

Covered and non-covered drugs

**Drugs not covered — and their covered
alternatives for the Aetna Standard Formulary**
2023 Formulary Exclusions Drug List

(Specialty and Non-Specialty)

The University of Virginia Health Plan



The drugs on this list have been removed from your plan's formulary. If you continue using a drug listed under "formulary drug removals", you may have to pay the full cost. Ask your doctor to choose one of the generic or brand formulary options from the list.

Key	
UPPERCASE	Brand-name medicine
<i>lowercase italics</i>	Generic medicine

Category drug class	Formulary drug removals	Formulary options
Acromegaly	SANDOSTATIN LAR ¹ SIGNIFOR LAR ¹ SOMAVERT ¹	SOMATULINE DEPOT
Allergies Antihistamines	<i>dexchlorpheniramine</i> <i>Diphen Elixir</i> <i>RyClora</i> CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
Allergies Nasal Steroids / Combinations	BECONASE AQ DYMISTA OMNARIS QNASL ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
Anticonvulsants	<i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only) LAMICTAL LAMICTAL ODT	<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, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
	BANZEL SUSPENSION ONFI	<i>clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
	SABRIL ¹	<i>vigabatrin</i>
	KEPPRA KEPPRA XR LAMICTAL XR ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
Anti-infectives, Antibacterials Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>

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Category drug class	Formulary drug removals	Formulary options
Anti-infectives, Antibacterials Tetracyclines	doxycycline hyclate delayed-rel tablet doxycycline hyclate tablet 50 mg doxycycline hyclate tablet 75 mg doxycycline hyclate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg minocycline ext-rel CoreMino Mondoxylene 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 only) MACRODANTIN	nitrofurantoin (except NDCs^ 16571074024)
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
Anti-infectives, Antiretroviral Agents Protease Inhibitors	APTIVUS ¹	Consult doctor
	LEXIVA ¹ VIRACEPT ¹	atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA
Anti-infectives, Antivirals Cytomegalovirus *	VALCYTE	valganciclovir
Anti-infectives, Antivirals Hepatitis B *	BARACLUE TABLET ¹ EPIVIR HBV ¹ HEPSERA ¹	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUE SOLUTION, VEMLIDY
Anti-infectives, Antivirals Hepatitis C *	MAVYRET ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
	VIEKIRA PAK ¹ ZEPATIER ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
Anti-infectives, Antivirals Herpes *	acyclovir cream VALTREX	acyclovir capsule, acyclovir tablet, valacyclovir
Anti-infectives Miscellaneous	DARAPRIM	pyrimethamine

Category drug class	Formulary drug removals	Formulary options
Antiobesity	CONTRAVE XENICAL	QSYMIA, SAXENDA, WEGOVY
Anxiety * Benzodiazepines	ATIVAN XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
Asthma * Beta Agonists, Short-Acting	<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>
Asthma * Leukotriene Modulators	<i>zileuton ext-rel</i> SINGULAIR	<i>montelukast, zafirlukast</i>
Asthma * Steroid Inhalants	ALVESCO ARNUITY ELLIPTA ASMANEX ASMANEX HFA FLOVENT DISKUS QVAR REDIHALER	FLOVENT HFA, PULMICORT FLEXHALER
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA †, BREO ELLIPTA †, SYMBICORT
Asthma * Severe Asthma	NUCALA LYOPHILIZED POWDER ¹	DUPIXENT, FASENRA, NUCALA (except <i>lyophilized powder</i>), TEZSPIRE, XOLAIR
Attention Deficit Hyperactivity Disorder *	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADDERALL XR ADZENYS XR-ODT APTENSIO XR CONCERTA DAYTRANA FOCALIN XR QUILLICHEW ER QUILLIVANT XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexamethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM MYDAYIS, QELBREE, VYVANSE</i>
Autoimmune Agents Physician-Administered Agents	ACTEMRA INTRAVENOUS ¹ ORENCIA INTRAVENOUS ¹	REMICADE, SIMPONI ARIA
	AVSOLA ¹ CIMZIA LYOPHILIZED POWDER ¹ INFLECTRA ¹ RENFLEXIS ¹	ILUMYA, REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease Only) ¹	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
Autoimmune Agents Self-Administered Agents Ankylosing Spondylitis *	SIMPONI ¹ TALTZ ¹ XELJANZ ¹ XELJANZ XR ¹	COSENTYX, ENBREL, HUMIRA, RINVOQ

