

Drug Removals for Clients with Advanced Control Specialty Formulary[®]

Below is a list of medicines by drug class that have been removed from your plan's formulary. If you continue using one of the drugs listed below and identified as a Formulary Drug Removal, you may be required to pay the full cost.

If you are currently using one of the formulary drug removals, ask your doctor to choose one of the generic or brand formulary options listed below.

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Acromegaly</i>	SANDOSTATIN LAR ¹ SIGNIFOR LAR ¹ SOMAVERT ¹	SOMATULINE DEPOT
<i>Allergies</i> Antihistamines	<i>dexchlorpheniramine</i> Diphen Elixir RyClora CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
<i>Allergies</i> Nasal Steroids / Combinations	BECONASE AQ DYMISTA OMNARIS QNASL ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
<i>Anticonvulsants</i>	<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>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	<i>doxycycline hyclate delayed-rel tablet</i> <i>doxycycline hyclate tablet 50 mg</i> <i>doxycycline hyclate tablet 75 mg</i> <i>doxycycline hyclate tablet 150 mg</i> <i>doxycycline monohydrate capsule 75 mg</i> <i>doxycycline monohydrate capsule 150 mg</i> <i>minocycline ext-rel</i> CoreMino Mondoxyne NL capsule 75 mg Targadox ACTICLATE DORYX DORYX MPC	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>Anti-infectives, Antibacterials</i> Miscellaneous	<i>nitrofurantoin</i> (NDCs* 16571074024, 70408023932 only) MACRODANTIN	<i>nitrofurantoin</i> (except NDCs* 16571074024, 70408023932)

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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
Anti-infectives Miscellaneous	DARAPRIM	pyrimethamine
Antiobesity	CONTRAVE XENICAL	QSYMIA, SAXENDA, WEGOVY
Anxiety † Benzodiazepines	ATIVAN XANAX XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
Asthma † Beta Agonists, Short-Acting	albuterol sulfate CFC-free aerosol (NDC* 66993001968 only) PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol
Asthma † Leukotriene Modulators	zileuton ext-rel SINGULAIR	montelukast, zafirlukast
Asthma † Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDHALER
Asthma † or Chronic Obstructive Pulmonary Disease (COPD) † Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT

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Attention Deficit Hyperactivity Disorder †	ADDERALL EVEKEO	amphetamine-dextroamphetamine mixed salts, methylphenidate
	ADZENYS XR-ODT APTENSIO XR DAYTRANA FOCALIN XR QUILLICHEW ER QUILLIVANT XR	amphetamine-dextroamphetamine mixed salts ext-rel**, dexmethylphenidate ext-rel, methylphenidate ext-rel**, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE
	INTUNIV	amphetamine-dextroamphetamine mixed salts ext-rel**, atomoxetine, dexmethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel**, AZSTARYS, JORNAY PM, MYDAYIS, QELBREE, VYVANSE
Autoimmune Agents Physician-Administered Agents	ACTEMRA INTRAVENOUS † ORENCIA INTRAVENOUS †	REMICADE, SIMPONI ARIA
	AVSOLA † CIMZIA LYOPHILIZED POWDER † INFLECTRA † RENFLEXIS †	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease Only) †	REMICADE, STELARA INTRAVENOUS
	ILUMYA †	REMICADE
Autoimmune Agents Self-Administered Agents Ankylosing Spondylitis †	SIMPONI † TALTZ † XELJANZ † XELJANZ XR †	COSENTYX, ENBREL, HUMIRA, RINVOQ
Autoimmune Agents Self-Administered Agents Crohn's Disease †	None	HUMIRA, STELARA SUBCUTANEOUS
Autoimmune Agents Self-Administered Agents Non-Radiographic Axial Spondyloarthritis †	TALTZ †	CIMZIA PREFILLED SYRINGE, COSENTYX
Autoimmune Agents Self-Administered Agents Psoriasis †	COSENTYX † ENBREL †	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
Autoimmune Agents Self-Administered Agents Psoriatic Arthritis †	ORENCIA CLICKJECT † ORENCIA SUBCUTANEOUS † SIMPONI † TALTZ † XELJANZ † XELJANZ XR †	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI, STELARA SUBCUTANEOUS, TREMFYA
Autoimmune Agents Self-Administered Agents Rheumatoid Arthritis †	ACTEMRA ACTPEN † ACTEMRA SUBCUTANEOUS † KINERET † SIMPONI †	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
Autoimmune Agents Self-Administered Agents Ulcerative Colitis †	SIMPONI †	HUMIRA, RINVOQ #, STELARA SUBCUTANEOUS, XELJANZ #, XELJANZ XR #, ZEPOSIA # After failure of HUMIRA
Autoimmune Agents Self-Administered Agents All Other Conditions †	ACTEMRA ACTPEN † ACTEMRA SUBCUTANEOUS † KINERET † ORENCIA CLICKJECT † ORENCIA SUBCUTANEOUS †	ENBREL, HUMIRA
Botulinum Toxins	BOTOX †	Consult doctor

