er	Quantity limits removed
levocetirizine dihydrochloride	Quantity limits removed
levorphanol tartrate	Not covered for plans with Formulary Exclusions
LEVULAN KERASTICK	Non-preferred specialty drug; Not covered at mail-order pharmacy; Must be filled through a specialty network pharmacy
LEXIVA	Non-preferred brand drug
LIBRAX	Non-preferred brand drug; Preauthorization removed
lidocaine hcl gel 2%	You can fill up to 2 ml/ day*
lidocaine hcl solution	Preferred generic drug
lidocaine ointment	Not covered for plans with Formulary Exclusions
lidocaine pad	Step therapy removed
lidocaine sol 4%	Preferred generic drug
LIDODERM DIS 5%	Non-preferred brand drug; Step therapy removed
LILETTA	Not covered for plans with Formulary Exclusions
linezolid	Preauthorization required*; Quantity limits removed
LINZESS	Quantity limits removed
LIPOFEN	Quantity limits removed
LITHOSTAT	Non-preferred brand drug
LIVALO	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
LOCOID	Non-preferred brand drug; Preauthorization required*; You can fill up to 6gm/ day*
LOCOID LIPOCREAM	Preauthorization required*; You can fill up to 6gm/ day*
LODINE	Not covered for plans with Formulary Exclusions
LOKELMA	Preferred brand drug; Preauthorization removed; Step therapy removed
LONHALA MAGN SOL 25MCG	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed; Quantity limits removed
lopreza	Quantity limits removed
LOPROX	Not covered for plans with Formulary Exclusions
LOPROX SHAMPOO	You must first try clotrimazole, econazole, ketoconazole, oxiconazole, sulconazole*
lorazepam	You can fill up to 5/ day*
lorazepam intensol	You can fill up to 5/ day*
lorzone	Preferred generic drug
losartan potassium	Quantity limits removed
LOTEMAX	Not covered for plans with Formulary Exclusions
LOTEMAX SM	Not covered for plans with Formulary Exclusions
LOTRONEX	Step therapy removed
lovastatin	Quantity limits removed
LOVAZA	Preauthorization required*; Quantity limits removed

Prescription Drug	Change(s)
LOVENOX	Quantity limits removed
LUCEMYRA	Not covered for plans with Formulary Exclusions; Quantity limits removed
LUCENTIS	Preferred specialty drug
luliconazole	Preferred generic drug; Quantity limits removed
LUNESTA	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
LUPRON DEPOT	Not covered for plans with Formulary Exclusions; Preauthorization removed
LUXIQ	Not covered for plans with Formulary Exclusions
LYNPARZA	Preferred specialty drug
LYRICA CAP 100MG	Non-preferred brand drug; You must first try gabapentin*; You can fill up to 4/ day*
LYRICA CAP 150MG	Non-preferred brand drug; You must first try gabapentin*; You can fill up to 4/ day*
LYRICA CAP 200MG	Non-preferred brand drug; You must first try gabapentin*; You can fill up to 3/ day*
LYRICA CAP 225MG	Non-preferred brand drug; You must first try gabapentin*; You can fill up to 2/ day*
LYRICA CAP 25MG	Non-preferred brand drug; You must first try gabapentin*; You can fill up to 4/ day*
LYRICA CAP 300MG	Non-preferred brand drug; You must first try gabapentin*; You can fill up to 2/ day*
LYRICA CAP 50MG	Non-preferred brand drug; You must first try gabapentin*; You can fill up to 4/ day*
LYRICA CAP 75MG	Non-preferred brand drug; You must first try gabapentin*; You can fill up to 4/ day*
LYRICA CR	Not covered for plans with Formulary Exclusions; Quantity limits removed
LYRICA SOL 20MG / ML	Non-preferred brand drug; You must first try gabapentin*; You can fill up to 30ml/ day*
LYSTEDA	Quantity limits removed
MACRODANTIN	Not covered for plans with Formulary Exclusions
MAGNEBIND 400	Not covered for plans with Formulary Exclusions
MAKENA	Non-preferred specialty drug
MAKENA INJ 250MG / ML	Non-preferred specialty drug; You can fill up to 21 vials/ year*
maprotiline hcl	Quantity limits removed
matzim la	Not covered for plans with Formulary Exclusions; Quantity limits removed
matzim la tab 420mg / 24	Not covered for plans with Formulary Exclusions
MAXALT	You must first try 3 of naratriptan, rizatriptan, sumatriptan, zolmitriptan.*
MAXALT-MLT	You must first try 3 of naratriptan, rizatriptan, sumatriptan, zolmitriptan.*
MAXIDEX	Not covered for plans with Formulary Exclusions
mefenam acid cap 250mg	Not covered for plans with Formulary Exclusions; Quantity limits removed

Prescription Drug	Change(s)
MENEST	Not covered for plans with Formulary Exclusions
MENOSTAR	Not covered for plans with Formulary Exclusions; Quantity limits removed
meperidine hcl tab	Not covered for plans with Formulary Exclusions; You can fill up to 18/ month
meperidine sol 50mg / 5ml	Not covered for plans with Formulary Exclusions; You can fill up to 90ml/ month
MEPRON	Preferred brand drug
mesalamine	Preferred generic drug
mesalamine cap 400mg dr	Quantity limits removed
mesalamine dr tablet	Quantity limits removed
mesalamine er	Quantity limits removed
mesalamine sup 1000mg	Quantity limits removed
MESNEX	Non-preferred brand drug
MESTINON	Not covered for plans with Formulary Exclusions
methadone con 10mg / ml	Preauthorization removed; You can fill up to 1ml/ day
methadone hcl	Preauthorization removed
methadone tab 40mg	Preauthorization removed; You can fill up to 9/ month*
methadose	Preauthorization removed; Quantity limits removed
METHADOSE CON 10MG / ML	Preauthorization removed; You can fill up to 1ml/ day
METHADOSE SUGAR-FREE	Preauthorization removed; You can fill up to 1ml/ day
methamphetamine hcl	Preauthorization removed
METHITEST	Preauthorization required*
methocarbam tab 500mg	Preferred generic drug
methocarbam tab 750mg	Not covered for plans with Formulary Exclusions
METHYLIN	Step therapy removed
methylphenidate hcl	You can fill up to 3/ day
methylphenidate hydrochloride er	Preauthorization removed
methylphenidate hydrochloride er 36mg tab	You can fill up to 2/ day
methylphenidate hydrochloride er 54mg tab	You can fill up to 1/ day
methylphenidate hydrochloride er cap	Preauthorization removed
methyltestosterone	Preauthorization required*
metoprolol succinate er	Quantity limits removed
METROCREAM	You must first try metronidazole, doxycycline*
METROGEL	Not covered for plans with Formulary Exclusions
MICARDIS	Step therapy removed; Quantity limits removed
MICARDIS HCT	Step therapy removed; Quantity limits removed

