

Covered and non-covered drugs

**Drugs not covered — and their covered
alternatives for the Aetna Standard Formulary**

2021 Formulary Exclusions Drug List

(Specialty and Non-Specialty)

The University of Virginia Health Plan



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
	CRESEMBA	itraconazole
Anti-infectives, Antiretroviral Agents Protease Inhibitors	APTIVUS ¹	Consult doctor
	INVIRASE ¹ LEXIVA ¹ VIRACEPT ¹	atazanavir, lopinavir-ritonavir solution, EVOTAZ, PREZCOBIX, PREZISTA
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 XENICAL	QSYMIA, SAXENDA

Category drug class	Formulary drug removals	Formulary options
Anxiety* Benzodiazepines	ATIVAN 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	<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-rel¹, dexamethylphenidate ext-rel, methylphenidate ext-rel¹, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel¹, atomoxetine, dexamethylphenidate 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

Category drug class	Formulary drug removals	Formulary options
Autoimmune Agents Self-Administered Agents Psoriatic Arthritis*	CIMZIA PREFILLED SYRINGE' ORENCIA CLICKJECT' ORENCIA SUBCUTANEOUS' SIMPONI' STELARA SUBCUTANEOUS' TALTZ' TREMIFYA' XELJANZ' XELJANZ XR'	COSENTYX, ENBREL, HUMIRA, OTEZLA
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 Biosimilars	RIABNI' TRUXIMA'	RUXIENCE
Cancer Chronic Myelogenous Leukemia*	GLEEVEC' TASIGNA'	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
Cancer Monoclonal Antibodies	AVASTIN'	ZIRABEV
	HERCEPTIN' HERCEPTIN HYLECTA ¹	KANJINTI, TRAZIMERA
	RITUXAN'	RUXIENCE
Cancer Multiple Myeloma* Proteasome Inhibitors	BORTEZOMIB' KYPROLIS'	NINLARO, VELCADE
Cancer PI3K Inhibitors for Follicular Lymphoma*	ALIQOPA' ZYDELIG'	COPIKTRA
Cancer Prostate* Antiandrogens	NILANDRON ZYTIGA'	<i>abiraterone, bicalutamide</i> , XTANDI, YONSA
Cancer Prostate* Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT' TRELSTAR MIXJECT' ZOLADEX'	ELIGARD, FIRMAGON
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	NORPACE	<i>disopyramide</i>

Category drug class	Formulary drug removals	Formulary options
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>
Cardiovascular Antilipemics Niacins	<i>niacin tablet 500 mg</i> Niacor	<i>niacin ext-rel</i>
Cardiovascular Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</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>
Central Precocious Puberty	LUPRON DEPOT-PED ¹	SUPPRELIN LA, TRIPTODUR
Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA, YUPELRI

Category drug class	Formulary drug removals	Formulary options
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 Extended Cycle	SEASONIQUE	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</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	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 (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>	<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>

Category drug class	Formulary drug removals	Formulary options
Dermatology Acne*	clindamycin gel (NDC ^ 68682046275 only) Vanoxide-HC ACANYA AZELEX BENZAFLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	adapalene, benzoyl peroxide, clindamycin gel (except NDC ^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
Dermatology Actinic Keratosis*	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA
Dermatology Anti-infective / Anti-inflammatory	NEO-SYNALAR	desonide or hydrocortisone WITH gentamicin
Dermatology Antibiotics	mupirocin cream	gentamicin, mupirocin ointment
Dermatology Antipsoriatics	calcipotriene cream calcitriol ointment SORILUX TAZORAC VECTICAL	calcipotriene ointment, calcipotriene solution
	calcipotriene-betamethasone	calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI
Dermatology Atopic Dermatitis*	doxepin cream	desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA
	ELIDEL	pimecrolimus, tacrolimus, EUCRISA
Dermatology Rosacea*	doxycycline monohydrate delayed-rel capsule	ORACEA
	FINACEA GEL MIRVASO NORITATE	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA
Dermatology Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor
Dermatology Seborrheic Dermatitis*	ketoconazole foam 2% Ketodan	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
	XOLEGEL	ciclopirox, ketoconazole cream 2%