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Cancer Biosimilars	RIABNI ¹ TRUXIMA ¹	RUXIENCE
Cancer Chronic Myelogenous Leukemia † Kinase Inhibitors	GLEEVEC ¹ ICLUSIG ¹ TASIGNA ¹	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
Cancer Follicular Lymphoma † PI3K Inhibitors	ALIQOPA ¹ ZYDELIG ¹	COPIKTRA
Cancer Melanoma † BRAF/MEK Inhibitors	MEKINIST ¹	COTELLIC, MEKTOVI
	TAFINLAR ¹	BRAFTOVI, ZELBORAF
Cancer Monoclonal Antibodies	AVASTIN ¹	ZIRABEV
	HERCEPTIN ¹ HERCEPTIN HYLECTA ¹	KANJINTI, TRAZIMERA
	RITUXAN ¹	RUXIENCE
Cancer mTOR Inhibitors	AFINITOR ¹ AFINITOR DISPERZ ¹	<i>everolimus</i>
Cancer Multiple Myeloma † Proteasome Inhibitors	BORTEZOMIB ¹ KYPROLIS ¹	NINLARO, VELCADE
Cancer Non-Small Cell Lung Cancer † ALK Inhibitors	XALKORI ¹	ALECENSA, ALUNBRIG, ZYKADIA
Cancer Prostate † Antiandrogens	NILANDRON ZYTIGA ¹	<i>abiraterone</i> , <i>bicalutamide</i> , ERLEADA, XTANDI, YONSA
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</i> (except <i>fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg</i>), <i>fenofibric acid delayed-rel</i>
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³	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>

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<i>Cardiovascular Antilipemics MTP Inhibitors</i>	JUXTAPID ¹	PRALUENT
<i>Cardiovascular Antilipemics Niacins</i>	<i>niacin tablet 500 mg Niacor</i>	<i>niacin ext-rel</i>
<i>Cardiovascular Antilipemics Omega-3 Fatty Acids</i>	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
<i>Cardiovascular Antilipemics PCSK9 Inhibitors</i>	REPATHA ¹	PRALUENT
<i>Cardiovascular Digitalis Glycosides</i>	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular Diuretics</i>	DYRENIUM	<i>amiloride, triamterene</i>
<i>Cardiovascular Nitrates</i>	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<i>Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists</i>	LETAIRIS ¹ TRACLEER ¹	<i>ambrisentan, bosentan, OPSUMIT</i>
<i>Cardiovascular Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors</i>	ADCIRCA ¹ REVATIO ¹	<i>sildenafil, tadalafil</i>
<i>Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators</i>	REMODULIN ¹	<i>treprostinil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) † Anticholinergics</i>	INCRUSE ELLIPTA TUDORZA	SPIRIVA
<i>Chronic Obstructive Pulmonary Disease (COPD) † Anticholinergic / Beta Agonist Combinations Long Acting</i>	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 ¹	KYLEENA, MIRENA, SKYLA
<i>Contraceptives Vaginal</i>	<i>ethinyl estradiol-etonogestrel EluRyng</i>	ANNOVERA, NUVARING