Category drug class	Formulary drug removals	Formulary options
Autoimmune Agents Self-Administered Agents Crohn's Disease *	None	HUMIRA, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS
Autoimmune Agents Self-Administered Agents Non-Radiographic Axial Spondyloarthritis *	TALTZ ¹	CIMZIA PREFILLED SYRINGE, COSENTYX
Autoimmune Agents Self-Administered Agents Psoriasis *	COSENTYX ¹ ENBREL ¹	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
Autoimmune Agents Self-Administered Agents Psoriatic Arthritis *	ORENCIA CLICKJECT ¹ ORENCIA SUBCUTANEOUS ¹ SIMPONI ¹ TALTZ ¹ XELJANZ ¹ XELJANZ XR ¹	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TREMFYA
Autoimmune Agents Self-Administered Agents Rheumatoid Arthritis *	ACTEMRA ACTPEN ¹ ACTEMRA SUBCUTANEOUS ¹ KINERET ¹ SIMPONI ¹	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
Autoimmune Agents Self-Administered Agents Ulcerative Colitis *	SIMPONI ¹	HUMIRA, RINVOQ, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR, ZEPOSIA
Autoimmune Agents Self-Administered Agents All Other Conditions *	ACTEMRA ACTPEN ¹ ACTEMRA SUBCUTANEOUS ¹ KINERET ¹ ORENCIA CLICKJECT ¹ ORENCIA SUBCUTANEOUS ¹	ENBREL, HUMIRA
Botulinum Toxins	BOTOX ¹	Consult doctor
Cancer Antimetabolites	ALIMTA	<i>pemetrexed</i>
Cancer Biosimilars	RIABNI ¹ TRUXIMA ¹	RUXIENCE
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	Consult doctor
Cancer Melanoma * BRAF/MEK Inhibitors	MEKINIST ¹	COTELLIC, MEKTOVI
	TAFINLAR ¹	BRAFTOVI, ZELBORAF
Cancer Monoclonal Antibodies	AVASTIN ¹	ZIRABEV
	HERCEPTIN ¹ HERCEPTIN HYLECTA ¹	KANJINTI, TRAZIMERA
	RITUXAN ¹	RUXIENCE

Category drug class	Formulary drug removals	Formulary options
Cancer mTOR Inhibitors	AFINITOR ¹ AFINITOR DISPERZ ¹	<i>everolimus</i>
Cancer Multiple Myeloma * Proteasome Inhibitors	BORTEZOMIB ¹ KYPROLIS ¹	<i>bortezomib, NINLARO</i>
Cancer Non-Small Cell Lung Cancer * ALK Inhibitors	XALKORI ¹	ALECENSA, ALUNBRIG, ZYKADIA
Cancer PARP Inhibitor	RUBRACA ¹	LYNPARZA, ZEJULA
Cancer Prostate * Antiandrogens	NILANDRON ZYTIGA ¹	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
Cancer Prostate * Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT ¹ TRELSTAR MIXJECT ¹ ZOLADEX ¹	ELIGARD, FIRMAGON
Cancer Renal Cell Carcinoma Kinase Inhibitors	SUTENT ¹ VOTRIENT ¹	<i>sunitinib, CABOMETYX, INLYTA, LENVIMA, NEXAVAR</i>
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	NORPACE	<i>disopyramide</i>
	MULTAQ NEXTERONE	<i>amiodarone</i>
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	<i>fenofibrate capsule 50 mg fenofibrate capsule 130 mg fenofibrate tablet 40 mg fenofibrate tablet 120 mg FENOGLIDE TABLET 120 MG TRICOR</i>	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
Cardiovascular Antilipemics MTP Inhibitors	JUXTAPID ¹	PRALUENT
Cardiovascular Antilipemics Niacins	<i>niacin tablet 500 mg Niacor</i>	<i>niacin ext-rel</i>
Cardiovascular Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>

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
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	<i>ethinyl estradiol-etonogestrel</i> <i>EluRyng</i>	ANNOVERA, NUVARING
Cushing's Syndrome	KORLYM ¹	Consult doctor
Cystic Fibrosis * Inhaled Antibiotics	CAYSTON ¹ 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)	<i>fluoxetine tablet 60 mg</i> <i>paroxetine HCl ext-rel</i> (NDC ^ 60505367503 only) LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT	<i>citalopram, escitalopram, fluoxetine</i> (except <i>fluoxetine tablet 60 mg, fluoxetine tablet</i> [generics for SARAFEM]), <i>paroxetine HCl, paroxetine HCl ext-rel</i> (except NDC ^ 60505367503), <i>sertraline, TRINTELLIX</i>
Depression * Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet</i> (except 225 mg) CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
Depression * Antidepressants, Miscellaneous Agents	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel</i> (except <i>bupropion ext-rel tablet 450 mg</i>)
Depression and/or Schizophrenia * Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, LATUDA, VRAYLAR</i>
Dermatology Acne *	<i>adapalene pad</i> <i>clindamycin gel</i> (NDC ^ 68682046275 only) <i>Vanoxide-HC</i> ACANYA AZELEX DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	<i>adapalene</i> (except <i>adapalene pad</i>), <i>benzoyl peroxide, clindamycin gel</i> (except NDC ^ 68682046275), <i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON TWYNEO, WINLEVI</i>
Dermatology Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA</i>
Dermatology Anti-infective / Anti-inflammatory	NEO-SYNALAR	<i>desonide</i> (except <i>desonide gel</i>) or <i>hydrocortisone WITH gentamicin</i>
Dermatology Antibiotics	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
Dermatology Antipsoriatics	<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> DUOBRII	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>) or BRYHALI, ENSTILAR
Dermatology Atopic Dermatitis *	<i>doxepin cream</i>	<i>desonide</i> (except <i>desonide gel</i>), <i>hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
	ELIDEL	<i>pimecrolimus, tacrolimus, EUCRISA</i>