Prescription Drug	Change(s)
MICRODOT XTRA TEST STRIPS	Non-preferred brand drug; Step therapy removed; Quantity limits removed
MILLIPRED	Not covered for plans with Formulary Exclusions
MILLIPRED DP	Not covered for plans with Formulary Exclusions
mimvey	Quantity limits removed
minocycline hcl	Non-preferred generic drug; Step therapy removed
MIRAPEX ER	Quantity limits removed
MIRENA	Preferred brand drug
mirtazapine	Quantity limits removed
mirtazapine odt	Quantity limits removed
MIRVASO	Non-preferred brand drug; Step therapy removed
MITIGARE	Non-preferred brand drug
MOBIC	Non-preferred brand drug; Step therapy removed
modafinil	Quantity limits removed
mometasone furoate cream	Step therapy removed; You can fill up to 4gm/ day*
mometasone furoate ointment	Step therapy removed; You can fill up to 4gm/ day*
mometasone furoate solution	You can fill up to 120ml/ month*
mometasone furoate spray	You can fill up to 2 packages/ month*
mondoxynenl	Preferred generic drug; Step therapy removed; Quantity limits removed
MONONINE	Non-preferred specialty drug
MONOVISC	Not covered for plans with Formulary Exclusions
montelukast sodium	Quantity limits removed
morphine sul cap 100mg er	Preauthorization removed
morphine sul tab 60mg er	Preauthorization removed
morphine sulfate er	Preauthorization removed
MOTOFEN	Not covered for plans with Formulary Exclusions
MOVANTIK	Quantity limits removed
MOVIPREP	Not covered for plans with Formulary Exclusions
MOXEZA	Preferred brand drug
MS CONTIN	Preauthorization removed
MS CONTIN TAB 60MG ER	Preauthorization removed
MULPLETA	Preferred specialty drug
MULTAQ	Preferred brand drug; Quantity limits removed
MULTI-LANCET DEVICE 2	Quantity limits removed
MULTIVITAMIN WITH FLUORIDE	Not covered for plans with Formulary Exclusions
mupirocin oint	You can fill up to 30gm/ month*
MYCAPSSA	Not covered for plans with Formulary Exclusions; Preauthorization removed
MYFORTIC	Not covered for plans with Formulary Exclusions

Prescription Drug	Change(s)
myorisan	Quantity limits removed
MYRBETRIQ	You must first try oxybutynin, solifenacin, tolterodine*; Quantity limits removed
naftifine hcl cream	Non-preferred generic drug; Step therapy removed; Quantity limits removed
naftifine hcl gel	Preferred generic drug; Step therapy removed; Quantity limits removed
NAPROSYN	Not covered for plans with Formulary Exclusions
naproxen	Not covered for plans with Formulary Exclusions
NASONEX	Step therapy removed; You can fill up to 2 packages/ month*
NATACHEW	Non-preferred brand drug
NATAZIA	Not covered for plans with Formulary Exclusions
NAYZILAM	Preferred brand drug
NEBUPENT	Non-preferred brand drug
NEEVODHA	Non-preferred brand drug
NEO-SYNALAR	Not covered for plans with Formulary Exclusions
NEPHPLEX RX	Not covered for plans with Formulary Exclusions
neuac	Preferred generic drug
NEULASTA / ONPRO	Not covered for plans with Formulary Exclusions; Quantity limits removed
NEUPOGEN	Not covered for plans with Formulary Exclusions; Step therapy removed
NEUPRO	Preferred brand drug; Quantity limits removed
NEURONTIN	You can fill up to 72ml/ day*
NEVANAC	Not covered for plans with Formulary Exclusions
NEXIUM	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
NEXIUM 24HR	Generic expected
NEXIUM 24HR CLEAR MINIS	Not covered for plans with Formulary Exclusions; Quantity limits removed; Over-the-counter drug no longer covered by your plan
NEXLETOL	Preferred brand drug
NEXLIZET	Preferred brand drug
nifedipine er	Quantity limits removed
NIFEREX	Not covered for plans with Formulary Exclusions
NILANDRON	Not covered for plans with Formulary Exclusions
NINLARO	Preferred specialty drug
nisoldipine er	Quantity limits removed
NITROMIST	Not covered for plans with Formulary Exclusions
NITROSTAT	Step therapy removed
NOC DURNA	Quantity limits removed
nolix	Preferred generic drug; Quantity limits removed
NON-BD-DIABETIC SUPPLY brand and generic	Not covered for plans with Formulary Exclusions
NORDITROPIN FLEXP	Preferred specialty drug; Step therapy removed

Prescription Drug	Change(s)
NORITATE	Not covered for plans with Formulary Exclusions
NORPRAMIN	You can fill up to 3/ day*
NORTHERA	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed; Quantity limits removed
nortriptylin cap 10mg	You can fill up to 5/ day*
nortriptylin cap 25mg	You can fill up to 2/ day*
nortriptylin cap 50mg	You can fill up to 1/ day*
nortriptyline hcl	You can fill up to 25ml/ day*
NORVASC	Not covered for plans with Formulary Exclusions
NORVIR	Preferred brand drug
NOVOEIGHT	Preferred specialty drug
NOVOLIN 70 / 30 FLEXPEN	Preferred brand drug
NOVOLIN N FLEXPEN	Preferred brand drug
NOVOLIN R FLEXPEN	Preferred brand drug
NOVOSEVEN RT	Non-preferred specialty drug
NUBEQA	Preferred specialty drug
NUCALA	Preferred specialty drug
NUCALA INJ 100MG / ML	Preferred specialty drug
NUCYNTA	Preferred brand drug; Step therapy removed
NUCYNTA ER	Preferred brand drug; Step therapy removed
NUDEXTA	Non-preferred brand drug; Preauthorization removed; Quantity limits removed
NUFERA	Not covered for plans with Formulary Exclusions
nulev	Preferred generic drug
NUPLAZID	Quantity limits removed
NUVARING	Not covered for plans with Formulary Exclusions
NUVESSA	Not covered for plans with Formulary Exclusions
NUVIGIL	Not covered for plans with Formulary Exclusions; Preauthorization removed; Quantity limits removed
NUWIQ	Preferred specialty drug
NUZYRA	Preauthorization removed; Quantity limits removed
NYMALIZE	Quantity limits removed
nystatin / triamcinolone	You can fill up to 60gm/ month*
OB COMPLETE ONE	Non-preferred brand drug
OB COMPLETE PETITE	Non-preferred brand drug
OB COMPLETE PREMIER	Non-preferred brand drug
OBIZUR	Not covered for plans with Formulary Exclusions
OBSTETRIX ONE	Not covered for plans with Formulary Exclusions
OCTAGAM	Non-preferred specialty drug
octreotide acetate	You can fill up to 3ml/ day*