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<i>Cushing's Syndrome</i>	KORLYM †	Consult doctor
<i>Cystic Fibrosis</i> † Inhaled Antibiotics	CAYSTON † TOBI † TOBI PODHALER †	<i>tobramycin inhalation solution</i> , BETHKIS
<i>Dental Cavity/Caries Prevention</i>	PREVIDENT	Consult 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 VIBRYD ZOLOFT	<i>citalopram</i> , <i>escitalopram</i> , <i>fluoxetine</i> (except <i>fluoxetine tablet 60 mg</i> , <i>fluoxetine tablet</i> [generics for SARAFEM]), <i>paroxetine HCl</i> , <i>paroxetine HCl ext-rel</i> (except NDC* 60505367503), <i>sertraline</i> , TRINTELLIX
<i>Depression</i> † Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet</i> (except 225 mg) CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel</i> , <i>duloxetine</i> , <i>venlafaxine</i> , <i>venlafaxine ext-rel capsule</i>
<i>Depression</i> † Antidepressants, Miscellaneous Agents	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion</i> , <i>bupropion ext-rel</i> (except <i>bupropion ext-rel tablet 450 mg</i>)
Depression and/or Schizophrenia † Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole</i> , <i>clozapine</i> , <i>olanzapine</i> , <i>quetiapine</i> , <i>quetiapine ext-rel</i> , <i>risperidone</i> , <i>ziprasidone</i> , CAPLYTA, LATUDA, VRAYLAR
<i>Dermatology Acne</i> †	<i>adapalene pad</i> <i>clindamycin gel</i> (NDC* 68682046275 only) <i>Vanoxide-HC</i> ACANYA AZELEX BENZACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	<i>adapalene</i> (except <i>adapalene pad</i>), <i>benzoyl peroxide</i> , <i>clindamycin gel</i> (except NDC* 68682046275), <i>clindamycin solution</i> , <i>clindamycin-benzoyl peroxide</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tretinoin</i> , EPIDUO, ONEXTON
<i>Dermatology Actinic Keratosis</i> †	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%</i> , <i>fluorouracil solution</i> , <i>imiquimod</i> , ZYCLARA
<i>Dermatology Anti-infective / Anti-inflammatory</i>	NEO-SYNALAR	<i>desonide</i> (except <i>desonide gel</i>) or <i>hydrocortisone</i> WITH <i>gentamicin</i>
<i>Dermatology Antibiotics</i>	<i>mupirocin cream</i>	<i>gentamicin</i> , <i>mupirocin ointment</i>
<i>Dermatology Antipsoriatics</i>	<i>calcipotriene cream</i> <i>calcipotriene foam</i> <i>calcitriol ointment</i> CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL	<i>calcipotriene ointment</i> , <i>calcipotriene solution</i>
	<i>calcipotriene-betamethasone</i> DUOBRII	<i>calcipotriene ointment</i> or <i>calcipotriene solution</i> WITH <i>desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>) or BRYHALI; ENSTILAR
<i>Dermatology Atopic Dermatitis</i> †	<i>doxepin cream</i>	<i>desonide</i> (except <i>desonide gel</i>), <i>hydrocortisone</i> , <i>pimecrolimus</i> , <i>tacrolimus</i> , EUCRISA
	ELIDEL	<i>pimecrolimus</i> , <i>tacrolimus</i> , EUCRISA

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Dermatology Rosacea †	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
	<i>ivermectin cream</i> FINACEA GEL MIRVASO NORITATE	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>
Dermatology Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor
Dermatology Seborrheic Dermatitis †	<i>ketoconazole foam 2%</i> <i>Ketodan</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
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 lipophilic cream 0.1%</i> <i>hydrocortisone butyrate lotion</i> <i>triamcinolone aerosol 0.2%</i> <i>triamcinolone ointment 0.05%</i> <i>Trianex</i> CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
Dermatology Skin Inflammation and Hives † High Potency Corticosteroids	<i>betamethasone dipropionate ointment 0.05%</i> <i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
Dermatology Skin Inflammation and Hives † Very High Potency Corticosteroids	<i>clobetasol emollient foam</i> <i>clobetasol spray</i> <i>fluocinonide cream 0.1%</i> <i>Tovet</i> CLOBEX SPRAY CORDRAN TAPE OLUX-E ULTRAVATE	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
Dermatology Warts	VEREGEN	<i>imiquimod</i>
Dermatology Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide (except desonide gel), hydrocortisone</i>
Dermatology Miscellaneous Skin Conditions	ATOPADERM BENSAL HP EPICERAM KAMDOY SYNERDERM	<i>desonide (except desonide gel), hydrocortisone</i>
	<i>luliconazole</i> <i>oxiconazole</i> (NDCs* 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>

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Diabetes † Biguanides	<i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only) FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)
Diabetes † Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
Diabetes † Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA WITH <i>pioglitazone</i>
Diabetes † Injectable Incretin Mimetics	BYDUREON BCISE BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
Diabetes † Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ⁴	NOVOLIN 70/30 ⁴
	HUMULIN N ⁴	NOVOLIN N ⁴
	HUMULIN R ⁴	NOVOLIN R ⁴
	NOTE: <i>Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.</i>	
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

