

**City of Cincinnati Retirement System
Benefits Committee**

**City Hall Council Chambers and via Zoom
January 12, 2023 – 12:00 PM**

AGENDA

Members

Tom Gamel
Mark Menkhaus, Jr.
Bill Moller
John Juech
Monica Morton
Tom West

CRS Staff

Mike Barnhill

Law

Ann Schooley

Call to Order

Approval of Minutes

✚ October 6, 2022

Old Business

✚ Status of Disabled Adult Children Ordinance

New Business

- ✚ Horan Presentation re Coverage Changes in CRS Healthcare Plans
- ✚ Comment and Input on 115 Health Trust Funding Policy
 - City's Draft Policy
 - 2017 Board Letter
- ✚ Cheiron Proposal re Survivor Benefits
- ✚ Proposed Workplan for 2023
 - Retiree Benefit Survey
 - Consideration of additional cost-neutral benefit options
 - Long term care insurance
 - Premium tiers for optional coverages (dental, vision)
 - Audio coverage
 - Life insurance
 - All-in-one plans (medical, Rx, dental, vision, audio)
 - Traditional + Medigap

Adjournment

Next Meeting: TBD



**City of Cincinnati Retirement System
Benefits Committee Meeting
Minutes
October 6, 2022/ 12:00 P.M.
City Hall – Council Chambers and remote**

Board Members Present

Tom Gamel, Chair
Mark Menkhaus, Jr.
Bill Moller
John Juech

Administration

Mike Barnhill
Ann Schooley

Linda Smith

Call to Order

The meeting was called to order at 12:01 p.m. by Chair Gamel and a roll call of attendance was taken. Committee members Gamel, Menkhaus, and Moller were present. Committee member Juech joined the meeting at 12:17pm.

Approval of Minutes

Trustee Menkhaus moved, and Trustee Gamel seconded, to approve the minutes of the meeting of September 22, 2022. Trustee Moller noted that he was not present at the September 22 meeting, and the draft minutes need to be corrected to reflect that. The motion to approve the minutes as corrected was approved by a roll call vote of 2-0 (Trustee Moller abstaining).

Executive Session

Trustee Gamel moved, and Trustee Menkhaus seconded, that the Committee go into executive session pursuant to ORC 121.22(G) and CMC 121-7 to consider medical records and financial information of several disabled adult children and their eligibility for CRS retiree healthcare coverage and to discuss with the Committee's counsel matters that are subject to imminent court action. The motion passed unanimously on roll call vote.

The Committee resumed open session at 1:18pm (without Trustee Juech). Trustee Gamel stated that the Committee took no action while in executive session.

Unfinished Business

Disabled Adult Children Legislation

Director Barnhill called the Committee's attention to draft legislation related to making changes to the

CRS Benefits Committee, 10/6/2022

eligibility requirements for CRS healthcare of disabled adult children. Director Barnhill stated that he used the drafting convention of placing language proposed to be deleted in all caps and within brackets.

Trustee Menkhaus moved to adopt the draft legislation. Following discussion, Trustee Menkhaus stated that the Committee at the previous meeting had already approved a motion adopting the draft legislation before the Committee. The document simply encapsulates that approved motion in the form of draft legislation. The Committee took no action on the motion.

Trustee Moller observed that the Board is in the process of looking at the entire section of the City Municipal Code. He wondered if the Committee should hold off and seek more comprehensive changes to the section. Trustee Moller asked, for instance, if there should be consideration of the role of the CRS medical director in these cases.

Trustee Moller asked the Law Department to describe the ordinance drafting process. Ms. Schooley stated that the Law Department would take the language provided by Director Barnhill, and draft an ordinance. When complete, the draft ordinance would be presented to the City Council and the Board. Trustee Gamel asked about time frame to prepare an ordinance. Ms. Schooley responded that she could not provide a time frame at this time.

Other Proposed CMC Amendments

Director Barnhill referenced a document in the Committee's packet which is a memo from him that describes variances between plan administration of the CRS healthcare plans and the CMC provisions that govern the healthcare plans. The memo contains recommendations for changes to conform the CMC provisions to the CRS plan administration practice or otherwise amend the CMC.

Public Comment

Attorney Dan Spraul submitted a letter from the doctor of one of the disabled adult children. Attorney Dan Spraul also stated this person's health insurance under COBRA has expired, and requested that consideration of the proposed legislation be expedited.

Adjournment

Following a motion to adjourn by Trustee Menkhaus and seconded by Trustee Moller, the Benefits Committee approved the motion by unanimous roll call vote. The meeting adjourned at 1:31 P.M.

Meeting video link: <https://archive.org/details/crs-benefits-comm-10-6-22>

Next Meeting: TBD

Secretary

CRS Benefits Committee, 10/6/2022

City of Cincinnati Retirement Benefits Benefits Disruption Analyses

January 12, 2023



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Agenda

Plan Comparisons

- **Actives AFSCME \$500 Plan vs. Commercial Model Plan**
- **2014 Commercial Plan vs. Commercial Select Plan**
- **2014 Commercial Plan vs. Medicare Advantage Select Plan**

Medicare Advantage Member Costs

Actuarial Values

CVS Formulary Disruption

Questions

AFSCME \$500 Plan vs. Commercial Model Plan

Benefit	AFSCME Plan	Model Plan
Dental	50% OON	80% OON
Diabetes Maintenance	100% INN	80% INN
Home Health Care	30 visit limit – visit maximum is combined INN and OON	INN – no limit OON – 30 visit limit
Private Duty Nursing	30 visit limit – visit maximum is combined INN and OON	INN – no limit OON – 30 visit limit
Skilled Nursing Facility	90 days per year limit	180 days per year limit
Nutritional Counseling (Non-Diabetic)	80% INN/50% OON	Not Covered
Abortion	Includes both Therapeutic and Elective	Includes Therapeutic; Elective not covered
LiveHealth Online	100% INN	80% INN
Telehealth	Not Covered	80% INN

AFSCME \$500 Plan vs. Commercial Model Plan

Benefit	AFSCME Plan	Model Plan
Respiratory Therapy	20 visits per year	36 visits per year
Transplant (Non-BDCT Facility)	80% INN	50% INN
Bone Marrow Donor Search Fee – (Non-BDCT)	80% INN \$30,000 per transplant	50% INN \$30,000 per lifetime
Travel & Lodging (Non-BDCT)	80% INN	50% INN

2014 Commercial Plan vs. Commercial Select Plan

Benefit*	2014 Commercial Plan	Select Plan
Deductible	INN: \$0 Individual and Family OON: \$0 Individual and Family	INN: \$300 Individual / \$600 Family OON: \$600 Individual / \$1,200 Family
Out of Pocket Maximum	INN: \$500 Individual / \$1,000 Family OON: \$1,000 Individual / \$2,000 Family	INN: \$1,500 Individual / \$3,000 Family OON: \$3,000 Individual / \$6,000 Family
Ambulance	No limits listed	Non-Emergency Limits for Air and Ground - \$50,000 per Occurrence
Dental	80% INN/50% OON	80% INN/OON Dollar Limit: \$3,000 per accident
Skilled Nursing Facility	No limits listed	180 days per year
Cardiac Rehab	No limits listed	36 visits per year
Respiratory Therapy (Outpatient)	No limits listed	36 visits per year
Transplant (Non-BDCT Facility)	80% INN	50% INN

2014 Commercial Plan vs. Commercial Select Plan

Benefit*	2014 Commercial Plan	Select Plan
Transplant – BDCT Facility	Kidney & Cornea transplants excluded	Kidney & Cornea not excluded
Bone Marrow Donor Search Fee – BDCT& Non-BDCT Facility	No limits listed	\$30,000 per lifetime limit
Travel & Lodging for Organ Transplants	No dollar limits listed	\$10,000 per transplant

*Several benefit categories were never specifically mentioned in the 2014 Anthem Medical Benefit Booklet; however, these are detailed in the Benefit Plan Design document for the Commercial Select Plan. These benefits include: Applied Behavior Analysis (ABA) Therapy, Attention Deficit Disorders, Blood Processing & Storage, Injections, Transgender Surgery

2014 Commercial Plan vs. Medicare Advantage Select Plan

Benefit	2014 Commercial Plan	Medicare Advantage Select
Deductibles	\$0 INN and OON	\$300 combined INN and OON
Coinsurance	80% INN/50% OON	96% INN/90% OON
OOP Maxs	\$500/\$1,000 INN & \$1,000/\$2,000 OON	\$1,500 INN/\$3,000 OON
Acupuncture	Not Listed	Covered
Blood	80% INN/50% OON	\$0 Copay per Medicare-covered pint of blood; deductible does not apply
Chiropractic	12 visit limit	No limits listed
Dental	Covered for treatment of an injury to sound and natural teeth	Coverage for non-routine dental care or services provided by a physician
Diabetes Maintenance	80% INN	100% INN; deductible does not apply
Diagnostic Lab	80% INN/50% OON	\$0 copay; deductible applies
Emergency	Covered at 80% INN and OON	\$50 Copay; deductible does not apply

2014 Commercial Plan vs. Medicare Advantage Select Plan

Benefit	2014 Commercial Plan	Medicare Advantage Select
Home Health/Private Duty Nursing	80% INN with unlimited visits with 30 visits per year	\$0 Copay; deductible applies INN Part-time or intermittent skilled nursing and home health aide services combined must total fewer than 8 hours per day and 35 hours per week
Home Infusion Therapy	80% INN	\$0 Copay; deductible applies INN
Hospice	80% INN/50% OON	Hospice Services are paid by Original Medicare Part A
Skilled Nursing Facility	80% INN/50% OON No limits listed	INN: \$5 Copay per day for days 1-20 96% for days 21-180 OON: \$5 copay per day for days 1-20 90% for days 21-180
Infertility	80% INN/50% OON	Not Covered
Sterilization	80% INN/50% OON	96% INN/90% OON Only covered for certain medically necessary situations

GRS = Group Retiree Solutions



2014 Commercial Plan vs. Medicare Advantage Select Plan

Benefit	2014 Commercial Plan	Medicare Advantage Select
Prescription Drugs under Medical	Not Covered	96% INN/90% OON
Dialysis	80% INN/ 50% OON	96% INN/90% OON; deductible does not apply
Occupational Therapy	60 visit max per year; combined with Physical Therapy; Combined INN and OON	No overall limits listed; limited per occurrence
Physical Therapy	60 visit max per year; combined with occupational therapy; combined INN and OON	No overall limits listed; limited per occurrence
Speech Therapy	20 visit limit per year; combined INN and OON	No overall limits listed; limited per occurrence
TMJ	80% INN/50% OON	96% INN/90% OON May cover if treatment is by qualified physician
Urgent Care	80% INN/50% OON	96% INN and OON; deductible does not apply

2014 Commercial Plan vs. Medicare Advantage Select Plan

Benefit	2014 Commercial Plan	Medicare Advantage Select
Vision (non-routine)	Not Covered	96% INN/90% OON \$0 Copay for Glaucoma and Retinopathy ; deductible does not apply
Vision Therapy	80% INN/50% OON	Not Covered
Transplants	COE: 100% (excludes kidney & cornea) INN: 80% for kidney & cornea; 50% all other organs OON: 50%	96% INN/90% OON
Transplant Lodging	COE: 100% INN: 50% OON: 50%	\$50 per day up to a max of \$100 per day per covered person

COE = Center of Excellence

Medicare Advantage Plans Member Costs

2022 YTD (incurred claims through November; paid through November)

- Total Membership = 3,727
- Average Total Members' OOP = \$522.85

Incurred in 2021 and paid through February 2022

- Total Membership = 3,813
- Average Total Members' OOP = \$531.51

Incurred in 2020 and paid through February 2021

- Total Membership = 3,847
- Average Total Members' OOP = \$497.71

City of Cincinnati Retiree Plans Actuarial Values

Actives AFSCME Plan AV 88.1% vs. Commercial Model Plan AV 88.1%

Commercial 2014 Plan AV 95.8% vs. Commercial Select Plan AV 90.4%

Post-65 Medicare Advantage Blended Plans – AV 1.171 or 17.1% above Original Medicare

CVS Formulary Disruption – Pre-65 Member Impact

	2017	2018	2019	2020	2021	2022	2023
January	--	5	5	9	45	19	9
April	--	--	--	3	7	28	TBD
July	--	--	--	5	2	25	TBD
October	2	--	5	--	1	2	TBD
Totals	2	5	10	17	55	74	9 YTD

CVS Formulary Disruption – Post-65 Member Impact

	2018	2019	2020	2021	2022	2023
YTD	346	52	66	154	58	N/A

CVS Formulary Change Information – Cialis Question

- Cialis included on the Formulary Drug Removals document
- Generic version of Cialis, *tadalafil* and generic Viagra, *sildenafil*, became the preferred option on the Standard Control Formulary
- *Cialis (tadalafil)* FDA-approved (5mg daily) for signs and symptoms of Benign Prostatic Hyperplasia (BPH) after behavioral and lifestyle modifications have failed
- City of Cincinnati Retirees have a prior authorization (PA) in place currently to ensure coverage of the medication is consistent with:
 - Product labeling
 - FDA guidance
 - Standards of medical practice
 - Evidence-based drug information
- PA allows coverage for BPH only if all other clinical components are met
- Quantity limit also built in
- *Cialis* and *tadalafil* would not be approved on the plan if used for an off-label indication

Thank You!



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Actives AFSCME \$500 Plan				Pre-65 Retirees - Model Plan				
Deductible, Coinsurance, & Maximums				Deductible, Coinsurance & Maximums				
Deductibles:	In-Network		Out-of-Network		In-Network		Out-of-Network	
Deductibles	\$500	Individual	\$1,000	Individual	\$500	Individual	\$1,000	Individual
	\$1,000	Family	\$2,000	Family	\$1,000	Family	\$2,000	Family
Coinsurance:	In-Network		Out-of-Network		In-Network		Out-of-Network	
Coinsurance:	80%	Plan coinsurance	50%	Plan coinsurance	80%	Plan coinsurance	50%	Plan coinsurance
	20%	Member responsible	50%	Member responsible	20%	Member responsible	50%	Member responsible
Preventive Level of Coinsurance:	100%	Plan coinsurance	50%	Plan coinsurance	100%	Plan coinsurance	50%	Plan coinsurance
	0%	Member responsible	50%	Member responsible	0%	Member responsible	50%	Member responsible
Out of Pocket:	In-Network		Out-of-Network		In-Network		Out-of-Network	
Out of Pocket/Coinsurance Maximum	\$2,000	Individual	\$4,000	Individual	\$2,000	Individual	\$4,000	Individual
	\$4,000	Family	\$8,000	Family	\$4,000	Family	\$8,000	Family
Prescription:	In-Network		Out-of-Network		In-Network		Out-of-Network	
Tier 1 / Tier 2 / Tier 3	\$10 / \$20 / \$30		N/A		\$10 / \$20 / \$30		N/A	
Mail Order	\$20 / \$40 / \$60				\$20 / \$40 / \$60			
Benefits								
Acupuncture	In-Network		Out-of-Network		In-Network		Out-of-Network	
Acupuncture Outpatient Institutional	Not Covered		Not Covered		Not Covered		Not Covered	
Acupuncture Outpatient Professional	Not Covered		Not Covered		Not Covered		Not Covered	
Acupuncture Office Professional	Not Covered		Not Covered		Not Covered		Not Covered	
Allergy	In-Network		Out-of-Network		In-Network		Out-of-Network	
Allergy Treatment	Covered		Covered		Covered		Covered	
	Covered at: 80%		Covered at: 50%		Covered at: 80%		Covered at: 50%	
Allergy Testing	Covered		Covered		Covered		Covered	
	Covered at: 80%		Covered at: 50%		Covered at: 80%		Covered at: 50%	
Ambulance	In-Network		Out-of-Network		In-Network		Out-of-Network	
Air Ambulance	Covered		Covered at the INN benefit level		Covered		Covered at the INN benefit level	
Air Ambulance will suspend for medical necessity	Covered at: 80%		Covered at: 80%		Covered at: 80%		Covered at: 80%	
Non-Network Non-Emergency Limit: \$50,000								
Ground Ambulance	Covered		Covered at the INN benefit level		Covered		Covered at the INN benefit level	
Non-Network Non-Emergency Limit: \$50,000	Covered at: 80%		Covered at: 80%		Covered at: 80%		Covered at: 80%	
Ambulatory Surgical Centers	In-Network		Out-of-Network		In-Network		Out-of-Network	
Ambulatory Surgical Center Institutional	Covered		Covered		Covered		Covered	
	Covered at: 80%		Covered at: 50%		Covered at: 80%		Covered at: 50%	
Anesthesia	In-Network		Out-of-Network		In-Network		Out-of-Network	
Anesthesia Outpatient Institutional	Covered		Covered		Covered		Covered	
	Covered at: 80%		Covered at: 50%		Covered at: 80%		Covered at: 50%	
Anesthesia Inpatient Professional	Covered		Covered		Covered		Covered	
Hospital Based Provider services rendered by non-par providers are Covered at the In-Network benefit level.	Covered at: 80%		Covered at: 50%		Covered at: 80%		Covered at: 50%	
Anesthesia Outpatient Professional	Covered		Covered		Covered		Covered	
Hospital Based Provider services rendered by non-par providers are Covered at the In-Network benefit level.	Covered at: 80%		Covered at: 50%		Covered at: 80%		Covered at: 50%	
Anesthesia Office Professional	Covered		Covered		Covered		Covered	
	Covered at: 80%		Covered at: 50%		Covered at: 80%		Covered at: 50%	
ABA Therapy	In-Network		Out-of-Network		In-Network		Out-of-Network	
Autism is considered as Medical.								
ABA Therapy Outpatient Institutional	Covered		Covered		Covered		Covered	
	Covered at the benefit level of services billed		Covered at the benefit level of services billed		Covered at the benefit level of services billed		Covered at the Out of Network benefit level of the services billed	
					Limit: 40 Hours per Week		Limit: 40 Hours per Week	

ABA Therapy Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at the benefit level of services billed	Covered at the benefit level of services billed	Covered	Covered
ABA Therapy Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at the benefit level of services billed	Covered at the benefit level of services billed	Covered at the benefit level of services billed	Covered at the Out of Network benefit level of the services billed
	<p>Maximum benefits for children ages 0 to 14 with a medical diagnosis of autism spectrum disorder:</p> <ul style="list-style-type: none"> - Speech Therapy -- 20 visits per Benefit Period Network and Non-Network combined - Occupational Therapy -- 20 visits per Benefit Period Network and Non-Network combined - Clinical Therapeutic Intervention --- 40 hours per week Network and Non-Network combined <p>Note: The visit limits for Speech and Language therapy and Occupational therapy for treatment of Autism are separate from and not combined with the limits listed under Therapy Services</p>		Limit: 40 Hours per Week	Limit: 40 Hours per Week
ABA Therapy Office Professional	Covered	Covered	Covered	Covered
	Covered at the benefit level of services billed	Covered at the benefit level of services billed	Covered at the benefit level of services billed	Covered at the Out of Network benefit level of the services billed
	<p>Maximum benefits for children ages 0 to 14 with a medical diagnosis of autism spectrum disorder:</p> <ul style="list-style-type: none"> - Speech Therapy -- 20 visits per Benefit Period Network and Non-Network combined - Occupational Therapy -- 20 visits per Benefit Period Network and Non-Network combined - Clinical Therapeutic Intervention --- 40 hours per week Network and Non-Network combined <p>Note: The visit limits for Speech and Language therapy and Occupational therapy for treatment of Autism are separate from and not combined with the limits listed under Therapy Services</p>		Limit: 40 Hours per Week	Limit: 40 Hours per Week
Attention Deficit Disorders Includes Autistic Disease, Intellectual Disability, Developmental Delays and Learning Disabilities	In-Network	Out-of-Network	In-Network	Out-of-Network
ADD/ADHD	Covered	Covered	Covered	Covered
	Covered at the benefit level of services billed	Covered at the benefit level of services billed	Covered at: 80%	Covered at: 50%
Bariatric Surgery	In-Network	Out-of-Network	In-Network	Out-of-Network
Bariatric Surgery	Covered	Covered	Covered	Covered
	Covered at the benefit level of services billed	Covered at the benefit level of services billed	Covered at the benefit level of services billed	Covered at the benefit level of services billed
Biofeedback	In-Network	Out-of-Network	In-Network	Out-of-Network
Biofeedback Outpatient Institutional	Not Covered	Not Covered	Not Covered	Not Covered
Biofeedback Outpatient Professional	Not Covered	Not Covered	Not Covered	Not Covered
Biofeedback Office Professional	Not Covered	Not Covered	Not Covered	Not Covered
Blood Processing and Storage	In-Network	Out-of-Network	In-Network	Out-of-Network
Blood	Covered	Covered	Covered	Covered

Processing and Storage	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Chiropractic Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Chiropractic Outpatient Professional	Covered	Covered	Covered	Covered
Limits Apply: Yes 12 Visit Max Per Year Includes Manipulations only regardless of provider specialty Combined In and Out-of-Network	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Chiropractic Office Professional	Covered	Covered	Covered	Covered
Limits Apply: Yes 12 Visit Max Per Year Includes Manipulations only regardless of provider specialty Combined In and Out-of-Network	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Dental Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Dental	Covered	Covered	Covered	Covered
Covered for treatment of an injury to sound and natural teeth. Only if treatment is completed within 12 months of the accident Dollar Limit: \$3,000 maximum per accident. Combined in and out of network.	Covered at the benefit level of the services billed	Covered at the Out-of-Network benefit level of the services billed	Covered at the benefit level of the services billed	Covered at the In-Network benefit level of the services billed
Diabetes Maintenance	In-Network	Out-of-Network	In-Network	Out-of-Network
Diabetes Education/Diabetic Nutritional Counseling Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 100%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Diabetes Education/Diabetic Nutritional Counseling Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 100%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Diabetes Education/Diabetic Nutritional Counseling Office Professional	Covered	Covered	Covered	Covered
	Covered at: 100%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Diabetic Supply	Covered	Covered	Covered	Covered
Diabetic Supplies covered by pharmacy plan are not covered under medical - including lancets syringes insulin etc. Diabetic supplies not covered under Pharmacy are covered by the medical plan.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Diagnostic Xray, Lab, and Diagnostic Services (Non Routine)	In-Network	Out-of-Network	In-Network	Out-of-Network
DXL Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
DXL Inpatient Professional	Covered	Covered	Covered	Covered
Hospital Based Provider services rendered by non-par providers are: Covered at the In-Network benefit level.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
DXL Outpatient Professional	Covered	Covered	Covered	Covered
Hospital Based Provider services rendered by non-par providers are: Covered at the In-Network benefit level.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
DXL In Office	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
DXL Independent Lab	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
High Diagnostic Imaging	Covered	Covered	Covered	Covered
Includes MRI/MRA/CAT/PET/SPECT Hospital Based Provider services rendered by non-par providers are: Covered at the In-Network benefit level.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Pre-surgical/Pre-admission testing	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Colonoscopy	Covered	Covered	Covered	Covered
	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Durable Medical Equipment	In-Network	Out-of-Network	In-Network	Out-of-Network
Durable Medical Equipment	Covered	Covered	Covered	Covered
(Purchase & Rental)	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Medical Supply	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Prosthetics and Orthotics	Covered	Covered	Covered	Covered
Wigs/Toupees limited to 1 per benefit period subject to Medical Necessity. Orthopedic Shoes are only covered for diabetes diagnosis. Shoe inserts are covered. Coverage for shoe inserts for flat feet are excluded.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Hearing Aid Services	Not Covered	Not Covered	Not Covered	Not Covered
Including exams and hearing aid accessories				
Vision Hardware				

For Glasses/Contacts after Cataract Surgery refer to Vision/Post Surgical Vision	Not Covered	Not Covered	Not Covered	Not Covered
Emergency Care	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency – Emergency Room (Institutional)	Covered	Covered at the INN benefit level	Covered	Covered at the INN benefit level
Prudent Layperson guidelines apply (accidental injury and medical emergency diagnoses pay as emergency). Yes-Apply Prudent Lay guidelines	Covered at: 80%	Covered at: 80%	Covered at: 80%	Covered at: 80%
Emergency – Emergency Room Physician	Covered	Covered at the INN benefit level	Covered	Covered at the INN benefit level
Prudent Layperson guidelines apply (accidental injury and medical emergency diagnoses pay as emergency)	Covered at: 80%	Covered at: 80%	Covered at: 80%	Covered at: 80%
Non-Emergency Medical Condition – Emergency Room (Institutional)	Not Covered	Not Covered	Not Covered	Not Covered
Non-Emergency Medical Condition– Emergency Room Physician	Not Covered	Not Covered	Not Covered	Not Covered
Foot Care (Routine)	In-Network	Out-of-Network	In-Network	Out-of-Network
Foot Care (Routine)	Not Covered	Not Covered	Not Covered	Not Covered
Hearing	In-Network	Out-of-Network	In-Network	Out-of-Network
Hearing Exam (non-routine) Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Hearing Exam (non-routine) Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Home Health/Home Infusion/PDN	In-Network	Out-of-Network	In-Network	Out-of-Network
Home Health Care	Covered	Covered	Covered	Covered
Limit applies: Yes	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Private Duty Nursing - Visits count toward the Home Health Care visit maximum. Home Infusion therapy - Services do NOT count toward the Home Health visit maximum.	30 Visit Limit - Visit Maximum is combined In and Out-of-Network		No Limit	30 Visits per Year
Home Infusion Therapy	Covered	Covered	Covered	Covered
Services do NOT count toward the Home Health visit maximum.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Private Duty Nursing	Covered	Covered	Covered	Covered
Private Duty Nursing is only covered in the Home. Visits count toward the Home Health Care visit maximum.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
			No Limit	30 Visits per Year
Hospice/Bereavement	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospice	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 80%	Covered at: 80%	Covered at: 80%
Bereavement Counseling	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 80%	Covered at: 80%	Covered at: 80%
Immunizations (non routine)	In-Network	Out-of-Network	In-Network	Out-of-Network
Immunizations Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Not Listed	Not Listed
Immunizations Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Not Listed	Not Listed
Injections	In-Network	Out-of-Network	In-Network	Out-of-Network
Injections Outpatient Professional	Covered	Covered	Covered	Covered
Includes Administration charge	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Injections Office Professional	Covered	Covered	Covered	Covered
Includes Administration charge	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Inpatient Care - Institutional	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Accommodations and Ancillaries	Covered	Covered	Covered	Covered
Accidental Injury General Illness Inpatient Surgery Maternity Sick Newborn Newborn Care (Note: for well newborn) No separate deductible and/or co-pay is applied. The charge is applied to the mother' claims only.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Inpatient Physical Medical Rehab	Covered	Covered	Covered	Covered
Limits Apply: Yes	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%

60 Days Max Per Year Combined In and Out-of-Network Not combined with Skilled Nursing Facility.	Deductible: #REF! Copay: N/A	Deductible: #REF! Copay: N/A		
Skilled Nursing Facility	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
	90 Days per Year		180 Days per Year	
Medical While Hospitalized (Inpatient professional services)	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Professional Medical Care	Covered	Covered	Covered	Covered
General Medical Care Consultation, Second Opinion Intensive Care, Monitoring Newborn Care (Note: for well newborn) No separate deductible and/or co-pay is applied. The charge is applied to the mother's claims only. Includes newborn vision/hearing screening when rendered in an inpatient setting.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Alcohol/Substance Abuse	In-Network	Out-of-Network	In-Network	Out-of-Network
Alcohol/Substance Abuse - Inpatient Institutional	Covered	Covered	Covered	Covered
Inpatient Accommodations and Ancillaries	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Alcohol/Substance - Inpatient - Residential Treatment Center	Not Covered	Not Covered	Not Covered	Not Covered
Alcohol/Substance - Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Alcohol/Substance - Intensive Outpatient Therapy (IOP) Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Alcohol/Substance - Partial Hospitalization (PHP) Institutional	Covered	Covered	Covered	Covered
Partial Hospitalization is considered Outpatient.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Alcohol/Substance - Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Alcohol/Substance - Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Alcohol/Substance - Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Mental Health	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health - Inpatient Institutional	Covered	Covered	Covered	Covered
Inpatient Accommodations and Ancillaries	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Mental Health - Inpatient - Residential Treatment Center	Not Covered	Not Covered	Not Covered	Not Covered
Mental Health - Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Mental Health - Intensive Outpatient Therapy (IOP) Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Mental Health - Partial Hospitalization (PHP) Institutional	Covered	Covered	Covered	Covered
Partial Hospitalization is considered	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Mental Health - Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Mental Health - Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Mental Health - Office Professional	Covered	Covered	Covered	Covered
Online Visits are covered and mirror the professional office Mental Health visit benefit.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Nutritional Counseling - (Non Diabetic)	In-Network	Out-of-Network	In-Network	Out-of-Network
Nutritional Counseling Outpatient Institutional	Covered	Covered	Not Covered	Not Covered
	Covered at: 80%	Covered at: 50%		
Nutritional Counseling Outpatient Professional	Covered	Covered	Not Covered	Not Covered
	Covered at: 80%	Covered at: 50%		
Nutritional Counseling Office Professional	Covered	Covered	Not Covered	Not Covered
	Covered at: 80%	Covered at: 50%		
Obstetrics, Family Planning, Sterilization	In-Network	Out-of-Network	In-Network	Out-of-Network
Contraceptives	Covered	Covered	Covered	Covered
Spermicide, vaginal ring, hormone patch Depo -Estradiol Cypionate - up to 5 MG, and other covered contraceptives included in Women's Health provision but not meeting required Women's Health diagnosis restrictions.	Covered at the benefit level of the services billed	Covered at the benefit level of the services billed.	Covered at: 80%	Covered at: 50%