Category drug class	Formulary drug removals	Formulary options
Dermatology Rosacea *	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
	<i>ivermectin cream</i> FINACEA GEL MIRVASO NORITATE	<i>azelaic acid gel, metronidazole, FINACEA FOAM, RHOFADE, SOOLANTRA</i>
Dermatology Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILIVEX SILTREX	Consult doctor
Dermatology Seborrheic Dermatitis *	<i>ketoconazole foam 2%</i> Ketodan	<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>desonide gel</i> DesRx <i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> Nolix CORDRAN CREAM CORDRAN LOTION	<i>desonide (except desonide gel), 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> Trianex CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
Dermatology Skin Inflammation and Hives * High Potency Corticosteroids	<i>betamethasone dipropionate ointment 0.05%</i> <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 emollient foam</i> <i>clobetasol spray</i> <i>fluocinonide cream 0.1%</i> Tovet CLOBEX SPRAY CORDRAN TAPE OLUX-E ULTRAVATE	<i>clobetasol cream, clobetasol foam (except clobetasol emollient 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 (except desonide gel), hydrocortisone</i>

Category drug class	Formulary drug removals	Formulary options
Dermatology Miscellaneous Skin Conditions	ATOPADERM BENSAL HP EPICERAM KAMDOY SYNERDERM	<i>desonide (except desonide gel), 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</i> (except generics for FORTAMET and GLUMETZA)
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA WITH <i>pioglitazone</i>
Diabetes * Injectable Incretin Mimetics	BYDUREON BCISE BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
Diabetes * Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ⁴	NOVOLIN 70/30 ⁴
	HUMULIN N ⁴	NOVOLIN N ⁴
	HUMULIN R ⁴	NOVOLIN R ⁴
	NOTE: Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.	
Diabetes * Long Acting Insulins ⁵	LANTUS	BASAGLAR, LEVEMIR
Diabetes * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR

Category drug class	Formulary drug removals	Formulary options
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
Diabetes * Supplies, Needles ⁶	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
Diabetes * Supplies, Syringes ⁶	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
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 ONETOUCH 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 , ONETOUCH ULTRA STRIPS AND KITS ⁷ , ONETOUCH VERIO STRIPS AND KITS ⁷
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM All other continuous glucose monitoring systems that are not DEXCOM brand	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM

Category drug class	Formulary drug removals	Formulary options
Dietary Supplements	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite Dexifol Folvite-D Genicin Vita-S HylaVite Lorid TronVite Vitasure Xvite FERIVA 21/7 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
Endocrine and Metabolic Corticosteroids	<i>prednisolone solution 10 mg/5 mL prednisolone solution 20 mg/5 mL BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS</i>	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone</i>
Endocrine and Metabolic Hereditary Tyrosinemia Type 1 Agents	NITYR ¹	ORFADIN
Endocrine and Metabolic Progestins	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
Endocrine and Metabolic Severe Hypoglycemia	GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT	<i>glucagon, human recombinant; BAQSIMI, GVOKE, ZEGALOGUE</i>
Endometriosis *	ZOLADEX ¹	ORLISSA
Erectile Dysfunction * Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
Fertility Regulators Follicle-Stimulating Hormones	FOLLISTIM AQ ¹	GONAL-F
	CHORIONIC GONADOTROPIN ¹ NOVAREL ¹ PREGNYL ¹	OVIDREL

Category drug class	Formulary drug removals	Formulary options
Gastrointestinal Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDCs^ 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) <i>hyoscyamine sulfate ext-rel</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, SYMPROIC
Gastrointestinal Laxatives	LACTULOSE PAK	<i>lactulose solution</i>
	<i>peg 3350-electrolytes</i> (generics for MOVIPREP only) GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes</i> (except generics for MOVIPREP), CLENPIQ
Gastrointestinal Opioid-Induced Constipation	MOVANTIK	<i>lubiprostone</i> , SYMPROIC
Gastrointestinal Probiotics	PROVAD ZELAC	Consult doctor
Gastrointestinal Proton Pump Inhibitors (PPIs)	<i>dexlansoprazole delayed-rel</i> <i>lansoprazole delayed-rel</i> <i>orally disintegrating tablet</i> <i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel</i> <i>suspension</i> ACIPHEX ACIPHEX SPRINKLE DEXILANT NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>esomeprazole delayed-rel</i> , <i>lansoprazole delayed-rel capsule</i> , <i>omeprazole delayed-rel</i> , <i>pantoprazole delayed-rel tablet</i>
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>

Category drug class	Formulary drug removals	Formulary options
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 Injectable	<i>heparin sodium in 5% dextrose</i> HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>
Hematologic Anticoagulants Oral	PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO
Hematologic Chelating Agents	CUPRIMINE ¹	<i>penicillamine</i>
	DESFERAL ¹ EXJADE ¹ FERRIPROX ¹ JADENU ¹	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE ¹	<i>trientine</i>
Hematologic Erythropoiesis-Stimulating Agents	ARANESP ¹ EPOGEN ¹ PROCRIT ¹	RETACRIT
Hematologic Hemophilia B	BENEFIX ¹ IXINITY ¹ RIXUBIS ¹	ALPROLIX, REBINYN
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	<i>clopidogrel, prasugrel</i> , BRILINTA
	ZONTIVITY	Consult doctor
	NPLATE ¹	DOPTELET, PROMACTA, TAVALISSE
High Blood Pressure * ACE Inhibitors	EPANED	<i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>
High Blood Pressure * ACE Inhibitor / Diuretic Combinations	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>