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Diabetes † Supplies, Syringes ⁶	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
Diabetes † Supplies, Test Strips and Kits ^{7, 8}	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ACCU-CHEK or ONETOUCH brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ⁷ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ⁷ , ACCU-CHEK GUIDE STRIPS AND KITS ⁷ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁷ , ONETOUCH ULTRA STRIPS AND KITS ⁷ , ONETOUCH VERIO STRIPS AND KITS ⁷
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM All other continuous glucose monitoring systems that are not DEXCOM brand	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
Dietary Supplements	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite Dexifol Folvite-D Genicin Vita-S HylaVite Lorid TronVite Vitasure Xvite FERIVA 21/7 NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZVIT</i>	<i>folic acid</i>
	<i>MultiPro PRODIGEN VASCULERA</i>	Consult doctor
Endocrine and Metabolic Corticosteroids	<i>prednisolone solution 10 mg/5 mL prednisolone solution 20 mg/5 mL BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS</i>	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL), prednisone</i>
Endocrine and Metabolic Progestins	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
Endocrine and Metabolic Severe Hypoglycemia	GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT	<i>glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE</i>
Endometriosis †	ZOLADEX ¹	ORLISSA

Category Drug Class	Formulary Drug Removals	Formulary Options
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, 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
Gastrointestinal Proton Pump Inhibitors (PPIs)	dexlansoprazole delayed-rel lansoprazole delayed-rel orally disintegrating tablet omeprazole-sodium bicarbonate pantoprazole delayed-rel suspension ACIPHEX ACIPHEX SPRINKLE DEXILANT NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet
Gastrointestinal Ulcer Treatment	sucralfate suspension CARAFATE	sucralfate tablet
Gaucher Disease	ELELYSO ¹	CERDELGA, CEREZYME
Genitourinary Interstitial Cystitis	ELMIRON RIMSO-50	Consult doctor
Genitourinary Miscellaneous	LITHOSTAT	Consult doctor
	THIOLA ¹ THIOLA EC ¹	tiopronin

Category Drug Class	Formulary Drug Removals	Formulary Options
Gout †	colchicine capsule COLCRYS	colchicine tablet, MITIGARE
	ULORIC	allopurinol
Growth Hormones	GENOTROPIN 1 HUMATROPE 1 NUTROPIN AQ 1 OMNITROPE 1 SAIZEN 1	NORDITROPIN
Hematologic Anticoagulants Injectable	heparin sodium in 5% dextrose HEPARIN SODIUM IN 5% DEXTROSE	enoxaparin, fondaparinux
Hematologic Anticoagulants Oral	PRADAXA	warfarin, ELIQUIS, XARELTO
Hematologic Chelating Agents	CUPRIMINE 1	penicillamine
	DESFERAL 1 EXJADE 1 FERRIPROX 1 JADENU 1	deferasirox, deferiprone, deferoxamine
	SYPRINE 1	trientine
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
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	clopidogrel, prasugrel, BRILINTA
	ZONTIVITY	Consult doctor
Hematologic Thrombocytopenia Agents	MULPLETA 1	Consult doctor
	NPLATE 1	PROMACTA, TAVALISSE
High Blood Pressure † ACE Inhibitors	EPANED	enalapril, fosinopril, lisinopril, quinapril, ramipril
High Blood Pressure † ACE Inhibitor / Diuretic Combinations	ZESTORETIC	fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide
High Blood Pressure † Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>High Blood Pressure</i> † 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>
<i>High Blood Pressure</i> † Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	AZOR EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<i>High Blood Pressure</i> † Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure</i> † 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>
<i>High Blood Pressure</i> † Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</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</i> (except generics for CARDIZEM LA)
<i>High Blood Pressure</i> † Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	<i>amlodipine WITH celecoxib</i>
<i>Huntington's Disease</i>	XENAZINE ¹	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP ¹	RASUVO
<i>Immunology</i> Hereditary Angioedema	BERINERT ¹	<i>icatibant, RUCONEST</i>
	CINRYZE ¹	ORLADEYO, TAKHZYRO
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis †	<i>budesonide ext-rel</i> <i>mesalamine delayed-rel tablet 800 mg</i> COLAZAL DELZICOL LIALDA PENTASA	<i>balsalazide, mesalamine delayed-rel</i> (except <i>mesalamine delayed-rel tablet 800 mg</i>), <i>mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD</i>
<i>Interferons</i> †	PEGASYS ¹	Consult doctor
<i>Kidney Disease</i> † Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL	<i>calcium acetate, sevelamer carbonate, AURYXIA, PHOSLYRA, 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>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Menopausal Symptom Agents Transdermal</i>	MINIVELLE VIVELLE-DOT	estradiol, DIVIGEL, EVAMIST
<i>Menopausal Symptom Agents Vaginal</i>	estradiol vaginal tablet Yuvaferm ESTRING FEMRING INTRAROSA PREMARIN CREAM	estradiol vaginal cream, IMVEXXY, VAGIFEM
<i>Multiple Sclerosis</i>	EXTAVIA ¹ TECFIDERA ¹	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	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 FML S.O.P. INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%
<i>Ophthalmic Antivirals</i>	ZIRGAN	trifluridine

