

Covered and non-covered drugs

**Drugs not covered — and their covered
alternatives for the Aetna Standard Formulary**
2021 Formulary Exclusions Drug List

The drugs on this list have been removed from your plan's formulary. If you continue using a drug listed under "formulary drug removals", you may have to pay the full cost. Ask your doctor to choose one of the generic or brand formulary options from the list.

Key	
UPPERCASE	Brand-name medicine
<i>lowercase italics</i>	Generic medicine

Category Drug class	Formulary drug removals	Formulary options
Acromegaly	SANDOSTATIN LAR' SIGNIFOR LAR' SOMAVERT'	SOMATULINE DEPOT
Allergies Antihistamines	<i>dexchlorpheniramine</i> <i>Diphen Elixir</i> <i>RyClora</i> CARBINOXAMINE TABLET 6 mg	<i>levocetirizine</i>
Allergies Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, DYMISTA</i>
Anticonvulsants	<i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only)	<i>carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
	BANZEL SUSPENSION	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
	ONFI	<i>clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
	SABRIL'	<i>vigabatrin</i>
	ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
Anti-infectives, Antibacterials Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>

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Category Drug class	Formulary drug removals	Formulary options
Anti-infectives, Antibacterials Tetracyclines	doxycycline hyclate delayed-rel tablet 50 mg doxycycline hyclate delayed-rel tablet 200 mg doxycycline hyclate tablet 50 mg (NDC^ 72143021160 only) doxycycline hyclate tablet 75 mg doxycycline hyclate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg minocycline ext-rel CoreMino Mondoxyme NL capsule 75 mg ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
Anti-infectives, Antibacterials Miscellaneous	nitrofurantoin (NDC^ 0408023932 only) MACRODANTIN	nitrofurantoin (except NDC^ 70408023932)
Anti-infectives, Antifungals	flucytosine capsule 500 mg	fluconazole
	posaconazole delayed-rel tablet	fluconazole, itraconazole
Anti-infectives, Antivirals Cytomegalovirus*	VALCYTE	valganciclovir
Anti-infectives, Antivirals Hepatitis B*	BARACLUE TABLET ¹ EPIVIR HBV ¹ HEPSERA ¹	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUE SOLUTION, VEMLIDY
Anti-infectives, Antivirals Hepatitis C*	MAVYRET ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
	VIEKIRA PAK ¹ ZEPATIER ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
Anti-infectives, Antivirals Herpes*	acyclovir cream VALTREX	acyclovir capsule, acyclovir tablet, valacyclovir
Anti-infectives, Antivirals HIV	COMPLERA ¹ STRIBILD ¹	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
Anti-infectives Miscellaneous	DARAPRIM	pyrimethamine
Antiobesity	CONTRAVE QSYMIA	SAXENDA
Anxiety* Benzodiazepines	XANAX XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
Asthma* Beta Agonists, Short-Acting	PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol

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Asthma* Leukotriene Modulators	<i>zileuton ext-rel</i> SINGULAIR	<i>montelukast, zafirlukast</i>
Asthma* Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
Asthma* or Chronic Obstructive Pulmonary Disease (COPD)* Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA ¹ , BREO ELLIPTA ¹ , SYMBICORT
Attention Deficit Hyperactivity Disorder*	ADDERALL EVEKE	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADZENYS ER ADZENYS XR-ODT APTENSIO XR DAYTRANA FOCALIN XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexmethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel¹, MYDAYIS, VYVANSE</i>
Autoimmune Agents Physician-Administered Agents	ACTEMRA INTRAVENOUS ¹ ORENCIA INTRAVENOUS ¹	REMICADE, SIMPONI ARIA
	AVSOLA ¹ CIMZIA LYOPHILIZED POWDER ¹ INFLECTRA ¹ RENFLEXIS ¹	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease only) ¹	REMICADE, STELARA INTRAVENOUS
	ILUMYA ¹	REMICADE
Autoimmune Agents Self-Administered Agents Ankylosing Spondylitis *	CIMZIA PREFILLED SYRINGE ¹ SIMPONI ¹ TALTZ ¹	COSENTYX, ENBREL, HUMIRA
Autoimmune Agents Self-Administered Agents Crohn's Disease*	CIMZIA PREFILLED SYRINGE ¹	HUMIRA, STELARA SUBCUTANEOUS # # after failure of HUMIRA
Autoimmune Agents Self-Administered Agents Psoriasis*	CIMZIA PREFILLED SYRINGE ¹ COSENTYX ¹ ENBREL ¹	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
Autoimmune Agents Self-Administered Agents Psoriatic Arthritis*	CIMZIA PREFILLED SYRINGE ¹ ORENCIA CLICKJECT ¹ ORENCIA SUBCUTANEOUS ¹ SIMPONI ¹ STELARA SUBCUTANEOUS ¹ TALTZ ¹ TREMFYA ¹ XELJANZ ¹ XELJANZ XR ¹	COSENTYX, ENBREL, HUMIRA, OTEZLA

