

Covered and non-covered drugs

**Drugs not covered — and their covered
alternatives for the Aetna Standard Formulary**
2022 Formulary Exclusions Drug List



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

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

Category drug class	Formulary drug removals	Formulary options
Acromegaly	SANDOSTATIN LAR ¹ 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 (NDC [^] 72143021160 only) doxycycline hyclate tablet 75 mg doxycycline hyclate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg minocycline ext-rel CoreMino Mondoxyne NL capsule 75 mg Targadox ACTICLATE DORYX DORYX MPC	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
Anti-infectives, Antibacterials Miscellaneous	nitrofurantoin (NDCs [^] 16571074024, 70408023932 only) MACRODANTIN	nitrofurantoin (except NDCs [^] 16571074024, 70408023932)
Anti-infectives, Antifungals	flucytosine capsule 500 mg	fluconazole
	posaconazole delayed-rel tablet NOXAFIL	fluconazole, itraconazole
	CRESEMBA	itraconazole
	tavorole	terbinafine tablet
Anti-infectives, Antiretroviral Agents Combination Agents	ATRIPLA ¹ COMPLERA ¹ STRIBILD ¹	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
	TRUVADA ¹	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY, TEMIXYS
Anti-infectives, Antiretroviral Agents Protease Inhibitors	APTIVUS ¹	Consult doctor
	INVIRASE ¹ LEXIVA ¹ VIRACEPT ¹	atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA
Anti-infectives, Antivirals Cytomegalovirus *	VALCYTE	valganciclovir
Anti-infectives, Antivirals Hepatitis B *	BARACLUDE TABLET ¹ EPIVIR HBV ¹ HEPSERA ¹	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY
Anti-infectives, Antivirals Hepatitis C *	MAVYRET ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
	VIEKIRA PAK ¹ ZEPATIER ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
Anti-infectives, Antivirals Herpes *	acyclovir cream VALTrex	acyclovir capsule, acyclovir tablet, valacyclovir

Category drug class	Formulary drug removals	Formulary options
Anti-infectives Miscellaneous	DARAPRIM	<i>pyrimethamine</i>
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 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 †, BREO ELLIPTA †, SYMBICORT
Attention Deficit Hyperactivity Disorder *	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADZENYS XR-ODT APTENSIO XR 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	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 *	SIMPONI ¹ TALTZ ¹ XELJANZ ¹ XELJANZ XR ¹	COSENTYX, ENBREL, HUMIRA
Autoimmune Agents Self-Administered Agents Crohn's Disease *	None	HUMIRA, STELARA SUBCUTANEOUS

Category drug class	Formulary drug removals	Formulary options
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, 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 # # After failure of HUMIRA
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 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 Melanoma * BRAF/MEK Inhibitors	MEKINIST ¹	COTELLIC, MEKTOVI
	TAFINLAR ¹	BRAFTOVI, ZELBORAF
Cancer Follicular Lymphoma * PI3K Inhibitors	ALIQOPA ¹ ZYDELIG ¹	COPIKTRA
Cancer Monoclonal Antibodies	AVASTIN ¹	ZIRABEV
	HERCEPTIN ¹ HERCEPTIN HYLECTA ¹	KANJINTI, TRAZIMERA
	RITUXAN ¹	RUXIENCE
Cancer mTOR Inhibitors	AFINITOR ¹ AFINITOR DISPERZ ¹	<i>everolimus</i>
Cancer Multiple Myeloma * Proteasome Inhibitors	BORTEZOMIB ¹ KYPROLIS ¹	NINLARO, VELCADE

Category drug class	Formulary drug removals	Formulary options
Cancer Non-Small Cell Lung Cancer * ALK Inhibitors	XALKORI ¹	ALECENSA, ALUNBRIG, ZYKADIA
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
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	NORPACE	<i>disopyramide</i>
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	<i>fenofibrate capsule 50 mg</i> <i>fenofibrate capsule 130 mg</i> <i>fenofibrate tablet 40 mg</i> <i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), 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</i> <i>Niacor</i>	<i>niacin ext-rel</i>
Cardiovascular Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, 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>

