

Covered and non-covered drugs

**Drugs not covered —
and their covered alternatives**

2020 Aetna Standard 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		SOMATULINE DEPOT, SOMAVERT
Allergies Antihistamines	<i>dexchlorpheniramine</i> <i>RyClora</i>	CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
Allergies Nasal Steroids / Combinations	BECONASE AQ OMNARIS	QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, DYMISTA</i>
Anticonvulsants	LAMICTAL LAMICTAL ODT	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, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
	ONFI		<i>clobazam, lamotrigine, topiramate, TROKENDI XR</i>
	SABRIL ¹		<i>vigabatrin</i>
Anti-infectives, Antibacterials Erythromycins / Macrolides	E.E.S. GRANULES	ERYPED	<i>erythromycins</i>
Anti-infectives, Antibacterials Tetracyclines	ACTICLATE DORYX DORYX MPC	MINOCIN TARGADOX	<i>doxycycline hyclate, minocycline, tetracycline</i>
Anti-infectives, Antibacterials Miscellaneous	MACRODANTIN		<i>nitrofurantoin</i>
Anti-infectives, Antivirals Cytomegalovirus*	VALCYTE		<i>valganciclovir</i>
Anti-infectives, Antivirals Hepatitis B*	BARACLUDE TABLET ¹	EPIVIR HBV ¹ HEPSERA ¹	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
Anti-infectives, Antivirals Hepatitis C*	MAVRET ¹		<i>EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI²</i>
	VIEKIRA PAK ¹	ZEPATIER ¹	<i>EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)</i>

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Category Drug class	Formulary drug removals		Formulary options
Anti-infectives, Antivirals Herpes*	acyclovir cream	VALTrex	acyclovir, valacyclovir
Anti-infectives, Antivirals HIV	COMPLERA ¹	STRIBILD ¹	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, TRIUMEQ
Antiobesity	CONTRAVE	QSYMIA	BELVIQ, BELVIQ XR, SAXENDA
Anxiety* Benzodiazepines	XANAX	XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
Asthma* Beta Agonists, Short-Acting	PROAIR HFA PROAIR RESPICLICK	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol
Asthma* Leukotriene Modulators	SINGULAIR		montelukast, zafirlukast, zileuton ext-rel
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*	EVEKEO		amphetamine-dextroamphetamine mixed salts, methylphenidate
	INTUNIV		amphetamine-dextroamphetamine mixed salts ext-rel ¹ , atomoxetine, guanfacine ext-rel, methylphenidate ext-rel ¹ , MYDAYIS, VYVANSE
Autoimmune Agents Ankylosing Spondylitis*	CIMZIA ¹ SIMPONI ¹	TALTZ ¹	COSENTYX, ENBREL, HUMIRA
Autoimmune Agents Crohn's Disease*	CIMZIA ¹	ENTYVIO ¹	HUMIRA, STELARA SUBCUTANEOUS (after failure of HUMIRA)
Autoimmune Agents Psoriasis*	CIMZIA ¹ COSENTYX ¹	ENBREL ¹	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
Autoimmune Agents Psoriatic Arthritis*	CIMZIA ¹ ORENCIA CLICKJECT ¹ ORENCIA INTRAVENOUS ¹ ORENCIA SUBCUTANEOUS ¹	SIMPONI ¹ STELARA SUBCUTANEOUS ¹ TALTZ ¹ XELJANZ ¹ XELJANZ XR ¹	COSENTYX, ENBREL, HUMIRA, OTEZLA
Autoimmune Agents Rheumatoid Arthritis*	ACTEMRA ¹ CIMZIA ¹ KINERET ¹	ORENCIA INTRAVENOUS ¹ SIMPONI ¹	ENBREL, HUMIRA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
Autoimmune Agents Ulcerative Colitis*	ENTYVIO ¹	SIMPONI ¹	HUMIRA, XELJANZ, XELJANZ XR (after failure of HUMIRA)
Autoimmune Agents All Other Conditions*	ACTEMRA ¹ KINERET ¹ ORENCIA CLICKJECT ¹	ORENCIA INTRAVENOUS ¹ ORENCIA SUBCUTANEOUS ¹	ENBREL, HUMIRA

