

Covered and non-covered drugs

**Drugs not covered —
and their covered alternatives**

2020 Aetna Standard 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 ¹ | | SOMATULINE DEPOT, SOMAVERT |
| Allergies Antihistamines | <i>dexchlorpheniramine</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 | LAMICTAL LAMICTAL ODT | LAMICTAL XR 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</i> |
| | ONFI | | <i>clobazam, lamotrigine, topiramate, TROKENDI XR</i> |
| | SABRIL ¹ | | <i>vigabatrin</i> |
| Anti-infectives, Antibacterials Erythromycins / Macrolides | E.E.S. GRANULES | ERYPED | <i>erythromycins</i> |
| Anti-infectives, Antibacterials Tetracyclines | ACTICLATE DORYX DORYX MPC | MINOCIN TARGADOX | <i>doxycycline hyclate, minocycline, tetracycline</i> |
| Anti-infectives, Antibacterials Miscellaneous | MACRODANTIN | | <i>nitrofurantoin</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* | MAVRET ¹ | | <i>EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI²</i> |
| | VIEKIRA PAK ¹ | ZEPATIER ¹ | <i>EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)</i> |

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|---|--|---|---|
| Anti-infectives, Antivirals Herpes* | acyclovir cream | VALTrex | acyclovir, valacyclovir |
| Anti-infectives, Antivirals HIV | COMPLERA ¹ | STRIBILD ¹ | ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, TRIUMEQ |
| Antiobesity | CONTRAVE | QSYMIA | BELVIQ, BELVIQ XR, 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 |
| Asthma* Leukotriene Modulators | SINGULAIR | | montelukast, zafirlukast, zileuton ext-rel |
| Asthma* Steroid Inhalants | ALVESCO ASMANEX | ASMANEX HFA | ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDHALER |
| Asthma* or Chronic Obstructive Pulmonary Disease (COPD)* Steroid / Beta Agonist Combinations | DULERA | | ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT |
| Attention Deficit Hyperactivity Disorder* | EVEKEO | | amphetamine-dextroamphetamine mixed salts, methylphenidate |
| | INTUNIV | | amphetamine-dextroamphetamine mixed salts ext-rel ¹ , atomoxetine, guanfacine ext-rel, methylphenidate ext-rel ¹ , MYDAYIS, VYVANSE |
| 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 (after failure of HUMIRA) |
| 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 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, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR |
| Autoimmune Agents Ulcerative Colitis* | ENTYVIO ¹ | SIMPONI ¹ | HUMIRA, XELJANZ, XELJANZ XR (after failure of HUMIRA) |
| Autoimmune Agents All Other Conditions* | ACTEMRA ¹ KINERET ¹ ORENCIA CLICKJECT ¹ | ORENCIA INTRAVENOUS ¹ ORENCIA SUBCUTANEOUS ¹ | ENBREL, HUMIRA |

| Category Drug class | Formulary drug removals | | Formulary options |
|--|---|----------------------|--|
| Cancer Breast | VERZENIO ¹ | | IBRANCE, KISQALI |
| Cancer Chronic Myelogenous Leukemia* | GLEEVEC ¹ | TASIGNA ¹ | <i>imatinib mesylate</i> , BOSULIF, SPRYCEL |
| Cancer Prostate* Hormonal Agents, Antiandrogens | NILANDRON | ZYTIGA ¹ | <i>abiraterone</i> , <i>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> |
| 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</i> (except <i>fenofibrate tablet 120 mg</i>), <i>fenofibric acid delayed-rel</i> |
| Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations³ | ALTOPREV CRESTOR LESCOL XL | LIPITOR LIVALO | <i>atorvastatin</i> , <i>ezetimibe-simvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>rosuvastatin</i> , <i>simvastatin</i> |
| Cardiovascular Antilipemics PCSK9 Inhibitors | PRALUENT ¹ | | REPATHA |
| Cardiovascular Digitalis Glycosides | LANOXIN TABLET (125 MCG and 250 MCG only) | | <i>digoxin</i> |
| Cardiovascular Diuretics | DYRENIUM | | <i>amiloride</i> , <i>triamterene</i> |
| Cardiovascular Pulmonary Arterial Hypertension* Phosphodiesterase Inhibitors | ADCIRCA ¹ | REVATIO ¹ | <i>sildenafil</i> , <i>tadalafil</i> |
| Carnitine Deficiency | CARNITOR | CARNITOR SF | <i>levocarnitine</i> |

