

Covered and non-covered drugs

**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



Category Drug Class	Formulary Drug Removals	Formulary Options
Acromegaly	SANDOSTATIN LAR ¹ SIGNIFOR LAR ¹ SOMAVERT ¹	SOMATULINE DEPOT
Allergies Antihistamines	dexchlorpheniramine Diphen Elixir RyClora CARBINOXAMINE TABLET 6 MG	levocetirizine
Allergies Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	azelastine-fluticasone, flunisolide, fluticasone, mometasone
Anticonvulsants	topiramate ext-rel capsule (generics for QUDEXY XR only)	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
	BANZEL SUSPENSION ONFI	clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR
	SABRIL ¹	vigabatrin
	ZONEGRAN	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
Anti-infectives, Antibacterials Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	erythromycins
Anti-infectives, Antibacterials Tetracyclines	doxycycline hyclate delayed-rel tablet 50 mg doxycycline hyclate delayed-rel tablet 100 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 Targadox ACTICLATE DORYX DORYX MPC	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
Anti-infectives, Antibacterials Miscellaneous	nitrofurantoin (NDCs [^] 16571074024, 70408023932 only) MACRODANTIN	nitrofurantoin (except NDCs [^] 16571074024, 70408023932)
Anti-infectives, Antifungals	flucytosine capsule 500 mg	fluconazole
	posaconazole delayed-rel tablet NOXAFIL	fluconazole, itraconazole
	CRESEMBA	itraconazole
	tavorole	terbinafine tablet
Anti-infectives, Antiretroviral Agents Combination Agents	ATRIPLA ¹ COMPLERA ¹ STRIBILD ¹	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
	TRUVADA ¹	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY, TEMIXYS

Category Drug Class	Formulary Drug Removals	Formulary Options
Anti-infectives, Antiretroviral Agents Protease Inhibitors	APTIVUS ¹	Consult doctor
	INVIRASE ¹ LEXIVA ¹ VIRACEPT ¹	atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA
Anti-infectives, Antivirals Cytomegalovirus *	VALCYTE	valganciclovir
Anti-infectives, Antivirals Hepatitis B *	BARACLUDE TABLET ¹ EPIVIR HBV ¹ HEPSERA ¹	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE 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 Miscellaneous	DARAPRIM	pyrimethamine
Antiobesity	CONTRACE XENICAL	QSYMIA, SAXENDA, WEGOVY
Anxiety * Benzodiazepines	ATIVAN 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	zileuton ext-rel SINGULAIR	montelukast, zafirlukast
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

Category Drug Class	Formulary Drug Removals	Formulary Options
Attention Deficit Hyperactivity Disorder *	ADDERALL EVEKEO	amphetamine-dextroamphetamine mixed salts, methylphenidate
	ADZENYS ER ADZENYS XR-ODT APTENSIO XR DAYTRANA FOCALIN XR	amphetamine-dextroamphetamine mixed salts ext-rel †, dexamethylphenidate ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE
	INTUNIV	amphetamine-dextroamphetamine mixed salts ext-rel †, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel †, MYDAYIS, QELBREE, VYVANSE
Autoimmune Agents Physician-Administered Agents	ACTEMRA INTRAVENOUS † ORENCIA INTRAVENOUS †	REMICADE, SIMPONI ARIA
	AVSOLA † CIMZIA LYOPHILIZED POWDER † INFLECTRA † RENFLEXIS †	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease Only) †	REMICADE, STELARA INTRAVENOUS
	ILUMYA †	REMICADE
Autoimmune Agents Self-Administered Agents Ankylosing Spondylitis *	SIMPONI † TALTZ †	COSENTYX, ENBREL, HUMIRA
Autoimmune Agents Self-Administered Agents Crohn's Disease *	None	HUMIRA, STELARA SUBCUTANEOUS # # After failure of HUMIRA
Autoimmune Agents Self-Administered Agents Non-Radiographic Axial Spondyloarthritis *	TALTZ †	CIMZIA PREFILLED SYRINGE, COSENTYX
Autoimmune Agents Self-Administered Agents Psoriasis *	COSENTYX † ENBREL †	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
Autoimmune Agents Self-Administered Agents Psoriatic Arthritis *	ORENCIA CLICKJECT † ORENCIA SUBCUTANEOUS † SIMPONI † TALTZ † XELJANZ † XELJANZ XR †	COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA SUBCUTANEOUS, TREMFYA
Autoimmune Agents Self-Administered Agents Rheumatoid Arthritis *	ACTEMRA ACTPEN † ACTEMRA SUBCUTANEOUS † 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 #, ZEPOSIA # # After failure of HUMIRA
Autoimmune Agents Self-Administered Agents All Other Conditions *	ACTEMRA ACTPEN † ACTEMRA SUBCUTANEOUS † KINERET † ORENCIA CLICKJECT † ORENCIA SUBCUTANEOUS †	ENBREL, HUMIRA
Botulinum Toxins	BOTOX †	Consult doctor
Cancer Biosimilars	RIABNI † TRUXIMA †	RUXIENCE