Category Drug class	Formulary drug removals		Formulary options
Cancer Breast	VERZENIO ¹		IBRANCE, KISQALI
Cancer Chronic Myelogenous Leukemia*	GLEEVEC ¹	TASIGNA ¹	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
Cancer Prostate* Hormonal Agents, Antiandrogens	NILANDRON	ZYTIGA ¹	<i>abiraterone</i> , <i>bicalutamide</i> , XTANDI, YONSA
Cancer Prostate* Hormonal Agents, Luteinizing Hormone- Releasing Hormone (LHRH) Agonists	LUPRON DEPOT ¹ (For Prostate Cancer Only)		ELIGARD
Cardiovascular Antiarrhythmics	BETAPACE	BETAPACE AF	<i>sotalol</i>
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA		<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	<i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR		<i>fenofibrate</i> (except <i>fenofibrate tablet 120 mg</i>), <i>fenofibric acid delayed-rel</i>
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations³	ALTOPREV CRESTOR LESCOL XL	LIPITOR LIVALO	<i>atorvastatin</i> , <i>ezetimibe-simvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>rosuvastatin</i> , <i>simvastatin</i>
Cardiovascular Antilipemics PCSK9 Inhibitors	PRALUENT ¹		REPATHA
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)		<i>digoxin</i>
Cardiovascular Diuretics	DYRENIUM		<i>amiloride</i> , <i>triamterene</i>
Cardiovascular Pulmonary Arterial Hypertension* Phosphodiesterase Inhibitors	ADCIRCA ¹	REVATIO ¹	<i>sildenafil</i> , <i>tadalafil</i>
Carnitine Deficiency	CARNITOR	CARNITOR SF	<i>levocarnitine</i>

Category Drug class	Formulary drug removals	Formulary options	
Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA	
Chronic Obstructive Pulmonary Disease (COPD)* Anticholinergic / Beta Agonist Combinations	COMBIVENT RESPIMAT	<i>ipratropium-albuterol inhalation solution</i> , ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT	
Contraceptives Monophasic	BEYAZ MINASTRIN 24 FE	TAYTULLA YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
Contraceptives Biphasic	LO LOESTRIN FE	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate</i>	
Contraceptives Triphasic	ORTHO TRI-CYCLEN LO	<i>ethinyl estradiol-norgestimate</i>	
Contraceptives Four Phase	NATAZIA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate</i>	
Contraceptives Progestin Intrauterine Devices	LILETTA ¹	KYLEENA, MIRENA, SKYLA	
Cystic Fibrosis* Inhaled Antibiotics	TOBI ¹	TOBI PODHALER ¹	<i>tobramycin inhalation solution</i> , BETHKIS
Dental Cavity/Caries Prevention	PREVIDENT	Consult doctor	
Depression* Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	LEXAPRO	PROZAC	<i>citalopram, escitalopram, fluoxetine, paroxetine HCl, paroxetine HCl ext-rel, sertraline</i> , TRINTELLIX, VIIBRYD
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	OLEPTRO	<i>trazodone</i>	
Depression and/or Schizophrenia* Antipsychotics, Atypicals	ABILIFY FANAPT	SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone</i> , LATUDA, VRAYLAR