Category Drug class	Formulary drug removals	Formulary options
Autoimmune Agents Self-Administered Agents Rheumatoid Arthritis*	ACTEMRA ACTPEN' ACTEMRA SUBCUTANEOUS' CIMZIA PREFILLED SYRINGE' KINERET' SIMPONI'	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
Autoimmune Agents Self-Administered Agents Ulcerative Colitis*	SIMPONI'	HUMIRA, STELARA SUBCUTANEOUS #, XELJANZ #, XELJANZ XR # # after failure of HUMIRA
Autoimmune Agents Self-Administered Agents All Other Conditions*	ACTEMRA ACTPEN' ACTEMRA SUBCUTANEOUS' KINERET' ORENCIA CLICKJECT' ORENCIA SUBCUTANEOUS'	ENBREL, HUMIRA
Cancer Chronic Myelogenous Leukemia*	GLEEVEC' TASIGNA'	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
Cancer Multiple Myeloma* Proteasome Inhibitors	BORTEZOMIB' KYPROLIS'	NINLARO, VELCADE
Cancer PI3K Inhibitors for Follicular Lymphoma*	ALIQOPA' ZYDELIG'	COPIKTRA
Cancer Prostate* Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA'	<i>abiraterone, bicalutamide</i> , XTANDI, YONSA
Cancer Prostate* Hormonal Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT' (For Prostate Cancer only)	ELIGARD
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	<i>fenofibrate capsule 50 mg</i> <i>fenofibrate capsule 130 mg</i> <i>fenofibrate tablet 40 mg</i> <i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 mg TRICOR	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>

Category Drug class	Formulary drug removals	Formulary options
Cardiovascular Antilipemics Niacins	<i>niacin tablet 500 mg</i> <i>Niacor</i>	<i>niacin ext-rel</i>
Cardiovascular Antilipemics PCSK9 Inhibitors	REPATHA ¹	PRALUENT
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 mcg and 250 mcg only)	<i>digoxin</i>
Cardiovascular Diuretics	DYRENIUM	<i>amiloride, triamterene</i>
Cardiovascular Nitrates	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS ¹ TRACLEER ¹	<i>ambrisentan, bosentan, OPSUMIT</i>
Cardiovascular Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors	ADCIRCA ¹ REVATIO ¹	<i>sildenafil, tadalafil</i>
Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN ¹	<i>treprostinil</i>
Carnitine Deficiency	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA, YUPELRI
Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergic / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
Contraceptives Monophasic	BEYAZ MINASTRIN 24 FE TAYTULLA YASMIN YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
Contraceptives Four Phase	NATAZIA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol- drospirenone-levomefolate, ethinyl estradiol- levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE</i>
Contraceptives Progestin Intrauterine Devices	LILETTA ¹	KYLEENA, MIRENA, SKYLA
Contraceptives Vaginal	NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>

Category Drug class	Formulary drug removals	Formulary options
Cystic Fibrosis* Inhaled Antibiotics	TOBI' TOBI PODHALER'	<i>tobramycin inhalation solution</i> , BETHKIS
Dental Cavity/Caries Prevention	PREVIDENT	Consult doctor
Depression* Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg</i> LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT	<i>citalopram, escitalopram, fluoxetine</i> (except <i>fluoxetine tablet 60 mg, fluoxetine tablet</i> [generics for SARAFEM]), <i>paroxetine HCl, paroxetine</i> <i>HCl ext-rel, sertraline</i> , TRINTELLIX
Depression* Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet</i> (except 225 mg) CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine,</i> <i>venlafaxine ext-rel capsule</i>
Depression* Antidepressants, Miscellaneous Agents	<i>bupropion ext-rel tablet 450 mg</i> APLENZIN OLEPTRO	<i>bupropion, bupropion ext-rel</i> (except <i>bupropion ext-rel tablet 450 mg</i>) <i>trazodone</i>
Depression and/or Schizophrenia* Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine,</i> <i>quetiapine ext-rel, risperidone, ziprasidone, LATUDA,</i> <i>VRAYLAR</i>
Dermatology Acne*	<i>clindamycin gel</i> (NDC ^ 68682046275 only) Vanoxide-HC ACANYA AZELEX BENZACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin gel</i> (except NDC ^ 68682046275), <i>clindamycin solution,</i> <i>clindamycin-benzoyl peroxide, erythromycin solution,</i> <i>erythromycin-benzoyl peroxide, tretinoin, EPIDUO,</i> <i>ONEXTON</i>
Dermatology Actinic Keratosis*	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod,</i> <i>PICATO, TOLAK, ZYCLARA</i>
Dermatology Antibiotics	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
Dermatology Antipsoriatics	<i>calcipotriene cream</i> <i>calcitriol ointment</i> SORILUX TAZORAC VECTICAL <i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment, calcipotriene solution</i> <i>calcipotriene ointment or calcipotriene solution WITH</i> <i>desoximetasone (except desoximetasone ointment</i> <i>0.05%), fluocinonide (except fluocinonide cream 0.1%)</i> <i>or BRYHALI</i>
Dermatology Atopic Dermatitis*	<i>doxepin cream</i> ELIDEL	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus,</i> <i>EUCRISA</i> <i>pimecrolimus, tacrolimus, EUCRISA</i>

