

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	APTIOM BRIVIACT FYCOMPA 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, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
	ONFI	<i>clobazam, lamotrigine, topiramate, TROKENDI XR</i>
	SABRIL'	<i>vigabatrin</i>
Anti-infectives, Antibacterials Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
Anti-infectives, Antibacterials Tetracyclines	<i>CoreMino</i> <i>doxycycline hyclate delayed-rel tablet 200 mg</i> <i>doxycycline hyclate tablet 50 mg (NDC^ 72143021160 only)</i> <i>doxycycline hyclate tablet 75 mg</i> <i>doxycycline hyclate tablet 150 mg</i> <i>doxycycline monohydrate capsule 75 mg</i> <i>doxycycline monohydrate capsule 150 mg</i> <i>minocycline ext-rel</i> <i>Mondoxine NL capsule 75 mg</i> ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
Anti-infectives, Antibacterials Miscellaneous	MACRODANTIN	<i>nitrofurantoin</i>

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Category Drug class	Formulary drug removals	Formulary options
Anti-infectives, Antifungals	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
	<i>posaconazole delayed-rel tablet</i>	<i>fluconazole, itraconazole</i>
Anti-infectives, Antivirals Cytomegalovirus*	VALCYTE	<i>valganciclovir</i>
Anti-infectives, Antivirals Hepatitis B*	BARACLUDE TABLET ¹ EPIVIR HBV ¹ HEPSERA ¹	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
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*	<i>acyclovir cream</i> VALTRES	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
Anti-infectives, Antivirals HIV	COMPLERA ¹ STRIBILD ¹	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
Anti-infectives Miscellaneous	DARAPRIM	<i>pyrimethamine</i>
Antiobesity	CONTRAVE QSYMIA	SAXENDA
Anxiety* Benzodiazepines	XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
Asthma* Beta Agonists, Short-Acting	PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
Asthma* Leukotriene Modulators	SINGULAIR	<i>montelukast, zafirlukast, zileuton ext-rel</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, BREO ELLIPTA, SYMBICORT
Attention Deficit Hyperactivity Disorder*	ADZENYS ER ADZENYS XR-ODT APTENSIO XR DAYTRANA	<i>amphetamine-dextroamphetamine mixed salts ext-rel †, methylphenidate ext-rel †, MYDAYIS, VYVANSE</i>
	EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel †, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE</i>

Category Drug class	Formulary drug removals	Formulary options
Autoimmune Agents Ankylosing Spondylitis*	CIMZIA ¹ SIMPONI ¹ TALTZ ¹	COSENTYX, ENBREL, HUMIRA
Autoimmune Agents Crohn's Disease*	CIMZIA ¹ ENTYVIO ¹	HUMIRA, STELARA SUBCUTANEOUS #
Autoimmune Agents Psoriasis*	CIMZIA ¹ COSENTYX ¹ ENBREL ¹	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
Autoimmune Agents Psoriatic Arthritis*	CIMZIA ¹ ORENCIA CLICKJECT ¹ ORENCIA INTRAVENOUS ¹ ORENCIA SUBCUTANEOUS ¹ SIMPONI ¹ STELARA SUBCUTANEOUS ¹ TALTZ ¹ TREMFYA ¹ XELJANZ ¹ XELJANZ XR ¹	COSENTYX, ENBREL, HUMIRA, OTEZLA
Autoimmune Agents Rheumatoid Arthritis*	ACTEMRA ¹ CIMZIA ¹ KINERET ¹ ORENCIA INTRAVENOUS ¹ SIMPONI ¹	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
Autoimmune Agents Ulcerative Colitis*	ENTYVIO ¹ SIMPONI ¹	HUMIRA, STELARA SUBCUTANEOUS #, XELJANZ #, XELJANZ XR
Autoimmune Agents All Other Conditions*	ACTEMRA ¹ KINERET ¹ ORENCIA CLICKJECT ¹ ORENCIA INTRAVENOUS ¹ ORENCIA SUBCUTANEOUS ¹	ENBREL, HUMIRA
Cancer Chronic Myelogenous Leukemia*	GLEEVEC ¹ TASIGNA ¹	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
Cancer Multiple Myeloma* Proteasome Inhibitors	BORTEZOMIB ¹ KYPROLIS ¹	NINLARO, VELCADE
Cancer PI3K Inhibitors for Follicular Lymphoma*	ALIQOPA ¹ ZYDELIG ¹	COPIKTRA
Cancer Prostate* Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA ¹	<i>abiraterone, bicalutamide</i> , XTANDI, YONSA
Cancer Prostate* Hormonal Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT ¹ (For Prostate Cancer Only)	ELIGARD
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>

after failure of HUMIRA

Category Drug class	Formulary drug removals	Formulary options
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	<i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate (except fenofibrate tablet 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>
Cardiovascular Antilipemics Niacins	<i>niacin tablet 500 mg</i> Niacor	<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>
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 YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>