| Category Drug class | Formulary drug removals | Formulary options | |
|--|--|---|---|
| Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergics | TUDORZA | INCRUSE ELLIPTA, SPIRIVA | |
| Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergic / Beta Agonist Combinations | COMBIVENT RESPIMAT | <i>ipratropium-albuterol inhalation solution</i> , ANORO ELLIPTA, BEVESPI AEROSPHERE, 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> |
| Contraceptives Biphasic | LO LOESTRIN FE | <i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate</i> | |
| Contraceptives Triphasic | ORTHO TRI-CYCLEN LO | <i>ethinyl estradiol-norgestimate</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</i> | |
| Contraceptives Progestin Intrauterine Devices | LILETTA ¹ | KYLEENA, MIRENA, SKYLA | |
| Cystic Fibrosis* Inhaled Antibiotics | TOBI ¹ | TOBI PODHALER ¹ | <i>tobramycin inhalation solution</i> , BETHKIS |
| Dental Cavity/Caries Prevention | PREVIDENT | Consult doctor | |
| Depression* Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs) | LEXAPRO | PROZAC | <i>citalopram, escitalopram, fluoxetine, paroxetine HCl, paroxetine HCl ext-rel, sertraline</i> , TRINTELLIX, VIIBRYD |
| 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 | OLEPTRO | <i>trazodone</i> | |
| Depression and/or Schizophrenia* Antipsychotics, Atypicals | ABILIFY FANAPT | SEROQUEL XR | <i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone</i> , LATUDA, VRAYLAR |

| Category Drug class | Formulary drug removals | | Formulary options |
|---|--|--|--|
| Dermatology Acne* | Vanoxide-HC ACANYA BENZACLIN | ONEXTON VELTIN ZIANA | adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, TAZORAC |
| Dermatology Actinic Keratosis* | fluorouracil cream 0.5% CARAC | | fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA |
| Dermatology Antibiotics | mupirocin cream | | gentamicin, mupirocin ointment |
| Dermatology Antipsoriatics | calcipotriene cream calcitriol ointment | SORILUX VECTICAL | calcipotriene ointment, calcipotriene solution |
| Dermatology Atopic Dermatitis* | doxepin cream | | desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA |
| Dermatology Rosacea* | FINACEA GEL | NORITATE | azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA |
| Dermatology Scars | imiquimod BEAU RX CICATRACE POLYTOZA RECEDO | SCARSILK PAD SIL-K PAD SILVEX SILTREX | Consult doctor |
| Dermatology Seborrheic Dermatitis* | XOLEGEL | | ciclopirox, ketoconazole |
| | ketoconazole foam 2% Ketodan | | ketoconazole shampoo 2%, selenium sulfide lotion 2.5% |
| Dermatology Skin Inflammation and Hives* Corticosteroids | clobetasol spray CLOBEX SPRAY | OLUX-E | clobetasol foam |
| | fluocinonide cream 0.1% | | clobetasol cream |
| | flurandrenolide ointment CORDRAN OINTMENT | | hydrocortisone butyrate, mometasone, triamcinolone |
| | diflorasone cream diflorasone ointment | APEXICON E PSORCON | desoximetasone, fluocinonide (except fluocinonide cream 0.1%) |
| Dermatology Warts | VEREGEN | | imiquimod |
| Dermatology Wound Care Products | Alevicyn solution | ALEVICYN GEL ALEVICYN SG | desonide, hydrocortisone |
| Dermatology Miscellaneous Skin Conditions | ALCORTIN A ATOPADERM BENSAL HP | EPICERAM KAMDOY NOVACORT SYNERDERM | desonide, hydrocortisone |
| Diabetes* Biguanides | FORTAMET (and its generics) GLUMETZA (and its generics) RIOMET | | metformin, metformin ext-rel (except generic FORTAMET or GLUMETZA) |
| Diabetes* Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | NESINA ONGLYZA | TRADJENTA | JANUVIA |

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|--|---|-------------------------|--|
| 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, 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: Humulin R U-500 concentrate will not be subject to removal and will continue to be covered. | | |
| Diabetes* Long Acting Insulins | LANTUS | | BASAGLAR, LEVEMIR |
| | TOUJEO | | TRESIBA |
| 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, Needles⁵ | 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, Syringes⁵ | ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand | | BD ULTRAFINE INSULIN SYRINGES |