Covered for birth control as well as medical conditions. Coverage includes IUDs, injections for Depo-Provera, diaphragm fittings and any other FDA approved birth control devices.				
Maternity Care Outpatient Institutional	Covered	Covered	Covered	Covered
Dependent Daughters are covered	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
	Includes Therapeutic and Elective Abortion.		Includes Therapeutic Abortion; Elective Abortion is Not Covered	
Maternity Care Outpatient Professional	Covered	Covered	Covered	Covered
Dependent Daughters are covered	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
	Includes Therapeutic and Elective Abortion.		Includes Therapeutic Abortion; Elective Abortion is Not Covered Lactation Classes are Not Covered	
Maternity Care Office Professional Visit	Covered	Covered	Covered	Covered
Dependent Daughters are covered	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
	Includes Therapeutic and Elective Abortion.		Includes Therapeutic Abortion; Elective Abortion is Not Covered Lactation Classes are Not Covered	
Infertility Services	Covered	Covered	Covered	Covered
Covered for services to diagnose infertility only; treatment of infertility is not covered. Treatment for underlying medical conditions are covered as medical.	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.
Infertility Treatment - Artificial Insemination	Not Covered	Not Covered	Not Covered	Not Covered
Infertility Treatment - In Vitro Fertilization Includes In Vitro, GIFT, & ZIFT	Not Covered	Not Covered	Not Covered	Not Covered
Sterilization - services that do not meet Women's Health Provision requirements	Covered	Covered	Covered	Covered
Reversals are Not Covered	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.
Outpatient Hospital Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient (Clinic) Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Outpatient Medical Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Outpatient Physician	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Professional Physician Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Consultation, Second Opinion			Consultation, Second Opinion	
Consultation, Second Opinion Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Consultation, Second Opinion Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Home Visits			Home Visits	
Home Visits	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Office Visits			Office Visits	
Office Visits Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Office Visits Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80% Deductible: #REF! Copay: N/A	Covered at: 50% Deductible: #REF! Copay: N/A	Covered at: 80%	Covered at: 50%
Online Visits (Telehealth)			Online Visits (Telehealth)	
Online Visit	Covered	Covered	Covered	Covered
Includes LiveHealth Online, LiveHealth Online Mental Health,	Covered at: 100%	Covered at: 50%	Covered at: 80%	N/A
	Telehealth not covered		Telehealth is covered	
Retail Health Clinics			Retail Health Clinics	
Retail Health Clinics	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Prescription Drugs under Medical	In-Network	Out-of-Network	In-Network	Out-of-Network
	Not Covered	Not Covered	Not Covered	Not Covered
Preventive Care Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam - Routine Adult physical	Covered	Covered	Covered	Covered

Includes routine gynecological exams Physical Exams--Network--No Deductible or Copayment up to Our Maximum Allowable Amount regardless if routine/preventive. Network Unlimited Physical Exams regardless of Routine/Preventive.- Network	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Exam - Well Child Care	Covered	Covered	Covered	Covered
	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Immunizations - child and adult (routine)	Covered	Covered	Covered	Covered
Travel Immunizations are not covered.	Covered at: 100% Deductible: No Copay: N/A	Covered at: 50% Deductible: #REF! Copay: N/A	Covered at: 100% Deductible: No Copay: N/A	Covered at: 50% Deductible: #REF! Copay: N/A
Flu Shot (routine)	Covered	Covered	Covered	Covered
	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Diagnostic X-rays and Lab tests (routine)	Covered	Covered	Covered	Covered
Includes bone density testing Includes cholesterol screenings Includes routine hearing and vision screenings Hospital Based Provider services rendered by non-par providers are: Covered at the In-Network benefit level.	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Prostate Cancer Screening - PSA (routine)	Covered	Covered	Covered	Covered
Hospital Based Provider services rendered by non-par providers are: Covered at the In-Network benefit level.	Covered at: 100%	Covered at: 50%	Covered at: 100% Deductible: No Copay: N/A	Covered at: 50% Deductible: #REF! Copay: N/A
Colon cancer screenings (routine)	Covered	Covered	Covered	Covered
Routine Fecal Occult Blood Test Routine Barium Enema Routine Sigmoidoscopy or Colonoscopy Facility and anesthesia billed for routine Sigmoidoscopy/Colonoscopy are covered at the same level as the routine Sigmoidoscopy/Colonoscopy.	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Vision exam (routine)	Covered	Covered	Covered	Covered
	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Hearing exam (routine)	Covered	Covered	Covered	Covered
	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Pap smear (routine)	Covered	Covered	Covered	Covered
Hospital Based Provider services rendered by non-par providers are: Covered at the In-Network benefit level.	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Mammography (routine)	Covered	Covered	Covered	Covered
Hospital Based Provider services rendered by non-par providers are: Covered at the In-Network benefit level.	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Surgery Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Assistant Surgeon Inpatient Professional	Covered	Covered	Covered	Covered
Hospital Based Provider services rendered by non-par providers are: Covered at the In-Network benefit level.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Assistant Surgeon Outpatient Professional	Covered	Covered	Covered	Covered
Hospital Based Provider services rendered by non-par providers are: Covered at the In-Network benefit level.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Assistant Surgeon Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Oral Surgery	Covered	Covered	Covered	Covered
DOES NOT include removal of impacted Dental Anesthesia is covered only if related to a payable oral surgery.	Covered at the surgical level	Covered at the surgical level	Covered at the surgical level	Covered at the surgical level
Surgery Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Surgery Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Surgery Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Surgery Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Therapies	In-Network	Out-of-Network	In-Network	Out-of-Network
Cardiac Rehab			Cardiac Rehab	
Cardiac Rehab Outpatient Institutional	Covered	Covered	Covered	Covered
Limits Apply: Yes 36 Visit Max Per Year	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Combined In and Out-of-Network	Combined Institutional/Professional	Combined Institutional/Professional		
Cardiac Rehab Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Cardiac Rehab Outpatient Professional	Covered	Covered	Covered	Covered

Combined In and Out-of-Network Combine with:				
Occupational Therapy				
Radiation Therapy		Radiation Therapy		
Radiation Therapy Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Radiation Therapy Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Radiation Therapy Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Radiation Therapy Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Respiratory Therapy		Respiratory Therapy		
Respiratory Therapy Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Limits Apply: Yes				
Combined In and Out-of-Network Combined Institutional/Professional	20 Visits per Year		36 Visits per Year	
Respiratory Therapy Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Respiratory Therapy Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Limits Apply: Yes				
Combined In and Out-of-Network Combined Institutional/Professional	20 Visits per Year		36 Visits per Year	
Respiratory Therapy Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Limits Apply: Yes				
Combined In and Out-of-Network Combined Institutional/Professional	20 Visits per Year		36 Visits per Year	
Speech Therapy		Speech Therapy		
Speech Therapy Outpatient Institutional	Covered	Covered	Covered	Covered
Limits Apply: Yes 20 Visit Max Per Year Combined Institutional/Professional Combined In and Out-of-Network Not Combined with any other Therapy	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Speech Therapy Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Speech Therapy Outpatient Professional	Covered	Covered	Covered	Covered
Limits Apply: Yes 20 Visit Max Per Year Combined Institutional/Professional Combined In and Out-of-Network Not Combined with any other Therapy	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Speech Therapy Office Professional	Covered	Covered	Covered	Covered
Limits Apply: Yes 20 Visit Max Per Year Combined Institutional/Professional Combined In and Out-of-Network Not Combined with any other Therapy	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
TMJ Appliances Covered	In-Network	Out-of-Network	In-Network	Out-of-Network
TMJ Treatment	Covered	Covered	Covered	Covered
Covered for medical treatment (surgical and non-surgical)	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.
Transgender Surgery		Transgender Surgery		
Transgender Surgery	In-Network	Out-of-Network	In-Network	Out-of-Network
GENDER REASSIGNMENT SURGERY	Covered	Covered	Covered	Covered
	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.
Transplant Benefits (Non-BDCT Facility)		Transplant Benefits (Non-BDCT Facility)		
Live Donor Health Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Donor benefits are limited to benefits not available to the donor from any other source. Medically necessary charges for the procurement of an organ from a live donor are covered up to our Maximum Allowed Amount, including complications from the donor procedure for up to six weeks from the date of procurement.	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 50%	Covered at: 50%
Bone Marrow Donor Search Fee	Covered	Covered	Covered	Covered

	Covered at: 80%	Covered at: 50%	Covered at: 50%	Covered at: 50%
		\$30,000 per transplant		\$30,000 per Lifetime
Organ Transplants (institutional)	Covered	Covered	Covered	Covered
Donor expenses are covered	Covered at: 80%	Covered at: 50%	Covered at: 50%	Covered at: 50%
Organ Transplants (professional)	Covered	Covered	Covered	Covered
Donor expenses are covered	Covered at: 80%	Covered at: 50%	Covered at: 50%	Covered at: 50%
Travel and Lodging for Organ Transplants	Covered	Covered	Covered	Covered
See below Travel and Lodging documents for items covered and benefit limits. \$10,000 per transplant	Covered at: 80%	Covered at: 50%	Covered at: 50%	Covered at: 50%
			\$50 per Day Facility must be 75 miles from the member's residence	
Transplants - (BDCT Facility) Note-this section is not updated except for stating Covered.	In-Network	Out-of-Network	In-Network	Out-of-Network
Live Donor Health Services	Covered		Covered	
Donor benefits are limited to benefits not available to the donor from any other source. Medically necessary charges for the procurement of an organ from a live donor are covered up to our Maximum Allowed Amount, including complications from the donor procedure for up to six weeks from the date of procurement.	Covered at: N/A	N/A	Covered at: 100%	N/A
Bone Marrow Donor Search Fee	Covered		Covered	
See below for Bone Marrow donor search fee limits.	Covered at: N/A	N/A	Covered at: 100%	N/A
			\$30,000 per Lifetime	
Organ Transplants (institutional)	Covered		Covered	
Donor expenses are covered	BDC+ Facility: N/A	N/A	Covered at: 100%	N/A
Organ Transplants (professional)	Covered		Covered	
Donor expenses are covered	Covered at: N/A	N/A	Covered at: 100%	N/A
Travel and Lodging for Organ Transplants	Covered		Covered	
See below Travel and Lodging documents for items covered and benefit limits. \$10,000 per transplant	Covered at: N/A	N/A	Covered at: 100%	N/A
			\$10,000 per Transplant \$50 per Day Facility must be 75 miles from the member's residence	
Urgent Care	In-Network	Out-of-Network	In-Network	Out-of-Network
Urgent Care Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Urgent Care Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Urgent Care Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Vision	In-Network	Out-of-Network	In-Network	Out-of-Network
Glasses/Contacts after Cataract Surgery	Covered	Covered	Covered	Covered
Includes initial frames, lenses or contacts following Cataract surgery	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
	Limited to 1 occurrence	Limited to 1 occurrence	Limit: N/A	Limit: N/A
Vision Exam (non-routine) Outpatient Professional	Covered	Covered	Covered	Covered
Refractions are covered	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Vision Exam (non-routine) Office Professional	Covered	Covered	Covered	Covered
Refractions are covered	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Vision Therapy			Vision Therapy	
Vision Therapy Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Vision Therapy Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Vision Therapy Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%

2014 Commercial Plan				Commercial Select Plan				
Deductible, Coinsurance & Maximums				Deductible, Coinsurance & Maximums				
Deductibles:	In-Network		Out-of-Network		In-Network		Out-of-Network	
Deductibles	\$0	Individual	\$0	Individual	\$300	Individual	\$600	Individual
	\$0	Family	\$0	Family	\$600	Family	\$1,200	Family
Deductible is standardly applied to non-routine services	In-Network		Out-of-Network		In-Network		Out-of-Network	
	Yes		Yes		Yes		Yes	
Coinsurance:	In-Network		Out-of-Network		In-Network		Out-of-Network	
Coinsurance:	80%	Plan coinsurance	50%	Plan coinsurance	80%	Plan coinsurance	50%	Plan coinsurance
	20%	Member responsible	50%	Member responsible	20%	Member responsible	50%	Member responsible
Preventive Level of Coinsurance:	100%	Plan coinsurance	50%	Plan coinsurance	100%	Plan coinsurance	50%	Plan coinsurance
	0%	Member responsible	50%	Member responsible	0%	Member responsible	50%	Member responsible
Out of Pocket:	In-Network		Out-of-Network		In-Network		Out-of-Network	
Out of Pocket/Coinsurance Maximum	\$500	Individual	\$1,000	Individual	\$1,500	Individual	\$3,000	Individual
	\$1,000	Family	\$2,000	Family	\$3,000	Family	\$6,000	Family
Prescription:	In-Network		Out-of-Network		In-Network		Out-of-Network	
Tier 1 / Tier 2 / Tier 3			N/A		\$10 / \$20 /\$30		N/A	
Mail Order					\$20 / \$40 /\$60			
Benefits								
Acupuncture	In-Network		Out-of-Network		In-Network		Out-of-Network	
Acupuncture Outpatient Institutional	Not Listed		Not Listed		Not Covered		Not Covered	
Acupuncture Outpatient Professional	Not Listed		Not Listed		Not Covered		Not Covered	
Acupuncture Office Professional	Not Listed		Not Listed		Not Covered		Not Covered	
Allergy	In-Network		Out-of-Network		In-Network		Out-of-Network	
Allergy Treatment	Covered		Covered		Covered		Covered	
	Covered at: 80%		Covered at: 50%		Covered at: 80%		Covered at: 50%	
Allergy Testing	Covered		Covered		Covered		Covered	
	Covered at: 80%		Covered at: 50%		Covered at: 80%		Covered at: 50%	
Ambulance	In-Network		Out-of-Network		In-Network		Out-of-Network	
Air Ambulance	Covered		Covered at the INN benefit level		Covered		Covered at the INN benefit level	
Air Ambulance will suspend for medical necessity	Covered at: 80%		Covered at: 80%		Covered at: 80%		Covered at: 80%	
					Non-Emergency Limit: \$50,000			
Ground Ambulance	Covered		Covered at the INN benefit level		Covered		Covered at the INN benefit level	
	Covered at: 80%		Covered at: 80%		Covered at: 80%		Covered at: 80%	
					Non-Emergency Limit: \$50,000			
Ambulatory Surgical Centers	In-Network		Out-of-Network		In-Network		Out-of-Network	
Ambulatory Surgical Center Institutional	Covered - Outpatient		Covered - Outpatient		Covered		Covered	
	Not Listed		Not Listed		Covered at: 80%		Covered at: 50%	
Anesthesia	In-Network		Out-of-Network		In-Network		Out-of-Network	
Anesthesia Outpatient Institutional	Covered		Covered		Covered		Covered	
	Covered at: 80%		Covered at: 50%		Covered at: 80%		Covered at: 50%	
Anesthesia Inpatient Professional	Covered		Covered		Covered		Covered	
Hospital Based Provider services rendered by non-par providers are Covered at the In-Network benefit level.	Covered at: 80%		Covered at: 50%		Covered at: 80%		Covered at: 50%	
Anesthesia Outpatient Professional	Covered		Covered		Covered		Covered	
Hospital Based Provider services rendered by non-par providers are Covered at the In-Network benefit level.	Covered at: 80%		Covered at: 50%		Covered at: 80%		Covered at: 50%	
Anesthesia Office Professional	Covered		Covered		Covered		Covered	
	Covered at: 80%		Covered at: 50%		Covered at: 80%		Covered at: 50%	
ABA Therapy	In-Network		Out-of-Network		In-Network		Out-of-Network	
Autism is considered as Medical.								
ABA Therapy Outpatient Institutional	Not Listed		Not Listed		Covered		Covered	
					Covered at the benefit level of services billed Limit: 40 Hours per Week		Covered at the Out of Network benefit level of the services billed Limit: 40 Hours per Week	
ABA Therapy Inpatient Professional	Not Listed		Not Listed		Covered		Covered	
					Not Listed		Not Listed	
ABA Therapy Outpatient Professional	Not Listed		Not Listed		Covered		Covered	
					Covered at the benefit level of services billed Limit: 40 Hours per Week		Covered at the Out of Network benefit level of the services billed Limit: 40 Hours per Week	
ABA Therapy Office Professional	Not Listed		Not Listed		Covered		Covered	

			Covered at the benefit level of services billed Limit: 40 Hours per Week	Covered at the Out of Network benefit level of the services billed Limit: 40 Hours per Week
Attention Deficit Disorders Includes Autistic Disease, Intellectual Disability, Developmental Delays and Learning Disabilities	In-Network	Out-of-Network	In-Network	Out-of-Network
ADD/ADHD	Not Listed	Not Listed	Covered	Covered
			Covered at: 80%	Covered at: 50%
Bariatric Surgery	In-Network	Out-of-Network	In-Network	Out-of-Network
Bariatric Surgery	Covered - Outpatient	Covered - Outpatient	Covered	Covered
	Covered at the benefit level of services billed	Covered at the benefit level of services billed	Covered at the benefit level of services billed	Covered at the benefit level of services billed
Biofeedback	In-Network	Out-of-Network	In-Network	Out-of-Network
Biofeedback Outpatient Institutional	Not Listed	Not Listed	Not Covered	Not Covered
Biofeedback Outpatient Professional	Not Listed	Not Listed	Not Covered	Not Covered
Biofeedback Office Professional	Not Listed	Not Listed	Not Covered	Not Covered
Blood Processing and Storage	In-Network	Out-of-Network	In-Network	Out-of-Network
Blood	Covered	Covered	Covered	Covered
Processing and Storage	Not Listed	Not Listed	Covered at: 80%	Covered at: 50%
Chiropractic Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Chiropractic Outpatient Professional	Covered	Covered	Covered	Covered
Limits Apply: Yes 12 Visit Max Per Year Includes Manipulations only regardless of provider specialty Combined In and Out-of-Network	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Chiropractic Office Professional	Covered	Covered	Covered	Covered
Limits Apply: Yes 12 Visit Max Per Year Includes Manipulations only regardless of provider specialty Combined In and Out-of-Network	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Dental Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Dental	Covered	Covered	Covered	Covered
Covered for treatment of an injury to sound and natural teeth. Only if treatment is completed within 12 months of the accident Seveal Benefit	Covered at the benefit level of the services billed	Covered at the Out-of-Network benefit level of the services billed	Covered at the benefit level of the services billed	Covered at the In-Network benefit level of the services billed
			Dollar Limit: \$3,000 maximum per accident. Combined in and out of network.	
Diabetes Maintenance	In-Network	Out-of-Network	In-Network	Out-of-Network
Diabetes Education/Diabetic Nutritional Counseling Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Diabetes Education/Diabetic Nutritional Counseling Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Diabetes Education/Diabetic Nutritional Counseling Office Professional	Covered	Covered	Covered	Covered
	Covered at: 100%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Diabetic Supply	Covered	Covered	Covered	Covered
Diabetic Supplies covered by pharmacy plan are not covered under medical - including lancets syringes insulin etc. Diabetic supplies not covered under Pharmacy are covered by the medical plan.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Diagnostic Xray, Lab, and Diagnostic Services (Non Routine)	In-Network	Out-of-Network	In-Network	Out-of-Network
DXL Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
DXL Inpatient Professional	Covered	Covered	Covered	Covered
Hospital Based Provider services rendered by non-par providers are: Covered at the In-Network benefit level.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
DXL Outpatient Professional	Covered	Covered	Covered	Covered
Hospital Based Provider services rendered	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%

by non-par providers are: Covered at the In-Network benefit level.				
DXL In Office	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
DXL Independent Lab	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
High Diagnostic Imaging	Covered	Covered	Covered	Covered
Includes MRI/MRA/CAT/PET/SPECT Hospital Based Provider services rendered by non-par providers are: Covered at the In-Network benefit level.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Pre-surgical/Pre-admission testing	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Durable Medical Equipment	In-Network	Out-of-Network	In-Network	Out-of-Network
Durable Medical Equipment	Covered	Covered	Covered	Covered
(Purchase & Rental)	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Medical Supply	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Prosthetics and Orthotics	Covered	Covered	Covered	Covered
Wigs/Toupees limited to 1 per benefit period subject to Medical Necessity. Orthopedic Shoes are only covered for diabetes diagnosis. Shoe inserts are covered. Coverage for shoe inserts for flat feet are excluded.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Hearing Aid Services Including exams and hearing aid accessories	Not Covered	Not Covered	Not Covered	Not Covered
Vision Hardware For Glasses/Contacts after Cataract Surgery refer to Vision/Post Surgical Vision	Not Covered	Not Covered	Not Covered	Not Covered
Emergency Care	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency – Emergency Room (Institutional)	Covered	Covered at the INN benefit level	Covered	Covered at the INN benefit level
Prudent Layperson guidelines apply (accidental injury and medical emergency diagnoses pay as emergency).	Covered at: 80%	Covered at: 80%	Covered at: 80%	Covered at: 80%
Emergency – Emergency Room Physician	Covered	Covered at the INN benefit level	Covered	Covered at the INN benefit level
Prudent Layperson guidelines apply (accidental injury and medical emergency diagnoses pay as emergency)	Covered at: 80%	Covered at: 80%	Covered at: 80%	Covered at: 80%
Non-Emergency Medical Condition – Emergency Room (Institutional)	Not Covered	Not Covered	Not Covered	Not Covered
Non-Emergency Medical Condition– Emergency Room Physician	Not Covered	Not Covered	Not Covered	Not Covered
Foot Care (Routine)	In-Network	Out-of-Network	In-Network	Out-of-Network
Foot Care (Routine)	Not Covered	Not Covered	Not Covered	Not Covered
Hearing	In-Network	Out-of-Network	In-Network	Out-of-Network
Hearing Exam (non-routine) Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Hearing Exam (non-routine) Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Home Health/Home Infusion/PDN	In-Network	Out-of-Network	In-Network	Out-of-Network
Home Health Care	Covered	Covered	Covered	Covered
Limit applies: Yes	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Private Duty Nursing - Visits count toward the Home Health Care visit maximum. Home Infusion therapy - Services do NOT count toward the Home Health visit maximum.	Unlimited	30 vists per Year	No Limit	30 Visits per Year
Home Infusion Therapy	Covered	Covered	Covered	Covered
Services do NOT count toward the Home Health visit maximum.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Private Duty Nursing	Covered	Covered	Covered	Covered
Private Duty Nursing is only covered in the Home. Visits count toward the Home Health Care visit maximum.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
	Unlimited	30 Visits per Year	No Limit	30 Visits per Year
Hospice/Bereavement	In-Network	Out-of-Network	In-Network	Out-of-Network

Hospice	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 80%	Covered at: 80%	Covered at: 80%
Bereavement Counseling	Not Listed	Not Listed	Not Listed	Not Listed
Immunizations (non routine)	In-Network	Out-of-Network	In-Network	Out-of-Network
Immunizations Outpatient Professional	Covered	Covered	Covered	Covered
	Not Listed	Not Listed	Not Listed	Not Listed
Immunizations Office Professional	Covered	Covered	Covered	Covered
	Not Listed	Not Listed	Not Listed	Not Listed
Injections	In-Network	Out-of-Network	In-Network	Out-of-Network
Injections Outpatient Professional			Covered	Covered
	Not Listed	Not Listed	Covered at: 80%	Covered at: 50%
Injections Office Professional			Covered	Covered
	Not Listed	Not Listed	Covered at: 80%	Covered at: 50%
Inpatient Care - Institutional	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Accommodations and Ancillaries	Covered	Covered	Covered	Covered
Accidental Injury General Illness Inpatient Surgery Maternity Sick Newborn Newborn Care (Note: for well newborn) No separate deductible and/or co-pay is applied. The charge is applied to the mother' claims only.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Inpatient Physical Medical Rehab	Covered	Covered	Covered	Covered
Limits Apply: Yes 60 Days Max Per Year Combined In and Out-of-Network Not combined with Skilled Nursing Facility.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Skilled Nursing Facility	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
	No Limits Listed		180 Days per Year	
Medical While Hospitalized (Inpatient professional services)	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Professional Medical Care	Covered	Covered	Covered	Covered
General Medical Care Consultation, Second Opinion Intensive Care, Monitoring Newborn Care (Note: for well newborn) No separate deductible and/or co-pay is applied. The charge is applied to the mother' claims only. Includes newborn vision/hearing screening when rendered in an inpatient setting.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Alcohol/Substance Abuse	In-Network	Out-of-Network	In-Network	Out-of-Network
Alcohol/Substance Abuse - Inpatient Institutional	Covered	Covered	Covered	Covered
Inpatient Accommodations and Ancillaries	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Alcohol/Substance - Inpatient	Covered	Covered	Covered	Covered
Inpatient Accommodations and Ancillaries	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Alcohol/Substance - Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Alcohol/Substance - Intensive Outpatient Therapy (IOP) Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Alcohol/Substance - Partial Hospitalization (PHP) Institutional	Covered	Covered	Covered	Covered
Partial Hospitalization is considered Outpatient.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Alcohol/Substance - Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Alcohol/Substance - Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Alcohol/Substance - Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Mental Health	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health - Inpatient Institutional	Covered	Covered	Covered	Covered
Inpatient Accommodations and Ancillaries	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Mental Health - Inpatient	Covered	Covered	Covered	Covered
Inpatient Accommodations and Ancillaries	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Mental Health - Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Mental Health - Intensive Outpatient Therapy (IOP) Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%

Mental Health - Partial Hospitalization (PHP) Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Mental Health - Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Mental Health - Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Mental Health - Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Nutritional Counseling - (Non Diabetic)	In-Network	Out-of-Network	In-Network	Out-of-Network
Nutritional Counseling Outpatient Institutional	Not Covered	Not Covered	Not Covered	Not Covered
Nutritional Counseling Outpatient Professional	Not Covered	Not Covered	Not Covered	Not Covered
Nutritional Counseling Office Professional	Covered	Covered	Not Covered	Not Covered
Obstetrics, Family Planning, Sterilization	In-Network	Out-of-Network	In-Network	Out-of-Network
Contraceptives	Covered	Covered	Covered	Covered
Spermicide, vaginal ring, hormone patch Depo -Estradiol Cypionate - up to 5 MG, and other covered contraceptives included in Women's Health provision but not meeting required Women's Health diagnosis restrictions. Covered for birth control as well as medical conditions. Coverage includes IUDs, injections for Depo-Provera, diaphragm fittings and any other FDA approved birth control devices.	Covered at the benefit level of the services billed	Covered at the benefit level of the services billed.	Covered at: 80%	Covered at: 50%
Maternity Care Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Dependent Daughters are covered				
		Includes Therapeutic Abortion.	Includes Therapeutic Abortion; Elective Abortion is Not Covered	
Maternity Care Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Dependent Daughters are covered				
		Includes Therapeutic Abortion.	Includes Therapeutic Abortion; Elective Abortion is Not Covered	
Maternity Care Office Professional Visit	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Dependent Daughters are covered				
		Includes Therapeutic Abortion.	Includes Therapeutic Abortion; Elective Abortion is Not Covered	
Infertility Services	Covered	Covered	Covered	Covered
Covered for services to diagnose infertility only; treatment of infertility is not covered. Treatment for underlying medical conditions are covered as medical.	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.
Infertility Treatment - Artificial Insemination	Not Listed	Not Listed	Not Covered	Not Covered
Infertility Treatment - Invitro Fertilization Includes Invitro, GIFT, & ZIFT	Not Listed	Not Listed	Not Covered	Not Covered
Sterilization - services that do not meet Women's Health Provision requirements	Covered	Covered	Covered	Covered
Reversals are Not Covered	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.
Outpatient Hospital Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient (Clinic) Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Outpatient Medical Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Outpatient Physician	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Professional Physician Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Consultation, Second Opinion			Consultation, Second Opinion	
Consultation, Second Opinion Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Consultation, Second Opinion Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Home Visits			Home Visits	
Home Visits	Covered	Covered	Covered	Covered

	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Office Visits			Office Visits	
Office Visits Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Office Visits Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Online Visits (Telehealth)			Online Visits (Telehealth)	
Online Visit	Covered	Covered	Covered	Covered
Includes LiveHealth Online Provider	Covered at: 80%	Not Covered	Covered at: 80%	N/A
Retail Health Clinics			Retail Health Clinics	
Retail Health Clinics	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Prescription Drugs under Medical	In-Network	Out-of-Network	In-Network	Out-of-Network
	Not Covered	Not Covered	Not Covered	Not Covered
Preventive Care Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam - Routine Adult physical	Covered	Covered	Covered	Covered
Includes routine gynecological exams Physical Exams--Network--No Deductible or Copayment up to Our Maximum Allowable Amount regardless if routine/preventive. Network Unlimited Physical Exams regardless of Routine/Preventive.- Network	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Exam - Well Child Care	Covered	Covered	Covered	Covered
	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Immunizations - child and adult (routine)	Covered	Covered	Covered	Covered
Travel Immunizations are not covered.	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Flu Shot (routine)	Covered	Covered	Covered	Covered
	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Diagnostic X-rays and Lab tests (routine)	Covered	Covered	Covered	Covered
Includes bone density testing Includes cholesterol screenings Includes routine hearing and vision screenings Hospital Based Provider services rendered by non-par providers are: Covered at the In-Network benefit level.	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Prostate Cancer Screening - PSA (routine)	Covered	Covered	Covered	Covered
Hospital Based Provider services rendered by non-par providers are: Covered at the In-Network benefit level.	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Colon cancer screenings (routine)	Covered	Covered	Covered	Covered
Routine Fecal Occult Blood Test Routine Barium Enema Routine Sigmoidoscopy or Colonoscopy Facility and anesthesia billed for routine Sigmoidoscopy/Colonoscopy are covered at the same level as the routine Sigmoidoscopy/Colonoscopy.	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Vision exam (routine)	Covered	Covered	Covered	Covered
	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Hearing exam (routine)	Covered	Covered	Covered	Covered
	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Pap smear (routine)	Covered	Covered	Covered	Covered
Hospital Based Provider services rendered by non-par providers are: Covered at the In-Network benefit level.	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Mammography (routine)	Covered	Covered	Covered	Covered
Hospital Based Provider services rendered by non-par providers are: Covered at the In-Network benefit level.	Covered at: 100%	Covered at: 50%	Covered at: 100%	Covered at: 50%
Surgery Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Assistant Surgeon Inpatient Professional	Covered	Covered	Covered	Covered
Hospital Based Provider services rendered by non-par providers are: Covered at the In-Network benefit level.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Assistant Surgeon Outpatient Professional	Covered	Covered	Covered	Covered
Hospital Based Provider services rendered by non-par providers are: Covered at the In-Network benefit level.	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Assistant Surgeon Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%

Oral Surgery	Covered	Covered	Covered	Covered
DOES NOT include removal of impacted Dental Anesthesia is covered only if related to a payable oral surgery.	Covered at the surgical level	Covered at the surgical level	Covered at the surgical level	Covered at the surgical level
Surgery Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Surgery Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Surgery Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Surgery Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Therapies	In-Network	Out-of-Network	In-Network	Out-of-Network
Cardiac Rehab			Cardiac Rehab	
Cardiac Rehab Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Combined In and Out-of-Network	No Limits Listed		36 Visits per Year	
Cardiac Rehab Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Not Listed	Not Listed
Cardiac Rehab Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Combined In and Out-of-Network	No Limits Listed		36 Visits per Year	
Cardiac Rehab Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Combined In and Out-of-Network	No Limits Listed		36 Visits per Year	
Chemotherapy Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Chemotherapy Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Chemotherapy Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Chemotherapy Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Dialysis/Hemodialysis Therapy			Dialysis/Hemodialysis Therapy	
Dialysis/Hemodialysis Therapy Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Dialysis/Hemodialysis Therapy Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Dialysis/Hemodialysis Therapy Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Dialysis/Hemodialysis Therapy Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Infusion Therapy			Infusion Therapy	
Infusion Therapy Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Infusion Therapy Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Infusion Therapy Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Infusion Therapy Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Occupational Therapy			Occupational Therapy	
Occupational Therapy Outpatient Institutional	Covered	Covered	Covered	Covered
Limits Apply: Yes 60 Visit Max Per Year	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Combined Institutional/Professional Combined In and Out-of-Network Combine with: Physical Therapy				
Occupational Therapy Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Occupational Therapy Outpatient Professional	Covered	Covered	Covered	Covered
Limits Apply: Yes 60 Visit Max Per Year	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Combined Institutional/Professional Combined In and Out-of-Network Combine with: Physical Therapy				
Occupational Therapy Office Professional	Covered	Covered	Covered	Covered
Limits Apply: Yes 60 Visit Max Per Year	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Combined Institutional/Professional Combined In and Out-of-Network Combine with: Physical Therapy				