Category Drug class	Formulary drug removals	Formulary options
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>
Cystic Fibrosis* Inhaled Antibiotics	TOBI ¹ TOBI PODHALER ¹	<i>tobramycin inhalation solution, BETHKIS</i>
Dental Cavity/Caries Prevention	PREIDENT	Consult doctor
Depression* Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg</i> LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
Depression* Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
Depression* Antidepressants, Miscellaneous Agents	<i>bupropion ext-rel tablet 450 mg</i> APLENZIN	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
	OLEPTRO	<i>trazodone</i>
Depression and/or Schizophrenia* Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
	INVEGA SUSTENNA	ABILIFY MAINTENA, PERSERIS
Dermatology Acne*	<i>clindamycin gel (NDC[^] 68682046275 only)</i> Vanoxide-HC ACANYA AZELEX BENZACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC[^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
Dermatology Actinic Keratosis*	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
Dermatology Antibiotics	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>

Category Drug class	Formulary drug removals	Formulary options
Dermatology Antipsoriatics	<i>calcipotriene cream</i> <i>calcitriol ointment</i> SORILUX TAZORAC VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>
	<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone, fluocinonide (except fluocinonide cream 0.1%) or BRYHALI</i>
Dermatology Atopic Dermatitis*	<i>doxepin cream</i>	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
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%</i> <i>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	clobetasol spray CLOBEX SPRAY OLUX-E	<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>flurandrenolide ointment</i> <i>hydrocortisone butyrate lipophilic cream 0.1%</i> <i>triamcinolone acetonide aerosol 0.2%</i> CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
	<i>diflorasone cream</i> <i>diflorasone ointment</i> APEXICON E PSORCON	<i>desoximetasone, 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>

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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>
Diabetes* Biguanides	<i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only) FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
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

Category Drug class	Formulary drug removals	Formulary options
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
Diabetes* Supplies, Needles ⁶	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, Syringes ⁶	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
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
Dietary Supplements	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>

Category Drug class	Formulary drug removals	Formulary options
Dietary Supplements (continued)	<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 NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	<i>MultiPro</i> PRODIGEN VASCULERA	Consult doctor
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 CHORIONIC GONADOTROPIN ¹ NOVAREL ¹ PREGNYL ¹	GONAL-F OVIDREL
Gastrointestinal Anticholinergics	<i>chlordiazepoxide-clidinium</i> <i>(NDC^ 42494040901 only)</i> GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
Gastrointestinal Antidiarrheals	ENTERAGAM MYTESI	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i> <i>diphenoxylate-atropine, loperamide</i>
Gastrointestinal Antiemetics	TRANSDERM SCOP ZUPLENZ	<i>meclizine, scopolamine transdermal</i> <i>granisetron, ondansetron, SANCUSO</i>
Gastrointestinal Irritable Bowel Syndrome	AMITIZA TRULANCE	LINZESS, MOVANTIK, SYMPROIC LINZESS

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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</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, 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*	COLCRYS	<i>colchicine tablet</i>
Growth Hormones	GENOTROPIN ¹ HUMATROPE ¹ NUTROPIN AQ ¹ OMNITROPE ¹ SAIZEN ¹	NORDITROPIN
Hematologic Anticoagulants (oral)	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
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, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor
High Blood Pressure* Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>

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High Blood Pressure* Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
High Blood Pressure* Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
High Blood Pressure* Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
High Blood Pressure* Beta-blockers	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) Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA</i>	<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	ASACOL HD DELZICOL LIALDA COLAZAL	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i> <i>balsalazide</i>
Interferons*	PEGASYS ¹	Consult doctor