Category drug class	Formulary drug removals	Formulary options
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	AZOR EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>olmesartan-amlodipine-hydrochlorothiazide</i>
High Blood Pressure * Beta-blockers	COREG CR INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel</i>
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
High Blood Pressure * Calcium Channel Blockers	NORVASC <i>diltiazem ext-rel (generics for CARDIZEM LA only)</i> Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA	<i>amlodipine</i> <i>diltiazem ext-rel (except generics for CARDIZEM LA)</i>
High Blood Pressure * Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	<i>amlodipine WITH celecoxib</i>
Huntington's Disease	XENAZINE ¹	<i>tetrabenazine, AUSTEDO</i>
Immunology Disease Modifying Antirheumatic Agents	OTREXUP ¹	RASUVO
Immunology Hereditary Angioedema	BERINERT ¹ FIRAZYR ¹ CINRYZE ¹	<i>icatibant, RUCONEST</i> <i>ORLADEYO, TAKHZYRO</i>
Inflammatory Bowel Disease (IBD) Ulcerative Colitis *	<i>budesonide ext-rel</i> ASACOL HD COLAZAL DELZICOL LIALDA PENTASA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>

Category drug class	Formulary drug removals	Formulary options
Interferons *	PEGASYS ¹	Consult doctor
Kidney Disease * Phosphate Binders	lanthanum carbonate FOSRENOL	calcium acetate, sevelamer carbonate, AURYXIA PHOSLYRA, VELPHORO
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 LASTACAFT ZERVIAE	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

Category drug class	Formulary drug removals	Formulary options
Ophthalmic Anti-inflammatory, Nonsteroidal	ACUVAIL BROMSITE NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
Ophthalmic Anti-inflammatory, Steroidal	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>
Ophthalmic Antivirals	ZIRGAN	<i>trifluridine</i>
Ophthalmic Artificial Tears	LACRISERT	RESTASIS, XIIDRA
Ophthalmic Glaucoma	<i>bimatoprost solution 0.03%</i> TRAVATAN Z	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>
	BETIMOL TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETOPTIC S</i>
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Dependency	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
Osteoarthritis * Viscosupplements	GEL-ONE ¹ HYALGAN ¹ MONOVISC ¹ ORTHOVISC ¹ SYNVISC ¹ SYNVISC-ONE ¹ VISCO-3 ¹	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
Osteoporosis * Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
Otic Anti-infective / Anti-inflammatory	<i>ciprofloxacin-fluocinolone</i> CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
Overactive Bladder / Incontinence * Urinary Antispasmodics	DETROL LA MYRBETRIQ OXYTROL TOVIAZ	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>

Category drug class	Formulary drug removals	Formulary options
Pain Headache *	<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> <i>Bupap</i> <i>Vtol LQ</i> 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> <i>Migergot</i> 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>
Pain Neuropathic Pain *	LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>
Pain Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	LAZANDA SUBSYS	<i>fentanyl transmucosal lozenge</i>
	<i>levorphanol</i> <i>oxymorphone ext-rel</i> HYSINGLA ER NUCYNTA ER OXYCONTIN	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER</i>
	NUCYNTA	<i>hydromorphone, morphine, oxycodone</i>
	PERCOCET	<i>hydrocodone-acetaminophen, oxycodone-acetaminophen</i>
	<i>tramadol (NDC^ 52817019610 only)</i> <i>tramadol ext-rel capsule</i>	<i>tramadol (except NDC^ 52817019610), tramadol ext-rel tablet</i>
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC^ 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>

Category drug class	Formulary drug removals	Formulary options
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
	CELEBREX	celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	diclofenac sodium solution 2% CapsFenac Pak Capsinac Diclofex DC DicloHeal-60 Iclofenac CP Inflammacin Kapzin DC NuDiclo SoluPak NuDiclo TabPak Pennsaicin Sure Result DSS Premium Pack Ziclopro PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	diclofenac potassium capsule 25 mg diclofenac potassium tablet 25 mg fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC ^ 69336012830 only) meloxicam capsule naproxen CR naproxen suspension Lofena FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
Parkinson's Disease	APOKYN ¹	INBRIJA, KYNMOBI
	NOURIANZ	amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO
Phenylketonuria	KUVAN ¹	sapropterin
Postherpetic Neuralgia	HORIZANT	gabapentin, pregabalin, pregabalin ext-rel, GRALISE
Premenstrual Dysphoric Disorder (PMDD)	fluoxetine tablet (generics for SARAFEM only)	fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC ^ 60505367503), sertraline

Category drug class	Formulary drug removals	Formulary options
Prenatal Vitamins °	AZESCO CITRANATAL PRENATAL PLUS VITAFOL-ONE ZALVIT All other brand prenatal vitamins	<i>generic prenatal vitamins</i>
Prostate Condition Benign Prostatic Hyperplasia *	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
Pseudobulbar Affect	NUEDEXTA	Consult doctor
Respiratory Alpha-1 Antitrypsin Deficiency	ARALAST NP ¹ GLASSIA ¹ ZEMAIRA ¹	PROLASTIN-C
Respiratory Anaphylaxis Treatment Agents	ADRENALIN SYMJEPI	<i>epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR</i>
Respiratory Cough	<i>benzonatate (NDCs^ 69336012615, 69499032915 only)</i>	<i>benzonatate (except NDCs^ 69336012615, 69499032915)</i>
Respiratory Idiopathic Pulmonary Fibrosis	ESBRIET ¹	<i>pirfenidone, OFEV</i>
Respiratory Xanthines	THEO-24	<i>ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>
Sleep Disorder Hypnotics, Non-benzodiazepines	<i>quazepam zolpidem sublingual</i> EDLUAR LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO</i>
Testosterone Replacement * 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>
Thyroid Supplements	CYTOMEL	<i>levothyroxine, liothyronine, SYNTHROID</i>
	TIROSINT	<i>levothyroxine, SYNTHROID</i>
Urea Cycle Disorders	BUPHENYL ¹ RAVICTI ¹	<i>sodium phenylbutyrate</i>

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.
Atopic Dermatitis *	As new atopic dermatitis products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options are available on the formulary and may result in removal, addition or deletion of a product on the first day of any calendar month.
Autoimmune and Hepatitis C *	For some clients, an Indication-Based Formulary will be utilized for products in these classes and may result in additional removals for certain conditions only.
Drugs for Infusion Into Spaces Other Than the Blood	A drug that must be infused into a space other than the blood will generally not be covered under the prescription drug benefit.
New-to-Market Agents¹	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark [®] National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.

