Covered and non-covered drugs

Drugs not covered —
and their covered alternatives
2020 Aetna Standard Formulary
Exclusions Drug List

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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.

Key	
UPPERCASE	Brand-name medicine
lowercase italics	Generic medicine

Category **Drug Class**	**Formulary Drug Removals**	**Formulary Options**
Acromegaly	SANDOSTATIN LAR[1]	SOMATULINE DEPOT, SOMAVERT
Allergies **Antihistamines**	*carbinoxamine tablet 6 mg*	*levocetirizine*
Allergies **Nasal Steroids / Combinations**	BECONASE AQ OMNARIS QNASL ZETONNA	*flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray,* DYMISTA
Anticonvulsants	LAMICTAL LAMICTAL ODT LAMICTAL XR ZONEGRAN	*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
	ONFI	*clobazam, lamotrigine, topiramate,* TROKENDI XR
	SABRIL[1]	*vigabatrin*
Anti-infectives, Antibacterials **Erythromycins / Macrolides**	E.E.S. GRANULES ERYPED	*erythromycins*
Anti-infectives, Antibacterials **Tetracyclines**	ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	*doxycycline hyclate, minocycline, tetracycline*
Anti-infectives, Antibacterials **Miscellaneous**	MACRODANTIN	*nitrofurantoin*
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)

Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefit portion of your health plan and has no financial responsibility therefor. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. See coverage policy 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. This directory is applicable to both Aetna Commercial and joint venture plans.

Category Drug Class	Formulary Drug Removals		Formulary Options
Anti-infectives, Antivirals **Herpes ***	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 HF	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, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel,* MYDAYIS, VYVANSE
Autoimmune Agents **Ankylosing Spondylitis ***	CIMZIA[1] SIMPONI[1]	TALTZ[1]	COSENTYX, ENBREL, HUMIRA
Autoimmune Agents **Crohn's Disease ***	CIMZIA[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 (after failure of HUMIRA)

Category **Drug Class**	**Formulary Drug Removals**		**Formulary Options**
Autoimmune Agents **All Other Conditions ***	ACTEMRA[1] KINERET[1] ORENCIA CLICKJECT[1]	ORENCIA INTRAVENOUS[1] ORENCIA SUBCUTANEOUS[1]	ENBREL, HUMIRA
Cancer **Breast**	VERZENIO[1]		IBRANCE, KISQALI
Cancer **Chronic Myelogenous Leukemia ***	GLEEVEC[1]	TASIGNA[1]	*imatinib mesylate,* BOSULIF, SPRYCEL
Cancer **Prostate *** **Hormonal Agents, Antiandrogens**	NILANDRON	ZYTIGA[1]	*abiraterone, bicalutamide,* 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	*sotalol*
Cardiovascular **Antilipemics** **Cholesterol Absorption Inhibitors**	ZETIA		*ezetimibe*
Cardiovascular **Antilipemics** **Fibrates**	*fenofibrate tablet 120 mg* FENOGLIDE TABLET 120 MG TRICOR		*fenofibrate* (except *fenofibrate tablet 120 mg*), *fenofibric acid*
Cardiovascular **Antilipemics** **HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations [3]**	ALTOPREV CRESTOR LESCOL XL	LIPITOR LIVALO	a*torvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin*
Cardiovascular **Antilipemics** **PCSK9 Inhibitors**	PRALUENT[1]		REPATHA
Cardiovascular **Digitalis Glycosides**	LANOXIN TABLET (125 MCG and 250 MCG only)		*digoxin*
Cardiovascular **Diuretics**	DYRENIUM		*amiloride*
Cardiovascular **Pulmonary Arterial Hypertension *** **Phosphodiesterase Inhibitors**	ADCIRCA[1]	REVATIO[1]	*sildenafil, tadalafil*

