

# Covered and non-covered drugs

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**Drugs not covered — and their covered  
alternatives for the Aetna Standard Formulary**  
2022 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
<b>Acromegaly</b>	SANDOSTATIN LAR <sup>1</sup> SIGNIFOR LAR <sup>1</sup> SOMAVERT <sup>1</sup>	SOMATULINE DEPOT
<b>Allergies Antihistamines</b>	<i>dexchlorpheniramine</i> <i>Diphen Elixir</i> <i>RyClora</i> CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
<b>Allergies Nasal Steroids / Combinations</b>	BECONASE AQ DYMISTA OMNARIS QNASL ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
<b>Anticonvulsants</b>	<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 ONFI	<i>clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
	SABRIL <sup>1</sup>	<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>
<b>Anti-infectives, Antibacterials Erythromycins / Macrolides</b>	E.E.S. GRANULES ERYPED	<i>erythromycins</i>

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<b>Category drug class</b>	<b>Formulary drug removals</b>	<b>Formulary options</b>
<b>Anti-infectives, Antibacterials</b> <b>Tetracyclines</b>	doxycycline hyclate delayed-rel tablet 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 Mondoxyne NL capsule 75 mg Targadox ACTICLATE DORYX DORYX MPC	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
<b>Anti-infectives, Antibacterials</b> <b>Miscellaneous</b>	nitrofurantoin (NDCs^ 16571074024, 70408023932 only) MACRODANTIN	nitrofurantoin (except NDCs^ 16571074024, 70408023932)
<b>Anti-infectives, Antifungals</b>	flucytosine capsule 500 mg	fluconazole
	posaconazole delayed-rel tablet NOXAFIL	fluconazole, itraconazole
	CRESEMBA	itraconazole
	tavaborole	terbinafine tablet
<b>Anti-infectives, Antiretroviral Agents</b> <b>Combination Agents</b>	ATRIPLA <sup>1</sup> COMPLERA <sup>1</sup> STRIBILD <sup>1</sup>	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
	TRUVADA <sup>1</sup>	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY, TEMIXYS
<b>Anti-infectives, Antiretroviral Agents</b> <b>Protease Inhibitors</b>	APTIVUS <sup>1</sup>	Consult doctor
	INVIRASE <sup>1</sup> LEXIVA <sup>1</sup> VIRACEPT <sup>1</sup>	atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA
<b>Anti-infectives, Antivirals</b> <b>Cytomegalovirus *</b>	VALCYTE	valganciclovir
<b>Anti-infectives, Antivirals</b> <b>Hepatitis B *</b>	BARACLUE TABLET <sup>1</sup> EPIVIR HBV <sup>1</sup> HEPSERA <sup>1</sup>	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUE SOLUTION, VEMLIDY
<b>Anti-infectives, Antivirals</b> <b>Hepatitis C *</b>	MAVYRET <sup>1</sup>	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>
	VIEKIRA PAK <sup>1</sup> ZEPATIER <sup>1</sup>	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<b>Anti-infectives, Antivirals</b> <b>Herpes *</b>	acyclovir cream VALTREX	acyclovir capsule, acyclovir tablet, valacyclovir

<b>Category drug class</b>	<b>Formulary drug removals</b>	<b>Formulary options</b>
<b>Anti-infectives Miscellaneous</b>	DARAPRIM	<i>pyrimethamine</i>
<b>Antiobesity</b>	CONTRAVE XENICAL	QSYMIA, SAXENDA, WEGOVY
<b>Anxiety * Benzodiazepines</b>	ATIVAN XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
<b>Asthma * Beta Agonists, Short-Acting</b>	<i>albuterol sulfate CFC-free aerosol (NDC ^ 66993001968 only)</i> PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol (except NDC ^ 66993001968), levalbuterol tartrate CFC-free aerosol</i>
<b>Asthma * Leukotriene Modulators</b>	<i>zileuton ext-rel</i> SINGULAIR	<i>montelukast, zafirlukast</i>
<b>Asthma * Steroid Inhalants</b>	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
<b>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations</b>	DULERA	ADVAIR DISKUS, ADVAIR HFA †, BREO ELLIPTA †, SYMBICORT
<b>Attention Deficit Hyperactivity Disorder *</b>	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADZENYS ER ADZENYS XR-ODT APTENSIO XR DAYTRANA FOCALIN XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel †, dexamethylphenidate ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel †, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel †, MYDAYIS, QELBREE, VYVANSE</i>
<b>Autoimmune Agents Physician-Administered Agents</b>	ACTEMRA INTRAVENOUS <sup>1</sup> ORENCIA INTRAVENOUS <sup>1</sup>	REMICADE, SIMPONI ARIA
	AVSOLA <sup>1</sup> CIMZIA LYOPHILIZED POWDER <sup>1</sup> INFLECTRA <sup>1</sup> RENFLEXIS <sup>1</sup>	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease Only) <sup>1</sup>	REMICADE, STELARA INTRAVENOUS
	ILUMYA <sup>1</sup>	REMICADE
<b>Autoimmune Agents Self-Administered Agents Ankylosing Spondylitis *</b>	SIMPONI <sup>1</sup> TALTZ <sup>1</sup>	COSENTYX, ENBREL, HUMIRA
<b>Autoimmune Agents Self-Administered Agents Crohn's Disease *</b>	None	HUMIRA, STELARA SUBCUTANEOUS