Prescription Drug	Change(s)
OCUVEL	Not covered for plans with Formulary Exclusions
ODACTRA	You must first try 1 oral antihistamine and 1 intranasal corticosteroid*
ODEFSEY	Preferred brand drug
ODOMZO	Preferred specialty drug
OFEV	Preferred specialty drug
ofloxacin	Quantity limits removed
olanzapine	Quantity limits removed
olanzapine / fluoxetine	Quantity limits removed
olanzapine odt	Quantity limits removed
olmesartan medoxomil	Quantity limits removed
olmesartan medoxomil / amlodipine / hydrochlorothiazide	Quantity limits removed
olmesartan medoxomil / hydrochlorothiazide	Quantity limits removed
olopatadine spr 0.6%	You can fill up to 1 bottle/ month*
OLUX	Preauthorization required*
OLUX-E	Not covered for plans with Formulary Exclusions; Quantity limits removed
omega-3-acid ethyl esters	Quantity limits removed
omeprazole	Preferred generic drug; You can fill up to 90 caps/365 days*
omeprazole otc	You can fill up to 90 caps/365 days*
omeprazole tab	You can fill up to 90/ year*
OMNARIS	Not covered for plans with Formulary Exclusions; Step therapy removed
OMNIPOD	Preferred brand drug
ondansetron hcl	You can fill up to 18 tabs/21 days*
ondansetron odt	You can fill up to 18 tabs/21 days*
ondansetron solution	You can fill up to 200ml/ 21 days*
ondansetron tab 24mg	You can fill up to 2/ 21 days*
ONE A DAY PRENATAL	Non-preferred brand drug; Over-the-counter drug no longer covered by your plan
ONETOUCH LANCETS / LANCING DEVICES	Preferred brand drug
ONETOUCH ULTRA	Preferred brand drug; Step therapy removed
ONETOUCH VERIO TEST STRIPS	Preferred brand drug; Step therapy removed
ONEXTON	Preferred brand drug; Step therapy removed
ORACEA	Preferred brand drug; Step therapy removed; Quantity limits removed
ORALAIR	You must first try 1 oral antihistamine and 1 intranasal corticosteroid*
ORENITRAM	Preferred specialty drug
ORFADIN	Preferred specialty drug

Prescription Drug	Change(s)
ORIAHNN	Not covered for plans with Formulary Exclusions
ORILISSA	Preferred brand drug; Quantity limits removed
orphengesic forte	Preferred generic drug; Preauthorization removed; Step therapy removed; Quantity limits removed
ORTHOVISC	Not covered for plans with Formulary Exclusions
ORTIKOS	Not covered for plans with Formulary Exclusions
oscimin	Preferred generic drug
oscimin sr	Preferred generic drug
OSMOPREP	Not covered for plans with Formulary Exclusions
OSPHENA	Not covered for plans with Formulary Exclusions; Quantity limits removed
OTIPRIO	Not covered for plans with Formulary Exclusions
OTREXUP	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
oxandrolone	Preauthorization required*
OXAYDO	Not covered for plans with Formulary Exclusions
oxazepam	You can fill up to 4/ day*
oxiconazole nitrate	Non-preferred generic drug; Step therapy removed
OXSORALEN ULTRA	Not covered for plans with Formulary Exclusions
OXTELLAR XR	Quantity limits removed
oxybutynin chloride	Quantity limits removed
oxybutynin chloride er	Quantity limits removed
oxycodone hcl er	Preauthorization removed
oxycodone hydrochloride er	Preauthorization removed
OXYCONTIN	Not covered for plans with Formulary Exclusions
oxymorphone hydrochloride er	Not covered for plans with Formulary Exclusions
OZEMPIC	Step therapy removed
paliperidone er	Quantity limits removed
PALYNZIQ	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed; Quantity limits removed
PAMELOR CAP 10MG	You can fill up to 5/ day*
PAMELOR CAP 25MG	You can fill up to 2/ day*
PAMELOR CAP 50MG	You can fill up to 1/ day*
PANCREAZE	Not covered for plans with Formulary Exclusions; Step therapy removed
PANDEL	Preauthorization required*; You can fill up to 6gm/ day*
PANRETIN	Non-preferred brand drug
PANZYGA	Not covered for plans with Formulary Exclusions; Step therapy removed
paricalcitol	Quantity limits removed
paroxetine hcl	Quantity limits removed
paroxetine hcl er	Quantity limits removed

Prescription Drug	Change(s)
PATANASE	You can fill up to 1 bottle/ month*
PAXIL	Not covered for plans with Formulary Exclusions; Quantity limits removed
PAXIL CR	Not covered for plans with Formulary Exclusions; Quantity limits removed
PAZEO	Not covered for plans with Formulary Exclusions
PCP 100	Not covered under pharmacy benefit
PEGASYS	Not covered for plans with Formulary Exclusions; Preauthorization removed
PEGASYS PROCLICK	Not covered for plans with Formulary Exclusions; Preauthorization removed
PEGINTRON	Non-preferred brand drug; Preauthorization removed
PENLET II AUTOMATIC BLOODSAMPLER	Quantity limits removed
PENTASA	Quantity limits removed
PERFOROMIST	Preferred brand drug; Preauthorization removed; Step therapy removed
perphen / amit tab 2-10mg	You can fill up to 5/ day*
perphen / amit tab 2-25mg	You can fill up to 2/ day*
perphen / amit tab 4-10mg	You can fill up to 4/ day*
perphen / amit tab 4-25mg	You can fill up to 2/ day*
perphen / amit tab 4-50mg	You can fill up to 1/ day*
PERSERIS	Preferred brand drug
PERTZYE	Not covered for plans with Formulary Exclusions; Step therapy removed
phenobarbital / belladonna alkaloids	Not covered under pharmacy benefit
PHENYTEK	Non-preferred brand drug
phenytoin	Quantity limits removed
phenytoin infatabs	Quantity limits removed
phenytoin sodium extended	Quantity limits removed
PHEXXI	Not covered for plans with Formulary Exclusions
PHOSLYRA	Preferred brand drug
PHOSPHOLINE IODIDE	Non-preferred brand drug
PIFELTRO	Not covered for plans with Formulary Exclusions; Quantity limits removed
pimecrolimus	Step therapy removed
pioglitazone hcl	Quantity limits removed
pioglitazone hcl / metformin hcl	Quantity limits removed
pioglitazone hcl-glimepiride	Quantity limits removed
PLAVIX	Not covered for plans with Formulary Exclusions; Quantity limits removed
PLENVU	Not covered for plans with Formulary Exclusions
PNV TABS 29-1	Not covered for plans with Formulary Exclusions
POLY-VI-FLOR	Non-preferred brand drug
POLY-VI-FLOR / IRON	Non-preferred brand drug
POLY-VI-FLOR FS	Not covered for plans with Formulary Exclusions