Category Drug class	Formulary drug removals	Formulary options
Dermatology Rosacea*	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
	FINACEA GEL MIRVASO NORITATE	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>
Dermatology Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor
Dermatology Seborrheic Dermatitis*	<i>ketoconazole foam 2% Ketodan</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
Dermatology Skin Inflammation and Hives* Corticosteroids	<i>clobetasol spray CLOBEX SPRAY OLUX-E</i>	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream</i>
	<i>flurandrenolide lotion (NDC ^ 24470092112 only)</i>	<i>desonide, hydrocortisone</i>
	<i>clocortolone cream desoximetasone ointment 0.05% flurandrenolide ointment hydrocortisone butyrate lipophilic cream 0.1% hydrocortisone butyrate lotion triamcinolone aerosol 0.2% triamcinolone ointment 0.05% Trianex CORDRAN OINTMENT</i>	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
	<i>diflorasone cream diflorasone ointment APEXICON E PSORCON</i>	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
Dermatology Warts	VEREGEN	<i>imiquimod</i>
Dermatology Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide, hydrocortisone</i>
Dermatology Miscellaneous Skin Conditions	ALCORTIN A ATOPADERM BENSAL HP EPICERAM KAMDOY NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>
	<i>oxiconazole (NDCs ^ 0168035830, 51672135902 only)</i>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole</i>

Category Drug class	Formulary drug removals	Formulary options
Diabetes* Biguanides	<i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only) FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)
Diabetes* Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
Diabetes* Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA WITH <i>pioglitazone</i>
Diabetes* Injectable Incretin Mimetics	BYDUREON BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
Diabetes* Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ⁴	NOVOLIN 70/30 ⁴
	HUMULIN N ⁴	NOVOLIN N ⁴
	HUMULIN R ⁴	NOVOLIN R ⁴
	NOTE: <i>Humulin R U-500 concentrate</i> will not be subject to removal and will continue to be covered.	
Diabetes* Long Acting Insulins⁵	LANTUS	BASAGLAR, LEVEMIR
Diabetes* Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
Diabetes* Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
Diabetes* Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
Diabetes* Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI

Category Drug class	Formulary drug removals	Formulary options
Diabetes* Supplies, Needles⁶	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
Diabetes* Supplies, Syringes⁶	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
Diabetes* Supplies, Test Strips and Kits^{7,8}	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ACCU-CHEK COMPACT PLUS STRIPS AND KITS ACCU-CHEK GUIDE STRIPS AND KITS ACCU-CHEK SMARTVIEW STRIPS AND KITS BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ONETOUCH brand	ONETOUCH ULTRA STRIPS AND KITS ⁷ , ONETOUCH VERIO STRIPS AND KITS ⁷ DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM All other continuous glucose monitoring systems that are not DEXCOM brand
Dietary Supplements	FOSTEUM FOSTEUM PLUS <i>Activite</i> <i>DaVite</i> <i>Dexifol</i> <i>Folvik-D</i> <i>Folvite-D</i> <i>Genicin Vita-S</i> <i>HylaVite</i> <i>Lorid</i> <i>TronVite</i> <i>Vitasure</i> <i>Xvite</i> FERIVA 21/7 FOLIC-K <i>MultiPro</i> PRODIGEN VASCULERA	<i>alendronate, ibandronate, risedronate</i> <i>folic acid</i> Consult doctor

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Erectile Dysfunction* Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
Estrogen Replacement*	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
Fertility*	FOLLISTIM AQ ¹	GONAL-F
	CHORIONIC GONADOTROPIN ¹ NOVAREL ¹ PREGNYL ¹	OVIDREL
Gastrointestinal Anticholinergics	<i>chlordiazepoxide-clidinium (NDC ^ 42494040901 only)</i> <i>hyoscyamine sulfate ext-rel Oscimin SR Symax-SR</i> GLYCOPYRROLATE TABLET 1.5 mg	<i>dicyclomine</i>
Gastrointestinal Antidiarrheals	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 mg</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
Gastrointestinal Antiemetics	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
Gastrointestinal Irritable Bowel Syndrome	AMITIZA	LINZESS, MOVANTI, SYMPROIC
	TRULANCE	LINZESS
Gastrointestinal Laxatives	LACTULOSE PAK	<i>lactulose solution</i>
	GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes, CLENPIQ</i>
Gastrointestinal Probiotics	PROVAD ZELAC	Consult doctor
Gastrointestinal Proton Pump Inhibitors (PPIs)	<i>omeprazole-sodium bicarbonate pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT</i>
Gastrointestinal Ulcer Treatment	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
Gaucher Disease	ELELYSO ¹	CERDELGA, CEREZYME
Genitourinary Interstitial Cystitis	RIMSO-50	Consult doctor
Gout*	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet, MITIGARE</i>
	ULORIC	<i>allopurinol</i>