Category Drug Class	Formulary Drug Removals		Formulary Options
Carnitine Deficiency	CARNITOR	CARNITOR SF	*levocarnitine*
Chronic Obstructive Pulmonary Disease (COPD) * **Anticholinergics**	TUDORZA		INCRUSE ELLIPTA, SPIRIVA
Chronic Obstructive Pulmonary Disease (COPD) * **Anticholinergic / Beta Agonist Combinations**	COMBIVENT RESPIMAT		*ipratropium-albuterol inhalation solution,* ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT
Contraceptives **Monophasic**	BEYAZ MINASTRIN 24 FE	TAYTULLA YAZ	*ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron*
Contraceptives **Biphasic**	LO LOESTRIN FE		*ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate*
Contraceptives **Triphasic**	ORTHO TRI-CYCLEN LO		*ethinyl estradiol-norgestimate*
Contraceptives **Four Phase**	NATAZIA		*ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate*
Contraceptives **Progestin Intrauterine Devices**	LILETTA[1]		KYLEENA, MIRENA, SKYLA
Cystic Fibrosis * **Inhaled Antibiotics**	TOBI[1]	TOBI PODHALER[1]	*tobramycin inhalation solution,* BETHKIS
Dental **Cavity/Caries Prevention**	PREVIDENT		Consult doctor
Depression * **Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)**	LEXAPRO	PROZAC	*citalopram, escitalopram, fluoxetine, paroxetine HCl, paroxetine HCl ext-rel, sertraline,* TRINTELLIX, VIIBRYD
Depression * **Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)**	*venlafaxine ext-rel tablet* (except 225 mg) CYMBALTA EFFEXOR XR PRISTIQ		*desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule*
Depression * **Antidepressants, Miscellaneous Agents**	OLEPTRO		*trazodone*
Depression and/or Schizophrenia * **Antipsychotics, Atypicals**	ABILIFY FANAPT	SEROQUEL XR	*aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone,* 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**	BEAU RX		Consult doctor
	RECEDO	SIL-K PAD	*imiquimod*
Dermatology **Seborrheic Dermatitis ***	XOLEGEL		*ciclopirox, ketoconazole*
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 **Wound Care Products**	*Alevicyn solution* ALEVICYN GEL	ALEVICYN KIT ALEVICYN SG	*desonide, hydrocortisone*
Dermatology **Miscellaneous Skin Conditions**	ALCORTIN A 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
Diabetes * **Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations**	JENTADUETO JENTADUETO XR	KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI		JANUMET, JANUMET XR; JANUVIA **WITH** *pioglitazone*

Category **Drug Class**	**Formulary Drug Removals**	**Formulary Options**
***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	*pioglitazone*
***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** [5]	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
***Diabetes* *** **Supplies, Syringes** [5]	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	*alendronate, ibandronate, risedronate*
	Dexifol *Folika-T* *Genicin Vita-S* *HylaVite* *Lorid* *TronVite* *Xvite* FERIVA 21/7 FOLIC-K FOLIKA-D FOLIKA-V	MEBOLIC NICAPRIN NICAZEL NICAZEL FORTE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	*folic acid*
	VASCULERA		Consult doctor
Erectile Dysfunction * **Phosphodiesterase Inhibitors**	CIALIS STENDRA	VIAGRA	*sildenafil, tadalafil*
Estrogen Replacement *	MINIVELLE	VIVELLE-DOT	*estradiol*, DIVIGEL, EVAMIST
Fertility *	FOLLISTIM AQ [1]		GONAL-F
	CHORIONIC GONADOTROPIN [1] NOVAREL [1]	PREGNYL [1]	OVIDREL
Gastrointestinal **Anticholinergics**	GLYCOPYRROLATE TABLET 1.5 MG		*dicyclomine*
Gastrointestinal **Antiemetics**	TRANSDERM SCOP		*meclizine, scopolamine transdermal*
	ZUPLENZ		*granisetron, ondansetron,* SANCUSO
Gastrointestinal **Laxatives**	*lactulose pak*		*lactulose solution*
	MOVIPREP	OSMOPREP	*peg 3350-electrolytes,* SUPREP
Gastrointestinal **Proton Pump Inhibitors (PPIs)**	*omeprazole-sodium bicarbonate* ACIPHEX ACIPHEX SPRINKLE	NEXIUM PREVACID PROTONIX ZEGERID	*esomeprazole, lansoprazole, omeprazole, pantoprazole,* DEXILANT
Gastrointestinal **Ulcer Treatment**	CARAFATE		*sucralfate*