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|--|---|---|--|
| Diabetes* Supplies, Test Strips and Kits ^{6,7} | BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ONETOUCH ULTRA STRIPS AND KITS ONETOUCH VERIO STRIPS AND KITS All other test strips that are not ACCU-CHEK brand | | ACCU-CHEK AVIVA PLUS STRIPS AND KITS ⁶ ; ACCU-CHEK COMPACT PLUS STRIPS AND KITS ⁶ ; ACCU-CHEK GUIDE STRIPS AND KITS ⁶ ; ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁶ |
| | ENLITE 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> |
| | <i>Activite Dexifol Folvite-D Genicin Vita-S HylaVite Lorid TronVite Vitasure Xvite FERIVA 21/7 FOLIC-K FOLIKA-D MEBOLIC</i> | NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT | <i>folic acid</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 | | GONAL-F |
| | CHORIONIC GONADOTROPIN ¹ NOVAREL ¹ | PREGNYL ¹ | OVIDREL |
| Gastrointestinal Anticholinergics | <i>chlordiazepoxide-clidinium</i> (NDC^ 42494040901 only) GLYCOPYRROLATE TABLET 1.5 MG | | <i>dicyclomine</i> |
| Gastrointestinal Antiemetics | TRANSDERM SCOP | | <i>meclizine, scopolamine transdermal</i> |
| | ZUPLENZ | | <i>granisetron, ondansetron, SANCUSO</i> |
| Gastrointestinal Laxatives | <i>lactulose pak</i> | | <i>lactulose solution</i> |
| | MOVIPREP | OSMOPREP | <i>peg 3350-electrolytes, SUPREP</i> |
| 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 | CARAFATE | | <i>sucralfate</i> |

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|--|---|---|--|
| Gaucher Disease | ELELYSO ¹ | | CERDELGA, CEREZYME |
| Genitourinary Interstitial Cystitis | RIMSO-50 | | Consult doctor |
| Gout* | COLCRYS | | <i>colchicine tablet</i> |
| Growth Hormones | GENOTROPIN ¹ NORDITROPIN ¹ NUTROPIN AQ ¹ | OMNITROPE ¹ SAIZEN ¹ | HUMATROPE |
| Hematologic Anticoagulants (oral) | COUMADIN | | <i>warfarin</i> |
| | PRADAXA | | <i>warfarin, ELIQUIS, XARELTO</i> |
| Hematologic Erythropoiesis-Stimulating Agents | EPOGEN ¹ | PROCRIT ¹ | ARANESP, RETACRIT |
| Hematologic Hemophilia A* | ELOCTATE ¹ | HELIXATE FS ¹ | ADYNOVATE, JVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ |
| Hematologic Hemophilia B* | ALPROLIX ¹ | | Consult doctor |
| Hematologic Neutropenia Colony Stimulating Factors | FULPHILA ¹ | | NEULASTA, UDENYCA |
| | 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, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i> |
| High Blood Pressure* Angiotensin II Receptor Antagonist / Diuretic Combinations | ATACAND HCT BENICAR HCT | DIOVAN HCT EDARBYCLOR | <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 | EXFORGE | | <i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i> |
| High Blood Pressure* Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations | EXFORGE HCT | | amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide |
| High Blood Pressure* Beta-blockers | 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> |