Category drug class	Formulary drug removals	Formulary options
Dermatology Skin Inflammation and Hives* Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream</i>
	<i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> Nolix	<i>desonide, hydrocortisone</i>
	<i>clocortolone cream</i> <i>desoximetasone ointment 0.05%</i> <i>flurandrenolide ointment</i> <i>hydrocortisone butyrate lipophilic cream 0.1%</i> <i>hydrocortisone butyrate lotion</i> <i>triamcinolone aerosol 0.2%</i> <i>triamcinolone ointment 0.05%</i> Trianex CORDRAN OINTMENT	<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</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E PSORCON	<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>luliconazole</i> <i>oxiconazole (NDCs^ 0168035830, 51672135902 only)</i>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</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

Category drug class	Formulary drug removals	Formulary options
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
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

Category drug class	Formulary drug removals	Formulary options
Gastrointestinal Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDCs^ 11534019701, 42494040901, 51293069601, 51293069610 only) <i>hyoscyamine sulfate ext-rel</i> Oscimin SR Symax-SR GLYCOPYRROLATE TABLET 1.5 mg LIBRAX	<i>dicyclomine</i>
Gastrointestinal Antidiarrheals	ENTERAGAM	<i>alosetron</i> , VIBERZI, XIFAXAN 550 mg
	MYTESI	<i>diphenoxylate-atropine</i> , <i>loperamide</i>
Gastrointestinal Antiemetics	TRANSDERM SCOP	<i>meclizine</i> , <i>scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron</i> , <i>ondansetron</i> , SANCUSO
Gastrointestinal Irritable Bowel Syndrome	AMITIZA	LINZESS, MOVANTIK, SYMPROIC
Gastrointestinal Laxatives	LACTULOSE PAK	<i>lactulose solution</i>
	GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes</i> , CLENPIQ
Gastrointestinal Probiotics	<i>Lactojen</i> PROVAD ZELAC	Consult doctor
Gastrointestinal Proton Pump Inhibitors (PPIs)	<i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>esomeprazole delayed-rel</i> , <i>lansoprazole delayed-rel</i> , <i>omeprazole delayed-rel</i> , <i>pantoprazole delayed-rel tablet</i> , DEXILANT
Gastrointestinal Ulcer Treatment	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
Gaucher Disease	ELELYSO'	CERDELGA, CEREZYME
Genitourinary Interstitial Cystitis	ELMIRON RIMSO-50	Consult doctor
Genitourinary Miscellaneous	LITHOSTAT THIOLA THIOLA EC	Consult doctor
Gout*	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet</i> , MITIGARE
	ULORIC	<i>allopurinol</i>

Category drug class	Formulary drug removals	Formulary options
Growth Hormones	GENOTROPIN ¹ HUMATROPE ¹ NUTROPIN AQ ¹ OMNITROPE ¹ SAIZEN ¹	NORDITROPIN
Hematologic Anticoagulants (oral)	PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO
Hematologic Chelating Agents	CUPRIMINE	<i>penicillamine capsule</i>
	DESFERAL ¹ EXJADE ¹ FERRIPROX ¹ JADENU ¹	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE	<i>trientine</i>
Hematologic Erythropoiesis-Stimulating Agents	EPOGEN ¹ PROCRIT ¹	ARANESP, RETACRIT
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</i> , BRILINTA
	ZONTIVITY	Consult doctor
High Blood Pressure* ACE Inhibitor / Diuretic Combinations	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
High Blood Pressure* Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
High Blood Pressure* Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
High Blood Pressure* Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	AZOR EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>

Category drug class	Formulary drug removals	Formulary options
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	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	<i>icatibant, RUCONEST</i>
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>

Category drug class	Formulary drug removals	Formulary options
Menopausal Symptom Agents Oral	<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>
	MENEST OSPHENA PREMARIN	<i>estradiol</i>
Menopausal Symptom Agents Transdermal	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
Menopausal Symptom Agents Vaginal	<i>estradiol vaginal tablet</i> YuvaFem ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</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>
Musculoskeletal	<i>carisoprodol 250 mg</i> <i>chlorzoxazone 375 mg</i> <i>chlorzoxazone 500 mg</i> <i>(NDC ^ 73007001303 only)</i> <i>chlorzoxazone 750 mg</i> <i>cyclobenzaprine ext-rel capsule</i> <i>cyclobenzaprine tablet 7.5 mg</i> <i>metaxalone 400 mg</i> <i>methocarbamol 500 mg</i> <i>(NDC ^ 69036091010 only)</i> <i>methocarbamol 750 mg</i> <i>(NDCs ^ 69036093090, 70868090190 only)</i> <i>orphenadrine-aspirin-caffeine</i> Fexmid Lorzone Orphengesic Forte AMRIX CHLORZOXAZONE 250 mg NORGESIC FORTE	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
Narcolepsy Wakefulness Promoters	NUVIGIL PROVIGIL	<i>armodafinil, modafinil, SUNOSI</i>
Nephropathic Cystinosis	PROCYSBI ¹	CYSTAGON
Ophthalmic Allergies	ALREX BEPREVE LASTACAFT ZERVIAE	<i>azelastine, cromolyn sodium, olopatadine</i>
Ophthalmic Anti-infectives	AZASITE CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>
Ophthalmic Anti-infective / Anti-inflammatory	TOBRADEX ST ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>
Ophthalmic Anti-inflammatory, Nonsteroidal	ACUVAIL BROMSITE NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>