Category Drug Class	Formulary Drug Removals	Formulary Options
Cancer Chronic Myelogenous Leukemia * Kinase Inhibitors	GLEEVEC ¹ ICLUSIG ¹ TASIGNA ¹	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
Cancer Follicular Lymphoma * PI3K Inhibitors	ALIQOPA ¹ ZYDELIG ¹	COPIKTRA
Cancer Monoclonal Antibodies	AVASTIN ¹	ZIRABEV
	HERCEPTIN ¹ HERCEPTIN HYLECTA ¹	KANJINTI, TRAZIMERA
	RITUXAN ¹	RUXIENCE
Cancer mTOR Inhibitors	AFINITOR ¹	<i>everolimus</i> , AFINITOR DISPERZ
Cancer Multiple Myeloma * Proteasome Inhibitors	BORTEZOMIB ¹ KYPROLIS ¹	NINLARO, VELCADE
Cancer Non-Small Cell Lung Cancer * ALK Inhibitors	XALKORI ¹	ALECENSA, ALUNBRIG, ZYKADIA
Cancer Prostate * Antiandrogens	NILANDRON ZYTIGA ¹	<i>abiraterone</i> , <i>bicalutamide</i> , ERLEADA, XTANDI, YONSA
Cancer Prostate * Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT ¹ TRELSTAR MIXJECT ¹ ZOLADEX ¹	ELIGARD, FIRMAGON
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	NORPACE	<i>disopyramide</i>
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	<i>fenofibrate capsule 50 mg</i> <i>fenofibrate capsule 130 mg</i> <i>fenofibrate tablet 40 mg</i> <i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg),</i> <i>fenofibric acid delayed-rel</i>
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³	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 Niacins	<i>niacin tablet 500 mg</i> <i>Niacor</i>	<i>niacin ext-rel</i>
Cardiovascular Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters</i> , VASCEPA

Category Drug Class	Formulary Drug Removals	Formulary Options
Cardiovascular Antilipemics PCSK9 Inhibitors	REPATHA ¹	PRALUENT
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
Cardiovascular Diuretics	DYRENIUM	<i>amiloride, triamterene</i>
Cardiovascular Nitrates	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS ¹ TRACLEER ¹	<i>ambrisentan, bosentan, OPSUMIT</i>
Cardiovascular Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors	ADCIRCA ¹ REVATIO ¹	<i>sildenafil, tadalafil</i>
Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN ¹	<i>treprostinil</i>
Carnitine Deficiency	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA, YUPELRI
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergic / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
Contraceptives Oral	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>
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

Category Drug Class	Formulary Drug Removals	Formulary Options
Depression * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	fluoxetine tablet 60 mg paroxetine HCl ext-rel (NDC [^] 60505367503 only) LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC [^] 60505367503), sertraline, TRINTELLIX
Depression * Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	venlafaxine ext-rel tablet (except 225 mg) CYMBALTA EFFEXOR XR PRISTIQ	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
Depression * Antidepressants, Miscellaneous Agents	bupropion ext-rel tablet 450 mg	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
	OLEPTRO	trazodone
Depression and/or Schizophrenia * Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR
Dermatology Acne *	clindamycin gel (NDC [^] 68682046275 only) Vanoxide-HC ACANYA AZELEX BENZACLIN 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, ZYCLARA
Dermatology Anti-infective / Anti-inflammatory	NEO-SYNALAR	desonide or hydrocortisone WITH gentamicin
Dermatology Antibiotics	mupirocin cream	gentamicin, mupirocin ointment
Dermatology Antipsoriatics	calcipotriene cream calcipotriene foam calcitriol ointment CALCIPOTRIENE FOAM 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
	ivermectin cream FINACEA GEL MIRVASO NORITATE	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA

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Dermatology Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILIVEX SILTREX	Consult doctor
Dermatology Seborrheic Dermatitis *	<i>ketoconazole foam 2%</i> <i>Ketodan</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
Dermatology Skin Inflammation and Hives * Low Potency Corticosteroids	<i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> <i>Nolix</i> CORDRAN CREAM CORDRAN LOTION	<i>desonide, hydrocortisone</i>
Dermatology Skin Inflammation and Hives * Medium Potency Corticosteroids	<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> <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>
Dermatology Skin Inflammation and Hives * High Potency Corticosteroids	<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>
Dermatology Skin Inflammation and Hives * Very High Potency Corticosteroids	<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>
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</i> (NDCs^ 00168035830, 51672135902 only)	<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>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
<i>Diabetes</i> * 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>
<i>Diabetes</i> * Injectable Incretin Mimetics	BYDUREON BCISE BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
<i>Diabetes</i> * 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.	
<i>Diabetes</i> * Long Acting Insulins ⁵	LANTUS	BASAGLAR, LEVEMIR
<i>Diabetes</i> * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
<i>Diabetes</i> * Supplies, Needles ⁶	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
<i>Diabetes</i> * Supplies, Syringes ⁶	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES

Category Drug Class	Formulary Drug Removals	Formulary Options
Diabetes * Supplies, Test Strips and Kits ^{7, 8}	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 ONETOUGH brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ⁷ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ⁷ , ACCU-CHEK GUIDE STRIPS AND KITS ⁷ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁷ , ONETOUGH ULTRA STRIPS AND KITS ⁷ , ONETOUGH VERIO STRIPS AND KITS ⁷
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM All other continuous glucose monitoring systems that are not DEXCOM brand	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
Dietary Supplements	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</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>folic acid</i>
	MultiPro PRODIGEN VASCULERA	Consult doctor
	<i>betamethasone acetate- betamethasone sodium phosphate</i> (NDC [^] 71283062002 only) BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
Endocrine and Metabolic Corticosteroids		
Endocrine and Metabolic Progestins	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
Endometriosis *	LUPRON DEPOT ¹ ZOLADEX ¹	ORILISSA
Erectile Dysfunction * Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
Fertility Regulators	FOLLISTIM AQ ¹	GONAL-F

Category Drug Class	Formulary Drug Removals	Formulary Options
Follicle-Stimulating Hormones	CHORIONIC GONADOTROPIN ¹ NOVAREL ¹ PREGNYL ¹	OVIDREL
Gastrointestinal Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDCs^ 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) <i>hyoscyamine sulfate ext-rel</i> <i>Oscimin SR</i> <i>Symax-SR</i> 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	<i>lubiprostone</i> , 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 ¹	CERDELGA, CEREZYME
Genitourinary Interstitial Cystitis	ELMIRON RIMSO-50	Consult doctor
Genitourinary Miscellaneous	LITHOSTAT	Consult doctor
	THIOLA ¹ THIOLA EC ¹	<i>tiopronin</i>
Gout *	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet</i> , MITIGARE
	ULORIC	<i>allopurinol</i>
Growth Hormones	GENOTROPIN ¹ HUMATROPE ¹ NUTROPIN AQ ¹ OMNITROPE ¹ SAIZEN ¹	NORDITROPIN
Hematologic Anticoagulants	<i>heparin sodium in 5% dextrose</i> HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin</i> , <i>fondaparinux</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
Injectable		
Hematologic Anticoagulants Oral	ELIQUIS PRADAXA	warfarin, XARELTO
Hematologic Chelating Agents	CUPRIMINE ¹	penicillamine
	DESFERAL ¹ EXJADE ¹ FERRIPROX ¹ JADENU ¹	deferasirox, deferiprone, deferoxamine
	SYPRINE ¹	trientine
Hematologic Erythropoiesis-Stimulating Agents	ARANESP ¹ EPOGEN ¹ PROCRIT ¹	RETACRIT
Hematologic Hemophilia B	ALPROLIX ¹	Consult doctor
Hematologic Miscellaneous Bleeding Disorders Agents	FEIBA ¹	NOVOSEVEN RT, SEVENFACT
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA ¹ NEULASTA ¹ NEULASTA ONPRO ¹ UDENYCA ¹	ZIEXTENZO
	GRANIX ¹ LEUKINE ¹ NEUPOGEN ¹ ZARXIO ¹	NIVESTYM
Hematologic Platelet Aggregation Inhibitors	PLAVIX	clopidogrel, prasugrel, BRILINTA
	ZONTIVITY	Consult doctor
Hematologic Thrombocytopenia Agents	MULPLETA ¹	Consult doctor
	NPLATE ¹	PROMACTA, TAVALISSE
High Blood Pressure * ACE Inhibitor / Diuretic Combinations	ZESTORETIC	fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	AZOR EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure *</i> 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>
<i>High Blood Pressure *</i> Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure *</i> Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	<i>diltiazem ext-rel (generics for CARDIZEM LA only) Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA</i>	<i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>
<i>High Blood Pressure *</i> Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	<i>amlodipine WITH celecoxib</i>
<i>Huntington's Disease</i>	XENAZINE ¹	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Antimetabolites	CELLCEPT ¹ MYFORTIC ¹	<i>mycophenolate mofetil, mycophenolate sodium</i>
<i>Immunology</i> Calcineurin Inhibitors	ASTAGRAF XL ¹ ENVARUS XR ¹	<i>tacrolimus</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP ¹	RASUVO
<i>Immunology</i> Hereditary Angioedema *	BERINERT ¹	<i>icatibant, RUCONEST</i>
	CINRYZE ¹ HAEGARDA ¹	ORLADEYO, TAKHZYRO
<i>Immunology</i> Rapamycin Derivatives	RAPAMUNE ¹ ZORTRESS ¹	<i>everolimus, sirolimus</i>
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis *	<i>budesonide ext-rel mesalamine delayed-rel tablet 800 mg COLAZAL DELZICOL LIALDA</i>	<i>balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD, PENTASA</i>
<i>Interferons *</i>	PEGASYS ¹	Consult doctor
<i>Kidney Disease *</i> Phosphate Binders	<i>lanthanum carbonate FOSRENOL</i>	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
Menopausal Symptom Agents Oral	paroxetine mesylate capsule 7.5 mg	paroxetine HCl
	MENEST OSPHENA PREMARIN	estradiol
Menopausal Symptom Agents Transdermal	MINIVELLE VIVELLE-DOT	estradiol, DIVIGEL, EVAMIST
Menopausal Symptom Agents Vaginal	estradiol vaginal tablet Yuvaferm ESTRING FEMRING INTRAROSA PREMARIN CREAM	estradiol vaginal cream, IMVEXXY, VAGIFEM
Multiple Sclerosis	EXTAVIA ¹ TECFIDERA ¹	dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
Musculoskeletal	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	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
Narcolepsy Wakefulness Promoters	NUVIGIL PROVIGIL	armodafinil, modafinil, SUNOSI, WAKIX, XYWAV
Nephropathic Cystinosis	PROCYSBI ¹	CYSTAGON
Ophthalmic Allergies	ALREX BEPREVE LASTACFT ZERVATE	azelastine, bepotastine, cromolyn sodium, olopatadine
Ophthalmic Anti-infectives	AZASITE CILOXAN	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE
Ophthalmic Anti-infective / Anti-inflammatory	TOBRADEX ST ZYLET	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT
Ophthalmic Anti-inflammatory, Nonsteroidal	ACUVAIL BROMSITE NEVANAC	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA
Ophthalmic Anti-inflammatory, Steroidal	FLAREX FML FORTE FML LIQUIFILM FML S.O.P. INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL

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

Category Drug Class	Formulary Drug Removals	Formulary Options
Pain Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal</i> , BELBUCA
	LAZANDA	<i>fentanyl transmucosal lozenge</i> , SUBSYS
	<i>levorphanol</i> <i>oxymorphone ext-rel</i> HYSINGLA ER OXYCONTIN ZOHYDRO ER	<i>fentanyl transdermal</i> , <i>hydrocodone ext-rel</i> , <i>hydromorphone ext-rel</i> , <i>methadone</i> , <i>morphine ext-rel</i> , NUCYNTA ER, XTAMPZA ER
	PERCOCET	<i>hydrocodone-acetaminophen</i> , <i>hydromorphone</i> , <i>morphine</i> , <i>oxycodone-acetaminophen</i> , NUCYNTA
	<i>tramadol</i> (NDC [^] 52817019610 only) <i>tramadol ext-rel capsule</i>	<i>tramadol</i> (except NDC [^] 52817019610), <i>tramadol ext-rel tablet</i>
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC [^] 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib</i> ; <i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>meloxicam tablet</i> or <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>) WITH <i>esomeprazole delayed-rel</i> , <i>lansoprazole delayed-rel</i> , <i>omeprazole delayed-rel</i> , <i>pantoprazole delayed-rel tablet</i> or DEXILANT
	CELEBREX	<i>celecoxib</i> , <i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>meloxicam tablet</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
	<i>Inflammacin</i> <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> PENNSAID	<i>diclofenac sodium</i> , <i>diclofenac sodium gel 1%</i> , <i>diclofenac sodium solution</i> , <i>ibuprofen</i> , <i>meloxicam tablet</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
	<i>fenoprofen</i> <i>indomethacin capsule 20 mg</i> <i>ketoprofen capsule 25 mg</i> <i>ketoprofen ext-rel capsule</i> <i>mefenamic acid</i> (NDC [^] 69336012830 only) <i>meloxicam capsule</i> <i>naproxen CR</i> <i>naproxen suspension</i> FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	<i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>meloxicam tablet</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>meloxicam tablet</i> or <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>) WITH <i>esomeprazole delayed-rel</i> , <i>lansoprazole delayed-rel</i> , <i>omeprazole delayed-rel</i> , <i>pantoprazole delayed-rel tablet</i> or DEXILANT
Parkinson's Disease	APOKYN ¹	INBRIJA, KYNMOBI
	NOURIANZ	<i>amantadine</i> , <i>entacapone</i> , <i>pramipexole</i> , <i>pramipexole ext-rel</i> , <i>rasagiline</i> , <i>ropinirole</i> , <i>ropinirole ext-rel</i> , <i>selegiline</i> , NEUPRO
	RYTARY	<i>carbidopa-levodopa</i> , <i>carbidopa-levodopa ext-rel</i>
Phenylketonuria	KUVAN ¹	<i>sapropterin</i>
Postherpetic Neuralgia	HORIZANT	<i>gabapentin</i> , <i>pregabalin ext-rel</i> , GRALISE
Premenstrual Dysphoric Disorder (PMDD)	<i>fluoxetine tablet</i> (generics for SARAFEM only)	<i>fluoxetine</i> (except <i>fluoxetine tablet 60 mg</i> , <i>fluoxetine tablet [generics for SARAFEM]</i>), <i>paroxetine HCl ext-rel</i> (except NDC [^] 60505367503), <i>sertraline</i>
Prenatal Vitamins⁹	AZESCO PRENATAL PLUS TRINAZ VITAFOL-ONE ZALVIT All other brand prenatal vitamins that are not CITRANATAL	<i>prenatal vitamins</i> , CITRANATAL

