

Covered and non-covered drugs

**Drugs not covered — and their covered
alternatives for the Aetna Standard Formulary**
2021 Formulary Exclusions Drug List

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

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

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

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Category drug class	Formulary drug removals	Formulary options
Anti-infectives, Antibacterials Tetracyclines	doxycycline hyclate delayed-rel tablet 50 mg doxycycline hyclate delayed-rel tablet 200 mg doxycycline hyclate tablet 50 mg (NDC ^ 72143021160 only) doxycycline hyclate tablet 75 mg doxycycline hyclate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg minocycline ext-rel CoreMino Mondoxyme NL capsule 75 mg ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
Anti-infectives, Antibacterials Miscellaneous	nitrofurantoin (NDC ^ 0408023932 only) MACRODANTIN	nitrofurantoin (except NDC ^ 70408023932)
Anti-infectives, Antifungals	flucytosine capsule 500 mg	fluconazole
	posaconazole delayed-rel tablet	fluconazole, itraconazole
	CRESEMBA	itraconazole
Anti-infectives, Antiretroviral Agents Protease Inhibitors	APTIVUS ¹	Consult doctor
	INVIRASE ¹ LEXIVA ¹ VIRACEPT ¹	atazanavir, lopinavir-ritonavir solution, EVOTAZ, PREZCOBIX, PREZISTA
Anti-infectives, Antivirals Cytomegalovirus*	VALCYTE	valganciclovir
Anti-infectives, Antivirals Hepatitis B*	BARACLUE TABLET ¹ EPIVIR HBV ¹ HEPSERA ¹	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUE SOLUTION, VEMLIDY
Anti-infectives, Antivirals Hepatitis C*	MAVYRET ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
	VIEKIRA PAK ¹ ZEPATIER ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
Anti-infectives, Antivirals Herpes*	acyclovir cream VALTREX	acyclovir capsule, acyclovir tablet, valacyclovir
Anti-infectives, Antivirals HIV	COMPLERA ¹ STRIBILD ¹	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
Anti-infectives Miscellaneous	DARAPRIM	pyrimethamine
Antiobesity	CONTRAVE XENICAL	QSYMIA, SAXENDA

Category drug class	Formulary drug removals	Formulary options
Anxiety* Benzodiazepines	ATIVAN XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
Asthma* Beta Agonists, Short-Acting	PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
Asthma* Leukotriene Modulators	<i>zileuton ext-rel</i> SINGULAIR	<i>montelukast, zafirlukast</i>
Asthma* Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
Asthma* or Chronic Obstructive Pulmonary Disease (COPD)* Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA ¹ , BREO ELLIPTA ¹ , SYMBICORT
Attention Deficit Hyperactivity Disorder*	ADDERALL EVEKE	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADZENYS ER ADZENYS XR-ODT APTENSIO XR DAYTRANA FOCALIN XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel¹, dexamethylphenidate ext-rel, methylphenidate ext-rel¹, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel¹, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel¹, MYDAYIS, VYVANSE</i>
Autoimmune Agents Physician-Administered Agents	ACTEMRA INTRAVENOUS ¹ ORENCIA INTRAVENOUS ¹	REMICADE, SIMPONI ARIA
	AVSOLA ¹ CIMZIA LYOPHILIZED POWDER ¹ INFLECTRA ¹ RENFLEXIS ¹	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease only) ¹	REMICADE, STELARA INTRAVENOUS
	ILUMYA ¹	REMICADE
Autoimmune Agents Self-Administered Agents Ankylosing Spondylitis *	CIMZIA PREFILLED SYRINGE ¹ SIMPONI ¹ TALTZ ¹	COSENTYX, ENBREL, HUMIRA
Autoimmune Agents Self-Administered Agents Crohn's Disease*	CIMZIA PREFILLED SYRINGE ¹	HUMIRA, STELARA SUBCUTANEOUS # # after failure of HUMIRA
Autoimmune Agents Self-Administered Agents Psoriasis*	CIMZIA PREFILLED SYRINGE ¹ COSENTYX ¹ ENBREL ¹	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA

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

Category drug class	Formulary drug removals	Formulary options
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 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) / Combinations³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
Cardiovascular Antilipemics Niacins	<i>niacin tablet 500 mg 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>
Cardiovascular Antilipemics PCSK9 Inhibitors	REPATHA ¹	PRALUENT
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 mcg and 250 mcg only)	<i>digoxin</i>
Cardiovascular Diuretics	DYRENIUM	<i>amiloride, triamterene</i>
Cardiovascular Nitrates	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS ¹ TRACLEER ¹	<i>ambrisentan, bosentan, OPSUMIT</i>
Cardiovascular Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors	ADCIRCA ¹ REVATIO ¹	<i>sildenafil, tadalafil</i>
Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN ¹	<i>treprostinil</i>
Carnitine Deficiency	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Central Precocious Puberty	LUPRON DEPOT-PED ¹	SUPPRELIN LA, TRIPTODUR

Category drug class	Formulary drug removals	Formulary options
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 Monophasic	BEYAZ MINASTRIN 24 FE TAYTULLA YASMIN YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
Contraceptives Four Phase	NATAZIA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE</i>
Contraceptives Extended Cycle	SEASONIQUE	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
Contraceptives Progestin Intrauterine Devices	LILETTA ¹	KYLEENA, MIRENA, SKYLA
Contraceptives Vaginal	NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>
Cystic Fibrosis* Inhaled Antibiotics	TOBI ¹ TOBI PODHALER ¹	<i>tobramycin inhalation solution, BETHKIS</i>
Dental Cavity/Caries Prevention	PREVIDENT	Consult doctor
Depression* Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg paroxetine HCl ext-rel (NDC[^] 60505367503 only)</i> LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC[^] 60505367503), sertraline, TRINTELLIX</i>
Depression* Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
Depression* Antidepressants, Miscellaneous Agents	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
	OLEPTRO	<i>trazodone</i>

Category drug class	Formulary drug removals	Formulary options
Depression and/or Schizophrenia* Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
Dermatology Acne*	<i>clindamycin gel</i> (NDC ^ 68682046275 only) <i>Vanoxide-HC</i> ACANYA AZELEX BENZACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin gel</i> (except NDC ^ 68682046275), <i>clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
Dermatology Actinic Keratosis*	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
Dermatology Anti-infective / Anti-inflammatory	NEO-SYNALAR	<i>desonide or 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>	<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
Dermatology Atopic Dermatitis*	<i>doxepin cream</i>	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
	ELIDEL	<i>pimecrolimus, tacrolimus, EUCRISA</i>
Dermatology Rosacea*	<i>doxycycline monohydrate</i> <i>delayed-rel capsule</i>	ORACEA
	FINACEA GEL MIRVASO NORITATE	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>
Dermatology Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX 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>

Category drug class	Formulary drug removals	Formulary options
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</i>
	CORDRAN TAPE ULTRAVATE	<i>clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol 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 (NDCs^ 0168035830, 51672135902 only)</i>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
Diabetes* Biguanides	<i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only) FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
Diabetes* Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA

Category drug class	Formulary drug removals	Formulary options
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: <i>Humulin R U-500 concentrate</i> will not be subject to removal and will continue to be covered.	
Diabetes* Long Acting Insulins⁵	LANTUS	BASAGLAR, LEVEMIR
Diabetes* Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
Diabetes* Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
Diabetes* Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
Diabetes* Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
Diabetes* Supplies, Needles⁶	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
Diabetes* Supplies, Syringes⁶	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES

Category drug class	Formulary drug removals	Formulary options																																				
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																																				
Dietary Supplements	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>																																				
	<table border="0"> <tr> <td><i>Activite</i></td> <td>NICAPRIN</td> <td><i>folic acid</i></td> </tr> <tr> <td><i>Dexifol</i></td> <td>NICAZEL</td> <td></td> </tr> <tr> <td><i>Folvite-D</i></td> <td>NICAZEL FORTE</td> <td></td> </tr> <tr> <td><i>Genicin Vita-S</i></td> <td>NICOMIDE</td> <td></td> </tr> <tr> <td><i>HylaVite</i></td> <td>OMNIVEX</td> <td></td> </tr> <tr> <td><i>Lorid</i></td> <td>ORTHO D</td> <td></td> </tr> <tr> <td><i>TronVite</i></td> <td>ORTHO DF</td> <td></td> </tr> <tr> <td><i>Vitasure</i></td> <td>RHEUMATE</td> <td></td> </tr> <tr> <td><i>Xvite</i></td> <td>RIBOZEL</td> <td></td> </tr> <tr> <td>FERIVA 21/7</td> <td>TALIVA</td> <td></td> </tr> <tr> <td>FOLIC-K</td> <td>XYZBAC</td> <td></td> </tr> <tr> <td>NICADAN</td> <td>ZYVIT</td> <td></td> </tr> </table>	<i>Activite</i>	NICAPRIN	<i>folic acid</i>	<i>Dexifol</i>	NICAZEL		<i>Folvite-D</i>	NICAZEL FORTE		<i>Genicin Vita-S</i>	NICOMIDE		<i>HylaVite</i>	OMNIVEX		<i>Lorid</i>	ORTHO D		<i>TronVite</i>	ORTHO DF		<i>Vitasure</i>	RHEUMATE		<i>Xvite</i>	RIBOZEL		FERIVA 21/7	TALIVA		FOLIC-K	XYZBAC		NICADAN	ZYVIT		
<i>Activite</i>	NICAPRIN	<i>folic acid</i>																																				
<i>Dexifol</i>	NICAZEL																																					
<i>Folvite-D</i>	NICAZEL FORTE																																					
<i>Genicin Vita-S</i>	NICOMIDE																																					
<i>HylaVite</i>	OMNIVEX																																					
<i>Lorid</i>	ORTHO D																																					
<i>TronVite</i>	ORTHO DF																																					
<i>Vitasure</i>	RHEUMATE																																					
<i>Xvite</i>	RIBOZEL																																					
FERIVA 21/7	TALIVA																																					
FOLIC-K	XYZBAC																																					
NICADAN	ZYVIT																																					
Endocrine and Metabolic Corticosteroids	<i>betamethasone acetate- betamethasone sodium phosphate (NDC ^ 71283062002 only)</i> BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>																																				
Endocrine and Metabolic Progesterins	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>																																				
Endometriosis*	LUPRON DEPOT ¹ ZOLADEX ¹	ORILISSA																																				
Erectile Dysfunction* Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>																																				

Category drug class	Formulary drug removals	Formulary options
Fertility*	FOLLISTIM AQ ¹	GONAL-F
	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> Oscimin SR Symax-SR GLYCOPYRROLATE TABLET 1.5 mg LIBRAX	<i>dicyclomine</i>
Gastrointestinal Antidiarrheals	ENTERAGAM	<i>alosetron</i> , VIBERZI, XIFAXAN 550 mg
	MYTESI	<i>diphenoxylate-atropine</i> , loperamide
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, MOVANTI ^K , 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</i> <i>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 THIOLA THIOLA EC	Consult doctor

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	Consult doctor
Hematologic Anticoagulants Oral	PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO
Hematologic Chelating Agents	CUPRIMINE	<i>penicillamine capsule</i>
	DEFERAL ¹ EXJADE ¹ FERRIPROX ¹ JADENU ¹	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE	<i>trientine</i>
Hematologic Erythropoiesis-Stimulating Agents	EPOGEN ¹ PROCRIT ¹	ARANESP, RETACRIT
Hematologic Hemophilia B	ALPROLIX ¹	Consult doctor
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA ¹ NEULASTA ¹ NEULASTA ONPRO ¹ UDENYCA ¹	ZIEXTENZO
	GRANIX ¹ NEUPOGEN ¹ ZARXIO ¹	NIVESTYM
Hematologic Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel</i> , BRILINTA
	ZONTIVITY	Consult doctor
High Blood Pressure* ACE Inhibitor / Diuretic Combinations	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
High Blood Pressure* Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>