Category Drug class	Formulary drug removals	Formulary options
Kidney Disease* Phosphate Binders	lanthanum carbonate FOSRENOL	calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO
Multiple Sclerosis	AVONEX ¹ EXTAVIA ¹ PLEGRIDY ¹ TECFIDERA ¹	dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
Musculoskeletal	chlorzoxazone 375 mg chlorzoxazone 500 mg (NDC [^] 73007001303 only) chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg Fexmid Lorzone metaxalone 400 mg methocarbamol 500 mg (NDC [^] 69036091010 only) methocarbamol 750 mg (NDCs [^] 69036093090, 70868090190 only) orphenadrine-aspirin-caffeine Orphengesic 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% TIMOPTIC OCUDOSE	latanoprost, travoprost, LUMIGAN, ZIOPTAN timolol maleate solution, BETIMOL, BETOPTIC S
Ophthalmic Miscellaneous	AVENOVA	Consult doctor

Category Drug class	Formulary drug removals	Formulary options
Opioid Dependency	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
Opioid Reversal	EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>
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
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>Bupap butalbital-acetaminophen tablet 50-300 mg butalbital-acetaminophen- caffeine capsule Vanatol LQ Vanatol S BUTALBITAL-ACETAMINOPHEN (NDC[^] 69499034230 only) CAMBIA FIORICET CAPSULE</i>	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray ergotamine-caffeine Migergot CAFERGOT</i>	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
	<i>sumatriptan-naproxen TREXIMET</i>	<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 Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>
	<i>levorphanol oxymorphone ext-rel HYSINGLA ER OXYCONTIN ZOHYDRO ER</i>	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNТА ER, XTAMPZA ER</i>
	PERCOCET PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNТА</i>
	<i>tramadol (NDC[^] 52817019610 only)</i>	<i>tramadol (except NDC[^] 52817019610), tramadol ext-rel</i>