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Prostate Condition</i> 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>
<i>Respiratory</i> Alpha-1 Antitrypsin Deficiency	ARALAST NP ¹ GLASSIA ¹ ZEMAIRA ¹	PROLASTIN-C
<i>Respiratory</i> Anaphylaxis Treatment Agents	ADRENALIN SYMJEPI	<i>epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR</i>
<i>Respiratory</i> Cough	<i>benzonatate</i> (NDCs ^a 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs ^a 69336012615, 69499032915)
<i>Respiratory</i> Xanthines	THEO-24	<i>ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>
<i>Sleep Disorder</i> Hypnotics, Non-benzodiazepines	<i>quazepam</i> <i>zolpidem sublingual</i> LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>
<i>Testosterone Replacement</i> * Androgens	<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>
<i>Thyroid Supplements</i>	CYTOMEL NATURE-THROID WESTHROID WP THYROID	<i>levothyroxine, liothyronine, SYNTHROID</i>
	TIROSINT	<i>levothyroxine, SYNTHROID</i>
<i>Transplant</i> * Immunosuppressants, Calcineurin Inhibitors	PROGRAF ¹	<i>tacrolimus</i>
<i>Urea Cycle Disorders</i>	BUPHENYL ¹ RAVICTI ¹	<i>sodium phenylbutyrate</i>
<i>Uterine Fibroids</i> *	LUPRON DEPOT ¹	ORIAHNN, MYFEMBREE

Category 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 Agents ¹	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	AZELEX	CARDIZEM LA
ACANYA	AZESCO	<i>carisoprodol 250 mg</i>
ACIPHEX	AZOR	CARNITOR
ACIPHEX SPRINKLE	BALCOLTRA	CARNITOR SF
ACTEMRA ACTPEN ¹	BANZEL SUSPENSION	CELEBREX
ACTEMRA INTRAVENOUS ¹	BARACLUDE TABLET ¹	CELLCEPT ¹
ACTEMRA SUBCUTANEOUS ¹	BEAU RX	<i>chlorthalidone-clidinium</i> (NDCs ^A 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)
ACTICLATE	BECONASE AQ	<i>chlorzoxazone 250 mg</i>
<i>Activite</i>	BENICAR	<i>chlorzoxazone 375 mg</i>
ACTOS	BENICAR HCT	<i>chlorzoxazone 500 mg</i> (NDC ^A 73007001303 only)
ACUVAIL	BENSAL HP	<i>chlorzoxazone 750 mg</i>
<i>acyclovir cream</i>	BENZAFLIN	CHORIONIC GONADOTROPIN ¹
ADCIRCA ¹	<i>benzonatate</i> (NDCs ^A 69336012615, 69499032915 only)	CIALIS
ADDERALL	BEPREVE	CICATRACE
ADRENALIN	BERINERT ¹	CILOXAN
ADZENYS ER	<i>betamethasone acetate-betamethasone sodium phosphate</i> (NDC ^A 71283062002 only)	CIMZIA LYOPHILIZED POWDER ¹
ADZENYS XR-ODT	BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE	CINRYZE ¹
AFINITOR ¹	BETAPACE	CIPRO HC
AIMOVIG	BETAPACE AF	CIPRODEX
ALCORTIN A	BETIMOL	<i>clindamycin gel</i> (NDC ^A 68682046275 only)
ALEVICYN GEL	BEVESPI AEROSPHERE	<i>clobetasol spray</i>
ALEVICYN SG	BEYAZ	CLOBEX SPRAY
ALEVICYN SOLUTION	<i>bimatoprost solution 0.03%</i>	<i>clonidine cream</i>
ALIQUOPA ¹	BORTEZOMIB ¹	COLAZAL
ALLISON MEDICAL INSULIN SYRINGES ⁶	BOTOX ¹	<i>colchicine capsule</i>
ALPROLIX ¹	BREEZE 2 STRIPS AND KITS ⁸	COLCRYS
ALREX	BROMSITE	COMPLERA ¹
ALTOPREV	<i>budesonide ext-rel</i>	CONSENSI
ALVESCO	<i>Bupap</i>	CONTOUR NEXT STRIPS AND KITS ⁸
AMITIZA	BUPHENYL ¹	CONTOUR STRIPS AND KITS ⁸
AMRIX	<i>bupropion ext-rel tablet 450 mg</i>	CONTRAVE
ANDROGEL	<i>butalbital-acetaminophen tablet 50-300 mg</i>	CORDRAN CREAM
APEXICON E	BUTALBITAL-ACETAMINOPHEN	CORDRAN LOTION
APIDRA	(NDC ^A 69499034230 only)	CORDRAN OINTMENT
APOKYN ¹	<i>butalbital-acetaminophen-caffeine capsule</i>	CORDRAN TAPE
APTENSIO XR	BUTRANS	COREG CR
APTIVUS ¹	BYDUREON BCISE	<i>CoreMino</i>
ARALAST NP ¹	BYETTA	COZAAR
ARANESP ¹	CAFERGOT	CRESEMBA
ARTHROTEC	<i>calcipotriene cream</i>	CRESTOR
ASMANEX	<i>calcipotriene foam</i>	CUPRIMINE ¹
ASMANEX HFA	CALCIPOTRIENE FOAM	<i>cyclobenzaprine ext-rel capsule</i>
ASTAGRAF XL ¹	<i>calcipotriene-betamethasone</i>	<i>cyclobenzaprine tablet 7.5 mg</i>
ATACAND	<i>calcitriol ointment</i>	CYMBALTA
ATACAND HCT	CAMBIA	CYTOMEL
ATIVAN	CARAC	DARAPRIM
ATOPADERM	CARAFATE	DAYTRANA
ATRIPLA ¹	CARBINOXAMINE TABLET 6 MG	DELZICOL
AVASTIN ¹	CARDIZEM	DESFERAL ¹
AVENOVA	CARDIZEM CD	<i>desoximetasone ointment 0.05%</i>
AVSOLA ¹		
AZASITE		