Category drug class	Formulary drug removals	Formulary options
Cardiovascular Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors	ADCIRCA ¹ REVATIO ¹	<i>sildenafil, tadalafil</i>
Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN ¹	<i>treprostinil</i>
Carnitine Deficiency	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA, YUPELRI
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergic / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
Contraceptives Oral	BALCOLTRA BEYAZ MINASTRIN 24 FE SEASONIQUE TAYTULLA YASMIN YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
Contraceptives Progestin Intrauterine Devices	LILETTA ¹	KYLEENA, MIRENA, SKYLA
Contraceptives Vaginal	<i>ethinyl estradiol-etonogestrel 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
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>

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, CAPLYTA, LATUDA, VRAYLAR</i>
Dermatology Acne *	<i>adapalene pad clindamycin gel (NDC ^68682046275 only) VANOXIDE-HC ACANYA AZELEX BENZACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA</i>	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC ^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
Dermatology Actinic Keratosis *	<i>fluorouracil cream 0.5% CARAC</i>	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA</i>
Dermatology Anti-infective / Anti-inflammatory	NEO-SYNALAR	<i>desonide (except desonide gel) or hydrocortisone WITH gentamicin</i>
Dermatology Antibiotics	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
Dermatology Antipsoriatics	<i>calcipotriene cream calcipotriene foam calcitriol ointment CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL</i>	<i>calcipotriene ointment, calcipotriene solution</i>
	<i>calcipotriene-betamethasone DUOBRII</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI, ENSTILAR</i>
Dermatology Atopic Dermatitis *	<i>doxepin cream</i>	<i>desonide (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
	ELIDEL	<i>pimecrolimus, tacrolimus, EUCRISA</i>
Dermatology Rosacea *	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
	<i>ivermectin cream FINACEA GEL MIRVASO NORITATE</i>	<i>azelaic acid gel, metronidazole, FINACEA FOAM, 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% 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>desonide gel</i> <i>DesRx</i> <i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> <i>Nolix</i> CORDRAN CREAM CORDRAN LOTION	<i>desonide (except desonide gel), hydrocortisone</i>
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 lipophili cream 0.1%</i> <i>hydrocortisone butyrate lotion</i> <i>triamcinolone aerosol 0.2%</i> <i>triamcinolone ointment 0.05%</i> <i>Trianex</i> CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
Dermatology Skin Inflammation and Hives * High Potency Corticosteroids	<i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
Dermatology Skin Inflammation and Hives * Very High Potency Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream, halobetasol cream</i>
	CORDRAN TAPE ULTRAVATE	<i>clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
Dermatology Warts	VEREGEN	<i>imiquimod</i>
Dermatology Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide (except desonide gel), hydrocortisone</i>
Dermatology Miscellaneous Skin Conditions	ATOPADERM BENSAL HP EPICERAM KAMDOY SYNERDERM	<i>desonide (except desonide gel), hydrocortisone</i>
	<i>luliconazole</i> <i>oxiconazole</i> <i>(NDCs^ 00168035830, 51672135902 only)</i>	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
Diabetes * Biguanides	<i>metformin ext-rel (generics for FORTAMET and GLUMETZA only)</i> FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
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: 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
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

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

Category drug class	Formulary drug removals	Formulary options
Gastrointestinal Proton Pump Inhibitors (PPIs)	<i>dexlansoprazole delayed-rel</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, lansoprazole delayed-rel,</i> <i>omeprazole delayed-rel, pantoprazole delayed-rel</i> <i>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>
Gout *	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet, MITIGARE</i>
	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	ELIQUIS PRADAXA	<i>warfarin, XARELTO</i>
Hematologic Chelating Agents	CUPRIMINE ¹	<i>penicillamine</i>
	DEFERAL 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	ALPROLIX ¹	Consult doctor
Hematologic Miscellaneous Bleeding Disorders Agents	FEIBA ¹	NOVOSEVEN RT, SEVENFACT