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|--|--|--|---|
| High Blood Pressure* Calcium Channel Blockers | NORVASC | | <i>amlodipine</i> |
| | Matzim LA CARDIZEM | CARDIZEM CD CARDIZEM LA (and its generics) | <i>diltiazem ext-rel</i> (except generic of CARDIZEM LA) |
| Huntington's Disease | XENAZINE ¹ | | <i>tetrabenazine, AUSTEDO</i> |
| Immunology Antimetabolites | CELLCEPT ¹ | MYFORTIC ¹ | <i>mycophenolate mofetil, mycophenolate sodium</i> |
| | RAPAMUNE ¹ | ZORTRESS ¹ | <i>sirolimus</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 |
| Inflammatory Bowel Disease (IBD) Ulcerative Colitis* Aminosalicylates | ASACOL HD DELZICOL | LIALDA | <i>balsalazide, mesalamine delayed-rel capsule, sulfasalazine, sulfasalazine delayed-rel, APRISO, PENTASA</i> |
| | COLAZAL | | <i>balsalazide</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 | <i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI</i> |
| Musculoskeletal | <i>cyclobenzaprine tablet 7.5mg Fexmid</i> | AMRIX CHLORZOXAZONE 250 MG | <i>cyclobenzaprine</i> |
| Narcolepsy Wakefulness Promoters | NUVIGIL | | <i>armodafinil, SUNOSI</i> |
| Nephropathic Cystinosis | PROCYSBI ¹ | | CYSTAGON |
| Ophthalmic Allergies | ALREX | | <i>azelastine, cromolyn sodium, olopatadine, LASTACAPT, PAZEO</i> |
| Ophthalmic Anti-infective / Anti-inflammatory | ZYLET | | <i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST</i> |
| Ophthalmic Anti-inflammatory, Steroidal | FLAREX FML LIQUIFILM LOTEMAX | LOTEMAX SM PRED FORTE | <i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i> |
| Ophthalmic Glaucoma | TIMOPTIC OCUDOSE | | <i>timolol maleate solution, BETIMOL, BETOPTIC S</i> |

| Category Drug class | Formulary drug removals | | Formulary options |
|--|---|--|--|
| Ophthalmic Miscellaneous | AVENOVA | | Consult doctor |
| Opioid Dependency | SUBOXONE | | <i>buprenorphine-naloxone sublingual</i> , ZUBSOLV |
| Opioid Reversal | EVZIO | | <i>naloxone injection</i> , NARCAN NASAL SPRAY |
| Osteoarthritis* Viscosupplements | DUROLANE ¹ EUFLEXXA ¹ HYALGAN ¹ MONOVISC ¹ | ORTHOVISC ¹ SYNVISC ¹ SYNVISC-ONE ¹ | GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3 |
| Osteoporosis* Calcium Regulators | MIACALCIN INJECTION | | <i>alendronate, calcitonin-salmon, ibandronate, risedronate</i> , FORTEO, PROLIA, TYMLOS |
| | MIACALCIN NASAL SPRAY | | <i>calcitonin-salmon</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</i> , MYRBETRIQ, TOVIAZ |
| Pain Headache* | <i>butalbital-acetaminophen</i> (NDC [^] 69499034230 only) <i>butalbital-acetaminophen-caffeine capsule</i> FIORICET CAPSULE VANATOL LQ VANATOL S | | <i>diclofenac sodium, ibuprofen, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>) |
| | <i>dihydroergotamine spray</i> Migergot | CAFERGOT | <i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> , ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY |
| Pain Opioid Analgesics | BUTRANS | | BELBUCA. <i>buprenorphine transdermal</i> |
| | LAZANDA | | <i>fentanyl transmucosal lozenge</i> , SUBSYS |
| | <i>levorphanol</i> HYSINGLA ER | OXYCONTIN ZOHYDRO ER | <i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel</i> , EMBEDA, NUCYNТА ER, XTAMPZA ER |
| | PERCOCET | PRIMLEV | <i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen</i> , NUCYNТА |
| Pain Topical Local Anesthetics | LIDOCAINE-TETRACAINE CREAM LIDOTREX | | <i>lidocaine-prilocaine</i> |
| Pain and Inflammation* Corticosteroids | <i>Dexpak</i> 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</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>) WITH <i>esomeprazole, lansoprazole, omeprazole, pantoprazole</i> or DEXILANT |

| Category Drug class | Formulary drug removals | | Formulary options |
|---|--|--|--|
| Pain and Inflammation* Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations (continued) | diclofenac sodium gel 1% (NDC^ 69499031866 only) Diclofex DC (NDC^ 51021037201 only) Dicloaicin Inflammacin NuDiclo SoluPak NuDiclo TabPak PENNSAID | | diclofenac sodium, diclofenac sodium gel 1% (except NDC^ 69499031866), diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension) |
| | fenoprofen capsule naproxen CR CAMBIA FENOPROFEN CAPSULE | INDOCIN NAPRELAN SPRIX ZORVOLEX | diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension) |
| | naproxen suspension | | ibuprofen |
| 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 | ZEMAIRA ¹ | | PROLASTIN-C |
| Respiratory Cough | benzonatate (NDCs^ 69336012615, 69499032915 only) | | benzonatate (except NDCs^ 69336012615, 69499032915) |
| Sleep Disorder Hypnotics, Non-benzodiazepines | INTERMEZZO LUNESTA | ROZEREM ZOLPIMIST | eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR |
| Testosterone Replacement* Androgens | testosterone gel 1% ⁸ ANDROGEL 1% FORTESTA | NATESTO TESTIM VOGELXO | testosterone gel, testosterone solution, ANDRODERM |
| Thyroid Supplements | TIROSINT | | levothyroxine, SYNTHROID |
| Transplant* Immunosuppressants, Calcineurin Inhibitors | PROGRAF ¹ | | tacrolimus |
| Urea Cycle Disorders | BUPHENYL ¹ | RAVICTI ¹ | sodium phenylbutyrate |