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

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	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	ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol</i> , IMVEXXY
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 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	BEPREVE	CRESTOR	EVERSENSE CONTINUOUS
ACANYA	BERINERT ¹	<i>cyclobenzaprine ext-rel</i>	GLUCOSE MONITORING
ACCU-CHEK AVIVA PLUS	BETAPACE	<i>capsule</i>	SYSTEM
STRIPS AND KITS [®]	BETAPACE AF	<i>cyclobenzaprine tablet 7.5 mg</i>	EVZIO
ACCU-CHEK COMPACT PLUS	BEVESPI AEROSPHERE	CYMBALTA	EXFORGE
STRIPS AND KITS [®]	BEYAZ	DARAPRIM	EXFORGE HCT
ACCU-CHEK GUIDE STRIPS	<i>bimatoprost solution 0.03%</i>	<i>DaVite</i>	EXTAVIA ¹
AND KITS [®]	BOREZOMIB ¹	DAYTRANA	FABIOR
ACCU-CHEK SMARTVIEW	BREEZE 2 STRIPS AND KITS [®]	DELZICOL	FANAPT
STRIPS AND KITS [®]	BRIVIACT	DETROL LA	FEMRING
ACIPHEX	<i>Bupap</i>	<i>dexchlorpheniramine</i>	<i>fenofibrate tablet 120 mg</i>
ACIPHEX SPRINKLE	BUPHENYL ¹	<i>Dexifol</i>	FENOGLIDE TABLET 120 MG
ACTEMRA ¹	<i>bupropion ext-rel</i>	<i>Diclofex DC</i>	<i>fenoprofen</i>
ACTICLATE	<i>tablet 450 mg</i>	<i>(NDC ^ 51021037201 only)</i>	FENOPROFEN CAPSULE
<i>Activite</i>	<i>butalbital-acetaminophen</i>	<i>Diclosaicin</i>	FERIVA 21/7
ACTOS	<i>tablet 50-300 mg</i>	DIFFERIN LOTION	<i>Fexmid</i>
<i>acyclovir cream</i>	BUTALBITAL-	<i>diflorasone cream</i>	FINACEA GEL
ADCIRCA ¹	ACETAMINOPHEN	<i>diflorasone ointment</i>	FIORICET CAPSULE
ADZENYS ER	<i>(NDC ^ 69499034230 only)</i>	<i>dihydroergotamine spray</i>	<i>flucytosine capsule 500 mg</i>
ADZENYS XR-ODT	<i>butalbital-acetaminophen-</i>	<i>diltiazem ext-rel (generics</i>	<i>fluocinonide cream 0.1%</i>
ALCORTIN A	<i>caffeine capsule</i>	<i>for CARDIZEM LA only)</i>	<i>fluorouracil cream 0.5%</i>
ALEVICYN GEL	BUTRANS	DIOVAN	<i>fluoxetine tablet (generics</i>
ALEVICYN SG	BYDUREON	DIOVAN HCT	<i>for SARAFEM only)</i>
ALEVICYN SOLUTION	BYETTA	<i>Diphen Elixir</i>	<i>fluoxetine tablet 60 mg</i>
ALIQOPA ¹	CAFERGOT	DORYX	<i>flurandrenolide lotion</i>
ALLISON MEDICAL	<i>calcipotriene cream</i>	DORYX MPC	<i>(NDC ^ 24470092112 only)</i>
INSULIN SYRINGES [®]	<i>calcipotriene-betamethasone</i>	<i>doxepin cream</i>	<i>flurandrenolide ointment</i>
