

Drugs not covered — and their covered alternatives for the Aetna Standard Formulary

2023 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>Upper and lowercase italics</i>	Branded generic medicine
<i>lowercase italics</i>	Generic medicine

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Acromegaly</i>	SANDOSTATIN LAR ¹ SIGNIFOR LAR ¹ SOMAVERT ¹	SOMATULINE DEPOT
<i>Allergies Antihistamines</i>	<i>dexchlorpheniramine Diphen Elixir RyClora CARBINOXAMINE TABLET 6 MG</i>	<i>levocetirizine</i>
<i>Allergies Nasal Steroids / Combinations</i>	BECONASE AQ DYMISTA OMNARIS QNASL ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
<i>Anti-infectives, Antibacterials Erythromycins / Macrolides</i>	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials Tetracyclines</i>	<i>doxycycline hyclate delayed-rel tablet doxycycline hyclate tablet 50 mg doxycycline hyclate tablet 75 mg doxycycline hyclate tablet 150 mg doxycycline monohydrate capsule 75 mg doxycycline monohydrate capsule 150 mg minocycline ext-rel CoreMino Mondoxine NL capsule 75 mg Targadox DORYX DORYX MPC</i>	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>

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Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Anti-infectives, Antibacterials</i> Miscellaneous	<i>nitrofurantoin</i> (NDC* 16571074024 only) MACRODANTIN	<i>nitrofurantoin</i> (except NDC* 16571074024)
<i>Anti-infectives, Antifungals</i>	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
	<i>posaconazole delayed-rel tablet</i> NOXAFIL	<i>fluconazole, itraconazole</i>
	CRESEMBA	<i>itraconazole</i>
	<i>tavorole</i>	<i>terbinafine tablet</i>
<i>Anti-infectives, Antiretroviral Agents</i> Combination Agents	COMPLERA ¹ STRIBILD ¹	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
	TRUVADA ¹	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>
<i>Anti-infectives, Antiretroviral Agents</i> Fusion Inhibitors	SELZENTRY ¹	<i>maraviroc</i>
<i>Anti-infectives, Antiretroviral Agents</i> Protease Inhibitors	APTIVUS ¹	Talk to your doctor
	LEXIVA ¹ VIRACEPT ¹	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus †	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals</i> Hepatitis B †	BARACLUDE TABLET ¹ EPIVIR HBV ¹ VEMLIDY ¹	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>
<i>Anti-infectives, Antivirals</i> 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)
<i>Anti-infectives, Antivirals</i> Herpes †	<i>acyclovir cream</i> VALTREX	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
<i>Anti-infectives</i> Miscellaneous	DARAPRIM	<i>pyrimethamine</i>
<i>Antiobesity</i>	CONTRAVE XENICAL	<i>orlistat, QSYMIA, SAXENDA, WEGOVY</i>
<i>Antiseizure Agents</i>	<i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only) LAMICTAL LAMICTAL ODT	<i>carbamazepine, carbamazepine ext-rel, clobazam, clonazepam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, 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, XCOPRI</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
	BANZEL FINTEPLA ¹ ONFI	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
	SABRIL ¹	<i>vigabatrin</i>
	DEPAKOTE DEPAKOTE ER DEPAKOTE SPRINKLE	<i>carbamazepine, carbamazepine ext-rel, clonazepam, divalproex sodium, divalproex sodium ext-rel, ethosuximide, gabapentin, lacosamide, 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, XCOPRI</i>
	DILANTIN KEPPRA KEPPRA XR LAMICTAL XR TEGRETOL TEGRETOL XR TRILEPTAL VIMPAT ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, 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, XCOPRI</i>
	DIACOMIT ¹	Talk to your doctor
Anxiety † Benzodiazepines	ATIVAN XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
Asthma † Beta Agonists, Short-Acting	<i>albuterol sulfate CFC-free aerosol (NDC* 66993001968 only)</i> PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol</i>
Asthma † Leukotriene Modulators	<i>zileuton ext-rel</i> SINGULAIR	<i>montelukast, zafirlukast</i>
Asthma † Steroid Inhalants	ALVESCO ARNUITY ELLIPTA ASMANEX ASMANEX HFA FLOVENT DISKUS FLOVENT HFA QVAR REDIHALER ³	PULMICORT FLEXHALER
Asthma † or Chronic Obstructive Pulmonary Disease (COPD) † Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT
Asthma † Severe Asthma	NUCALA LYOPHILIZED POWDER ¹	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR
Attention Deficit Hyperactivity Disorder †	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADDERALL XR ADZENYS XR-ODT APTENSIO XR CONCERTA DAYTRANA DYANAVEL XR FOCALIN XR JORNAY PM	<i>amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS</i>

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	MYDAYIS QUILLICHEW ER QUILLIVANT XR	
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel, AZSTARYS, QELBREE</i>
Autoimmune Agents Physician-Administered Agents	ACTEMRA INTRAVENOUS ¹ ORENCIA INTRAVENOUS ¹	REMICADE, SIMPONI ARIA
	AVSOLA ¹ CIMZIA LYOPHILIZED POWDER ¹ INFLECTRA ¹ RENFLEXIS ¹	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease Only) ¹	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
Autoimmune Agents Self-Administered Agents Ankylosing Spondylitis †	SIMPONI ¹ TALTZ ¹ XELJANZ ¹ XELJANZ XR ¹	COSENTYX, ENBREL, HUMIRA, RINVOQ
Autoimmune Agents Self-Administered Agents Crohn's Disease †	None	HUMIRA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS
Autoimmune Agents Self-Administered Agents Non-Radiographic Axial Spondyloarthritis †	TALTZ ¹	CIMZIA PREFILLED SYRINGE, COSENTYX, RINVOQ
Autoimmune Agents Self-Administered Agents Psoriasis †	COSENTYX ¹ ENBREL ¹	HUMIRA, OTEZLA, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
Autoimmune Agents Self-Administered Agents Psoriatic Arthritis †	ORENCIA CLICKJECT ¹ ORENCIA SUBCUTANEOUS ¹ SIMPONI ¹ TALTZ ¹ XELJANZ ¹ XELJANZ XR ¹	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TREMFYA
Autoimmune Agents Self-Administered Agents Rheumatoid Arthritis †	ACTEMRA ACTPEN ¹ ACTEMRA SUBCUTANEOUS ¹ KINERET ¹ SIMPONI ¹	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
Autoimmune Agents Self-Administered Agents Ulcerative Colitis †	SIMPONI ¹	HUMIRA, RINVOQ, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR, ZEPOSIA
Autoimmune Agents Self-Administered Agents All Other Conditions †	ACTEMRA ACTPEN ¹ ACTEMRA SUBCUTANEOUS ¹ KINERET ¹ ORENCIA CLICKJECT ¹ ORENCIA SUBCUTANEOUS ¹	ENBREL, HUMIRA
Botulinum Toxins	BOTOX ¹	Talk to your doctor
Cancer Antimetabolites	ALIMTA	<i>pemetrexed</i>
Cancer Biosimilars	RIABNI ¹ TRUXIMA ¹	RUXIENCE