<b>Category drug class</b>	<b>Formulary drug removals</b>	<b>Formulary options</b>
<b>Autoimmune Agents Self-Administered Agents Non-Radiographic Axial Spondyloarthritis *</b>	TALTZ <sup>1</sup>	CIMZIA PREFILLED SYRINGE, COSENTYX
<b>Autoimmune Agents Self-Administered Agents Psoriasis *</b>	COSENTYX <sup>1</sup> ENBREL <sup>1</sup>	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
<b>Autoimmune Agents Self-Administered Agents Psoriatic Arthritis *</b>	ORENCIA CLICKJECT <sup>1</sup> ORENCIA SUBCUTANEOUS <sup>1</sup> SIMPONI <sup>1</sup> TALTZ <sup>1</sup> XELJANZ <sup>1</sup> XELJANZ XR <sup>1</sup>	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA SUBCUTANEOUS, TREMFYA
<b>Autoimmune Agents Self-Administered Agents Rheumatoid Arthritis *</b>	ACTEMRA ACTPEN <sup>1</sup> ACTEMRA SUBCUTANEOUS <sup>1</sup> KINERET <sup>1</sup> SIMPONI <sup>1</sup>	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
<b>Autoimmune Agents Self-Administered Agents Ulcerative Colitis *</b>	SIMPONI <sup>1</sup>	HUMIRA, STELARA SUBCUTANEOUS #, XELJANZ #, XELJANZ XR #, ZEPOSIA #  # After failure of HUMIRA
<b>Autoimmune Agents Self-Administered Agents All Other Conditions *</b>	ACTEMRA ACTPEN <sup>1</sup> ACTEMRA SUBCUTANEOUS <sup>1</sup> KINERET <sup>1</sup> ORENCIA CLICKJECT <sup>1</sup> ORENCIA SUBCUTANEOUS <sup>1</sup>	ENBREL, HUMIRA
<b>Botulinum Toxins</b>	BOTOX <sup>1</sup>	Consult doctor
<b>Cancer Biosimilars</b>	RIABNI <sup>1</sup> TRUXIMA <sup>1</sup>	RUXIENCE
<b>Cancer Chronic Myelogenous Leukemia * Kinase Inhibitors</b>	GLEEVEC <sup>1</sup> ICLUSIG <sup>1</sup> TASIGNA <sup>1</sup>	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<b>Cancer Follicular Lymphoma * PI3K Inhibitors</b>	ALIQOPA <sup>1</sup> ZYDELIG <sup>1</sup>	COPIKTRA
<b>Cancer Monoclonal Antibodies</b>	AVASTIN <sup>1</sup>	ZIRABEV
	HERCEPTIN <sup>1</sup> HERCEPTIN HYLECTA <sup>1</sup>	KANJINTI, TRAZIMERA
	RITUXAN <sup>1</sup>	RUXIENCE
<b>Cancer mTOR Inhibitors</b>	AFINITOR <sup>1</sup>	<i>everolimus</i> , AFINITOR DISPERZ
<b>Cancer Multiple Myeloma * Proteasome Inhibitors</b>	BORTEZOMIB <sup>1</sup> KYPROLIS <sup>1</sup>	NINLARO, VELCADE
<b>Cancer Non-Small Cell Lung Cancer * ALK Inhibitors</b>	XALKORI <sup>1</sup>	ALECENSA, ALUNBRIG, ZYKADIA

<b>Category drug class</b>	<b>Formulary drug removals</b>	<b>Formulary options</b>
<b>Cancer Prostate * Antiandrogens</b>	NILANDRON ZYTIGA <sup>1</sup>	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
<b>Cancer Prostate * Luteinizing Hormone-Releasing Hormone (LHRH) Agonists</b>	LUPRON DEPOT <sup>1</sup> TRELSTAR MIXJECT <sup>1</sup> ZOLADEX <sup>1</sup>	ELIGARD, FIRMAGON
<b>Cardiovascular Antiarrhythmics</b>	BETAPACE BETAPACE AF	<i>sotalol</i>
	NORPACE	<i>disopyramide</i>
<b>Cardiovascular Antilipemics Cholesterol Absorption Inhibitors</b>	ZETIA	<i>ezetimibe</i>
<b>Cardiovascular Antilipemics Fibrates</b>	<i>fenofibrate capsule 50 mg fenofibrate capsule 130 mg fenofibrate tablet 40 mg 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>
<b>Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations <sup>3</sup></b>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<b>Cardiovascular Antilipemics Niacins</b>	<i>niacin tablet 500 mg</i> Niacor	<i>niacin ext-rel</i>
<b>Cardiovascular Antilipemics Omega-3 Fatty Acids</b>	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
<b>Cardiovascular Antilipemics PCSK9 Inhibitors</b>	REPATHA <sup>1</sup>	PRALUENT
<b>Cardiovascular Digitalis Glycosides</b>	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<b>Cardiovascular Diuretics</b>	DYRENIUM	<i>amiloride, triamterene</i>
<b>Cardiovascular Nitrates</b>	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<b>Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists</b>	LETAIRIS <sup>1</sup> TRACLEER <sup>1</sup>	<i>ambrisentan, bosentan, OPSUMIT</i>
<b>Cardiovascular Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors</b>	ADCIRCA <sup>1</sup> REVATIO <sup>1</sup>	<i>sildenafil, tadalafil</i>
<b>Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators</b>	REMODULIN <sup>1</sup>	<i>treprostinil</i>

<b>Category drug class</b>	<b>Formulary drug removals</b>	<b>Formulary options</b>
<b>Carnitine Deficiency</b>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<b>Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics</b>	INCRUSE ELLIPTA TUDORZA	SPIRIVA, YUPELRI
<b>Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergic / Beta Agonist Combinations Long Acting</b>	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
<b>Contraceptives Oral</b>	BALCOLTRA BEYAZ MINASTRIN 24 FE SEASONIQUE TAYTULLA YASMIN YAZ	<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, NATAZIA</i>
<b>Contraceptives Progestin Intrauterine Devices</b>	LILETTA <sup>1</sup>	KYLEENA, MIRENA, SKYLA
<b>Contraceptives Vaginal</b>	NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>
<b>Cystic Fibrosis * Inhaled Antibiotics</b>	TOBI <sup>1</sup> TOBI PODHALER <sup>1</sup>	<i>tobramycin inhalation solution, BETHKIS</i>
<b>Dental Cavity/Caries Prevention</b>	PREVIDENT	Consult doctor
<b>Depression * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)</b>	<i>fluoxetine tablet 60 mg paroxetine HCl ext-rel (NDC<sup>^</sup> 60505367503 only)</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 (except NDC<sup>^</sup> 60505367503), sertraline, TRINTELLIX</i>
<b>Depression * Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)</b>	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<b>Depression * Antidepressants, Miscellaneous Agents</b>	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
<b>Depression and/or Schizophrenia * Antipsychotics, Atypicals</b>	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>

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



<b>Category drug class</b>	<b>Formulary drug removals</b>	<b>Formulary options</b>
<b>Dermatology</b> <b>Skin Inflammation and Hives *</b> <b>Low Potency Corticosteroids</b>	<i>desonide gel</i> <i>DesRx</i> <i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> <i>Nolix</i> CORDRAN CREAM CORDRAN LOTION	<i>desonide (except desonide gel), hydrocortisone</i>
<b>Dermatology</b> <b>Skin Inflammation and Hives *</b> <b>Medium Potency Corticosteroids</b>	<i>clocortolone cream</i> <i>desoximetasone ointment 0.05%</i> <i>flurandrenolide ointment</i> <i>hydrocortisone butyrate lipophili cream 0.1%</i> <i>hydrocortisone butyrate lotion</i> <i>triamcinolone aerosol 0.2%</i> <i>triamcinolone ointment 0.05%</i> <i>Trianex</i> 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>
<b>Dermatology</b> <b>Skin Inflammation and Hives *</b> <b>High Potency Corticosteroids</b>	<i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<b>Dermatology</b> <b>Skin Inflammation and Hives *</b> <b>Very High Potency Corticosteroids</b>	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream, halobetasol cream</i>
	CORDRAN TAPE ULTRAVATE	<i>clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
<b>Dermatology</b> <b>Warts</b>	VEREGEN	<i>imiquimod</i>
<b>Dermatology</b> <b>Wound Care Products</b>	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide (except desonide gel), hydrocortisone</i>
<b>Dermatology</b> <b>Miscellaneous Skin Conditions</b>	ATOPADERM BENSAL HP EPICERAM KAMDOY SYNERDERM	<i>desonide (except desonide gel), hydrocortisone</i>
	<i>luliconazole</i> <i>oxiconazole</i> <i>(NDCs^ 00168035830, 51672135902 only)</i>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
<b>Diabetes *</b> <b>Biguanides</b>	<i>metformin ext-rel (generics for FORTAMET and GLUMETZA only)</i> FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
<b>Diabetes *</b> <b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</b>	NESINA ONGLYZA TRADJENTA	JANUVIA