Category drug class	Formulary drug removals	Formulary options
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>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
High Blood Pressure* Beta-blockers	COREG CR INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
High Blood Pressure* Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
High Blood Pressure* Calcium Channel Blockers	NORVASC	<i>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>
High Blood Pressure* Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	<i>amlodipine WITH celecoxib</i>
Huntington's Disease	XENAZINE ¹	<i>tetrabenazine, AUSTEDO</i>
Immunology Antimetabolites	CELLCEPT ¹ MYFORTIC ¹	<i>mycophenolate mofetil, mycophenolate sodium</i>
Immunology Calcineurin Inhibitors	ASTAGRAF XL ¹ ENVARBUS XR ¹	<i>tacrolimus</i>
Immunology Disease Modifying Antirheumatic Agents	OTREXUP ¹	RASUVO
Immunology Hereditary Angioedema*	BERINERT ¹	<i>icatibant, RUCONEST</i>
Immunology Rapamycin Derivatives	RAPAMUNE ¹ ZORTRESS ¹	<i>everolimus, sirolimus</i>

Category drug class	Formulary drug removals	Formulary options
Inflammatory Bowel Disease (IBD) Ulcerative Colitis* Aminosalicylates	mesalamine delayed-rel tablet 800 mg COLAZAL DELZICOL LIALDA	balsalazide, mesalamine delayed-rel (except mesalamine delayed-rel tablet 800 mg), mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD, PENTASA
Interferons*	PEGASYS ¹	Consult doctor
Kidney Disease* Phosphate Binders	lanthanum carbonate FOSRENOL	calcium acetate, sevelamer carbonate, 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	AVONEX ¹ EXTAVIA ¹ PLEGRIDY ¹ TECFIDERA ¹	dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
Musculoskeletal	carisoprodol 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 CHLORZOXAZONE 250 mg NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
Narcolepsy Wakefulness Promoters	NUVIGIL PROVIGIL	armodafinil, modafinil, SUNOSI
Nephropathic Cystinosis	PROCYSBI ¹	CYSTAGON
Ophthalmic Allergies	ALREX BEPREVE LASTACAFT ZERVIAE	azelastine, cromolyn sodium, olopatadine

Category drug class	Formulary drug removals	Formulary options
Ophthalmic Anti-infectives	AZASITE CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>
Ophthalmic Anti-infective / Anti-inflammatory	TOBRADEX ST ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>
Ophthalmic Anti-inflammatory, Nonsteroidal	ACUVAIL BROMSITE NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
Ophthalmic Anti-inflammatory, Steroidal	FLAREX FML FORTE FML LIQUIFILM FML S.O.P. INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL</i>
Ophthalmic Antivirals	ZIRGAN	<i>trifluridine</i>
Ophthalmic Artificial Tears	LACRISERT	RESTASIS, XIIDRA
Ophthalmic Glaucoma	<i>bimatoprost solution 0.03%</i> TRAVATAN Z	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>
	BETIMOL TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETOPTIC S</i>
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Dependency	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
Osteoarthritis* Viscosupplements	GEL-ONE ¹ HYALGAN ¹ MONOVISC ¹ ORTHOVISC ¹ SYNVISC ¹ SYNVISC-ONE ¹ VISCO-3 ¹	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
Osteoporosis* Calcium Regulators	MICALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
	MICALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
Otic Anti-infective / Anti-inflammatory	CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
Overactive Bladder / Incontinence* Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>

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

Category drug class	Formulary drug removals	Formulary options
Pain and Inflammation* Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT</i>
	CELEBREX	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>Diclofex DC (NDC ^ 51021037201 only)</i> <i>Dicloaicin Inflammacin NuDiclo SoluPak NuDiclo TabPak PENNSAID</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC ^ 69336012830 only) naproxen CR naproxen suspension FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT</i>
Parkinson's Disease	APOKYN ¹	INBRIJA, KYNMOBI
	NOURIANZ	<i>amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>
	RYTARY	<i>carbidopa-levodopa, carbidopa-levodopa ext-rel</i>
Phenylketonuria	KUVAN ¹	<i>sapropterin</i>
Postherpetic Neuralgia	HORIZANT	<i>gabapentin, GRALISE</i>
Premenstrual Dysphoric Disorder (PMDD)	<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC ^ 60505367503), sertraline</i>
Prenatal Vitamins⁹	AZESCO PRENATAL PLUS TRINAZ VITAFOL-ONE ZALVIT All other brand prenatal vitamins that are not CITRANATAL	<i>prenatal vitamins, CITRANATAL</i>

The listed formulary options are subject to change.