The listed formulary options are subject to change.

List of Formulary Drug Removals

ABILIFY	APIDRA	BERINERT ¹	<i>calcipotriene foam</i>
ACANYA	APOKYN ¹	BETAMETHASONE ACETATE-	CALCIPOTRIENE FOAM
ACIPHEX	APTENSIO XR	BETAMETHASONE SODIUM	<i>calcipotriene-betamethasone</i>
ACIPHEX SPRINKLE	APTIVUS ¹	PHOSPHATE	<i>calcitriol ointment</i>
ACTEMRA ACTPEN 1	ARALAST NP ¹	<i>betamethasone dipropionate</i>	CAMBIA
ACTEMRA INTRAVENOUS 1	ARANESP ¹	<i>ointment 0.05%</i>	<i>CapsFenac Pak</i>
ACTEMRA SUBCUTANEOUS 1	ARCALYST ¹	BETAPACE	<i>Capsinac</i>
ACTICLATE	ARNUITY ELLIPTA	BETAPACE AF	CARAC
Activite	ARTHROTEC	BETIMOL	CARAFATE
ACTOS	ASACOL HD	BEVESPI AEROSPHERE	CARBINOXAMINE TABLET 6
ACUVAIL	ASMANEX	BEYAZ	MG
<i>adapalene pad</i>	ASMANEX HFA	<i>bimatoprost solution 0.03%</i>	CARDIZEM
<i>acyclovir cream</i>	ATACAND	BORTEZOMIB ¹	CARDIZEM CD
ADCIRCA ¹	ATACAND HCT	BOTOX ¹	CARDIZEM LA
ADDERALL	ATIVAN	BREEZE 2 STRIPS AND KITS [®]	<i>carisoprodol 250 mg</i>
ADDERALL XR	ATOPADERM	BROMSITE	CARNITOR
ADRENALIN	ATRIPLA ¹	<i>budesonide ext-rel</i>	CARNITOR SF
ADZENYS XR-ODT	AVASTIN ¹	<i>Bupap</i>	CAYSTON ¹
AFINITOR ¹	AVENOVA	BUPHENYL ¹	CELEBREX
AFINITOR DISPERZ ¹	AVSOLA ¹	<i>bupropion ext-rel tablet 450</i>	<i>chlordiazepoxide-clidinium</i>
<i>albuterol sulfate CFC-free</i>	AZASITE	<i>mg</i>	<i>(NDCs ^ 11534019701,</i>
<i>aerosol</i>	AZELEX	<i>butalbital-acetaminophen</i>	<i>42494040901, 51293069601,</i>
<i>(NDC* 66993001968 only)</i>	AZESCO	<i>capsule</i>	<i>51293069610, 67877073101,</i>
ALEVICYN GEL	AZOR	<i>butalbital-acetaminophen</i>	<i>70700018501 only)</i>
ALEVICYN SG	BALCOLTRA	<i>tablet 25-325 mg</i>	<i>chlorzoxazone 250 mg</i>
ALEVICYN SOLUTION	BANZEL SUSPENSION	<i>butalbital-acetaminophen</i>	<i>chlorzoxazone 375 mg</i>
ALIMTA	BARACLUDE TABLET ¹	<i>tablet 50-300 mg</i>	<i>chlorzoxazone 500 mg (NDC ^</i>
ALIQOPA ¹	BEAU RX	BUTALBITAL-	<i>73007001303 only)</i>
ALLISON MEDICAL INSULIN	BECONASE AQ	ACETAMINOPHEN	<i>chlorzoxazone 750 mg</i>
SYRINGES [®]	BENEFIX ¹	<i>(NDC ^ 69499034230 only)</i>	CHORIONIC GONADOTROPIN ¹
ALREX	BENICAR	<i>butalbital-acetaminophen-</i>	CIALIS
ALTOPREV	BENICAR HCT	<i>caffeine capsule</i>	CICATRACE
ALVESCO	BENSAL HP	BUTRANS	CILOXAN
AMITIZA	<i>benzonatate (NDCs ^</i>	BYDUREON BCISE	CIMZIA LYOPHILIZED
AMRIX	<i>69336012615, 69499032915</i>	BYETTA	POWDER ¹
ANDROGEL	<i>only)</i>	CAFERGOT	CINRYZE ¹
APEXICON E	BEPREVE	<i>calcipotriene cream</i>	CIPRO HC