<b>Category drug class</b>	<b>Formulary drug removals</b>	<b>Formulary options</b>
<b>Diabetes *</b> <b>Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations</b>	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA <b>WITH</b> pioglitazone
<b>Diabetes *</b> <b>Injectable Incretin Mimetics</b>	BYDUREON BCISE BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
<b>Diabetes *</b> <b>Insulins</b>	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 <sup>4</sup>	NOVOLIN 70/30 <sup>4</sup>
	HUMULIN N <sup>4</sup>	NOVOLIN N <sup>4</sup>
	HUMULIN R <sup>4</sup>	NOVOLIN R <sup>4</sup>
	NOTE: Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.	
<b>Diabetes *</b> <b>Long Acting Insulins <sup>5</sup></b>	LANTUS	BASAGLAR, LEVEMIR
<b>Diabetes *</b> <b>Insulin Sensitizers</b>	ACTOS	pioglitazone
<b>Diabetes *</b> <b>Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors</b>	INVOKANA	FARXIGA, JARDIANCE
<b>Diabetes *</b> <b>Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations</b>	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<b>Diabetes *</b> <b>Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations</b>	QTERN	GLYXAMBI
<b>Diabetes *</b> <b>Supplies, Needles <sup>6</sup></b>	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
<b>Diabetes *</b> <b>Supplies, Syringes <sup>6</sup></b>	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES

Category drug class	Formulary drug removals	Formulary options
<b>Diabetes *</b> <b>Supplies, Test Strips and Kits</b> <sup>7,8</sup>	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 ACCU-CHEK or ONETOUCH brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>7</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>7</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>7</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>7</sup> , ONETOUCH ULTRA STRIPS AND KITS <sup>7</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>7</sup>
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM All other continuous glucose monitoring systems that are not DEXCOM brand	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<b>Dietary Supplements</b>	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            NICADAN            NICAPRIN            NICAZEL            NICAZEL FORTE            NICOMIDE            OMNIVEX            ORTHO D            ORTHO DF            RHEUMATE            RIBOZEL            TALIVA            XYZBAC            ZYVIT</i>	<i>folic acid</i>
	<i>MultiPro            PRODIGEN            VASCULERA</i>	Consult doctor

<b>Category drug class</b>	<b>Formulary drug removals</b>	<b>Formulary options</b>
<b>Endocrine and Metabolic Corticosteroids</b>	prednisolone solution 10 mg/5 mL prednisolone solution 20 mg/5 mL BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone
<b>Endocrine and Metabolic Progestins</b>	PROMETRIUM	medroxyprogesterone; progesterone, micronized
<b>Endometriosis *</b>	LUPRON DEPOT <sup>1</sup> ZOLADEX <sup>1</sup>	ORILISSA
<b>Erectile Dysfunction * Phosphodiesterase Inhibitors</b>	CIALIS STENDRA VIAGRA	sildenafil, tadalafil
<b>Fertility Regulators Follicle-Stimulating Hormones</b>	FOLLISTIM AQ <sup>1</sup>	GONAL-F
	CHORIONIC GONADOTROPIN <sup>1</sup> NOVAREL <sup>1</sup> PREGNYL <sup>1</sup>	OVIDREL
<b>Gastrointestinal Anticholinergics</b>	chlordiazepoxide-clidinium (NDCs^ 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) hyoscyamine sulfate ext-rel Oscimin SR Symax-SR GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	dicyclomine
<b>Gastrointestinal Antidiarrheals</b>	ENTERAGAM	alosetron, VIBERZI, XIFAXAN 550 MG
	MYTESI	diphenoxylate-atropine, loperamide
<b>Gastrointestinal Antiemetics</b>	TRANSDERM SCOP	meclizine, scopolamine transdermal
	ZUPLENZ	granisetron, ondansetron, SANCUSO
<b>Gastrointestinal Irritable Bowel Syndrome</b>	AMITIZA	lubiprostone, LINZESS, MOVANTI, SYMPROIC
<b>Gastrointestinal Laxatives</b>	LACTULOSE PAK	lactulose solution
	peg 3350-electrolytes (generics for MOVIPREP only) GOLYTELY MOVIPREP OSMOPREP SUPREP	peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ
<b>Gastrointestinal Probiotics</b>	PROVAD ZELAC	Consult doctor

<b>Category drug class</b>	<b>Formulary drug removals</b>	<b>Formulary options</b>
<b>Gastrointestinal Proton Pump Inhibitors (PPIs)</b>	<i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel</i> <i>suspension</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel,</i> <i>omeprazole delayed-rel, pantoprazole delayed-rel</i> tablet, DEXILANT
<b>Gastrointestinal Ulcer Treatment</b>	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
<b>Gaucher Disease</b>	ELELYSO <sup>1</sup>	CERDELGA, CEREZYME
<b>Genitourinary Interstitial Cystitis</b>	ELMIRON RIMSO-50	Consult doctor
<b>Genitourinary Miscellaneous</b>	LITHOSTAT	Consult doctor
	THIOLA <sup>1</sup> THIOLA EC <sup>1</sup>	<i>tiopronin</i>
<b>Gout *</b>	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet, MITIGARE</i>
	ULORIC	<i>allopurinol</i>
<b>Growth Hormones</b>	GENOTROPIN <sup>1</sup> HUMATROPE <sup>1</sup> NUTROPIN AQ <sup>1</sup> OMNITROPE <sup>1</sup> SAIZEN <sup>1</sup>	NORDITROPIN
<b>Hematologic Anticoagulants Injectable</b>	<i>heparin sodium in 5% dextrose</i> HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>
<b>Hematologic Anticoagulants Oral</b>	ELIQUIS PRADAXA	<i>warfarin, XARELTO</i>
<b>Hematologic Chelating Agents</b>	CUPRIMINE <sup>1</sup>	<i>penicillamine</i>
	DESFERAL <sup>1</sup> EXJADE <sup>1</sup> FERRIPROX <sup>1</sup> JADENU <sup>1</sup>	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE <sup>1</sup>	<i>trientine</i>
<b>Hematologic Erythropoiesis-Stimulating Agents</b>	ARANESP <sup>1</sup> EPOGEN <sup>1</sup> PROCRIT <sup>1</sup>	RETACRIT
<b>Hematologic Hemophilia B</b>	ALPROLIX <sup>1</sup>	Consult doctor
<b>Hematologic Miscellaneous Bleeding Disorders Agents</b>	FEIBA <sup>1</sup>	NOVOSEVEN RT, SEVENFACT