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Growth Hormones	GENOTROPIN ¹ HUMATROPE ¹ NUTROPIN AQ ¹ OMNITROPE ¹ SAIZEN ¹	NORDITROPIN
Hematologic Anticoagulants (oral)	PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO
Hematologic Erythropoiesis-Stimulating Agents	EPOGEN ¹ PROCRIT ¹	ARANESP, RETACRIT
Hematologic Hemophilia A	ELOCTATE ¹	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
Hematologic Hemophilia B	ALPROLIX ¹	Consult doctor
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA ¹ NEULASTA ¹ NEULASTA ONPRO ¹ UDENYCA ¹	ZIEXTENZO
	GRANIX ¹ NEUPOGEN ¹ ZARXIO ¹	NIVESTYM
Hematologic Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel</i> , <i>prasugrel</i> , BRILINTA
	ZONTIVITY	Consult doctor
High Blood Pressure* ACE Inhibitor / Diuretic Combinations	ZESTORETIC	<i>fosinopril-hydrochlorothiazide</i> , <i>lisinopril- hydrochlorothiazide</i> , <i>quinapril-hydrochlorothiazide</i>
High Blood Pressure* Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan</i> , <i>irbesartan</i> , <i>losartan</i> , <i>olmesartan</i> , <i>telmisartan</i> , <i>valsartan</i>
High Blood Pressure* Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT	<i>candesartan-hydrochlorothiazide</i> , <i>irbesartan- hydrochlorothiazide</i> , <i>losartan-hydrochlorothiazide</i> , <i>olmesartan-hydrochlorothiazide</i> , <i>telmisartan- hydrochlorothiazide</i> , <i>valsartan-hydrochlorothiazide</i>
High Blood Pressure* Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	AZOR EXFORGE	<i>amlodipine-olmesartan</i> , <i>amlodipine-telmisartan</i> , <i>amlodipine-valsartan</i>
High Blood Pressure* Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide</i> , <i>olmesartan-amlodipine-hydrochlorothiazide</i>

Category Drug class	Formulary drug removals	Formulary options
High Blood Pressure* Beta-blockers	COREG CR INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
High Blood Pressure* Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
High Blood Pressure* Calcium Channel Blockers	NORVASC <i>diltiazem ext-rel (generics for CARDIZEM LA only)</i> <i>Matzim LA</i> CARDIZEM CARDIZEM CD CARDIZEM LA	<i>amlodipine</i> <i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>
High Blood Pressure* Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	<i>amlodipine WITH celecoxib</i>
Huntington's Disease	XENAZINE ¹	<i>tetrabenazine, AUSTEDO</i>
Immunology Antimetabolites	CELLCEPT ¹ MYFORTIC ¹	<i>mycophenolate mofetil, mycophenolate sodium</i>
Immunology Calcineurin Inhibitors	ASTAGRAF XL ¹ ENVARUSUS XR ¹	<i>tacrolimus</i>
Immunology Disease Modifying Antirheumatic Agents	OTREXUP ¹	RASUVO
Immunology Hereditary Angioedema*	BERINERT ¹	FIRAZYR, RUCONEST
Immunology Rapamycin Derivatives	RAPAMUNE ¹ ZORTRESS ¹	<i>everolimus, sirolimus</i>
Inflammatory Bowel Disease (IBD) Ulcerative Colitis* Aminosalicylates	<i>mesalamine delayed-rel tablet 800 mg</i> COLAZAL DELZICOL LIALDA	<i>balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD, PENTASA</i>
Interferons*	PEGASYS ¹	Consult doctor
Kidney Disease* Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
Multiple Sclerosis	AVONEX ¹ EXTAVIA ¹ PLEGRIDY ¹ TECFIDERA ¹	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>

Category Drug class	Formulary drug removals	Formulary options
Musculoskeletal	chlorzoxazone 375 mg chlorzoxazone 500 mg (NDC ^ 73007001303 only) chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg metaxalone 400 mg methocarbamol 500 mg (NDC ^ 69036091010 only) methocarbamol 750 mg (NDCs ^ 69036093090, 70868090190 only) orphenadrine-aspirin-caffeine Fexmid Lorzone Orphenesic Forte AMRIX CHLORZOXAZONE 250 mg NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
Narcolepsy Wakefulness Promoters	NUVIGIL	armodafinil, SUNOSI
Nephropathic Cystinosis	PROCYSBI ¹	CYSTAGON
Ophthalmic Allergies	ALREX BEPREVE	azelastine, cromolyn sodium, olopatadine, LASTACAPT, PAZEO
Ophthalmic Anti-infective / Anti-inflammatory	ZYLET	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin- dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST
Ophthalmic Anti-inflammatory, Nonsteroidal	PROLENSA	bromfenac, diclofenac, ketorolac, ACUVAIL, ILEVRO, NEVANAC
Ophthalmic Anti-inflammatory, Steroidal	FML LIQUIFILM LOTEMAX LOTEMAX SM PRED FORTE	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD
Ophthalmic Antivirals	ZIRGAN	trifluridine
Ophthalmic Artificial Tears	LACRISERT	RESTASIS, XIIDRA
Ophthalmic Glaucoma	bimatoprost solution 0.03% TRAVATAN Z	latanoprost, travoprost, LUMIGAN, ZIOPTAN
	TIMOPTIC OCUDOSE	timolol maleate solution, BETIMOL, BETOPTIC S
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Dependency	SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV
Osteoarthritis* Viscosupplements	GEL-ONE ¹ HYALGAN ¹ MONOVISC ¹ ORTHOVISC ¹ SYNVISC ¹ SYNVISC-ONE ¹ VISCO-3 ¹	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX

Category Drug class	Formulary drug removals	Formulary options
Osteoporosis* Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
Otic Anti-infective / Anti-inflammatory	CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
Overactive Bladder / Incontinence* Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
Pain Headache*	<i>butalbital-acetaminophen tablet 50-300 mg</i> <i>butalbital-acetaminophen- caffeine capsule</i> <i>Bupap</i> <i>Vanatol LQ</i> <i>Vanatol S</i> BUTALBITAL-ACETAMINOPHEN (NDC^ 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> <i>Migergot</i> CAFERGOT MAXALT MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
	<i>sumatriptan-naproxen</i> TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>
Pain Neuropathic Pain*	LYRICA	<i>duloxetine, pregabalin</i>
Pain Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>
	<i>levorphanol</i> <i>oxymorphone ext-rel</i> HYSINGLA ER OXYCONTIN ZOHYDRO ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
	PERCOCET PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
	<i>tramadol</i> (NDC^ 52817019610 only)	<i>tramadol (except NDC^ 52817019610), tramadol ext-rel</i>
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC^ 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>
Pain and Inflammation* Corticosteroids	MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>

Category Drug class	Formulary drug removals	Formulary options
Pain and Inflammation* Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT
	Diclofex DC (NDC^ 51021037201 only) Diclosaicin Inflammacin NuDiclo SoluPak NuDiclo TabPak PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
	fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC^ 69336012830 only) naproxen CR naproxen suspension FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
	naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT
Parkinson's Disease	APOKYN ¹	INBRIJA
Postherpetic Neuralgia	HORIZANT	gabapentin, GRALISE
Prostate Condition Benign Prostatic Hyperplasia*	JALYN	dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin
	RAPAFLO UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin
Respiratory Alpha-1 Antitrypsin Deficiency	ARALAST NP ¹ GLASSIA ¹ ZEMAIRA ¹	PROLASTIN-C
Respiratory Cough	benzonatate (NDCs^ 69336012615, 69499032915 only)	benzonatate (except NDCs^ 69336012615, 69499032915)
Sleep Disorder Hypnotics, Non-benzodiazepines	quazepam INTERMEZZO LUNESTA ROZEREM SILENOR ZOLPIMIST	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA

Category Drug class	Formulary drug removals	Formulary options
Testosterone Replacement* Androgens	<i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only) ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution</i> , ANDRODERM
Thyroid Supplements	CYTOMEL	<i>levothyroxine, liothyronine</i> , SYNTHROID
	TIROSINT	<i>levothyroxine</i> , SYNTHROID
Transplant* Immunosuppressants, Calcineurin Inhibitors	PROGRAF ¹	<i>tacrolimus</i>
Urea Cycle Disorders	BUPHENYL ¹ RAVICTI ¹	<i>sodium phenylbutyrate</i>
Women's Health Menopausal Symptom Agents Oral	MENEST OSPHENA PREMARIN	<i>estradiol</i>
Women's Health Menopausal Symptom Agents Vaginal	<i>estradiol vaginal tablet</i> Yuvaferm ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol vaginal cream</i> , IMVEXXY, VAGIFEM
Women's Health Menopausal Vasomotor Symptom Agents	<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>
Women's Health Premenstrual Dysphoric Disorder (PMDD)	<i>fluoxetine tablet</i> (generics for SARAFEM only)	<i>fluoxetine</i> (except <i>fluoxetine tablet 60 mg</i> , <i>fluoxetine tablet</i> [generics for SARAFEM]), <i>paroxetine HCl ext-rel</i> , <i>sertraline</i>
Women's Health Prenatal Vitamins	AZESCO TRINAZ ZALVIT	<i>prenatal vitamins</i> , CITRANATAL

Drug class	Other considerations
All drugs	On a quarterly basis, new and existing products - including limited source generics, products with significant cost inflation, and specialty and non-specialty products - may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in removal, addition or deletion of a product.
Autoimmune and Hepatitis C*	For some clients, an Indication-Based Formulary will be utilized for products in these classes and may result in additional removals for certain conditions only.
Drugs for infusion into spaces other than the blood	A drug that must be infused into a space other than the blood will generally not be covered under the prescription drug benefit.
New-to-market agents¹	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark® National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.

The listed formulary options are subject to change.