Category drug class	Formulary drug removals	Formulary options
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, BRILINTA</i>
	ZONTIVITY	Consult doctor
Hematologic Thrombocytopenia Agents	MULPLETA ¹	Consult doctor
	NPLATE ¹	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>
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>

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

Category drug class	Formulary drug removals	Formulary options
Multiple Sclerosis	EXTAVIA ¹ TECFIDERA ¹	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
Musculoskeletal	<i>carisoprodol 250 mg chlorzoxazone 250 mg chlorzoxazone 375 mg chlorzoxazone 500 mg (NDC ^ 73007001303 only) chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg metaxalone 400 mg methocarbamol 500 mg (NDC ^ 69036091010 only) methocarbamol 750 mg (NDCs ^ 69036093090, 70868090190 only) orphenadrine-aspirin-caffeine Fexmid Lorzone Orphengesic Forte AMRIX NORGESIC FORTE</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
Narcolepsy Wakefulness Promoters	NUVIGIL PROVIGIL	<i>armodafinil, modafinil, SUNOSI, WAKIX, XYWAV</i>
Nephropathic Cystinosis	PROCYSBI ¹	CYSTAGON
Ophthalmic Allergies	ALREX BEPREVE LASTACAFT ZERVIAE	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>
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, difluprednate, loteprednol, prednisolone acetate 1%</i>
Ophthalmic Antivirals	ZIRGAN	<i>trifluridine</i>
Ophthalmic Artificial Tears	LACRISERT	RESTASIS, XIIDRA

Category drug class	Formulary drug removals	Formulary options
Ophthalmic Glaucoma	<i>bimatoprost solution 0.03%</i> TRAVATAN Z	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>
	BETIMOL TIMOPTIC OCULOSE	<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	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA, TOVIAZ</i>
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> Bupap Vtol LQ BUTALBITAL-ACETAMINOPHEN (NDC [^] 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> Migergot CAFERGOT MAXALT MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, 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 Migraine CGRP Inhibitors	AIMOVIG	AJOVY, EMGALITY
Pain Neuropathic Pain *	LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>

Category drug class	Formulary drug removals	Formulary options
Pain Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>
	<i>levorphanol oxymorphone ext-rel</i> HYSINGLA ER OXYCONTIN	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
	PERCOCET	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
	<i>tramadol (NDC^ 52817019610 only)</i> <i>tramadol ext-rel capsule</i>	<i>tramadol (except NDC^ 52817019610), tramadol ext-rel tablet</i>
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, omeprazole delayed-rel, pantoprazole delayed-rel tablet
	CELEBREX	celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	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, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	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, 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
	RYTARY	carbidopa-levodopa, carbidopa-levodopa ext-rel
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>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 Xanthines	THEO-24	<i>ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>
Sleep Disorder Hypnotics, Non-benzodiazepines	<i>quazepam zolpidem sublingual</i> LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</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 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>