| 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 Agents⁸ | 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 | CAMBIA | ELELYSO ¹ | HUMALOG MIX 50/50 |
| ACANYA | CARAC | ELOCTATE ¹ | HUMALOG MIX 75/25 |
| ACIPHEX | CARAFATE | ENABLEX | HUMULIN 70/30 ⁴ |
| ACIPHEX SPRINKLE | <i>carbinoxamine tablet 6 mg</i> | ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM | HUMULIN N ⁴ |
| ACTEMRA ¹ | CARDIZEM | ENTERAGAM | HUMULIN R ⁴ |
| ACTICLATE | CARDIZEM CD | ENTYVIO ¹ | HYALGAN ¹ |
| <i>Activite</i> | CARDIZEM LA | ENVARBUS XR ¹ | <i>HylaVite</i> |
| ACTOS | (and its generics) | EPICERAM | HYSINGLA ER |
| <i>acyclovir cream</i> | CARNITOR | EPIVIR HBV ¹ | INDOCIN |
| ADCIRCA ¹ | CARNITOR SF | EPOGEN ¹ | <i>Inflammacin</i> |
| ALCORTIN A | CELLCEPT ¹ | ERYPED | INTERMEZZO |
| ALEVICYN GEL | CHLORZOXAZONE 250 MG | EUFLEXXA ¹ | INTUNIV |
| ALEVICYN SG | <i>chlordiazepoxide-clidinium</i> | EVEKEO | INVOKAMET |
| <i>Alevicyn solution</i> | (NDC [^] 42494040901 only) | EVZIO | INVOKAMET XR |
| ALLISON MEDICAL INSULIN SYRINGES ⁵ | CHORIONIC GONADOTROPIN ¹ | EXFORGE | INVOKANA |
| ALPROLIX ¹ | CIALIS | EXFORGE HCT | JALYN |
| ALREX | CICATRACE | EXTAVIA ¹ | JENTADUETO |
| ALTOPREV | CIMZIA ¹ | FANAPT | JENTADUETO XR |
| ALVESCO | <i>clobetasol spray</i> | <i>fenofibrate tablet 120 mg</i> | KAMDOY |
| AMRIX | CLOBEX SPRAY | FENOGLIDE TABLET 120 MG | KAZANO |
| ANDROGEL 1% | COLAZAL | <i>fenoprofen capsule</i> | <i>ketoconazole foam 2%</i> |
| APEXICON E | COLCRYS | FENOPROFEN CAPSULE | <i>Ketodan</i> |
| APIDRA | COMBIVENT RESPIMAT | FERIVA 21/7 | <i>ketoprofen ext-rel capsule</i> |
| ARTHROTEC | COMPLERA ¹ | FINACEA GEL | KINERET ¹ |
| ASACOL HD | CONTOUR NEXT STRIPS AND KITS ⁷ | FIORICET CAPSULE | KOMBIGLYZE XR |
| ASMANEX | CONTOUR STRIPS AND KITS ⁷ | FLAREX | LACTULOSE PAK |
| ASMANEX HFA | CONTRAVE | <i>fluocinonide cream 0.1%</i> | LAMICTAL |
| ASTAGRAF XL ¹ | CORDRAN OINTMENT | <i>fluorouracil cream 0.5%</i> | LAMICTAL ODT |
| ATACAND | COUMADIN | <i>flurandrenolide ointment</i> | LAMICTAL XR |