DETROL LA
dexchlorpheniramine
Dexifol
 DIFFERIN LOTION
diflorasone cream
diflorasone ointment
dihydroergotamine spray
diltiazem ext-rel (generics for CARDIZEM LA only)
 DIOVAN
 DIOVAN HCT
Diphen Elixir
 DORYX
 DORYX MPC
doxepin cream
doxycycline hyclate delayed-rel tablet 50 mg
doxycycline hyclate delayed-rel tablet 100 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
doxycycline monohydrate delayed-rel capsule
 DULERA
 DUTOPROL
 DYRENIUM
 EDARBI
 EDARBYCLOR
 E.E.S. GRANULES
 EFFEXOR XR
 ELELYSO¹
 ELIDEL
 ELIQUIS
 ELMIRON
 ENLITE CONTINUOUS GLUCOSE
 MONITORING SYSTEM
 ENTERAGAM
 ENTYVIO (For Crohn's Disease Only)¹
 ENVARUS XR¹
 EPICERAM
 EPIVIR HBV¹
 EPOGEN¹
ergotamine-caffeine
 ERYPED
estradiol vaginal tablet
 ESTRING
 EVEKEO
 EVERSENSE CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 EXFORGE
 EXFORGE HCT
 EXJADE¹
 EXTAVIA¹
 FABIOR
 FANAPT
 FEIBA¹
 FEMRING
fenofibrate capsule 50 mg
fenofibrate capsule 130 mg
fenofibrate tablet 40 mg
fenofibrate tablet 120 mg
 FENOGLIDE TABLET 120 MG
fenoprofen
 FENOPROFEN CAPSULE
 FERIVA 21/7
 FERRIPROX¹
Fexmid
 FINACEA GEL
 FIORICET CAPSULE
 FLAREX
flucytosine capsule 500 mg
fluocinonide cream 0.1%
fluorouracil cream 0.5%
fluoxetine tablet (generics for SARAFEM only)
fluoxetine tablet 60 mg
flurandrenolide cream
flurandrenolide lotion
flurandrenolide ointment