List of Formulary Drug Removals

CIPRODEX	<i>Diphen Elixir</i>	<i>fenofibrate tablet 120 mg</i>	HERCEPTIN HYLECTA ¹
<i>ciprofloxacin-fluocinolone</i>	DORYX	FENOGLIDE TABLET 120 MG	HORIZANT
CITRANATAL	DORYX MPC	<i>fenoprofen</i>	HUMALOG
<i>clindamycin gel (NDC ^</i>	<i>doxepin cream</i>	FENOPROFEN CAPSULE	HUMALOG MIX 50/50
<i>68682046275 only)</i>	<i>doxycycline hyclate delayed-</i>	FERIVA 21/7	HUMALOG MIX 75/25
<i>clobetasol emollient foam</i>	<i>rel tablet</i>	FERRIPROX ¹	HUMATROPE ¹
<i>clobetasol spray</i>	<i>doxycycline hyclate tablet</i>	<i>Fexmid</i>	HUMULIN 70/30 ⁴
CLOBEX SPRAY	<i>50 mg</i>	FINACEA GEL	HUMULIN N ⁴
<i>clocortolone cream</i>	<i>doxycycline hyclate tablet 75</i>	FIORICET CAPSULE	HUMULIN R ⁴
COLAZAL	<i>mg</i>	FIRAZYR ¹	HYALGAN ¹
<i>colchicine capsule</i>	<i>doxycycline hyclate tablet 150</i>	FLAREX	<i>hydrocortisone butyrate</i>
COLCRYS	<i>mg</i>	FLOVENT DISKUS	<i>lipophilic cream 0.1%</i>
COMPLERA ¹	<i>doxycycline monohydrate</i>	<i>flucytosine capsule 500 mg</i>	<i>hydrocortisone butyrate lotion</i>
CONCERTA	<i>capsule 75 mg</i>	<i>fluocinonide cream 0.1%</i>	<i>HylaVite</i>
CONSENSI	<i>doxycycline monohydrate</i>	<i>fluorouracil cream 0.5%</i>	<i>hyoscyamine sulfate ext-rel</i>
CONTOUR NEXT STRIPS AND	<i>capsule 150 mg</i>	<i>fluoxetine tablet (generics for</i>	HYSINGLA ER
KITS ⁸	<i>doxycycline monohydrate</i>	<i>SARAFEM only)</i>	HYZAAR
CONTOUR STRIPS AND KITS ⁸	<i>delayed-rel capsule</i>	<i>fluoxetine tablet 60 mg</i>	<i>Iclofenac CP</i>
CONTRAVE	DULERA	<i>flurandrenolide cream</i>	ICLUSIG ¹
CORDRAN CREAM	DUOBRII	<i>flurandrenolide lotion</i>	<i>icosapent ethyl</i>
CORDRAN LOTION	DUTOPROL	<i>flurandrenolide ointment</i>	INCRUSE ELLIPTA
CORDRAN OINTMENT	DYMISTA	FML FORTE	INDERAL LA
CORDRAN TAPE	DYRENIUM	FML LIQUIFILM	INDERAL XL
COREG CR	EDARBI	FML S.O.P.	INDOCIN
<i>CoreMino</i>	EDARBYCLOR	FOCALIN XR	<i>indomethacin capsule 20 mg</i>
COZAAR	EDLUAR	FOLLISTIM AQ ¹	<i>Inflamacin</i>
CRESEMBA	E.E.S. GRANULES	Folvite-D	INFLECTRA 1
CRESTOR	EFFEXOR XR	FORTAMET	INNOPRAN XL
CUPRIMINE ¹	ELELYSO ¹	FORTESTA	INTRAROSA
<i>cyclobenzaprine ext-rel</i>	ELIDEL	FOSRENOL	INTUNIV
<i>capsule</i>	ELMIRON	FOSTEUM	INVELTYS
<i>cyclobenzaprine tablet 7.5 mg</i>	<i>EluRyng</i>	FOSTEUM PLUS	INVOKAMET
CYMBALTA	ENLITE CONTINUOUS	FREESTYLE LIBRE	INVOKAMET XR
CYTOMEL	GLUCOSE MONITORING	CONTINUOUS GLUCOSE	INVOKANA
DARAPRIM	SYSTEM	MONITORING SYSTEM	<i>isosorbide dinitrate 40 mg</i>
DAYTRANA	ENTERAGAM	FREESTYLE STRIPS AND KITS ⁸	<i>ivermectin cream</i>
DELZICOL	ENTYVIO (For Crohn's Disease	FULPHILA ¹	IXINITY ¹
DESFERAL ¹	Only) ¹	GEL-ONE ¹	JADENU ¹
<i>desonide gel</i>	EPANED	Genicin Vita-S	JALYN
<i>desoximetasone ointment</i>	EPICERAM	GENOTROPIN ¹	JENTADUETO
<i>0.05%</i>	EPIVIR HBV ¹	GLASSIA ¹	JENTADUETO XR
<i>DesRx</i>	EPOGEN ¹	GLEEVEC ¹	JUXTAPID ¹
DETROL LA	<i>ergotamine-caffeine</i>	GLUCAGEN HYPOKIT	KAMDOY
<i>dexchlorpheniramine</i>	ERYPED	GLUCAGON EMERGENCY KIT	<i>Kapzin DC</i>
<i>Dexifol</i>	ESBRIET ¹	GLUMETZA	KAZANO
DEXILANT	<i>estradiol vaginal tablet</i>	GLYCOPYRROLATE TABLET	KEPPRA
<i>dexlansoprazole delayed-rel</i>	ESTRING	<i>1.5 MG</i>	KEPPRA XR
<i>diclofenac potassium capsule</i>	<i>ethinyl estradiol-etonogestrel</i>	GOLYTELY	<i>ketoconazole foam 2%</i>
<i>25 mg</i>	EVEKEO	GRANIX ¹	<i>Ketodan</i>
<i>diclofenac potassium tablet</i>	EVERSENSE CONTINUOUS	GUARDIAN CONNECT	<i>ketoprofen capsule 25 mg</i>
<i>25 mg</i>	GLUCOSE MONITORING	CONTINUOUS GLUCOSE	<i>ketoprofen ext-rel capsule</i>
<i>diclofenac sodium solution 2%</i>	SYSTEM	MONITORING SYSTEM	KINERET ¹
<i>Diclofex DC</i>	EXFORGE	GUARDIAN REAL-TIME	KOMBIGLYZE XR
<i>DicloHeal-60</i>	EXFORGE HCT	CONTINUOUS GLUCOSE	KORLYM ¹
<i>Diclosaicin</i>	EXJADE ¹	MONITORING SYSTEM	KUVAN ¹
DIFFERIN LOTION	EXTAVIA ¹	<i>halcinonide cream</i>	KYPROLIS ¹
<i>diflorasone cream</i>	FABIOR	HALOG	LACRISERT
<i>diflorasone ointment</i>	FANAPT	<i>heparin sodium in 5%</i>	Lactojen
<i>dihydroergotamine spray</i>	FEIBA ¹	<i>dextrose</i>	LACTULOSE PAK
<i>diltiazem ext-rel (generics for</i>	FEMRING	HEPARIN SODIUM IN 5%	LAMICTAL
<i>CARDIZEM LA only)</i>	<i>fenofibrate capsule 50 mg</i>	DEXTROSE	LAMICTAL ODT
DIOVAN	<i>fenofibrate capsule 130 mg</i>	HEPSERA ¹	LAMICTAL XR
DIOVAN HCT	<i>fenofibrate tablet 40 mg</i>	HERCEPTIN ¹	