Category drug class	Formulary drug removals	Formulary options
Ophthalmic Anti-inflammatory, Steroidal	FLAREX FML FORTE FML LIQUIFILM FML S.O.P. INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL</i>
Ophthalmic Antivirals	ZIRGAN	<i>trifluridine</i>
Ophthalmic Artificial Tears	LACRISERT	RESTASIS, XIIDRA
Ophthalmic Glaucoma	<i>bimatoprost solution 0.03%</i> TRAVATAN Z	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>
	BETIMOL TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETOPTIC S</i>
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Dependency	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</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>

Category drug class	Formulary drug removals	Formulary options
Pain Headache*	butalbital-acetaminophen tablet 50-300 mg butalbital-acetaminophen-caffeine capsule Bupap BUTALBITAL-ACETAMINOPHEN (NDC^ 69499034230 only) CAMBIA FIORICET CAPSULE	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
	dihydroergotamine spray ergotamine-caffeine Migergot CAFERGOT MAXALT MAXALT-MLT	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
	sumatriptan-naproxen TREXIMET	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
Pain Neuropathic Pain*	LYRICA	duloxetine, pregabalin
Pain Opioid Analgesics	BUTRANS	buprenorphine transdermal, BELBUCA
	LAZANDA	fentanyl transmucosal lozenge, SUBSYS
	levorphanol oxymorphone ext-rel HYSINGLA ER OXYCONTIN ZOHYDRO ER	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNТА ER, XTAMPZA ER
	PERCOCET	hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNТА
	tramadol (NDC^ 52817019610 only) tramadol ext-rel capsule	tramadol (except NDC^ 52817019610), tramadol ext-rel tablet
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC^ 71800063115 only) LIDOTREX	lidocaine-prilocaine
Pain and Inflammation* Corticosteroids	MILLIPRED RAYOS	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone

Category drug class	Formulary drug removals	Formulary options
Pain and Inflammation* Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension)</i> WITH <i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT</i>
	CELEBREX	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>Diclofex DC (NDC ^ 51021037201 only)</i> <i>Diclosaicin 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 (NDC ^ 69336012830 only)</i> <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)</i> WITH <i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT</i>
Parkinson's Disease	APOKYN ¹	INBRIJA
	NOURIANZ	<i>amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>
	RYTARY	<i>carbidopa-levodopa, carbidopa-levodopa ext-rel</i>
Phenylketonuria	KUVAN ¹	<i>sapropterin</i>
Postherpetic Neuralgia	<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel, sertraline</i>
Premenstrual Dysphoric Disorder (PMDD)	<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel, sertraline</i>
Prenatal Vitamins⁹	AZESCO PRENATAL PLUS TRINAZ VITAFOL-ONE ZALVIT All other brand prenatal vitamins that are not CITRANATAL	<i>prenatal vitamins, CITRANATAL</i>

The listed formulary options are subject to change.

Category drug class	Formulary drug removals	Formulary options
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>
Respiratory Xanthines	THEO-24	<i>ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>
Sleep Disorder Hypnotics, Non-benzodiazepines	<i>quazepam zolpidem sublingual</i> LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>
Testosterone Replacement* Androgens	<i>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)</i> ANDROGEL 1% FORTESTA TESTIM VOGELXO	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>
Thyroid Supplements	CYTOMEL NATURE-THROID WESTHROID WP THYROID	<i>levothyroxine, liothyronine, SYNTHROID</i>
	TIROSINT	<i>levothyroxine, SYNTHROID</i>
Transplant* Immunosuppressants, Calcineurin Inhibitors	PROGRAF ¹	<i>tacrolimus</i>
Urea Cycle Disorders	BUPHENYL ¹ RAVICTI ¹	<i>sodium phenylbutyrate</i>
Uterine Fibroids*	LUPRON DEPOT ¹	ORIAHNN

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.