<b>Category drug class</b>	<b>Formulary drug removals</b>	<b>Formulary options</b>
<b>Hematologic Neutropenia Colony Stimulating Factors</b>	FULPHILA <sup>1</sup> NEULASTA <sup>1</sup> NEULASTA ONPRO <sup>1</sup> UDENYCA <sup>1</sup>	ZIEXTENZO
	GRANIX <sup>1</sup> LEUKINE <sup>1</sup> NEUPOGEN <sup>1</sup> ZARXIO <sup>1</sup>	NIVESTYM
<b>Hematologic Platelet Aggregation Inhibitors</b>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor
<b>Hematologic Thrombocytopenia Agents</b>	MULPLETA <sup>1</sup>	Consult doctor
	NPLATE <sup>1</sup>	PROMACTA, TAVALISSE
<b>High Blood Pressure * ACE Inhibitors</b>	EPANED	<i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>
<b>High Blood Pressure * ACE Inhibitor / Diuretic Combinations</b>	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
<b>High Blood Pressure * Angiotensin II Receptor Antagonists</b>	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<b>High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations</b>	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
<b>High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations</b>	AZOR EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<b>High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations</b>	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
<b>High Blood Pressure * Beta-blockers</b>	COREG CR INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>
<b>High Blood Pressure * Beta-blocker Combinations</b>	DUTOPROL	<i>metoprolol succinate ext-rel <b>WITH</b> hydrochlorothiazide</i>

<b>Category drug class</b>	<b>Formulary drug removals</b>	<b>Formulary options</b>
<b>High Blood Pressure *</b> <b>Calcium Channel Blockers</b>	NORVASC	<i>amlodipine</i>
	<i>diltiazem ext-rel</i> (generics for CARDIZEM LA only) <i>Matzim LA</i> CARDIZEM CARDIZEM CD CARDIZEM LA	<i>diltiazem ext-rel</i> (except generics for CARDIZEM LA)
<b>High Blood Pressure *</b> <b>Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations</b>	CONSENSI	<i>amlodipine</i> <b>WITH</b> <i>celecoxib</i>
<b>Huntington's Disease</b>	XENAZINE <sup>1</sup>	<i>tetrabenazine</i> , AUSTEDO
<b>Immunology</b> <b>Antimetabolites</b>	CELLCEPT <sup>1</sup> MYFORTIC <sup>1</sup>	<i>mycophenolate mofetil</i> , <i>mycophenolate sodium</i>
<b>Immunology</b> <b>Calcineurin Inhibitors</b>	ASTAGRAF XL <sup>1</sup> ENVARUS XR <sup>1</sup>	<i>tacrolimus</i>
<b>Immunology</b> <b>Disease Modifying Antirheumatic Agents</b>	OTREXUP <sup>1</sup>	RASUVO
<b>Immunology</b> <b>Hereditary Angioedema</b>	BERINERT <sup>1</sup>	<i>icatibant</i> , RUCONEST
	CINRYZE <sup>1</sup>	ORLADEYO, TAKHZYRO
<b>Immunology</b> <b>Rapamycin Derivatives</b>	RAPAMUNE <sup>1</sup> ZORTRESS <sup>1</sup>	<i>everolimus</i> , <i>sirolimus</i>
<b>Inflammatory Bowel Disease (IBD)</b> <b>Ulcerative Colitis *</b>	<i>budesonide ext-rel</i> <i>mesalamine delayed-rel tablet 800 mg</i> COLAZAL DELZICOL LIALDA	<i>balsalazide</i> , <i>mesalamine delayed-rel</i> (except <i>mesalamine delayed-rel tablet 800 mg</i> ), <i>mesalamine ext-rel</i> , <i>sulfasalazine</i> , <i>sulfasalazine delayed-rel</i> , ASACOL HD, PENTASA
<b>Interferons *</b>	PEGASYS <sup>1</sup>	Consult doctor
<b>Kidney Disease *</b> <b>Phosphate Binders</b>	<i>lanthanum carbonate</i> FOSRENOL	<i>calcium acetate</i> , <i>sevelamer carbonate</i> , PHOSLYRA, VELPHORO
<b>Menopausal Symptom Agents</b> <b>Oral</b>	<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>
	MENEST OSPHENA PREMARIN	<i>estradiol</i>
<b>Menopausal Symptom Agents</b> <b>Transdermal</b>	MINIVELLE VIVELLE-DOT	<i>estradiol</i> , DIVIGEL, EVAMIST
<b>Menopausal Symptom Agents</b> <b>Vaginal</b>	<i>estradiol vaginal tablet</i> <i>Yuvafem</i> ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol vaginal cream</i> , IMVEXXY, VAGIFEM

<b>Category drug class</b>	<b>Formulary drug removals</b>	<b>Formulary options</b>
<b>Multiple Sclerosis</b>	EXTAVIA <sup>1</sup> TECFIDERA <sup>1</sup>	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
<b>Musculoskeletal</b>	<i>carisoprodol 250 mg chlorzoxazone 250 mg chlorzoxazone 375 mg chlorzoxazone 500 mg (NDC ^ 73007001303 only) chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg metaxalone 400 mg methocarbamol 500 mg (NDC ^ 69036091010 only) methocarbamol 750 mg (NDCs ^ 69036093090, 70868090190 only) orphenadrine-aspirin-caffeine Fexmid Lorzone Orphengesic Forte AMRIX NORGESIC FORTE</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
<b>Narcolepsy Wakefulness Promoters</b>	NUVIGIL PROVIGIL	<i>armodafinil, modafinil, SUNOSI, WAKIX, XYWAV</i>
<b>Nephropathic Cystinosis</b>	PROCYSBI <sup>1</sup>	CYSTAGON
<b>Ophthalmic Allergies</b>	ALREX BEPREVE LASTACAFT ZERVIAE	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>
<b>Ophthalmic Anti-infectives</b>	AZASITE CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>
<b>Ophthalmic Anti-infective / Anti-inflammatory</b>	TOBRADEX ST ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>
<b>Ophthalmic Anti-inflammatory, Nonsteroidal</b>	ACUVAIL BROMSITE NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
<b>Ophthalmic Anti-inflammatory, Steroidal</b>	FLAREX FML FORTE FML LIQUIFILM FML S.O.P. INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
<b>Ophthalmic Antivirals</b>	ZIRGAN	<i>trifluridine</i>
<b>Ophthalmic Artificial Tears</b>	LACRISERT	RESTASIS, XIIDRA