Category Drug Class	Formulary Drug Removals	Formulary Options
Ophthalmic Artificial Tears	LACRISERT	RESTASIS, XIIDRA
Ophthalmic Glaucoma	bimatoprost solution 0.03% TRAVATAN Z	latanoprost, travoprost, LUMIGAN, ZIOPTAN
	BETIMOL TIMOPTIC OCUDOSE	timolol maleate solution, BETOPTIC S
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Dependency	SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV
Osteoarthritis † Viscosupplements	GEL-ONE † HYALGAN † MONOVISC † ORTHOVISC † SYNVISC † SYNVISC-ONE † VISCO-3 †	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
Osteoporosis † Calcium Regulators	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS
Otic Anti-infective / Anti-inflammatory	ciprofloxacin-fluocinolone CIPRO HC CIPRODEX	ciprofloxacin-dexamethasone, ofloxacin otic
Overactive Bladder / Incontinence † Urinary Antispasmodics	DETROL LA MYRBETRIQ OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA, TOVIAZ
Pain Headache †	butalbital-acetaminophen capsule butalbital-acetaminophen tablet 25-325 mg butalbital-acetaminophen tablet 50-300 mg butalbital-acetaminophen-caffeine capsule Bupap Vtol LQ BUTALBITAL-ACETAMINOPHEN (NDC* 69499034230 only) CAMBIA FIORICET CAPSULE	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
	dihydroergotamine spray ergotamine-caffeine Migergot CAFERGOT MAXALT MAXALT-MLT	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
	sumatriptan-naproxen TREMIMET	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
Pain Migraine CGRP Inhibitors	AIMOVIG	AJOVY, EMGALITY
Pain Neuropathic Pain †	LYRICA	duloxetine, pregabalin, pregabalin ext-rel

Category Drug Class	Formulary Drug Removals	Formulary Options
Pain Opioid Analgesics	BUTRANS	buprenorphine transdermal, BELBUCA
	LAZANDA	fentanyl transmucosal lozenge, SUBSYS
	levorphanol oxymorphone ext-rel HYSINGLA ER OXYCONTIN	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER
	PERCOCET	hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA
	tramadol (NDC* 52817019610 only) tramadol ext-rel capsule	tramadol (except NDC* 52817019610), tramadol ext-rel tablet
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC* 71800063115 only) LIDOTREX	lidocaine-prilocaine
Pain and Inflammation † Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or 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 Pennaicin 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 capsule, omeprazole delayed-rel, or 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

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Premenstrual Dysphoric Disorder (PMDD)</i>	<i>fluoxetine tablet</i> (generics for SARAFEM only)	<i>fluoxetine</i> (except <i>fluoxetine tablet 60 mg, fluoxetine tablet</i> [generics for SARAFEM]), <i>paroxetine HCl ext-rel</i> (except NDC* 60505367503), <i>sertraline</i>
<i>Prenatal Vitamins</i> ⁹	AZESCO CITRANATAL PRENATAL PLUS VITAFOL-ONE ZALVIT All other brand prenatal vitamins	<i>generic prenatal vitamins</i>
<i>Prostate Condition Benign Prostatic Hyperplasia</i> †	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>
<i>Pseudobulbar Affect</i>	NUEDEXTA	Consult doctor
<i>Respiratory Alpha-1 Antitrypsin Deficiency</i>	ARALAST NP ¹ GLASSIA ¹ ZEMAIRA ¹	PROLASTIN-C
<i>Respiratory Anaphylaxis Treatment Agents</i>	ADRENALIN SYMJEPI	<i>epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR</i>
<i>Respiratory Cough</i>	<i>benzonatate</i> (NDCs* 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs* 69336012615, 69499032915)
<i>Respiratory Xanthines</i>	THEO-24	<i>ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI</i>
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	<i>quazepam</i> <i>zolpidem sublingual</i> LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA</i>
<i>Testosterone Replacement</i> † <i>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, ANDRODERM, NATESTO</i>
<i>Thyroid Supplements</i>	CYTOSEL	<i>levothyroxine, liothyronine, SYNTHROID</i>
	TIROSINT	<i>levothyroxine, SYNTHROID</i>
<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 †	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