List of formulary drug removals

ABILIFY	BEPREVE	<i>colchicine capsule</i>	E.E.S. GRANULES
ACANYA	BERINERT ¹	COLCRYS	EFFEXOR XR
ACIPHEX	BETAPACE	COMPLERA ¹	ELELYSO ¹
ACIPHEX SPRINKLE	BETAPACE AF	CONSENSI	ELIDEL
ACTEMRA ACTPEN ¹	BETIMOL	CONTOUR NEXT STRIPS AND KITS [®]	ELOCTATE ¹
ACTEMRA INTRAVENOUS ¹	BEVESPI AEROSPHERE	CONTOUR STRIPS AND KITS [®]	ENABLEX
ACTEMRA SUBCUTANEOUS ¹	BEYAZ	CONTRAVE	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM
ACTICLATE	<i>bimatoprost solution 0.03%</i>	CORDRAN OINTMENT	ENTERAGAM
<i>Activite</i>	BOREZOMIB ¹	COREG CR	ENTYVIO
ACTOS	BREEZE 2 STRIPS AND KITS [®]	<i>CoreMino</i>	(for Crohn's Disease only) ¹
ACUVAIL	BROMSITE	COZAAR	ENVARBUS XR ¹
<i>acyclovir cream</i>	<i>Bupap</i>	CRESEMBA	EPICERAM
ADCIRCA ¹	BUPHENYL ¹	CRESTOR	EPIVIR HBV ¹
ADDERALL	<i>bupropion ext-rel tablet</i> 450 mg	CUPRIMINE	EPOGEN ¹
ADZENYS ER	<i>butalbital-acetaminophen</i> tablet 50-300 mg	<i>cyclobenzaprine ext-rel</i> capsule	<i>ergotamine-caffeine</i>
ADZENYS XR-ODT	BUTALBITAL-	<i>cyclobenzaprine tablet 7.5 mg</i>	ERYPED
ALCORTIN A	ACETAMINOPHEN	CYMBALTA	<i>estradiol vaginal tablet</i>
ALEVICYN GEL	(NDC [^] 69499034230 only)	CYTOMEL	ESTRING
ALEVICYN SG	<i>butalbital-acetaminophen-</i> <i>caffeine capsule</i>	DARAPRIM	EVEKEO
ALEVICYN SOLUTION	BUTRANS	<i>DaVite</i>	EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM
ALIQOPA ¹	BYDUREON	DAYTRANA	EXFORGE
ALLISON MEDICAL	BYETTA	DELZICOL	EXFORGE HCT
INSULIN SYRINGES [®]	CAFERGOT	DESFERAL ¹	EXJADE ¹
ALPROLIX ¹	<i>calcipotriene cream</i>	<i>desoximetasone ointment</i> 0.05%	EXTAVIA ¹
ALREX	<i>calcipotriene-betamethasone</i> <i>calcitriol ointment</i>	DETROL LA	FABIOR
ALTOPREV	CAMBIA	<i>dexchlorpheniramine</i>	FANAPT
ALVESCO	CARAC	<i>Dexifol</i>	FEMRING
AMITIZA	CARAFATE	<i>Diclofex DC (NDC[^]</i> <i>51021037201 only)</i>	<i>fenofibrate capsule 50 mg</i>
AMRIX	CARBINOXAMINE TABLET	<i>Diclosaicin</i>	<i>fenofibrate capsule 130 mg</i>
ANDROGEL	6 mg	DIFFERIN LOTION	<i>fenofibrate tablet 40 mg</i>
APEXICON E	CARDIZEM	<i>diflorasone cream</i>	<i>fenofibrate tablet 120 mg</i>
APIDRA	CARDIZEM CD	<i>diflorasone ointment</i>	FENOGLIDE TABLET 120 mg