Category drug class	Formulary drug removals	Formulary options
Prostate Condition Benign Prostatic Hyperplasia*	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
Respiratory Alpha-1 Antitrypsin Deficiency	ARALAST NP ¹ GLASSIA ¹ ZEMAIRA ¹	PROLASTIN-C
Respiratory Cough	<i>benzonatate</i> (NDCs [^] 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs [^] 69336012615, 69499032915)
Respiratory Xanthines	THEO-24	<i>ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>
Sleep Disorder Hypnotics, Non-benzodiazepines	<i>quazepam</i> <i>zolpidem sublingual</i> LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>
Testosterone Replacement* Androgens	<i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only) ANDROGEL 1% FORTESTA TESTIM VOGELXO	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution</i> , ANDRODERM, NATESTO
Thyroid Supplements	CYTOMEL NATURE-THROID WESTHROID WP THYROID	<i>levothyroxine, liothyronine, SYNTHROID</i>
	TIROSINT	<i>levothyroxine, SYNTHROID</i>
Transplant* Immunosuppressants, Calcineurin Inhibitors	PROGRAF ¹	<i>tacrolimus</i>
Urea Cycle Disorders	BUPHENYL ¹ RAVICTI ¹	<i>sodium phenylbutyrate</i>
Uterine Fibroids*	LUPRON DEPOT ¹	ORIAHNN

Drug class	Other considerations
All drugs	On a quarterly basis, new and existing products - including limited source generics, products with significant cost inflation, and specialty and non-specialty products - may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in removal, addition or deletion of a product.
Autoimmune and Hepatitis C*	For some clients, an Indication-Based Formulary will be utilized for products in these classes and may result in additional removals for certain conditions only.
Drugs for infusion into spaces other than the blood	A drug that must be infused into a space other than the blood will generally not be covered under the prescription drug benefit.
New-to-market agents¹	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark® National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.