FML FORTE
 FML LIQUIFILM
 FML S.O.P.
 FOCALIN XR
 FOLIC-K
 FOLLISTIM AQ¹
Folvite-D
 FORTAMET
 FORTESTA
 FOSRENOL
 FOSTEUM
 FOSTEUM PLUS
 FREESTYLE LIBRE CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 FREESTYLE STRIPS AND KITS⁸
 FULPHILA¹
 GEL-ONE¹
Genicin Vita-S
 GENOTROPIN¹
 GLASSIA¹
 GLEEVEC¹
 GLUMETZA
 GLYCOPYRROLATE TABLET 1.5 MG
 GOLYTELY
 GRANIX¹
 GUARDIAN CONNECT CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 GUARDIAN REAL-TIME CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 HAEGARDA¹
halcinonide cream
 HALOG
heparin sodium in 5% dextrose
 HEPARIN SODIUM IN 5% DEXTROSE
 HEPSERA¹
 HERCEPTIN¹
 HERCEPTIN HYLECTA¹
 HORIZANT
 HUMALOG
 HUMALOG MIX 50/50
 HUMALOG MIX 75/25
 HUMATROPE¹
 HUMULIN 70/30⁴
 HUMULIN N⁴
 HUMULIN R⁴
 HYALGAN¹
hydrocortisone butyrate lipophilic cream 0.1%
hydrocortisone butyrate lotion
HylaVite
hyoscyamine sulfate ext-rel
 HYSINGLA ER
 HYZAAR
 ICLUSIG¹
icosapent ethyl
 ILUMYA¹
 INCRUSE ELLIPTA
 INDERAL LA
 INDERAL XL
 INDOCIN
indomethacin capsule 20 mg
Inflammacin
 INFLECTRA¹
 INNOPRAN XL
 INTRAROSA
 INTUNIV
 INVELTYS
 INVIRASE¹
 INVOKAMET
 INVOKAMET XR
 INVOKANA
isosorbide dinitrate 40 mg
ivermectin cream
 JADENU¹
 JALYN
 JENTADUETO
 JENTADUETO XR
 KAMDOY
 KAZANO
ketoconazole foam 2%

Ketodan
ketoprofen capsule 25 mg
ketoprofen ext-rel capsule
 KINERET¹
 KOMBIGLYZE XR
 KUVAN¹
 KYPROLIS¹
 LACRISERT
Lactojen
 LACTULOSE PAK
 LANOXIN TABLET (125 MCG and 250 MCG only)
lanthanum carbonate
 LANTUS
 LASTACAPT
 LAZANDA
 LESCOL XL
 LETAIRIS¹
 LEUKINE¹
levorphanol
 LEXAPRO
 LEXIVA¹
 LIALDA
 LIBRAX
 LIDOCAINE-TETRACAINE CREAM
 (NDC^ 71800063115 only)
 LIDOTREX
 LILETTA¹
 LIPITOR
 LITHOSTAT
 LIVALO
Lorid
Lorzone
 LOTEMAX
 LOTEMAX SM
luliconazole
 LUNESTA
 LUPRON DEPOT¹
 LYRICA
 MACRODANTIN
Matzim LA
 MAVYRET¹
 MAXALT
 MAXALT-MLT
 MAXIDEX
mefenamic acid (NDC^ 69336012830 only)
meloxicam capsule
 MENEST
mesalamine delayed-rel tablet 800 mg
metaxalone 400 mg
metformin ext-rel
 (generics for FORTAMET and GLUMETZA only)
methocarbamol 500 mg (NDC^ 69036091010 only)
methocarbamol 750 mg
 (NDCs^ 69036093090, 70868090190 only)
 MIACALCIN INJECTION
 MICARDIS
 MICARDIS HCT
Migergot
 MILLIPRED
 MINASTRIN 24 FE
 MINIVELLE
minocycline ext-rel
 MIRVASO
Mondoxyne NL capsule 75 mg
 MONOVISC¹
 MOVIPREP
 MULPLETA¹
MultiPro
mupirocin cream
 MYFORTIC¹
 MYTESI
 NAPRELAN
naproxen CR
naproxen suspension
naproxen-esomeprazole
 NATURE-THROID
 NEO-SYNALAR
 NESINA
 NEULASTA¹

NEULASTA ONPRO¹
 NEUPOGEN¹
 NEVANAC
 NEXIUM
niacin tablet 500 mg
Niacor
 NICADAN
 NICAPRIN
 NICAZEL
 NICAZEL FORTE
 NICOMIDE
 NILANDRON
nitrofurantoin (NDCs[^] 16571074024, 70408023932 only)
Nolix
 NORGESIC FORTE
 NORITATE
 NORPACE
 NORVASC
 NOURIANZ
 NOVACORT
 NOVAREL¹
 NOVO NORDISK NEEDLES⁶
 NOXAFIL
 NPLATE¹
NuDiclo SoluPak
NuDiclo TabPak
 NUTROPIN AQ¹
 NUVARING
 NUVIGIL
 OLEPTRO
 OLUX-E
omeprazole-sodium bicarbonate
 OMNARIS
 OMNITROPE¹
 OMNIVEX
 ONFI
 ONGLYZA
 ORENCIA INTRAVENOUS¹
orphenadrine-aspirin-caffeine
Orphenesic Forte
 ORTHO D
 ORTHO DF
 ORTHOVISC¹
Oscimin SR
 OSENI
 OSMOPREP
 OSPHENA
 OTREXUP¹
 OWEN MUMFORD NEEDLES⁶
oxiconazole (NDCs[^] 00168035830, 51672135902 only)
 OXYCONTIN
oxymorphone ext-rel
 OXYTROL
pantoprazole delayed-rel suspension
paroxetine HCl ext-rel (NDC[^] 60505367503 only)
paroxetine mesylate capsule 7.5 mg
 PAXIL
 PAXIL CR
 PEGASYS¹
 PENNSAID
 PERCOCET
 PERRIGO NEEDLES⁶
 PEXEVA
 PLAVIX
 POLYTOZA
posaconazole delayed-rel tablet
 PRADAXA
 PRED FORTE
 PRED MILD
 PREGNYL¹
 PREMARIN
 PREMARIN CREAM
 PRENATAL PLUS
 PREVACID
 PREVIDENT
 PRILOSEC
 PRISTIQ
 PROAIR HFA
 PROAIR RESPICLIK