APOKYN ¹	CARDIZEM LA	<i>dihydroergotamine spray</i>	<i>fenoprofen</i>
APTENSIO XR	CARNITOR	<i>diltiazem ext-rel (generics for</i> CARDIZEM LA only)	FENOPROFEN CAPSULE
APTIVUS ¹	CARNITOR SF	DIOVAN	FERIVA 21/7
ARALAST NP ¹	CELEBREX	DIOVAN HCT	FERRIPROX ¹
ARTHROTEC	CELLCEPT ¹	<i>Diphen Elixir</i>	<i>Fexmid</i>
ASMANEX	<i>chlordiazepoxide-clidinium</i> (NDCs [^] 11534019701, 42494040901, 51293069601, 51293069610 only)	DORYX	FINACEA GEL
ASMANEX HFA	CHLORZOXAZONE 250 mg	DORYX MPC	FIORICET CAPSULE
ASTAGRAF XL ¹	<i>chlorzoxazone 375 mg</i>	<i>doxepin cream</i>	FLAREX
ATACAND	<i>chlorzoxazone 500 mg</i> (NDC [^] 73007001303 only)	<i>doxycycline hyclate</i> <i>delayed-rel tablet 50 mg</i>	<i>flucytosine capsule 500 mg</i>
ATACAND HCT	<i>chlorzoxazone 750 mg</i>	<i>doxycycline hyclate</i> <i>delayed-rel tablet 200 mg</i>	<i>fluocinonide cream 0.1%</i>
ATIVAN	CHORIONIC GONADOTROPIN ¹	<i>doxycycline hyclate</i> tablet 50 mg (NDC [^] 72143021160 only)	<i>fluorouracil cream 0.5%</i>
ATOPADERM	CIALIS	<i>doxycycline hyclate</i> tablet 75 mg	<i>fluoxetine tablet (generics</i> for SARAFEM only)
AVASTIN ¹	CICATRACE	<i>doxycycline hyclate</i> tablet 150 mg	<i>fluoxetine tablet 60 mg</i>
AVENOVA	CILOXAN	<i>doxycycline monohydrate</i> capsule 75 mg	<i>flurandrenolide cream</i>
AVONEX ¹	CIMZIA LYOPHILIZED	<i>doxycycline monohydrate</i> capsule 150 mg	<i>flurandrenolide lotion</i> (NDC [^] 24470092112 only)
AVSOLA ¹	POWDER ¹	<i>doxycycline monohydrate</i> <i>delayed-rel capsule</i>	<i>flurandrenolide ointment</i>
AZASITE	CIMZIA PREFILLED SYRINGE ¹	DULERA	FML FORTE
AZELEX	CIPRO HC	DUTOPROL	FML LIQUIFILM
AZESCO	CIPRODEX	DYRENIUM	FML S.O.P.
AZOR	<i>clindamycin gel</i> (NDC [^] 68682046275 only)	EDARBI	FOCALIN XR
BANZEL SUSPENSION	<i>clobetasol spray</i>	EDARBYCLOR	FOLIC-K
BARACLUDE TABLET ¹	CLOBEX SPRAY		FOLLISTIM AQ ¹
BEAU RX	<i>clocortolone cream</i>		<i>Folvite-D</i>
BECONASE AQ	COLAZAL		FORTAMET
BENICAR			FORTESTA
BENICAR HCT			FOSRENOL
BENSAL HP			FOSTEUM
BENZACLIN			FOSTEUM PLUS
<i>benzonatate</i>			
(NDCs [^] 69336012615, 69499032915 only)			