<p>ABILIFY ACANYA ACIPHEX ACIPHEX SPRINKLE ACTEMRA ACTPEN † ACTEMRA INTRAVENOUS † ACTEMRA SUBCUTANEOUS † ACTICLATE <i>Activite</i> ACTOS ACUVAIL <i>acyclovir cream</i> <i>adapalene pad</i> ADCIRCA † ADDERALL ADRENALIN ADZENYS XR-ODT AFINITOR † AFINITOR DISPERZ † AIMOVIG <i>albuterol sulfate CFC-free aerosol</i> (NDC* 66993001968 only) ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION ALIQOPA † ALLISON MEDICAL INSULIN SYRINGES † ALPROLIX † ALREX ALTOPREV ALVESCO AMITIZA AMRIX ANDROGEL APEXICON E APIDRA APOKYN † APTENSIO XR APTIVUS † ARALAST NP † ARANESP † ARTHROTEC ASMANEX ASMANEX HFA ATACAND ATACAND HCT ATIVAN</p>	<p>ATOPADERM ATRIPLA † AVASTIN † AVENOVA AVSOLA † AZASITE AZELEX AZESCO AZOR BALCOLTRA BANZEL SUSPENSION BARACLUDE TABLET † BEAU RX BECONASE AQ BENICAR BENICAR HCT BENSAL HP BENZACLIN <i>benzonatate</i> (NDCs* 69336012615, 69499032915 only) BEPREVE BERINERT † BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE <i>betamethasone dipropionate ointment 0.05%</i> BETAPACE BETAPACE AF BETIMOL BEVESPI AEROSPHERE BEYAZ <i>bimatoprost solution 0.03%</i> BORTEZOMIB † BOTOX † BREEZE 2 STRIPS AND KITS † BROMSITE <i>budesonide ext-rel</i> <i>Bupap</i> BUPHENYL † <i>bupropion ext-rel tablet 450 mg</i> <i>butalbital-acetaminophen capsule</i> <i>butalbital-acetaminophen tablet 25-325 mg</i> <i>butalbital-acetaminophen tablet 50-300 mg</i> BUTALBITAL-ACETAMINOPHEN (NDC* 69499034230 only) <i>butalbital-acetaminophen-caffeine capsule</i> BUTRANS BYDUREON BCISE BYETTA</p>	<p>CAFERGOT <i>calcipotriene cream</i> <i>calcipotriene foam</i> CALCIPOTRIENE FOAM <i>calcipotriene-betamethasone</i> <i>calcitriol ointment</i> CAMBIA <i>CapsFenac Pak</i> <i>Capsinac</i> CARAC CARAFATE CARBINOXAMINE TABLET 6 MG CARDIZEM CARDIZEM CD CARDIZEM LA <i>carisoprodol 250 mg</i> CARNITOR CARNITOR SF CAYSTON † CELEBREX <i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) <i>chlorzoxazone 250 mg</i> <i>chlorzoxazone 375 mg</i> <i>chlorzoxazone 500 mg</i> (NDC* 73007001303 only) <i>chlorzoxazone 750 mg</i> CHORIONIC GONADOTROPIN † CIALIS CICATRACE CILOXAN CIMZIA LYOPHILIZED POWDER † CINRYZE † CIPRO HC CIPRODEX <i>ciprofloxacin-fluocinolone</i> CITRANATAL <i>clindamycin gel</i> (NDC* 68682046275 only) <i>clobetasol emollient foam</i> <i>clobetasol spray</i> CLOBEX SPRAY <i>clocortolone cream</i> COLAZAL <i>colchicine capsule</i> COLCRYS COMPLERA † CONSENSI</p>
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CONTOUR NEXT STRIPS AND KITS ⁸
CONTOUR STRIPS AND KITS ⁸
CONTRACE
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
CYTOMEL
DARAPRIM
DAYTRANA
DELZICOL
DESFERAL ¹
desonide gel
desoximetasone ointment 0.05%
DesRx
DETROL LA
dexchlorpheniramine
Dexifol
DEXILANT
dexlansoprazole delayed-rel
diclofenac potassium tablet 25 mg
Diclofex DC
DicloHeal-60
DIFFERIN LOTION
diflorasone cream
diflorasone ointment
dihydroergotamine spray
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
DUTOPROL
DYMISTA
DYRENIUM
EDARBI
EDARBYCLOR
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
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 50 mg
fenofibrate capsule 130 mg
fenofibrate tablet 40 mg
fenofibrate tablet 120 mg
FENOGLIDE TABLET 120 MG
fenoprofen
FENOPROFEN CAPSULE
FERIVA 21/7
FERRIPROX ¹
Fexmid
FINACEA GEL
FIORICET CAPSULE
FLAREX
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
FML S.O.P.
FOCALIN XR
FOLLISTIM AQ ¹
Folvite-D
FORTAMET
FORTESTA
FOSRENOL
FOSTEUM
FOSTEUM PLUS
FREESTYLE LIBRE CONTINUOUS
GLUCOSE MONITORING SYSTEM
FREESTYLE STRIPS AND KITS ⁸
FULPHILA ¹
GEL-ONE ¹
Genicin Vita-S
GENOTROPIN 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
HEPARIN SODIUM IN 5% DEXTROSE
HEPSERA ¹
HERCEPTIN ¹
HERCEPTIN HYLECTA ¹
HORIZANT
HUMALOG
HUMALOG MIX 50/50
HUMALOG MIX 75/25
HUMATROPE ¹
HUMULIN 70/30 ⁴
HUMULIN N ⁴
HUMULIN R ⁴
HYALGAN ¹
hydrocortisone butyrate lipophilic cream 0.1%