Physical Therapy			Physical Therapy	
Physical Therapy Outpatient Institutional	Covered	Covered	Covered	Covered
Limits Apply: Yes 60 Visit Max Per Year	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Combined Institutional/Professional Combined In and Out-of-Network Combine with: Occupational Therapy				
Physical Therapy Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Physical Therapy Outpatient Professional	Covered	Covered	Covered	Covered
Limits Apply: Yes 60 Visit Max Per Year	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Combined Institutional/Professional Combined In and Out-of-Network Combine with: Occupational Therapy				
Physical Therapy Office Professional	Covered	Covered	Covered	Covered
Limits Apply: Yes 60 Visit Max Per Year	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Combined Institutional/Professional Combined In and Out-of-Network Combine with: Occupational Therapy				
Radiation Therapy			Radiation Therapy	
Radiation Therapy Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Radiation Therapy Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Radiation Therapy Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Radiation Therapy Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Respiratory Therapy			Respiratory Therapy	
Respiratory Therapy Outpatient Institutional	Covered	Covered	Covered	Covered
Combined In and Out-of-Network Combined Institutional/Professional	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
	No Visits Listed		36 Visits per Year	
Respiratory Therapy Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Respiratory Therapy Outpatient Professional	Covered	Covered	Covered	Covered
Combined In and Out-of-Network Combined Institutional/Professional	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
	No Visits Listed		36 Visits per Year	
Respiratory Therapy Office Professional	Covered	Covered	Covered	Covered
Combined In and Out-of-Network Combined Institutional/Professional	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
	No Visits Listed		36 Visits per Year	
Speech Therapy			Speech Therapy	
Speech Therapy Outpatient Institutional	Covered	Covered	Covered	Covered
Limits Apply: Yes 20 Visit Max Per Year	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Combined Institutional/Professional Combined In and Out-of-Network Not Combined with any other Therapy				
Speech Therapy Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Speech Therapy Outpatient Professional	Covered	Covered	Covered	Covered
Limits Apply: Yes 20 Visit Max Per Year	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Combined Institutional/Professional Combined In and Out-of-Network Not Combined with any other Therapy				
Speech Therapy Office Professional	Covered	Covered	Covered	Covered
Limits Apply: Yes 20 Visit Max Per Year	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Combined Institutional/Professional Combined In and Out-of-Network Not Combined with any other Therapy				
TMJ	In-Network	Out-of-Network	In-Network	Out-of-Network
Appliances Covered				
TMJ Treatment	Covered	Covered	Covered	Covered
Covered for medical treatment (surgical and non-surgical)	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.
Transgender Surgery	In-Network	Out-of-Network	In-Network	Out-of-Network

Transgender Surgery	Not Listed	Not Listed	Covered	Covered
GENDER REASSIGNMENT SURGERY			Covered at the benefit level of the services billed.	Covered at the benefit level of the services billed.
Transplant Benefits (Non-BDCT Facility)	In-Network	Out-of-Network	In-Network	Out-of-Network
Live Donor Health Services	Covered	Covered	Covered	Covered
Donor benefits are limited to benefits not available to the donor from any other source. Medically necessary charges for the procurement of an organ from a live donor are covered up to our Maximum Allowed Amount, including complications from the donor procedure for up to six weeks from the date of procurement.	Covered at: 50%	Covered at: 50%	Covered at: 50%	Covered at: 50%
Bone Marrow Donor Search Fee	Covered	Covered	Covered	Covered
	Covered at: 80% Deductible: Yes Copay: N/A	Covered at: 50% Deductible: Yes Copay: N/A	Covered at: 50%	Covered at: 50%
	No Limits Listed		\$30,000 per Lifetime	
Organ Transplants (institutional)	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 50%	Covered at: 50%
Organ Transplants (professional)	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 50%	Covered at: 50%
Travel and Lodging for Organ Transplants	Covered	Covered	Covered	Covered
Travel and Lodging documents for items covered and benefit limits.	Covered at: 50%	Covered at: 50%	Covered at: 50%	Covered at: 50%
	You obtain prior approval and are required to travel more than 75 miles from your residence to reach the facility where your covered transplant procedure will be performed; no other limits listed		\$50 per Day Facility must be 75 miles from the member's residence \$10,000 per Transplant	
Transplants - (BDCT Facility)	In-Network	Out-of-Network	In-Network	Out-of-Network
Live Donor Health Services	Covered		Covered	
Donor benefits are limited to benefits not available to the donor from any other source. Medically necessary charges for the procurement of an organ from a live donor are covered up to our Maximum Allowed Amount, including complications from the donor procedure for up to six weeks from the date of procurement.	Covered at: 100%	Covered at: 50%	Covered at: 100%	N/A
Bone Marrow Donor Search Fee	Listed Under Exclusions		Covered	
		N/A	Covered at: 100%	N/A
			\$30,000 per Lifetime	
Organ Transplants (institutional)	Covered		Covered	
	BDC+ Facility: 100% Kidney & Cornea Transplants Excluded	N/A	Covered at: 100%	N/A
Organ Transplants (professional)	Covered		Covered	
	Covered at: 100% Kidney & Cornea Transplants Excluded	N/A	Covered at: 100%	N/A
Travel and Lodging for Organ Transplants	Covered		Covered	
See Travel and Lodging documents for items covered and benefit limits.	Covered at: 100%	N/A	Covered at: 100%	N/A
			\$10,000 per Transplant \$50 per Day Facility must be 75 miles from the member's residence	
Urgent Care	In-Network	Out-of-Network	In-Network	Out-of-Network
Urgent Care Outpatient Institutional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Urgent Care Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Urgent Care Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Vision	In-Network	Out-of-Network	In-Network	Out-of-Network
Glasses/Contacts after Cataract Surgery	Covered	Covered	Covered	Covered
Includes initial frames, lenses or contacts following Cataract surgery	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
	Limited to 1 occurrence	Limited to 1 occurrence	Limit: N/A	Limit: N/A
Vision Exam (non-routine) Outpatient Professional	Covered	Covered	Covered	Covered
Refractions are covered	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Vision Exam (non-routine) Office Professional	Covered	Covered	Covered	Covered
Refractions are covered	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Vision Therapy			Vision Therapy	
Vision Therapy Inpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Vision Therapy Outpatient Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%
Vision Therapy Office Professional	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 80%	Covered at: 50%

2014 Commercial Plan				Medicare Advantage Select Plan				
Deductible, Coinsurance & Maximums				Deductible, Coinsurance & Maximums				
Deductibles:	In-Network		Out-of-Network		In-Network		Out-of-Network	
Deductibles	\$0	Individual	\$0	Individual	\$300 Combined In-Network and Out of Network			
	\$0	Family	\$0	Family				
Coinsurance:	In-Network		Out-of-Network		In-Network		Out-of-Network	
Coinsurance:	80%	Plan coinsurance	50%	Plan coinsurance	96%	Plan coinsurance	90%	Plan coinsurance
	20%	Member responsible	50%	Member responsible	4%	Member responsible	10%	Member responsible
Preventive Level of Coinsurance:	100%	Plan coinsurance	50%	Plan coinsurance	100%	Plan coinsurance	90%	Plan coinsurance
	0%	Member responsible	50%	Member responsible	0%	Member responsible	10%, Ded does not apply	Member responsible
Out of Pocket:	In-Network		Out-of-Network		In-Network		Out-of-Network	
Out of Pocket/Coinsurance Maximum	\$500	Individual	\$1,000	Individual	\$1,500		\$3,000	
	\$1,000	Family	\$2,000	Family				
Prescription:	In-Network		Out-of-Network		In-Network		Out-of-Network	
Tier 1 / Tier 2 / Tier 3			N/A		\$10 / \$20 / \$30		N/A	
Mail Order					\$20 / \$40 / \$60			
Benefits								
Acupuncture	In-Network		Out-of-Network		In-Network		Out-of-Network	
Acupuncture	Not Listed		Not Listed		Covered at: 96%		Covered at: 90%	
					*Specified for low back pain ONLY; up to 12 visits in 90 days; add'l 8 sessions for patients showing improvement			
Allergy	In-Network		Out-of-Network		In-Network		Out-of-Network	
Allergy Treatment & Testing	Covered		Covered		Covered		Covered	
	Covered at: 80%		Covered at: 50%		Covered at: 96%		Covered at: 90%	
Ambulance	In-Network		Out-of-Network		In-Network		Out-of-Network	
Air / Ground Ambulance	Covered		Covered at the INN benefit level		Covered		Covered at the INN benefit level	
	Covered at: 80%		Covered at: 80%		Covered at: 96%		Covered at: 96%	
Ambulatory Surgical Centers	In-Network		Out-of-Network		In-Network		Out-of-Network	
Ambulatory Surgical Center	Covered - Outpatient		Covered - Outpatient		Covered - Outpatient		Covered - Outpatient	
	Covered at: 80%		Covered at: 50%		Covered at: 96%		Covered at: 90%	
Anesthesia	In-Network		Out-of-Network		In-Network		Out-of-Network	
Anesthesia Inpatient / Outpatient	Covered		Covered		Covered		Covered	
	Covered at: 80%		Covered at: 50%		Covered at: 96%		Covered at: 90%	
Bariatric Surgery	In-Network		Out-of-Network		In-Network		Out-of-Network	
Bariatric Surgery	Covered - Outpatient		Covered - Outpatient		Match based on setting		Match based on setting	
	Covered at: 80%		Covered at: 50%		Covered at: 96%		Covered at: 90%	
Biofeedback	In-Network		Out-of-Network		In-Network		Out-of-Network	
Biofeedback Outpatient Professional / Office Professional	Not Listed		Not Listed		Not Listed		Not Listed	
Blood Processing and Storage	In-Network		Out-of-Network		In-Network		Out-of-Network	
Blood	Covered		Covered		Covered		Covered	
Processing and Storage	Covered at: 80%		Covered at: 50%		\$0 Copay per Medicare-covered Pint of Blood; deductible does not apply			
Chiropractic Benefits	In-Network		Out-of-Network		In-Network		Out-of-Network	
Chiropractic Outpatient / Office Professional	Covered		Covered		Covered		Covered	
	Covered at: 80%		Covered at: 50%		Covered at: 96%		Covered at: 90%	
	12 Visit Limit Per Year; Combined In and Out of Network				No Limits Listed; Covers only manual manipulation of the spine to correct subluxation			
Dental Benefits	In-Network		Out-of-Network		In-Network		Out-of-Network	
Dental	Covered		Covered		Covered		Covered	
	Covered at: 80%		Covered at: 50%		Covered at: 96%		Covered at: 90%	
	Covered for treatment of an injury to sound and natural teeth and only if treatment is completed within 12 months of the accident				Non-routine dental care (covered services are limited to surgery of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease, or services that would be covered when provided by a physician).			
Diabetes Maintenance	In-Network		Out-of-Network		In-Network		Out-of-Network	
Diabetes Education/Diabetic Nutritional Counseling Outpatient / Office	Covered		Covered		Covered		Covered	
	Covered at: 80%		Covered at: 50%		Covered at: 100%		Covered at: 90%	
					Deductible does not apply		Deductible does not apply	
Diabetic Supply	Covered		Covered		Covered		Covered	
	Covered at: 80%		Covered at: 50%		Covered at: 96%		Covered at: 90%	
Diagnostic Services	In-Network		Out-of-Network		In-Network		Out-of-Network	
Diagnostic Lab Services	Covered		Covered		Covered		Covered	
	Covered at: 80%		Covered at: 50%		\$0 Copay; Deductible Applies		\$0 Copay; Deductible Applies	
Diagnostic X-rays	Covered		Covered		Covered		Covered	
	Covered at: 80%		Covered at: 50%		Covered at: 96%		Covered at: 90%	
High Diagnostic Imaging	Covered		Covered		Covered		Covered	
Includes MRI/MRA/CAT/PET	Covered at: 80%		Covered at: 50%		Covered at: 96%		Covered at: 90%	
Pre-surgical/Pre-admission testing	Covered		Covered		Covered		Covered	
	Covered at: 80%		Covered at: 50%		Covered at: 96%		Covered at: 90%	

Durable Medical Equipment	In-Network	Out-of-Network	In-Network	Out-of-Network
Durable Medical Equipment	Covered	Covered	Covered	Covered
(Purchase & Rental)	Covered at: 80%	Covered at: 50%	Covered at: 96%	Covered at: 90%
Medical Supply	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 96%	Covered at: 90%
Prosthetics and Orthotics	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 96%	Covered at: 90%
Hearing Aid Services	Not Covered	Not Covered	Not Covered	Not Covered
Emergency Care	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Care	Covered	Covered at the INN benefit level	Covered	Covered at the INN benefit level
	Covered at: 80%		\$50 Copay; Deductible does not apply; ER Copay waived if admitted to hospital within 72 hours for same condition	
Foot Care (Routine)	In-Network	Out-of-Network	In-Network	Out-of-Network
Foot Care (Routine)	Limited Coverage	Limited Coverage	Limited Coverage	Limited Coverage
Hearing	In-Network	Out-of-Network	In-Network	Out-of-Network
Hearing Exam Outpatient / Office	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 96%	Covered at: 90%
Home Health/Home Infusion/PDN	In-Network	Out-of-Network	In-Network	Out-of-Network
Home Health Care / Private Duty Nursing	Covered	Covered	Covered	Covered
	Covered at: 80% Unlimited	Covered at: 50% 30 visits per Year	\$0 Copay; Deductible Applies	Covered at: 90%
	Maximum Home Care Visits (includes Private Duty Nursing Benefit)		Part-time or intermittent skilled nursing and home health aide services combined must total fewer than 8 hours per day and 35 hours per week	
Home Infusion Therapy	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	\$0 Copay; Deductible Applies	Covered at: 90%
Hospice/Bereavement	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospice	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 80%	Covered at: 96%	Covered at: 96%
			4% Coinsurance for the one-time only Hospice consultation; deductible does not apply; Your Hospice Services are paid for by Original Medicare, not this Plan	
Inpatient Care	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Hospital Care	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 96%	Covered at: 90%
			No Limit to the number of days covered by the plan.	
Skilled Nursing Facility	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	\$5 Copay per day for days 1-20	\$5 Copay per day for days 1-20
	No Limits Listed		96% coinsurance for days 21-180	90% coinsurance for days 21-180
Alcohol/Substance Abuse	In-Network	Out-of-Network	In-Network	Out-of-Network
Alcohol/Substance Abuse	Covered	Covered	Covered	Covered
Inpatient / Outpatient	Covered at: 80%	Covered at: 50%	Covered at: 96%	Covered at: 90%
			No Coinsurance, Copayment or Deductible for screening and counseling to reduce alcohol misuse	90% coinsurance for covered screening and counseling to reduce alcohol misuse; Deductible does not apply.
Mental Health	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health	Covered	Covered	Covered	Covered
Inpatient / Outpatient	Covered at: 80%	Covered at: 50%	Covered at: 96%	Covered at: 90%
Obstetrics, Family Planning, Sterilization	In-Network	Out-of-Network	In-Network	Out-of-Network
Maternity Services	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 96%	Covered at: 90%
	Includes Therapeutic Abortion.			
Infertility Services	Covered	Covered	Not Covered	Not Covered
	Covered at: 80%	Covered at: 50%		
Sterilization	Covered	Covered	Covered but only for medically necessary situations	Covered but only for medically necessary situations
	Covered at: 80%	Covered at: 50%	Covered at: 96%	Covered at: 90%
Outpatient Hospital Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient Services	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 96%	Covered at: 90%
Professional Physician Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Consultation, Second Opinion, Home, Office, Telehealth, Retail Clinic, Online	Covered	Covered	Covered	Covered
	Covered at: 80%	Covered at: 50%	Covered at: 96%	Covered at: 90%
Prescription Drugs under Medical	In-Network	Out-of-Network	In-Network	Out-of-Network
	Not Covered	Not Covered	Covered at: 96%	Covered at: 90%
			Deductible does not apply; See List	Deductible does not apply; See List

Preventive Care Benefits	In-Network		Out-of-Network		In-Network	Out-of-Network
Preventive Care Benefits	Covered		Covered		Covered	Covered
	Covered at: 100%		Covered at: 50%		Covered at: 100%	Covered at: 90% Deductible does not apply
	Covered services include but are not limited to: Treatment or preventive services including periodic health examinations for adults and dependent children; well child care; preventive lab & Xray; immunizations; flu injections; well woman exams; annual pap smear; annual prostate screening; annual routine mammogram; colorectal cancer screening including fecal occult blood test, sigmoidoscopy, and colonoscopy; audiometric exams; routine eye exams				Covered services include: Abdominal aortic aneurysm screening; bone mass measurement; colorectal cancer screening and colorectal services; HIV screening; STI screening and counseling; Medicare Part B immunizations; Mammograms; Cervical and vaginal cancer screening; Prostate cancer screening; Cardiovascular Disease Risk reduction; Cardiovascular disease testing; "Welcome to Medicare" preventive visit; Annual Wellness visit; Depression screening; Diabetes screening; Medicare Diabetes Prevention Program; Obesity screening and therapy to promote sustained weight loss; Screening and counseling to reduce alcohol misuse; Screening for lung cancer with low dose computed tomography; Medical Nutritional therapy; Smoking and tobacco use cessation	
Therapies	In-Network		Out-of-Network		In-Network	Out-of-Network
Cardiac Rehab Inpatient / Outpatient / Office	Covered		Covered		Covered	Covered
	Covered at: 80%		Covered at: 50%		Covered at: 96%	Covered at: 90%
	No Limits Listed				No Limits Listed	
Chemotherapy	Covered		Covered		Covered - Medicare Part B Prescription Drugs	Covered - Medicare Part B Prescription Drugs
	Covered at: 80%		Covered at: 50%		Covered at: 96%	Covered at: 90%
Dialysis	Covered		Covered		Covered	Covered
	Covered at: 80%		Covered at: 50%		Covered at: 96%; Ded does not apply	Covered at: 96%; Ded does not apply
Home Infusion Therapy	Covered		Covered		Covered	Covered
	Covered at: 80%		Covered at: 50%		\$0 Copay; Deductible applies	Covered at: 90%
Occupational Therapy	Covered		Covered		Covered	Covered
	Covered at: 80%		Covered at: 50%		Covered at: 96%	Covered at: 90%
	60 Visit Max per Year; Combined with Physical therapy; Combined In and Out of Network				No Limits Listed - no overall limits; limited per occurrence; PA required	
Physical Therapy	Covered		Covered		Covered	Covered
	Covered at: 80%		Covered at: 50%		Covered at: 96%	Covered at: 90%
	60 Visit Max per Year; Combined with Occupational therapy; Combined In and Out of Network				No Limits Listed - no overall limits; limited per occurrence; PA required	
Radiation Therapy	Covered		Covered		Covered	Covered
	Covered at: 80%		Covered at: 50%		Covered at: 96%	Covered at: 90%
Respiratory Therapy	Covered		Covered		Covered	Covered
	Covered at: 80%		Covered at: 50%		Covered at: 96%	Covered at: 90%
Speech Therapy	Covered		Covered		Covered	Covered
	Covered at: 80%		Covered at: 50%		Covered at: 96%	Covered at: 90%
	20 Visit Max Per Year; Combined IN and Out of Network				No Limits Listed - no overall limits; limited per occurrence; PA required	
TMJ	In-Network		Out-of-Network		In-Network	Out-of-Network
TMJ Treatment	Covered		Covered		Medicare may cover by a qualified physician	
	Covered at: 80%		Covered at: 50%			
Transplant Benefits	Center of Excellence	In Network	Out-of-Network		In-Network	Out-of-Network
Organ Transplants	Covered		Covered		Covered	Covered
	Covered at: 100% Excludes Kidney & Cornea	Covered at: 50% Kidney & Cornea covered at 80%	Covered at: 50% Kidney & Cornea covered at 50%		Covered at: 96%	Covered at: 90%
					Under certain conditions, the following types of transplants are covered: corneal, kidney, kidney-pancreatic, heart, liver, lung, heart/lung, bone marrow, stem cell, and intestinal/multivisceral.	
Travel and Lodging for Organ Transplants	Covered		Covered		Covered	Covered
	Covered at: 100%	Covered at: 50%	Covered at: 50%		\$50 per Day up to a max of \$100 per day per covered person Facility must be 75 miles from the member's residence	
	You obtain prior approval and are required to travel more than 75 miles from your residence to reach the facility where your covered transplant procedure will be performed; no other limits listed					
Urgent Care	In-Network		Out-of-Network		In-Network	Out-of-Network
Urgent Care Outpatient / Office	Covered		Covered		Covered - Urgently Needed Services	Covered - Urgently Needed Services
	Covered at: 80%		Covered at: 50%		Covered at: 96%; Deductible does not apply	
Vision	In-Network		Out-of-Network		In-Network	Out-of-Network
Glasses/Contacts after Cataract Surgery	Covered		Covered		Covered	Covered
	Covered at: 80%		Covered at: 50%		Covered at: 96%	Covered at: 90%
	Limited to 1 occurrence		Limited to 1 occurrence		Limited to 1 occurrence	
Vision Exam (non-routine) Outpatient / Office	Not Covered		Not Covered		Covered	Covered
					Covered at: 96%	Covered at: 90%
					\$0 Copay for Glaucoma and Retinopathy Screening; Deductible does not apply	
Vision Therapy	In-Network		Out-of-Network		In-Network	Out-of-Network
Vision Therapy Inpatient / Outpatient	Covered		Covered		Not Listed	Not Listed
	Covered at: 80%		Covered at: 50%			

2021 Standard Control Formulary Removals and Updates

April 2021 Removals and Updates

Drug Class	Removed Product(s)	Formulary Options
Anticonvulsants*	BANZEL ORAL SUSPENSION [†]	clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR
	topiramate ext-rel sprinkle capsule (generics for QUDEXY XR only)	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, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
Anti-infectives, Antibacterials, Tetracyclines*	doxycycline hyclate delayed-rel tablet 50mg	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
Attention Deficit Hyperactivity Disorder*	ADDERALL [†]	amphetamine-dextroamphetamine mixed salts, methylphenidate
	FOCALIN XR [†]	amphetamine-dextroamphetamine mixed salts ext-rel (excluding certain NDCs), dexamethylphenidate ext-rel, methylphenidate ext-rel (excluding certain NDCs), MYDAYIS, VYVANSE
Asthma, Leukotriene Modulators*	zileuton ext-rel tablet 600mg	montelukast, zafirlukast
Atopic Dermatitis*	ELIDEL [†]	pimecrolimus, tacrolimus, EUCRISA
Autoimmune Conditions Physician-Administered Agents*	ILUMYA	REMICADE
	INFLECTRA, RENFLEXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
Autoimmune Conditions Self-Administered Agents*	ACTEMRA ACTPEN, ACTEMRA SUBCUTANEOUS	ENBREL, HUMIRA, RINVOQ, XELJANZ, XELJANZ XR
Cardiovascular, Antilipemics, Fibrates*	fenofibrate tablet 40mg, fenofibrate capsule 50mg, 130mg	fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel
Cardiovascular, Pulmonary Arterial Hypertension Prostaglandin Vasodilator	REMODULIN [†]	treprostinil
Contraceptives, Monophasic*	YASMIN [†]	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron

Drug Class	Removed Product(s)	Formulary Options
Depression, Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRI)*	ZOLOFT [†]	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX
Dermatology, Skin Inflammation and Hives, Corticosteroids*	clocortolone pivalate cream 0.1%, desoximetasone oint 0.05%, hydrocortisone butyrate lotion 0.1%, triamcinolone acetonide oint 0.05%, Trianex Ointment 0.05%	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
Diabetes Supplies, Test Strips and Kits*	GUARDIAN CONTINUOUS GLUCOSE MONITORING SYSTEM All other continuous glucose monitoring systems that are not DEXCOM brand	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
Gastrointestinal, Anticholinergic*	hyoscyamine tablet ext-rel 0.375 mg	dicyclomine
Gastrointestinal, Proton Pump Inhibitors (PPIs)*	pantoprazole delayed-rel suspension	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT
Gout*	ULORIC [†]	allopurinol
High Blood Pressure Angiotensin II Receptor Antagonist/Calcium Channel Blocker Combinations*	AZOR [†]	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan
High Blood Pressure Beta-blockers*	COREG CR [†]	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC
High Blood Pressure Angiotensin II Receptor Antagonist *	COZAAR [†] , MICARDIS [†]	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
High Blood Pressure Angiotensin II Receptor Antagonist Diuretic Combinations*	HYZAAR [†] , MICARDIS HCT [†]	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide
High Blood Pressure * Angiotensin Converting Enzyme Inhibitor/Diuretic	ZESTORETIC [†]	fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide

Drug Class	Removed Product(s)	Formulary Options
Ophthalmic, Glaucoma*	TRAVATAN Z [†]	latanoprost, travoprost, LUMIGAN, ZIOPTAN
Pain, Headache*	MAXALT [†] , MAXALT MLT [†]	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
Pain, Neuropathic Pain	LYRICA [†]	duloxetine, pregabalin
Sleep Disorder, Hypnotics, Non-benzodiazepines*	SILENOR [†]	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA
Testosterone Replacement Androgens*	ANDROGEL 1.62% [†]	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM
Thyroid Supplements*	CYTOMEL [†]	levothyroxine, liothyronine, SYNTHROID
Women's Health - Menopausal Vasomotor Symptoms	paroxetine mesylate capsule 7.5mg	paroxetine HCl

* Class has existing formulary exclusions

[†] Multi-source brand product

Removals and add backs as of April 1, 2021. Information accurate as of the production date; however, it is subject to change.

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2021 Standard Control Formulary

July 2021 Removals and Updates

Drug Class	Removed Product(s)	Formulary Options
Antifungals*	CRESEMBA CAPS	itraconazole
	NOXAFIL**	fluconazole, itraconazole
Antiobesity*	XENICAL	QSYMIA, SAXENDA
Antiretroviral Agents	APTIVUS	Consult doctor
	INVIRASE, LEXIVA**, VIRACEPT	atazanavir, EVOTAZ, PREZCOBIX, PREZISTA
Anxiety*	ATIVAN**	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
Attention Deficit Hyperactivity Disorder*	methylphenidate tab ext-rel (osmotic release not AB rated to Concerta)	amphetamine-dextroamphetamine mixed salts ext-rel (excluding certain NDCs), dexamethylphenidate ext-rel, methylphenidate ext-rel (excluding certain NDCs), MYDAYIS, VYVANSE
Cancer Biosimilars	RIABNI†, TRUXIMA†	RUXIENCE
Cancer Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN, HERCEPTIN HYLECTA†	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
Cancer Prostate*	LUPRON DEPOT, TRELSTAR MIXJECT, ZOLADEX	ELIGARD, FIRMAGON
Cardiovascular Antiarrhythmics*	NORPACE**	disopyramide
Cardiovascular Antilipemics Omega-3 Fatty Acids	icosapent ethyl capsules	omega-3 acid ethyl esters, VASCEPA
Central Precocious Puberty	LUPRON DEPOT-PED	SUPPRELLIN LA, TRIPTODUR
Contraceptives Extended Cycle	SEASONIQUE**	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron
Dermatology Anti-Infective/Anti-Inflammatory	NEO-SYNALAR	desonide or hydrocortisone with gentamicin
Dermatology Corticosteroids*	flurandrenolide cream & lotion	desonide, hydrocortisone
	halcinonide cream	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI
Dermatology Miscellaneous Skin Conditions*	luliconazole	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN

Drug Class	Removed Product(s)	Formulary Options
Endocrine and Metabolic Progestins	PROMETRIUM**	medroxyprogesterone; progesterone micronized
Endometriosis	LUPRON DEPOT, ZOLADEX	ORILISSA
Gastrointestinal*	Lactojen	Consult doctor
	LIBRAX**	dicyclomine
	PRILOSEC DEL-REL GRANULES	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT
Genitourinary Interstitial Cystitis*	ELMIRON	Consult doctor
Genitourinary Miscellaneous	LITHOSTAT, THIOLA, THIOLA EC	Consult doctor
Hematologic Chelating Agents	CUPRIMINE**	penicillamine capsule
	DESFERAL**, EXJADE**, FERRIPROX, JADENU**	deferasirox, deferiprone, deferoxamine
	SYPRINE**	trientine
Musculoskeletal*	carisoprodol 250mg	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
Narcolepsy*	PROVIGIL**	armodafinil, modafinil, SUNOSI
Ophthalmic Allergies*	LASTACRAFT, ZERVIAE	azelastine, cromolyn sodium, olopatadine
Ophthalmic Anti-Infectives	AZASITE, CILOXAN**	ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE
Ophthalmic Anti-Infectives/ Anti-Inflammatory*	TOBRADEX ST	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT
Ophthalmic Anti-Inflammatory, Nonsteroidal*	ACUVAIL, BROMSITE, NEVANAC	bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA
Ophthalmic Anti-Inflammatory, Steroidal*	FLAREX, FML FORTE, FML OINTMENT, INVELTYS, MAXIDEX, PRED MILD	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL
Ophthalmic Glaucoma*	BETIMOL	timolol maleate solution, BETOPTIC S
Pain Opioid Analgesics*	tramadol ext-rel capsule	tramadol (except NDC 52817019610), tramadol ext-rel tablet
Pain and Inflammation Nonsteroidal Anti-Inflammatory*	CELEBREX**	celecoxib, diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
Parkinson's Disease*	NOURIANZ†	amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO
	RYTARY	carbidopa-levodopa, carbidopa-levodopa ext-rel
Phenylketonuria	KUVAN**	sapropterin

Drug Class	Removed Product(s)	Formulary Options
Prenatal Vitamins*	All Brand Prenatal Vitamins not CITRANATAL	prenatal vitamins, CITRANATAL
Respiratory*	THEO-24	ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
Sleep Hypnotics*	zolpidem sublingual	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA
Thyroid Supplements*	NATURE THROID, WESTHROID, WP THYROID	levothyroxine, liothyronine, SYNTHROID
Uterine Fibroids	LUPRON DEPOT	ORIAHNN

Drug Class	Products Added Back
Androgens	NATESTO GEL
Antidepressants	ALENZIN
Antiobesity	QYSMIA
Diabetes Supplies	ACCU-CHEK AVIVA PLUS, ACCU-CHEK COMPACT PLUS, ACCU-CHEK GUIDE, ACCU-CHEK SMARTVIEW STRIPS AND KITS
Hemophilia	ELOCTATE
Irritable Bowel Syndrome	TRULANCE
Ophthalmic Anti-Inflammatory	PROLENSA

* Class has existing formulary exclusions ** Multi-source Brand Product † Product moving from NTM to official exclusion

This chart contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

Removals and add backs as of April 30, 2021. Information is believed to be accurate as of the production date; however, it is subject to change.