List of Formulary Drug Removals

FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	<i>ketoprofen capsule 25 mg</i> <i>ketoprofen ext-rel capsule</i>	<i>minocycline ext-rel</i>	OSPHENA
FREESTYLE STRIPS AND KITS ⁸	KINERET ¹	MIRVASO <i>Mondoxone NL capsule 75 mg</i>	OTREXUP ¹
FULPHILA ¹	KOMBIGLYZE XR	MONOVISC ¹	OWEN MUMFORD NEEDLES ⁸ <i>oxiconazole</i> <i>(NDCs^ 00168035830,</i> <i>51672135902 only)</i>
GEL-ONE ¹ <i>Genicin Vita-S</i>	KUVAN ¹	MOVIPREP <i>MultiPro</i>	OXYCONTIN <i>oxymorphone ext-rel</i>
GENOTROPIN ¹	KYPROLIS ¹	<i>mupirocin cream</i>	OXYTROL <i>pantoprazole delayed-rel</i> <i>suspension</i>
GLASSIA ¹	LACRISERT	MYFORTIC ¹	<i>paroxetine mesylate</i> <i>capsule 7.5 mg</i>
GLEEVEC ¹	LACTULOSE PAK	MYTESI	PAXIL
GLUMETZA	LANOXIN TABLET (125 mcg <i>and 250 mcg only)</i>	NAPRELAN <i>naproxen-esomeprazole</i> <i>naproxen CR</i> <i>naproxen suspension</i>	PAXIL CR
GLYCOPYRROLATE TABLET 1.5 mg	LANTUS	NATAZIA	PEGASYS ¹
GOLYTELY	LASTACAPT	NATURE-THROID	PENNSAID
GRANIX ¹	LAZANDA	NEO-SYNALAR	PERCOCET
GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	LESCOL XL	NESINA	PERRIGO NEEDLES ⁸
GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM	LETAIRIS ¹ <i>levorphanol</i>	NEULASTA ¹	PEXEVA
HEPSERA ¹	LEXAPRO	NEULASTA ONPRO ¹	PLAVIX
HERCEPTIN ¹	LEXIVA ¹	NEUPOGEN ¹	PLEGRIDY ¹
HERCEPTIN HYLECTA ¹	LIALDA <i>LIDOCAINE-TETRACAINE</i> <i>CREAM (NDC^</i> <i>71800063115 only)</i>	NEVANAC	POLYTOZA <i>posaconazole</i> <i>delayed-rel tablet</i>
HORIZANT	LIDOTREX	NEXIUM <i>niacin tablet 500 mg</i> <i>Niacor</i>	PRADAXA
HUMALOG	LILETTA ¹	NICADAN	PRED FORTE
HUMALOG MIX 50/50	LIPITOR	NICAPRIN	PRED MILD
HUMALOG MIX 75/25	LITHOSTAT	NICAZEL	PREGNYL ¹
HUMATROPE ¹	LIVALO <i>Lorid</i> <i>Lorzone</i>	NICAZEL FORTE	PREMARIN
HUMULIN 70/30 ⁴	LOTEMAX	NICOMIDE	PREMARIN CREAM
HUMULIN N ⁴	LOTEMAX SM <i>luliconazole</i>	NILANDRON <i>nitrofurantoin</i> <i>(NDC^ 70408023932 only)</i>	PRENATAL PLUS
HUMULIN R ⁴	LUNESTA	<i>Nolix</i>	PREVACID
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>	LUPRON DEPOT ¹	NORGESIC FORTE	PREVIDENT
HYSINGLA ER	LUPRON DEPOT-PED ¹	NORITATE	PRIOSEC
HYZAAR <i>icosapent ethyl</i>	LYRICA	NORPACE	PRISTIQ
ILUMYA ¹	MACRODANTIN <i>Matzim LA</i>	NORVASC	PROAIR HFA
INCRUSE ELLIPTA	MAVYRET ¹	NOURIANZ	PROAIR RESPICLICK
INDERAL LA	MAXALT	NOVACORT	PROCRIT ¹
INDERAL XL	MAXALT-MLT	NOVAREL ¹	PROCYSBI ¹
INDOCIN <i>indomethacin capsule 20 mg</i> <i>Inflammacin</i>	MAXIDEX <i>mefenamic acid</i> <i>(NDC^ 69336012830 only)</i>	NOVO NORDISK NEEDLES ⁸	PRODIGEN
INFLECTRA ¹	MENEST <i>mesalamine delayed-rel</i> <i>tablet 800 mg</i>	NOXAFIL <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i>	PROGRAF ¹
INNOPRAN XL	<i>metaxalone 400 mg</i> <i>metformin ext-rel (generics</i> <i>for FORTAMET and</i> <i>GLUMETZA only)</i>	NUTROPIN AQ ¹	PROMETRIUM
INTRAROSA	<i>methocarbamol 500 mg</i> <i>(NDC^ 69036091010 only)</i>	NUVARING	PROLENSA
INTUNIV	<i>methocarbamol 750 mg</i> <i>(NDCs^ 69036093090,</i> <i>70868090190 only)</i>	NUVIGIL	PROTONIX
INVIRASE ¹	MIACALCIN INJECTION	OLEPTRO	PROVAD
INVOKAMET	MIACALCIN NASAL SPRAY	OLUX-E <i>omeprazole-sodium</i> <i>bicarbonate</i>	PROVENTIL HFA
INVOKAMET XR	MICARDIS	OMNARIS	PROVIGIL
INVOKANA <i>isosorbide dinitrate 40 mg</i>	MICARDIS HCT <i>Migergot</i>	OMNITROPE ¹	PSORCON
JALYN	MILLIPRED	OMNIVEX	QNASL
JENTADUETO	MINASTRIN 24 FE	ONFI	QTERN <i>quazepam</i>
JENTADUETO XR	MINIVELLE	ONGLYZA	RAPAFLO
KAMDOY	MINOCIN	ORENCIA INTRAVENOUS ¹ <i>orphenadrine-aspirin-caffeine</i> <i>Orphengesic Forte</i>	RAPAMUNE ¹
KAZANO <i>ketoconazole foam 2%</i> <i>Ketodan</i>		ORTHO D	RAVICTI ¹
		ORTHO DF	RAYOS
		ORTHOVISC ¹ <i>Oscimin SR</i>	RECEDO
		OSENI	REMODULIN ¹
		OSMOPREP	RENFLEXIS ¹
			REPATHA ¹
			REVATIO ¹
			RHEUMATE
			RIABNI ¹