List of Formulary Drug Removals

LANOXIN TABLET (125 MCG and 250 MCG only) <i>lansoprazole delayed-rel orally disintegrating tablet</i> <i>lanthanum carbonate</i>	MONOVISC ¹ MOVANTIK MOVIPREP <i>MultiPro</i> <i>mupirocin cream</i>	OSMOPREP OSPHENA OTREXUP ¹ OWEN MUMFORD NEEDLES ⁶ <i>oxiconazole (NDCs[^] 00168035830, 51672135902 only)</i>	QUILLIVANT XR QVAR REDHALER RAPAFLO RAYCTI ¹ RAYOS RECEDO REMODULIN ¹ RENFLEXIS ¹ REPATHA ¹ REVIATIO ¹ RHEUMATE RIABNI ¹ RIBOZEL RIMSO-50 RIOMET RITUXAN ¹ RIXUBIS ¹ ROZEREM RUBRACA ¹ RyClora SABRIL ¹ SAIZEN ¹ SANDOSTATIN LAR ¹ SCARSILK PAD SEASONIQUE SEROQUEL XR SIGNIFOR LAR ¹ SIL-K PAD SILENOR SILIVEX SILTREX SIMPONI ¹ SINGULAIR SOMAVERT ¹ SORILUX SPRIX STENDRA STRIBILD ¹ SUBOXONE SUBSYS <i>sucralfate suspension</i> <i>sumatriptan-naproxen</i> SUPREP <i>Sure Result DSS Premium Pack</i> SUTENT ¹ SYMJEPI SYNERDERM SYNVISC ¹ SYNVISC-ONE ¹ SYPRINE ¹ TAFINLAR ¹ TALIVA <i>Targadox</i> TASIGNA ¹ <i>tavaborole</i> TAYTULLA TAZORAC TECFIDERA ¹ TESTIM <i>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)</i>
LANTUS LASTACAPT LAZANDA LESCOL XL LETAIRIS ¹ LEUKINE ¹ <i>levorphanol</i> LEXAPRO LEXIVA ¹ LIALDA LIBRAX LIDOCAINE-TETRACAINE CREAM (NDC [^] 71800063115 only) LIDOTREX LILETTA ¹ LIPITOR LITHOSTAT LIVALO <i>Lofena</i> <i>Lorid</i> <i>Lorzene</i> LOTEMAX LOTEMAX SM <i>luliconazole</i> LUNESTA LUPRON DEPOT ¹ LYRICA MACRODANTIN <i>Matzim LA</i> MAVYRET ¹ MAXALT MAXALT-MLT MAXIDEX <i>mefenamic acid (NDC[^] 69336012830 only)</i> MEKINIST ¹ <i>meloxicam capsule</i> MENEST <i>metaxalone 400 mg</i> <i>metformin ext-rel (generics for FORTAMET and GLUMETZA only)</i> <i>methocarbamol 500 mg (NDC[^] 69036091010 only)</i> <i>methocarbamol 750 mg (NDCs[^] 69036093090, 70868090190 only)</i> MIACALCIN INJECTION MICARDIS MICARDIS HCT <i>Migergot</i> MILLIPRED MINASTRIN 24 FE MINIVELLE <i>minocycline ext-rel</i> MIRVASO <i>Mondoxyne NL capsule 75 mg</i>	MYTESI NAPRELAN <i>naproxen CR</i> <i>naproxen suspension</i> <i>naproxen-esomeprazole</i> NEO-SYNALAR NESINA NEULASTA ¹ NEULASTA ONPRO ¹ NEUPOGEN ¹ NEVANAC NEXIUM NEXTERONE <i>niacin tablet 500 mg</i> <i>Niacor</i> NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE NILANDRON <i>nitrofurantoin (NDC[*] 16571074024 only)</i> NITYR ¹ <i>Nolix</i> NORGESIC FORTE NORITATE NORPACE NORVASC NOURIANZ NOVAREL ¹ NOVO NORDISK NEEDLES ⁶ NOXAFIL NPLATE ¹ NUCALA LYOPHILIZED POWDER ¹ NUCYNTA NUCYNTA ER <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> NUEDEXTA NUTROPIN AQ ¹ NUVIGIL OLUX-E <i>omeprazole-sodium bicarbonate</i> OMNARIS OMNITROPE ¹ OMNIVEX ONFI ONGLYZA ORENCIA INTRAVENOUS ¹ <i>orphenadrine-aspirin-caffeine</i> <i>Orphengesic Forte</i> ORTHO D ORTHO DF ORTHOVISC ¹ OSENI	OSMOPREP OSPHENA OTREXUP ¹ OWEN MUMFORD NEEDLES ⁶ <i>oxiconazole (NDCs[^] 00168035830, 51672135902 only)</i> OXYCONTIN <i>oxymorphone ext-rel</i> OXYTROL <i>pantoprazole delayed-rel suspension</i> <i>paroxetine HCl ext-rel (NDC[^] 60505367503 only)</i> <i>paroxetine mesylate capsule 7.5 mg</i> PAXIL PAXIL CR <i>peg 3350-electrolytes (generics for MOVIPREP only)</i> PEGASYS ¹ <i>Pennaicin</i> PENNSAID PENTASA PERCOCET PERRIGO NEEDLES ⁶ PEXEVA PLAVIX POLYTOZA <i>posaconazole delayed-rel tablet</i> PRADAXA PRED FORTE PRED MILD <i>prednisolone solution 10 mg/5 mL</i> <i>prednisolone solution 20 mg/5 mL</i> PREGNYL ¹ PREMARIN PREMARIN CREAM PRENATAL PLUS PREVACID PREVIDENT PRILOSEC PRISTIQ PROAIR HFA PROAIR RESPICLICK PROCRIT ¹ PROCYSBI ¹ PRODIGEN PROMETRIUM PROTONIX PROVAD PROVENTIL HFA PROVIGIL PROZAC PSORCON QNASL QTERN <i>quazepam</i> QUILLICHEW ER	