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Cancer</i> Chronic Myelogenous Leukemia † Kinase Inhibitors	GLEEVEC ¹ ICLUSIG ¹ TASIGNA ¹	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer</i> Follicular Lymphoma † PI3K Inhibitors	ALIQUOPA ¹	Talk to your doctor
<i>Cancer</i> Melanoma † BRAF/MEK Inhibitors	MEKINIST ¹	COTELLIC, MEKTOVI
	TAFINLAR ¹	BRAFTOVI, ZELBORAF
<i>Cancer</i> Monoclonal Antibodies	AVASTIN ¹	ZIRABEV
	HERCEPTIN ¹ HERCEPTIN HYLECTA ¹	KANJINTI, TRAZIMERA
	RITUXAN ¹	RUXIENCE
<i>Cancer</i> mTOR Inhibitors	AFINITOR ¹ AFINITOR DISPERZ ¹	<i>everolimus</i>
<i>Cancer</i> Multiple Myeloma † Proteasome Inhibitors	BORTEZOMIB ¹ KYPROLIS ¹	<i>bortezomib</i> , NINLARO
<i>Cancer</i> Non-Small Cell Lung Cancer † ALK Inhibitors	XALKORI ¹	ALECENSA, ALUNBRIG, ZYKADIA
<i>Cancer</i> PARP Inhibitor	RUBRACA ¹	LYNPARZA, ZEJULA
<i>Cancer</i> Prostate † Antiandrogens	NILANDRON ZYTIGA ¹	<i>abiraterone</i> , <i>bicalutamide</i> , ERLEADA, XTANDI, YONSA
<i>Cancer</i> Prostate † Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	FIRMAGON ¹ LUPRON DEPOT ¹ TRELSTAR MIXJECT ¹ ZOLADEX ¹	ELIGARD
<i>Cancer</i> Renal Cell Carcinoma Kinase Inhibitors	SUTENT ¹ VOTRIENT ¹	<i>sunitinib</i> , CABOMETYX, INLYTA, LENVIMA, NEXAVAR
<i>Cancer</i> Miscellaneous	TARGRETIN ¹	<i>bexarotene</i>
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	MULTAQ NEXTERONE	<i>amiodarone</i>
	NORPACE	<i>disopyramide</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
Cardiovascular Antilipemics Fibrates	fenofibrate capsule 30 mg fenofibrate capsule 50 mg fenofibrate capsule 90 mg fenofibrate capsule 130 mg fenofibrate tablet 40 mg fenofibrate tablet 120 mg FENOGLIDE TABLET 120 MG TRICOR	fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ⁴	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Cardiovascular Antilipemics MTP Inhibitors	JUXTAPID ¹	REPATHA
Cardiovascular Antilipemics Niacins	niacin tablet 500 mg Niacor	niacin ext-rel
Cardiovascular Antilipemics Omega-3 Fatty Acids	icosapent ethyl LOVAZA	omega-3 acid ethyl esters, VASCEPA
Cardiovascular Antilipemics PCSK9 Inhibitors	PRALUENT ¹	REPATHA
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin
Cardiovascular Diuretics	DYRENIUM	amiloride, triamterene
Cardiovascular Nitrates	isosorbide dinitrate 40 mg	isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate
Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS ¹ TRACLEER ¹	ambrisentan, bosentan, OPSUMIT
Cardiovascular Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors	ADCIRCA ¹ REVATIO ¹	sildenafil, tadalafil
Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN ¹	treprostinil
	TYVASO DPI ¹	Talk to your doctor
Cardiovascular Miscellaneous	NORTHERA ¹	midodrine
Carnitine Deficiency	CARNITOR CARNITOR SF	levocarnitine

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Chronic Obstructive Pulmonary Disease (COPD)</i> † Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA
<i>Chronic Obstructive Pulmonary Disease (COPD)</i> † Anticholinergic / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
<i>Contraceptives Oral</i>	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>
<i>Contraceptives Progestin Intrauterine Devices</i>	LILETTA †	KYLEENA, MIRENA, SKYLA
<i>Contraceptives Vaginal</i>	<i>ethinyl estradiol-etonogestrel</i> <i>EluRyng</i>	ANNOVERA, NUVARING
<i>Cushing's Syndrome</i>	KORLYM †	Talk to your doctor
<i>Cystic Fibrosis</i> † Inhaled Antibiotics	BETHKIS † CAYSTON † KITABIS PAK † TOBI † TOBI PODHALER †	<i>tobramycin inhalation solution</i>
<i>Dental Cavity/Caries Prevention</i>	PREVIDENT	Talk to your doctor
<i>Depression</i> † Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg</i> <i>paroxetine HCl ext-rel</i> (NDC* 60505367503 only) LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX</i>
<i>Depression</i> † 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>
<i>Depression</i> † Antidepressants, Miscellaneous Agents	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
Depression and/or Schizophrenia † Antipsychotics, Atypicals	ABILIFY FANAPT LATUDA SEROQUEL XR	<i>aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, VRAYLAR</i>
<i>Dermatology Acne</i> †	<i>adapalene pad</i> <i>clindamycin gel (NDC* 68682046275 only)</i> <i>Vanoxide-HC</i> ACANYA ACZONE	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
	AZELEX DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	
Dermatology Actinic Keratosis †	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA
Dermatology Anti-infective / Anti-inflammatory	NEO-SYNALAR	desonide (except desonide gel) or hydrocortisone WITH gentamicin
Dermatology Antibiotics	mupirocin cream	gentamicin, mupirocin ointment
Dermatology Antipsoriatics	calcipotriene cream calcipotriene foam calcitriol ointment CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL	calcipotriene ointment, calcipotriene solution, VTAMA, ZORYVE
	calcipotriene-betamethasone DUOBRII	calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI; ENSTILAR, VTAMA, ZORYVE
Dermatology Atopic Dermatitis †	doxepin cream	desonide (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA
	ELIDEL	pimecrolimus, tacrolimus, EUCRISA
Dermatology Rosacea †	doxycycline monohydrate delayed-rel capsule	ORACEA
	ivermectin cream FINACEA GEL MIRVASO NORITATE	azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, RHOFAGE, SOOLANTRA
Dermatology Scars	CICATRACE POLYTOZA RECEDO SCARSILK PAD SILVEX SILTREX	Talk to your doctor
Dermatology Seborrheic Dermatitis †	ketconazole foam 2% Ketodan	ketconazole shampoo 2%, selenium sulfide lotion 2.5%
Dermatology Skin Inflammation and Hives † Low Potency Corticosteroids	desonide gel DesRx flurandrenolide cream flurandrenolide lotion CORDRAN CREAM CORDRAN LOTION	desonide (except desonide gel), hydrocortisone
Dermatology Skin Inflammation and Hives † Medium Potency Corticosteroids	clocortolone cream desoximetasone ointment 0.05% flurandrenolide ointment hydrocortisone butyrate lipophilic cream 0.1% hydrocortisone butyrate lotion triamcinolone aerosol 0.2% triamcinolone ointment 0.05% Trianex CORDRAN OINTMENT	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)