List of formulary drug removals

ABILIFY	BEPREVE	POWDER ¹	<i>tablet 150 mg</i>
ACANYA	BERINERT ¹	CIMZIA PREFILLED SYRINGE ¹	<i>doxycycline monohydrate capsule 75 mg</i>
ACIPHEX	<i>betamethasone acetate-</i>	CIPRO HC	<i>doxycycline monohydrate capsule 150 mg</i>
ACIPHEX SPRINKLE	<i>betamethasone sodium phosphate (NDC[^] 71283062002 only)</i>	CIPRODEX	<i>doxycycline monohydrate delayed-rel capsule</i>
ACTEMRA ACTPEN ¹	BETAMETHASONE ACETATE-	<i>clindamycin gel (NDC[^] 68682046275 only)</i>	
ACTEMRA INTRAVENOUS ¹	BETAMETHASONE SODIUM	<i>clobetasol spray</i>	
ACTEMRA SUBCUTANEOUS ¹	PHOSPHATE	CLOBEX SPRAY	
ACTICLATE		<i>clocortolone cream</i>	DULERA
<i>Activite</i>	BETAPACE	COLAZAL	DUTOPROL
ACTOS	BETAPACE AF	<i>colchicine capsule</i>	DYRENIUM
ACUVAIL	BETIMOL	COLCRYS	EDARBI
<i>acyclovir cream</i>	BEVESPI AEROSPHERE	COMPLERA ¹	EDARBYCLOR
ADCIRCA ¹	BEYAZ	CONSENSI	E.E.S. GRANULES
ADDERALL	<i>bimatoprost solution 0.03%</i>	CONTOUR NEXT STRIPS	EFFEXOR XR
ADZENYS ER	BORTEZOMIB ¹	AND KITS [®]	ELELYSO ¹
ADZENYS XR-ODT	BREEZE 2 STRIPS AND KITS [®]	CONTOUR STRIPS AND KITS [®]	ELIDEL
ALCORTIN A	BROMSITE	CONTRAVE	ELMIRON
ALEVICYN GEL	<i>Bupap</i>	CORDRAN CREAM	ENABLEX
ALEVICYN SG	BUPHENYL ¹	CORDRAN LOTION	ENLITE CONTINUOUS
ALEVICYN SOLUTION	<i>bupropion ext-rel tablet 450 mg</i>	CORDRAN OINTMENT	GLUCOSE MONITORING
ALIQOPA ¹	<i>butalbital-acetaminophen tablet 50-300 mg</i>	CORDRAN TAPE	SYSTEM
ALLISON MEDICAL	BUTALBITAL-	COREG CR	ENTERAGAM
INSULIN SYRINGES [®]	ACETAMINOPHEN	<i>CoreMino</i>	ENTYVIO
ALPROLIX ¹	(NDC [^] 69499034230 only)	COZAAR	(for Crohn's Disease only) ¹
ALREX	<i>butalbital-acetaminophen-caffeine capsule</i>	CRESEMBA	ENVARUSUS XR ¹
ALTOPREV	BUTRANS	CRESTOR	EPICERAM
ALVESCO	BYDUREON	CUPRIMINE	EPIVIR HBV ¹
AMITIZA	BYETTA	<i>cyclobenzaprine ext-rel capsule</i>	EPOGEN ¹
AMRIX	CAFERGOT	<i>cyclobenzaprine tablet 7.5 mg</i>	<i>ergotamine-caffeine</i>
ANDROGEL	<i>calcipotriene cream</i>	CYMBALTA	ERYPED
APEXICON E	<i>calcipotriene foam</i>	CYTOMEL	<i>estradiol vaginal tablet</i>
APIDRA	CALCIPOTRIENE FOAM	DARAPRIM	ESTRING