| ATACAND HCT | CRESTOR | FML LIQUIFILM | LANOXIN TABLET (125 MCG and 250 MCG only) |
| AVENOVA | <i>cyclobenzaprine tablet 7.5 mg</i> | FOLIC-K | <i>lanthanum carbonate</i> |
| AVONEX ¹ | CYMBALTA | FOLIKA-D | LANTUS |
| BARACLUDE TABLET ¹ | DELZICOL | FOLLISTIM AQ ¹ | LAZANDA |
| BEAU RX | DETROL LA | <i>Folvite-D</i> | LESCOL XL |
| BECONASE AQ | <i>Dexifol</i> | FORTAMET (and its generics) | <i>levorphanol</i> |
| BENICAR | <i>dexchlorpheniramine</i> | FORTESTA | LEXAPRO |
| BENICAR HCT | <i>Dexpak</i> | FOSRENOL | LIALDA |
| BENSAL HP | <i>diclofenac sodium gel 1%</i> | FOSTEUM | LIDOCAINE-TETRACAINE CREAM |
| BENZACLIN | (NDC [^] 69499031866 only) | FOSTEUM PLUS | LIDOTREX |
| <i>benzonatate</i> | <i>Diclofex DC</i> | FREESTYLE LIBRE | LILETTA ¹ |
| (NDCs [^] 69336012615, 69499032915 only) | (NDC [^] 51021037201 only) | CONTINUOUS GLUCOSE MONITORING SYSTEM | LIPITOR |
| BERINERT ¹ | <i>Diclosaicin</i> | FREESTYLE STRIPS AND KITS ⁷ | LIVALO |
| BETAPACE | <i>diflorasone cream</i> | FULPHILA ¹ | <i>Lorid</i> |
| BETAPACE AF | <i>diflorasone ointment</i> | <i>Genicin Vita-S</i> | LOTEMAX |
| BEYAZ | <i>dihydroergotamine spray</i> | GENOTROPIN ¹ | LOTEMAX SM |
| BREEZE 2 STRIPS AND KITS ⁷ | DIOVAN | GLEEVEC ¹ | LUNESTA |
| BUPHENYL ¹ | DIOVAN HCT | GLUMETZA (and its generics) | LUPRON DEPOT ¹ |
| <i>butalbital-acetaminophen</i> | DORYX | GLYCOPYRROLATE TABLET 1.5 MG | MACRODANTIN |
| (NDC [^] 69499034230 only) | DORYX MPC | GRANIX ¹ | <i>Matzim LA</i> |
| <i>butalbital-acetaminophen- caffeine capsule</i> | <i>doxepin cream</i> | GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM | MAVYRET ¹ |
| BUTRANS | DULERA | HELIXATE FS ¹ | MEBOLIC |
| BYDUREON | DUROLANE ¹ | HEPSERA ¹ | MIACALCIN INJECTION |
| BYETTA | DUTOPROL | HORIZANT | MIACALCIN NASAL SPRAY |
| CAFERGOT | DYRENIUM | HUMALOG | <i>Migergot</i> |
| <i>calcipotriene cream</i> | EDARBI | | MILLIPRED |
| <i>calcitriol ointment</i> | EDARBYCLOR | | MINASTRIN 24 FE |
| | E.E.S. GRANULES | | |
| | EFFEXOR XR | | |