Category Drug class	Formulary drug removals		Formulary options
Dermatology Acne*	Vanoxide-HC ACANYA BENZACLIN	ONEXTON VELTIN ZIANA	adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, TAZORAC
Dermatology Actinic Keratosis*	fluorouracil cream 0.5% CARAC		fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA
Dermatology Antibiotics	mupirocin cream		gentamicin, mupirocin ointment
Dermatology Antipsoriatics	calcipotriene cream calcitriol ointment	SORILUX VECTICAL	calcipotriene ointment, calcipotriene solution
Dermatology Atopic Dermatitis*	doxepin cream		desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA
Dermatology Rosacea*	FINACEA GEL	NORITATE	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA
Dermatology Scars	imiquimod BEAU RX CICATRACE POLYTOZA RECEDO	SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor
Dermatology Seborrheic Dermatitis*	XOLEGEL		ciclopirox, ketoconazole
	ketoconazole foam 2% Ketodan		ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
Dermatology Skin Inflammation and Hives* Corticosteroids	clobetasol spray CLOBEX SPRAY	OLUX-E	clobetasol foam
	fluocinonide cream 0.1%		clobetasol cream
	flurandrenolide ointment CORDRAN OINTMENT		hydrocortisone butyrate, mometasone, triamcinolone
	diflorasone cream diflorasone ointment	APEXICON E PSORCON	desoximetasone, fluocinonide (except fluocinonide cream 0.1%)
Dermatology Warts	VEREGEN		imiquimod
Dermatology Wound Care Products	Alevicyn solution	ALEVICYN GEL ALEVICYN SG	desonide, hydrocortisone
Dermatology Miscellaneous Skin Conditions	ALCORTIN A ATOPADERM BENSAL HP	EPICERAM KAMDOY NOVACORT SYNERDERM	desonide, hydrocortisone
Diabetes* Biguanides	FORTAMET (and its generics) GLUMETZA (and its generics) RIOMET		metformin, metformin ext-rel (except generic FORTAMET or GLUMETZA)
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	BYETTA	OZEMPIC, 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	LANTUS		BASAGLAR, LEVEMIR
	TOUJEO		TRESIBA
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, Needles⁵	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, Syringes⁵	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand		BD ULTRAFINE INSULIN SYRINGES

Category Drug class	Formulary drug removals		Formulary options
Diabetes* Supplies, Test Strips and Kits ^{6,7}	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ONETOUCH ULTRA STRIPS AND KITS ONETOUCH VERIO STRIPS AND KITS All other test strips that are not ACCU-CHEK brand		ACCU-CHEK AVIVA PLUS STRIPS AND KITS ⁶ ; ACCU-CHEK COMPACT PLUS STRIPS AND KITS ⁶ ; ACCU-CHEK GUIDE STRIPS AND KITS ⁶ ; ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁶
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM		DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
Dietary Supplements	FOSTEUM	FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite Dexifol Folvite-D Genicin Vita-S HylaVite Lorid TronVite Vitasure Xvite FERIVA 21/7 FOLIC-K FOLIKA-D MEBOLIC</i>	NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZVIT	<i>folic acid</i>
	PRODIGEN	VASCULERA	Consult doctor
Erectile Dysfunction* Phosphodiesterase Inhibitors	CIALIS STENDRA	VIAGRA	<i>sildenafil, tadalafil</i>
Estrogen Replacement*	MINIVELLE	VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
Fertility*	FOLLISTIM AQ ¹		GONAL-F
	CHORIONIC GONADOTROPIN ¹ NOVAREL ¹	PREGNYL ¹	OVIDREL
Gastrointestinal Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDC^ 42494040901 only) GLYCOPYRROLATE TABLET 1.5 MG		<i>dicyclomine</i>
Gastrointestinal Antiemetics	TRANSDERM SCOP		<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ		<i>granisetron, ondansetron, SANCUSO</i>
Gastrointestinal Laxatives	<i>lactulose pak</i>		<i>lactulose solution</i>
	MOVIPREP	OSMOPREP	<i>peg 3350-electrolytes, SUPREP</i>
Gastrointestinal Proton Pump Inhibitors (PPIs)	<i>omeprazole-sodium bicarbonate</i> ACIPHEX ACIPHEX SPRINKLE	NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
Gastrointestinal Ulcer Treatment	CARAFATE		<i>sucralfate</i>