PROCRT¹
 PROCYSBI¹
 PRODIGEN
 PROGRAF¹
 PROMETRIUM
 PROTONIX
 PROVAD
 PROVENTIL HFA
 PROVIGIL
 PROZAC
 PSORCON
 QNASL
 QTERN
quazepam
 RAPAFLO
 RAPAMUNE¹
 RAVICTI¹
 RAYOS
 RECEDO
 REMODULIN¹
 RENFLEXIS¹
 REPATHA¹
 REVATIO¹
 RHEUMATE
 RIABNI¹
 RIBOZEL
 RIMSO-50
 RIOMET
 RITUXAN¹
 ROZEREM
RyClora
 RYTARY
 SABRIL¹
 SAIZEN¹
 SANDOSTATIN LAR¹
 SCARSILK PAD
 SEASONIQUE
 SEROQUEL XR
 SIGNIFOR LAR¹
 SIL-K PAD
 SILENOR
 SILVEX
 SILTRES
 SIMPONI¹
 SINGULAIR
 SOMAVERT¹
 SORILUX
 SPRIX
 STENDRA
 STRIBILD¹
 SUBOXONE
sucralate suspension
sumatriptan-naproxen
 SUPREP
Symax-SR
 SYMJEPI
 SYNERDERM
 SYNVISC¹
 SYNVISC-ONE¹
 SYPRINE¹
 TALIVA
Targadox
 TASIGNA¹
tavaborole
 TAYTULLA
 TAZORAC
 TECFIDERA¹
 TESTIM
testosterone gel 1%
 (authorized generics for TESTIM and VOGELXO only)
 THEO-24
 THIOLA¹
 THIOLA EC¹
 TIMOPTIC OCUDOSE
 TIROSINT
 TOBI¹
 TOBI PODHALER¹
 TOBRADEX ST
topiramate ext-rel capsule (generics for QUDEXY XR only)

TOPROL-XL
 TRACLEER¹
 TRADJENTA
tramadol (NDC[^] 52817019610 only)
tramadol ext-rel capsule
 TRANSDERM SCOP
 TRAVATAN Z
 TRELSTAR MIXJECT¹
 TREXIMET
triamcinolone aerosol 0.2%
triamcinolone ointment 0.05%
Trianex
 TRICOR
 TRINAZ
 TRIVIDIA INSULIN SYRINGES⁶
TronVite
 TRUVADA¹
 TRUXIMA¹
 TUDORZA
 UDENYCA¹
 ULORIC
 ULTIMED INSULIN SYRINGES⁶
 ULTIMED NEEDLES⁶
 ULTRAVATE
 UROXATRAL
 VALCYTE
 VALTREX
Vanoxide-HC
 VASCULERA
 VECTICAL
 VELTIN
venlafaxine ext-rel tablet (except 225 mg)
 VENTOLIN HFA
 VEREGEN
 VIAGRA
 VIEKIRA PAK¹
 VIIBRYD
 VIRACEPT¹
 VISCO-3¹
 VITAFOL-ONE
Vitasure
 VIVELLE-DOT
 VOGELXO
 WESTHROID
 WP THYROID
 XALKORI¹
 XANAX
 XANAX XR
 XENAZINE¹
 XENICAL
 XOLEGEL
 XOPENEX HFA
Xvite
 XYZBAC
 YASMIN
 YAZ
Yuvafem
 ZALVIT
 ZARXIO¹
 ZEGERID
 ZELAC
 ZEMAIRA¹
 ZEPATIER¹
 ZERVIAE
 ZESTORETIC
 ZETIA
 ZETONNA
 ZIANA
zileuton ext-rel
 ZIRGAN
 ZOHYDRO ER
 ZOLADEX¹
 ZOLOFT
zolpidem sublingual
 ZOLPRIMIST
 ZONEGRAN
 ZONTIVITY
 ZORTRESS¹
 ZORVOLEX

ZUPLENZ
ZYDELIG¹
ZYLET

ZYTIGA¹
ZYVIT

* 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.

[†] 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.

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.