<b>Category drug class</b>	<b>Formulary drug removals</b>	<b>Formulary options</b>
<b>Ophthalmic Glaucoma</b>	<i>bimatoprost solution 0.03%</i> TRAVATAN Z	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>
	BETIMOL TIMOPTIC OCULOSE	<i>timolol maleate solution, BETOPTIC S</i>
<b>Ophthalmic Miscellaneous</b>	AVENOVA	Consult doctor
<b>Opioid Dependency</b>	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
<b>Osteoarthritis * Viscosupplements</b>	GEL-ONE <sup>1</sup> HYALGAN <sup>1</sup> MONOVISC <sup>1</sup> ORTHOVISC <sup>1</sup> SYNVISC <sup>1</sup> SYNVISC-ONE <sup>1</sup> VISCO-3 <sup>1</sup>	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<b>Osteoporosis * Calcium Regulators</b>	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
<b>Otic Anti-infective / Anti-inflammatory</b>	<i>ciprofloxacin-fluocinolone</i> CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
<b>Overactive Bladder / Incontinence * Urinary Antispasmodics</b>	DETROL LA MYRBETRIQ OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA, TOVIAZ</i>
<b>Pain Headache *</b>	<i>butalbital-acetaminophen capsule</i> <i>butalbital-acetaminophen tablet 25-325 mg</i> <i>butalbital-acetaminophen tablet 50-300 mg</i> <i>butalbital-acetaminophen-caffeine capsule</i> Bupap Vtol LQ BUTALBITAL-ACETAMINOPHEN (NDC <sup>^</sup> 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> Migergot CAFERGOT MAXALT MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
	<i>sumatriptan-naproxen</i> TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>
<b>Pain Migraine CGRP Inhibitors</b>	AIMOVIG	AJOVY, EMGALITY
<b>Pain Neuropathic Pain *</b>	LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>

<b>Category drug class</b>	<b>Formulary drug removals</b>	<b>Formulary options</b>
<b>Pain</b> <b>Opioid Analgesics</b>	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>
	<i>levorphanol oxymorphone ext-rel</i> HYSINGLA ER OXYCONTIN	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
	PERCOCET	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
	<i>tramadol (NDC^ 52817019610 only)</i> <i>tramadol ext-rel capsule</i>	<i>tramadol (except NDC^ 52817019610), tramadol ext-rel tablet</i>
<b>Pain</b> <b>Topical Local Anesthetics</b>	LIDOCAINE-TETRACAINE CREAM (NDC^ 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>
<b>Pain and Inflammation *</b> <b>Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations</b>	ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT</i>
	CELEBREX	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>CapsFenac Pak</i> <i>Capsinac</i> <i>Diclofex DC</i> <i>DicloHeal-60</i> <i>Iclofenac CP</i> <i>Inflammacin</i> <i>Kapzin DC</i> <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> <i>Pennaicin</i> <i>Sure Result DSS Premium Pack</i> <i>Ziclopro</i> PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, 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> <i>(NDC^ 69336012830 only)</i> <i>meloxicam capsule</i> <i>naproxen CR</i> <i>naproxen suspension</i> FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT</i>

<b>Category drug class</b>	<b>Formulary drug removals</b>	<b>Formulary options</b>
<b>Parkinson's Disease</b>	APOKYN <sup>1</sup>	INBRIJA, KYNMOBI
	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>
<b>Phenylketonuria</b>	KUVAN <sup>1</sup>	<i>sapropterin</i>
<b>Postherpetic Neuralgia</b>	HORIZANT	<i>gabapentin, pregabalin, pregabalin ext-rel, GRALISE</i>
<b>Premenstrual Dysphoric Disorder (PMDD)</b>	<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC<sup>^</sup> 60505367503), sertraline</i>
<b>Prenatal Vitamins<sup>9</sup></b>	AZESCO PRENATAL PLUS TRINAZ VITAFOL-ONE ZALVIT All other brand prenatal vitamins that are not CITRANATAL	<i>prenatal vitamins, CITRANATAL</i>
<b>Prostate Condition Benign Prostatic Hyperplasia *</b>	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>
<b>Pseudobulbar Affect</b>	NUEDEXTA	Consult doctor
<b>Respiratory Alpha-1 Antitrypsin Deficiency</b>	ARALAST NP <sup>1</sup> GLASSIA <sup>1</sup> ZEMAIRA <sup>1</sup>	PROLASTIN-C
<b>Respiratory Anaphylaxis Treatment Agents</b>	ADRENALIN SYMJEPI	<i>epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR</i>
<b>Respiratory Cough</b>	<i>benzonatate (NDCs<sup>^</sup> 69336012615, 69499032915 only)</i>	<i>benzonatate (except NDCs<sup>^</sup> 69336012615, 69499032915)</i>
<b>Respiratory Xanthines</b>	THEO-24	<i>ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>
<b>Sleep Disorder Hypnotics, Non-benzodiazepines</b>	<i>quazepam zolpidem sublingual LUNESTA ROZEREM SILENOR ZOLPIMIST</i>	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>
<b>Testosterone Replacement * Androgens</b>	<i>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)</i> ANDROGEL FORTESTA TESTIM VOGELXO	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO</i>

<b>Category drug class</b>	<b>Formulary drug removals</b>	<b>Formulary options</b>
<b>Thyroid Supplements</b>	CYTOMEL NATURE-THROID WESTHROID WP THYROID	<i>levothyroxine, liothyronine, SYNTHROID</i>
	TIROSINT	<i>levothyroxine, SYNTHROID</i>
<b>Transplant * Immunosuppressants, Calcineurin Inhibitors</b>	PROGRAF <sup>1</sup>	<i>tacrolimus</i>
<b>Urea Cycle Disorders</b>	BUPHENYL <sup>1</sup> RAVICTI <sup>1</sup>	<i>sodium phenylbutyrate</i>
<b>Uterine Fibroids *</b>	LUPRON DEPOT <sup>1</sup>	ORIAHNN, MYFEMBREE