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2021 Standard Control Formulary

October 2021 Removals and Updates

Drug Class	Removed Product(s)	Formulary Options
Anticoagulants	heparin sodium in 5% dextrose, HEPARIN SODIUM IN 5% DEXTROSE	Consult doctor
Anti-Infectives*	doxycycline hyclate delayed-rel tablet 100 mg	doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline
Anti-Inflammatory*	meloxicam capsules	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
Dermatology Corticosteroids*	calcipotriene foam [†] , CALCIPOTRIENE FOAM [†] CORDRAN CREAM**, CORDRAN LOTION** CORDRAN TAPE, ULTRAVATE LOTION** HALOG**	calcipotriene ointment, calcipotriene solution desonide, hydrocortisone clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI
Endocrine & Metabolic Glucocorticoids	BETAMETHASONE ACETATE – BETAMETHASONE SODIUM PHOSPHATE INJECTION [†]	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone

* Class has existing formulary exclusions. ** Multi-source Brand Product. † Product moving from new-to-market (NTM) to official exclusion.

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Removals and add backs as of July 30, 2021. Information is believed to be accurate as of the production date; however, it is subject to change.

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Formulary Drug Removals

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 SIGNIFOR LAR SOMAVERT	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 OMNARIS QNASL ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
<i>Anticonvulsants</i>	<i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only)	<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, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
	BANZEL SUSPENSION ONFI	<i>clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
	SABRIL	<i>vigabatrin</i>
	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, 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 50 mg</i> <i>doxycycline hyclate delayed-rel tablet 100 mg</i> <i>doxycycline hyclate delayed-rel tablet 200 mg</i> <i>doxycycline hyclate tablet 50 mg</i> (NDC [^] 72143021160 only) <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 (except NDCs[^] 16571074024, 70408023932)</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
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 COMPLERA	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, STRIBILD, SYMTUZA, TRIUMEQ
	TRUVADA	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, CIMDUO, DESCOVY, TEMIXYS
Anti-infectives, Antiretroviral Agents Protease Inhibitors	APTIVUS	Consult doctor
	INVIRASE LEXIVA VIRACEPT	atazanavir, EVOTAZ, PREZCOBIX, PREZISTA
Anti-infectives, Antivirals Cytomegalovirus *	VALCYTE	valganciclovir
Anti-infectives, Antivirals Hepatitis B *	BARACLUDE TABLET	entecavir, lamivudine, VEMLIDY
Anti-infectives, Antivirals Hepatitis C *	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ¹
	VIEKIRA PAK ZEPATIER	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	CONTRACE XENICAL	QSYMIA, SAXENDA, WEGOVY
Anxiety * Benzodiazepines	ATIVAN 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	zileuton ext-rel SINGULAIR	montelukast, zafirlukast
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

Category Drug Class	Formulary Drug Removals	Formulary Options
Attention Deficit Hyperactivity Disorder *	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADZENYS ER ADZENYS XR-ODT APTENSIO XR DAYTRANA FOCALIN XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel †, dexamethylphenidate ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel †, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel †, MYDAYIS, QELBREE, VYVANSE</i>
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	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET	ENBREL, HUMIRA, RINVOQ, XELJANZ, XELJANZ XR
	CIMZIA PREFILLED SYRINGE	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR
	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
	TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR
Botulinum Toxins	BOTOX	Consult doctor
Cancer Biosimilars	RIABNI TRUXIMA	RUXIENCE
Cancer Chronic Myelogenous Leukemia * Kinase Inhibitors	GLEEVEC ICLUSIG TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
Cancer Follicular Lymphoma * PI3K Inhibitors	ALIQOPA ZYDELIG	COPIKTRA
Cancer Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
Cancer mTOR Inhibitors	AFINITOR	<i>everolimus</i> , AFINITOR DISPERZ
Cancer Multiple Myeloma * Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO, VELCADE
Cancer Non-Small Cell Lung Cancer * ALK Inhibitors	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Cancer</i> Prostate * Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
<i>Cancer</i> Prostate * Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD, FIRMAGON
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	NORPACE	<i>disopyramide</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	<i>fenofibrate capsule 50 mg fenofibrate capsule 130 mg fenofibrate tablet 40 mg fenofibrate tablet 120 mg FENOGLIDE TABLET 120 MG TRICOR</i>	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ²	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics Niacins	<i>niacin tablet 500 mg Niacor</i>	<i>niacin ext-rel</i>
<i>Cardiovascular</i> Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular</i> Diuretics	DYRENIUM	<i>amiloride, triamterene</i>
<i>Cardiovascular</i> Nitrates	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN	<i>treprostinil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA, YUPELRI
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergic / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
<i>Contraceptives Oral</i>	BALCOLTRA BEYAZ MINASTRIN 24 FE SEASONIQUE TAYTULLA YASMIN YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
<i>Contraceptives Vaginal</i>	NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Dental Cavity/Caries Prevention</i>	PREVIDENT	Consult doctor
<i>Depression *</i> Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg paroxetine HCl ext-rel (NDC[^] 60505367503 only)</i> LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC[^] 60505367503), sertraline, TRINTELLIX</i>
<i>Depression *</i> Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression *</i> Antidepressants, Miscellaneous Agents	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
	OLEPTRO	<i>trazodone</i>
<i>Depression and/or Schizophrenia *</i> Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
<i>Dermatology Acne *</i>	<i>clindamycin gel (NDC[^] 68682046275 only) Vanoxide-HC</i> ACANYA AZELEX BENZACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC[^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
<i>Dermatology Actinic Keratosis *</i>	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA</i>
<i>Dermatology Anti-infective / Anti-inflammatory</i>	NEO-SYNALAR	<i>desonide or hydrocortisone WITH gentamicin</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
Dermatology Antibiotics	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
Dermatology Antipsoriatics	<i>calcipotriene cream</i> <i>calcipotriene foam</i> <i>calcitriol ointment</i> CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>
	<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI</i>
Dermatology Atopic Dermatitis *	<i>doxepin cream</i>	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
	ELIDEL	<i>pimecrolimus, tacrolimus, EUCRISA</i>
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 SILIVEX SILTREX	Consult doctor
Dermatology Seborrheic Dermatitis *	<i>ketconazole foam 2%</i> <i>Ketodan</i>	<i>ketconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
Dermatology Skin Inflammation and Hives * Low Potency Corticosteroids	<i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> <i>Nolix</i> CORDRAN CREAM CORDRAN LOTION	<i>desonide, 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>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
Dermatology Skin Inflammation and Hives * Very High Potency Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream, halobetasol cream</i>
	CORDRAN TAPE ULTRAVATE	<i>clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
Dermatology Warts	VEREGEN	<i>imiquimod</i>
Dermatology Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide, hydrocortisone</i>
Dermatology Miscellaneous Skin Conditions	ALCORTIN A ATOPADERM BENSAL HP EPICERAM KAMDOY NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>
	<i>luliconazole</i> <i>oxiconazole</i> (NDCs^ 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
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 ³	NOVOLIN 70/30 ³
	HUMULIN N ³	NOVOLIN N ³
	HUMULIN R ³	NOVOLIN R ³
	NOTE: <i>Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.</i>	
Diabetes * Long Acting Insulins ⁴	LANTUS	BASAGLAR, LEVEMIR
Diabetes * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
<i>Diabetes</i> * Supplies, Needles ⁵	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
<i>Diabetes</i> * Supplies, Syringes 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
<i>Diabetes</i> * 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 All other test strips that are not ACCU-CHEK or ONETOUCH 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 , ONETOUCH ULTRA STRIPS AND KITS ⁶ , ONETOUCH VERIO STRIPS AND KITS ⁶
	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

Category Drug Class	Formulary Drug Removals	Formulary Options
Dietary Supplements	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	Activite Dexifol Folvite-D Genicin Vita-S HylaVite Lorid TronVite Vitasure Xvite FERIVA 21/7 FOLIC-K NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	MultiPro PRODIGEN VASCULERA	Consult doctor
Endocrine and Metabolic Corticosteroids	<i>betamethasone acetate- betamethasone sodium phosphate</i> (NDC^ 71283062002 only) BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
Endocrine and Metabolic Progestins	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
Endometriosis *	LUPRON DEPOT ZOLADEX	ORLISSA
Erectile Dysfunction * Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
Fertility Regulators Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F
Gastrointestinal Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDCs^ 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) <i>hyoscyamine sulfate ext-rel</i> Oscimin SR Symax-SR GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>
Gastrointestinal Antidiarrheals	ENTERAGAM	<i>alosectron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
Gastrointestinal Antiemetics	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Gastrointestinal</i> Irritable Bowel Syndrome	AMITIZA	<i>lubiprostone</i> , LINZESS, MOVANTIK, SYMPROIC
<i>Gastrointestinal</i> Laxatives	LACTULOSE PAK	<i>lactulose solution</i>
	GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes</i> , CLENPIQ
<i>Gastrointestinal</i> Probiotics	<i>Lactojen</i> PROVAD ZELAC	Consult doctor
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	<i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>esomeprazole delayed-rel</i> , <i>lansoprazole delayed-rel</i> , <i>omeprazole delayed-rel</i> , <i>pantoprazole delayed-rel tablet</i> , DEXILANT
<i>Gastrointestinal</i> Ulcer Treatment	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary</i> Interstitial Cystitis	ELMIRON RIMSO-50	Consult doctor
<i>Genitourinary</i> Miscellaneous	LITHOSTAT	Consult doctor
	THIOLA THIOLA EC	<i>tiopronin</i>
<i>Gout *</i>	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet</i> , MITIGARE
	ULORIC	<i>allopurinol</i>
<i>Growth Hormones</i>	HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	GENOTROPIN, NORDITROPIN
<i>Hematologic</i> Anticoagulants Injectable	<i>heparin sodium in 5% dextrose</i> HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin</i> , <i>fondaparinux</i>
<i>Hematologic</i> Anticoagulants Oral	ELIQUIS PRADAXA	<i>warfarin</i> , XARELTO
<i>Hematologic</i> Chelating Agents	CUPRIMINE	<i>penicillamine</i>
	DESFERAL EXJADE FERRIPROX JADENU	<i>deferasirox</i> , <i>deferiprone</i> , <i>deferoxamine</i>
	SYPRINE	<i>trientine</i>
<i>Hematologic</i> Erythropoiesis-Stimulating Agents	ARANESP EPOGEN PROCRIT	RETACRIT

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Hematologic</i> Hemophilia B	ALPROLIX	Consult doctor
<i>Hematologic</i> Miscellaneous Bleeding Disorders Agents	FEIBA	NOVOSEVEN RT, SEVENFACT
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX LEUKINE NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor
<i>Hematologic</i> Thrombocytopenia Agents	MULPLETA	Consult doctor
	NPLATE	PROMACTA, TAVALISSE
<i>High Blood Pressure</i> * ACE Inhibitor / Diuretic Combinations	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<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>amlodipine-valsartan-hydrochlorothiazide, 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, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
<i>High Blood Pressure</i> * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>High Blood Pressure *</i> Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	<i>diltiazem ext-rel</i> (generics for CARDIZEM LA only) Matzim LA 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	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Hereditary Angioedema	BERINERT	<i>icatibant, RUCONEST</i>
	CINRYZE HAEGARDA	ORLADEYO, TAKHZYRO
<i>Immunology</i> Rapamycin Derivatives	ZORTRESS	<i>everolimus</i>
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis *	<i>budesonide ext-rel</i> <i>mesalamine delayed-rel tablet 800 mg</i> COLAZAL DELZICOL LIALDA	<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> PENTASA
<i>Kidney Disease *</i> Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL	<i>calcium acetate, sevelamer carbonate, 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>
<i>Menopausal Symptom Agents</i> Transdermal	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>Menopausal Symptom Agents</i> Vaginal	<i>estradiol vaginal tablet</i> Yuvafem ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
<i>Multiple Sclerosis</i>	EXTAVIA TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON,</i> COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA

Category Drug Class	Formulary Drug Removals	Formulary Options
<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>Ophthalmic Allergies</i>	ALREX BEPREVE LASTACAPT 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, loteprednol, prednisolone acetate 1%, DUREZOL
<i>Ophthalmic Antivirals</i>	ZIRGAN	trifluridine
<i>Ophthalmic Artificial Tears</i>	LACRISERT	RESTASIS, XIIDRA
<i>Ophthalmic Glaucoma</i>	bimatoprost solution 0.03% TRAVATAN Z	latanoprost, travoprost, LUMIGAN, ZIOPTAN
	BETIMOL TIMOPTIC OCUDOSE	timolol maleate solution, BETOPTIC S
<i>Ophthalmic Miscellaneous</i>	AVENOVA	Consult doctor
<i>Opioid Dependency</i>	SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Osteoarthritis</i> * Viscosupplements	GEL-ONE HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<i>Osteoporosis</i> * Calcium Regulators	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS
<i>Otic</i> Anti-infective / Anti-inflammatory	CIPRO HC CIPRODEX	ciprofloxacin-dexamethasone, ofloxacin otic
<i>Overactive Bladder / Incontinence</i> * Urinary Antispasmodics	DETROL LA OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ
<i>Pain</i> Headache *	butalbital-acetaminophen tablet 50-300 mg butalbital-acetaminophen-caffeine capsule Bupap 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
<i>Pain</i> Migraine CGRP Inhibitors	AIMOVIG	AJOVY, EMGALITY
<i>Pain</i> Neuropathic Pain *	LYRICA	duloxetine, pregabalin, pregabalin ext-rel
<i>Pain</i> Opioid Analgesics	BUTRANS	buprenorphine transdermal, BELBUCA
	LAZANDA	fentanyl transmucosal lozenge, SUBSYS
	levorphanol oxymorphone ext-rel HYSINGLA ER OXYCONTIN ZOHYDRO ER	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNDA ER, XTAMPZA ER
	PERCOET	hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNDA
	tramadol (NDC^ 52817019610 only) tramadol ext-rel capsule	tramadol (except NDC^ 52817019610), tramadol ext-rel tablet
<i>Pain</i> Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC^ 71800063115 only) LIDOTREX	lidocaine-prilocaine

Category Drug Class	Formulary Drug Removals	Formulary Options
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT
	CELEBREX	celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	Inflammacin NuDiclo SoluPak NuDiclo TabPak PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC^ 69336012830 only) meloxicam capsule naproxen CR naproxen suspension FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT
Parkinson's Disease	APOKYN	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	sapropterin
Postherpetic Neuralgia	HORIZANT	gabapentin, pregabalin ext-rel, GRALISE
Premenstrual Dysphoric Disorder (PMDD)	fluoxetine tablet (generics for SARAFEM only)	fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC^ 60505367503), sertraline
Prenatal Vitamins ⁸	AZESCO PRENATAL PLUS TRINAZ VITAFOL-ONE ZALVIT All other brand prenatal vitamins that are not CITRANATAL	prenatal vitamins, CITRANATAL
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	ARALAST NP GLASSIA ZEMAIRA	PROLASTIN-C
Respiratory Anaphylaxis Treatment Agents	ADRENALIN SYMJEPI	epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR
Respiratory Cough	benzonatate (NDCs^ 69336012615, 69499032915 only)	benzonatate (except NDCs^ 69336012615, 69499032915)
Respiratory Xanthines	THEO-24	ipratropium inhalation solution, PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI

Category Drug Class	Formulary Drug Removals	Formulary Options
Sleep Disorder Hypnotics, Non-benzodiazepines	quazepam zolpidem sublingual LUNESTA ROZEREM SILENOR ZOLPIMIST	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA
Testosterone Replacement * Androgens	testosterone gel 1% (authorized generics for TESTIM and VOGELXO only) ANDROGEL FORTESTA TESTIM VOGELXO	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM, NATESTO
Thyroid Supplements	CYTOMEL NATURE-THROID WESTHROID WP THYROID	levothyroxine, liothyronine, SYNTHROID
	TIROSINT	levothyroxine, SYNTHROID
Uterine Fibroids *	LUPRON DEPOT	ORIAHNN, MYFEMBREE

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.
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 ⁹	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	ALLISON MEDICAL INSULIN SYRINGES ⁵	AVASTIN
ACANYA	ALPROLIX	AVENOVA
ACIPHEX	ALREX	AVSOLA
ACIPHEX SPRINKLE	ALTOPREV	AZASITE
ACTEMRA ACTPEN	ALVESCO	AZELEX
ACTEMRA INTRAVENOUS	AMITIZA	AZESCO
ACTEMRA SUBCUTANEOUS	AMRIX	AZOR
ACTICLATE	ANDROGEL	BALCOLTRA
Activite	APEXICON E	BANZEL SUSPENSION
ACTOS	APIDRA	BARACLUDE TABLET
ACUVAIL	APOKYN	BEAU RX
acyclovir cream	APTENSIO XR	BECONASE AQ
ADDERALL	APTIVUS	BENICAR
ADRENALIN	ARALAST NP	BENICAR HCT
ADZENYS ER	ARANESP	BENSAL HP
ADZENYS XR-ODT	ARTHROTEC	BENZACLIN
AFINITOR	ASMANEX	benzonatate (NDCs ⁴ 69336012615, 69499032915 only)
AIMOVIG	ASMANEX HFA	BEPREVE
ALCORTIN A	ATACAND	BERINERT
ALEVICYN GEL	ATACAND HCT	betamethasone acetate-betamethasone sodium phosphate (NDC ⁴ 71283062002 only)
ALEVICYN SG	ATIVAN	BETAMETHASONE ACETATE-
ALEVICYN SOLUTION	ATOPADERM	BETAMETHASONE SODIUM PHOSPHATE
ALIQOPA	ATRIPLA	

BETAPACE
BETAPACE AF
BETIMOL
BEVESPI AEROSPHERE
BEYAZ
bimatoprost solution 0.03%
BORTEZOMIB
BOTOX
BREEZE 2 STRIPS AND KITS ⁷
BROMSITE
budesonide ext-rel
Bupap
bupropion ext-rel tablet 450 mg
butalbital-acetaminophen tablet 50-300 mg
BUTALBITAL-ACETAMINOPHEN
(NDC[^] 69499034230 only)
butalbital-acetaminophen-caffeine capsule
BUTRANS
BYDUREON BCISE
BYETTA
CAFERGOT
calcipotriene cream
calcipotriene foam
CALCIPOTRIENE FOAM
calcipotriene-betamethasone
calcitriol ointment
CAMBIA
CARAC
CARAFATE
CARBINOXAMINE TABLET 6 MG
CARDIZEM
CARDIZEM CD
CARDIZEM LA
carisoprodol 250 mg
CARNITOR
CARNITOR SF
CELEBREX
*chlordiazepoxide-clidinium (NDCs[^] 11534019701,
42494040901, 51293069601, 51293069610,
67877073101, 70700018501 only)*
chlorzoxazone 250 mg
chlorzoxazone 375 mg
chlorzoxazone 500 mg (NDC[^] 73007001303 only)
chlorzoxazone 750 mg
CIALIS
CICATRACE
CILOXAN
CIMZIA LYOPHILIZED POWDER
CIMZIA PREFILLED SYRINGE
CINRYZE
CIPRO HC
CIPRODEX
clindamycin gel (NDC[^] 68682046275 only)
clobetasol spray
CLOBEX SPRAY
clocortolone cream
COLAZAL
colchicine capsule
COLCRYS
COMPLERA
CONSENSI
CONTOUR NEXT STRIPS AND KITS ⁷
CONTOUR STRIPS AND KITS ⁷
CONTRAVE
CORDRAN CREAM
CORDRAN LOTION
CORDRAN OINTMENT
CORDRAN TAPE
COREG CR
CoreMino
COZAAR
CRESEMBA
CRESTOR
CUPRIMINE
cyclobenzaprine ext-rel capsule
cyclobenzaprine tablet 7.5 mg
CYMBALTA
CYTOMEL

DARAPRIM
DAYTRANA
DELZICOL
DESFERAL
desoximetasone ointment 0.05%
DETROL LA
dexchlorpheniramine
Dexifol
DIFFERIN LOTION
difforazone cream
difforazone 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 50 mg
doxycycline hyclate delayed-rel tablet 100 mg
doxycycline hyclate delayed-rel tablet 200 mg
doxycycline hyclate tablet 50 mg
(NDC[^] 72143021160 only)
doxycycline hyclate tablet 75 mg
doxycycline hyclate tablet 150 mg
doxycycline monohydrate capsule 75 mg
doxycycline monohydrate capsule 150 mg
doxycycline monohydrate delayed-rel capsule
DULERA
DUTOPROL
DYRENIUM
EDARBI
EDARBYCLOR
E.E.S. GRANULES
EFFEXOR XR
ELELYSO
ELIDEL
ELIQUIS
ELMIRON
ENLITE CONTINUOUS
GLUCOSE MONITORING SYSTEM
ENTERAGAM
ENTYVIO (For Crohn's Disease Only)
EPICERAM
EPOGEN
ergotamine-caffeine
ERYPED
estradiol vaginal tablet
ESTRING
EVEKEO
EVERSENSE CONTINUOUS
GLUCOSE MONITORING SYSTEM
EXFORGE
EXFORGE HCT
EXJADE
EXTAVIA
FABIOR
FANAPT
FEIBA
FEMRING
fenofibrate capsule 50 mg
fenofibrate capsule 130 mg
fenofibrate tablet 40 mg
fenofibrate tablet 120 mg
FENOGLIDE TABLET 120 MG
fenopropfen
FENOPROFEN CAPSULE
FERIVA 21/7
FERRIPROX
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
FOLIC-K
FOLLISTIM AQ
Folvite-D
FORTAMET
FORTESTA
FOSRENOL
FOSTEUM
FOSTEUM PLUS
FREESTYLE LIBRE CONTINUOUS
GLUCOSE MONITORING SYSTEM
FREESTYLE STRIPS AND KITS ⁷
FULPHILA
GEL-ONE
Genicin Vita-S
GLASSIA
GLEEVEC
GLUMETZA
GLYCOPYRROLATE TABLET 1.5 MG
GOLYTELY
GRANIX
GUARDIAN CONNECT CONTINUOUS
GLUCOSE MONITORING SYSTEM
GUARDIAN REAL-TIME CONTINUOUS
GLUCOSE MONITORING SYSTEM
HAEGARDA
halcinonide cream
HALOG
heparin sodium in 5% dextrose
HEPARIN SODIUM IN 5% DEXTROSE
HERCEPTIN
HERCEPTIN HYLECTA
HORIZANT
HUMALOG
HUMALOG MIX 50/50
HUMALOG MIX 75/25
HUMATROPE
HUMULIN 70/30 ³
HUMULIN N ³
HUMULIN R ³
HYALGAN
hydrocortisone butyrate lipophilic cream 0.1%
hydrocortisone butyrate lotion
HylaVite
hyoscyamine sulfate ext-rel
HYSINGLA ER
HYZAAR
ICLUSIG
icosapent ethyl
ILUMYA
INCRUSE ELLIPTA
INDERAL LA
INDERAL XL
INDOCIN
indomethacin capsule 20 mg
Inflammacin
INFLECTRA
INNOPRAN XL
INTRAROSA
INTUNIV
INVELTYS
INVIRASE
INVOKAMET
INVOKAMET XR
INVOKANA
isosorbide dinitrate 40 mg
ivermectin cream
JADENU
JALYN
JENTADUETO
JENTADUETO XR

KAMDOY
KAZANO
ketoconazole foam 2%
Ketodan
ketoprofen capsule 25 mg
ketoprofen ext-rel capsule
KINERET
KOMBIGLYZE XR
KUVAN
KYPROLIS
LACRISERT
Lactojen
LACTULOSE PAK
LANOXIN TABLET (125 MCG and 250 MCG only)
lanthanum carbonate
LANTUS
LASTACAF
LAZANDA
LESCOL XL
LETAIRIS
LEUKINE
levorphanol
LEXAPRO
LEXIVA
LIALDA
LIBRAX
LIDOCAINE-TETRACAINE CREAM
(NDC[^] 71800063115 only)
LIDOTREX
LIPITOR
LITHOSTAT
LIVALO
Lorid
Lorzone
LOTEMAX
LOTEMAX SM
luliconazole
LUNESTA
LUPRON DEPOT
LYRICA
MACRODANTIN
Matzim LA
MAVYRET
MAXALT
MAXALT-MLT
MAXIDEX
mefenamic acid (NDC[^] 69336012830 only)
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
Mondoxyn NL capsule 75 mg
MONOVISC
MOVIPREP
MULPLETA
MultiPro
mupirocin cream
MYTESI
NAPRELAN
naproxen CR
naproxen suspension
naproxen-esomeprazole
NATURE-THROID
NEO-SYNALAR

NESINA
NEULASTA
NEULASTA ONPRO
NEUPOGEN
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
NOVACORT
NOVO NORDISK NEEDLES ⁵
NOXAFIL
NPLATE
NuDiclo SoluPak
NuDiclo TabPak
NUTROPIN AQ
NUVARING
NUVIGIL
OLEPTRO
OLUX-E
omeprazole-sodium bicarbonate
OMNARIS
OMNITROPE
OMNIVEX
ONFI
ONGLYZA
ORENCIA CLICKJECT
ORENCIA INTRAVENOUS
ORENCIA SUBCUTANEOUS
orphenadrine-aspirin-caffeine
Orphengesic Forte
ORTHO D
ORTHO DF
ORTHOVISC
Oscimin SR
OSENI
OSMOPREP
OSPHERA
OWEN MUMFORD NEEDLES ⁵
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
PENNSAID
PERCOCET
PERRIGO NEEDLES ⁵
PEXEVA
PLAVIX
POLYTOZA
posaconazole delayed-rel tablet
PRADAXA
PRED FORTE
PRED MILD
PREMARIN
PREMARIN CREAM
PRENATAL PLUS
PREVACID
PREVIDENT
PRILOSEC
PRISTIQ
PROAIR HFA

PROAIR RESPICLICK
PROCRIT
PRODIGEN
PROMETRIUM
PROTONIX
PROVAD
PROVENTIL HFA
PROVIGIL
PROZAC
PSORCON
QNASL
QTERN
quazepam
RAPAFLO
RAYOS
RECEDO
REMODULIN
RENFLEXIS
REPATHA
RHEUMATE
RIABNI
RIBOZEL
RIMSO-50
RIOMET
RITUXAN
ROZEREM
RyClora
RYTARY
SABRIL
SAIZEN
SANDOSTATIN LAR
SCARSILK PAD
SEASONIQUE
SEROQUEL XR
SIGNIFOR LAR
SIL-K PAD
SILENOR
SILIVEX
SILTREX
SIMPONI
SINGULAIR
SOMAVERT
SORILUX
SPRIX
STENDRA
SUBOXONE
sucralfate suspension
sumatriptan-naproxen
SUPREP
Symax-SR
SYMJEPI
SYNERDERM
SYNVISC
SYNVISC-ONE
SYPRINE
TALIVA
TALTZ
Targadox
TASIGNA
tavaborole
TAYTULLA
TAZORAC
TECFIDERA
TESTIM
testosterone gel 1%
(authorized generics for TESTIM and VOGELXO only)
THEO-24
THIOLA
THIOLA EC
TIMOPTIC OCUDOSE
TIROSINT
TOBI
TOBI PODHALER
TOBRADEX ST
topiramate ext-rel capsule (generics for QUDEXY XR only)
TOPROL-XL
TRACLEER
TRADJENTA

tramadol (NDC^ 52817019610 only)
tramadol ext-rel capsule
TRANSDERM SCOP
TRAVATAN Z
TRELSTAR MIXJECT
TREXIMET
triamcinolone aerosol 0.2%
triamcinolone ointment 0.05%
Trianex
TRICOR
TRINAZ
TRIVIDIA INSULIN SYRINGES ⁵
TronVite
TRUVADA
TRUXIMA
TUDORZA
UDENYCA
ULORIC
ULTIMED INSULIN SYRINGES ⁵
ULTIMED NEEDLES ⁵
ULTRAVATE
UROXATRAL
VALCYTE
VALTREX
Vanoxide-HC
VASCULERA
VECTICAL

VELTIN
venlafaxine ext-rel tablet (except 225 mg)
VENTOLIN HFA
VEREGEN
VIAGRA
VIEKIRA PAK
VIIBRYD
VIRACEPT
VISCO-3
VITAFOL-ONE
Vitasure
VIVELLE-DOT
VOGELXO
WESTHROID
WP THYROID
XALKORI
XANAX
XANAX XR
XENAZINE
XENICAL
XOLEGEL
XOPENEX HFA
Xvite
XYZBAC
YASMIN
YAZ
Yuvaferm

ZALVIT
ZARXIO
ZEGERID
ZELAC
ZEMAIRA
ZEPATIER
ZERVIAE
ZESTORETIC
ZETIA
ZETONNA
ZIANA
zileuton ext-rel
ZIRGAN
ZOHYDRO ER
ZOLADEX
ZOLOFT
zolpidem sublingual
ZOLPIMIST
ZONEGRAN
ZONTIVITY
ZORTRESS
ZORVOLEX
ZUPLENZ
ZYDELIG
ZYLET
ZYTIGA
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 drug 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.

† Listing does not include certain NDCs[^].

[^] Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

¹ 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 Long Acting Insulins - First Generation.

⁵ BD ULTRAFINE syringes and needles are the only preferred options.

⁶ 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.

⁷ ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

⁸ Generic prenatal vitamins and CITRANATAL are the only preferred options.

⁹ An exception process may exist for specific clinical or regulatory circumstances that require coverage of a non-covered medication.