Prescription Drug	Change(s)
potassium chloride	Preferred generic drug; Quantity limits removed
PRALUENT	Step therapy removed
pramipexole dihydrochloride er	Quantity limits removed
prasugrel	Preauthorization removed
PRAVACHOL	Step therapy removed; Quantity limits removed
pravastatin sodium	Quantity limits removed
praziquantel	You can fill up to 24/ year*
PRED FORTE	Not covered for plans with Formulary Exclusions
PRED MILD	Not covered for plans with Formulary Exclusions
prednicarbate	You can fill up to 120gm/ month*
PREFEST	Not covered for plans with Formulary Exclusions; Quantity limits removed
pregabalin cap 100mg	You can fill up to 4/ day*
pregabalin cap 150mg	You can fill up to 4/ day*
pregabalin cap 200mg	You can fill up to 3/ day*
pregabalin cap 225mg	You can fill up to 2/ day*
pregabalin cap 25mg	You can fill up to 4/ day*
pregabalin cap 300mg	You can fill up to 2/ day*
pregabalin cap 50mg	You can fill up to 4/ day*
pregabalin cap 75mg	You can fill up to 4/ day*
pregabalin sol 20mg / ml	You can fill up to 30ml/ day*
PREMARIN	Not covered for plans with Formulary Exclusions
PREMESISRX	Non-preferred brand drug
PREMPHASE	Not covered for plans with Formulary Exclusions
PREMPRO	Not covered for plans with Formulary Exclusions
PRENA 1 TRUE	Not covered for plans with Formulary Exclusions
PRENA1 CHEW	Non-preferred brand drug
PRENATE	Non-preferred brand drug
PRENATE AM	Non-preferred brand drug
PRENATE DHA	Non-preferred brand drug
PRENATE ELITE	Non-preferred brand drug
PRENATE ENHANCE	Non-preferred brand drug
PRENATE ESSENTIAL	Non-preferred brand drug
PRENATE MINI	Non-preferred brand drug; Quantity limits removed
PRENATE PIXIE	Non-preferred brand drug
PRENATE RESTORE	Non-preferred brand drug
PRESTALIA	Not covered for plans with Formulary Exclusions
PRETOMANID	Quantity limits removed
PREVACID 24HR	Not covered for plans with Formulary Exclusions; Quantity limits removed; Over-the-counter drug no longer covered by your plan

Prescription Drug	Change(s)
PREVYMIS	Non-preferred brand drug
PRILOSEC	Non-preferred brand drug; Step therapy removed
PRILOSEC OTC	You can fill up to 90/ year*
PROCARDIA XL	Quantity limits removed
procentra	Preferred generic drug; Preauthorization removed
PROCRIPT	Not covered for plans with Formulary Exclusions; Step therapy removed
PROCTOFOAM HC	Preferred brand drug; Step therapy removed; Quantity limits removed
PROCYSBI	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed; Quantity limits removed
progesterone	Quantity limits removed
PROGRAF	Not covered for plans with Formulary Exclusions
PROLASTIN-C	Preferred specialty drug
PROLENSA	Not covered for plans with Formulary Exclusions
PROMACTA TAB 12.5MG	You can fill up to 1/ day*
PROMETRIUM	Quantity limits removed
propafenone hydrochloride er	Quantity limits removed
proparacaine hcl	Preferred generic drug
PROSCAR	Step therapy removed; You can fill up to 1/ day*
PROTOPIC	Non-preferred brand drug; Step therapy removed
protriptylin tab 10mg	You can fill up to 2/ day*
protriptylin tab 5mg	You can fill up to 3/ day*
PROVIGIL	Not covered for plans with Formulary Exclusions; Preauthorization removed; Quantity limits removed
PRUDOXIN	You must first try 1 of betamethasone, clobetasol, fluocinolone, hydrocortisone AND 1 of tacrolimus, EUCRISA*
PULMICORT	Not covered for plans with Formulary Exclusions; Preauthorization removed; Quantity limits removed
PULMOZYME	Non-preferred specialty drug
PURIXAN	Step therapy removed
PYLERA	Preferred brand drug
pyridostigmine bromide	Not covered for plans with Formulary Exclusions
QBRELIS	Preauthorization removed
QBREXZA	Preauthorization removed; Step therapy removed; Quantity limits removed
qc esomeprazole magnesium	Quantity limits removed
QNASL	Not covered for plans with Formulary Exclusions; Step therapy removed
QNASL CHILDRENS	Not covered for plans with Formulary Exclusions; Step therapy removed
QTERN	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
QUARTETTE	Not covered for plans with Formulary Exclusions
QUDEXY XR	Step therapy removed; Quantity limits removed

Prescription Drug	Change(s)
quetiapine fumarate	Quantity limits removed
quetiapine fumarate er	Quantity limits removed
QUFLORA FE	Not covered for plans with Formulary Exclusions
QUFLORA FE PEDIATRIC	Not covered for plans with Formulary Exclusions
QUFLORA GUMMIES	Not covered for plans with Formulary Exclusions
QUILLICHEW CHW 20MG ER	Preauthorization removed
QUILLICHEW ER	Preauthorization removed
QUILLIVANT XR	Preauthorization removed
ra esomeprazole magnesium	Quantity limits removed
ra nasal allergy spray	Quantity limits removed
RAGWITEK	You must first try 1 oral antihistamine and 1 intranasal corticosteroid*
ramelteon	Preferred generic drug; You can fill up to 15 / month*
RANEXA	Non-preferred brand drug; Step therapy removed; Quantity limits removed
ranolazine er	Quantity limits removed
RAPAMUNE	Not covered for plans with Formulary Exclusions
rasagiline mesylate	Quantity limits removed
RASUVO	Preferred specialty drug; Preauthorization required*; Step therapy removed
RAVICTI	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed; Quantity limits removed
RAYALDEE	Preauthorization removed; Quantity limits removed
RAZADYNE	Preauthorization removed
RAZADYNE ER	Preauthorization removed
REBINYN	Preferred specialty drug
RECLAST	Preauthorization required*
RECTIV	Quantity limits removed
REGRANEX	Quantity limits removed
RELENZA DISKHALER	Preferred brand drug
RELION LANCING DEVICE	Quantity limits removed
RELISTOR	Not covered for plans with Formulary Exclusions; Preauthorization removed; Quantity limits removed
REMEDIENT	Not covered for plans with Formulary Exclusions
REMERON	Quantity limits removed
REMERON SOLTAB	Quantity limits removed
REMICADE	You can fill up to 10 vials/ month*
RENACIDIN	Non-preferred brand drug
RENAGEL	Non-preferred brand drug
REVELA	Non-preferred brand drug
REQUIP XL	Quantity limits removed
RESTORIL	You can fill up to 15/ month*
RESTORIL CAP	You can fill up to 15/ month*

Prescription Drug	Change(s)
RETIN-A	Step therapy removed
RETIN-A MICRO	Step therapy removed
RETIN-A MICRO PUMP	Step therapy removed
REVATIO INJ	Not covered for plans with Formulary Exclusions
REVATIO TAB 20MG	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
REVLIMID	Preferred specialty drug
REYATAZ	Non-preferred brand drug
RHOFADE	Not covered for plans with Formulary Exclusions; Quantity limits removed
RHOPHYLAC	Non-preferred specialty drug
RHOPRESSA	Preferred brand drug; Step therapy removed
RIASTAP	Non-preferred specialty drug
ribavirin	Preauthorization required*
ribavirin inh	Preferred generic drug
RILUTEK	Preauthorization removed
riluzole	Preauthorization removed
risedronate sodium	Quantity limits removed
risedronate sodium dr	Quantity limits removed
RISPERDAL	Preauthorization removed; Step therapy removed; Quantity limits removed
RISPERDAL SOL 1MG / ML	Preauthorization removed; Step therapy removed
risperidone	Quantity limits removed
risperidone odt	Quantity limits removed
RITALIN	Step therapy removed
RITALIN LA CAP 10MG	Step therapy removed
RITALIN LA CAP 20MG	Step therapy removed
RITALIN LA CAP 30MG	Step therapy removed
RITALIN LA CAP 40MG	Step therapy removed
RITALIN TAB 20MG	Step therapy removed; You can fill up to 3/ day
ROCKLATAN	Preferred brand drug
ropinirole er	Quantity limits removed
rosuvastatin calcium tablet	Quantity limits removed
roweepra	Quantity limits removed
roweepra xr	Quantity limits removed
ROXYBOND	Not covered for plans with Formulary Exclusions
RUBRACA	Preferred specialty drug
RUCONEST	Preferred specialty drug
RUKOBIA	Not covered for plans with Formulary Exclusions
RUZURGI	Non-preferred specialty drug
RYBELSUS	Step therapy removed; Quantity limits removed
RYDAPT	Preferred specialty drug