ALPROLIX ¹	<i>calcitriol ointment</i>	<i>doxycycline hyclate</i>	FML LIQUIFILM
ALREX	CAMBIA	<i>delayed-rel tablet 200 mg</i>	FOLIC-K
ALTOPREV	CARAC	<i>doxycycline hyclate</i>	FOLLISTIM AQ ¹
ALVESCO	CARAFATE	<i>tablet 50 mg (NDC ^</i>	<i>Folvik-D</i>
AMITIZA	CARBINOXAMINE	<i>72143021160 only)</i>	<i>Folvite-D</i>
AMRIX	TABLET 6 MG	<i>doxycycline hyclate</i>	FORTAMET
ANDROGEL [®]	CARDIZEM	<i>tablet 75 mg</i>	FORTESTA
APEXICON E	CARDIZEM CD	<i>doxycycline hyclate</i>	FOSRENOL
APIDRA	CARDIZEM LA	<i>tablet 150 mg</i>	FOSTEUM
APLENZIN	CARNITOR	<i>doxycycline monohydrate</i>	FOSTEUM PLUS
APOKYN ¹	CARNITOR SF	<i>capsule 75 mg</i>	FREESTYLE LIBRE
APTENSIO XR	CELLCEPT ¹	<i>doxycycline monohydrate</i>	CONTINUOUS GLUCOSE
APTIO	<i>chlordiazepoxide-clidinium</i>	<i>capsule 150 mg</i>	MONITORING SYSTEM
ARALAST NP ¹	<i>(NDC ^ 42494040901 only)</i>	<i>doxycycline monohydrate</i>	FREESTYLE STRIPS AND KITS [®]
ARTHROTEC	CHLORZOXAZONE 250 MG	<i>delayed-rel capsule</i>	FULPHILA ¹
ASACOL HD	<i>chlorzoxazone 375 mg</i>	DULERA	FYCOMPA
ASMANEX	<i>chlorzoxazone 500 mg (NDC ^</i>	DUTOPROL	GEL-ONE ¹
ASMANEX HFA	<i>73007001303 only)</i>	DYRENIUM	<i>Genicin Vita-S</i>
ASTAGRAF XL ¹	<i>chlorzoxazone 750 mg</i>	EDARBI	GENOTROPIN ¹
ATACAND	CHORIONIC GONADOTROPIN ¹	EDARBYCLOR	GLASSIA ¹
ATACAND HCT	CIALIS	E.E.S. GRANULES	GLEEVEC ¹
ATOPADERM	CICATRACE	EFFEXOR XR	GLUMETZA
AVENOVA	CIMZIA ¹	ELELYSO ¹	GLYCOPYRROLATE
AVONEX ¹	CIPRO HC	ELOCTATE ¹	TABLET 1.5 MG
AZELEX	CIPRODEX	ENABLEX	GOLYTELY
AZESCO	<i>clindamycin gel (NDC ^</i>	ENLITE CONTINUOUS	GRANIX ¹
BARACLUDE TABLET ¹	<i>68682046275 only)</i>	GLUCOSE MONITORING	GUARDIAN CONNECT
BEAU RX	<i>clobetasol spray</i>	SYSTEM	CONTINUOUS GLUCOSE
BECONASE AQ	CLOBEX SPRAY	ENTERAGAM	MONITORING SYSTEM
BENICAR	COLAZAL	ENTYVIO ¹	HEPSERA ¹
BENICAR HCT	COLCRYS	ENVARUSUS XR ¹	HORIZANT
BENSAL HP	COMPLERA ¹	EPICERAM	HUMALOG
BENZACLIN	CONSENSI	EPIVIR HBV ¹	HUMALOG MIX 50/50
<i>benzonatate</i>	CONTOUR NEXT STRIPS AND	EPOGEN ¹	HUMALOG MIX 75/25
<i>(NDCs ^ 69336012615,</i>	KITS 8	<i>ergotamine-caffeine</i>	HUMATROPE ¹
<i>69499032915 only)</i>	CONTOUR STRIPS AND KITS [®]	ERYPED	HUMULIN 70/30 ⁴
	CONTRAVE	ESTRING	HUMULIN N ⁴
	CORDRAN OINTMENT	EVEKEO	HUMULIN R ⁴
	<i>CoreMino</i>		