Drug class	Other considerations
<b>All Drugs</b>	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.
<b>Autoimmune and Hepatitis C *</b>	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.
<b>Drugs for Infusion Into Spaces Other Than the Blood</b>	A drug that must be infused into a space other than the blood will generally not be covered under the prescription drug benefit.
<b>New-to-Market Agents<sup>1</sup></b>	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	ARALAST NP <sup>1</sup>	BORTEZOMIB <sup>1</sup>	CARNITOR SF
ACANYA	ARANESP <sup>1</sup>	BOTOX <sup>1</sup>	CELEBREX
ACIPHEX	ARTHROTEC	BREEZE 2 STRIPS AND KITS <sup>®</sup>	CELLCEPT <sup>1</sup>
ACIPHEX SPRINKLE	ASMANEX	BROMSITE	<i>chlordiazepoxide-clidinium</i>
ACTEMRA ACTPEN 1	ASMANEX HFA	<i>budesonide ext-rel</i>	<i>(NDCs ^ 11534019701,</i>
ACTEMRA INTRAVENOUS 1	ASTAGRAF XL <sup>1</sup>	<i>Bupap</i>	<i>42494040901, 51293069601,</i>
ACTEMRA SUBCUTANEOUS 1	ATACAND	BUPHENYL <sup>1</sup>	<i>51293069610, 67877073101,</i>
ACTICLATE	ATACAND HCT	<i>bupropion ext-rel tablet 450</i>	<i>70700018501 only)</i>
Activite	ATIVAN	<i>mg</i>	<i>chlorzoxazone 250 mg</i>
ACTOS	ATOPADERM	<i>butalbital-acetaminophen</i>	<i>chlorzoxazone 375 mg</i>
ACUVAIL	ATRIPLA <sup>1</sup>	<i>capsule</i>	<i>chlorzoxazone 500 mg (NDC^</i>
<i>adapalene pad</i>	AVASTIN <sup>1</sup>	<i>butalbital-acetaminophen</i>	<i>73007001303 only)</i>
<i>acyclovir cream</i>	AVENOVA	<i>tablet 25-325 mg</i>	<i>chlorzoxazone 750 mg</i>
ADCIRCA <sup>1</sup>	AVSOLA <sup>1</sup>	<i>butalbital-acetaminophen</i>	CHORIONIC GONADOTROPIN <sup>1</sup>
ADDERALL	AZASITE	<i>tablet 50-300 mg</i>	CIALIS
ADRENALIN	AZELEX	BUTALBITAL-	CICATRACE
ADZENYS ER	AZESCO	ACETAMINOPHEN	CILOXAN
ADZENYS XR-ODT	AZOR	(NDC^ 69499034230 only)	CIMZIA LYOPHILIZED
AFINITOR <sup>1</sup>	BALCOLTRA	<i>butalbital-acetaminophen-</i>	POWDER <sup>1</sup>
AIMOVI	BANZEL SUSPENSION	<i>caffeine capsule</i>	CINRYZE <sup>1</sup>
<i>albuterol sulfate CFC-free</i>	BARACLUDE TABLET <sup>1</sup>	BUTRANS	CIPRO HC
<i>aerosol</i>	BEAU RX	BYDUREON BCISE	CIPRODEX
<i>(NDC* 66993001968 only)</i>	BECONASE AQ	BYETTA	<i>ciprofloxacin-fluocinolone</i>
ALEVICYN GEL	BENICAR	CAFERGOT	<i>clindamycin gel (NDC^</i>
ALEVICYN SG	BENICAR HCT	<i>calcipotriene cream</i>	<i>68682046275 only)</i>
ALEVICYN SOLUTION	BENSAL HP	<i>calcipotriene foam</i>	<i>clobetasol spray</i>
ALIQOPA <sup>1</sup>	BENZACLIN	CALCIPOTRIENE FOAM	CLOBEX SPRAY
ALLISON MEDICAL INSULIN	<i>benzonatate (NDCs^</i>	<i>calcipotriene-betamethasone</i>	<i>clocortolone cream</i>
SYRINGES <sup>®</sup>	<i>69336012615, 69499032915</i>	<i>calcitriol ointment</i>	COLAZAL
ALPROLIX <sup>1</sup>	<i>only)</i>	CAMBIA	<i>colchicine capsule</i>
ALREX	BEPREVE	<i>CapsFenac Pak</i>	COLCRYS
ALTOPREV	BERINERT <sup>1</sup>	<i>Capsinac</i>	COMPLERA <sup>1</sup>
ALVESCO	BETAMETHASONE ACETATE-	CARAC	CONSENSI
AMITIZA	BETAMETHASONE SODIUM	CARAFATE	CONTOUR NEXT STRIPS AND
AMRIX	PHOSPHATE	CARBINOXAMINE TABLET 6	KITS <sup>®</sup>
ANDROGEL	BETAPACE	MG	CONTOUR STRIPS AND KITS <sup>®</sup>
APEXICON E	BETAPACE AF	CARDIZEM	CONTRAVE
APIDRA	BETIMOL	CARDIZEM CD	CORDRAN CREAM
APOKYN <sup>1</sup>	BEVESPI AEROSPHERE	CARDIZEM LA	CORDRAN LOTION
APTENSIO XR	BEYAZ	<i>carisoprodol 250 mg</i>	CORDRAN OINTMENT
APTIVUS <sup>1</sup>	<i>bimatoprost solution 0.03%</i>	CARNITOR	CORDRAN TAPE