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Gaucher Disease	ELELYSO ¹		CERDELGA, CEREZYME
Genitourinary Interstitial Cystitis	RIMSO-50		Consult doctor
Gout*	COLCRYS		<i>colchicine tablet</i>
Growth Hormones	GENOTROPIN ¹ NORDITROPIN ¹ NUTROPIN AQ ¹	OMNITROPE ¹ SAIZEN ¹	HUMATROPE
Hematologic Anticoagulants (oral)	COUMADIN		<i>warfarin</i>
	PRADAXA		<i>warfarin, ELIQUIS, XARELTO</i>
Hematologic Erythropoiesis-Stimulating Agents	EPOGEN ¹	PROCRIT ¹	ARANESP, RETACRIT
Hematologic Hemophilia A*	ELOCTATE ¹	HELIXATE FS ¹	ADYNOVATE, JVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
Hematologic Hemophilia B*	ALPROLIX ¹		Consult doctor
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA ¹		NEULASTA, UDENYCA
	GRANIX ¹ NEUPOGEN ¹	ZARXIO ¹	NIVESTYM
Hematologic Platelet Aggregation Inhibitors	PLAVIX		<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY		Consult doctor
High Blood Pressure* Angiotensin II Receptor Antagonists	ATACAND BENICAR	DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
High Blood Pressure* Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT	DIOVAN HCT EDARBYCLOR	<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	EXFORGE		<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
High Blood Pressure* Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT		amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide
High Blood Pressure* Beta-blockers	TOPROL-XL		<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
High Blood Pressure* Beta-blocker Combinations	DUTOPROL		<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>

Category Drug class	Formulary drug removals		Formulary options
High Blood Pressure* Calcium Channel Blockers	NORVASC		<i>amlodipine</i>
	Matzim LA CARDIZEM	CARDIZEM CD CARDIZEM LA (and its generics)	<i>diltiazem ext-rel</i> (except generic of CARDIZEM LA)
Huntington's Disease	XENAZINE ¹		<i>tetrabenazine, AUSTEDO</i>
Immunology Antimetabolites	CELLCEPT ¹	MYFORTIC ¹	<i>mycophenolate mofetil, mycophenolate sodium</i>
	RAPAMUNE ¹	ZORTRESS ¹	<i>sirolimus</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		FIRAZYR, RUCONEST
Inflammatory Bowel Disease (IBD) Ulcerative Colitis* Aminosalicylates	ASACOL HD DELZICOL	LIALDA	<i>balsalazide, mesalamine delayed-rel capsule, sulfasalazine, sulfasalazine delayed-rel, APRISO, PENTASA</i>
	COLAZAL		<i>balsalazide</i>
Interferons*	PEGASYS ¹		Consult doctor
Kidney Disease* Phosphate Binders	<i>lanthanum carbonate</i>	FOSRENOL	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
Multiple Sclerosis	AVONEX ¹ EXTAVIA ¹	PLEGRIDY ¹	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI</i>
Musculoskeletal	<i>cyclobenzaprine tablet 7.5mg Fexmid</i>	AMRIX CHLORZOXAZONE 250 MG	<i>cyclobenzaprine</i>
Narcolepsy Wakefulness Promoters	NUVIGIL		<i>armodafinil, SUNOSI</i>
Nephropathic Cystinosis	PROCYSBI ¹		CYSTAGON
Ophthalmic Allergies	ALREX		<i>azelastine, cromolyn sodium, olopatadine, LASTACAPT, PAZEO</i>
Ophthalmic Anti-infective / Anti-inflammatory	ZYLET		<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST</i>
Ophthalmic Anti-inflammatory, Steroidal	FLAREX FML LIQUIFILM LOTEMAX	LOTEMAX SM PRED FORTE	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
Ophthalmic Glaucoma	TIMOPTIC OCUDOSE		<i>timolol maleate solution, BETIMOL, BETOPTIC S</i>