hydrocortisone butyrate lotion
HylaVite
hyoscyamine sulfate ext-rel
HYSINGLA ER
HYZAAR
Iclofenac CP
ICLUSIG ¹
icosapent ethyl
ILUMYA ¹
INCRUSE ELLIPTA
INDERAL LA
INDERAL XL
INDOCIN
indomethacin capsule 20 mg
Inflammacin
INFLECTRA ¹
INNOPRAN XL
INTRAROSA
INTUNIV
INVELTYS
INVIRASE ¹
INVOKAMET
INVOKAMET XR
INVOKANA
isosorbide dinitrate 40 mg
ivermectin cream
JADENU ¹
JALYN
JENTADUETO
JENTADUETO XR
JUXTAPID ¹
KAMDOY
Kapzin DC
KAZANO
KEPPRA
KEPPRA XR
ketoconazole foam 2%
Ketodan
ketoprofen capsule 25 mg
ketoprofen ext-rel capsule
KINERET ¹
KOMBIGLYZE XR
KORLYM ¹
KUVAN ¹
KYPROLIS ¹
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
LASTACAF
LAZANDA
LESCOL XL
LETAIRIS ¹
LEUKINE ¹
levorphanol
LEXAPRO
LEXIVA ¹
LIALDA
LIBRAX
LIDOCAINE-TETRACAINE CREAM
(NDC* 71800063115 only)
LIDOTREX
LILETTA ¹
LIPITOR
LITHOSTAT
LIVALO
Lofena
Lorid
Lorzone
LOTEMAX
LOTEMAX SM
luliconazole
LUNESTA