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Formulary Drug Removals

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 SIGNIFOR LAR SOMAVERT	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)	<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, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
	BANZEL SUSPENSION ONFI	<i>clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
	SABRIL	<i>vigabatrin</i>
	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, 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> (NDC* 72143021160 only) <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 (except NDCs* 16571074024, 70408023932)</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
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 COMPLERA	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, STRIBILD, SYMTUZA, TRIUMEQ
	TRUVADA	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, CIMDUO, DESCOVY, TEMIXYS
Anti-infectives, Antiretroviral Agents Protease Inhibitors	APTIVUS	Consult doctor
	INVIRASE LEXIVA VIRACEPT	atazanavir, EVOTAZ, PREZCOBIX, PREZISTA
Anti-infectives, Antivirals Cytomegalovirus †	VALCYTE	valganciclovir
Anti-infectives, Antivirals Hepatitis B †	BARACLUDE TABLET	entecavir, lamivudine, VEMLIDY
Anti-infectives, Antivirals Hepatitis C †	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ¹
	VIEKIRA PAK ZEPATIER	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 REDIHALER
Asthma † or Chronic Obstructive Pulmonary Disease (COPD) † Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT

Category Drug Class	Formulary Drug Removals	Formulary Options
Attention Deficit Hyperactivity Disorder †	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADZENYS ER ADZENYS XR-ODT APTENSIO XR DAYTRANA FOCALIN XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel**, dexamethylphenidate ext-rel, methylphenidate ext-rel**, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel**, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel**, MYDAYIS, QELBREE, VYVANSE</i>
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	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET	ENBREL, HUMIRA, RINVOQ, XELJANZ, XELJANZ XR
	CIMZIA PREFILLED SYRINGE	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR
	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
	TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR
Botulinum Toxins	BOTOX	Consult doctor
Cancer Biosimilars	RIABNI TRUXIMA	RUXIENCE
Cancer Chronic Myelogenous Leukemia † Kinase Inhibitors	GLEEVEC ICLUSIG TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
Cancer Follicular Lymphoma † PI3K Inhibitors	ALIQOPA ZYDELIG	COPIKTRA
Cancer Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
Cancer mTOR Inhibitors	AFINITOR	<i>everolimus, AFINITOR DISPERZ</i>
Cancer Multiple Myeloma † Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO, VELCADE
Cancer Non-Small Cell Lung Cancer † ALK Inhibitors	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Cancer</i> Prostate † Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
<i>Cancer</i> Prostate † Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD, FIRMAGON
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	NORPACE	<i>disopyramide</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	<i>fenofibrate capsule 50 mg</i> <i>fenofibrate capsule 130 mg</i> <i>fenofibrate tablet 40 mg</i> <i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ²	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics Niacins	<i>niacin tablet 500 mg</i> <i>Niacor</i>	<i>niacin ext-rel</i>
<i>Cardiovascular</i> Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular</i> Diuretics	DYRENIUM	<i>amiloride, triamterene</i>
<i>Cardiovascular</i> Nitrates	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN	<i>treprostinil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
Chronic Obstructive Pulmonary Disease (COPD) † Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA, YUPELRI
Chronic Obstructive Pulmonary Disease (COPD) † Anticholinergic / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
Contraceptives Oral	BALCOLTRA BEYAZ MINASTRIN 24 FE SEASONIQUE TAYTULLA YASMIN YAZ	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
Contraceptives Vaginal	NUVARING	ethinyl estradiol-etonogestrel, ANNOVERA
Cystic Fibrosis † Inhaled Antibiotics	TOBI TOBI PODHALER	tobramycin inhalation solution, BETHKIS
Dental Cavity/Caries Prevention	PREVIDENT	Consult doctor
Depression † Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	fluoxetine tablet 60 mg paroxetine HCl ext-rel (NDC* 60505367503 only) LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX
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	bupropion ext-rel tablet 450 mg	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
Depression and/or Schizophrenia † Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR
Dermatology Acne †	adapalene pad clindamycin gel (NDC* 68682046275 only) Vanoxide-HC ACANYA AZELEX BENZACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
Dermatology Actinic Keratosis †	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA
Dermatology Anti-infective / Anti-inflammatory	NEO-SYNALAR	desonide (except desonide gel) or hydrocortisone WITH gentamicin

Category Drug Class	Formulary Drug Removals	Formulary Options
Dermatology Antibiotics	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
Dermatology Antipsoriatics	<i>calcipotriene cream</i> <i>calcipotriene foam</i> <i>calcitriol ointment</i> CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>
	<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI</i>
Dermatology Atopic Dermatitis †	<i>doxepin cream</i>	<i>desonide (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
	ELIDEL	<i>pimecrolimus, tacrolimus, EUCRISA</i>
Dermatology Rosacea †	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
	<i>ivermectin cream</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 SILIVEX 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>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
Dermatology Skin Inflammation and Hives † Very High Potency Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream, halobetasol cream</i>
	CORDRAN TAPE ULTRAVATE	<i>clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
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>
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 ³	NOVOLIN 70/30 ³
	HUMULIN N ³	NOVOLIN N ³
	HUMULIN R ³	NOVOLIN R ³
	NOTE: <i>Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.</i>	
Diabetes † Long Acting Insulins ⁴	LANTUS	BASAGLAR, LEVEMIR
Diabetes † Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
Diabetes † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Diabetes †</i> Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<i>Diabetes †</i> Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
<i>Diabetes †</i> Supplies, Needles ⁵	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
<i>Diabetes †</i> Supplies, Syringes 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
<i>Diabetes †</i> 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 All other test strips that are not ACCU-CHEK or ONETOUCH 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 , ONETOUCH ULTRA STRIPS AND KITS ⁶ , ONETOUCH VERIO STRIPS AND KITS ⁶
	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

Category Drug Class	Formulary Drug Removals	Formulary Options
Dietary Supplements	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite</i> <i>Dexifol</i> <i>Folvite-D</i> <i>Genicin Vita-S</i> <i>HylaVite</i> <i>Lorid</i> <i>TronVite</i> <i>Vitasure</i> <i>Xvite</i> FERIVA 21/7 FOLIC-K NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	<i>MultiPro</i> PRODIGEN VASCULERA	Consult doctor
Endocrine and Metabolic Corticosteroids	<i>prednisolone solution 10 mg/5 mL</i> <i>prednisolone solution 20 mg/5 mL</i> BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS	<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>
Endometriosis †	LUPRON DEPOT ZOLADEX	ORILISSA
Erectile Dysfunction † Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
Fertility Regulators Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F
Gastrointestinal Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) <i>hyoscyamine sulfate ext-rel</i> <i>Oscimin SR</i> <i>Symax-SR</i> GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>
Gastrointestinal Antidiarrheals	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
Gastrointestinal Antiemetics	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
Gastrointestinal Irritable Bowel Syndrome	AMITIZA	<i>lubiprostone, LINZESS, MOVANTIK, SYMPROIC</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Gastrointestinal Laxatives</i>	LACTULOSE PAK	<i>lactulose solution</i>
	<i>peg 3350-electrolytes</i> (generics for MOVIPREP only) GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes</i> (except generics for MOVIPREP), CLENPIQ
<i>Gastrointestinal Probiotics</i>	PROVAD ZELAC	Consult doctor
<i>Gastrointestinal Proton Pump Inhibitors (PPIs)</i>	<i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT</i>
<i>Gastrointestinal Ulcer Treatment</i>	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary Interstitial Cystitis</i>	ELMIRON RIMSO-50	Consult doctor
<i>Genitourinary Miscellaneous</i>	LITHOSTAT	Consult doctor
	THIOLA THIOLA EC	<i>tiopronin</i>
<i>Gout †</i>	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet, MITIGARE</i>
	ULORIC	<i>allopurinol</i>
<i>Growth Hormones</i>	HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	GENOTROPIN, NORDITROPIN
<i>Hematologic Anticoagulants Injectable</i>	<i>heparin sodium in 5% dextrose</i> HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>
<i>Hematologic Anticoagulants Oral</i>	ELIQUIS PRADAXA	<i>warfarin, XARELTO</i>
<i>Hematologic Chelating Agents</i>	CUPRIMINE	<i>penicillamine</i>
	DESFERAL EXJADE FERRIPROX JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE	<i>trientine</i>
<i>Hematologic Erythropoiesis-Stimulating Agents</i>	ARANESP EPOGEN PROCRIT	RETACRIT
<i>Hematologic Hemophilia B</i>	ALPROLIX	Consult doctor

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Hematologic</i> Miscellaneous Bleeding Disorders Agents	FEIBA	NOVOSEVEN RT, SEVENFACT
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX LEUKINE NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor
<i>Hematologic</i> Thrombocytopenia Agents	MULPLETA	Consult doctor
	NPLATE	PROMACTA, TAVALISSE
<i>High Blood Pressure †</i> ACE Inhibitors	EPANED	<i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>
<i>High Blood Pressure †</i> ACE Inhibitor / Diuretic Combinations	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
<i>High Blood Pressure †</i> Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<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>amlodipine-valsartan-hydrochlorothiazide, 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>

Category Drug Class	Formulary Drug Removals	Formulary Options
<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	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Hereditary Angioedema	BERINERT	<i>icatibant, RUCONEST</i>
	CINRYZE	ORLADEYO, TAKHZYRO
<i>Immunology</i> Rapamycin Derivatives	ZORTRESS	<i>everolimus</i>
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis †	<i>budesonide ext-rel</i> <i>mesalamine delayed-rel tablet 800 mg</i> COLAZAL DELZICOL LIALDA	<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> PENTASA
<i>Kidney Disease †</i> Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL	<i>calcium acetate, sevelamer carbonate, 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>
<i>Menopausal Symptom Agents</i> Transdermal	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>Menopausal Symptom Agents</i> Vaginal	<i>estradiol vaginal tablet</i> <i>Yuvafem</i> ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
<i>Multiple Sclerosis</i>	EXTAVIA TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON,</i> COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA

Category Drug Class	Formulary Drug Removals	Formulary Options
<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>Ophthalmic Allergies</i>	ALREX BEPREVE LASTACAPT 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
<i>Ophthalmic Artificial Tears</i>	LACRISERT	RESTASIS, XIIDRA
<i>Ophthalmic Glaucoma</i>	bimatoprost solution 0.03% TRAVATAN Z	latanoprost, travoprost, LUMIGAN, ZIOPTAN
	BETIMOL TIMOPTIC OCUDOSE	timolol maleate solution, BETOPTIC S
<i>Ophthalmic Miscellaneous</i>	AVENOVA	Consult doctor
<i>Opioid Dependency</i>	SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV

Category Drug Class	Formulary Drug Removals	Formulary Options
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
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, NUCYNDA ER, XTAMPZA ER
	PERCOCET	hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNDA
	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

Category Drug Class	Formulary Drug Removals	Formulary Options
Pain and Inflammation † Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT
	CELEBREX	celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	CapsFenac Pak Capsinac Diclofex DC DicloHeal-60 Iclofenac CP Inflammacin Kapzin DC NuDiclo SoluPak NuDiclo TabPak Pennsaicin Sure Result DSS Premium Pack Ziclopro PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC* 69336012830 only) meloxicam capsule naproxen CR naproxen suspension FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT
Parkinson's Disease	APOKYN	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	sapropterin
Postherpetic Neuralgia	HORIZANT	gabapentin, pregabalin, pregabalin ext-rel, GRALISE
Premenstrual Dysphoric Disorder (PMDD)	fluoxetine tablet (generics for SARAFEM only)	fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC* 60505367503), sertraline
Prenatal Vitamins ⁸	AZESCO PRENATAL PLUS TRINAZ VITAFOL-ONE ZALVIT All other brand prenatal vitamins that are not CITRANATAL	prenatal vitamins, CITRANATAL
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
Pseudobulbar Affect	NUEDEXTA	Consult doctor

Category Drug Class	Formulary Drug Removals	Formulary Options
Respiratory Alpha-1 Antitrypsin Deficiency	ARALAST NP GLASSIA ZEMAIRA	PROLASTIN-C
Respiratory Anaphylaxis Treatment Agents	ADRENALIN SYMJEPI	<i>epinephrine auto-injector</i> , AUVI-Q, EPIPEN, EPIPEN JR
Respiratory Cough	<i>benzonatate</i> (NDCs* 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs* 69336012615, 69499032915)
Respiratory Xanthines	THEO-24	<i>ipratropium inhalation solution</i> , PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
Sleep Disorder Hypnotics, Non-benzodiazepines	<i>quazepam</i> <i>zolpidem sublingual</i> LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin</i> , <i>eszopiclone</i> , <i>ramelteon</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , BELSOMRA
Testosterone Replacement † Androgens	<i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only) ANDROGEL FORTESTA TESTIM VOGELXO	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution</i> , ANDRODERM, NATESTO
Thyroid Supplements	CYTOMEL NATURE-THROID WESTHROID WP THYROID	<i>levothyroxine</i> , <i>liothyronine</i> , SYNTHROID
	TIROSINT	<i>levothyroxine</i> , SYNTHROID
Uterine Fibroids †	LUPRON DEPOT	ORIAHNN, MYFEMBREE

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.
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 ⁹	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
 ACANYA
 ACIPHEX
 ACIPHEX SPRINKLE
 ACTEMRA ACTPEN
 ACTEMRA INTRAVENOUS
 ACTEMRA SUBCUTANEOUS
 ACTICLATE
Activite
 ACTOS
 ACUVAIL
acyclovir cream
adapalene pad
 ADDERALL
 ADRENALIN
 ADZENYS ER
 ADZENYS XR-ODT
 AFINITOR
 AIMOVIG
albuterol sulfate CFC-free aerosol
 (NDC* 66993001968 only)
 ALEVICYN GEL
 ALEVICYN SG
 ALEVICYN SOLUTION
 ALIQOPA
 ALLISON MEDICAL INSULIN SYRINGES 5
 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
 ATOPADERM
 ATRIPLA
 AVASTIN
 AVENOVA
 AVSOLA
 AZASITE
 AZELEX
 AZESCO
 AZOR
 BALCOLTRA
 BANZEL SUSPENSION
 BARACLUDE TABLET
 BEAU RX
 BECONASE AQ
 BENICAR
 BENICAR HCT
 BENSAL HP
 BENZACLIN
benzonatate (NDCs* 69336012615, 69499032915 only)
 BEPREVE
 BERINERT
 BETAMETHASONE ACETATE-
 BETAMETHASONE SODIUM PHOSPHATE
 BETAPACE
 BETAPACE AF
 BETIMOL
 BEVESPI AEROSPHERE
 BEYAZ
bimatoprost solution 0.03%
 BORTEZOMIB
 BOTOX
 BREEZE 2 STRIPS AND KITS 7
 BROMSITE
budesonide ext-rel
Bupap
bupropion ext-rel tablet 450 mg
butalbital-acetaminophen capsule
butalbital-acetaminophen tablet 25-325 mg
butalbital-acetaminophen tablet 50-300 mg
 BUTALBITAL-ACETAMINOPHEN
 (NDC* 69499034230 only)
butalbital-acetaminophen-caffeine capsule
 BUTRANS
 BYDUREON BCISE
 BYETTA
 CAFERGOT
calcipotriene cream
calcipotriene foam
 CALCIPOTRIENE FOAM
calcipotriene-betamethasone
calcitriol ointment
 CAMBIA
CapsFenac Pak
Capsinac
 CARAC
 CARAFATE
 CARBINOXAMINE TABLET 6 MG
 CARDIZEM
 CARDIZEM CD
 CARDIZEM LA
carisoprodol 250 mg
 CARNITOR
 CARNITOR SF
 CELEBREX
chlordiazepoxide-clidinium (NDCs* 11534019701,
 42494040901, 51293069601, 51293069610,
 67877073101, 70700018501 only)
chlorzoxazone 250 mg
chlorzoxazone 375 mg
chlorzoxazone 500 mg (NDC* 73007001303 only)
chlorzoxazone 750 mg
 CIALIS
 CICATRACE
 CILOXAN
 CIMZIA LYOPHILIZED POWDER
 CIMZIA PREFILLED SYRINGE
 CINRYZE
 CIPRO HC
 CIPRODEX
ciprofloxacin-fluocinolone
clindamycin gel (NDC* 68682046275 only)
clobetasol spray
 CLOBEX SPRAY
clocortolone cream
 COLAZAL
colchicine capsule
 COLCRYS
 COMPLERA
 CONSENSI
 CONTOUR NEXT STRIPS AND KITS 7
 CONTOUR STRIPS AND KITS 7
 CONTRAVE
 CORDRAN CREAM
 CORDRAN LOTION
 CORDRAN OINTMENT
 CORDRAN TAPE
 COREG CR
CoreMino
 COZAAR
 CRESEMBA
 CRESTOR
 CUPRIMINE
cyclobenzaprine ext-rel capsule
cyclobenzaprine tablet 7.5 mg
 CYMBALTA
 CYTOMEL
 DARAPRIM
 DAYTRANA
 DELZICOL
 DESFERAL
desonide gel
desoximetasone ointment 0.05%
DesRx
 DETROL LA
dexchlorpheniramine
Dexifol
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
 (NDC* 72143021160 only)
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
 DUTOPROL
 DYMISTA
 DYRENIUM
 EDARBI
 EDARBYCLOR
 E.E.S. GRANULES
 EFFEXOR XR
 ELELYSO
 ELIDEL
 ELIQUIS
 ELMIRON
 ENLITE CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 ENTERAGAM
 ENTYVIO (For Crohn's Disease Only)
 EPANED
 EPICERAM
 EPOGEN
ergotamine-caffeine
 ERYPED
estradiol vaginal tablet
 ESTRING
 EVEKEO
 EVERSENSE CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 EXFORGE
 EXFORGE HCT
 EXJADE
 EXTAVIA
 FABIOR
 FANAPT
 FEIBA
 FEMRING
fenofibrate capsule 50 mg
fenofibrate capsule 130 mg
fenofibrate tablet 40 mg
fenofibrate tablet 120 mg
 FENOGLIDE TABLET 120 MG
fenoprufen
 FENOPROFEN CAPSULE
 FERIVA 21/7

FERRIPROX
Fexmid
FINACEA GEL
FIORICET CAPSULE
FLAREX
flucytosine capsule 500 mg
fluocinonide cream 0.1%
flurouracil 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
FOLIC-K
FOLLISTIM AQ
Folvite-D
FORTAMET
FORTESTA
FOSRENOL
FOSTEUM
FOSTEUM PLUS
FREESTYLE LIBRE CONTINUOUS
GLUCOSE MONITORING SYSTEM
FREESTYLE STRIPS AND KITS ⁷
FULPHILA
GEL-ONE
Genicin Vita-S
GLASSIA
GLEEVEC
GLUMETZA
GLYCOPYRROLATE TABLET 1.5 MG
GOLYTELY
GRANIX
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
HERCEPTIN
HERCEPTIN HYLECTA
HORIZANT
HUMALOG
HUMALOG MIX 50/50
HUMALOG MIX 75/25
HUMATROPE
HUMULIN 70/30 ³
HUMULIN N ³
HUMULIN R ³
HYALGAN
hydrocortisone butyrate lipophilic cream 0.1%
hydrocortisone butyrate lotion
HylaVite
hyoscyamine sulfate ext-rel
HYSINGLA ER
HYZAAR
Iclofenac CP
ICLUSIG
icosapent ethyl
ILUMYA
INCRUSE ELLIPTA
INDERAL LA
INDERAL XL
INDOCIN
indomethacin capsule 20 mg
Inflammacin
INFLECTRA
INNOPRAN XL
INTRAROSA
INTUNIV
INVELTYS

INVIRASE
INVOKAMET
INVOKAMET XR
INVOKANA
isosorbide dinitrate 40 mg
ivermectin cream
JADENU
JALYN
JENTADUETO
JENTADUETO XR
KAMDOY
Kapzin DC
KAZANO
ketoconazole foam 2%
Ketodan
ketoprofen capsule 25 mg
ketoprofen ext-rel capsule
KINERET
KOMBIGLYZE XR
KUVAN
KYPROLIS
LACRISERT
LACTULOSE PAK
LANOXIN TABLET (125 MCG and 250 MCG only)
lanthanum carbonate
LANTUS
LASTACAF
LAZANDA
LESCOL XL
LETAIRIS
LEUKINE
levorphanol
LEXAPRO
LEXIVA
LIALDA
LIBRAX
LIDOCAINE-TETRACAINE CREAM
(NDC* 71800063115 only)
LIDOTREX
LIPITOR
LITHOSTAT
LIVALO
Lorid
Lorzone
LOTEMAX
LOTEMAX SM
luliconazole
LUNESTA
LUPRON DEPOT
LYRICA
MACRODANTIN
Matzim LA
MAVYRET
MAXALT
MAXALT-MLT
MAXIDEX
mefenamic acid (NDC 69336012830 only)*
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
Mondoxyme NL capsule 75 mg
MONOVISC

MOVIPREP
MULPLETA
MultiPro
mupirocin cream
MYRBETRIQ
MYTESI
NAPRELAN
naproxen CR
naproxen suspension
naproxen-esomeprazole
NATURE-THROID
NEO-SYNALAR
NESINA
NEULASTA
NEULASTA ONPRO
NEUPOGEN
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
NOVO NORDISK NEEDLES ⁵
NOXAFIL
NPLATE
NuDiclo SoluPak
NuDiclo TabPak
NUEDEXTA
NUTROPIN AQ
NUVARING
NUVIGIL
OLUX-E
omeprazole-sodium bicarbonate
OMNARIS
OMNITROPE
OMNIVEX
ONFI
ONGLYZA
ORENCIA CLICKJECT
ORENCIA INTRAVENOUS
ORENCIA SUBCUTANEOUS
orphenadrine-aspirin-caffeine
Orphengesic Forte
ORTHO D
ORTHO DF
ORTHOVISC
Oscimin SR
OSENI
OSMOPREP
OSPHENA
OWEN MUMFORD NEEDLES ⁵
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)
Pennaiclin
PENNSAID
PERCOCET
PERRIGO NEEDLES ⁵
PEXEVA

PLAVIX
POLYTOZA
posaconazole delayed-rel tablet
PRADAXA
PRED FORTE
PRED MILD
prednisolone solution 10 mg/5 mL
prednisolone solution 20 mg/5 mL
PREMARIN
PREMARIN CREAM
PRENATAL PLUS
PREVACID
PREVIDENT
PRILOSEC
PRISTIQ
PROAIR HFA
PROAIR RESPICLICK
PROCRIT
PRODIGEN
PROMETRIUM
PROTONIX
PROVAD
PROVENTIL HFA
PROVIGIL
PROZAC
PSORCON
QNASL
QTERN
quazepam
RAPAFLO
RAYOS
RECEDO
REMODULIN
RENFLXIS
REPATHA
RHEUMATE
RIABNI
RIBOZEL
RIMSO-50
RIOMET
RITUXAN
ROZEREM
RyClora
RYTARY
SABRIL
SAIZEN
SANDOSTATIN LAR
SCARSILK PAD
SEASONIQUE
SEROQUEL XR
SIGNIFOR LAR
SIL-K PAD
SILENOR
SILVEX
SILTREX
SIMPONI
SINGULAIR
SOMAVERT
SORILUX

SPRIX
STENDRA
SUBOXONE
sucralfate suspension
sumatriptan-naproxen
SUPREP
Sure Result DSS Premium Pack
Symax-SR
SYMJEPI
SYNERDERM
SYNVISC
SYNVISC-ONE
SYPRINE
TALIVA
TALTZ
Targadox
TASIGNA
tavorole
TAYTULLA
TAZORAC
TECFIDERA
TESTIM
testosterone gel 1%
(authorized generics for TESTIM and VOGELXO only)
THEO-24
THIOLA
THIOLA EC
TIMOPTIC OCUDOSE
TIROSINT
TOBI
TOBI PODHALER
TOBRADEX ST
topiramate ext-rel capsule (generics for QUDEXY XR only)
TOPROL-XL
TRACLEER
TRADJENTA
tramadol (NDC 52817019610 only)*
tramadol ext-rel capsule
TRANSDERM SCOP
TRAVATAN Z
TRELSTAR MIXJECT
TREMIMET
triamcinolone aerosol 0.2%
triamcinolone ointment 0.05%
Trianex
TRICOR
TRINAZ
TRIVIDIA INSULIN SYRINGES ⁵
TronVite
TRUVADA
TRUXIMA
TUDORZA
UDENYCA
ULORIC
ULTIMED INSULIN SYRINGES ⁵
ULTIMED NEEDLES ⁵
ULTRAVATE
UROXATRAL
VALCYTE

VALTREX
Vanoxide-HC
VASCULERA
VECTICAL
VELTIN
venlafaxine ext-rel tablet (except 225 mg)
VENTOLIN HFA
VEREGEN
VIAGRA
VIEKIRA PAK
VIIBRYD
VIRACEPT
VISCO-3
VITAFOL-ONE
Vitasure
VIVELLE-DOT
VOGELXO
Vtol LQ
WESTHROID
WP THYROID
XALKORI
XANAX
XANAX XR
XENAZINE
XENICAL
XOLEGEL
XOPENEX HFA
Xvite
XYZBAC
YASMIN
YAZ
Yuvaferm
ZALVIT
ZARXIO
ZEGERID
ZELAC
ZEMAIRA
ZEPATIER
ZERVIAE
ZESTORETIC
ZETIA
ZETONNA
ZIANA
Ziclopro
zileuton ext-rel
ZIRGAN
ZOLADEX
ZOLOFT
zolpidem sublingual
ZOLPIMIST
ZONEGRAN
ZONTIVITY
ZORTRESS
ZORVOLEX
ZUPLENZ
ZYDELIG
ZYLET
ZYTIGA
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 drug 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 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 Long Acting Insulins - First Generation.

⁵ BD ULTRAFINE syringes and needles are the only preferred options.

⁶ 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.

⁷ ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

⁸ Generic prenatal vitamins and CITRANATAL are the only preferred options.

⁹ An exception process may exist for specific clinical or regulatory circumstances that require coverage of a non-covered medication.

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Formulary Drug Removals

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 SIGNIFOR LAR SOMAVERT	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	<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> (NDC* 72143021160 only) <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 Mondoxyme 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)

Category Drug Class	Formulary Drug Removals	Formulary Options
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 COMPLERA	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, STRIBILD, SYMTUZA, TRIUMEQ
	TRUVADA	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, CIMDUO, DESCOVY, TEMIXYS
Anti-infectives, Antiretroviral Agents Protease Inhibitors	APTIVUS	Consult doctor
	INVIRASE LEXIVA VIRACEPT	atazanavir, EVOTAZ, PREZCOBIX, PREZISTA
Anti-infectives, Antivirals Cytomegalovirus †	VALCYTE	valganciclovir
Anti-infectives, Antivirals Hepatitis B †	BARACLUDE TABLET	entecavir, lamivudine, VEMLIDY
Anti-infectives, Antivirals Hepatitis C †	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ¹
	VIEKIRA PAK ZEPATIER	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 REDIHALER
Asthma † or Chronic Obstructive Pulmonary Disease (COPD) † Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT

Category Drug Class	Formulary Drug Removals	Formulary Options
Attention Deficit Hyperactivity Disorder †	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADZENYS XR-ODT APTENSIO XR DAYTRANA FOCALIN XR QUILLICHEW ER QUILLIVANT XR	<i>amphetamine-dextroamphetamine mixed salts ext-re**, dexamethylphenidate ext-rel, methylphenidate ext-re**, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-re**, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-re**, AZSTARYS, JORNAY PM, MYDAYIS, QELBREE, VYVANSE</i>
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	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET	ENBREL, HUMIRA, RINVOQ, XELJANZ, XELJANZ XR
	CIMZIA PREFILLED SYRINGE ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR
Botulinum Toxins	BOTOX	Consult doctor
Cancer Biosimilars	RIABNI TRUXIMA	RUXIENCE
Cancer Chronic Myelogenous Leukemia † Kinase Inhibitors	GLEEVEC ICLUSIG TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
Cancer Follicular Lymphoma † PI3K Inhibitors	ALIQOPA ZYDELIG	COPIKTRA
Cancer Melanoma † BRAF/MEK Inhibitors	MEKINIST	COTELLIC, MEKTOVI
	TAFINLAR	BRAFTOVI, ZELBORAF
Cancer Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
Cancer mTOR Inhibitors	AFINITOR AFINITOR DISPERZ	<i>everolimus</i>
Cancer Multiple Myeloma † Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO, VELCADE

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Cancer</i> Non-Small Cell Lung Cancer † ALK Inhibitors	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
<i>Cancer</i> Prostate † Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
<i>Cancer</i> Prostate † Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD, FIRMAGON
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	NORPACE	<i>disopyramide</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	<i>fenofibrate capsule 50 mg</i> <i>fenofibrate capsule 130 mg</i> <i>fenofibrate tablet 40 mg</i> <i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ²	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics MTP Inhibitors	JUXTAPID	PRALUENT
<i>Cardiovascular</i> Antilipemics Niacins	<i>niacin tablet 500 mg</i> Niacor	<i>niacin ext-rel</i>
<i>Cardiovascular</i> Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular</i> Diuretics	DYRENIUM	<i>amiloride, triamterene</i>
<i>Cardiovascular</i> Nitrates	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators</i>	REMODULIN	<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, YUPELRI
<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 Vaginal</i>	<i>ethinyl estradiol-etonogestrel EluRyng</i>	ANNOVERA, NUVARING
<i>Cystic Fibrosis † Inhaled Antibiotics</i>	CAYSTON TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Dental Cavity/Caries Prevention</i>	PREVIDENT	Consult doctor
<i>Depression † Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)</i>	<i>fluoxetine tablet 60 mg paroxetine HCl ext-rel (NDC* 60505367503 only) LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT</i>	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX</i>
<i>Depression † Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)</i>	<i>venlafaxine ext-rel tablet (except 225 mg) CYMBALTA EFFEXOR XR PRISTIQ</i>	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression † Antidepressants, Miscellaneous Agents</i>	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
<i>Depression and/or Schizophrenia † Antipsychotics, Atypicals</i>	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, LATUDA, VRAYLAR</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Dermatology</i> Acne †	<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</i> Actinic Keratosis †	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%</i> , <i>fluorouracil solution</i> , <i>imiquimod</i> , ZYCLARA
<i>Dermatology</i> Anti-infective / Anti-inflammatory	NEO-SYNALAR	<i>desonide</i> (except <i>desonide gel</i>) or <i>hydrocortisone WITH gentamicin</i>
<i>Dermatology</i> Antibiotics	<i>mupirocin cream</i>	<i>gentamicin</i> , <i>mupirocin ointment</i>
<i>Dermatology</i> Antipsoriatics	<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 WITH desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>) or BRYHALI; ENSTILAR
<i>Dermatology</i> Atopic Dermatitis †	<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
<i>Dermatology</i> Rosacea †	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
	<i>ivermectin cream</i> FINACEA GEL MIRVASO NORITATE	<i>azelaic acid gel</i> , <i>metronidazole</i> , FINACEA FOAM, SOOLANTRA
<i>Dermatology</i> Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor
<i>Dermatology</i> Seborrheic Dermatitis †	<i>ketoconazole foam 2%</i> <i>Ketodan</i>	<i>ketoconazole shampoo 2%</i> , <i>selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox</i> , <i>ketoconazole cream 2%</i>
<i>Dermatology</i> 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</i> (except <i>desonide gel</i>), <i>hydrocortisone</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Dermatology</i> 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> Trianex 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>
<i>Dermatology</i> Skin Inflammation and Hives † High Potency Corticosteroids	<i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<i>Dermatology</i> Skin Inflammation and Hives † Very High Potency Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream, halobetasol cream</i>
	CORDRAN TAPE ULTRAVATE	<i>clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
<i>Dermatology</i> Warts	VEREGEN	<i>imiquimod</i>
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide (except desonide gel), hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ATOPADERM BENSAL HP EPICERAM KAMDOY SYNERDERM	<i>desonide (except desonide gel), hydrocortisone</i>
	<i>luliconazole</i> <i>oxiconazole</i> (NDCs* 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
<i>Diabetes †</i> Biguanides	<i>metformin ext-rel (generics for FORTAMET and GLUMETZA only)</i> FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
<i>Diabetes †</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
<i>Diabetes †</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA WITH <i>pioglitazone</i>
<i>Diabetes †</i> Injectable Incretin Mimetics	BYDUREON BCISE BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA

Category Drug Class	Formulary Drug Removals	Formulary Options
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 ³	NOVOLIN 70/30 ³
	HUMULIN N ³	NOVOLIN N ³
	HUMULIN R ³	NOVOLIN R ³
	NOTE: Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.	
Diabetes † Long Acting Insulins ⁴	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 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
<i>Diabetes</i> † 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 All other test strips that are not ACCU-CHEK or ONETOUCH 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, ONETOUCH ULTRA STRIPS AND KITS 6, ONETOUCH VERIO STRIPS AND KITS 6
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM All other continuous glucose monitoring systems that are not DEXCOM brand	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<i>Dietary Supplements</i>	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite</i> <i>Dexifol</i> <i>Folvite-D</i> <i>Genicin Vita-S</i> <i>HylaVite</i> <i>Lorid</i> <i>TronVite</i> <i>Vitasure</i> <i>Xvite</i> FERIVA 21/7 FOLIC-K NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	<i>MultiPro</i> PRODIGEN VASCULERA	Consult doctor
<i>Endocrine and Metabolic</i> Corticosteroids	<i>prednisolone solution 10 mg/5 mL</i> <i>prednisolone solution 20 mg/5 mL</i> BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone,</i> <i>prednisolone solution (except prednisolone solution 10 mg/5 mL, 20 mg/5 mL),</i> <i>prednisone</i>
<i>Endocrine and Metabolic</i> Progestins	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
<i>Endocrine and Metabolic</i> Severe Hypoglycemia	GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT	BAQSIMI, GVOKE, ZEGALOGUE
<i>Endometriosis</i> †	ZOLADEX	ORLISSA
<i>Erectile Dysfunction</i> † Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Fertility Regulators Follicle-Stimulating Hormones</i>	FOLLISTIM AQ	GONAL-F
<i>Gastrointestinal Anticholinergics</i>	<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) <i>hyoscyamine sulfate ext-rel</i> GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>
<i>Gastrointestinal Antidiarrheals</i>	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
<i>Gastrointestinal Antiemetics</i>	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal Irritable Bowel Syndrome</i>	AMITIZA	<i>lubiprostone, LINZESS, SYMPROIC</i>
<i>Gastrointestinal Laxatives</i>	LACTULOSE PAK	<i>lactulose solution</i>
	<i>peg 3350-electrolytes</i> (generics for MOVIPREP only) GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ</i>
<i>Gastrointestinal Opioid-Induced Constipation</i>	MOVANTIK	<i>lubiprostone, SYMPROIC</i>
<i>Gastrointestinal Probiotics</i>	PROVAD ZELAC	Consult doctor
<i>Gastrointestinal Proton Pump Inhibitors (PPIs)</i>	<i>dexlansoprazole delayed-rel</i> <i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE DEXILANT NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
<i>Gastrointestinal Ulcer Treatment</i>	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary Interstitial Cystitis</i>	ELMIRON RIMSO-50	Consult doctor
<i>Genitourinary Miscellaneous</i>	LITHOSTAT	Consult doctor
	THIOLA THIOLA EC	<i>tiopronin</i>
<i>Gout †</i>	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet, MITIGARE</i>
	ULORIC	<i>allopurinol</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Growth Hormones</i>	HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	GENOTROPIN, NORDITROPIN
<i>Hematologic Anticoagulants Injectable</i>	<i>heparin sodium in 5% dextrose</i> HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>
<i>Hematologic Anticoagulants Oral</i>	ELIQUIS PRADAXA	<i>warfarin, XARELTO</i>
<i>Hematologic Chelating Agents</i>	CUPRIMINE	<i>penicillamine</i>
	DESFERAL EXJADE FERRIPROX JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE	<i>trientine</i>
<i>Hematologic Erythropoiesis-Stimulating Agents</i>	ARANESP EPOGEN PROCRIT	RETACRIT
<i>Hematologic Hemophilia B</i>	ALPROLIX	Consult doctor
<i>Hematologic Miscellaneous Bleeding Disorders Agents</i>	FEIBA	NOVOSEVEN RT, SEVENFACT
<i>Hematologic Neutropenia Colony Stimulating Factors</i>	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX LEUKINE NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic Platelet Aggregation Inhibitors</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor
<i>Hematologic Thrombocytopenia Agents</i>	MULPLETA	Consult doctor
	NPLATE	PROMACTA, TAVALISSE
<i>High Blood Pressure † ACE Inhibitors</i>	EPANED	<i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>
<i>High Blood Pressure † ACE Inhibitor / Diuretic Combinations</i>	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
<i>High Blood Pressure † Angiotensin II Receptor Antagonists</i>	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>

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) Matzim LA 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	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Hereditary Angioedema	BERINERT	<i>icatibant, RUCONEST</i>
	CINRYZE	ORLADEYO, TAKHZYRO
<i>Immunology</i> Rapamycin Derivatives	ZORTRESS	<i>everolimus</i>
<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>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>
<i>Menopausal Symptom Agents</i> Transdermal	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Menopausal Symptom Agents Vaginal</i>	<i>estradiol vaginal tablet Yuvaferm ESTRING FEMRING INTRAROSA PREMARIN CREAM</i>	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
<i>Multiple Sclerosis</i>	<i>EXTAVIA TECFIDERA</i>	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
<i>Musculoskeletal</i>	<i>carisoprodol 250 mg chlorzoxazone 250 mg chlorzoxazone 375 mg chlorzoxazone 500 mg (NDC* 73007001303 only) chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg metaxalone 400 mg methocarbamol 500 mg (NDC* 69036091010 only) methocarbamol 750 mg (NDCs* 69036093090, 70868090190 only) orphenadrine-aspirin-caffeine Fexmid Lorzone Orphengesic Forte AMRIX NORGESIC FORTE</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
<i>Narcolepsy Wakefulness Promoters</i>	<i>NUVIGIL PROVIGIL</i>	<i>armodafinil, modafinil, SUNOSI, WAKIX, XYWAV</i>
<i>Ophthalmic Allergies</i>	<i>ALREX BEPREVE LASTACAFIT ZERVIAE</i>	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>
<i>Ophthalmic Anti-infectives</i>	<i>AZASITE CILOXAN</i>	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>
<i>Ophthalmic Anti-infective / Anti-inflammatory</i>	<i>TOBRADEX ST ZYLET</i>	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>
<i>Ophthalmic Anti-inflammatory, Nonsteroidal</i>	<i>ACUVAIL BROMSITE NEVANAC</i>	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
<i>Ophthalmic Anti-inflammatory, Steroidal</i>	<i>FLAREX FML FORTE FML LIQUIFILM FML S.O.P. INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD</i>	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
<i>Ophthalmic Antivirals</i>	<i>ZIRGAN</i>	<i>trifluridine</i>
<i>Ophthalmic Artificial Tears</i>	<i>LACRISERT</i>	<i>RESTASIS, XIIDRA</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
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, NUCYNТА ER, XTAMPZA ER
	PERCOET	hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNТА
	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, 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, omeprazole delayed-rel, or pantoprazole delayed-rel tablet
Parkinson's Disease	APOKYN	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	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> ⁸	AZESCO CITRANATAL PRENATAL PLUS VITAFOL-ONE ZALVIT All other brand prenatal vitamins	<i>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>	NUDEXTA	Consult doctor
<i>Respiratory Alpha-1 Antitrypsin Deficiency</i>	ARALAST NP GLASSIA ZEMAIRA	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, 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>	CYTOMEL NATURE-THROID WESTHROID WP THYROID	<i>levothyroxine, liothyronine, SYNTHROID</i>
	TIROSINT	<i>levothyroxine, SYNTHROID</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 9	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
 ACANYA
 ACIPHEX
 ACIPHEX SPRINKLE
 ACTEMRA ACTPEN
 ACTEMRA INTRAVENOUS
 ACTEMRA SUBCUTANEOUS
 ACTICLATE
Activite
 ACTOS
 ACUVAIL
acyclovir cream
adapalene pad
 ADDERALL
 ADRENALIN
 ADZENYS XR-ODT
 AFINITOR
 AFINITOR DISPERZ
 AIMOVIG
albuterol sulfate CFC-free aerosol
 (NDC* 66993001968 only)
 ALEVICYN GEL
 ALEVICYN SG
 ALEVICYN SOLUTION
 ALIQOPA
 ALLISON MEDICAL INSULIN SYRINGES 5
 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
 ATOPADERM

ATRIPLA
 AVASTIN
 AVENOVA
 AVSOLA
 AZASITE
 AZELEX
 AZESCO
 AZOR
 BALCOLTRA
 BANZEL SUSPENSION
 BARACLUDE TABLET
 BEAU RX
 BECONASE AQ
 BENICAR
 BENICAR HCT
 BENSAL HP
 BENZACLIN
benzonatate (NDCs* 69336012615, 69499032915 only)
 BEPREVE
 BERINERT
 BETAMETHASONE ACETATE-
 BETAMETHASONE SODIUM PHOSPHATE
 BETAPACE
 BETAPACE AF
 BETIMOL
 BEVESPI AEROSPHERE
 BEYAZ
bimatoprost solution 0.03%
 BORTEZOMIB
 BOTOX
 BREEZE 2 STRIPS AND KITS 7
 BROMSITE
budesonide ext-rel
Bupap
bupropion ext-rel tablet 450 mg
butalbital-acetaminophen capsule
butalbital-acetaminophen tablet 25-325 mg
butalbital-acetaminophen tablet 50-300 mg
 BUTALBITAL-ACETAMINOPHEN
 (NDC* 69499034230 only)
butalbital-acetaminophen-caffeine capsule
 BUTRANS
 BYDUREON BCISE
 BYETTA
 CAFERGOT
calcipotriene cream
calcipotriene foam

CALCIPOTRIENE FOAM
calcipotriene-betamethasone
calcitriol ointment
 CAMBIA
CapsFenac Pak
Capsinac
 CARAC
 CARAFATE
 CARBINOXAMINE TABLET 6 MG
 CARDIZEM
 CARDIZEM CD
 CARDIZEM LA
carisoprodol 250 mg
 CARNITOR
 CARNITOR SF
 CAYSTON
 CELEBREX
chlordiazepoxide-clidinium (NDCs* 11534019701,
 42494040901, 51293069601, 51293069610,
 67877073101, 70700018501 only)
chlorzoxazone 250 mg
chlorzoxazone 375 mg
chlorzoxazone 500 mg (NDC* 73007001303 only)
chlorzoxazone 750 mg
 CIALIS
 CICATRACE
 CILOXAN
 CIMZIA LYOPHILIZED POWDER
 CIMZIA PREFILLED SYRINGE
 CINRYZE
 CIPRO HC
 CIPRODEX
ciprofloxacin-fluocinolone
 CITRANATAL
clindamycin gel (NDC* 68682046275 only)
clobetasol spray
 CLOBEX SPRAY
docortolone cream
 COLAZAL
colchicine capsule
 COLCRYS
 COMPLERA
 CONSENSI
 CONTOUR NEXT STRIPS AND KITS 7
 CONTOUR STRIPS AND KITS 7
 CONTRAVE
 CORDRAN CREAM

CORDRAN LOTION
CORDRAN OINTMENT
CORDRAN TAPE
COREG CR
CoreMino
COZAAR
CRESEMBA
CRESTOR
CUPRIMINE
cyclobenzaprine ext-rel capsule
cyclobenzaprine tablet 7.5 mg
CYMBALTA
CYTOMEL
DARAPRIM
DAYTRANA
DELZICOL
DESFERAL
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
(NDC* 72143021160 only)
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
ELIDEL
ELIQUIS
ELMIRON
EluRyng
ENLITE CONTINUOUS
GLUCOSE MONITORING SYSTEM
ENTERAGAM
ENTYVIO (For Crohn's Disease Only)
EPANED
EPICERAM
EPOGEN
ergotamine-caffeine
ERYPED
estradiol vaginal tablet
ESTRING
ethinyl estradiol-etonogestrel
EVEKEO
EVERSENSE CONTINUOUS
GLUCOSE MONITORING SYSTEM
EXFORGE

EXFORGE HCT
EXJADE
EXTAVIA
FABIOR
FANAPT
FEIBA
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
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
FOLIC-K
FOLLISTIM AQ
Folvite-D
FORTAMET
FORTESTA
FOSRENOL
FOSTEUM
FOSTEUM PLUS
FREESTYLE LIBRE CONTINUOUS
GLUCOSE MONITORING SYSTEM
FREESTYLE STRIPS AND KITS ⁷
FULPHILA
GEL-ONE
Genicin Vita-S
GLASSIA
GLEEVEC
GLUCAGEN HYPOKIT
GLUCAGON EMERGENCY KIT
GLUMETZA
GLYCOPYRROLATE TABLET 1.5 MG
GOLYTELY
GRANIX
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
HERCEPTIN
HERCEPTIN HYLECTA
HORIZANT
HUMALOG
HUMALOG MIX 50/50
HUMALOG MIX 75/25
HUMATROPE
HUMULIN 70/30 ³
HUMULIN N ³
HUMULIN R ³
HYALGAN
hydrocortisone butyrate lipophilic cream 0.1%
hydrocortisone butyrate lotion
HylaVite
hyoscyamine sulfate ext-rel

HYSINGLA ER
HYZAAR
Iclofenac CP
ICLUSIG
icosapent ethyl
ILUMYA
INCRUSE ELLIPTA
INDERAL LA
INDERAL XL
INDOCIN
indomethacin capsule 20 mg
Inflammacin
INFLECTRA
INNOPRAN XL
INTRAROSA
INTUNIV
INVELTYS
INVIRASE
INVOKAMET
INVOKAMET XR
INVOKANA
isosorbide dinitrate 40 mg
ivermectin cream
JADENU
JALYN
JENTADUETO
JENTADUETO XR
JUXTAPID
KAMDOY
Kapzin DC
KAZANO
KEPPRA
KEPPRA XR
ketoconazole foam 2%
Ketodan
ketoprofen capsule 25 mg
ketoprofen ext-rel capsule
KINERET
KOMBIGLYZE XR
KUVAN
KYPROLIS
LACRISERT
LACTULOSE PAK
LAMICTAL
LAMICTAL ODT
LAMICTAL XR
LANOXIN TABLET (125 MCG and 250 MCG only)
lanthanum carbonate
LANTUS
LASTACRAFT
LAZANDA
LESCOL XL
LETAIRIS
LEUKINE
levorphanol
LEXAPRO
LEXIVA
LIALDA
LIBRAX
LIDOCAINE-TETRACAINE CREAM
(NDC* 71800063115 only)
LIDOTREX
LIPITOR
LITHOSTAT
LIVALO
Lofena
Lorid
Lorzone
LOTEMAX
LOTEMAX SM
luliconazole
LUNESTA
LUPRON DEPOT
LYRICA
MACRODANTIN
Matzim LA
MAVYRET

MAXALT
MAXALT-MLT
MAXIDEX
mefenamic acid (NDC* 69336012830 only)
MEKINIST
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
Mondoxyme NL capsule 75 mg
MONOVISC
MOVANTIK
MOVIPREP
MULPLETA
MultiPro
mupirocin cream
MYRBETRIQ
MYTESI
NAPRELAN
naproxen CR
naproxen suspension
naproxen-esomeprazole
NATURE-THROID
NEO-SYNALAR
NESINA
NEULASTA
NEULASTA ONPRO
NEUPOGEN
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
NOVO NORDISK NEEDLES ⁵
NOXAFIL
NPLATE
NuDiclo SoluPak
NuDiclo TabPak
NUEDEXTA
NUTROPIN AQ
NUVIGIL
OLUX-E
omeprazole-sodium bicarbonate
OMNARIS
OMNITROPE
OMNIVEX
ONFI
ONGLYZA
ORENCIA CLICKJECT
ORENCIA INTRAVENOUS
ORENCIA SUBCUTANEOUS

orphenadrine-aspirin-caffeine
Orphengesic Forte
ORTHOD
ORTHO DF
ORTHOVISC
OSENI
OSMOPREP
OSPHENA
OWEN MUMFORD NEEDLES ⁵
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)
Pennaicain
PENNSAID
PENTASA
PERCOCET
PERRIGO NEEDLES ⁵
PEXEVA
PLAVIX
POLYTOZA
posaconazole delayed-rel tablet
PRADAXA
PRED FORTE
PRED MILD
prednisolone solution 10 mg/5 mL
prednisolone solution 20 mg/5 mL
PREMARIN
PREMARIN CREAM
PRENATAL PLUS
PREVACID
PREVIDENT
PRILOSEC
PRISTIQ
PROAIR HFA
PROAIR RESPICLICK
PROCRT
PRODIGEN
PROMETRIUM
PROTONIX
PROVAD
PROVENTIL HFA
PROVIGIL
PROZAC
PSORCON
QNASL
QTERN
quazepam
QUILLICHEW ER
QUILLIVANT XR
RAPAFLO
RAYOS
RECEDO
REMODULIN
RENFLEXIS
REPATHA
RHEUMATE
RIABNI
RIBOZEL
RIMSO-50
RIOMET
RITUXAN
ROZEREM
RyClora
RYTARY
SABRIL
SAIZEN
SANDOSTATIN LAR
SCARSILK PAD
SEASONIQUE
SEROQUEL XR

SIGNIFOR LAR
SIL-K PAD
SILENOR
SILIVEX
SILTREX
SIMPONI
SINGULAIR
SOMAVERT
SORILUX
SPRIX
STENDRA
SUBOXONE
sucralfate suspension
sumatriptan-naproxen
SUPREP
Sure Result DSS Premium Pack
SYMJEPI
SYNERDERM
SYNVISC
SYNVISC-ONE
SYPRINE
TAFINLAR
TALIVA
TALTZ
Targadox
TASIGNA
tavaborole
TAYTULLA
TAZORAC
TECFIDERA
TESTIM
testosterone gel 1%
(authorized generics for TESTIM and VOGELXO only)
THEO-24
THIOLA
THIOLA EC
TIMOPTIC OCUDOSE
TIROSINT
TOBI
TOBI PODHALER
TOBRADEX ST
topiramate ext-rel capsule (generics for QUDEXY XR only)
TOPROL-XL
TRACLEER
TRADJENTA
tramadol (NDC* 52817019610 only)
tramadol ext-rel capsule
TRANSDERM SCOP
TRAVATAN Z
TRELSTAR MIXJECT
TREXIMET
triamcinolone aerosol 0.2%
triamcinolone ointment 0.05%
Triaxen
TRICOR
TRIVIDIA INSULIN SYRINGES ⁵
TronVite
TRUVADA
TRUXIMA
TUDORZA
UDENYCA
ULORIC
ULTIMED INSULIN SYRINGES ⁵
ULTIMED NEEDLES ⁵
ULTRAVATE
UROXATRAL
VALCYTE
VALTREX
Vanoxide-HC
VASCULERA
VECTICAL
VELTIN
venlafaxine ext-rel tablet (except 225 mg)
VENTOLIN HFA
VEREGEN
VIAGRA
VIEKIRA PAK

VIIBRYD
VIRACEPT
VISCO-3
VITAFOL-ONE
Vitasure
VIVELLE-DOT
VOGELXO
Vtol LQ
WESTHROID
WP THYROID
XALKORI
XANAX
XANAX XR
XENAZINE
XENICAL
XOLEGEL
XOPENEX HFA

Xvite
XYZBAC
YASMIN
YAZ
Yuvafem
ZALVIT
ZARXIO
ZEGERID
ZELAC
ZEMAIRA
ZEPATIER
ZERVIATE
ZESTORETIC
ZETIA
ZETONNA
ZIANA
Ziclopro

zileuton ext-rel
ZIRGAN
ZOLADEX
ZOLOFT
zolpidem sublingual
ZOLPIMIST
ZONEGRAN
ZONTIVITY
ZORTRESS
ZORVOLEX
ZUPLENZ
ZYDELIG
ZYLET
ZYTIGA
ZYYIT

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 drug 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 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 Long Acting Insulins - First Generation.

⁵ BD ULTRAFINE syringes and needles are the only preferred options.

⁶ 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.

⁷ ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

⁸ Generic prenatal vitamins are the only preferred options.

⁹ An exception process may exist for specific clinical or regulatory circumstances that require coverage of a non-covered medication.

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Formulary Drug Removals

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 SIGNIFOR LAR SOMAVERT	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	<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)

Category Drug Class	Formulary Drug Removals	Formulary Options
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 COMPLERA	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, STRIBILD, SYMTUZA, TRIUMEQ
	TRUVADA	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, CIMDUO, DESCOVY, TEMIXYS
Anti-infectives, Antiretroviral Agents Protease Inhibitors	APTIVUS	Consult doctor
	INVIRASE LEXIVA VIRACEPT	atazanavir, EVOTAZ, PREZCOBIX, PREZISTA
Anti-infectives, Antivirals Cytomegalovirus †	VALCYTE	valganciclovir
Anti-infectives, Antivirals Hepatitis B †	BARACLUDE TABLET	entecavir, lamivudine, VEMLIDY
Anti-infectives, Antivirals Hepatitis C †	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ¹
	VIEKIRA PAK ZEPATIER	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 REDIHALER
Asthma † or Chronic Obstructive Pulmonary Disease (COPD) † Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT

Category Drug Class	Formulary Drug Removals	Formulary Options
Attention Deficit Hyperactivity Disorder †	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADZENYS XR-ODT APTENSIO XR DAYTRANA FOCALIN XR QUILLICHEW ER QUILLIVANT XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel**, dexamethylphenidate ext-rel, methylphenidate ext-rel**, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel**, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel**, AZSTARYS, JORNAY PM, MYDAYIS, QELBREE, VYVANSE</i>
Autoimmune Agents Physician-Administered Agents	ACTEMRA INTRAVENOUS 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	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET	ENBREL, HUMIRA, RINVOQ, XELJANZ, XELJANZ XR
	CIMZIA PREFILLED SYRINGE ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR
Botulinum Toxins	BOTOX	Consult doctor
Cancer Biosimilars	RIABNI TRUXIMA	RUXIENCE
Cancer Chronic Myelogenous Leukemia † Kinase Inhibitors	GLEEVEC ICLUSIG TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
Cancer Follicular Lymphoma † PI3K Inhibitors	ALIQOPA ZYDELIG	COPIKTRA
Cancer Melanoma † BRAF/MEK Inhibitors	MEKINIST	COTELLIC, MEKTOVI
	TAFINLAR	BRAFTOVI, ZELBORAF
Cancer Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
Cancer mTOR Inhibitors	AFINITOR AFINITOR DISPERZ	<i>everolimus</i>
Cancer Multiple Myeloma † Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO, VELCADE

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Cancer</i> Non-Small Cell Lung Cancer † ALK Inhibitors	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
<i>Cancer</i> Prostate † Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
<i>Cancer</i> Prostate † Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD, FIRMAGON
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	NORPACE	<i>disopyramide</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	<i>fenofibrate capsule 50 mg fenofibrate capsule 130 mg fenofibrate tablet 40 mg fenofibrate tablet 120 mg FENOGLIDE TABLET 120 MG TRICOR</i>	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ²	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics MTP Inhibitors	JUXTAPID	PRALUENT
<i>Cardiovascular</i> Antilipemics Niacins	<i>niacin tablet 500 mg Niacor</i>	<i>niacin ext-rel</i>
<i>Cardiovascular</i> Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular</i> Diuretics	DYRENIUM	<i>amiloride, triamterene</i>
<i>Cardiovascular</i> Nitrates	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators</i>	REMODULIN	<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 Vaginal</i>	<i>ethinyl estradiol-etonogestrel EluRyng</i>	ANNOVERA, NUVARING
<i>Cystic Fibrosis † Inhaled Antibiotics</i>	CAYSTON TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Dental Cavity/Caries Prevention</i>	PREVIDENT	Consult doctor
<i>Depression † Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)</i>	<i>fluoxetine tablet 60 mg paroxetine HCl ext-rel (NDC* 60505367503 only) LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT</i>	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX</i>
<i>Depression † Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)</i>	<i>venlafaxine ext-rel tablet (except 225 mg) CYMBALTA EFFEXOR XR PRISTIQ</i>	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression † Antidepressants, Miscellaneous Agents</i>	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
<i>Depression and/or Schizophrenia † Antipsychotics, Atypicals</i>	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, LATUDA, VRAYLAR</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
Dermatology Acne †	<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
Dermatology Actinic Keratosis †	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%</i> , <i>fluorouracil solution</i> , <i>imiquimod</i> , ZYCLARA
Dermatology Anti-infective / Anti-inflammatory	NEO-SYNALAR	<i>desonide</i> (except <i>desonide gel</i>) or <i>hydrocortisone WITH gentamicin</i>
Dermatology Antibiotics	<i>mupirocin cream</i>	<i>gentamicin</i> , <i>mupirocin ointment</i>
Dermatology Antipsoriatics	<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 WITH desoximetasone</i> (except <i>desoximetasone ointment 0.05%</i>), <i>fluocinonide</i> (except <i>fluocinonide cream 0.1%</i>) or BRYHALI; ENSTILAR
Dermatology Atopic Dermatitis †	<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
Dermatology Rosacea †	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
	<i>ivermectin cream</i> FINACEA GEL MIRVASO NORITATE	<i>azelaic acid gel</i> , <i>metronidazole</i> , FINACEA FOAM, SOOLANTRA
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%</i> , <i>selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox</i> , <i>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</i> (except <i>desonide gel</i>), <i>hydrocortisone</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Dermatology</i> 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> Trianex 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>
<i>Dermatology</i> Skin Inflammation and Hives † High Potency Corticosteroids	<i>betamethasone dipropionate ointment 0.05%</i> <i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<i>Dermatology</i> Skin Inflammation and Hives † Very High Potency Corticosteroids	<i>clobetasol emollient foam</i> <i>clobetasol spray</i> <i>fluocinonide cream 0.1%</i> Tovet 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>
<i>Dermatology</i> Warts	VEREGEN	<i>imiquimod</i>
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide (except desonide gel), hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ATOPADERM BENSAL HP EPICERAM KAMDOY SYNERDERM	<i>desonide (except desonide gel), hydrocortisone</i>
	<i>luliconazole</i> <i>oxiconazole</i> (NDCs* 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
<i>Diabetes †</i> Biguanides	<i>metformin ext-rel (generics for FORTAMET and GLUMETZA only)</i> FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
<i>Diabetes †</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
<i>Diabetes †</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA WITH <i>pioglitazone</i>
<i>Diabetes †</i> Injectable Incretin Mimetics	BYDUREON BCISE BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA

Category Drug Class	Formulary Drug Removals	Formulary Options
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 ³	NOVOLIN 70/30 ³
	HUMULIN N ³	NOVOLIN N ³
	HUMULIN R ³	NOVOLIN R ³
	NOTE: Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.	
Diabetes † Long Acting Insulins ⁴	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 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 All other test strips that are not ACCU-CHEK or ONETOUCH 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, ONETOUCH ULTRA STRIPS AND KITS 6, ONETOUCH VERIO STRIPS AND KITS 6
	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 ZYVIT</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	ORLISSA
Erectile Dysfunction † Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Fertility Regulators Follicle-Stimulating Hormones</i>	FOLLISTIM AQ	GONAL-F
<i>Gastrointestinal Anticholinergics</i>	<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) <i>hyoscyamine sulfate ext-rel</i> GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>
<i>Gastrointestinal Antidiarrheals</i>	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
<i>Gastrointestinal Antiemetics</i>	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal Irritable Bowel Syndrome †</i>	AMITIZA	<i>lubiprostone, LINZESS, SYMPROIC</i>
<i>Gastrointestinal Laxatives</i>	LACTULOSE PAK	<i>lactulose solution</i>
	<i>peg 3350-electrolytes</i> (generics for MOVIPREP only) GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes (except generics for MOVIPREP), CLENPIQ</i>
<i>Gastrointestinal Opioid-Induced Constipation</i>	MOVANTIK	<i>lubiprostone, SYMPROIC</i>
<i>Gastrointestinal Probiotics</i>	PROVAD ZELAC	Consult doctor
<i>Gastrointestinal Proton Pump Inhibitors (PPIs)</i>	<i>dexlansoprazole delayed-rel</i> <i>lansoprazole delayed-rel</i> <i>orally disintegrating tablet</i> <i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE DEXILANT NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
<i>Gastrointestinal Ulcer Treatment</i>	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary Interstitial Cystitis</i>	ELMIRON RIMSO-50	Consult doctor
<i>Genitourinary Miscellaneous</i>	LITHOSTAT	Consult doctor
	THIOLA THIOLA EC	<i>tiopronin</i>
<i>Gout †</i>	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet, MITIGARE</i>
	ULORIC	<i>allopurinol</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Growth Hormones</i>	HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	GENOTROPIN, NORDITROPIN
<i>Hematologic Anticoagulants Injectable</i>	<i>heparin sodium in 5% dextrose</i> HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>
<i>Hematologic Anticoagulants Oral</i>	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic Chelating Agents</i>	CUPRIMINE	<i>penicillamine</i>
	DESFERAL EXJADE FERRIPROX JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE	<i>trientine</i>
<i>Hematologic Erythropoiesis-Stimulating Agents</i>	ARANESP EPOGEN PROCRIT	RETACRIT
<i>Hematologic Hemophilia B</i>	ALPROLIX	Consult doctor
<i>Hematologic Miscellaneous Bleeding Disorders Agents</i>	FEIBA	NOVOSEVEN RT, SEVENFACT
<i>Hematologic Neutropenia Colony Stimulating Factors</i>	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX LEUKINE NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic Platelet Aggregation Inhibitors</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor
<i>Hematologic Thrombocytopenia Agents</i>	MULPLETA	Consult doctor
	NPLATE	PROMACTA, TAVALISSE
<i>High Blood Pressure † ACE Inhibitors</i>	EPANED	<i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>
<i>High Blood Pressure † ACE Inhibitor / Diuretic Combinations</i>	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
<i>High Blood Pressure † Angiotensin II Receptor Antagonists</i>	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>