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Ophthalmic Miscellaneous	AVENOVA		Consult doctor
Opioid Dependency	SUBOXONE		<i>buprenorphine-naloxone sublingual</i> , ZUBSOLV
Opioid Reversal	EVZIO		<i>naloxone injection</i> , NARCAN NASAL SPRAY
Osteoarthritis* Viscosupplements	DUROLANE ¹ EUFLEXXA ¹ HYALGAN ¹ MONOVISC ¹	ORTHOVISC ¹ SYNVISC ¹ SYNVISC-ONE ¹	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
Osteoporosis* Calcium Regulators	MIACALCIN INJECTION		<i>alendronate, calcitonin-salmon, ibandronate, risedronate</i> , FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY		<i>calcitonin-salmon</i>
Overactive Bladder / Incontinence* Urinary Antispasmodics	DETROL LA ENABLEX	OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel</i> , MYRBETRIQ, TOVIAZ
Pain Headache*	<i>butalbital-acetaminophen</i> (NDC [^] 69499034230 only) <i>butalbital-acetaminophen-caffeine capsule</i> FIORICET CAPSULE VANATOL LQ VANATOL S		<i>diclofenac sodium, ibuprofen, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
	<i>dihydroergotamine spray</i> Migergot	CAFERGOT	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> , ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
Pain Opioid Analgesics	BUTRANS		BELBUCA. <i>buprenorphine transdermal</i>
	LAZANDA		<i>fentanyl transmucosal lozenge</i> , SUBSYS
	<i>levorphanol</i> HYSINGLA ER	OXYCONTIN ZOHYDRO ER	<i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel</i> , EMBEDA, NUCYNТА ER, XTAMPZA ER
	PERCOCET	PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen</i> , NUCYNТА
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM LIDOTREX		<i>lidocaine-prilocaine</i>
Pain and Inflammation* Corticosteroids	<i>Dexpak</i> MILLIPRED	RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
Pain and Inflammation* Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC		<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>) WITH <i>esomeprazole, lansoprazole, omeprazole, pantoprazole</i> or DEXILANT

Category Drug class	Formulary drug removals		Formulary options
Pain and Inflammation* Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations (continued)	diclofenac sodium gel 1% (NDC^ 69499031866 only) Diclofex DC (NDC^ 51021037201 only) Dicloaicin Inflammacin NuDiclo SoluPak NuDiclo TabPak PENNSAID		diclofenac sodium, diclofenac sodium gel 1% (except NDC^ 69499031866), diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
	fenoprofen capsule naproxen CR CAMBIA FENOPROFEN CAPSULE	INDOCIN NAPRELAN SPRIX ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
	naproxen suspension		ibuprofen
Postherpetic Neuralgia	HORIZANT		gabapentin, GRALISE
Prostate Condition Benign Prostatic Hyperplasia*	JALYN		dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin
	RAPAFLO	UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin
Respiratory Alpha-1 Antitrypsin Deficiency	ZEMAIRA ¹		PROLASTIN-C
Respiratory Cough	benzonatate (NDCs^ 69336012615, 69499032915 only)		benzonatate (except NDCs^ 69336012615, 69499032915)
Sleep Disorder Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA	ROZEREM ZOLPIMIST	eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR
Testosterone Replacement* Androgens	testosterone gel 1% ⁸ ANDROGEL 1% FORTESTA	NATESTO TESTIM VOGELXO	testosterone gel, testosterone solution, ANDRODERM
Thyroid Supplements	TIROSINT		levothyroxine, SYNTHROID
Transplant* Immunosuppressants, Calcineurin Inhibitors	PROGRAF ¹		tacrolimus
Urea Cycle Disorders	BUPHENYL ¹	RAVICTI ¹	sodium phenylbutyrate