List of formulary drug removals

ABILIFY	BENZAFLIN	CONSENSI	ENLITE CONTINUOUS
ACANYA	<i>benzonatate</i>	CONTOUR NEXT STRIPS	GLUCOSE MONITORING
ACCU-CHEK AVIVA	(NDCs^ 69336012615,	AND KITS®	SYSTEM
PLUS STRIPS AND KITS®	69499032915 only)	CONTOUR STRIPS AND KITS®	ENTERAGAM
ACCU-CHEK COMPACT	BEPREVE	CONTRAVE	ENTYVIO
PLUS STRIPS AND KITS®	BERINERT¹	CORDRAN OINTMENT	(for Crohn's Disease only)¹
ACCU-CHEK GUIDE STRIPS	BETAPACE	COREG CR	ENVARUSUS XR¹
AND KITS®	BETAPACE AF	<i>CoreMino</i>	EPICERAM
ACCU-CHEK SMARTVIEW	BEVESPI AEROSPHERE	COZAAR	EPIVIR HBV¹
STRIPS AND KITS®	BEYAZ	CRESTOR	EPOGEN¹
ACIPHEX	<i>bimatoprost solution 0.03%</i>	<i>cyclobenzaprine ext-rel</i>	<i>ergotamine-caffeine</i>
ACIPHEX SPRINKLE	BORTEZOMIB¹	<i>capsule</i>	ERYPED
ACTEMRA ACTPEN¹	BREEZE 2 STRIPS AND KITS®	<i>cyclobenzaprine tablet 7.5 mg</i>	<i>estradiol vaginal tablet</i>
ACTEMRA INTRAVENOUS¹	<i>Bupap</i>	CYMBALTA	ESTRING
ACTEMRA SUBCUTANEOUS¹	BUPHENYL¹	CYTOMEL	EVEKEO
ACTICLATE	<i>bupropion ext-rel tablet</i>	DARAPRIM	EVERSENSE CONTINUOUS
<i>Activite</i>	450 mg	<i>DaVite</i>	GLUCOSE MONITORING
ACTOS	<i>butalbital-acetaminophen</i>	DAYTRANA	SYSTEM
<i>acyclovir cream</i>	tablet 50-300 mg	DELZICOL	EXFORGE
ADCIRCA¹	BUTALBITAL-	<i>desoximetasone ointment</i>	EXFORGE HCT
ADDERALL	ACETAMINOPHEN	0.05%	EXTAVIA¹
ADZENYS ER	(NDC^ 69499034230 only)	DETROL LA	FABIOR
ADZENYS XR-ODT	<i>butalbital-acetaminophen-</i>	<i>dexchlorpheniramine</i>	FANAPT
ALCORTIN A	<i>caffeine capsule</i>	<i>Dexifol</i>	FEMRING
ALEVICYN GEL	BUTRANS	<i>Diclofex DC (NDC^</i>	<i>fenofibrate capsule 50 mg</i>
ALEVICYN SG	BYDUREON	51021037201 only)	<i>fenofibrate capsule 130 mg</i>
ALEVICYN SOLUTION	BYETTA	<i>Diclosaicin</i>	<i>fenofibrate tablet 40 mg</i>
ALIQOPA¹	CAFERGOT	DIFFERIN LOTION	<i>fenofibrate tablet 120 mg</i>
ALLISON MEDICAL	<i>calcipotriene cream</i>	<i>diflorasone cream</i>	<i>fenoprofen</i>
INSULIN SYRINGES®	<i>calcipotriene-betamethasone</i>	<i>diflorasone ointment</i>	FENOGLIDE TABLET 120 mg
ALPROLIX¹	<i>calcitriol ointment</i>	<i>dihydroergotamine spray</i>	FENOPROFEN CAPSULE
ALREX	CAMBIA	<i>diltiazem ext-rel</i> (generics for	FERIVA 21/7
ALTOPREV	CARAC	CARDIZEM LA only)	<i>Fexmid</i>
ALVESCO	CARAFATE	DIOVAN	FINACEA GEL
AMITIZA	CARBINOXAMINE TABLET	DIOVAN HCT	FIORICET CAPSULE
AMRIX	6 mg	<i>Diphen Elixir</i>	<i>flucytosine capsule 500 mg</i>
ANDROGEL	CARDIZEM	DORYX	<i>fluocinonide cream 0.1%</i>
APEXICON E	CARDIZEM CD	DORYX MPC	<i>fluorouracil cream 0.5%</i>
APIDRA	CARDIZEM LA	<i>doxepin cream</i>	<i>fluoxetine tablet</i> (generics
APLENZIN	CARNITOR	<i>doxycycline hyclate</i>	for SARAFEM only)
APOKYN¹	CARNITOR SF	<i>delayed-rel tablet 50 mg</i>	<i>fluoxetine tablet 60 mg</i>
APTENSIO XR	CELLCEPT¹	<i>doxycycline hyclate</i>	<i>flurandrenolide lotion</i>
ARALAST NP¹	<i>chlordiazepoxide-clidinium</i>	<i>delayed-rel tablet 200 mg</i>	(NDC^ 24470092112 only)
ARTHROTEC	(NDC^ 42494040901 only)	<i>doxycycline hyclate</i>	<i>flurandrenolide ointment</i>
ASMANEX	CHLORZOXAZONE 250 mg	tablet 50 mg	FML LIQUIFILM
ASMANEX HFA	<i>chlorzoxazone 375 mg</i>	(NDC^ 72143021160 only)	FOCALIN XR
ASTAGRAF XL¹	<i>chlorzoxazone 500 mg</i>	<i>doxycycline hyclate</i>	FOLIC-K
ATACAND	(NDC^ 73007001303 only)	tablet 75 mg	FOLLISTIM AQ¹
ATACAND HCT	<i>chlorzoxazone 750 mg</i>	<i>doxycycline hyclate</i>	<i>Folvik-D</i>
ATOPADERM	CHORIONIC GONADOTROPIN¹	tablet 150 mg	<i>Folvite-D</i>
AVENOVA	CIALIS	<i>doxycycline monohydrate</i>	FORTAMET
AVONEX¹	CICATRACE	capsule 75 mg	FORTESTA
AVSOLA¹	CIMZIA LYOPHILIZED	<i>doxycycline monohydrate</i>	FOSRENOL
AZELEX	POWDER¹	capsule 150 mg	FOSTEUM
AZESCO	CIMZIA PREFILLED SYRINGE¹	<i>delayed-rel capsule</i>	FOSTEUM PLUS
AZOR	CIPRO HC	DULERA	FREESTYLE LIBRE
BANZEL SUSPENSION	CIPRODEX	DUTOPROL	CONTINUOUS GLUCOSE
BARACLUDE TABLET¹	<i>clindamycin gel</i>	DYRENIUM	MONITORING SYSTEM
BEAU RX	(NDC^ 68682046275 only)	EDARBI	FREESTYLE STRIPS AND KITS®
BECONASE AQ	<i>clobetasol spray</i>	EDARBYCLOR	FULPHILA¹
BENICAR	CLOBEX SPRAY	E.E.S. GRANULES	GEL-ONE¹
BENICAR HCT	<i>clocortolone cream</i>	EFFEXOR XR	<i>Genicin Vita-S</i>
BENSAL HP	COLAZAL	ELELYSO¹	GENOTROPIN¹
	<i>colchicine capsule</i>	ELIDEL	GLASSIA¹
	COLCRYS	ELOCTATE¹	GLEEVEC¹
	COMPLERA¹	ENABLEX	GLUMETZA