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

List of Formulary Drug Removals

<i>clindamycin gel (NDC^ 68682046275 only)</i>	<i>doxycycline hyclate tablet 75 mg</i>	<i>flucytosine capsule 500 mg</i>	<i>lipophilic cream 0.1%</i>
<i>clobetasol spray</i>	<i>doxycycline hyclate tablet 150 mg</i>	<i>fluocinonide cream 0.1%</i>	<i>hydrocortisone butyrate lotion</i>
<i>CLOBEX SPRAY</i>	<i>doxycycline monohydrate capsule 75 mg</i>	<i>fluorouracil cream 0.5%</i>	<i>HylaVite</i>
<i>clocortolone cream</i>	<i>doxycycline monohydrate capsule 150 mg</i>	<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>hyoscynamine sulfate ext-rel</i>
<i>COLAZAL</i>	<i>doxycycline monohydrate delayed-rel capsule</i>	<i>fluoxetine tablet 60 mg</i>	<i>HYSINGLA ER</i>
<i>colchicine capsule</i>	<i>DULERA</i>	<i>flurandrenolide cream</i>	<i>HYZAAR</i>
<i>COLCRYS</i>	<i>DUOBRII</i>	<i>flurandrenolide lotion</i>	<i>Iclofenac CP</i>
<i>COMPLERA¹</i>	<i>DUTOPROL</i>	<i>flurandrenolide ointment</i>	<i>ICLUSIG¹</i>
<i>CONSENSI</i>	<i>DYRENIUM</i>	<i>FML FORTE</i>	<i>icosapent ethyl</i>
<i>CONTOUR NEXT STRIPS AND KITS[®]</i>	<i>EDARBI</i>	<i>FML LIQUIFILM</i>	<i>ILUMYA¹</i>
<i>CONTOUR STRIPS AND KITS[®]</i>	<i>EDARBYCLOR</i>	<i>FML S.O.P.</i>	<i>INCRUSE ELLIPTA</i>
<i>CONTRAVE</i>	<i>E.E.S. GRANULES</i>	<i>FOCALIN XR</i>	<i>INDERAL LA</i>
<i>CORDRAN CREAM</i>	<i>EFFEXOR XR</i>	<i>FOLIC-K</i>	<i>INDERAL XL</i>
<i>CORDRAN LOTION</i>	<i>ELELYSO¹</i>	<i>FOLLISTIM AQ¹</i>	<i>INDOCIN</i>
<i>CORDRAN OINTMENT</i>	<i>ELIDEL</i>	<i>Folvite-D</i>	<i>indomethacin capsule 20 mg</i>
<i>CORDRAN TAPE</i>	<i>ELIQUIS</i>	<i>FORTAMET</i>	<i>Inflammacin</i>
<i>COREG CR</i>	<i>ELMIRON</i>	<i>FORTESTA</i>	<i>INFLECTRA 1</i>
<i>CoreMino</i>	<i>EluRyng</i>	<i>FOSRENOL</i>	<i>INNOPRAN XL</i>
<i>COZAAR</i>	<i>ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM</i>	<i>FOSTEUM</i>	<i>INTRAROSA</i>
<i>CRESEMBA</i>	<i>ENTERAGAM</i>	<i>FOSTEUM PLUS</i>	<i>INTUNIV</i>
<i>CRESTOR</i>	<i>ENTYVIO (For Crohn's Disease Only)¹</i>	<i>FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM</i>	<i>INVELTYS</i>
<i>CUPRIMINE¹</i>	<i>ENVARBUS XR¹</i>	<i>FREESTYLE STRIPS AND KITS[®]</i>	<i>INVIRASE¹</i>
<i>cyclobenzaprine ext-rel capsule</i>	<i>EPICERAM</i>	<i>FULPHILA¹</i>	<i>INVOKAMET</i>
<i>cyclobenzaprine tablet 7.5 mg</i>	<i>EPIVIR HBV¹</i>	<i>GEL-ONE¹</i>	<i>INVOKAMET XR</i>
<i>CYMBALTA</i>	<i>EPOGEN¹</i>	<i>Genicin Vita-S</i>	<i>INVOKANA</i>
<i>CYTOMEL</i>	<i>ergotamine-caffeine</i>	<i>GENOTROPIN¹</i>	<i>isosorbide dinitrate 40 mg</i>