## List of Formulary Drug Removals

COREG CR <i>CoreMino</i>	GLUCOSE MONITORING SYSTEM	FULPHILA <sup>1</sup>	JADENU <sup>1</sup>
COZAAR	ENTERAGAM	GEL-ONE <sup>1</sup>	JALYN
CRESEMBA	ENTYVIO (For Crohn's Disease Only) <sup>1</sup>	Genicin Vita-S	JENTADUETO
CRESTOR	ENVARUSUS XR <sup>1</sup>	GENOTROPIN <sup>1</sup>	JENTADUETO XR
CUPRIMINE <sup>1</sup>	EPICERAM	GLASSIA <sup>1</sup>	KAMDOY
<i>cyclobenzaprine ext-rel capsule</i>	EPIVIR HBV <sup>1</sup>	GLEEVEC <sup>1</sup>	<i>Kapzin DC</i>
<i>cyclobenzaprine tablet 7.5 mg</i>	EPOGEN <sup>1</sup>	GLUMETZA	KAZANO
CYMBALTA	<i>ergotamine-caffeine</i>	GLYCOPYRROLATE TABLET 1.5 MG	<i>ketoconazole foam 2%</i>
CYTOMEL	ERYPED	GOLYTELY	<i>Ketodan</i>
DARAPRIM	<i>estradiol vaginal tablet</i>	GRANIX <sup>1</sup>	<i>ketoprofen capsule 25 mg</i>
DAYTRANA	ESTRING	GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	<i>ketoprofen ext-rel capsule</i>
DELZICOL	EVEKEO	GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM	KINERET <sup>1</sup>
DESFERAL <sup>1</sup>	EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM	<i>halcinonide cream</i>	KOMBIGLYZE XR
<i>desoximetasone ointment 0.05%</i>	EXFORGE	HALOG	KUVAN <sup>1</sup>
<i>DesRx</i>	EXFORGE HCT	<i>heparin sodium in 5% dextrose</i>	LACRISERT
DETROL LA	EXJADE <sup>1</sup>	HEPARIN SODIUM IN 5% DEXTROSE	Lactojen
<i>dexchlorpheniramine Dexifol</i>	EXTAVIA <sup>1</sup>	HEPSERA <sup>1</sup>	LACTULOSE PAK
<i>Diclofex DC</i>	FABIOR	HERCEPTIN <sup>1</sup>	LANOXIN TABLET (125 MCG and 250 MCG only)
<i>DicloHeal-60</i>	FANAPT	HERCEPTIN HYLECTA <sup>1</sup>	<i>lanthanum carbonate</i>
DIFFERIN LOTION	FEIBA <sup>1</sup>	HORIZANT	LANTUS
<i>diflorasone cream</i>	FEMRING	HUMALOG	LASTACRAFT
<i>diflorasone ointment</i>	<i>fenofibrate capsule 50 mg</i>	HUMALOG MIX 50/50	LAZANDA
<i>dihydroergotamine spray</i>	<i>fenofibrate capsule 130 mg</i>	HUMALOG MIX 75/25	LESCOL XL
<i>diltiazem ext-rel (generics for CARDIZEM LA only)</i>	<i>fenofibrate tablet 40 mg</i>	HUMATROPE <sup>1</sup>	LETAIRIS <sup>1</sup>
DIOVAN	<i>fenofibrate tablet 120 mg</i>	HUMULIN 70/30 <sup>4</sup>	LEUKINE <sup>1</sup>
DIOVAN HCT	FENOGLIDE TABLET 120 MG <i>fenoprofen</i>	HUMULIN N <sup>4</sup>	<i>levorphanol</i>
<i>Diphen Elixir</i>	FENOPROFEN CAPSULE	HUMULIN R <sup>4</sup>	LEXAPRO
DORYX	FERIVA 21/7	HYALGAN <sup>1</sup>	LEXIVA <sup>1</sup>
DORYX MPC	FERRIPROX <sup>1</sup>	<i>hydrocortisone butyrate lipophilic cream 0.1%</i>	LIALDA
<i>doxepin cream</i>	<i>Fexmid</i>	<i>hydrocortisone butyrate lotion</i>	LIBRAX
<i>doxycycline hyclate delayed-rel tablet</i>	FINACEA GEL	<i>HylaVite</i>	LIDOCAINE-TETRACAINE CREAM (NDC <sup>^</sup> 71800063115 only)
<i>doxycycline hyclate tablet 50 mg (NDC<sup>^</sup> 72143021160 only)</i>	FIORICET CAPSULE	<i>hyoscyamine sulfate ext-rel</i>	LIDOTREX
<i>doxycycline hyclate tablet 75 mg</i>	FLAREX	HYSINGLA ER	LILETTA <sup>1</sup>
<i>doxycycline hyclate tablet 150 mg</i>	<i>flucytosine capsule 500 mg</i>	HYZAAR	LIPITOR
<i>doxycycline monohydrate capsule 75 mg</i>	<i>fluocinonide cream 0.1%</i>	<i>Iclofenac CP</i>	LITHOSTAT
<i>doxycycline monohydrate capsule 150 mg</i>	<i>fluorouracil cream 0.5%</i>	ICLUSIG <sup>1</sup>	LIVALO
<i>doxycycline monohydrate delayed-rel capsule</i>	<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>icosapent ethyl</i>	<i>Lorid</i>
DULERA	<i>fluoxetine tablet 60 mg</i>	ILUMYA <sup>1</sup>	<i>Lorzone</i>
DUTOPROL	<i>flurandrenolide cream</i>	INCRUSE ELLIPTA	LOTEMAX
DYRENIUM	<i>flurandrenolide lotion</i>	INDERAL LA	LOTEMAX SM
EDARBI	<i>flurandrenolide ointment</i>	INDERAL XL	<i>luliconazole</i>
EDARBYCLOR	FML FORTE	INDOCIN	LUNESTA
E.E.S. GRANULES	FML LIQUIFILM	<i>indomethacin capsule 20 mg</i>	LUPRON DEPOT <sup>1</sup>
EFFEXOR XR	FML S.O.P.	<i>Inflammacin</i>	LYRICA
ELELYSO <sup>1</sup>	FOCALIN XR	INFLECTRA 1	MACRODANTIN
ELIDEL	FOLIC-K	INNOPRAN XL	Matzim LA
ELIQUIS	FOLLISTIM AQ <sup>1</sup>	INTRAROSA	MAVYRET <sup>1</sup>
ELMIRON	Folvite-D	INTUNIV	MAXALT
ENLITE CONTINUOUS	FORTAMET	INVELTYS	MAXALT-MLT
	FORTESTA	INVIRASE <sup>1</sup>	MAXIDEX
	FOSRENOL	INVOKAMET	<i>mefenamic acid (NDC<sup>^</sup> 69336012830 only)</i>
	FOSTEUM	INVOKAMET XR	<i>meloxicam capsule</i>
	FOSTEUM PLUS	INVOKANA	MENEST
	FREESTYLE LIBRE	<i>isosorbide dinitrate 40 mg</i>	<i>mesalamine delayed-rel tablet 800 mg</i>
	CONTINUOUS GLUCOSE MONITORING SYSTEM	<i>ivermectin cream</i>	<i>metaxalone 400 mg</i>
	FREESTYLE STRIPS AND KITS <sup>®</sup>		<i>metformin ext-rel (generics for FORTAMET and GLUMETZA</i>