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<i>Dermatology</i> Skin Inflammation and Hives † High Potency Corticosteroids	<i>betamethasone dipropionate ointment 0.05%</i> <i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG	<i>desoximetasone (except desoximetasone ointment 0.05%),</i> <i>fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<i>Dermatology</i> Skin Inflammation and Hives † Very High Potency Corticosteroids	<i>clobetasol emollient foam</i> <i>clobetasol spray</i> <i>fluocinonide cream 0.1%</i> <i>Tovet</i> CLOBEX SPRAY CORDRAN TAPE OLUX-E ULTRAVATE	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel,</i> <i>clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
<i>Dermatology</i> Warts	VEREGEN	<i>imiquimod</i>
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide (except desonide gel), hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ATOPADERM BENSAL HP EPICERAM KAMDOY SYNERDERM	<i>desonide (except desonide gel), hydrocortisone</i>
	<i>luliconazole</i> <i>oxiconazole</i> (NDCs* 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
<i>Diabetes †</i> 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>
<i>Diabetes †</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
<i>Diabetes †</i> Dipeptidyl Peptidase 4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA WITH <i>pioglitazone</i>
<i>Diabetes †</i> Injectable Incretin Mimetics	BYDUREON BCISE BYETTA	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
<i>Diabetes †</i> Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ⁵	NOVOLIN 70/30 ⁵
	HUMULIN N ⁵	NOVOLIN N ⁵
	HUMULIN R ⁵	NOVOLIN R ⁵
	NOTE: <i>Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.</i>	