List of Formulary Drug Removals

RIBOZEL	TALIVA	<i>TronVite</i>	<i>Xvite</i>
RIMSO-50	TARGADOX	TUDORZA	XYZBAC
RIOMET	TASIGNA ¹	UDENYCA ¹	YASMIN
RITUXAN ¹	TAYTULLA	ULORIC	YAZ
ROZEREM	TAZORAC	ULTIMED INSULIN SYRINGES ⁶	<i>Yuvafem</i>
<i>RyClora</i>	TECFIDERA ¹	ULTIMED NEEDLES ⁶	ZALVIT
RYTARY	TESTIM	UROXATRAL	ZARXIO ¹
SABRIL ¹	<i>testosterone gel 1%</i>	VALCYTE	ZEGERID
SAIZEN ¹	(authorized generics for	VALTREX	ZELAC
SANDOSTATIN LAR ¹	TESTIM and VOGELXO only)	<i>Vanoxide-HC</i>	ZEMAIRA ¹
SCARSILK PAD	THEO-24	VASCULERA	ZEPATIER ¹
SEASONIQUE	THIOLA	VECTICAL	ZERVIAE
SEROQUEL XR	THIOLA EC	VELTIN	ZESTORETIC
SIGNIFOR LAR ¹	TIMOPTIC OCUDOSE	<i>venlafaxine ext-rel tablet</i>	ZETIA
SIL-K PAD	TIROSINT	(except 225 mg)	ZETONNA
SILENOR	TOBI ¹	VENTOLIN HFA	ZIANA
SILIVEX	TOBI PODHALER ¹	VEREGEN	<i>zileuton ext-rel</i>
SILTREX	<i>topiramate ext-rel</i>	VIAGRA	ZIRGAN
SIMPONI ¹	<i>capsule (generics</i>	VIEKIRA PAK ¹	ZOHYDRO ER
SINGULAIR	<i>for QUDEXY XR only)</i>	VIIBRYD	ZOLADEX ¹
SOMAVERT ¹	TOPROL-XL	VIRACEPT ¹	ZOLOFT
SORILUX	TRACLEER ¹	VISCO-3 ¹	<i>zolpidem sublingual</i>
SPRIX	TRADJENTA	VITAFOL-ONE	ZOLPIMIST
STENDRA	<i>tramadol</i>	<i>Vitasure</i>	ZONEGRAN
STRIBILD ¹	(NDC ^ 52817019610 only)	VIVELLE-DOT	ZONTIVITY
SUBOXONE	<i>tramadol ext-rel capsule</i>	VOGELXO	ZORTRESS ¹
<i>sucralfate suspension</i>	TRANSDERM SCOP	WESTHROID	ZORVOLEX
<i>sumatriptan-naproxen</i>	TRAVATAN Z	WP THYROID	ZUPLENZ
SUPREP	TREXIMET	XANAX	ZYDELIG ¹
<i>Symax-SR</i>	<i>triamcinolone aerosol 0.2%</i>	XANAX XR	ZYLET
SYNERDERM	<i>triamcinolone ointment 0.05%</i>	XENAZINE ¹	ZYTIGA ¹
SYNVISC ¹	<i>Trianex</i>	XENICAL	ZYVIT
SYNVISC-ONE ¹	TRICOR	XOLEGEL	
SYPRINE	TRINAZ	XOPENEX HFA	
	TRIVIDIA INSULIN SYRINGES ⁶		

^{*} 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 An ACCU-CHEK or ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK or ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

⁸ ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

⁹ Generic prenatal vitamins and CITRANATAL 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.