<i>DARAPRIM</i>	<i>ERYPED</i>	<i>GLASSIA¹</i>	<i>ivermectin cream</i>
<i>DAYTRANA</i>	<i>estradiol vaginal tablet</i>	<i>GLEEVEC¹</i>	<i>JADENU¹</i>
<i>DELZICOL</i>	<i>ESTRING</i>	<i>GLUCAGEN HYPOKIT</i>	<i>JALYN</i>
<i>DESFERAL¹</i>	<i>ethinyl estradiol-etonogestrel</i>	<i>GLUCAGON EMERGENCY KIT</i>	<i>JENTADUETO</i>
<i>desonide gel</i>	<i>EVEKEO</i>	<i>GLUMETZA</i>	<i>JENTADUETO XR</i>
<i>desoximetasone ointment 0.05%</i>	<i>EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM</i>	<i>GLUCOPYRROLATE TABLET 1.5 MG</i>	<i>JUXTAPID¹</i>
<i>DesRx</i>	<i>EXFORGE</i>	<i>GOLYTELY</i>	<i>KAMDOY</i>
<i>DETROL LA</i>	<i>EXFORGE HCT</i>	<i>GRANIX¹</i>	<i>Kapzin DC</i>
<i>dexchlorpheniramine</i>	<i>EXJADE¹</i>	<i>GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM</i>	<i>KAZANO</i>
<i>Dexifol</i>	<i>EXTAVIA¹</i>	<i>GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM</i>	<i>KEPPRA</i>
<i>DEXILANT</i>	<i>FABIOR</i>	<i>halcinonide cream</i>	<i>KEPPRA XR</i>
<i>dexlansoprazole delayed-rel</i>	<i>FANAPT</i>	<i>HALOG</i>	<i>ketocanazole foam 2%</i>
<i>diclofenac potassium tablet 25 mg</i>	<i>FEIBA¹</i>	<i>heparin sodium in 5% dextrose</i>	<i>Ketodan</i>
<i>Diclofex DC</i>	<i>FEMRING</i>	<i>HEPARIN SODIUM IN 5% DEXTROSE</i>	<i>ketoprofen capsule 25 mg</i>
<i>DicloHeal-60</i>	<i>fenofibrate capsule 50 mg</i>	<i>HEPSERA¹</i>	<i>ketoprofen ext-rel capsule</i>
<i>DIFFERIN LOTION</i>	<i>fenofibrate capsule 130 mg</i>	<i>HERCEPTIN¹</i>	<i>KINERET¹</i>
<i>diflorasone cream</i>	<i>fenofibrate tablet 40 mg</i>	<i>HERCEPTIN HYLECTA¹</i>	<i>KOMBIGLYZE XR</i>
<i>diflorasone ointment</i>	<i>fenofibrate tablet 120 mg</i>	<i>HORIZANT</i>	<i>KORLYM¹</i>
<i>dihydroergotamine spray</i>	<i>FENOGLIDE TABLET 120 MG</i>	<i>HUMALOG</i>	<i>KUVAN¹</i>
<i>diltiazem ext-rel (generics for CARDIZEM LA only)</i>	<i>fenoprofen</i>	<i>HUMALOG MIX 50/50</i>	<i>KYPROLIS¹</i>
<i>DIOVAN</i>	<i>FENOPROFEN CAPSULE</i>	<i>HUMALOG MIX 75/25</i>	<i>LACRISERT</i>
<i>DIOVAN HCT</i>	<i>FERIVA 21/7</i>	<i>HUMATROPE¹</i>	<i>Lactojen</i>
<i>Diphen Elixir</i>	<i>FERRIPROX¹</i>	<i>HUMULIN 70/30⁴</i>	<i>LACTULOSE PAK</i>
<i>DORYX</i>	<i>Fexmid</i>	<i>HUMULIN N⁴</i>	<i>LAMICTAL</i>
<i>DORYX MPC</i>	<i>FINACEA GEL</i>	<i>HUMULIN R⁴</i>	<i>LAMICTAL ODT</i>
<i>doxepin cream</i>	<i>FIORICET CAPSULE</i>	<i>HYALGAN¹</i>	<i>LAMICTAL XR</i>
<i>doxycycline hyclate delayed- rel tablet</i>	<i>FLAREX</i>	<i>hydrocortisone butyrate</i>	<i>LANOXIN TABLET (125 MCG and 250 MCG only)</i>
<i>doxycycline hyclate tablet 50 mg (NDC^ 72143021160 only)</i>			<i>lanthanum carbonate</i>