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<i>Diabetes</i> † Long Acting Insulins ⁶	LANTUS	BASAGLAR, LEVEMIR
<i>Diabetes</i> † Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
<i>Diabetes</i> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<i>Diabetes</i> † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
<i>Diabetes</i> † Supplies, Needles ⁷	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
<i>Diabetes</i> † Supplies, Syringes ⁷	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
<i>Diabetes</i> † Supplies, Test Strips and Kits ^{8, 9}	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 ⁸ , ACCU-CHEK GUIDE STRIPS AND KITS ⁸ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁸ , ONETOUCH ULTRA STRIPS AND KITS ⁸ , ONETOUCH VERIO STRIPS AND KITS ⁸
	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
<i>Dietary Supplements</i>	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite</i> ¹⁰ <i>Dexifol</i> ¹⁰ <i>Genicin Vita-S</i> ¹⁰ <i>HylaVite</i> ¹⁰ <i>MultiPro</i> ¹⁰ <i>TronVite</i> ¹⁰ <i>Vitasure</i> ¹⁰ FERIVA 21/7 ¹⁰ FLORIVA ¹⁰	<i>generic multivitamins</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
	FLORIVA PLUS ¹⁰ NICADAN ¹⁰ NICAPRIN ¹⁰ NICAZEL ¹⁰ NICAZEL FORTE ¹⁰ NICOMIDE ¹⁰ POLY-VI-FLOR ¹⁰ POLY-VI-FLOR WITH IRON ¹⁰ RHEUMATE ¹⁰ TALIVA ¹⁰ TRI-VI-FLOR ¹⁰ XYZBAC ¹⁰ All other brand multivitamins ¹⁰	
	Folvite-D ¹⁰ ORTHO D ¹⁰ ORTHO DF ¹⁰	<i>folic acid, generic multivitamins</i>
	VASCULERA	Talk to your doctor
Endocrine and Metabolic Corticosteroids	<i>prednisolone solution 10 mg/5 mL</i> <i>prednisolone solution 20 mg/5 mL</i> <i>Millipred</i> BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone</i>
Endocrine and Metabolic Hereditary Tyrosinemia Type 1 Agents	NITYR ¹	ORFADIN
Endocrine and Metabolic Potassium-Removing Agents	LOKELMA	VELTASSA
Endocrine and Metabolic Progestins	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
Endocrine and Metabolic Severe Hypoglycemia	GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT	<i>glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE</i>
Endocrine and Metabolic Vasopressin Receptor Antagonists	JYNARQUE ¹	Talk to your doctor
Endocrine and Metabolic Miscellaneous	CARBAGLU ¹	<i>carglumic acid</i>
	CYSTADANE ¹	<i>betaine</i>
Endometriosis †	ZOLADEX ¹	MYFEMBREE, ORLISSA
Erectile Dysfunction † Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
Fertility Regulators Follicle-Stimulating Hormones	FOLLISTIM AQ ¹	GONAL-F
	CHORIONIC GONADOTROPIN ¹ NOVAREL ¹ PREGNYL ¹	OVIDREL
Gastrointestinal Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) <i>hyoscyamine sulfate ext-rel</i> GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
Gastrointestinal Antidiarrheals	ENTERAGAM	<i>alosetron</i> , VIBERZI, XIFAXAN 550 MG
	MYTESI	<i>diphenoxylate-atropine</i> , <i>loperamide</i>
Gastrointestinal Antiemetics	TRANSDERM SCOP	<i>meclizine</i> , <i>scopolamine transdermal</i>
Gastrointestinal Irritable Bowel Syndrome †	AMITIZA	<i>lubiprostone</i> , LINZESS, SYMPROIC
Gastrointestinal Laxatives	LACTULOSE PAK	<i>lactulose solution</i>
	<i>peg 3350-electrolytes</i> (generics for MOVIPREP only) GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes</i> (except generics for MOVIPREP), CLENPIQ
Gastrointestinal Opioid-Induced Constipation	MOVANTIK	<i>lubiprostone</i> , SYMPROIC
Gastrointestinal Probiotics	ZELAC	Talk to your doctor
Gastrointestinal Proton Pump Inhibitors (PPIs)	<i>dexlansoprazole delayed-rel lansoprazole delayed-rel orally disintegrating tablet omeprazole-sodium bicarbonate pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE DEXILANT NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
Gastrointestinal Ulcer Treatment	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
Gaucher Disease	ELELYSO ¹	CERDELGA, CEREZYME
Genitourinary Interstitial Cystitis	ELMIRON RIMSO-50	Talk to your doctor
Genitourinary Miscellaneous	LITHOSTAT	Talk to your doctor
	THIOLA ¹ THIOLA EC ¹	<i>tiopronin</i>
Gout †	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet</i> , MITIGARE
	ULORIC	<i>allopurinol</i>
Growth Hormones	HUMATROPE ¹ NUTROPIN AQ ¹ OMNITROPE ¹ SAIZEN ¹	GENOTROPIN, NORDITROPIN
Hematologic Anticoagulants Injectable	HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Hematologic</i> Anticoagulants Oral	PRADAXA	warfarin, ELIQUIS, XARELTO
<i>Hematologic</i> Chelating Agents	CUPRIMINE ¹	penicillamine
	DESFERAL ¹ EXJADE ¹ FERRIPROX ¹ JADENU ¹	deferasirox, deferiprone, deferoxamine
	SYPRINE ¹	trientine
<i>Hematologic</i> Erythropoiesis-Stimulating Agents	EPOGEN ¹	ARANESP, PROCRIT, RETACRIT
<i>Hematologic</i> Hemophilia B	BENEFIX ¹ IXINITY ¹ RIXUBIS ¹	ALPROLIX, REBINYN
<i>Hematologic</i> Miscellaneous Bleeding Disorders Agents	FEIBA ¹	NOVOSEVEN RT, SEVENFACT
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	FULPHILA ¹ NEULASTA ¹ NEULASTA ONPRO ¹ UDENYCA ¹	ZIEXTENZO
	GRANIX ¹ LEUKINE ¹ NEUPOGEN ¹ ZARXIO ¹	NIVESTYM
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	clopidogrel, prasugrel, BRILINTA
	ZONTIVITY	Talk to your doctor
	NPLATE ¹	DOPTELET, PROMACTA, TAVALISSE
<i>High Blood Pressure</i> † ACE Inhibitors	EPANED	enalapril, fosinopril, lisinopril, quinapril, ramipril
<i>High Blood Pressure</i> † ACE Inhibitor / Diuretic Combinations	ZESTORETIC	fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide
<i>High Blood Pressure</i> † Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
<i>High Blood Pressure</i> † Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide
<i>High Blood Pressure</i> † Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	AZOR EXFORGE	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>High Blood Pressure</i> † Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine- hydrochlorothiazide</i>
<i>High Blood Pressure</i> † Beta-blockers	BYSTOLIC 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>
<i>High Blood Pressure</i> † 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 (except generics for CARDIZEM LA)</i>
<i>Huntington's Disease</i>	XENAZINE ¹	<i>tetrabenazine, AUSTEDO, AUSTEDO XR</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP ¹	RASUVO
<i>Immunology</i> Hereditary Angioedema	BERINERT ¹ FIRAZYR ¹	<i>icatibant, RUCONEST</i>
	CINRYZE ¹	ORLADEYO, TAKHZYRO
<i>Immunology</i> Miscellaneous	ARCALYST ¹	ILARIS
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis †	<i>budesonide ext-rel tablet</i> ASACOL HD COLAZAL DELZICOL LIALDA PENTASA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>
<i>Interferons</i> †	PEGASYS ¹	Talk to your doctor
<i>Kidney Disease</i> † Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL RENVELA	<i>calcium acetate, sevelamer carbonate, AURYXIA, VELPHORO</i>
<i>Menopausal Symptom Agents</i> Oral	<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>
	MENEST OSPHENA PREMARIN	<i>estradiol</i>
<i>Menopausal Symptom Agents</i> Transdermal	CLIMARA (except CLIMARA PRO) MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>Menopausal Symptom Agents</i> Vaginal	<i>estradiol vaginal tablet</i> <i>Yuvaferm</i> ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
<i>Multiple Sclerosis</i>	AUBAGIO ¹ EXTAVIA ¹ GILENYA ¹	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
	LEMTRADA ¹ TECFIDERA ¹	
<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	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
<i>Narcolepsy Wakefulness Promoters</i>	NUVIGIL PROVIGIL	armodafinil, modafinil, SUNOSI, WAKIX, XYWAV
<i>Nephropathic Cystinosis</i>	PROCYSBI ¹	CYSTAGON
<i>Ophthalmic Allergies</i>	ALREX BEPREVE LASTACAFT ZERVIAE	azelastine, bepotastine, cromolyn sodium, olopatadine
<i>Ophthalmic Anti-infectives</i>	AZASITE CILOXAN	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE
<i>Ophthalmic Anti-infective / Anti-inflammatory</i>	TOBRADEX ST ZYLET	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT
<i>Ophthalmic Anti-inflammatory, Nonsteroidal</i>	ACUVAIL BROMSITE NEVANAC	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA
<i>Ophthalmic Anti-inflammatory, Steroidal</i>	FLAREX FML FORTE FML LIQUIFILM INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%
<i>Ophthalmic Antivirals</i>	ZIRGAN	trifluridine
<i>Ophthalmic Artificial Tears</i>	LACRISERT	RESTASIS, XIIDRA
<i>Ophthalmic Glaucoma</i>	LUMIGAN RHOPRESSA ROCKLATAN TRAVATAN Z VYZULTA	bimatoprost, latanoprost, travoprost, ZIOPTAN
	BETIMOL TIMOPTIC OCUDOSE	timolol maleate solution, BETOPTIC S