APOKYN ¹	<i>calcipotriene-betamethasone calcitriol ointment</i>	<i>DaVite</i>	EVEKEO
APTENSIO XR	CAMBIA	DAYTRANA	EVERSENSE CONTINUOUS
APTIVUS ¹	CARAC	DELZICOL	GLUCOSE MONITORING
ARALAST NP ¹	CARAFATE	DESFERAL ¹	SYSTEM
ARTHROTEC	CARBINOXAMINE TABLET	<i>desoximetasone ointment 0.05%</i>	EXFORGE
ASMANEX	6 mg	DETROL LA	EXFORGE HCT
ASMANEX HFA	CARDIZEM	<i>dexchlorpheniramine</i>	EXJADE ¹
ASTAGRAF XL ¹	CARDIZEM CD	<i>Dexifol</i>	EXTAVIA ¹
ATACAND	CARDIZEM LA	DIFFERIN LOTION	FABIOR
ATACAND HCT	<i>carisoprodol 250 mg</i>	<i>diflorasone cream</i>	FANAPT
ATIVAN	CARNITOR	<i>diflorasone ointment</i>	FEMRING
ATOPADERM	CARNITOR SF	<i>dihydroergotamine spray</i>	<i>fenofibrate capsule 50 mg</i>
AVASTIN ¹	CELEBREX	<i>diltiazem ext-rel (generics for CARDIZEM LA only)</i>	<i>fenofibrate capsule 130 mg</i>
AVENOVA	CELLCEPT ¹	DIOVAN	<i>fenofibrate tablet 40 mg</i>
AVONEX ¹	<i>cchlordiazepoxide-clidinium (NDCs[^] 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)</i>	DIOVAN HCT	<i>fenofibrate tablet 120 mg</i>
AVSOLA ¹		<i>Diphen Elixir</i>	FENOGLIDE TABLET 120 mg
AZASITE	CHLORZOXAZONE 250 mg	DORYX	<i>fenoprofen</i>
AZELEX	<i>chlorzoxazone 375 mg</i>	DORYX MPC	FENOPROFEN CAPSULE
AZESCO	<i>chlorzoxazone 500 mg (NDC[^] 73007001303 only)</i>	<i>doxepin cream</i>	FERIVA 21/7
AZOR	<i>chlorzoxazone 750 mg</i>	<i>doxycycline hyclate delayed-rel tablet 50 mg</i>	FERRIPROX ¹
BANZEL SUSPENSION	CHORIONIC GONADOTROPIN ¹	<i>doxycycline hyclate delayed-rel tablet 100 mg</i>	<i>Fexmid</i>
BARACLUDE TABLET ¹	CIALIS	<i>doxycycline hyclate delayed-rel tablet 200 mg</i>	FINACEA GEL
BEAU RX	CICATRACE	<i>doxycycline hyclate tablet 50 mg (NDC[^] 72143021160 only)</i>	FIORICET CAPSULE
BECONASE AQ	CILOXAN	<i>doxycycline hyclate tablet 75 mg</i>	FLAREX
BENICAR	CIMZIA LYOPHILIZED	<i>doxycycline hyclate</i>	<i>flucytosine capsule 500 mg</i>
BENICAR HCT			<i>fluocinonide cream 0.1%</i>
BENSAL HP			<i>fluorouracil cream 0.5%</i>
BENZACLIN			<i>fluoxetine tablet (generics for SARAFEM only)</i>
<i>benzonatate</i>			<i>fluoxetine tablet 60 mg</i>
(NDCs [^] 69336012615, 69499032915 only)			<i>flurandrenolide cream</i>