List of Formulary Drug Removals

LEXIVA ¹	<i>naproxen-esomeprazole</i>	<i>paroxetine mesylate capsule</i>	RYTARY
LIALDA	NATURE-THROID	7.5 mg	SABRIL ¹
LIBRAX	NEO-SYNALAR	PAXIL	SAIZEN ¹
LIDOCAINE-TETRACAINE	NESINA	PAXIL CR	SANDOSTATIN LAR ¹
CREAM (NDC [^] 71800063115 only)	NEULASTA ¹	<i>peg 3350-electrolytes</i>	SCARSILK PAD
LIDOTREX	NEULASTA ONPRO ¹	(generics for MOVIPREP only)	SEASONIQUE
LILETTA ¹	NEUPOGEN ¹	PEGASYS 1	SEROQUEL XR
LIPITOR	NEVANAC	PENNSAID	SIGNIFOR LAR ¹
LITHOSTAT	NEXIUM	PENTASA	SIL-K PAD
LIVALO	<i>niacin tablet 500 mg</i>	PERCOCET	SILENOR
<i>Lofena</i>	<i>Niacor</i>	PERRIGO NEEDLES [®]	SILVEX
<i>Lorid</i>	NICADAN	PEXEVA	SILTREX
<i>Lorzone</i>	NICAPRIN	PLAVIX	SIMPONI ¹
LOTEMAX	NICAZEL	POLYTOZA	SINGULAIR
LOTEMAX SM	NICAZEL FORTE	<i>posaconazole delayed-rel</i>	SOMAVERT ¹
<i>luticonazole</i>	NICOMIDE	<i>tablet</i>	SORILUX
LUNESTA	NILANDRON	PRADAXA	SPRIX
LUPRON DEPOT ¹	<i>nitrofurantoin (NDCs[^]</i>	PRED FORTE	STENDRA
LYRICA	<i>16571074024, 70408023932</i>	PRED MILD	STRIBILD ¹
MACRODANTIN	<i>only)</i>	PREGNYL 1	SUBOXONE
<i>Matzim LA</i>	<i>Nolix</i>	PREMARIN	<i>sucralfate suspension</i>
MAVYRET ¹	NORGESIC FORTE	PREMARIN CREAM	<i>sumatriptan-naproxen</i>
MAXALT	NORITATE	PRENATAL PLUS	SUPREP
MAXALT-MLT	NORPACE	PREVACID	<i>Sure Result DSS Premium</i>
MAXIDEX	NORVASC	PREVIDENT	<i>Pack</i>
<i>mefenamic acid (NDC[^]</i>	NOURIANZ	PRIOSEC	SYMJEPI
<i>69336012830 only)</i>	NOVAREL ¹	PRISTIQ	SYNERDERM
MEKINIST ¹	NOVO NORDISK NEEDLES [®]	PROAIR HFA	SYNVISC ¹
<i>meloxicam capsule</i>	NOXAFIL	PROAIR RESPICLICK	SYNVISC-ONE ¹
MENEST	NPLATE ¹	PROCRIT ¹	SYPRINE ¹
<i>mesalamine delayed-rel tablet</i>	<i>NuDiclo SoluPak</i>	PROCYSBI ¹	TAFINLAR ¹
800 mg	<i>NuDiclo TabPak</i>	PRODIGEN	TALIVA
<i>metaxalone 400 mg</i>	NUTROPIN AQ ¹	PROGRAF ¹	<i>Targadox</i>
<i>metformin ext-rel (generics for</i>	NUVIGIL	PROMETRIUM	TASIGNA ¹
FORTAMET and GLUMETZA only)	OLUX-E	PROTONIX	TAVABOROLE
<i>methocarbamol 500 mg</i>	<i>omeprazole-sodium</i>	PROVAD	TAYTULLA
<i>(NDC[^] 69036091010 only)</i>	<i>bicarbonate</i>	PROVENTIL HFA	TAZORAC
<i>methocarbamol 750 mg</i>	OMNARIS	PROVIGIL	TECFIDERA ¹
<i>(NDCs[^] 69036093090,</i>	OMNITROPE ¹	PROZAC	TESTIM
<i>70868090190 only)</i>	OMNIVEX	PSORCON	<i>testosterone gel 1%</i>
MIACALCIN INJECTION	ONFI	QNASL	(authorized generics for TESTIM and VOGELXO only)
MICARDIS	ONGLYZA	QTERN	THEO-24
MICARDIS HCT	ORENCIA INTRAVENOUS ¹	<i>quazepam</i>	THIOLA ¹
<i>Migergot</i>	<i>orphenadrine-aspirin-caffeine</i>	QUILLICHEW ER	THIOLA EC ¹
MILLIPRED	<i>Orphengesic Forte</i>	QUILLIVANT XR	TIMOPTIC OCUDOSE
MINASTRIN 24 FE	ORTHO D	RAPAFLO	TIROSINT
MINIVELLE	ORTHO DF	RAPAMUNE ¹	TOBI ¹
<i>minocycline ext-rel</i>	ORTHOVISC ¹	RAVICTI ¹	TOBI PODHALER ¹
MIRVASO	OSENI	RAYOS	TOBRADEX ST
<i>Mondoxyne NL capsule 75 mg</i>	OSMOPREP	RECEDO	<i>topiramate ext-rel capsule</i>
MONOVISC ¹	OSPHERA	REMODULIN ¹	(generics for QUDEXY XR only)
MOVANTIK	OTREXUP ¹	RENFLEXIS ¹	TOPROL-XL
MOVIPREP	OWEN MUMFORD NEEDLES [®]	REPATHA ¹	TRACLEER ¹
MULPLETA ¹	<i>oxiconazole (NDCs[^]</i>	REVATIO ¹	TRADJENTA
<i>MultiPro</i>	<i>00168035830, 51672135902</i>	RHEUMATE	<i>tramadol (NDC[^] 52817019610</i>
<i>mupirocin cream</i>	<i>only)</i>	RIABNI ¹	<i>only)</i>
MYFORTIC ¹	OXYCONTIN	RIBOZEL	<i>tramadol ext-rel capsule</i>
MYTESI	<i>oxymorphone ext-rel</i>	RIMSO-50	TRANSDERM SCOP
NAPRELAN	OXYTROL	RIOMET	TRAVATAN Z
<i>naproxen CR</i>	<i>pantoprazole delayed-rel</i>	RITUXAN ¹	TRELSTAR MIXJECT ¹
<i>naproxen suspension</i>	<i>suspension</i>	ROZEREM	TREXIMET
	<i>paroxetine HCl ext-rel (NDC[^]</i>	RyClora	
	<i>60505367503 only)</i>		