Category Drug Class	Formulary Drug Removals	Formulary Options
	COMBIGAN	<i>brimonidine-timolol</i>
<i>Ophthalmic Miscellaneous</i>	AVENOVA	Talk to your doctor
<i>Opioid Dependency</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
<i>Osteoarthritis † Viscosupplements</i>	GEL-ONE 1 HYALGAN 1 MONOVISC 1 ORTHOVISC 1 SYNVISC 1 SYNVISC-ONE 1 VISCO-3 1	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<i>Osteoporosis † Calcium Regulators</i>	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>
<i>Otic Anti-infective / Anti-inflammatory</i>	<i>ciprofloxacin-fluocinolone</i> CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
<i>Overactive Bladder / Incontinence † Urinary Antispasmodics</i>	DETROL LA MYRBETRIQ OXYTROL TOVIAZ	<i>darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA</i>
<i>Pain Headache †</i>	<i>butalbital-acetaminophen capsule</i> <i>butalbital-acetaminophen tablet 25-325 mg</i> <i>butalbital-acetaminophen tablet 50-300 mg</i> <i>butalbital-acetaminophen-caffeine capsule</i> <i>diclofenac potassium powder</i> <i>Bupap</i> BUTALBITAL-ACETAMINOPHEN (NDC* 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> <i>Migergot</i> CAFERGOT MAXALT MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH</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 or ZEMBRACE SYMTOUCH</i>
<i>Pain Neuropathic Pain †</i>	LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>
<i>Pain Opioid Analgesics</i>	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	SUBSYS	<i>fentanyl transmucosal lozenge</i>
	<i>levorphanol</i> <i>oxymorphone ext-rel</i> HYSINGLA ER NUCYNTA ER OXYCONTIN	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER</i>
	NUCYNTA	<i>hydromorphone, morphine, oxycodone</i>
	PERCOCET	<i>hydrocodone-acetaminophen, oxycodone-acetaminophen</i>
	<i>tramadol (NDC* 52817019610 only)</i> <i>tramadol ext-rel capsule</i>	<i>tramadol (except NDC* 52817019610), tramadol ext-rel tablet</i>

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 capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet</i>
	CELEBREX	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>diclofenac sodium solution 2% Capsinac Dicloflex DC Diclosaicin Iclofenac CP Inflammacin Kapzin DC NuDiclo SoluPak NuDiclo TabPak Pennaiclin Sure Result DSS Premium Pack Ziclocin Pak Ziclopro PENNSAID</i>	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>diclofenac potassium capsule 25 mg diclofenac potassium tablet 25 mg fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC* 69336012830 only) meloxicam capsule naproxen CR naproxen suspension Lofena FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX</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 capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet</i>
Parkinson's Disease	APOKYN ¹	INBRIJA, KYNMOBI
	NOURIANZ	<i>entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>
Phenylketonuria	KUVAN ¹	<i>sapropterin</i>
Postherpetic Neuralgia	HORIZANT	<i>gabapentin, pregabalin, pregabalin ext-rel, 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 Vitamins¹¹	AZESCO CITRANATAL PRENATAL PLUS VITAFOL-ONE ZALVIT All other brand prenatal vitamins	<i>generic prenatal vitamins</i>
Prostate Condition Benign Prostatic Hyperplasia †	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Pseudobulbar Affect</i>	NUEDEXTA	Talk to your doctor
<i>Respiratory Alpha-1 Antitrypsin Deficiency</i>	ARALAST NP ¹ GLASSIA ¹	PROLASTIN-C, ZEMAIRA
<i>Respiratory Anaphylaxis Treatment Agents</i>	ADRENALIN SYMJEPI	<i>epinephrine</i> , AUVI-Q, EIPEN, EIPEN JR
<i>Respiratory Cough</i>	<i>benzonatate</i> (NDCs* 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs* 69336012615, 69499032915)
<i>Respiratory Idiopathic Pulmonary Fibrosis</i>	ESBRIET ¹	<i>pirfenidone</i> , OFEV
<i>Respiratory Phosphodiesterase-4 Inhibitors</i>	DALIRESP	<i>roflumilast</i>
<i>Respiratory Xanthines</i>	THEO-24	<i>formoterol inhalation solution, ipratropium inhalation solution</i> , SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	<i>quazepam</i> <i>zolpidem sublingual</i> EDLUAR LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel</i> , BELSOMRA, DAYVIGO
<i>Testosterone Replacement † Androgens</i>	<i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only) ANDROGEL FORTESTA TESTIM VOGELXO	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution</i> , NATESTO
<i>Thyroid Supplements</i>	CYTOMEL	<i>levothyroxine, liothyronine</i> , SYNTHROID
	TIROSINT	<i>levothyroxine</i> , SYNTHROID
<i>Urea Cycle Disorders</i>	BUPHENYL ¹ RAVICTI ¹	<i>sodium phenylbutyrate</i>

Category Drug Class	Other Considerations
All Drugs	On a quarterly basis, new and existing products - including limited source generics, products with significant cost inflation, and specialty and non-specialty products - may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in removal, addition or deletion of a product.
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 Agents ¹	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark® National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.

The listed formulary options are subject to change.