## List of Formulary Drug Removals

only)	<i>bicarbonate</i>	PROVAD	TESTIM
methocarbamol 500 mg	OMNARIS	PROVENTIL HFA	<i>testosterone gel 1%</i>
(NDC ^ 69036091010 only)	OMNITROPE <sup>1</sup>	PROVIGIL	(authorized generics for
methocarbamol 750 mg	OMNIVEX	PROZAC	TESTIM and VOGELXO only)
(NDCs ^ 69036093090,	ONFI	PSORCON	THEO-24
70868090190 only)	ONGLYZA	QNASL	THIOLA <sup>1</sup>
MIACALCIN INJECTION	ORENCIA INTRAVENOUS <sup>1</sup>	QTERN	THIOLA EC <sup>1</sup>
MICARDIS	<i>orphenadrine-aspirin-caffeine</i>	<i>quazepam</i>	TIMOPTIC OCUDOSE
MICARDIS HCT	<i>Orphengesic Forte</i>	RAPAFLO	TIROSINT
<i>Migergot</i>	ORTHO D	RAPAMUNE <sup>1</sup>	TOBI <sup>1</sup>
MILLIPRED	ORTHO DF	RAVICTI <sup>1</sup>	TOBI PODHALER <sup>1</sup>
MINASTRIN 24 FE	ORTHOVISC <sup>1</sup>	RAYOS	TOBRADEX ST
MINIVELLE	Oscimin SR	RECEDO	<i>topiramate ext-rel capsule</i>
<i>minocycline ext-rel</i>	OSENI	REMODULIN <sup>1</sup>	(generics for QUDEXY XR
MIRVASO	OSMOPREP	RENFLEXIS <sup>1</sup>	only)
<i>Mondoxyne NL capsule 75 mg</i>	OSPHENA	REPATHA <sup>1</sup>	TOPROL-XL
MONOVISC <sup>1</sup>	OTREXUP <sup>1</sup>	REVATIO <sup>1</sup>	TRACLEER <sup>1</sup>
MOVIPREP	OWEN MUMFORD NEEDLES <sup>6</sup>	RHEUMATE	TRADJENTA
MULPLETA <sup>1</sup>	<i>oxiconazole (NDCs ^</i>	RIABNI <sup>1</sup>	<i>tramadol (NDC ^ 52817019610</i>
<i>MultiPro</i>	<i>00168035830, 51672135902</i>	RIBOZEL	<i>only)</i>
<i>mupirocin cream</i>	<i>only)</i>	RIMSO-50	<i>tramadol ext-rel capsule</i>
MYFORTIC <sup>1</sup>	OXYCONTIN	RIOMET	TRANSDERM SCOP
MYTESI	<i>oxymorphone ext-rel</i>	RITUXAN <sup>1</sup>	TRAVATAN Z
NAPRELAN	OXYTROL	ROZEREM	TRELSTAR MIXJECT <sup>1</sup>
<i>naproxen CR</i>	<i>pantoprazole delayed-rel</i>	RyClora	TREXIMET
<i>naproxen suspension</i>	<i>suspension</i>	RYTARY	<i>triamcinolone aerosol 0.2%</i>
<i>naproxen-esomeprazole</i>	<i>paroxetine HCl ext-rel (NDC ^</i>	SABRIL <sup>1</sup>	<i>triamcinolone ointment 0.05%</i>
NATURE-THROID	<i>60505367503 only)</i>	SAIZEN <sup>1</sup>	<i>Trianex</i>
NEO-SYNALAR	<i>paroxetine mesylate capsule</i>	SANDOSTATIN LAR <sup>1</sup>	TRICOR
NESINA	<i>7.5 mg</i>	SCARSILK PAD	TRINAZ
NEULASTA <sup>1</sup>	PAXIL	SEASONIQUE	TRIVIDIA INSULIN SYRINGES <sup>6</sup>
NEULASTA ONPRO <sup>1</sup>	PAXIL CR	SEROQUEL XR	TronVite
NEUPOGEN <sup>1</sup>	<i>peg 3350-electrolytes</i>	SIGNIFOR LAR <sup>1</sup>	TRUVADA <sup>1</sup>
NEVANAC	(generics for MOVIPREP	SIL-K PAD	TRUXIMA <sup>1</sup>
NEXIUM	only)	SILENOR	TUDORZA
<i>niacin tablet 500 mg</i>	PEGASYS 1	SILIVEX	UDENYCA <sup>1</sup>
<i>Niacor</i>	PENNSAID	SILTREX	ULORIC
NICADAN	PERCOCET	SIMPONI <sup>1</sup>	ULTIMED INSULIN SYRINGES <sup>6</sup>
NICAPRIN	PERRIGO NEEDLES <sup>6</sup>	SINGULAIR	ULTIMED NEEDLES <sup>6</sup>
NICAZEL	PEXEVA	SOMAVERT <sup>1</sup>	ULTRAVATE
NICAZEL FORTE	PLAVIX	SORILUX	UROXATRAL
NICOMIDE	POLYTOZA	SPRIX	VALCYTE
NILANDRON	<i>posaconazole delayed-rel</i>	STENDRA	VALTREX
<i>nitrofurantoin (NDCs ^</i>	<i>tablet</i>	STRIBILD <sup>1</sup>	Vanoxide-HC
<i>16571074024, 70408023932</i>	PRADAXA	SUBOXONE	VASCULERA
<i>only)</i>	PRED FORTE	<i>sucrafate suspension</i>	VECTICAL
<i>Nolix</i>	PRED MILD	<i>sumatriptan-naproxen</i>	VELTIN
NORGESIC FORTE	PREGNYL 1	SUPREP	<i>venlafaxine ext-rel tablet</i>
NORITATE	PREMARIN	<i>Sure Result DSS Premium</i>	(except 225 mg)
NORPACE	PREMARIN CREAM	<i>Pack</i>	VENTOLIN HFA
NORVASC	PRENATAL PLUS	<i>Symax-SR</i>	VEREGEN
NOURIANZ	PREVACID	SYMJEPI	VIAGRA
NOVAREL <sup>1</sup>	PREVIDENT	SYNERDERM	VIEKIRA PAK <sup>1</sup>
NOVO NORDISK NEEDLES <sup>6</sup>	PRILOSEC	SYNVISC <sup>1</sup>	VIIBRYD
NOXAFIL	PRISTIQ	SYNVISC-ONE <sup>1</sup>	VIRACEPT <sup>1</sup>
NPLATE <sup>1</sup>	PROAIR HFA	SYPRINE <sup>1</sup>	VISCO-3 <sup>1</sup>
<i>NuDiclo SoluPak</i>	PROAIR RESPICLICK	TALIVA	VITAFOL-ONE
<i>NuDiclo TabPak</i>	PROCRIT <sup>1</sup>	<i>Targadox</i>	<i>Vitasure</i>
NUTROPIN AQ <sup>1</sup>	PROCYSBI <sup>1</sup>	TASIGNA <sup>1</sup>	VIVELLE-DOT
NUVARING	PRODIGEN	<i>tavorole</i>	VOGELXO
NUVIGIL	PROGRAF <sup>1</sup>	TAYTULLA	<i>Vtol LQ</i>
OLUX-E	PROMETRIUM	TAZORAC	WESTHYROID
<i>omeprazole-sodium</i>	PROTONIX	TECFIDERA <sup>1</sup>	WP THYROID

## List of Formulary Drug Removals

XALKORI <sup>1</sup>	YAZ	ZETIA	ZONEGRAN
XANAX	Yuvaferm	ZETONNA	ZONTIVITY
XANAX XR	ZALVIT	ZIANA	ZORTRESS <sup>1</sup>
XENAZINE <sup>1</sup>	ZARXIO <sup>1</sup>	<i>Ziclopro</i>	ZORVOLEX
XENICAL	ZEGERID	<i>zileuton ext-rel</i>	ZUPLENZ
XOLEGEL	ZELAC	ZIRGAN	ZYDELIG <sup>1</sup>
XOPENEX HFA	ZEMAIRA <sup>1</sup>	ZOLADEX <sup>1</sup>	ZYLET
<i>Xvite</i>	ZEPATIER <sup>1</sup>	ZOLOFT	ZYTIGA <sup>1</sup>
XYZBAC	ZERVIAE	<i>zolpidem sublingual</i>	ZYVIT
YASMIN	ZESTORETIC	ZOLPIMIST	



<sup>\*</sup> This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

<sup>†</sup> Listing does not include certain NDCs<sup>^</sup>.

<sup>^</sup> 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.

<sup>1</sup> 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.

<sup>2</sup> 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).

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

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

<sup>5</sup> Long Acting Insulins - First Generation.

<sup>6</sup> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>7</sup> 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.

<sup>8</sup> ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

<sup>9</sup> Generic prenatal vitamins and CITRANATAL are the only preferred options.

Please note that if your prescription drug benefits plan changes, the information here may no longer apply. Medications on the Aetna Drug Guide, precertification, step-therapy and quantity limits lists are subject to change. Not all health services are covered. Your plan may not cover certain drugs such as infertility, erectile dysfunction, weight loss and smoking cessation. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. However, these programs are available to self-funded plans. In accordance with state law, commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Pharmacy Drug Guide (formulary), Precertification, Quantity Limits or Step-Therapy Lists during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, precertification approval is known as "pre-service utilization review." It is not "verification" as defined by Texas law. In accordance with state law, certain fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of drugs that are later added to the Preauthorization or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those drugs covered, for as long as the treating in-network provider continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication. In accordance with state law, fully insured Commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added to the Precertification or Step-Therapy Lists will continue to have those drugs covered for as long as the prescriber prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions. In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota, Pennsylvania and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer. This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. CVS Caremark Mail Service Pharmacy is part of the CVS Health family of companies.