List of Formulary Drug Removals

<i>triamcinolone aerosol 0.2%</i>	VECTICAL	XANAX	ZETIA
<i>triamcinolone ointment 0.05%</i>	VELTIN	XANAX XR	ZETONNA
<i>Trianex</i>	<i>venlafaxine ext-rel tablet</i>	XENAZINE ¹	ZIANA
TRICOR	(except 225 mg)	XENICAL	<i>Ziclopro</i>
TRIVIDIA INSULIN SYRINGES ⁶	VENTOLIN HFA	XOLEGEL	<i>zileuton ext-rel</i>
TronVite	VEREGEN	XOPENEX HFA	ZIRGAN
TRUVADA ¹	VIAGRA	<i>Xvite</i>	ZOLADEX ¹
TRUXIMA ¹	VIEKIRA PAK ¹	XYZBAC	ZOLOFT
TUDORZA	VIIBRYD	YASMIN	<i>zolpidem sublingual</i>
UDENYCA ¹	VIRACEPT ¹	YAZ	ZOLPIMIST
ULORIC	VISCO-3 ¹	Yuvaferm	ZONEGRAN
ULTIMED INSULIN SYRINGES ⁶	VITAFOL-ONE	ZALVIT	ZONTIVITY
ULTIMED NEEDLES ⁶	<i>Vitasure</i>	ZARXIO ¹	ZORTRESS ¹
ULTRAVATE	VIVELLE-DOT	ZEGERID	ZORVOLEX
UROXATRAL	VOGELXO	ZELAC	ZUPLENZ
VALCYTE	<i>Vtol LQ</i>	ZEMAIRA ¹	ZYDELIG ¹
VALTRES	WESTHROID	ZEPATIER ¹	ZYLET
Vanoxide-HC	WP THYROID	ZERVIAE	ZYTIGA ¹
VASCULERA	XALKORI ¹	ZESTORETIC	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.

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.