List of Formulary Drug Removals

ABILIFY	ASMANEX HFA	(NDC* 69499034230 only)
ACANYA	ATACAND	<i>butalbital-acetaminophen-caffeine capsule</i>
ACIPHEX	ATACAND HCT	BUTRANS
ACIPHEX SPRINKLE	ATIVAN	
ACTEMRA ACTPEN ¹	ATOPADERM	
ACTEMRA INTRAVENOUS ¹	AUBAGIO ¹	
ACTEMRA SUBCUTANEOUS ¹	AVASTIN ¹	
<i>Activite</i> ¹⁰	AVENOVA	
ACTOS	AVSOLA ¹	
ACUVAIL	AZASITE	
<i>acyclovir cream</i>	AZELEX	
ACZONE	AZESCO ¹¹	
<i>adapalene pad</i>	AZOR	
ADCIRCA ¹	BALCOLTRA	
ADDERALL	BANZEL	
ADDERALL XR	BARACLUDE TABLET ¹	
ADRENALIN	BECONASE AQ	
ADZENYS XR-ODT	BENEFIX ¹	
AFINITOR ¹	BENICAR	
AFINITOR DISPERZ ¹	BENICAR HCT	
<i>albuterol sulfate CFC-free aerosol</i>	BENSAL HP	
(NDC* 66993001968 only)	<i>benzonatate</i> (NDCs* 69336012615, 69499032915 only)	
ALEVICYN GEL	BEPREVE	
ALEVICYN SG	BERINERT ¹	
ALEVICYN SOLUTION	BETAMETHASONE ACETATE-	
ALIMTA	BETAMETHASONE SODIUM PHOSPHATE	
ALIQOPA ¹	<i>betamethasone dipropionate ointment 0.05%</i>	
ALLISON MEDICAL INSULIN SYRINGES ⁷	BETAPACE	
ALREX	BETAPACE AF	
ALTOPREV	BETHKIS ¹	
ALVESCO	BETIMOL	
AMITIZA	BEVESPI AEROSPHERE	
AMRIX	BEYAZ	
ANDROGEL	BORTEZOMIB ¹	
APEXICON E	BOTOX ¹	
APIDRA	BREEZE 2 STRIPS AND KITS ⁹	
APOKYN ¹	BROMSITE	
APTENSIO XR	<i>budesonide ext-rel tablet</i>	
APTIVUS ¹	<i>Bupap</i>	
ARALAST NP ¹	BUPHENYL ¹	
ARCALYST ¹	<i>bupropion ext-rel tablet 450 mg</i>	
ARNUITY ELLIPTA	<i>butalbital-acetaminophen capsule</i>	
ARTHROTEC	<i>butalbital-acetaminophen tablet 25-325 mg</i>	
ASACOL HD	<i>butalbital-acetaminophen tablet 50-300 mg</i>	
ASMANEX	BUTALBITAL-ACETAMINOPHEN	

BYDUREON BCISE
 BYETTA
 BYSTOLIC
 CAFERGOT
calcipotriene cream
calcipotriene foam
 CALCIPOTRIENE FOAM
calcipotriene-betamethasone
calcitriol ointment
 CAMBIA
Capsinac
 CARAC
 CARAFATE
 CARBAGLU ¹
 CARBINOXAMINE TABLET 6 MG
 CARDIZEM
 CARDIZEM CD
 CARDIZEM LA
carisoprodol 250 mg
 CARNITOR
 CARNITOR SF
 CAYSTON ¹
 CELEBREX
chlordiazepoxide-clidinium (NDCs* 11534019701,
 42494040901, 51293069601, 51293069610,
 67877073101, 70700018501 only)
chlorzoxazone 250 mg
chlorzoxazone 375 mg
chlorzoxazone 500 mg (NDC* 73007001303 only)
chlorzoxazone 750 mg
 CHORIONIC GONADOTROPIN ¹
 CIALIS
 CICATRACE
 CILOXAN
 CIMZIA LYOPHILIZED POWDER ¹
 CINRYZE ¹
 CIPRO HC
 CIPRODEX
ciprofloxacin-fluocinolone
 CITRANATAL ¹¹
 CLIMARA (except CLIMARA PRO)
clindamycin gel (NDC* 68682046275 only)
clobetasol emollient foam
clobetasol spray
 CLOBEX SPRAY
clocortolone cream
 COLAZAL
colchicine capsule
 COLCRYS
 COMBIGAN
 COMPLERA ¹
 CONCERTA
 CONTOUR NEXT STRIPS AND KITS ⁹
 CONTOUR STRIPS AND KITS ⁹
 CONTRAVE
 CORDRAN CREAM
 CORDRAN LOTION
 CORDRAN OINTMENT
 CORDRAN TAPE
 COREG CR
CoreMino
 COZAAR
 CRESEMBA
 CRESTOR
 CUPRIMINE ¹
cyclobenzaprine ext-rel capsule
cyclobenzaprine tablet 7.5 mg
 CYMBALTA
 CYSTADANE ¹
 CYTOMEL
 DALIRESP
 DARAPRIM
 DAYTRANA
 DELZICOL
 DEPAKOTE

ER
 DEPAKOTE SPRINKLE
 DESFERAL ¹
desonide gel
desoximetasone ointment 0.05%
DesRx
 DETROL LA
dexchlorpheniramine
Dexifol ¹⁰
 DEXILANT
dexlansoprazole delayed-rel
 DIACOMIT ¹
diclofenac potassium capsule 25 mg
diclofenac potassium powder
diclofenac potassium tablet 25 mg
diclofenac sodium solution 2%
Diclofex DC
Diclosaicin
 DIFFERIN LOTION
difflorasone cream
difflorasone ointment
dihydroergotamine spray
 DILANTIN
diltiazem ext-rel (generics for CARDIZEM LA only)
 DIOVAN
 DIOVAN HCT
Diphen Elixir
 DORYX
 DORYX MPC
doxepin cream
doxycycline hyclate delayed-rel tablet
doxycycline hyclate tablet 50 mg
doxycycline hyclate tablet 75 mg
doxycycline hyclate tablet 150 mg
doxycycline monohydrate capsule 75 mg
doxycycline monohydrate capsule 150 mg
doxycycline monohydrate delayed-rel capsule
 DULERA
 DUOBRII
 DYANAVEL XR
 DYMISTA
 DYRENIUM
 EDARBI
 EDARBYCLOR
 EDLUAR
 E.E.S. GRANULES
 EFFEXOR XR
 ELELYSO ¹
 ELIDEL
 ELMIRON
EluRyng
 ENLITE CONTINUOUS
 GLUCOSE MONITORING
 SYSTEM
 ENTERAGAM
 ENTYVIO (For Crohn's Disease Only) ¹
 EPANED
 EPICERAM
 EPIVIR HBV ¹
 EPOGEN ¹
ergotamine-caffeine
 ERYPED
 ESBRIET ¹
estradiol vaginal tablet
 ESTRING
ethinyl estradiol-etonogestrel
 EVEKEO
 EVERSENSE CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 EXFORGE
 EXFORGE HCT
 EXJADE ¹
 EXTAVIA ¹
 FABIOR
 FANAPT