Prescription Drug	Change(s)
RYTHMOL SR	Quantity limits removed
SAMSCA	Non-preferred specialty drug; Quantity limits removed
SANCUSO	Preferred brand drug
SANDOSTATIN	You can fill up to 3ml/ day*
SANDOSTATIN LAR DEPOT	Not covered for plans with Formulary Exclusions
SANTYL	Preauthorization required*; Quantity limits removed
SAPHRIS	Preferred brand drug; Preauthorization removed; Step therapy removed; Quantity limits removed
SAVELLA	You must first try gabapentin, pregabalin, duloxetine, amitriptyline*; Quantity limits removed
SAVELLA TITRATION PACK	You must first try gabapentin, pregabalin, duloxetine, amitriptyline*; Quantity limits removed
SELECT-LITE DEVICE / LANCETS	Quantity limits removed
SELECT-OB	Non-preferred brand drug
SENSIPAR	Preferred specialty drug; Not covered at mail-order pharmacy; Must be filled through a specialty network pharmacy
SENSIPAR TAB 90MG	Preferred specialty drug; Not covered at mail-order pharmacy; Must be filled through a specialty network pharmacy
SERNIVO	Non-preferred brand drug; Preauthorization required*; Step therapy removed
SEROQUEL	Preauthorization removed; Step therapy removed; Quantity limits removed
sertraline hcl	Quantity limits removed
SFROWASA	Not covered for plans with Formulary Exclusions
SIGNIFOR LAR	Not covered for plans with Formulary Exclusions; Quantity limits removed
SIKLOS	Preauthorization removed
sildenafil citrate	You can fill up to 224ml/ month*
SIMBRINZA	Preferred brand drug
SIMILAC PRENATAL EARLY SHIELD	Preferred generic drug
SIMPONI ARIA	You can fill up to 4 vials/ 8 weeks*
simvastatin	Quantity limits removed
SIRTURO	Quantity limits removed
SIVEXTRO	Preauthorization required*; Quantity limits removed
SKYLA	Preferred brand drug
sodium fluoride	Not covered under pharmacy benefit
solifenacin succinate	Quantity limits removed
SOLQUA 100 / 33	You must first try metformin/xr*; Quantity limits removed
SOMA	You can fill up to 84/ month*
SOMA TAB 250MG	Non-preferred brand drug; Step therapy removed; You can fill up to 84/ month*

Prescription Drug	Change(s)
SOMATULINE DEPOT	Preferred specialty drug; You can fill up to 1 inj/ month*
SOMAVERT	Not covered for plans with Formulary Exclusions
SOOLANTRA	Not covered for plans with Formulary Exclusions; Step therapy removed
SORIATANE	Preauthorization required*
SPORANOX	Not covered for plans with Formulary Exclusions; Quantity limits removed
SPORANOX PULSEPAK	Not covered for plans with Formulary Exclusions; Quantity limits removed
SPRITAM	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
STELARA	Not covered for plans with Formulary Exclusions
STIMATE	Non-preferred specialty drug; Not covered at mail-order pharmacy; Must be filled through a specialty network pharmacy
STRATTERA	You can fill up to 1/ day
STRIBILD	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
SUBLOCADE	Preferred specialty drug
SUBSYS	Preferred brand drug
SUCRAID	Non-preferred brand drug
SULAR	Quantity limits removed
sulconazole nitrate	Preferred generic drug
sulfasalazine	Quantity limits removed
SUNOSI	Preferred brand drug; Step therapy removed
SUPARTZ FX	Preferred specialty drug; Step therapy removed
SUPRAX	Preferred brand drug
SUPREP BOWEL PREP KIT	Not covered for plans with Formulary Exclusions
SX1 MEDICATED POST- OPERATIVE SYSTEM	Not covered for plans with Formulary Exclusions
symax-sl	Preferred generic drug
SYMBYAX	Quantity limits removed
SYMFI	Preferred brand drug
SYMFI LO	Preferred brand drug
SYMLINPEN 120	Preferred brand drug; Preauthorization removed; You must first try NOVOLOG, NOVOLIN R*; Quantity limits removed
SYMLINPEN 60	Preferred brand drug; Preauthorization removed; You must first try NOVOLOG, NOVOLIN R*
SYMPROIC	Preferred brand drug; Step therapy removed; Quantity limits removed
SYNAGIS	Non-preferred specialty drug
SYNALAR CRE 0.025%	Preauthorization required*; Step therapy removed; You can fill up to 6gm/ day*
SYNALAR OIN 0.025%	Preauthorization required*; Step therapy removed; You can fill up to 6gm/ day*

Prescription Drug	Change(s)
SYNALAR SOL 0.01%	Preauthorization required*; You can fill up to 6ml/ day*
SYNAREL	Non-preferred brand drug
SYNDROS	Not covered for plans with Formulary Exclusions; Preauthorization removed; Quantity limits removed
SYNJARDY	You must first try metformin/xr*; Quantity limits removed
SYNJARDY XR	You must first try metformin/xr*; Quantity limits removed
SYNVISC	You must first try 3 of GELSYN-3, SUPARTZ, EUFLEXXA, DUROLANE*
SYNVISC ONE	You must first try 3 of GELSYN-3, SUPARTZ, EUFLEXXA, DUROLANE*
SYPRINE	Not covered for plans with Formulary Exclusions; Preauthorization removed
TACLONEX OIN	Preferred brand drug; Step therapy removed; Quantity limits removed
TACLONEX SUS	Preferred brand drug; Quantity limits removed
tacrolimus	Step therapy removed
tadalafil	Preferred generic drug; Preauthorization required*; You can fill up to 1/ day*
TAKHZYRO	Preferred specialty drug; Step therapy removed
TALZENNA	Not covered for plans with Formulary Exclusions; Preauthorization removed; Quantity limits removed
TAMIFLU	Non-preferred brand drug
taperdex 6-day	Not covered for plans with Formulary Exclusions
TARCEVA	Non-preferred specialty drug
TARGRETIN CAP 75MG	Non-preferred specialty drug
TARGRETIN GEL 1%	Non-preferred specialty drug; Preauthorization required*
TAVALISSE	Not covered for plans with Formulary Exclusions; Preauthorization removed; Quantity limits removed
TAYTULLA	Not covered for plans with Formulary Exclusions
TAZORAC	Not covered for plans with Formulary Exclusions; Preauthorization removed
taztia xt	Quantity limits removed
TECFIDERA	Not covered for plans with Formulary Exclusions; Quantity limits removed
TECFIDERA STARTER PACK	Not covered for plans with Formulary Exclusions; Quantity limits removed
TEGRETOL	Non-preferred brand drug
TEGRETOL-XR	Non-preferred brand drug
TEKTURNA	Non-preferred brand drug; Step therapy removed; Quantity limits removed
TEKTURNA HCT	Preferred brand drug; Quantity limits removed
telmisartan	Quantity limits removed
telmisartan / amlodipine	Step therapy removed; Quantity limits removed
telmisartan / hydrochlorothiazide	Quantity limits removed
temazepam	You can fill up to 15/ month*
temazepam capsule	You can fill up to 15/ month*
TEMIXYS	Preferred brand drug
TEMODAR	Non-preferred specialty drug