Drug class	Other considerations
All Drugs	On a quarterly basis, new and existing products - including limited source generics, products with significant cost inflation, and specialty and non-specialty products - may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in removal, addition or deletion of a product.
Autoimmune and Hepatitis C*	For some clients, an Indication-Based Formulary will be utilized for products in these classes and may result in additional removals for certain conditions only.
Drugs for Infusion Into Spaces Other Than the Blood	A drug that must be infused into a space other than the blood will generally not be covered under the prescription drug benefit.
New-to-Market Agents⁸	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	CAMBIA	ELELYSO ¹	HUMALOG MIX 50/50
ACANYA	CARAC	ELOCTATE ¹	HUMALOG MIX 75/25
ACIPHEX	CARAFATE	ENABLEX	HUMULIN 70/30 ⁴
ACIPHEX SPRINKLE	<i>carbinoxamine tablet 6 mg</i>	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM	HUMULIN N ⁴
ACTEMRA ¹	CARDIZEM	ENTERAGAM	HUMULIN R ⁴
ACTICLATE	CARDIZEM CD	ENTYVIO ¹	HYALGAN ¹
<i>Activite</i>	CARDIZEM LA	ENVARBUS XR ¹	<i>HylaVite</i>
ACTOS	(and its generics)	EPICERAM	HYSINGLA ER
<i>acyclovir cream</i>	CARNITOR	EPIVIR HBV ¹	INDOCIN
ADCIRCA ¹	CARNITOR SF	EPOGEN ¹	<i>Inflammacin</i>
ALCORTIN A	CELLCEPT ¹	ERYPED	INTERMEZZO
ALEVICYN GEL	CHLORZOXAZONE 250 MG	EUFLEXXA ¹	INTUNIV
ALEVICYN SG	<i>chlordiazepoxide-clidinium</i>	EVEKEO	INVOKAMET
<i>Alevicyn solution</i>	(NDC [^] 42494040901 only)	EVZIO	INVOKAMET XR
ALLISON MEDICAL INSULIN SYRINGES ⁵	CHORIONIC GONADOTROPIN ¹	EXFORGE	INVOKANA
ALPROLIX ¹	CIALIS	EXFORGE HCT	JALYN
ALREX	CICATRACE	EXTAVIA ¹	JENTADUETO
ALTOPREV	CIMZIA ¹	FANAPT	JENTADUETO XR
ALVESCO	<i>clobetasol spray</i>	<i>fenofibrate tablet 120 mg</i>	KAMDOY
AMRIX	CLOBEX SPRAY	FENOGLIDE TABLET 120 MG	KAZANO
ANDROGEL 1%	COLAZAL	<i>fenoprofen capsule</i>	<i>ketoconazole foam 2%</i>
APEXICON E	COLCRYS	FENOPROFEN CAPSULE	<i>Ketodan</i>
APIDRA	COMBIVENT RESPIMAT	FERIVA 21/7	<i>ketoprofen ext-rel capsule</i>
ARTHROTEC	COMPLERA ¹	FINACEA GEL	KINERET ¹