FEIBA ¹
 FEMRING
fenofibrate capsule 30 mg
fenofibrate capsule 50 mg
fenofibrate capsule 90 mg
fenofibrate capsule 130 mg
fenofibrate tablet 40 mg
fenofibrate tablet 120 mg
 FENOGLIDE TABLET 120 MG
fenoprofen
 FENOPROFEN CAPSULE
 FERIVA 21/7 ¹⁰
 FERRIPROX ¹
Fexmid
 FINACEA GEL
 FINTEPLA ¹
 FIORICET CAPSULE
 FIRAZYR ¹
 FIRMAGON ¹
 FLAREX
 FLORIVA ¹⁰
 FLORIVA PLUS ¹⁰
 FLOVENT DISKUS
 FLOVENT HFA
flucytosine capsule 500 mg
fluocinonide cream 0.1%
fluorouracil cream 0.5%
fluoxetine tablet (generics for SARAFEM only)
fluoxetine tablet 60 mg
flurandrenolide cream
flurandrenolide lotion
flurandrenolide ointment
 FML FORTE
 FML LIQUIFILM
 FOCALIN XR
 FOLLISTIM AQ ¹
Folvite-D ¹⁰
 FORTAMET
 FORTESTA
 FOSRENOL
 FOSTEUM
 FOSTEUM PLUS
 FREESTYLE LIBRE CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 FREESTYLE STRIPS AND KITS ⁹
 FULPHILA ¹
 GEL-ONE ¹
Genicin Vita-S ¹⁰
 GILENYA ¹
 GLASSIA ¹
 GLEEVEC ¹
 GLUCAGEN HYPOKIT
 GLUCAGON EMERGENCY KIT
 GLUMETZA
 GLYCOPYRROLATE TABLET 1.5 MG
 GOLYTELY
 GRANIX ¹
 GUARDIAN CONNECT CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 GUARDIAN REAL-TIME CONTINUOUS
 GLUCOSE MONITORING SYSTEM
halcinonide cream
 HALOG
 HEPARIN SODIUM IN 5% DEXTROSE
 HERCEPTIN ¹
 HERCEPTIN HYLECTA ¹
 HORIZANT
 HUMALOG
 HUMALOG MIX 50/50
 HUMALOG MIX 75/25
 HUMATROPE ¹
 HUMULIN 70/30 ⁵
 HUMULIN N ⁵
 HUMULIN R ⁵
 HYALGAN ¹

hydrocortisone butyrate lipophilic cream 0.1%
hydrocortisone butyrate lotion
HylaVite¹⁰
hyoscyamine sulfate ext-rel
HYSINGLA ER
HYZAAR
Iclofenac CP
ICLUSIG¹
icosapent ethyl
INCRUSE ELLIPTA
INDERAL LA
INDERAL XL
INDOCIN
indomethacin capsule 20 mg
Inflammacin
INFLECTRA¹
INNOPRAN XL
INTRAROSA
INTUNIV
INVELTYS
INVOKAMET
INVOKAMET XR
INVOKANA
isosorbide dinitrate 40 mg
ivermectin cream
IXINITY¹
JADENU¹
JALYN
JENTADUETO
JENTADUETO XR
JORNAY PM
JUXTAPID¹
JYNARQUE¹
KAMDOY
Kapzin DC
KAZANO
KEPPRA
KEPPRA XR
ketoconazole foam 2%
Ketodan
ketoprofen capsule 25 mg
ketoprofen ext-rel capsule
KINERET¹
KITABIS PAK¹
KOMBIGLYZE XR
KORLYM¹
KUVAN¹
KYPROLIS¹
LACRISERT
LACTULOSE PAK
LAMICTAL
LAMICTAL ODT
LAMICTAL XR
LANOXIN TABLET (125 MCG and 250 MCG only)
lansoprazole delayed-rel orally disintegrating tablet
lanthanum carbonate
LANTUS
LASTACAFT
LATUDA
LEMTRADA¹
LESCOL XL
LETAIRIS¹
LEUKINE¹
levorphanol
LEXAPRO
LEXIVA¹
LIALDA
LIBRAX
LILETTA¹
LIPITOR
LITHOSTAT
LIVALO
Lofena
LOKELMA
Lorzene

LOTEMAX
LOTEMAX SM
LOVAZA
luliconazole
LUMIGAN
LUNESTA
LUPRON DEPOT¹
LYRICA
MACRODANTIN
Matzim LA
MAVYRET¹
MAXALT
MAXALT-MLT
MAXIDEX
mefenamic acid (NDC* 69336012830 only)
MEKINIST¹
meloxicam capsule
MENEST
metaxalone 400 mg
metformin ext-rel
(generics for FORTAMET and GLUMETZA only)
methocarbamol 500 mg (NDC* 69036091010 only)
methocarbamol 750 mg
(NDCs* 69036093090, 70868090190 only)
MIACALCIN INJECTION
MICARDIS
MICARDIS HCT
Migergot
Millipred
MINASTRIN 24 FE
MINIVELLE
minocycline ext-rel
MIRVASO
Mondoxyme NL capsule 75 mg
MONOVISC¹
MOVANTIK
MOVIPREP
MULTAQ
MultiPro¹⁰
mupirocin cream
MYDAYIS
MYRBETRIQ
MYTESI
NAPRELAN
naproxen CR
naproxen suspension
naproxen-esomeprazole
NEO-SYNALAR
NESINA
NEULASTA¹
NEULASTA ONPRO¹
NEUPOGEN¹
NEVANAC
NEXIUM
NEXTERONE
niacin tablet 500 mg
Niacor
NICADAN¹⁰
NICAPRIN¹⁰
NICAZEL¹⁰
NICAZEL FORTE¹⁰
NICOMIDE¹⁰
NILANDRON
nitrofurantoin (NDC* 16571074024 only)
NITYR¹
NORGESIC FORTE
NORITATE
NORPACE
NORTHERA¹
NORVASC
NOURIANZ
NOVAREL¹
NOVO NORDISK NEEDLES⁷
NOXAFIL
NPLATE¹