LUPRON DEPOT ¹
 LYRICA
 MACRODANTIN
Matzim LA
 MAVYRET ¹
 MAXALT
 MAXALT-MLT
 MAXIDEX
mefenamic acid (NDC* 69336012830 only)
 MEKINIST ¹
meloxicam capsule
 MENEST
mesalamine delayed-rel tablet 800 mg
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
Mondoxyne NL capsule 75 mg
 MONOVISC ¹
 MOVANTIK
 MOVIPREP
 MULPLETA ¹
MultiPro
mupirocin cream
 MYRBETRIQ
 MYTESI
 NAPRELAN
naproxen CR
naproxen suspension
naproxen-esomeprazole
 NEO-SYNALAR
 NESINA
 NEULASTA ¹
 NEULASTA ONPRO ¹
 NEUPOGEN ¹
 NEVANAC
 NEXIUM
niacin tablet 500 mg
Niacor
 NICADAN
 NICAPRIN
 NICAZEL
 NICAZEL FORTE
 NICOMIDE
 NILANDRON
nitrofurantoin (NDCs* 16571074024, 70408023932 only)
Nolix
 NORGESIC FORTE
 NORITATE
 NORPACE
 NORVASC
 NOURIANZ
 NOVAREL ¹
 NOVO NORDISK NEEDLES ⁶
 NOXAFIL
 NPLATE ¹
NuDiclo SoluPak
NuDiclo TabPak
 NUDEXTA
 NUTROPIN AQ ¹
 NUVIGIL
 OLUX-E
omeprazole-sodium bicarbonate
 OMNARIS
 OMNITROPE ¹
 OMNIVEX
 ONFI
 ONGLYZA
 ORENCIA INTRAVENOUS ¹
orphenadrine-aspirin-caffeine
Orphengestic Forte
 ORTHO D
 ORTHO DF
 ORTHOVISC ¹
 OSENI
 OSMOPREP
 OSPHENA
 OTREXUP ¹
 OWEN MUMFORD NEEDLES ⁶
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)
 PEGASYS ¹
Pennaicain
 PENNSAID
 PENTASA
 PERCOCET
 PERRIGO NEEDLES ⁶
 PEXEVA
 PLAVIX
 POLYTOZA
posaconazole delayed-rel tablet
 PRADAXA
 PRED FORTE
 PRED MILD
prednisolone solution 10 mg/5 mL
prednisolone solution 20 mg/5 mL
 PREGNYL ¹
 PREMARIN
 PREMARIN CREAM
 PRENATAL PLUS
 PREVACID
 PREVIDENT
 PRILOSEC
 PRISTIQ
 PROAIR HFA
 PROAIR RESPICLICK
 PROCRIT ¹
 PROCYSBI ¹
 PRODIGEN
 PROMETRIUM
 PROTONIX
 PROVAD
 PROVENTIL HFA
 PROVIGIL
 PROZAC
 PSORCON
 QNASL
 QTERN
quazepam
 QUILLICHEW ER
 QUILLIVANT XR
 RAPAFLO
 RAVICTI ¹
 RAYOS
 RECEDO
 REMODULIN ¹
 RENFLEXIS ¹
 REPATHA ¹
 REVATIO ¹
 RHEUMATE
 RIABNI ¹
 RIBOZEL
 RIMSO-50
 RIOMET
 RITUXAN ¹
 ROZEREM
RyClora
 RYTARY
 SABRIL ¹
 SAIZEN ¹
 SANDOSTATIN LAR ¹
 SCARSILK PAD
 SEASONIQUE
 SEROQUEL XR
 SIGNIFOR LAR ¹
 SIL-K PAD
 SILENOR
 SILVEX
 SILTRET
 SIMPONI ¹
 SINGULAIR
 SOMAVERT ¹
 SORILUX
 SPRIX
 STENDRA
 STRIBILD ¹
 SUBOXONE
sucralfate suspension
sumatriptan-naproxen
 SUPREP
Sure Result DSS Premium Pack
 SYMJEPi
 SYNERDERM
 SYNVISC ¹
 SYNVISC-ONE ¹
 SYPRINE ¹
 TAFINLAR ¹
 TALIVA
Targadox
 TASIGNA ¹
tavaborole
 TAYTULLA
 TAZORAC
 TECFIDERA ¹
 TESTIM
testosterone gel 1%
 (authorized generics for TESTIM and VOGELXO only)
 THEO-24
 THIOLA ¹
 THIOLA EC ¹
 TIMOPTIC OCUDOSE
 TIROSINT
 TOBI ¹
 TOBI PODHALER ¹
 TOBRADEX ST
topiramate ext-rel capsule (generics for QUDEXY XR only)
 TOPROL-XL
Tovet
 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
 TRIVIDIA INSULIN SYRINGES ⁶
TronVite
 TRUVADA ¹
 TRUXIMA ¹
 TUDORZA
 UDENYCA ¹
 ULORIC
 ULTIMED INSULIN SYRINGES ⁶
 ULTIMED NEEDLES ⁶
 ULTRAVATE
 UROXATRAL
 VALCYTE
 VALTRET
Vanoxide-HC
 VASCULERA

VECTICAL
VELTIN
venlafaxine ext-rel tablet (except 225 mg)
VENTOLIN HFA
VEREGEN
VIAGRA
VIEKIRA PAK ¹
VIIBRYD
VIRACEPT ¹
VISCO-3 ¹
VITAFOL-ONE
Vitasure
VIVELLE-DOT
VOGELXO
Vtol LQ
XALKORI ¹
XANAX
XANAX XR

XENAZINE ¹
XENICAL
XOLEGEL
XOPENEX HFA
Xvite
XYZBAC
YASMIN
YAZ
Yuvaferm
ZALVIT
ZARXIO ¹
ZEGERID
ZELAC
ZEMAIRA ¹
ZEPATIER ¹
ZERVIAE
ZESTORETIC
ZETIA

ZETONNA
ZIANA
Ziclopro
zileuton ext-rel
ZIRGAN
ZOLADEX ¹
ZOLOFT
zolpidem sublingual
ZOLPIMIST
ZONEGRAN
ZONTIVITY
ZORVOLEX
ZUPLENZ
ZYDELIG ¹
ZYLET
ZYTIGA ¹
ZYVIT

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. Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific drug. 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. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change. There may be additional plan restrictions. Please consult your plan for further information.

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, he or she should fax an exception request to: 1-888-487-9257.

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

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

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

⁵ Long Acting Insulins - First Generation.

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

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

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

⁹ Generic prenatal vitamins are the only preferred options.

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