List of Formulary Drug Removals

HYALGAN' <i>hydrocortisone butyrate lipophilic cream 0.1%</i> HylaVite	<i>metformin ext-rel (generics for FORTAMET and GLUMETZA only)</i> methocarbamol 500 mg (NDC ^ 69036091010 only)	Orphengesic Forte	ROZEREM
HYSINGLA ER	<i>methocarbamol 750 mg (NDCs ^ 69036093090, 70868090190 only)</i>	ORTHO D	RyClora
INCRUSE ELLIPTA	MIACALCIN INJECTION	ORTHO DF	SABRIL ¹
INDERAL LA	MIACALCIN NASAL SPRAY	ORTHOVISC ¹	SAIZEN ¹
INDERAL XL	<i>Migergot</i>	OSENI	SANDOSTATIN LAR ¹
INDOCIN	MILLIPRED	OSMOPREP	SCARSILK PAD
<i>indomethacin capsule 20 mg</i>	MINASTRIN 24 FE	OSPHENA	SEROQUEL XR
<i>Inflammacin</i>	MINIVELLE	OTREXUP ¹	SIGNIFOR LAR ¹
INNOPRAN XL	MINOCIN	OWEN MUMFORD NEEDLES ⁶	SIL-K PAD
INTERMEZZO	<i>minocycline ext-rel</i>	<i>oxiconazole (NDCs ^ 00168035830, 51672135902 only)</i>	SILVEX
INTRAROSA	MIRVASO	OXYCONTIN	SILTREX
INTUNIV	<i>Mondoxyme NL capsule 75 mg</i>	<i>oxymorphone ext-rel</i>	SIMPONI ¹
INVEGA SUSTENNA	MONOVISC ¹	OXYTROL	SINGULAIR
INVOKAMET	MOVIPREP	PAXIL	SOMAVERT ¹
INVOKAMET XR	<i>MultiPro</i>	PAXIL CR	SORILUX
INVOKANA	<i>mupirocin cream</i>	PEGASYS ¹	SPRIX
<i>isosorbide dinitrate 40 mg</i>	MYFORTIC ¹	PENNSAID	STENDRA
JALYN	MYTESI	PERCOCET	STRIBILD ¹
JENTADUETO	NAPRELAN	PERRIGO NEEDLES ⁶	SUBOXONE
JENTADUETO XR	<i>naproxen-esomeprazole</i>	PEXEVA	<i>sucralfate suspension</i>
KAMDOY	<i>naproxen CR</i>	PLAVIX	<i>sumatriptan-naproxen</i>
KAZANO	<i>naproxen suspension</i>	PLEGRIDY ¹	SUPREP
<i>ketoconazole foam 2%</i>	NATAZIA	POLYTOZA	SYNERDERM
<i>Ketodan</i>	NATESTO	<i>posaconazole delayed-rel tablet</i>	SYNISC ¹
<i>ketoprofen capsule 25 mg</i>	NESINA	PRADAXA	SYNISC-ONE ¹
<i>ketoprofen ext-rel capsule</i>	NEULASTA ¹	PRED FORTE	TALIVA
KINERET ¹	NEULASTA ONPRO ¹	PREGNYL ¹	TARGADOX
KOMBIGLYZE XR	NEUPOGEN ¹	PREMARIN	TASIGNA ¹
KYPROLIS ¹	NEXIUM	PREMARIN CREAM	TAYTULLA
LACRISERT	<i>niacin tablet 500 mg</i>	PREVACID	TAZORAC
LACTULOSE PAK	<i>Niacor</i>	PREVIDENT	TECFIDERA ¹
LANOXIN TABLET (125 MCG AND 250 MCG ONLY)	NICADAN	PRIMLEV	TESTIM
<i>lanthanum carbonate</i>	NICAPRIN	PRISTIQ	<i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only)
LANTUS	NICAZEL	PROAIR HFA	TIMOPTIC OCUDOSE
LAZANDA	NICAZEL FORTE	PROAIR RESPICLICK	TIROSINT
LESCOL XL	NICOMIDE	PROCRIT ¹	TOBI ¹
LETAIRIS ¹	NILANDRON	PROCYSBI ¹	TOBI PODHALER ¹
<i>levorphanol</i>	NORGESIC FORTE	PRODIGEN	TOPROL-XL
LEXAPRO	NORITATE	PROGRAF ¹	TRACLEER ¹
LIALDA	NORVASC	PROLENSA	TRADJENTA
LIDOCAINE-TETRACAINE	NOVACORT	PROTONIX	<i>tramadol (NDC ^ 52817019610 only)</i>
CREAM (NDC ^ 71800063115 only)	NOVAREL ¹	PROVAD	TRANSDERM SCOP
LIDOTREX	NOVO NORDISK NEEDLES ⁶	PROVENTIL HFA	TREXIMET
LILETTA ¹	<i>NuDiclo SoluPak</i>	PROZAC	<i>triamcinolone acetonide aerosol 0.2%</i>
LIPITOR	<i>NuDiclo TabPak</i>	PSORCON	TRICOR
LIVALO	NUTROPIN AQ ¹	QNASL	TRIVIDIA INSULIN SYRINGES ⁶
<i>Lorid</i>	NUVARING	QSYMIA	<i>TronVite</i>
<i>Lorzone</i>	NUVIGIL	QTERN	TRULANCE
LOTEMAX	OLEPTRO	<i>quazepam</i>	TUDORZA
LOTEMAX SM	OLUX-E	RAPAFLO	UDENYCA ¹
LUNESTA	<i>omeprazole-sodium bicarbonate</i>	RAPAMUNE ¹	ULTIMED INSULIN SYRINGES ⁶
LUPRON DEPOT ¹	OMNARIS	RAVICTI ¹	ULTIMED NEEDLES ⁶
MACRODANTIN	OMNITROPE ¹	RAYOS	UROXATRAL
<i>Matzim LA</i>	OMNIVEX	RECEDO	VALCYTE
MAVYRET ¹	ONFI	REPATHA ¹	VALTREX
<i>mefenamic acid (NDC ^ 69336012830 only)</i>	ONGLYZA	REVATIO ¹	<i>Vanatol LQ</i>
MENEST	ORENCIA INTRAVENOUS ¹	RHEUMATE	<i>Vanatol S</i>
<i>metaxalone 400 mg</i>	<i>orphenadrine-aspirin-caffeine</i>	RIBOZEL	<i>Vanoxide-HC</i>
		RIMSO-50	VASCULERA
		RIOMET	VECTICAL

List of Formulary Drug Removals

VELTIN <i>venlafaxine ext-rel tablet</i> (except 225 mg)	XENAZINE ¹	ZIANA
VENTOLIN HFA	XOLEGEL	ZIRGAN
VEREGEN	XOPENEX HFA	ZOHYDRO ER
VIAGRA	<i>Xvite</i>	ZOLPIMIST
VIEKIRA PAK ¹	XYZBAC	ZONEGRAN
VIIBRYD	YAZ	ZONTIVITY
VISCO-3 ¹	ZALVIT	ZORTRESS ¹
<i>Vitasure</i>	ZARXIO ¹	ZORVOLEX
VIVELLE-DOT	ZEGERID	ZUPLENZ
VOGELXO	ZELAC	ZYDELIG ¹
XANAX	ZEMAIRA ¹	ZYLET
XANAX XR	ZEPATIER ¹	ZYTIGA ¹
	ZETIA	ZYVIT
	ZETONNA	

^{*} 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.