List of Formulary Drug Removals

FML LIQUIFILM	<i>Inflammacin</i>	<i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only)	<i>omeprazole-sodium bicarbonate</i>
FML S.O.P.	INFLECTRA ¹	<i>methocarbamol 500 mg</i> (NDC [^] 69036091010 only)	OMNARIS
FOCALIN XR	INNOPRAN XL	<i>methocarbamol 750 mg</i> (NDCs [^] 69036093090, 70868090190 only)	OMNITROPE ¹
FOLIC-K	INTRAROSA		OMNIVEX
FOLLISTIM AQ ¹	INTUNIV		ONFI
<i>Folvite-D</i>	INVIRASE ¹		ONGLYZA
FORTAMET	INVOKAMET	MIACALCIN INJECTION	ORENCIA INTRAVENOUS ¹
FORTESTA	INVOKAMET XR	MIACALCIN NASAL SPRAY	<i>orphenadrine-aspirin-caffeine</i>
FOSRENOL	INVOKANA	MICARDIS	<i>Orphengesic Forte</i>
FOSTEUM	<i>isosorbide dinitrate 40 mg</i>	MICARDIS HCT	ORTHO D
FOSTEUM PLUS	JALYN	<i>Migergot</i>	ORTHO DF
FREESTYLE LIBRE	JENTADUETO	MILLIPRED	ORTHOVISC ¹
CONTINUOUS GLUCOSE MONITORING SYSTEM	JENTADUETO XR	MINASTRIN 24 FE	<i>Oscimin SR</i>
FREESTYLE STRIPS AND KITS ⁸	KAMDOY	MINIVELLE	OSENI
FULPHILA ¹	KAZANO	<i>minocycline ext-rel</i>	OSMOPREP
GEL-ONE ¹	<i>ketoconazole foam 2%</i>	MIRVASO	OSPHERA
<i>Genicin Vita-S</i>	<i>Ketodan</i>	<i>Mondoxyne NL capsule 75 mg</i>	OTREXUP ¹
GENOTROPIN ¹	<i>ketoprofen capsule 25 mg</i>	MONOVISC ¹	OWEN MUMFORD NEEDLES ⁸
GLASSIA ¹	<i>ketoprofen ext-rel capsule</i>	MOVIPREP	<i>oxiconazole</i> (NDCs [^] 00168035830, 51672135902 only)
GLEEVEC ¹	KINERET ¹	<i>mupirocin cream</i>	OXYCONTIN
GLUMETZA	KOMBIGLYZE XR	MYFORTIC ¹	<i>oxymorphone ext-rel</i>
GLYCOPYRROLATE TABLET 1.5 mg	KUVAN ¹	MYTESI	OXYTROL
GOLYTELY	KYPROLIS ¹	NAPRELAN	<i>pantoprazole delayed-rel suspension</i>
GRANIX ¹	LACRISERT	<i>naproxen-esomeprazole</i>	<i>paroxetine HCl ext-rel</i> (NDC [^] 60505367503 only)
GUARDIAN CONNECT	LACTULOSE PAK	<i>naproxen CR</i>	<i>paroxetine mesylate capsule 7.5 mg</i>
CONTINUOUS GLUCOSE MONITORING SYSTEM	LANOXIN TABLET (125 mcg and 250 mcg only)	<i>naproxen suspension</i>	PAXIL
GUARDIAN REAL-TIME	<i>lanthanum carbonate</i>	NATAZIA	PAXIL CR
CONTINUOUS GLUCOSE MONITORING SYSTEM	LANTUS	NEO-SYNALAR	PEGASYS ¹
<i>halcinonide cream</i>	LASTACAPT	NESINA	PENNSAID
HALOG	LAZANDA	NEULASTA ¹	PERCOCET
<i>heparin sodium in 5% dextrose</i>	LESCOL XL	NEULASTA ONPRO ¹	PERRIGO NEEDLES ⁸
HEPARIN SODIUM IN 5% DEXTROSE	LETAIRIS ¹	NEUPOGEN ¹	PEXEVA
HEPSERA ¹	<i>levorphanol</i>	NEVANAC	PLAVIX
HERCEPTIN ¹	LEXAPRO	NEXIUM	PLEGRIDY ¹
HERCEPTIN HYLECTA ¹	LEXIVA ¹	<i>niacin tablet 500 mg</i>	POLYTOZA
HORIZANT	LIALDA	<i>Niacor</i>	<i>posaconazole delayed-rel tablet</i>
HUMALOG	<i>LIDOCAINE-TETRACAINE CREAM</i> (NDC [^] 71800063115 only)	NICADAN	PRADAXA
HUMALOG MIX 50/50	LIDOTREX	NICAPRIN	PRED FORTE
HUMALOG MIX 75/25	LILETTA ¹	NICAZEL	PRED MILD
HUMATROPE ¹	LIPITOR	NICAZEL FORTE	PREGNYL ¹
HUMULIN 70/30 ⁴	LITHOSTAT	NICOMIDE	PREMARIN
HUMULIN N ⁴	LIVALO	NILANDRON	PREMARIN CREAM
HUMULIN R ⁴	<i>Lorid</i>	<i>nitrofurantoin</i> (NDC [^] 70408023932 only)	PRENATAL PLUS
HYALGAN ¹	<i>Lorzone</i>	<i>Nolix</i>	PREVACID
<i>hydrocortisone butyrate lipophilic cream 0.1%</i>	LOTEMAX	NORGESIC FORTE	PREVIDENT
<i>hydrocortisone butyrate lotion</i>	LOTEMAX SM	NORITATE	NORPACE
<i>HylaVite</i>	<i>luliconazole</i>	NORVASC	NOURIANZ
<i>hyoscyamine sulfate ext-rel</i>	LUNESTA	NOVACORT	NOVAREL ¹
HYSINGLA ER	LUPRON DEPOT ¹	NOVO NORDISK NEEDLES ⁸	NOXAFIL
HYZAAR	LUPRON DEPOT-PED ¹		<i>NuDiclo SoluPak</i>
<i>icosapent ethyl</i>	LYRICA		<i>NuDiclo TabPak</i>
ILUMYA ¹	MACRODANTIN	NUTROPIN AQ ¹	
INCRUSE ELLIPTA	<i>Matzim LA</i>	NUVARING	
INDERAL LA	MAVYRET ¹	OLEPTRO	
INDERAL XL	MAXALT	OLUX-E	
INDOCIN	MAXALT-MLT		
<i>indomethacin capsule 20 mg</i>	MAXIDEX		
	<i>mefenamic acid</i> (NDC [^] 69336012830 only)		
	MENEST		
	<i>mesalamine delayed-rel tablet 800 mg</i>		
	<i>metaxalone 400 mg</i>		

List of Formulary Drug Removals

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

This is not a complete list of medications covered or excluded under your plan. We only list the most common ones. Certain drugs may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan.

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

To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll free number on the back of your member ID card.