List of Formulary Drug Removals

| | | | |
|--------------------------------------|-----------------------------------|--|-----------------------------------|
| MINIVELLE | ORTHO D | RHEUMATE | VALCYTE |
| MINOCIN | ORTHO DF | RIBOZEL | VALTRES |
| MONOVISC ¹ | ORTHO TRI-CYCLEN LO | RIMSO-50 | VANATOL LQ |
| MOVIPREP | ORTHOVISC ¹ | RIOMET | VANATOL S |
| <i>mupirocin cream</i> | OSENI | ROZEREM | <i>Vanoxide-HC</i> |
| MYFORTIC ¹ | OSMOPREP | SABRIL ¹ | VASCULERA |
| NAPRELAN | OTREXUP ¹ | SAIZEN ¹ | VECTICAL |
| <i>naproxen CR</i> | OWEN MUMFORD NEEDLES ⁵ | SANDOSTATIN LAR ¹ | VELTIN |
| <i>naproxen suspension</i> | OXYCONTIN | SCARSILK PAD | <i>venlafaxine ext-rel tablet</i> |
| NATAZIA | OXYTROL | SEROQUEL XR | (except 225 mg) |
| NATESTO | PEGASYS ¹ | SIL-K PAD | VENTOLIN HFA |
| NESINA | PENNSAID | SILVEX | VEREGEN |
| NEUPOGEN ¹ | PERCOCET | SILTREX | VERZENIO ¹ |
| NEXIUM | PERRIGO NEEDLES ⁵ | SIMPONI ¹ | VIAGRA |
| NICADAN | PLAVIX | SINGULAIR | VIEKIRA PAK ¹ |
| NICAPRIN | PLEGRIDY ¹ | SORILUX | <i>Vitasure</i> |
| NICAZEL | POLYTOZA | SPRIX | VIVELLE-DOT |
| NICAZEL FORTE | PRADAXA | STENDRA | VOGELXO |
| NICOMIDE | PRALUENT ¹ | STRIBILD ¹ | XANAX |
| NILANDRON | PRED FORTE | SUBOXONE | XANAX XR |
| NORDITROPIN ¹ | PREGNYL ¹ | SYNERDERM | XENAZINE ¹ |
| NORITATE | PREVACID | SYNVISC ¹ | XOLEGEL |
| NORVASC | PREVIDENT | SYNVISC-ONE ¹ | XOPENEX HFA |
| NOVACORT | PRIMLEV | TALIVA | <i>Xvite</i> |
| NOVAREL ¹ | PRISTIQ | TARGADOX | XYZBAC |
| NOVO NORDISK NEEDLES ⁵ | PROAIR HFA | TASIGNA ¹ | YAZ |
| <i>NuDiclo SoluPak</i> | PROAIR RESPICLICK | TAYTULLA | ZARXIO ¹ |
| <i>NuDiclo TabPak</i> | PROCRIT ¹ | TESTIM | ZEGERID |
| NUTROPIN AQ ¹ | PROCYSBI ¹ | <i>testosterone gel 1%⁸</i> | ZEMAIRA ¹ |
| NUVIGIL | PRODIGEN | TIMOPTIC OCUDOSE | ZEPATIER ¹ |
| OLEPTRO | PROGRAF ¹ | TIROSINT | ZETIA |
| OLUX-E | PROTONIX | TOBI ¹ | ZETONNA |
| <i>omeprazole-sodium bicarbonate</i> | PROVENTIL HFA | TOBI PODHALER ¹ | ZIANA |
| OMNARIS | PROZAC | TOPROL-XL | ZOHYDRO ER |
| OMNITROPE ¹ | PSORCON | TOUJEO | ZOLPIMIST |
| OMNIVEX | QNASL | TRADJENTA | ZONEGRAN |
| ONETOUCH ULTRA | QSYMIA | TRANSDERM SCOP | ZORTRESS ¹ |
| STRIPS AND KITS ⁷ | QTERN | TRICOR | ZORVOLEX |
| ONETOUCH VERIO | RAPAFLO | TRIVIDIA INSULIN SYRINGES ⁵ | ZUPLENZ |
| STRIPS AND KITS ⁷ | RAPAMUNE ¹ | <i>TronVite</i> | ZYLET |
| ONEXTON | RAVICTI ¹ | TUDORZA | ZYTIGA ¹ |
| ONFI | RAYOS | ULTIMED INSULIN SYRINGES ⁵ | ZYMIT |
| ONGLYZA | RECEDO | ULTIMED NEEDLES ⁵ | |
| ORENCIA INTRAVENOUS ¹ | REVIATIO ¹ | UROXATRAL | |

[†] 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.

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

¹ 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).

² If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.

³ Rebranded or private label formulations are not covered (i.e., RELION).

⁴ BD ULTRAFINE syringes and needles are the only preferred options.

⁵ An ACCU-CHEK blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

⁶ ACCU-CHEK brand test strips are the only preferred options.

⁷ Listing reflects the authorized generics for TESTIM and VOGELXO.

⁸ An exception process may exist for specific clinical or regulatory circumstances that require coverage of a non-covered medication.

Please remember that this is not a complete list of drugs covered under your plan. Products may be subject to plan-specific copayment or coinsurance, additional charges or other restrictions. Certain drugs, such as those for infertility, erectile dysfunction, weight loss, smoking cessation or vitamins, may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan.

To check coverage and copay information for a specific drug, please visit the website on your member ID card and log in to your member website. If you don't have access to our website, call the toll-free number on your member ID card.

Aetna or its affiliate(s) receives rebates from drug manufacturers that may be taken into account in determining Aetna's drug lists. Rebates may reduce the amount a member pays the pharmacy for covered prescriptions.

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