Prescription Drug	Change(s)
TEMOVATE	Preauthorization required*; Step therapy removed
testosterone	Quantity limits removed
testosterone cypionate	Preauthorization required*
testosterone enanthate	Preauthorization required*
testosterone gel 1%(50mg)	Not covered for plans with Formulary Exclusions; Preauthorization removed; Quantity limits removed
testosterone gel pump 1%	Not covered for plans with Formulary Exclusions; Preauthorization removed; Quantity limits removed
TEXACORT	Non-preferred brand drug; Preauthorization required*; You can fill up to 6ml/ day*
THALOMIDCAP 100MG	Preferred specialty drug; You can fill up to 1/ day*
THALOMIDCAP 150MG	Preferred specialty drug; You can fill up to 2/ day*
THALOMIDCAP 200MG	Preferred specialty drug; You can fill up to 2/ day*
THALOMIDCAP 50MG	Preferred specialty drug; You can fill up to 1/ day*
THEO-24	Non-preferred brand drug
THYROGEN	Non-preferred specialty drug
tiadylt er	Quantity limits removed
tiagabine hcl	Quantity limits removed
TIAZAC	Quantity limits removed
TIGLUTIK	Not covered for plans with Formulary Exclusions; Preauthorization removed; Quantity limits removed
TIKOSYN	Non-preferred specialty drug; Preauthorization required*; You must first try dofetilide*; Not covered at mail-order pharmacy; Must be filled through a specialty network pharmacy
TIMOPTIC OCUDOSE	Not covered for plans with Formulary Exclusions
TIROSINT	Not covered for plans with Formulary Exclusions
TIROSINT-SOL	Not covered for plans with Formulary Exclusions
TIVICAY PD	Not covered for plans with Formulary Exclusions; Quantity limits removed
tizanidine hcl	Non-preferred generic drug
TOBI	Not covered for plans with Formulary Exclusions; Quantity limits removed
TOBI PODHALER	Not covered for plans with Formulary Exclusions; Quantity limits removed
TOBRADEX	Not covered for plans with Formulary Exclusions
TOBRADEX ST	Not covered for plans with Formulary Exclusions
tobramycin	Preauthorization required*
tolterodine tartrate er	Quantity limits removed
TOPAMAX SPRINKLE	Quantity limits removed
TOPICORT	Non-preferred brand drug; Preauthorization required*; Step therapy removed
TOPICORT CRE 0.05%	Preauthorization required*; Step therapy removed; You can fill up to 6gm/ day*

Prescription Drug	Change(s)
TOPICORT CRE 0.25%	Preauthorization required*; Step therapy removed; You can fill up to 6gm/ day*
TOPICORT GEL 0.05%	Preauthorization required*; Step therapy removed; You can fill up to 6gm/ day*
TOPICORT OIN 0.05%	Preauthorization required*; Step therapy removed; You can fill up to 6gm/ day*
TOPICORT OIN 0.25%	Preauthorization required*; Step therapy removed
topiramate	Quantity limits removed
topiramate er	Quantity limits removed
TOUJEO MAX SOLOSTAR	Preferred brand drug; Step therapy removed
TOUJEO SOLOSTAR	Preferred brand drug; Step therapy removed
tovet	Preferred generic drug; Quantity limits removed
TOVIAZ	You must first try oxybutynin, solifenacin, tolterodine*; Quantity limits removed
TRACLEER TAB	Non-preferred specialty drug; Step therapy removed; You can fill up to 2/ day*
TRACLEER TAB 32MG	Not covered for plans with Formulary Exclusions
tramadol hcl	You can fill up to 1/ day
tramadol hcl er capsule	Preferred generic drug; Preauthorization removed
tramadol hcl er tablet	Preauthorization removed
tramadol hydrochloride / acetaminophen	You can fill up to 40/ month
tranexamic acid	Quantity limits removed
TRANSDERM-SCOP	Not covered for plans with Formulary Exclusions
TRANXENE T	You can fill up to 6/ day*
TRAVATAN Z	Preferred brand drug
tretinoin	Preauthorization removed
TREXALL	Preferred brand drug
trezix	Preferred generic drug
triamcinolone acetonide cream	You can fill up to 120gm/ month*
triamcinolone acetonide lotion	You can fill up to 120ml/ month*
triamcinolone acetonide ointment	You can fill up to 120gm/ month*
triamterene	Preferred generic drug
triazolam	You can fill up to 10/ month*
TRIBENZOR	Step therapy removed; Quantity limits removed
TRICOR	Not covered for plans with Formulary Exclusions; Quantity limits removed
triderm	Quantity limits removed

Prescription Drug	Change(s)
TRIDESILON	Preauthorization required*; Step therapy removed; You can fill up to 6gm/ day*
TRIFERIC	Not covered for plans with Formulary Exclusions
TRIGLIDE	Quantity limits removed
TRIJARDY XR	Preferred brand drug; Quantity limits removed
TRILIPIX	Quantity limits removed
trimipramine cap 100mg	You can fill up to 1/ day*
trimipramine cap 25mg	You can fill up to 2/ day*
trimipramine cap 50mg	You can fill up to 2/ day*
TRINTELLIX	You must first try generic SSRI*; Quantity limits removed
TRIVISC	You must first try 3 of GELSYN-3, SUPARTZ, EUFLEXXA, DUROLANE*
TROKENDI XR	Quantity limits removed
tropicamide	Preferred generic drug
tropium chloride	Quantity limits removed
tropium chloride er	Quantity limits removed
TRUE METRIX PRO GLUCOSE TEST STRIPS	Non-preferred brand drug; Step therapy removed; Quantity limits removed
TRULANCE	Not covered for plans with Formulary Exclusions; Quantity limits removed
TRULICITY	Step therapy removed
TRUVADA	Preferred brand drug; If drug is covered by your plan, you will now pay a copay for this drug
TUKYSA	Preauthorization required*
TUSSICAPS	Preauthorization removed
TUXARIN ER	Not covered for plans with Formulary Exclusions; Preauthorization removed
TUZISTRA XR	Not covered for plans with Formulary Exclusions
TWIRLA	Not covered for plans with Formulary Exclusions
TWYNSTA	Step therapy removed; Quantity limits removed
TYKERB	Preferred specialty drug
TYSABRI	Preferred specialty drug
UCERIS	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
UCERIS AER 2MG / ACT	Not covered for plans with Formulary Exclusions; Preauthorization removed; Quantity limits removed
UDENYCA	Not covered for plans with Formulary Exclusions; Quantity limits removed
ULTRACET	You can fill up to 40/ month
ULTRAVATE	Not covered for plans with Formulary Exclusions; Quantity limits removed
UPTRAVI	Preferred specialty drug
UPTRAVI tab	Preferred specialty drug
UROXATRAL	Not covered for plans with Formulary Exclusions; Quantity limits removed
V-GO	Preferred brand drug