List of Formulary Drug Removals

GLYCOPYRROLATE TABLET 1.5 mg	LEXAPRO	NICADAN	PREMARIN
GOLYTELY	LIALDA	NICAPRIN	PREMARIN CREAM
GRANIX ¹	LIDOCAINE-TETRACAINE CREAM (NDC [^] 71800063115 only)	NICAZEL	PREVACID
GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	LIDOTREX	NICAZEL FORTE	PREVENTID
GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM	LILETTA ¹	NICOMIDE	PRIMLEV
HEPSERA ¹	LIPITOR	NILANDRON <i>nitrofurantoin</i> (NDC [^] 70408023932 only)	PRISTIQ
HORIZANT	LIVALO <i>Lorid</i> <i>Lorzone</i>	NORGESIC FORTE	PROAIR HFA
HUMALOG	LOTEMAX	NORITATE	PROAIR RESPICLICK
HUMALOG MIX 50/50	LOTEMAX SM	NORVASC	PROCRIT ¹
HUMALOG MIX 75/25	LUNESTA	NOVACORT	PROCYSBI ¹
HUMATROPE ¹	LUPRON DEPOT ¹	NOVAREL ¹	PRODIGEN
HUMULIN 70/30 ⁴	LYRICA	NOVO NORDISK NEEDLES [®] <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i>	PROGRAF ¹
HUMULIN N ⁴	MACRODANTIN <i>Matzim LA</i>	NUTROPIN AQ ¹	PROLENSA
HUMULIN R ⁴	MAVYRET ¹	NUVARING	PROTONIX
HYALGAN ¹ <i>hydrocortisone butyrate</i> <i>lipophilic cream 0.1%</i> <i>hydrocortisone butyrate lotion</i> <i>HylaVite</i> <i>hyoscyamine sulfate ext-rel</i>	MAXALT MAXALT-MLT <i>mefenamic acid</i> (NDC [^] 69336012830 only)	NUVIGIL	PROVAD
HYSINGLA ER	MENEST <i>mesalamine delayed-rel</i> <i>tablet 800 mg</i>	OLEPTRO	PROVENTIL HFA
HYZAAR	<i>metaxalone 400 mg</i> <i>metformin ext-rel (generics</i> for FORTAMET and GLUMETZA only) <i>methocarbamol 500 mg</i> (NDC [^] 69036091010 only)	OLUX-E <i>omeprazole-sodium</i> <i>bicarbonate</i>	PROZAC
ILUMYA ¹	<i>metformin ext-rel (generics</i> for FORTAMET and GLUMETZA only) <i>methocarbamol 750 mg</i> (NDCs [^] 69036093090, 70868090190 only)	OMNARIS	PSORCON
INCRUSE ELLIPTA	MIACALCIN INJECTION	OMNITROPE ¹	QNASL
INDERAL LA	MIACALCIN NASAL SPRAY	OMNIVEX	QSYMIA
INDERAL XL	MICARDIS	ONFI	QTERN <i>quazepam</i>
INDOCIN <i>indomethacin capsule 20 mg</i> <i>Inflammacin</i>	MICARDIS HCT <i>Migergot</i>	ONGLYZA	RAPAFLO
INFLECTRA ¹	MILLIPRED	ORENCIA INTRAVENOUS ¹ <i>orphenadrine-aspirin-caffeine</i> <i>Orphengesic Forte</i>	RAPAMUNE ¹
INNOPRAN XL	MINASTRIN 24 FE	ORTHO D	RAVICTI ¹
INTERMEZZO	MINIVELLE	ORTHO DF	RAYOS
INTRAROSA	MINOCIN <i>minocycline ext-rel</i>	ORTHOVISC ¹ <i>Oscimin SR</i>	RECEDO
INTUNIV	MIRVASO <i>Mondoxyne NL capsule 75 mg</i>	OSENI	REMODULIN ¹
INVOKAMET	MONOVISC ¹	OSMOPREP	RENFLEXIS ¹
INVOKAMET XR	MOVIPREP <i>MultiPro</i> <i>mupirocin cream</i>	OSPHENA	REPATHA ¹
INVOKANA <i>isosorbide dinitrate 40 mg</i>	MYFORTIC ¹	OTREXUP ¹	REVATIO ¹
JALYN	MYTESI	OWEN MUMFORD NEEDLES [®] <i>oxiconazole</i> (NDCs [^] 00168035830, 51672135902 only)	RHEUMATE
JENTADUETO	NAPRELAN <i>naproxen-esomeprazole</i> <i>naproxen CR</i> <i>naproxen suspension</i>	OXYCONTIN <i>oxymorphone ext-rel</i>	RIBOZEL
JENTADUETO XR	NATAZIA	OXYTROL <i>pantoprazole delayed-rel</i> <i>suspension</i>	RIMSO-50
KAMDOY	NATESTO	<i>paroxetine mesylate</i> <i>capsule 7.5 mg</i>	RIOMET
KAZANO <i>ketoconazole foam 2%</i> <i>Ketodan</i> <i>ketoprofen capsule 25 mg</i> <i>ketoprofen ext-rel capsule</i>	NESINA	PAXIL	ROZEREM <i>RyClora</i>
KINERET ¹	NEULASTA ¹	PAXIL CR	SABRIL ¹
KOMBIGLYZE XR	NEULASTA ONPRO ¹	PEGASYS ¹	SAIZEN ¹
KYPROLIS ¹	NEUPOGEN ¹	PENNSAID	SANDOSTATIN LAR ¹
LACRISERT	NEXIUM <i>niacin tablet 500 mg</i> <i>Niacor</i>	PERCOCET	SCARSILK PAD
LACTULOSE PAK		PERRIGO NEEDLES [®]	SEROQUEL XR
LANOXIN TABLET (125 mcg and 250 mcg only) <i>lanthanum carbonate</i>		PEXEVA	SIGNIFOR LAR ¹
LANTUS		PLAVIX	SIL-K PAD
LAZANDA		PLEGRIDY ¹	SILENOR
LESCOL XL		POLYTOZA <i>posaconazole</i> <i>delayed-rel tablet</i>	SILVEX
LETAIRIS ¹ <i>levorphanol</i>		PRADAXA	SILTREX
		PRED FORTE	SIMPONI ¹
		PREGNLY ¹	SINGULAIR
			SOMAVERT ¹
			SORILUX
			SPRIX
			STENDRA
			STRIBILD ¹
			SUBOXONE <i>sucralfate suspension</i> <i>sumatriptan-naproxen</i>
			SUPREP
			Symax-SR
			SYNERDERM
			SYNVISC ¹
			SYNVISC-ONE ¹
			TALIVA