ASACOL HD	CONTOUR NEXT STRIPS AND KITS ⁷	FIORICET CAPSULE	KOMBIGLYZE XR
ASMANEX	CONTOUR STRIPS AND KITS ⁷	FLAREX	LACTULOSE PAK
ASMANEX HFA	CONTRAVE	<i>fluocinonide cream 0.1%</i>	LAMICTAL
ASTAGRAF XL ¹	CORDRAN OINTMENT	<i>fluorouracil cream 0.5%</i>	LAMICTAL ODT
ATACAND	COUMADIN	<i>flurandrenolide ointment</i>	LAMICTAL XR
ATACAND HCT	CRESTOR	FML LIQUIFILM	LANOXIN TABLET (125 MCG and 250 MCG only)
AVENOVA	<i>cyclobenzaprine tablet 7.5 mg</i>	FOLIC-K	<i>lanthanum carbonate</i>
AVONEX ¹	CYMBALTA	FOLIKA-D	LANTUS
BARACLUDE TABLET ¹	DELZICOL	FOLLISTIM AQ ¹	LAZANDA
BEAU RX	DETROL LA	<i>Folvite-D</i>	LESCOL XL
BECONASE AQ	<i>Dexifol</i>	FORTAMET (and its generics)	<i>levorphanol</i>
BENICAR	<i>dexchlorpheniramine</i>	FORTESTA	LEXAPRO
BENICAR HCT	<i>Dexpak</i>	FOSRENOL	LIALDA
BENSAL HP	<i>diclofenac sodium gel 1%</i>	FOSTEUM	LIDOCAINE-TETRACAINE CREAM
BENZACLIN	(NDC [^] 69499031866 only)	FOSTEUM PLUS	LIDOTREX
<i>benzonatate</i>	<i>Diclofex DC</i>	FREESTYLE LIBRE	LILETTA ¹
(NDCs [^] 69336012615, 69499032915 only)	(NDC [^] 51021037201 only)	CONTINUOUS GLUCOSE MONITORING SYSTEM	LIPITOR
BERINERT ¹	<i>Diclosaicin</i>	FREESTYLE STRIPS AND KITS ⁷	LIVALO
BETAPACE	<i>diflorasone cream</i>	FULPHILA ¹	<i>Lorid</i>
BETAPACE AF	<i>diflorasone ointment</i>	<i>Genicin Vita-S</i>	LOTEMAX
BEYAZ	<i>dihydroergotamine spray</i>	GENOTROPIN ¹	LOTEMAX SM
BREEZE 2 STRIPS AND KITS ⁷	DIOVAN	GLEEVEC ¹	LUNESTA
BUPHENYL ¹	DIOVAN HCT	GLUMETZA (and its generics)	LUPRON DEPOT ¹
<i>butalbital-acetaminophen</i>	DORYX	GLYCOPYRROLATE TABLET 1.5 MG	MACRODANTIN
(NDC [^] 69499034230 only)	DORYX MPC	GRANIX ¹	<i>Matzim LA</i>
<i>butalbital-acetaminophen- caffeine capsule</i>	<i>doxepin cream</i>	GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	MAVYRET ¹
BUTRANS	DULERA	HELIKATE FS ¹	MEBOLIC
BYDUREON	DUROLANE ¹	HEPSERA ¹	MIACALCIN INJECTION
BYETTA	DUTOPROL	HORIZANT	MIACALCIN NASAL SPRAY
CAFERGOT	DYRENIUM	HUMALOG	<i>Migergot</i>
<i>calcipotriene cream</i>	EDARBI		MILLIPRED
<i>calcitriol ointment</i>	EDARBYCLOR		MINASTRIN 24 FE
	E.E.S. GRANULES		
	EFFEXOR XR		