Prescription Drug	Change(s)
VALCYTE	Not covered for plans with Formulary Exclusions; Preauthorization removed; Quantity limits removed
VALIUM	You can fill up to 4/ day*
valsartan	Quantity limits removed
valsartan / hydrochlorothiazide	Quantity limits removed
VALTOCO	Preferred brand drug; Preauthorization removed
VALTREX	Not covered for plans with Formulary Exclusions; Step therapy removed
vanadom	Preferred generic drug
VANCOGIN	You can fill up to 8/ day for 10 days*
VANCOGIN HCL	You can fill up to 8/ day for 10 days*
vancomycin hcl	You can fill up to 8/ day for 10 days*
VARUBI	Not covered for plans with Formulary Exclusions; Quantity limits removed
VASCEPA	Quantity limits removed
VASOTEC	Non-preferred brand drug; Step therapy removed
VECAMEYL	Non-preferred brand drug; Step therapy removed; Quantity limits removed
VELPHORO	Preferred brand drug
VELTASSA	Preferred brand drug; Preauthorization removed; Step therapy removed; Quantity limits removed
VELTIN	Not covered for plans with Formulary Exclusions; Step therapy removed
VEMLIDY	Preferred specialty drug; Step therapy removed
venlafaxine hcl	Quantity limits removed
venlafaxine hcl er	Quantity limits removed
venlafaxine hcl er tablet	Not covered for plans with Formulary Exclusions; Quantity limits removed
venlafaxine hydrochloride er	Quantity limits removed
venlafaxine hydrochloride er tab	Not covered for plans with Formulary Exclusions; Quantity limits removed
VENTAVIS	You can fill up to 9 ampules/ day*
VENTOLIN HFA	Not covered for plans with Formulary Exclusions
verapamil hcl er	Quantity limits removed
verapamil hydrochloride er	Quantity limits removed
VEREGEN	Not covered for plans with Formulary Exclusions
VERELAN PM	Quantity limits removed
VIBERZI	Quantity limits removed
VICTOZA	Step therapy removed
VIIBRYD kit	Not covered for plans with Formulary Exclusions
VIIBRYD tab	Not covered for plans with Formulary Exclusions; Quantity limits removed
VIMIZIM	Non-preferred specialty drug
VIMPAT	Quantity limits removed
VIREAD	Non-preferred brand drug

Prescription Drug	Change(s)
VIRT-C DHA	Not covered for plans with Formulary Exclusions
virt-vite forte	Preferred generic drug
VISCO-3	Not covered for plans with Formulary Exclusions; Step therapy removed
VITAFOL GUMMIES	Not covered for plans with Formulary Exclusions
VITAFOL ULTRA	Non-preferred brand drug
VITAFOL-NANO	Non-preferred brand drug
VITAFOL-OB	Non-preferred brand drug
VITAFOL-OB+DHA	Non-preferred brand drug
VITAFOL-ONE	Non-preferred brand drug
VITAL-D RX	Not covered for plans with Formulary Exclusions
VITAMEDMDREDICHEW RX	Non-preferred brand drug
VITAPEARL	Non-preferred brand drug
VIVITROL	Non-preferred specialty drug; Must be filled through a specialty network pharmacy
VIZIMPRO	Not covered for plans with Formulary Exclusions; Preauthorization removed; Quantity limits removed
VONVENDI	Not covered for plans with Formulary Exclusions
VOTRIENT	Preferred specialty drug
VPRIV	Non-preferred specialty drug; You can fill up to 15 vials/ 14 day*
VRAYLAR	You can fill up to 2/ day*
VYVANSE CAP 40MG	You can fill up to 1/ day
VYVANSE CAP 50MG	You can fill up to 1/ day
VYVANSE CAP 60MG	You can fill up to 1/ day
VYVANSE CAP 70MG	You can fill up to 1/ day
VYVANSE CHW 40MG	You can fill up to 1/ day
VYVANSE CHW 50MG	You can fill up to 1/ day
VYVANSE CHW 60MG	You can fill up to 1/ day
WELCHOL	Non-preferred brand drug; Step therapy removed
WELLBUTRIN SR	Quantity limits removed
WELLBUTRIN XL	Non-preferred brand drug; Step therapy removed; Quantity limits removed
WESTAB MAX	Preferred generic drug
wixela inhub	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
XALATAN	Preauthorization removed; Step therapy removed
XARELTO	Quantity limits removed
XARELTO STARTER PACK	Quantity limits removed
XATMEP	Non-preferred specialty drug; Preauthorization removed; Not covered at mail-order pharmacy; Must be filled through a specialty network pharmacy
XCOPRI	Preferred brand drug; Preauthorization removed
XELODA	Non-preferred specialty drug

Prescription Drug	Change(s)
XENAZINE	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed; Quantity limits removed
XENLETA	Non-preferred brand drug; Quantity limits removed
XEPI	Quantity limits removed
XERAC AC	Non-preferred brand drug
XGEVA	Step therapy removed
XHANCE	Non-preferred brand drug; Preauthorization removed; Step therapy removed
XIFAXAN	Quantity limits removed
XIFAXAN TAB 200MG	Not covered for plans with Formulary Exclusions; Quantity limits removed
XIGDUO XR	You must first try metformin/xr*
XIGDUO XR TAB 2.5-1000	You must first try metformin/xr*; Quantity limits removed
XIGDUO XR TAB 5-1000MG	You must first try metformin/xr*; Quantity limits removed
XOFLUZA	Not covered for plans with Formulary Exclusions; Quantity limits removed
XOLAIR INJ 150MG / ML	Step therapy removed; You can fill up to 4 syr/ month*
XOLAIR INJ 75 / 0.5	Step therapy removed; You can fill up to 2 syr/ month*
XOLAIR SOL 150MG	Step therapy removed; You can fill up to 6 vials/ month*
XOPENEX	You can fill up to 10ml/ day*
XOPENEX CONCENTRATE	You can fill up to 45ml/ day*
XOPENEX HFA	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
XOSPATA	Preferred specialty drug
XTAMPZA ER	Preferred brand drug; Step therapy removed
XTANDI	Preferred specialty drug; Step therapy removed
XULTOPHY 100 / 3.6	You must first try metformin/xr*; Quantity limits removed
XURIDEN	Non-preferred specialty drug; Preauthorization removed
XYOSTED	Step therapy removed; Quantity limits removed
XYREM	You can fill up to 18ml/ day*
XYZAL ALLERGY 24HR	Quantity limits removed
XYZAL ALLERGY 24HR CHILD	Non-preferred brand drug; Over-the-counter drug no longer covered by your plan
YONSA	Preferred specialty drug
yuvaferm	Preferred generic drug
zafirlukast	Quantity limits removed
zaleplon	You can fill up to 15/ month*
ZANAFLEX	Non-preferred brand drug
ZARXIO	Not covered for plans with Formulary Exclusions
ZEJULA	Preferred specialty drug
ZEMAIRA	Not covered for plans with Formulary Exclusions
ZEMPLAR	Step therapy removed; Quantity limits removed
zenatane	Quantity limits removed