List of Formulary Drug Removals

TARGADOX	TREXIMET	<i>venlafaxine ext-rel tablet</i>	ZEGERID
TASIGNA ¹	<i>triamcinolone aerosol 0.2%</i>	(except 225 mg)	ZELAC
TAYTULLA	<i>triamcinolone ointment 0.05%</i>	VENTOLIN HFA	ZEMAIRA ¹
TAZORAC	<i>Trianex</i>	VEREGEN	ZEPATIER ¹
TECFIDERA ¹	TRICOR	VIAGRA	ZESTORETIC
TESTIM	TRINAZ	VIEKIRA PAK ¹	ZETIA
<i>testosterone gel 1%</i>	TRIVIDIA INSULIN SYRINGES ⁶	VIIBRYD	ZETONNA
(authorized generics for	<i>TronVite</i>	VISCO-3 ¹	ZIANA
TESTIM and VOGELXO only)	TRULANCE	<i>Vitasure</i>	<i>zileuton ext-rel</i>
TIMOPTIC OCUDOSE	TUDORZA	VIVELLE-DOT	ZIRGAN
TIROSINT	UDENYCA ¹	VOGELXO	ZOHYDRO ER
TOBI ¹	ULORIC	XANAX	ZOLOFT
TOBI PODHALER ¹	ULTIMED INSULIN SYRINGES ⁶	XANAX XR	ZOLPIMIST
<i>topiramate ext-rel</i>	ULTIMED NEEDLES ⁵	XENAZINE ¹	ZONEGRAN
<i>capsule (generics</i>	UROXATRAL	XOLEGEL	ZONTIVITY
<i>for QUDEXY XR only)</i>	VALCYTE	XOPENEX HFA	ZORTRESS ¹
TOPROL-XL	VALTREX	<i>Xvite</i>	ZORVOLEX
TRACLEER ¹	<i>Vanatol LQ</i>	XYZBAC	ZUPLENZ
TRADJENTA	<i>Vanatol S</i>	YASMIN	ZYDELIG ¹
<i>tramadol</i>	<i>Vanoxide-HC</i>	YAZ	ZYLET
(NDC ^ 52817019610 only)	VASCULERA	<i>Yuvaferm</i>	ZYTIGA ¹
TRANSDERM SCOP	VECTICAL	ZALVIT	ZYVIT
TRAVATAN Z	VELTIN	ZARXIO ¹	

^{*} This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

[†] Listing does not include certain NDCs[^].

[^] Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

¹ An exception process may exist for specific clinical or regulatory circumstances that may require coverage of a non-covered medication. If your doctor believes you have a specific clinical need for a non-covered product, he or she should fax an exception request to: 1-888-487-9257.

² For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

³ If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.

⁴ Rebranded or private label formulations are not covered (i.e., RELION).

⁵ Long Acting Insulins - First Generation.

⁶ BD ULTRAFINE syringes and needles are the only preferred options.

⁷ A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

⁸ ONETOUCH brand test strips are the only preferred options.

This is not a complete list of medications covered or excluded under your plan. We only list the most common ones. Certain drugs may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan.

Information is believed to be accurate as of the production date; however, it is subject to change.

To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll free number on the back of your member ID card.