Category Drug Class	Formulary Drug Removals		Formulary Options
Gaucher Disease	ELELYSO[1]		CERDELGA, CEREZYME
Genitourinary **Interstitial Cystitis**	RIMSO-50		Consult doctor
Gout *	COLCRYS		*colchicine tablet*
Growth Hormones	GENOTROPIN[1] NORDITROPIN[1] NUTROPIN AQ[1]	OMNITROPE[1] SAIZEN[1]	HUMATROPE
Hematologic **Anticoagulants (oral)**	COUMADIN		*warfarin*
	PRADAXA		*warfarin,* ELIQUIS, XARELTO
Hematologic **Erythropoiesis-Stimulating Agents**	EPOGEN[1]	PROCRIT[1]	ARANESP, RETACRIT
Hematologic **Hemophilia A ***	ELOCTATE[1]	HELIXATE FS[1]	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
Hematologic **Hemophilia B ***	ALPROLIX[1]		Consult doctor
Hematologic **Hereditary Angioedema ***	BERINERT[1]		FIRAZYR, RUCONEST
Hematologic **Neutropenia Colony Stimulating Factors**	FULPHILA[1]		NEULASTA, UDENYCA
	GRANIX[1] NEUPOGEN[1]	ZARXIO[1]	NIVESTYM
Hematologic **Platelet Aggregation Inhibitors**	PLAVIX		*clopidogrel, prasugrel,* BRILINTA
High Blood Pressure * **Angiotensin II Receptor Antagonists**	ATACAND BENICAR	DIOVAN EDARBI	*candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan*
High Blood Pressure * **Angiotensin II Receptor Antagonist / Diuretic Combinations**	ATACAND HCT BENICAR HCT	DIOVAN HCT EDARBYCLOR	*candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide*
High Blood Pressure * **Angiotensin II Receptor *Antagonist / Calcium Channel Blocker Combinations***	EXFORGE		*amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan*
High Blood Pressure * **Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations**	EXFORGE HCT		amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide

Category Drug Class	Formulary Drug Removals		Formulary Options
High Blood Pressure * **Beta-blockers**	TOPROL-XL		*atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel,* BYSTOLIC
High Blood Pressure * **Beta-blocker Combinations**	DUTOPROL		*metoprolol succinate ext-rel* **WITH** *hydrochlorothiazide*
High Blood Pressure * **Calcium Channel Blockers**	NORVASC		*amlodipine*
	Matzim LA CARDIZEM	CARDIZEM CD CARDIZEM LA (and its generics)	*diltiazem ext-rel* (except generic of CARDIZEM LA)
Huntington's Disease	XENAZINE[1]		*tetrabenazine,* AUSTEDO
Immunology **Antimetabolites**	CELLCEPT[1]	MYFORTIC[1]	*mycophenolate mofetil, mycophenolate sodium*
	RAPAMUNE[1]	ZORTRESS[1]	*sirolimus*
Immunology **Calcineurin Inhibitors**	ASTAGRAF XL[1]	ENVARSUS XR[1]	*cyclosporine; cyclosporine, modified; tacrolimus*
Immunology **Disease Modifying Antirheumatic Agents**	OTREXUP[1]		RASUVO
Inflammatory Bowel Disease (IBD) **Ulcerative Colitis *** **Aminosalicylates**	ASACOL HD DELZICOL	LIALDA	*balsalazide, sulfasalazine, sulfasalazine delayed-rel,* APRISO, PENTASA
	COLAZAL		*balsalazide*
Interferons *	PEGASYS[1]		Consult doctor
Kidney Disease * **Phosphate Binders**	FOSRENOL		*calcium acetate, lanthanum carbonate, sevelamer carbonate,* PHOSLYRA, VELPHORO
Multiple Sclerosis	AVONEX[1] EXTAVIA[1]	PLEGRIDY[1]	*glatiramer,* AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI
Musculoskeletal	AMRIX CHLORZOXAZONE 250 MG (NDCs^ 46672086046, 69499033060 only)		*cyclobenzaprine*
Narcolepsy **Wakefulness Promoters**	NUVIGIL		*armodafinil*, SUNOSI
Nephropathic Cystinosis	PROCYSBI[1]		CYSTAGON
Ophthalmic **Allergies**	ALREX		*azelastine, cromolyn sodium, olopatadine,* LASTACAFT, PAZEO
Ophthalmic **Anti-infective / Anti-inflammatory**	ZYLET		*neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone,* TOBRADEX OINTMENT, TOBRADEX ST
Ophthalmic **Anti-inflammatory, Steroidal**	FLAREX FML LIQUIFILM LOTEMAX	LOTEMAX SM PRED FORTE	*dexamethasone, loteprednol, prednisolone acetate 1%,* DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD

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Ophthalmic **Glaucoma**	TIMOPTIC OCUDOSE	*timolol maleate solution,* BETIMOL, BETOPTIC S
Ophthalmic **Miscellaneous**	AVENOVA	Consult doctor
Opioid Dependency	SUBOXONE	*buprenorphine-naloxone sublingual,* ZUBSOLV
Opioid Reversal	EVZIO	*naloxone injection,* 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	*alendronate, calcitonin-salmon, ibandronate, risedronate,* FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	*calcitonin-salmon*
Overactive Bladder / Incontinence * **Urinary Antispasmodics**	DETROL LA ENABLEX OXYTROL	*darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel,* MYRBETRIQ, TOVIAZ
Pain **Headache ***	*butalbital-acetaminophen* (NDC^ 69499034230 only) *butalbital-acetaminophen-caffeine capsule* FIORICET CAPSULE VANATOL LQ VANATOL S	*diclofenac sodium, ibuprofen, naproxen* (except *naproxen CR* or *naproxen suspension*)
	dihydroergotamine spray CAFERGOT	*eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan,* ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
Pain **Opioid Analgesics**	BUTRANS	BELBUCA
	LAZANDA	*fentanyl transmucosal lozenge,* SUBSYS
	levorphanol HYSINGLA ER OXYCONTIN ZOHYDRO ER	*fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel,* EMBEDA, NUCYNTA ER, XTAMPZA ER
	PERCOCET PRIMLEV	*hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen,* NUCYNTA
Pain **Topical Local Anesthetics**	LIDOCAINE-TETRACAINE CREAM LIDOTREX	*lidocaine-prilocaine*
Pain and Inflammation * **Corticosteroids**	*Dexpak* MILLIPRED RAYOS	*dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone*

Category Drug Class	Formulary Drug Removals	Formulary Options
Pain and Inflammation * **Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations**	ARTHROTEC	*celecoxib; diclofenac sodium, ibuprofen, meloxicam* or *naproxen* (except *naproxen CR* or *naproxen suspension*) **WITH** esomeprazole, *lansoprazole, omeprazole, pantoprazole* or DEXILANT
	diclofenac sodium gel 1% (NDC^ 69499031866 only) *Diclofex DC* (NDC^ 51021037201 only) *Diclosaicin* *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 Agents [8]	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark® National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.