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	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Hereditary Angioedema	BERINERT	<i>icatibant, RUCONEST</i>
	CINRYZE	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>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>
<i>Menopausal Symptom Agents</i> Transdermal	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Menopausal Symptom Agents Vaginal</i>	<i>estradiol vaginal tablet Yuvaferm ESTRING FEMRING INTRAROSA PREMARIN CREAM</i>	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
<i>Multiple Sclerosis</i>	<i>EXTAVIA TECFIDERA</i>	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
<i>Musculoskeletal</i>	<i>carisoprodol 250 mg chlorzoxazone 250 mg chlorzoxazone 375 mg chlorzoxazone 500 mg (NDC* 73007001303 only) chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg metaxalone 400 mg methocarbamol 500 mg (NDC* 69036091010 only) methocarbamol 750 mg (NDCs* 69036093090, 70868090190 only) orphenadrine-aspirin-caffeine Fexmid Lorzone Orphengesic Forte AMRIX NORGESIC FORTE</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
<i>Narcolepsy Wakefulness Promoters</i>	<i>NUVIGIL PROVIGIL</i>	<i>armodafinil, modafinil, SUNOSI, WAKIX, XYWAV</i>
<i>Ophthalmic Allergies</i>	<i>ALREX BEPREVE LASTACAFIT ZERVIAE</i>	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>
<i>Ophthalmic Anti-infectives</i>	<i>AZASITE CILOXAN</i>	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>
<i>Ophthalmic Anti-infective / Anti-inflammatory</i>	<i>TOBRADEX ST ZYLET</i>	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>
<i>Ophthalmic Anti-inflammatory, Nonsteroidal</i>	<i>ACUVAIL BROMSITE NEVANAC</i>	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
<i>Ophthalmic Anti-inflammatory, Steroidal</i>	<i>FLAREX FML FORTE FML LIQUIFILM FML S.O.P. INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD</i>	<i>dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%</i>
<i>Ophthalmic Antivirals</i>	<i>ZIRGAN</i>	<i>trifluridine</i>
<i>Ophthalmic Artificial Tears</i>	<i>LACRISERT</i>	<i>RESTASIS, XIIDRA</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
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 TREXIMET	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, NUCYNТА ER, XTAMPZA ER
	PERCO CET	hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNТА
	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	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	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> ⁸	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 GLASSIA ZEMAIRA	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> [†] Androgens	<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>

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 ⁹	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	ATRIPLA	<i>calcipotriene foam</i>
ACANYA	AVASTIN	CALCIPOTRIENE FOAM
ACIPHEX	AVENOVA	<i>calcipotriene-betamethasone</i>
ACIPHEX SPRINKLE	AVSOLA	<i>calcitriol ointment</i>
ACTEMRA ACTPEN	AZASITE	CAMBIA
ACTEMRA INTRAVENOUS	AZELEX	<i>CapsFenac Pak</i>
ACTEMRA SUBCUTANEOUS	AZESCO	<i>Capsinac</i>
ACTICLATE	AZOR	CARAC
<i>Activite</i>	BALCOLTRA	CARAFATE
ACTOS	BANZEL SUSPENSION	CARBINOXAMINE TABLET 6 MG
ACUVAIL	BARACLUDE TABLET	CARDIZEM
<i>acyclovir cream</i>	BEAU RX	CARDIZEM CD
<i>adapalene pad</i>	BECONASE AQ	CARDIZEM LA
ADDERALL	BENICAR	<i>carisoprodol 250 mg</i>
ADRENALIN	BENICAR HCT	CARNITOR
ADZENYS XR-ODT	BENSAL HP	CARNITOR SF
AFINITOR	BENZACLIN	CAYSTON
AFINITOR DISPERZ	<i>benzonatate (NDCs* 69336012615, 69499032915 only)</i>	CELEBREX
AIMOVIQ	BEPREVE	<i>chlordiazepoxide-clidinium (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only)</i>
<i>albuterol sulfate CFC-free aerosol (NDC* 66993001968 only)</i>	BERINERT	<i>chlorzoxazone 250 mg</i>
ALEVICYN GEL	BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE	<i>chlorzoxazone 375 mg</i>
ALEVICYN SG	<i>betamethasone dipropionate ointment 0.05%</i>	<i>chlorzoxazone 500 mg (NDC* 73007001303 only)</i>
ALEVICYN SOLUTION	BETAPACE	<i>chlorzoxazone 750 mg</i>
ALIQQOPA	BETAPACE AF	CIALIS
ALLISON MEDICAL INSULIN SYRINGES ⁵	BETIMOL	CICATRACE
ALPROLIX	BEVESPI AEROSPHERE	CILOXAN
ALREX	BEYAZ	CIMZIA LYOPHILIZED POWDER
ALTOPREV	<i>bimatoprost solution 0.03%</i>	CIMZIA PREFILLED SYRINGE
ALVESCO	BORTEZOMIB	CINRYZE
AMITIZA	BOTOX	CIPRO HC
AMRIX	BREEZE 2 STRIPS AND KITS ⁷	CIPRODEX
ANDROGEL	BROMSITE	<i>ciprofloxacin-fluocinolone</i>
APEXICON E	<i>budesonide ext-rel</i>	CITRANATAL
APIDRA	<i>Bupap</i>	<i>clindamycin gel (NDC* 68682046275 only)</i>
APOKYN	<i>bupropion ext-rel tablet 450 mg</i>	<i>clobetasol emollient foam</i>
APTENSIO XR	<i>butalbital-acetaminophen capsule</i>	<i>clobetasol spray</i>
APTIVUS	<i>butalbital-acetaminophen tablet 25-325 mg</i>	CLOBEX SPRAY
ARALAST NP	<i>butalbital-acetaminophen tablet 50-300 mg</i>	<i>clocortolone cream</i>
ARANESP	BUTALBITAL-ACETAMINOPHEN (NDC* 69499034230 only)	COLAZAL
ARTHROTEC	<i>butalbital-acetaminophen-caffeine capsule</i>	<i>colchicine capsule</i>
ASMANEX	BUTRANS	COLCRYS
ASMANEX HFA	BYDUREON BCISE	COMPLERA
ATACAND	BYETTA	CONSENSI
ATACAND HCT	CAFERGOT	CONTOUR NEXT STRIPS AND KITS ⁷
ATIVAN	<i>calcipotriene cream</i>	CONTOUR STRIPS AND KITS ⁷
ATOPADERM		

CONTRAVE
 CORDRAN CREAM
 CORDRAN LOTION
 CORDRAN OINTMENT
 CORDRAN TAPE
 COREG CR
CoreMino
 COZAAR
 CRESEMBA
 CRESTOR
 CUPRIMINE
cyclobenzaprine ext-rel capsule
cyclobenzaprine tablet 7.5 mg
 CYMBALTA
 CYTOMEL
 DARAPRIM
 DAYTRANA
 DELZICOL
 DESFERAL
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
 ELIDEL
 ELMIRON
EluRyng
 ENLITE CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 ENTERAGAM
 ENTYVIO (For Crohn's Disease Only)
 EPANED
 EPICERAM
 EPOGEN
ergotamine-caffeine
 ERYPED
estradiol vaginal tablet
 ESTRING
ethinyl estradiol-etonogestrel
 EVEKEO
 EVERSENSE CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 EXFORGE

EXFORGE HCT
 EXJADE
 EXTAVIA
 FABIOR
 FANAPT
 FEIBA
 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
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
Folvite-D
 FORTAMET
 FORTESTA
 FOSRENOL
 FOSTEUM
 FOSTEUM PLUS
 FREESTYLE LIBRE CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 FREESTYLE STRIPS AND KITS 7
 FULPHILA
 GEL-ONE
Genicin Vita-S
 GLASSIA
 GLEEVEC
 GLUCAGEN HYPOKIT
 GLUCAGON EMERGENCY KIT
 GLUMETZA
 GLYCOPYRROLATE TABLET 1.5 MG
 GOLYTELY
 GRANIX
 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
 HERCEPTIN
 HERCEPTIN HYLECTA
 HORIZANT
 HUMALOG
 HUMALOG MIX 50/50
 HUMALOG MIX 75/25
 HUMATROPE
 HUMULIN 70/30 ³
 HUMULIN N ³
 HUMULIN R ³
 HYALGAN
hydrocortisone butyrate lipophilic cream 0.1%
hydrocortisone butyrate lotion
HylaVite
hyoscyamine sulfate ext-rel
 HYSINGLA ER

HYZAAR
Iclofenac CP
 ICLUSIG
icosapent ethyl
 ILUMYA
 INCRUSE ELLIPTA
 INDERAL LA
 INDERAL XL
 INDOCIN
indomethacin capsule 20 mg
Inflamacin
 INFLECTRA
 INNOPRAN XL
 INTRAROSA
 INTUNIV
 INVELTYS
 INVIRASE
 INVOKAMET
 INVOKAMET XR
 INVOKANA
isosorbide dinitrate 40 mg
ivermectin cream
 JADENU
 JALYN
 JENTADUETO
 JENTADUETO XR
 JUXTAPID
 KAMDOY
Kapzin DC
 KAZANO
 KEPPRA
 KEPPRA XR
ketoconazole foam 2%
Ketodan
ketoprofen capsule 25 mg
ketoprofen ext-rel capsule
 KINERET
 KOMBIGLYZE XR
 KUVAN
 KYPROLIS
 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
 LASTACRAFT
 LAZANDA
 LESCOL XL
 LETAIRIS
 LEUKINE
levorphanol
 LEXAPRO
 LEXIVA
 LIALDA
 LIBRAX
 LIDOCAINE-TETRACAINE CREAM
 (NDC* 71800063115 only)
 LIDOTREX
 LIPITOR
 LITHOSTAT
 LIVALO
Lofena
Lorid
Lorzone
 LOTEMAX
 LOTEMAX SM
luliconazole
 LUNESTA
 LUPRON DEPOT
 LYRICA
 MACRODANTIN
 Matzim LA
 MAVYRET

MAXALT
MAXALT-MLT
MAXIDEX
mefenamic acid (NDC* 69336012830 only)
MEKINIST
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
Mondoxyme NL capsule 75 mg
MONOVISC
MOVANTIK
MOVIPREP
MULPLETA
MultiPro
mupirocin cream
MYRBETRIQ
MYTESI
NAPRELAN
naproxen CR
naproxen suspension
naproxen-esomeprazole
NEO-SYNALAR
NESINA
NEULASTA
NEULASTA ONPRO
NEUPOGEN
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
NOVO NORDISK NEEDLES ⁵
NOXAFIL
NPLATE
NuDiclo SoluPak
NuDiclo TabPak
NUEDEXTA
NUTROPIN AQ
NUVIGIL
OLUX-E
omeprazole-sodium bicarbonate
OMNARIS
OMNITROPE
OMNIVEX
ONFI
ONGLYZA
ORENCIA CLICKJECT
ORENCIA INTRAVENOUS
ORENCIA SUBCUTANEOUS
orphenadrine-aspirin-caffeine

Orphengesic Forte
ORTHO D
ORTHO DF
ORTHOVISC
OSEN
OSMOPREP
OSPHENA
OWEN MUMFORD NEEDLES ⁵
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)
Pennaicin
PENNSAID
PENTASA
PERCOCET
PERRIGO NEEDLES ⁵
PEXEVA
PLAVIX
POLYTOZA
posaconazole delayed-rel tablet
PRADAXA
PRED FORTE
PRED MILD
prednisolone solution 10 mg/5 mL
prednisolone solution 20 mg/5 mL
PREMARIN
PREMARIN CREAM
PRENATAL PLUS
PREVACID
PREVIDENT
PRILOSEC
PRISTIQ
PROAIR HFA
PROAIR RESPICLICK
PROCRIT
PRODIGEN
PROMETRIUM
PROTONIX
PROVAD
PROVENTIL HFA
PROVIGIL
PROZAC
PSORCON
QNASL
QTERN
quazepam
QUILLICHEW ER
QUILLIVANT XR
RAPAFLO
RAYOS
RECEDO
REMODULIN
RENFLEXIS
REPATHA
RHEUMATE
RIABNI
RIBOZEL
RIMSO-50
RIOMET
RITUXAN
ROZEREM
RyClora
RYTARY
SABRIL
SAIZEN
SANDOSTATIN LAR
SCARSILK PAD
SEASONIQUE
SEROQUEL XR
SIGNIFOR LAR

SIL-K PAD
SILENOR
SILIVEX
SILTREX
SIMPONI
SINGULAIR
SOMAVERT
SORILUX
SPRIX
STENDRA
SUBOXONE
sucralfate suspension
sumatriptan-naproxen
SUPREP
Sure Result DSS Premium Pack
SYMJEPI
SYNERDERM
SYNVISC
SYNVISC-ONE
SYPRINE
TAFINLAR
TALIVA
TALTZ
Targadox
TASIGNA
tavaborole
TAYTULLA
TAZORAC
TECFIDERA
TESTIM
testosterone gel 1%
(authorized generics for TESTIM and VOGELXO only)
THEO-24
THIOLA
THIOLA EC
TIMOPTIC OCUDOSE
TIROSINT
TOBI
TOBI PODHALER
TOBRADEX ST
topiramate ext-rel capsule (generics for QUDEXY XR only)
TOPROL-XL
Tovet
TRACLEER
TRADJENTA
tramadol (NDC* 52817019610 only)
tramadol ext-rel capsule
TRANSDERM SCOP
TRAVATAN Z
TRELSTAR MIXJECT
TREXIMET
triamcinolone aerosol 0.2%
triamcinolone ointment 0.05%
Triaxor
TRICOR
TRIVIDIA INSULIN SYRINGES ⁵
TronVite
TRUVADA
TRUXIMA
TUDORZA
UDENYCA
ULORIC
ULTIMED INSULIN SYRINGES ⁵
ULTIMED NEEDLES ⁵
ULTRAVATE
UROXATRAL
VALCYTE
VALTRES
Vanoxide-HC
VASCULERA
VECTICAL
VELTIN
venlafaxine ext-rel tablet (except 225 mg)
VENTOLIN HFA
VEREGEN
VIAGRA
VIEKIRA PAK

VIIBRYD
VIRACEPT
VISCO-3
VITAFOL-ONE
Vitasure
VIVELLE-DOT
VOGELXO
Vtol LQ
XALKORI
XANAX
XANAX XR
XENAZINE
XENICAL
XOLEGEL
XOPENEX HFA
Xvite

XYZBAC
YASMIN
YAZ
Yuvaferm
ZALVIT
ZARXIO
ZEGERID
ZELAC
ZEMAIRA
ZEPATIER
ZERVIAE
ZESTORETIC
ZETIA
ZETONNA
ZIANA
Ziclopro

zileuton ext-rel
ZIRGAN
ZOLADEX
ZOLOFT
zolpidem sublingual
ZOLPIMIST
ZONEGRAN
ZONTIVITY
ZORVOLEX
ZUPLENZ
ZYDELIG
ZYLET
ZYTIGA
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 drug 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 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 Long Acting Insulins - First Generation.

⁵ BD ULTRAFINE syringes and needles are the only preferred options.

⁶ 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.

⁷ ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

⁸ Generic prenatal vitamins are the only preferred options.

⁹ An exception process may exist for specific clinical or regulatory circumstances that require coverage of a non-covered medication.

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Standard Control Formulary

January 2023 Updates

Removals	Add-Backs
23	6

Removals

Drug Class	Removed Product(s)	Formulary Options
Antiarrhythmics	MULTAQ, NEXTERONE	amiodarone
Anti-Inflammatory, Cryopyrin-Associated Periodic Syndromes (CAPS)	ARCALYST	ILARIS
Asthma, Severe	NUCALA LYOPHILIZED	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR
Asthma, Steroid Inhalants*	ARNUITY ELLIPTA, FLOVENT DISKUS, QVAR REDHALER	FLOVENT HFA, PULMICORT FLEXHALER
Cancer, Antimetabolites	ALIMTA**	pemetrexed
Cancer, Poly-ADP Ribose Polymerase (PARP) Inhibitors	RUBRACA	LYNPARZA, ZEJULA
Cancer, Renal Cell Carcinoma	SUTENT**, VOTRIENT	sunitinib, CABOMETYX, INLYTA, LENVIMA, NEXAVAR
Endocrine, Metabolic Modifiers	NITYR	ORFADIN
Hematologic, Hemophilia B*	BENEFIX, IXINITY, RIXUBIS	ALPROLIX, REBINYN
Hereditary Angioedema*	FIRAZYR**	icatibant, RUCONEST
Overactive Bladder, Incontinence Urinary Antispasmodics*	TOVIAZ**	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA
Pain & Inflammation, Non-steroidal Anti-Inflammatory Drugs (NSAIDs)*	diclofenac capsule 25 mg	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	diclofenac solution 2%	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
Pain, Opioid Analgesics*	NUCYNTA	hydromorphone, morphine, oxycodone
	NUCYNTA ER	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER
	SUBSYS	fentanyl transmucosal lozenge
Pulmonary Fibrosis Agents	ESBRIET	pirfenidone, OFEV

Drug Class	Removed Product(s)	Formulary Options
Sleep Disorders	EDLUAR	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO

Add-Backs

Drug Class	Product(s) Added
Autoimmune Agents*	ILUMYA
Cancer, Follicular Lymphoma Phosphatidylinositol-3-kinase (PI3K) Inhibitors*	ZYDELIG
Hematologic, Hemophilia B*	ALPROLIX
Hematologic, Thrombocytopenia Agents*	MULPLETA (non-preferred)
Migraine, Calcitonin Gene-Related Peptide Inhibitors (CGRP) Inhibitors*	AIMOVIG
Parkinson's Disease*	RYTARY

New to Market Updates

Drug Class	Product(s) Added to Coverage
Asthma, Severe *	TEZSPIRE
Atopic Dermatitis*	ADBRY, CIBINQO
Cancer, Rearranged During Transfection (RET) Inhibitors	GAVRETO, RETEVMO
Dermatology, Acne Products*	WINLEVI
Sleep Disorder, Hypnotics*	DAYVIGO

Tier 1 Strategy Updates

Tier 1 Brand Formulary Removals	Generic Products Added Back
ASACOL HD	mesalamine delayed-rel tablet 800 mg
ADDERALL XR	amphetamine-dextroamphetamine ext-rel
CONCERTA	methylphenidate ext-rel

*Class has existing formulary exclusions. **Multi-source brand product

This chart contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Health and/or its affiliates.

Removals, Add-Backs and Tier-1 Updates as of September 29, 2022. Information subject to change.

SilverScript® Insurance Company Employer Group Waiver Plan (EGWP) Formulary Drug Removals

Below is a list of medicines by drug class that have been removed from SilverScript EGWP Medicare Part D Copper-Comm, Platinum-Comm, and Copper-Comm Opt-In¹ and/or enhanced coverage formularies, with alternative formulary options.

Items in **bold** are also excluded on the CVS Caremark® Standard Control commercial formulary.²

Category Drug Class	Formulary Drug Removals	Formulary Options
ANALGESICS NSAIDS	<i>mefenamic acid cap</i> PONSTEL CAP	<i>naproxen tab, naproxen sod tab, ibuprofen tab, diclofenac tab, ketoprofen cap, celecoxib cap</i>
ANTI-INFECTIVES ERYTHROMYCINS/MACROLIDES	<i>erythromycin tab bs 250 mg, 500 mg</i> <i>ery-tab tab ec 250 mg, 333 mg, 500 mg</i> PCE TAB EC 333 MG, 500 MG	<i>azithromycin tab, clarithromycin tab, erythromycin cap 250 mg ec, erythromycin stearate tab 250 mg, e.e.s. 400 tab 400 mg, erythromycin ethylsuccinate tab 400 mg</i>
	<i>erythrom eth sus 200/5 mL</i> E.E.S. GRAN SUS 200/5 ML ERYPED SUS 200/5 ML, 400/5 ML	<i>azithromycin susp, clarithromycin susp</i>
ANTI-INFECTIVES TETRACYCLINES	ARESTIN*	<i>doxycycline tab 20 mg</i>
	MINOCIN CAP*	<i>minocycline cap (generic of MINOCIN)</i>
ANTI-INFECTIVES ANTI-INFECTIVES - MISCELLANEOUS	DARAPRIM	CONSULT YOUR HEALTH CARE PROVIDER
ANTI-INFECTIVES ANTI-VIRALS	OLYSIO* TECHNIVIE* VIEKIRA PAK* VIEKIRA XR*	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) HARVONI (genotypes 1, 4, 5, 6) MAVYRET ³ ZEPATIER (genotypes 1, 4) ⁴
ANTINEOPLASTIC AGENTS HORMONAL ANTINEOPLASTIC AGENTS	NILANDRON	<i>nilutamide (generic of NILANDRON)</i>
CARDIOVASCULAR ANTIARRHYTHMICS	BETAPACE TAB BETAPACE AF TAB	<i>sotalol tab (generic of BETAPACE), sotalol af tab (generic of BETAPACE AF)</i>
CARDIOVASCULAR ANTILIPEMICS, MISCELLANEOUS	REPATHA*	PRALUENT
CARDIOVASCULAR DIURETICS	DUTOPROL TAB METOPROLOL/HYDROCHLOROTHIAZIDE ER	<i>metoprolol-hydrochlorothiazide tab, bisoprolol-hydrochlorothiazide tab</i>
CARDIOVASCULAR DIURETICS	DYRENIUM	<i>amiloride</i>
CENTRAL NERVOUS SYSTEM ANTICONVULSANTS	ZONEGRAN CAP	<i>zonisamide cap (generic of ZONEGRAN)</i>
CENTRAL NERVOUS SYSTEM ANTIDEPRESSANTS	<i>venlafaxine tab er (except 225 mg)</i> VENLAFAXINE TAB ER (except 225 mg)	<i>venlafaxine cap er</i>
CENTRAL NERVOUS SYSTEM HYPNOTICS	ROZEREM TAB	<i>SILENOR TAB, temazepam 7.5 or 15 mg cap, zolpidem tab</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
CENTRAL NERVOUS SYSTEM MIGRAINE	CAFERGOT TAB	<i>ergotamine w/ caffeine tab</i> (generic of CAFERGOT)
CENTRAL NERVOUS SYSTEM MULTIPLE SCLEROSIS AGENTS	EXTAVIA INJ	BETASERON, AVONEX, REBIF, PLEGRIDY
	ZINBRYTA INJ	LEMTRADA, TYSABRI
ENDOCRINE AND METABOLIC ANTIDIABETICS, INJECTABLE	APIDRA APIDRA SOLOSTAR HUMALOG HUMALOG KWIKPEN	NOVOLOG, NOVOLOG FLEXPEN
	HUMALOG MIX 50/50 HUMALOG MIX 50/50 KWIKPEN HUMALOG MIX 75/25 HUMALOG MIX 75/25 KWIKPEN	NOVOLOG MIX 70/30 , NOVOLOG 70/30 FLEXPEN
ENDOCRINE AND METABOLIC ANTIDIABETICS, INJECTABLE	HUMULIN N HUMULIN N KWIKPEN NOVOLIN N (RELION)	NOVOLIN N
	HUMULIN 70/30 HUMULIN 70/30 KWIKPEN NOVOLIN 70/30 (RELION)	NOVOLIN 70/30
	HUMULIN R U-100 NOVOLIN R (RELION)	NOVOLIN R
	LANTUS LANTUS SOLOSTAR TOUJEO SOLOSTAR	BASAGLAR, LEVEMIR, TRESIBA
	SOLIQUA	BASAGLAR or LEVEMIR or TRESIBA plus TRULICITY or BYDUREON or VICTOZA or BYETTA or ADLYXIN
	TANZEUM	VICTOZA, TRULICITY, BYDUREON, BYETTA, ADLYXIN
ENDOCRINE AND METABOLIC ANTIDIABETICS, ORAL	<i>alogliptin</i> NESINA ONGLYZA	JANUVIA, TRADJENTA
	<i>alogliptin/metformin hcl</i> KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
	<i>alogliptin/pioglitazone</i> OSENI	<i>pioglitazone</i> plus JANUVIA, <i>pioglitazone</i> plus TRADJENTA
	<i>metformin hcl tab er</i> (generic of FORTAMET) FORTAMET <i>metformin hcl tab er</i> (generic of GLUMETZA)* GLUMETZA*	<i>metformin er tab</i> (generic of GLUCOPHAGE XR)
	GLYXAMBI	FARXIGA or INVOKANA plus TRADJENTA or JANUVIA
	JARDIANCE	FARXIGA, INVOKANA
	SYNJARDY SYNJARDY XR	INVOKAMET, INVOKAMET XR, XIGDUO XR
ENDOCRINE AND METABOLIC CHELATING AGENTS	CUPRIMINE*	DEPEN, SYPRINE
ENDOCRINE AND METABOLIC GLUCOCORTICIDS	DEXPAK PAK ZODEX PAK 6 DAY	<i>dexamethasone tab, prednisone tab or pak, methylprednisolone tab or pak</i>
	MILLIPRED MILLIPRED DP PAK	<i>prednisone tab or pak, methylprednisolone tab or pak</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
ENDOCRINE AND METABOLIC MISCELLANEOUS	H.P. ACTHAR	CONSULT YOUR HEALTH CARE PROVIDER
	METHERGINE TAB	CONSULT YOUR HEALTH CARE PROVIDER
ENDOCRINE AND METABOLIC PHOSPHATE BINDER AGENTS	<i>sevelamer carbonate tab 0.8 GM*</i>	REVELA TAB 800 MG TAB
GASTROINTESTINAL INFLAMMATORY BOWEL DISEASE	COLAZAL	<i>balsalazide (generic of COLAZAL)</i>
GASTROINTESTINAL PROTON PUMP INHIBITORS	<i>omeprazole/bicarbonate*</i> ZEGERID*	<i>omeprazole, pantoprazole, esomeprazole, lansoprazole, DEXILANT, PRILOSEC POW, ACIPHEX SPRINKLE</i>
GENITOURINARY BENIGN PROSTATIC HYPERPLASIA	UROXATRAL	<i>alfuzosin (generic of UROXATRAL)</i>
GENITOURINARY MISCELLANEOUS	RIMSO-50*	CONSULT YOUR HEALTH CARE PROVIDER
HEMATOLOGIC ANTICOAGULANTS	SAVAYSA	XARELTO, ELIQUIS, PRADAXA
IMMUNOLOGIC AGENTS DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	ACTEMRA CIMZIA KEVZARA* KINERET ORENCIA ORENCIA CLICKJECT SIMPONI SIMPONI ARIA	HUMIRA, ENBREL, REMICADE, XELJANZ TAB, XELJANZ XR
	INFLECTRA RENFLIXIS*	REMICADE
	STELARA SYRINGE COSENTYX COSENTYX SENSOREADY PEN OTEZLA TALTZ TREMIFYA*	HUMIRA, ENBREL, REMICADE
	STELARA IV SOLN	HUMIRA, REMICADE
	OTREXUP RASUVO	<i>methotrexate tab 2.5mg, methotrexate inj 25mg/ml</i>
	OPHTHALMIC ANTI-INFLAMMATORIES	PRED FORTE SUS
OPHTHALMIC ANTIGLAUCOMA	ZIOPTAN	<i>latanoprost, TRAVATAN Z, LUMIGAN</i>
RESPIRATORY ANTICHOLINERGICS	TUDORZA PRES AER	INCRUSE ELLIPTA, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT
RESPIRATORY LEUKOTRIENE MODULATORS	AUVI-Q* EPIPEN EPIPEN-JR	<i>epinephrine inj (generic of ADRENALIN)</i>
RESPIRATORY MISCELLANEOUS	ZYFLO CR TAB	<i>zileuton er tab (generic of ZYFLO CR), montelukast tab, zafirlukast tab</i>
RESPIRATORY STEROID/BETA-AGONIST COMBINATIONS	DULERA AER FLUTICASONE-SALMETEROL INH* AIRDUO RESPICLICK INH*	BREO ELLIPTA, ADVAIR HFA, ADVAIR DISKUS, SYMBICORT

Category Drug Class	Formulary Drug Removals	Formulary Options
RESPIRATORY STEROID INHALANTS	ARMONAIR AER*	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER
TOPICAL DERMATOLOGY, ACNE	VANOXIDE-HC LOT*	<i>erythromycin solution, clindamycin phosphate (topical), adapalene, tretinoin</i>
TOPICAL DERMATOLOGY, ANTIPRURITIC	<i>doxepin hcl cre</i> PRUDOXIN CRE ZONALON CRE	<i>triamcinolone cre 0.025%, mometasone cre, alclometasone cre 0.05%, betamethasone valerate cre, fluticasone cre 0.05%</i>
TOPICAL DERMATOLOGY, CORTICOSTEROIDS	<i>fluocinonide cre 0.1%</i> VANOS CRE 0.1%	<i>halobetasol propionate cream 0.05%, clobetasol propionate cream 0.05%</i>
TOPICAL DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	RYNODERM CRE*	<i>ammonium lac cre 12%</i>
	ALOQUIN GEL* ALCORTIN A GEL* BENSAL HP OIN* NOVACORT GEL* QUINJA GEL*	<i>hydrocortisone, alclometasone, desonide</i>
	ZYCLARA	<i>imiquimod cre 5%</i>

* Removal applies to enhanced coverage formularies only.

¹ This list does not include additional removals from Copper-Comm Opt-In to align with CVS Caremark Standard Control commercial formulary opt-in exclusions.

² This list does not include all commercial exclusions.

³ Mavyret: For treatment-naïve patients with chronic hepatitis C virus (HCV); or for genotype 1 infection previously treated with an NS5A inhibitor or a NS3/4A protease inhibitor, but not both. Not on Copper-Comm Opt-In Formulary.

⁴ Zepatier: Not on Copper-Comm Opt-In Formulary.

This list represents brand products in CAPS and generic products in lowercase *italics*. This list is subject to change.

Removed drugs and suggested alternative drugs and alternative drug copay tiers may vary depending upon the enrollee's EGWP formulary. Alternative drugs are on the Copper-Comm, Platinum-Comm and Copper-Comm Opt-in Medicare Part D formularies, unless otherwise noted. There may be additional plan restrictions. Only the prescriber can determine if an alternative drug is appropriate for a Medicare Part D enrollee given the individualized nature of the drug therapy. This is not an all-inclusive list of non-formulary drugs or available drug options. For specific formulary information and additional alternatives, refer to the enrollee's EGWP benefit plan and formulary.

This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition. This information is not a substitute for medical advice or treatment. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

An exception process may exist for specific clinical or regulatory circumstances that require coverage of a removed medication.

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January 2019

SilverScript® Insurance Company Employer Group Waiver Plan (EGWP) Formulary Drug Removals

Below is a list of medicines by drug class that have been removed from SilverScript EGWP Medicare Part D and/or enhanced coverage formularies, with alternative formulary options. This list represents drug removals in the Standard Exclusion offering.

CRITICAL REMINDERS:

It is very important to list all preferred brand formulary alternatives on any communications to members, prescribers or external parties so that each product in each category is represented equally. Listing only a subset of the preferred branded formulary agents or only generics when there are branded formulary products may result in nonpayment of rebates by the pharmaceutical manufacturer, and possible required adjustment of rebate guarantees for any drug that was disadvantaged or not treated equally. This applies to letters as well as printed and posted drug lists.

CVS Caremark takes no responsibility or ownership for the content of the document if any alterations, intentional or unintentional, or other manipulations made to this document.

Any deviations from this representation of alternatives (either addition or removal of alternatives represented) should be reviewed and approved prior to any external communication.