NUCALA LYOPHILIZED POWDER¹
NUCYNTA
NUCYNTA ER
NuDiclo SoluPak
NuDiclo TabPak
NUEDEXTA
NUTROPIN AQ¹
NUVIGIL
OLUX-E
omeprazole-sodium bicarbonate
OMNARIS
OMNITROPE¹
ONFI
ONGLYZA
ORENCIA INTRAVENOUS¹
orphenadrine-aspirin-caffeine
Orphengesic Forte
ORTHO D¹⁰
ORTHO DF¹⁰
ORTHOVISC¹
OSENI
OSMOPREP
OSPHENA
OTREXUP¹
OWEN MUMFORD NEEDLES⁷
oxiconazole (NDCs* 00168035830, 51672135902 only)
OXYCONTIN
oxymorphone ext-rel
OXYTROL
pantoprazole delayed-rel suspension
paroxetine HCl ext-rel (NDC* 60505367503 only)
paroxetine mesylate capsule 7.5 mg
PAXIL
PAXIL CR
peg 3350-electrolytes (generics for MOVIPREP only)
PEGASYS¹
Pennsaicin
PENNSAID
PENTASA
PERCOCET
PERRIGO NEEDLES⁷
PEXEVA
PLAVIX
POLYTOZA
POLY-VI-FLOR¹⁰
POLY-VI-FLOR WITH IRON¹⁰
posaconazole delayed-rel tablet
PRADAXA
PRALUENT¹
PRED FORTE
PRED MILD
prednisolone solution 10 mg/5 mL
prednisolone solution 20 mg/5 mL
PREGNYL¹
PREMARIN
PREMARIN CREAM
PRENATAL PLUS¹¹
PREVACID
PREVIDENT
PRILOSEC
PRISTIQ
PROAIR HFA
PROAIR RESPICLICK
PROCYSBI¹
PROMETRIUM
PROTONIX
PROVENTIL HFA
PROVIGIL
PROZAC
QNASL
QTERN
quazepam
QUILLICHEW ER
QUILLIVANT XR
QVAR REDIHALER³

RAPAFLO
RAVICTI ¹
RAYOS
RECEDO
REMODULIN ¹
RENFLEXIS ¹
RENVELA
REVATIO ¹
RHEUMATE ¹⁰
RHOPRESSA
RIABNI ¹
RIMSO-50
RIOMET
RITUXAN ¹
RIXUBIS ¹
ROCKLATAN
ROZEREM
RUBRACA ¹
RyClora
SABRIL ¹
SAIZEN ¹
SANDOSTATIN LAR ¹
SCARSILK PAD
SEASONIQUE
SELZENTRY ¹
SEROQUEL XR
SIGNIFOR LAR ¹
SILENOR
SILVEX
SILTREX
SIMPONI ¹
SINGULAIR
SOMAVERT ¹
SORILUX
SPRIX
STENDRA
STRIBILD ¹
SUBOXONE
SUBSYS
sucrafate suspension
sumatriptan-naproxen
SUPREP
Sure Result DSS Premium Pack
SUTENT ¹
SYMJEPI
SYNERDERM
SYNVISC ¹
SYNVISC-ONE ¹
SYPRINE ¹
TAFINLAR ¹
TALIVA ¹⁰
Targadox

TARGRETIN ¹
TASIGNA ¹
tavaborole
TAYTULLA
TAZORAC
TECFIDERA ¹
TEGRETOL
TEGRETOL XR
TESTIM
testosterone gel 1%
(authorized generics for TESTIM and VOGELXO only)
THEO-24
THIOLA ¹
THIOLA EC ¹
TIMOPTIC OCUDOSE
TIROSLINT
TOBI ¹
TOBI PODHALER ¹
TOBRADEX ST
topiramate ext-rel capsule (generics for QUDEXY XR only)
TOPROL-XL
Tovet
TOVIAZ
TRACLEER ¹
TRADJENTA
tramadol (NDC 52817019610 only)*
tramadol ext-rel capsule
TRANSDERM SCOP
TRAVATAN Z
TRELSTAR MIXJECT ¹
TREXIMET
triamcinolone aerosol 0.2%
triamcinolone ointment 0.05%
Trianex
TRICOR
TRILEPTAL
TRI-VI-FLOR ¹⁰
TRIVIDIA INSULIN SYRINGES ⁷
TronVite ¹⁰
TRUVADA ¹
TRUXIMA ¹
TUDORZA
TYVASO DPI ¹
UDENYCA ¹
ULORIC
ULTIMED INSULIN SYRINGES ⁷
ULTIMED NEEDLES ⁷
ULTRAVATE
UROXATRAL
VALCYTE
VALTRES
Vanoxide-HC

VASCULERA
VECTALIN
VELTIN
VEMLIDY ¹
venlafaxine ext-rel tablet (except 225 mg)
VENTOLIN HFA
VEREGEN
VIAGRA
VIEKIRA PAK ¹
VIIBRYD
VIMPAT
VIRACEPT ¹
VISCO-3 ¹
VITAFOL-ONE ¹¹
Vitasure ¹⁰
VIVELLE-DOT
VOGELXO
VOTRIENT ¹
VYZULTA
XALKORI ¹
XANAX
XANAX XR
XENAZINE ¹
XENICAL
XOPENEX HFA
XYZBAC ¹⁰
YASMIN
YAZ
Yuvaferm
ZALVIT ¹¹
ZARXIO ¹
ZEGERID
ZELAC
ZEPATIER ¹
ZERVIAE
ZESTORETIC
ZETIA
ZETONNA
ZIANA
Ziclocin Pak
Ziclopro
zileuton ext-rel
ZIRGAN
ZOLADEX ¹
ZOLOFT
zolpidem sublingual
ZOLPIMIST
ZONEGRAN
ZONTIVITY
ZORVOLEX
ZYLET
ZYTIGA ¹

This list represents brand products in CAPS, branded generics in upper- and lowercase *italics*, and generic products in lowercase *italics*. This is not an all-inclusive list of available covered options. For a summary of your coverage or benefits plan log in to your secure member site at www.aetna.com. Or call the toll-free number on your member ID card. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. This list is subject to change. Subject to applicable laws and regulations.

† This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

* 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.

** Listing does not include certain NDCs*.

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, they 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 QVAR REDIHALER covered for members 5 years of age and under.

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

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

6 Long Acting Insulins - First Generation.

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

8 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.

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

10 Generic multivitamins (except *Activite*, *Dexifol*, *Folvite-D*, *Genicin Vita-S*, *HylaVite*, *Multipro*, *TronVite*, *Vitasure*) are the only preferred options.

11 Generic prenatal vitamins are the only preferred options.

Please note that if your prescription drug benefits plan changes, the information here may no longer apply. Medications on the Aetna Drug Guide, precertification, step-therapy and quantity limits lists are subject to change. Not all health services are covered. Your plan may not cover certain drugs such as infertility, erectile dysfunction, weight loss and smoking cessation. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. However, these programs are available to self-funded plans. In accordance with state law, commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Pharmacy Drug Guide (formulary), Precertification, Quantity Limits or Step-Therapy Lists during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, precertification approval is known as "pre-service utilization review." It is not "verification" as defined by Texas law. In accordance with state law, certain fully insured 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.