List of Formulary Drug Removals

ABILIFY
ACANYA
ACIPHEX
ACIPHEX SPRINKLE
ACTEMRA[1]
ACTICLATE
ACTOS
ADCIRCA[1]
ALCORTIN A
ALEVICYN GEL
ALEVICYN KIT
ALEVICYN SG
Alevicyn solution
ALLISON MEDICAL INSULIN SYRINGES[5]
ALPROLIX[1]
ALREX
ALTOPREV
ALVESCO
AMRIX
ANDROGEL 1%
APEXICON E
APIDRA
ARTHROTEC
ASACOL HD
ASMANEX
ASMANEX HFA
ASTAGRAF XL[1]
ATACAND
ATACAND HCT
AVENOVA
AVONEX[1]
BARACLUDE TABLET[1]
BEAU RX
BECONASE AQ
BENICAR
BENICAR HCT
BENSAL HP
BENZACLIN
benzonatate (NDCs^ 69336012615, 69499032915 only)
BERINERT[1]
BETAPACE
BETAPACE AF
BEYAZ
BREEZE 2 STRIPS AND KITS[7]
BUPHENYL[1]
butalbital-acetaminophen (NDC^ 69499034230 only)
butalbital-acetaminophen-caffeine capsule
BUTRANS
BYDUREON
BYETTA
CAFERGOT
calcipotriene cream
calcitriol ointment
CAMBIA
CARAC
CARAFATE
carbinoxamine tablet 6 mg
CARDIZEM
CARDIZEM CD
CARDIZEM LA (and its generics)
CARNITOR
CARNITOR SF
CELLCEPT[1]
CHLORZOXAZONE 250 MG (NDCs^ 46672086046, 69499033060 only)
CHORIONIC GONADOTROPIN[1]
CIALIS
CIMZIA[1]
clobetasol spray
CLOBEX SPRAY
COLAZAL
COLCRYS
COMBIVENT RESPIMAT
COMPLERA[1]
CONTOUR NEXT STRIPS AND KITS[7]
CONTOUR STRIPS AND KITS[7]
CONTRAVE
CORDRAN OINTMENT
COUMADIN
CRESTOR
CYMBALTA
DELZICOL
DETROL LA
Dexifol
Dexpak
diclofenac sodium gel 1% (NDC^ 69499031866 only)
Diclofex DC (NDC^ 51021037201 only)
Diclosaicin
diflorasone cream
diflorasone ointment
dihydroergotamine spray
DIOVAN
DIOVAN HCT
DORYX
DORYX MPC
doxepin cream
DULERA
DUROLANE[1]
DUTOPROL
DYRENIUM
EDARBI
EDARBYCLOR
E.E.S. GRANULES
EFFEXOR XR
ELELYSO[1]
ELOCTATE[1]
ENABLEX
ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM
ENTYVIO[1]
ENVARSUS XR[1]
EPICERAM
EPIVIR HBV[1]
EPOGEN[1]
ERYPED
EUFLEXXA[1]
EVEKEO
EVZIO
EXFORGE
EXFORGE HCT
EXTAVIA[1]
FANAPT
fenofibrate tablet 120 mg
FENOGLIDE TABLET 120 MG
fenoprofen capsule
FENOPROFEN CAPSULE
FERIVA 21/7
FINACEA GEL
FIORICET CAPSULE
FLAREX
fluocinonide cream 0.1%
fluorouracil cream 0.5%
flurandrenolide ointment
FML LIQUIFILM
FOLIC-K
FOLIKA-D
Folika-T
FOLIKA-V
FOLLISTIM AQ[1]
FORTAMET (and its generics)
FORTESTA
FOSRENOL
FOSTEUM
FOSTEUM PLUS
FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM
FREESTYLE STRIPS AND KITS[7]
FULPHILA[1]
Genicin Vita-S
GENOTROPIN[1]
GLEEVEC[1]
GLUMETZA (and its generics)
GLYCOPYRROLATE TABLET 1.5 MG
GRANIX[1]
GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM
HELIXATE FS[1]
HEPSERA[1]
HORIZANT
HUMALOG
HUMALOG MIX 50/50
HUMALOG MIX 75/25
HUMULIN 70/30[4]
HUMULIN N[4]
HUMULIN R[4]
HYALGAN[1]
HylaVite
HYSINGLA ER
INDOCIN
Inflammacin
INTERMEZZO
INTUNIV
INVOKAMET
INVOKAMET XR
INVOKANA
JALYN
JENTADUETO
PEGASYS[1]
PENNSAID
PERCOCET
PERRIGO NEEDLES[5]
PLAVIX
PLEGRIDY[1]
PRADAXA
PRALUENT[1]
PRED FORTE
PREGNYL[1]
PREVACID
PREVIDENT
PRIMLEV
PRISTIQ
PROAIR HFA
PROAIR RESPICLICK
PROCRIT[1]
PROCYSBI[1]
PROGRAF[1]
PROTONIX
PROVENTIL HFA
PROZAC
PSORCON
QNASL
QSYMIA
QTERN
RAPAFLO
RAPAMUNE[1]
RAVICTI[1]
RAYOS
RECEDO
REVATIO[1]
RHEUMATE
RIBOZEL
RIMSO-50
RIOMET
ROZEREM
SABRIL[1]
SAIZEN[1]
SANDOSTATIN LAR[1]
SEROQUEL XR
SIL-K PAD
SIMPONI[1]
SINGULAIR