List of Formulary Drug Removals

MINIVELLE	ORTHO D	RHEUMATE	VALCYTE
MINOCIN	ORTHO DF	RIBOZEL	VALTRES
MONOVISC ¹	ORTHO TRI-CYCLEN LO	RIMSO-50	VANATOL LQ
MOVIPREP	ORTHOVISC ¹	RIOMET	VANATOL S
<i>mupirocin cream</i>	OSENI	ROZEREM	<i>Vanoxide-HC</i>
MYFORTIC ¹	OSMOPREP	SABRIL ¹	VASCULERA
NAPRELAN	OTREXUP ¹	SAIZEN ¹	VECTICAL
<i>naproxen CR</i>	OWEN MUMFORD NEEDLES ⁵	SANDOSTATIN LAR ¹	VELTIN
<i>naproxen suspension</i>	OXYCONTIN	SCARSILK PAD	<i>venlafaxine ext-rel tablet</i>
NATAZIA	OXYTROL	SEROQUEL XR	(except 225 mg)
NATESTO	PEGASYS ¹	SIL-K PAD	VENTOLIN HFA
NESINA	PENNSAID	SILVEX	VEREGEN
NEUPOGEN ¹	PERCOCET	SILTREX	VERZENIO ¹
NEXIUM	PERRIGO NEEDLES ⁵	SIMPONI ¹	VIAGRA
NICADAN	PLAVIX	SINGULAIR	VIEKIRA PAK ¹
NICAPRIN	PLEGRIDY ¹	SORILUX	<i>Vitasure</i>
NICAZEL	POLYTOZA	SPRIX	VIVELLE-DOT
NICAZEL FORTE	PRADAXA	STENDRA	VOGELXO
NICOMIDE	PRALUENT ¹	STRIBILD ¹	XANAX
NILANDRON	PRED FORTE	SUBOXONE	XANAX XR
NORDITROPIN ¹	PREGNYL ¹	SYNERDERM	XENAZINE ¹
NORITATE	PREVACID	SYNVISC ¹	XOLEGEL
NORVASC	PREVIDENT	SYNVISC-ONE ¹	XOPENEX HFA
NOVACORT	PRIMLEV	TALIVA	<i>Xvite</i>
NOVAREL ¹	PRISTIQ	TARGADOX	XYZBAC
NOVO NORDISK NEEDLES ⁵	PROAIR HFA	TASIGNA ¹	YAZ
<i>NuDiclo SoluPak</i>	PROAIR RESPICLICK	TAYTULLA	ZARXIO ¹
<i>NuDiclo TabPak</i>	PROCRIT ¹	TESTIM	ZEGERID
NUTROPIN AQ ¹	PROCYSBI ¹	<i>testosterone gel 1%⁸</i>	ZEMAIRA ¹
NUVIGIL	PRODIGEN	TIMOPTIC OCUDOSE	ZEPATIER ¹
OLEPTRO	PROGRAF ¹	TIROSINT	ZETIA
OLUX-E	PROTONIX	TOBI ¹	ZETONNA
<i>omeprazole-sodium bicarbonate</i>	PROVENTIL HFA	TOBI PODHALER ¹	ZIANA
OMNARIS	PROZAC	TOPROL-XL	ZOHYDRO ER
OMNITROPE ¹	PSORCON	TOUJEO	ZOLPIMIST
OMNIVEX	QNASL	TRADJENTA	ZONEGRAN
ONETOUCH ULTRA	QSYMIA	TRANSDERM SCOP	ZORTRESS ¹
STRIPS AND KITS ⁷	QTERN	TRICOR	ZORVOLEX
ONETOUCH VERIO	RAPAFLO	TRIVIDIA INSULIN SYRINGES ⁵	ZUPLENZ
STRIPS AND KITS ⁷	RAPAMUNE ¹	<i>TronVite</i>	ZYLET
ONEXTON	RAVICTI ¹	TUDORZA	ZYTIGA ¹
ONFI	RAYOS	ULTIMED INSULIN SYRINGES ⁵	ZYMIT
ONGLYZA	RECEDO	ULTIMED NEEDLES ⁵	
ORENCIA INTRAVENOUS ¹	REVIATIO ¹	UROXATRAL	

[†] 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.

^{*} This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

¹ 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).

² If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.

³ Rebranded or private label formulations are not covered (i.e., RELION).

⁴ BD ULTRAFINE syringes and needles are the only preferred options.

⁵ An ACCU-CHEK blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

⁶ ACCU-CHEK brand test strips are the only preferred options.

⁷ Listing reflects the authorized generics for TESTIM and VOGELXO.

⁸ An exception process may exist for specific clinical or regulatory circumstances that require coverage of a non-covered medication.

Please remember that this is not a complete list of drugs covered under your plan. Products may be subject to plan-specific copayment or coinsurance, additional charges or other restrictions. Certain drugs, such as those for infertility, erectile dysfunction, weight loss, smoking cessation or vitamins, may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan.

To check coverage and copay information for a specific drug, please visit the website on your member ID card and log in to your member website. If you don't have access to our website, call the toll-free number on your member ID card.

Aetna or its affiliate(s) receives rebates from drug manufacturers that may be taken into account in determining Aetna's drug lists. Rebates may reduce the amount a member pays the pharmacy for covered prescriptions.

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