List of Formulary Drug Removals

THEO-24	<i>triamcinolone ointment 0.05%</i>	VIAGRA	ZARXIO ¹
THIOLA ¹	<i>Trianex</i>	VIEKIRA PAK ¹	ZEGERID
THIOLA EC ¹	TRICOR	VIIBRYD	ZELAC
TIMOPTIC OCUDOSE	TRIVIDIA INSULIN SYRINGES ⁶	VIRACEPT ¹	ZEMAIRA ¹
TIROSINT	TronVite	VISCO-3 ¹	ZEPATIER ¹
TOBI ¹	TRUVADA ¹	VITAFOL-ONE	ZERVIAE
TOBI PODHALER ¹	TRUXIMA ¹	<i>Vitasure</i>	ZESTORETIC
TOBRADEX ST	TUDORZA	VIVELLE-DOT	ZETIA
<i>topiramate ext-rel capsule</i>	UDENYCA ¹	VOGELXO	ZETONNA
(generics for QUDEXY XR only)	ULORIC	VOTRIENT ¹	ZIANA
TOPROL-XL	ULTIMED INSULIN SYRINGES ⁶	<i>Vtol LQ</i>	<i>Ziclopro</i>
<i>Tovet</i>	ULTIMED NEEDLES ⁶	XALKORI ¹	<i>zileuton ext-rel</i>
TOVIAZ	ULTRAVATE	XANAX	ZIRGAN
TRACLEER ¹	UROXATRAL	XANAX XR	ZOLADEX ¹
TRADJENTA	VALCYTE	XENAZINE ¹	ZOLOFT
<i>tramadol (NDC^ 52817019610</i>	VALTREX	XENICAL	<i>zolpidem sublingual</i>
<i>only)</i>	Vanoxide-HC	XOLEGEL	ZOLPIMIST
<i>tramadol ext-rel capsule</i>	VASCULERA	XOPENEX HFA	ZONEGRAN
TRANSDERM SCOP	VECTICAL	<i>Xvite</i>	ZONTIVITY
TRAVATAN Z	VELTIN	XYZBAC	ZORVOLEX
TRELSTAR MIXJECT ¹	<i>venlafaxine ext-rel tablet</i>	YASMIN	ZUPLENZ
TREXIMET	(except 225 mg)	YAZ	ZYLET
<i>triamcinolone aerosol 0.2%</i>	VENTOLIN HFA	Yuvafem	ZYTIGA ¹
	VEREGEN	ZALVIT	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.

¹ An exception process may exist for specific clinical or regulatory circumstances that may require coverage of a non-covered medication. If your doctor believes you have a specific clinical need for a non-covered product, he or she should fax an exception request to: 1-888-487-9257.

² For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

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

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

⁵ Long Acting Insulins - First Generation.

⁶ BD ULTRAFINE syringes and needles are the only preferred options.

⁷ An ACCU-CHEK or ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK or ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

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

⁹ Generic prenatal vitamins 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.