List of Formulary Drug Removals

SORILUX
SPRIX
STENDRA
STRIBILD[1]
SUBOXONE
SYNERDERM
SYNVISC[1]
SYNVISC-ONE[1]
TALIVA
TARGADOX
TASIGNA[1]
TAYTULLA
TESTIM
testosterone gel 1%[8]
TIMOPTIC OCUDOSE
TIROSINT
TOBI[1]
TOBI PODHALER[1]
TOPROL-XL
TOUJEO
TRADJENTA
TRANSDERM SCOP
TRICOR
TRIVIDIA INSULIN SYRINGES[5]
TronVite
TUDORZA
ULTIMED INSULIN SYRINGES[5]
ULTIMED NEEDLES[5]
UROXATRAL
VALCYTE
VALTREX
VANATOL LQ
VANATOL S
Vanoxide-HC
VASCULERA
VECTICAL
VELTIN
venlafaxine ext-rel tablet (except 225 mg)
VENTOLIN HFA
VERZENIO[1]
VIAGRA
VIEKIRA PAK[1]
VIVELLE-DOT
VOGELXO
XANAX
XANAX XR
XENAZINE[1]
XOLEGEL
XOPENEX HFA
Xvite
XYZBAC
YAZ
ZARXIO[1]
ZEGERID
ZEMAIRA[1]
ZEPATIER[1]
ZETIA
ZETONNA
ZIANA
ZOHYDRO ER
ZOLPIMIST
ZONEGRAN
ZORTRESS[1]
ZORVOLEX
ZUPLENZ
ZYLET
ZYTIGA[1]
ZYVIT

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

[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] BD ULTRAFINE syringes and needles are the only preferred options.

[6] 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.

[7] ACCU-CHEK brand test strips are the only preferred options.

[8] Listing reflects the authorized generics for TESTIM and VOGELXO.

Please remember that this is not a complete list of medications covered under your plan. Because there are thousands of medications included in your pharmacy benefit, we only list the most common ones. Certain drugs, such as those for smoking cessation or vitamins, may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan. If you have any questions about your pharmacy benefits, please visit **aetna.com** and log in to your secure member website. If you don't have access to our website, call the toll-free number on your member ID card.

To check coverage and copay information for a specific medicine, visit **aetna.com** and log in to your secure member website. For more details, please call the toll-free number on your member ID card.

This is not an inclusive list. Products that are not represented on this list may be subject to plan-specific copayment or coinsurance. Void where prohibited by law.

Specific prescription benefits plan design may not cover certain categories or may be subject to additional charges or restrictions, regardless of their appearance in this document.

The drugs on the Pharmacy Drug (formulary) Guide, Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. Coverage for specialty drugs follows the CVS Caremark Advanced Control Specialty Formulary™ and is being used with permission from CVS Health and/or one of its affiliates.

Aetna may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information. Information is believed to be accurate as of the production date; however, it is subject to change. For questions, please call the toll-free number on your member ID card.

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