Prescription Drug	Change(s)
ZENZEDI TAB 15MG	Step therapy removed; You can fill up to 2/ day
ZENZEDI TAB 20MG	Step therapy removed; You can fill up to 2/ day
ZENZEDI TAB 30MG	Step therapy removed; You can fill up to 1/ day
ZEPOSIA	Preferred specialty drug; Step therapy removed
ZETIA	Not covered for plans with Formulary Exclusions; Step therapy removed; Quantity limits removed
ZETONNA	Not covered for plans with Formulary Exclusions; Step therapy removed
ZIANA	Not covered for plans with Formulary Exclusions; Step therapy removed
ZIEXTENZO	Preferred specialty drug; Step therapy removed
zileuton er	Quantity limits removed
ZILXI	Not covered for plans with Formulary Exclusions
ZINBRYTA	You must first try 2 of BETASERON, COPAXONE, MAYZENT, VUMERITY, ZEPOSIA*
ziprasidone hcl	Quantity limits removed
ZIRGAN	Not covered for plans with Formulary Exclusions
ZOCOR	Step therapy removed; Quantity limits removed
ZOFRAN	You can fill up to 18 tabs/21 days*
zoledronic acid	Preauthorization required*
zoledronic inj 4mg / 100	Preferred specialty drug; Preauthorization required*
ZOLINZA	Preferred specialty drug
ZOLOFT	Quantity limits removed
zolpidem tartrate	You can fill up to 15/ month*
zolpidem tartrate er	You must first try zolpidem, zaleplon, eszopiclone*; You can fill up to 15/ month*
zolpidem tartrate sub	Non-preferred generic drug; Preauthorization required*
ZOMIG SPRAY	Preferred brand drug
ZOMIG TAB	You must first try 3 of naratriptan, rizatriptan, sumatriptan, zolmitriptan.*
ZOMIG ZMT	You must first try 3 of naratriptan, rizatriptan, sumatriptan, zolmitriptan.*
ZONALON	You must first try 1 of betamethasone, clobetasol, fluocinolone, hydrocortisone AND 1 of tacrolimus, EUCRISA*
ZORTRESS	Not covered for plans with Formulary Exclusions
ZOVIRAX SUS 200 / 5ML	Not covered for plans with Formulary Exclusions
ZYFLO	Not covered for plans with Formulary Exclusions; Quantity limits removed
ZYLET	Not covered for plans with Formulary Exclusions
ZYLOPRIM	Non-preferred brand drug; Step therapy removed
ZYMAXID	Not covered for plans with Formulary Exclusions
ZYPREXA	Preauthorization removed; Step therapy removed; Quantity limits removed
ZYPREXA ZYDIS	Preauthorization removed; Step therapy removed; Quantity limits removed
ZYTIGA	Not covered for plans with Formulary Exclusions; Preauthorization removed; Quantity limits removed

Prescription Drug	Change(s)
ZYTIGA TAB 250MG	Not covered for plans with Formulary Exclusions; Preauthorization removed; Step therapy removed; Quantity limits removed
ZYVOX TAB 600MG	Not covered for plans with Formulary Exclusions; Quantity limits removed

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

Some health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Not all health services are covered. 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.

Aetna receives rebates from drug manufacturers that may be taken into account in determining drug lists. Information is subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota, Pennsylvania and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

In accordance with state law, commercial fully insured (including HMO) members in Louisiana 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 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) covered under a policy and using a drug for treatment of a chronic illness prior to the drug's removal from the Pharmacy Drug Guide will continue to have the medication covered, provided the prescriber states in writing that 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.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna is part of the CVS Health family of companies.

Policy forms issued in Oklahoma include: AL COC00010, HC COC00010.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 05, HO HGrpPol 04, AL SG GrpPOLAmend 2020 01, HI SG GrpAgAmend 2020 01.

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

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

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

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

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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TTY: 711

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah níłjigo nanitinígíí bee néého'dółzinígíí béésh bee hane'í bikáá' áají' hólne'. (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit. (Albanian)

የቋንቋ አገልግሎቶችን ያለከፍያ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقتك الشخصية. (Arabic)

Անվճար լեզվական ծառայություններին օգտվելու համար զանգահարեք ձեր ինքնության (ID) քարտի վրա նշված հեռախոսահամարով: (Armenian)

Kugira uronke serivisi z'indimi atakiguzi, Hamagara inumero iri kuri karangamuntu kawe. (Bantu)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa numero sa nimong ID card. (Bisayan-Visayan)

သင့်အနေဖြင့် အခကြေးငွေ မပေးရဲဘဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။ (Burmese)

Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al número indicat a la seva targeta d'identificació. (Catalan)

Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

M dyi wuḍu-dù kà kò dò bě dyi móuñ nì pídýi ní, nìí, dǎ nòbà nǎ nì ID káàò kǝ. (Kru-Bassa)

بۆ دەسپێر اگەشتن بە خزمەتگوزاری زمان بەی تێچوون بۆ تۆ، پەيوەندی بکە بە ژمارەى سەر ئای دى (ID) کارتی خۆت.
(Kurdish)

ເພື່ອຂໍ້ໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທີບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, तुमच्या ID कार्डावरील क्रमांकावर फोन करा. (Marathi)

Nan etal nan jikin jiban ko ikijen kajin ilo an ejelok onen nan kwe, kirlok nomba eo ilo ID kaat eo am.
(Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
(Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

निःशुल्क भाषा सेवा प्राप्त गर्न आफ्नो परिचयपत्रमा भएको नम्बरमा टेलिफोन गर्नुहोस् । (Nepali)

Të kɔɔr yīn wěēr de thokic ke cīn wěu kɔr keek tēnɔŋ yīn. Ke cɔl kɔc ye kɔc kuɔny nē nɔmba de abac tō
nē ID kard du kōu. (Nilotic-Dinka)

For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt. (Norwegian)

Um Schprooch Services zu griegie mitaus Koscht, ruff die Nummer uff dei ID Kaart. (Pennsylvania Dutch)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na Twojej
Karcie Identykującej (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta na sua
identidade. (Portuguese)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਫ਼ੋਨ
ਕਰੋ। (Punjabi)

Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul dvs. de identificare.
(Romanian)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному
на вашей карточке участника плана. (Russian)