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Category Drug Class	Formulary Drug Removals	Formulary Options
ANALGESICS GOUT	colchicine cap (generic) colchicine tab (generic)	COLCRYS TAB MITIGARE CAP
ANALGESICS NON-NARCOTIC	VANATOL LQ SOL VANATOL S SOL	diclofenac tab, difflunisal tab, fenoprofen cap/tab, ibuprofen tab, naproxen tab
ANALGESICS NSAIDS	INDOCIN SUS INDOCIN SUPP mefenamic acid cap PONSTEL CAP SPRIX	celecoxib cap, diclofenac tab, ibuprofen tab, naproxen tab, naproxen sod tab
ANALGESICS OPIOID ANALGESICS, CII	NALOCET PRIMLEV TAB	oxycodone/acetaminophen tab
	oxycodone ER tab (generic)	OXYCONTIN TAB
ANTI-INFECTIVES ANTI-INFECTIVES - MISCELLANEOUS	DARAPRIM	CONSULT YOUR HEALTH CARE PROVIDER
	MACRODANTIN CAP	nitrofurantoin cap
ANTI-INFECTIVES ANTI-VIRALS	SITAVIG	famciclovir tabs, valacyclovir tabs, DENAVIR CREAM
	DAKLINZA OLYSIO SOVALDI TECHNIVIE VIEKIRA PAK VIEKIRA XR	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) HARVONI (genotypes 1, 4, 5, 6) MAVYRET ¹ ZEPATIER (genotypes 1, 4)
	SOVALDI	VOSEVI ²

Category Drug Class	Formulary Drug Removals	Formulary Options
ANTI-INFECTIVES ERYTHROMYCINS/MACROLIDES	E.E.S. GRAN SUS 200/5 ML ERYPED SUS 200/5 ML, 400/5 ML	<i>azithromycin susp, clarithromycin susp, erythromycins</i>
ANTI-INFECTIVES TETRACYCLINES	ARESTIN	<i>doxycycline tab 20 mg</i>
	MINOCIN CAP	<i>minocycline cap (generic of MINOCIN)</i>
ANTINEOPLASTIC AGENTS HORMONAL ANTINEOPLASTIC AGENTS	NILANDRON	<i>nilutamide (generic of NILANDRON)</i>
	YONSA	XTANDI, ZYTIGA
CARDIOVASCULAR ANTIARRHYTHMICS	BETAPACE TAB BETAPACE AF TAB	<i>sorine, sotalol tab (generic of BETAPACE), sotalol af tab (generic of BETAPACE AF)</i>
CARDIOVASCULAR ANTILIPEMICS, MISCELLANEOUS	REPATHA	PRALUENT
CARDIOVASCULAR BETA-BLOCKER/DIURETIC COMBINATIONS	DUTOPROL TAB METOPROLOL/HYDROCHLOROTHIAZIDE ER	<i>bisoprolol-hydrochlorothiazide tab, metoprolol-hydrochlorothiazide tab</i>
CARDIOVASCULAR DIGITALIS GLYCOSIDES	LANOXIN TAB 0.125MG LANOXIN TAB 0.25MG	<i>digoxin 0.125mg or 0.25mg tab digox 0.125mg or 0.25mg tab digitek 0.125mg or 0.25mg tab</i>
CARDIOVASCULAR DIURETICS	DYRENIUM	<i>amiloride</i>
CENTRAL NERVOUS SYSTEM ANTICONVULSANTS	ZONEGRAN CAP	<i>zonisamide cap (generic of ZONEGRAN)</i>
CENTRAL NERVOUS SYSTEM ANTIDEPRESSANTS	<i>venlafaxine tab er (except 225 mg)</i> VENLAFAXINE TAB ER (except 225 mg)	<i>venlafaxine cap er</i>
CENTRAL NERVOUS SYSTEM HYPNOTICS	ROZEREM TAB ZOLPIMIST SPRAY	<i>temazepam 7.5 or 15 mg cap, zolpidem tab, SILENOR TAB</i>
CENTRAL NERVOUS SYSTEM MIGRAINE	CAFERGOT TAB	<i>ergotamine w/ caffeine tab (generic of CAFERGOT)</i>
CENTRAL NERVOUS SYSTEM MULTIPLE SCLEROSIS AGENTS	EXTAVIA INJ	AVONEX, BETASERON, PLEGRIDY, REBIF
	ZINBRYTA INJ	LEMTRADA, TYSABRI
ENDOCRINE AND METABOLIC ANTIDIABETICS, INJECTABLE	ADMELOG ADMELOG SOLOSTAR APIDRA APIDRA SOLOSTAR HUMALOG HUMALOG JR HUMALOG KWIKPEN	FIASP, FIASP FLEXTOUCH, NOVOLOG, NOVOLOG FLEXPEN
	HUMALOG MIX 50/50 HUMALOG MIX 50/50 KWIKPEN HUMALOG MIX 75/25 HUMALOG MIX 75/25 KWIKPEN	NOVOLOG MIX 70/30 , NOVOLOG 70/30 FLEXPEN
	HUMULIN N HUMULIN N KWIKPEN NOVOLIN N (RELION)	NOVOLIN N
	HUMULIN 70/30 HUMULIN 70/30 KWIKPEN	NOVOLIN 70/30

Category Drug Class	Formulary Drug Removals	Formulary Options
	NOVOLIN 70/30 (RELION)	
	HUMULIN R U-100 NOVOLIN R (RELION)	NOVOLIN R
	LANTUS LANTUS SOLOSTAR TOUJEO SOLOSTAR	BASAGLAR, LEVEMIR, TRESIBA
	ADLYXIN TANZEUM	BYDUREON, BYETTA, OZEMPIC, TRULICITY, VICTOZA
ENDOCRINE AND METABOLIC ANTIDIABETICS, ORAL	<i>alogliptin</i> NESINA ONGLYZA	JANUVIA, TRADJENTA
	<i>alogliptin/metformin hcl</i> KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
	<i>alogliptin/pioglitazone</i> OSENI	<i>pioglitazone</i> plus JANUVIA, <i>pioglitazone</i> plus TRADJENTA
	<i>metformin hcl tab er</i> (generic of FORTAMET) FORTAMET <i>metformin hcl tab er</i> (generic of GLUMETZA) GLUMETZA	<i>metformin er tab</i> (generic of GLUCOPHAGE XR)
	GLYXAMBI QTERN STEGLUJAN	FARXIGA or JARDIANCE plus TRADJENTA or JANUVIA
	INVOKANA STEGLATRO	FARXIGA or JARDIANCE
	INVOKAMET INVOKAMET XR SEGLUROMET	SYNJARDY SYNJARDY XR XIGDUO XR
ENDOCRINE AND METABOLIC CHELATING AGENTS	CUPRIMINE	DEPEN
ENDOCRINE AND METABOLIC ENZYME REPLACEMENTS	CARNITOR TAB CARNITOR ORAL SOL CARNITOR SF ORAL SOL	<i>levocarnitine sol</i> ; <i>levocarnitine tab</i>
ENDOCRINE AND METABOLIC GLUCOCORTICIDS	<i>dexamethasone pak</i> DEXPAK PAK TAPERDEX PAK ZODEX PAK	<i>dexamethasone tab</i> , <i>methylprednisolone tab or pak</i> , <i>prednisone tab or pak</i>
	MILLIPRED DP PAK MILLIPRED SOLUTION MILLIPRED TABS	<i>methylprednisolone tab or pak</i> , <i>prednisolone solution</i> , <i>prednisone tab or pak</i>
ENDOCRINE AND METABOLIC MISCELLANEOUS	H.P. ACTHAR	CONSULT YOUR HEALTH CARE PROVIDER
	METHERGINE TAB <i>methylergonovine tab</i>	CONSULT YOUR HEALTH CARE PROVIDER
	MIACALCIN SPR	<i>calcitonin spr</i>
	MIACALCIN INJ	<i>alendronate</i> , <i>ibandronate</i> , <i>risedronate</i> , <i>zoledronic acid</i> , FORTEO, PROLIA, TYMLOS
GASTROINTESTINAL INFLAMMATORY BOWEL DISEASE	COLAZAL	<i>balsalazide</i> (generic of COLAZAL)
GASTROINTESTINAL PROTON PUMP INHIBITORS	<i>omeppi</i> <i>omeprazole/bicarbonate</i> ZEGERID	<i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i> , <i>rabeprazole</i> , DEXILANT, PRILOSEC POW

Category Drug Class	Formulary Drug Removals	Formulary Options
GENITOURINARY BENIGN PROSTATIC HYPERPLASIA	UROXATRAL	<i>alfuzosin</i> (generic of UROXATRAL)
GENITOURINARY MISCELLANEOUS	RIMSO-50	CONSULT YOUR HEALTH CARE PROVIDER
HEMATOLOGIC ANTICOAGULANTS	BEVYXXA	<i>enoxaparin</i> , FRAGMIN
	SAVAYSA	ELIQUIS, PRADAXA, XARELTO
IMMUNOLOGIC AGENTS DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	ACTEMRA CIMZIA COSENTYX COSENTYX SENSOREADY PEN KEVZARA KINERET ORENCIA ORENCIA CLICKJECT OTEZLA SIMPONI SIMPONI ARIA STELARA SYRINGE STELARA VIAL TALTZ	ENBREL, HUMIRA, REMICADE, XELJANZ TAB, XELJANZ XR
	INFLECTRA RENFLEXIS	REMICADE
	ILUMYA SILIQ TREMIFYA	ENBREL, HUMIRA, REMICADE
	STELARA IV SOLN	HUMIRA, REMICADE
	OTREXUP RASUVO	<i>methotrexate tab 2.5mg</i> , <i>methotrexate inj 25mg/ml</i>
MISCELLANEOUS PRODUCTS MISCELLANEOUS	VARITHENA AER	CONSULT YOUR HEALTH CARE PROVIDER
MOUTH/THROAT/DENTAL MOUTH/THROAT/DENTAL AGENTS	NEUTRASAL POW	CONSULT YOUR HEALTH CARE PROVIDER
NUTRITIONAL PRODUCTS VITAMINS	MEPHYTON TAB	CONSULT YOUR HEALTH CARE PROVIDER
NUTRITIONAL/SUPPLEMENTS ELECTRYLOTES	KLOR-CON/25 POW 25MEQ	<i>potassium chloride powder 20meq</i>
OPHTHALMIC ANTIGLAUCOMA	<i>bimatoprost</i> RHOPRESSA VYZULTA ZIOPTAN	<i>latanoprost</i> , LUMIGAN, TRAVATAN Z
OPHTHALMIC ANTI-INFLAMMATORIES	PRED FORTE SUS PREDNISOLONE SUS 1%	<i>dexamethasone solution</i> , <i>fluorometholone susp</i> , <i>prednisolone acetate ophth susp</i> (generic of PRED FORTE)
RESPIRATORY ANTICHOLINERGICS	TUDORZA PRES AER	INCRUSE ELLIPTA, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT
RESPIRATORY LEUKOTRIENE MODULATORS	ZYFLO TAB ZYFLO CR TAB	<i>montelukast tab</i> , <i>zafirlukast tab</i> , <i>zileuton er tab</i> (generic of ZYFLO CR)
RESPIRATORY MISCELLANEOUS	AUVI-Q EPIPEN EPIPEN-JR	<i>epinephrine inj</i> (generic of ADRENALICK)

Category Drug Class	Formulary Drug Removals	Formulary Options
RESPIRATORY STEROID/BETA-AGONIST COMBINATIONS	AIRDUO RESPICLICK INH DULERA AER <i>fluticasone-salmeterol inh</i>	ADVAIR HFA, ADVAIR DISKUS, BREO ELLIPTA, SYMBICORT
RESPIRATORY STEROID INHALANTS	ARMONAIR AER	ALVESCO, ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
TOPICAL DERMATOLOGY, ACNE	<i>benzoyl peroxide-hc lot 5-0.5%</i> VANOXIDE-HC LOT	<i>adapalene, benzoyl peroxide-erythromycin gel, clindamycin phosphate (topical), erythromycin solution, tretinoin</i>
TOPICAL DERMATOLOGY, ANTIPRURITIC	<i>doxepin hcl cre</i> PRUDOXIN CRE ZONALON CRE	<i>desonide cream, desonide lotion, hydrocortisone 0.1% cream, hydrocortisone 0.1% lotion</i>
TOPICAL DERMATOLOGY, CORTICOSTEROIDS	<i>fluocinonide cre 0.1%</i> VANOS CRE 0.1%	<i>clobetasol propionate cream 0.05%, halobetasol propionate cream 0.05%</i>
TOPICAL DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	RYNODERM CRE URE-K	<i>ammonium lac cre 12%</i>
	AVENOVA	CONSULT YOUR HEALTH CARE PROVIDER
	ALCORTIN A GEL ALEVICYN GEL ALEVICYN KIT ALEVICYN SOL ALEVICYN SG GEL ALOQUIN GEL BENSAL HP OIN CERACADE EUCRISA OIN LEVICYN GEL LEVICYN SOL NOVACORT GEL <i>paramox-hc gel</i> QUINJA GEL SYNERDERM	<i>clotrimazole, desonide, hydrocortisone</i>
	<i>imiquimod cream 3.75% pump</i> ZYCLARA	<i>imiquimod cre 5%</i>

¹ Mavyret: For patients with genotypes 1, 2, 3, 4, 5, or 6 chronic hepatitis C virus (HCV); or for genotype 1 infection previously treated with an NS5A inhibitor or an NS3/4A protease inhibitor, but not both.

² Vosevi: 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).

This list represents brand products in CAPS and generic products in lowercase *italics*. This list is subject to change.

Removed drugs and suggested alternative drugs and alternative drug copay tiers may vary depending upon the enrollee's EGWP formulary. Alternative drugs are on the Medicare Part D formularies, unless otherwise noted. There may be additional plan restrictions. Only the prescriber can determine if an alternative drug is appropriate for a Medicare Part D enrollee given the individualized nature of the drug therapy. This is not an all-inclusive list of non-formulary drugs or available drug options. For specific formulary information and additional alternatives, refer to the enrollee's EGWP benefit plan and formulary.

This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition. This information is not a substitute for medical advice or treatment. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

An exception process may exist for specific clinical or regulatory circumstances that require coverage of a removed medication.

Subject to applicable laws and regulations.

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SilverScript® Insurance Company Employer Group Waiver Plan (EGWP) Formulary Drug Removals

Below is a list of medicines by drug class that have been removed from SilverScript EGWP Medicare Part D and/or enhanced coverage formularies, with alternative formulary options. This list represents drug removals in the Standard Exclusion offering.

Items in **bold** are new exclusions for 2020.

Critical Reminders

It is very important to list all preferred brand formulary alternatives on any communications to members, prescribers or external parties so that each product in each category is represented equally. Listing only a subset of the preferred branded formulary agents or only generics when there are branded formulary products may result in nonpayment of rebates by the pharmaceutical manufacturer, and possible required adjustment of rebate guarantees for any drug that was disadvantaged or not treated equally. This applies to letters as well as printed and posted drug lists.

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Drug Class Category	Formulary Drug Removals	Formulary Options
ANALGESICS Gout	<i>colchicine cap (generic)</i> <i>colchicine tab (generic)</i>	COLCRYS TAB, MITIGARE CAP
ANALGESICS Non-Narcotic	BUTALBITAL/APAP CAP 50-300 MG (MANUFACTURED BY SOLUBIOMIX) VANATOL LQ SOL VANATOL S SOL	<i>diclofenac tab, diflunisal tab, ibuprofen tab, naproxen tab, naproxen dr tab</i>
ANALGESICS NSAIDS	EC-NAPROSYN EC-NAPROXEN fenoprofen 200mg, 400mg cap fenoprofen 600mg tab FENORTHO 200MG, 400MG CAP INDOCIN SUS INDOCIN SUPP <i>mefenamic acid cap</i> NALFON 400MG CAP, 600MG TAB NAPRELAN CR TAB NAPROSYN 125MG/5M SUSP naproxen 125mg/5ml susp naproxen sod cr tab PONSTEL CAP profeno 600mg tab SPRIX VIVLODEX CAP ZIPSOR CAP ZORVOLEX CAP	<i>celecoxib cap, diclofenac tab, ibuprofen susp, ibuprofen tab, meloxicam tab, nabumetone tab, naproxen tab, naproxen dr tab</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
ANALGESICS NSAIDS	DUEXIS VIMOVO TAB	<i>diclofenac with misoprostol tab, famotidine tab plus ibuprofen tab, famotidine tab plus naproxen tab, naproxen tab plus esomeprazole 20mg or 40mg cap, naproxen tab plus omeprazole cap</i>
ANALGESICS Opioid Analgesics, CII	levorphanol tab	<i>methadone tab, morphine sulfate er tab, EMBEDA CAP, HYSINGLA ER TAB, NUCYNTA ER TAB, OXYCONTIN TAB</i>
	NALOCET PRIMLEV TAB	<i>oxycodone/acetaminophen tab</i>
	<i>oxycodone er tab (generic)</i>	OXYCONTIN TAB
ANTI-INFECTIVES Anti-Infectives–Miscellaneous	DARAPRIM	Consult your health care provider
	MACRODANTIN CAP	<i>nitrofurantoin cap</i>
ANTI-INFECTIVES Anti-Virals	SITAVIG	<i>famciclovir tabs, valacyclovir tabs, DENAVIR CREAM</i>
	DAKLINZA LEDIPASVIR-SOFOSBUVIR OLYSIO SOFOSBUVIR-VELPATASVIR SOVALDI TECHNIVIE VIEKIRA PAK VIEKIRA XR ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) HARVONI (genotypes 1, 4, 5, 6) MAVYRET ¹
	SOVALDI ZEPATIER	VOSEVI ²
ANTI-INFECTIVES Erythromycins/Macrolides	E.E.S. GRAN SUS 200/5 ML ERYPED SUS 200/5 ML, 400/5 ML	<i>azithromycin susp, clarithromycin susp, erythromycins</i>
ANTI-INFECTIVES Tetracyclines	ARESTIN	<i>doxycycline tab 20 mg</i>
	MINOCIN CAP	<i>minocycline cap (generic of MINOCIN)</i>
	NUZYRA	<i>levofloxacin tab or soln or inj, linezolid tab or susp or inj, moxifloxacin tab or soln or inj, vancomycin inj</i>
ANTINEOPLASTIC AGENTS Hormonal Antineoplastic Agents	NILANDRON	<i>nilutamide (generic of NILANDRON)</i>
	YONSA	XTANDI, ZYTIGA 500 MG
CARDIOVASCULAR Antiarrhythmics	BETAPACE TAB BETAPACE AF TAB	<i>sorine, sotalol tab (generic of BETAPACE), sotalol af tab (generic of BETAPACE AF)</i>
CARDIOVASCULAR Antilipemics, Miscellaneous	REPATHA	PRALUENT
	fenofibrate tab 40mg, 120mg (generic of FENOGLIDE) FENOGLIDE TAB 40MG, 120MG	<i>fenofibrate tab 48mg, 54mg, 145mg, 160mg; fenofibrate micronized cap 67mg, 134mg, 200mg; fenofibric acid tab 35mg, 105mg</i>
CARDIOVASCULAR Beta-Blocker	TENORMIN TAB	<i>atenolol tab (generic of TENORMIN)</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
CARDIOVASCULAR <i>Beta-Blocker/Diuretic Combinations</i>	DUTOPROL TAB METOPROLOL/ HYDROCHLOROTHIAZIDE ER TENORETIC TAB	<i>atenolol/chlorthalidone tab (generic of TENORETIC), bisoprolol-hydrochlorothiazide tab, metoprolol-hydrochlorothiazide tab</i>
CARDIOVASCULAR <i>Digitalis Glycosides</i>	LANOXIN TAB 0.125 MG LANOXIN TAB 0.25 MG	<i>digoxin 0.125 mg or 0.25 mg tab digox 0.125 mg or 0.25 mg tab digitek 0.125 mg or 0.25 mg tab</i>
CARDIOVASCULAR <i>Diuretics</i>	<i>triamterene cap (generic of DYRENIUM)</i> DYRENIUM	<i>amiloride</i>
CENTRAL NERVOUS SYSTEM <i>Anticonvulsants</i>	ZONEGRAN CAP	<i>zonisamide cap (generic of ZONEGRAN)</i>
CENTRAL NERVOUS SYSTEM <i>Antidepressants</i>	APLENZIN TAB venlafaxine tab er (except 225 mg) VENLAFAXINE TAB ER (except 225 mg)	<i>bupropion tab er 24 hr, venlafaxine cap er</i>
CENTRAL NERVOUS SYSTEM <i>Hypnotics</i>	ROZEREM TAB ZOLPIMIST SPRAY	<i>temazepam 7.5 or 15 mg cap, zolpidem tab, SILENOR TAB</i>
CENTRAL NERVOUS SYSTEM <i>Migraine</i>	AJOVY	AIMOVIG, EMGALITY 120MG/ML
	CAFERGOT TAB	<i>ergotamine w/ caffeine tab (generic of CAFERGOT)</i>
	CAMBIA POWDER	<i>diclofenac tab, ibuprofen tab, naproxen tab</i>
CENTRAL NERVOUS SYSTEM <i>Multiple Sclerosis Agents</i>	EXTAVIA INJ	AVONEX, BETASERON, PLEGRIDY, REBIF
	ZINBRYTA INJ	LEMTRADA, TYSABRI
ENDOCRINE AND METABOLIC <i>Antidiabetics, Injectable</i>	ADMELOG ADMELOG SOLOSTAR APIDRA APIDRA SOLOSTAR HUMALOG HUMALOG JR HUMALOG KWIKPEN INSULIN LISPRO	FIASP, FIASP FLEXTOUCH, NOVOLOG, NOVOLOG FLEXPEN
	HUMALOG MIX 50/50 HUMALOG MIX 50/50 KWIKPEN HUMALOG MIX 75/25 HUMALOG MIX 75/25 KWIKPEN	NOVOLOG MIX 70/30, NOVOLOG 70/30 FLEXPEN
	HUMULIN N HUMULIN N KWIKPEN NOVOLIN N (RELION)	NOVOLIN N
	HUMULIN 70/30 HUMULIN 70/30 KWIKPEN NOVOLIN 70/30 (RELION) NOVOLIN FLEXPEN (RELION)	NOVOLIN 70/30, NOVOLIN 70/30 FLEXPEN
	HUMULIN R U-100 NOVOLIN R (RELION)	NOVOLIN R

Drug Class Category	Formulary Drug Removals	Formulary Options
ENDOCRINE AND METABOLIC <i>Antidiabetics, Injectable</i>	LANTUS LANTUS SOLOSTAR TOUJEO SOLOSTAR	BASAGLAR, LEVEMIR, TRESIBA
	ADLYXIN RYBELSUS TAB TANZEUM	BYDUREON, BYETTA, OZEMPIC, TRULICITY, VICTOZA
ENDOCRINE AND METABOLIC <i>Antidiabetics, Oral</i>	<i>alogliptin</i> NESINA ONGLYZA	JANUVIA, TRADJENTA
	<i>alogliptin/metformin hcl</i> KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
	<i>alogliptin/pioglitazone</i> OSENI	<i>pioglitazone</i> plus JANUVIA, <i>pioglitazone</i> plus TRADJENTA
	<i>metformin hcl tab er</i> (generic of FORTAMET) FORTAMET <i>metformin hcl tab er</i> (generic of GLUMETZA) GLUMETZA	<i>metformin er tab</i> (generic of GLUCOPHAGE XR)
	GLYXAMBI QTERN STEGLUJAN	FARXIGA or JARDIANCE plus TRADJENTA or JANUVIA
	INVOKANA STEGLATRO	FARXIGA or JARDIANCE
	INVOKAMET INVOKAMET XR SEGLUROMET	SYNJARDY, SYNJARDY XR, XIGDUO XR
ENDOCRINE AND METABOLIC <i>Antidiabetics, Miscellaneous</i>	AFREZZA POWDER	FIASP, FIASP FLEXTOUCH, NOVOLOG, NOVOLOG FLEXPEN
ENDOCRINE AND METABOLIC <i>Chelating Agents</i>	CUPRIMINE <i>penicillamine</i>	DEPEN
ENDOCRINE AND METABOLIC <i>Enzyme Replacements</i>	CARNITOR TAB CARNITOR ORAL SOL CARNITOR SF ORAL SOL	<i>levocarnitine sol, levocarnitine tab</i>
ENDOCRINE AND METABOLIC <i>Glucocorticoids</i>	<i>dexamethasone pak</i> <i>dexpak</i> DXEVO <i>hidex pak</i> <i>taperdex pak</i> ZODEX PAK 12 DAY <i>zodek pak 6 day</i>	<i>dexamethasone tab,</i> <i>methylprednisolone tab or pak,</i> <i>prednisone tab or pak</i>
	MILLIPRED DP PAK MILLIPRED SOLUTION MILLIPRED TABS RAYOS TAB	<i>dexamethasone tab,</i> <i>methylprednisolone tab or pak,</i> <i>prednisolone solution, prednisone tab or pak</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
ENDOCRINE AND METABOLIC <i>Miscellaneous</i>	ACTHAR INJ	Consult your health care provider
	METHERGINE TAB <i>methylergonovine tab</i>	Consult your health care provider
	MIACALCIN SPR	<i>calcitonin spr</i>
	MIACALCIN INJ	<i>alendronate, ibandronate, risedronate, zoledronic acid, FORTEO, PROLIA, TYMLOS</i>
GASTROINTESTINAL <i>Antispasmodics</i>	glycopyrrolate 1.5mg tab (manufactured by Foxland Pharmaceuticals)	<i>glycopyrrolate 1mg tab, glycopyrrolate 2mg tab, GLYCATE 1.5MG TAB</i>
GASTROINTESTINAL <i>Inflammatory Bowel Disease</i>	COLAZAL	<i>balsalazide (generic of COLAZAL)</i>
GASTROINTESTINAL <i>Laxatives</i>	lactulose 10gm pak (manufactured by Foxland Pharmaceuticals)	<i>lactulose 10gm/15ml solution, KRISTALOSE PAK</i>
GASTROINTESTINAL <i>Miscellaneous</i>	PYLERA CAP	<i>amoxicillin cap-clarithromycin tab-lansoprazole cap therapy pack, OMECLAMOX PAK</i>
GASTROINTESTINAL <i>Proton Pump Inhibitors</i>	<i>omeppi</i> omeprazole/bicarbonate ZEGERID	<i>esomeprazole 20mg or 40mg, lansoprazole, omeprazole, pantoprazole, rabeprazole, DEXILANT, PRILOSEC POW</i>
GENITOURINARY <i>Benign Prostatic Hyperplasia</i>	UROXATRAL	<i>alfuzosin (generic of UROXATRAL)</i>
GENITOURINARY <i>Miscellaneous</i>	RIMSO-50	Consult your health care provider
HEMATOLOGIC <i>Anticoagulants</i>	BEVYXXA	<i>enoxaparin, FRAGMIN</i>
	SAVAYSA	ELIQUIS, PRADAXA, XARELTO
HEMATOLOGIC <i>Hematopoietic Growth Factors</i>	EPOGEN INJ RETACRIT INJ	ARANESP INJ, PROCRT INJ
	FULPHILIA INJ GRANIX INJ NEULASTA INJ NEUPOGEN INJ NIVESTYM INJ UDENYCA INJ	ZARXIO INJ
IMMUNOLOGIC AGENTS <i>Disease-Modifying Anti-Rheumatic Drugs (DMARDs)</i>	DUPIXENT	NUCALA (FOR ASTHMA)

Drug Class Category	Formulary Drug Removals	Formulary Options
IMMUNOLOGIC AGENTS <i>Disease-Modifying Anti-Rheumatic Drugs (DMARDS)</i>	ACTEMRA ACTEMRA ACTPEN CIMZIA COSENTYX COSENTYX SENSOREADY PEN ENBREL ENBREL MINI ENBREL SURECLICK KEVZARA KINERET OLUMIANT ORENCIA ORENCIA CLICKJECT OTEZLA RINVOQ SIMPONI SIMPONI ARIA SKYRIZI TALTZ	HUMIRA, XELJANZ TAB, XELJANZ XR
	INFLECTRA REMICADE	RENFLEXIS INJ
	ILUMYA SILIQ TREMFYA	HUMIRA
	STELARA IV SOLN 130MG/26ML	HUMIRA
	OTREXUP RASUVO	<i>methotrexate tab 2.5 mg,</i> <i>methotrexate inj 25 mg/ml</i>
MISCELLANEOUS PRODUCTS <i>Miscellaneous</i>	VARITHENA AER	Consult your health care provider
MOUTH/THROAT/DENTAL <i>Mouth/Throat/Dental Agents</i>	NEUTRASAL POW	Consult your health care provider
MUSCULOSKELETAL AGENTS <i>Musculoskeletal Agents</i>	<i>chlorzoxazone 250 mg tab</i> <i>(manufactured by Basiem, Mikart</i> <i>and Solubiomix)</i>	<i>cyclobenzaprine 5 mg,</i> <i>cyclobenzaprine 10 mg</i>
NUTRITIONAL PRODUCTS <i>Vitamins</i>	MEPHYTON TAB	Consult your health care provider
NUTRITIONAL/SUPPLEMENTS <i>Electrolytes</i>	KLOR-CON/25 POW 25MEQ	<i>potassium chloride powder 20meq</i>
NUTRITIONAL/SUPPLEMENTS <i>Medical Foods</i>	FOSTEUM CAP FOSTEUM PLUS CAP	<i>alendronate, ibandronate, risedronate</i>
	RHEUMATE CAP VASCULERA TAB	Consult your health care provider
OPHTHALMIC <i>Antiglaucoma</i>	<i>bimatoprost</i> ROCKLATAN VYZULTA XELPROS ZIOPTAN	<i>latanoprost, LUMIGAN, TRAVATAN Z</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
OPHTHALMIC <i>Anti-Inflammatories</i>	FML LIQUIFILM SUS PRED FORTE SUS PREDNISOLONE SUS 1%	<i>dexamethasone solution, fluorometholone susp, prednisolone acetate ophth susp (generic of PRED FORTE)</i>
OPHTHALMIC <i>Miscellaneous</i>	CEQUA SOL XIIDRA DROPS	RESTASIS EMULSION
RESPIRATORY <i>Anticholinergics</i>	DUAKLIR AER LONHALA SOL SEEBRI NEOHALER TUDORZA PRES AER YUPELRI SOL	INCRUSE ELLIPTA, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT
RESPIRATORY <i>Anticholinergics/Beta Agonists</i>	STIOLTO RESPIMAT UTIBRON NEOHALER	ANORO ELLIPTA, BEVESPI AEROSPHERE
RESPIRATORY <i>Antihistamines</i>	carbinoxamine 6mg tab (manufactured by Foxland Pharmaceuticals)	<i>cetirizine soln, desloratidine tab, levocetirizine soln or tab</i>
RESPIRATORY <i>Antitussives</i>	benzonatate 150 mg (manufactured by Solubiomix and Sterling K)	Consult your health care provider
RESPIRATORY <i>Leukotriene Modulators</i>	zileuton er tab (generic of ZYFLO CR) ZYFLO TAB ZYFLO CR TAB	<i>montelukast tab, zafirlukast tab</i>
RESPIRATORY <i>Miscellaneous</i>	AUVI-Q	<i>epinephrine inj (generic of ADRENALICK), epinephrine inj (generic of EPIPEN)</i>
	FASENRA INJ	CINQAIR INJ, NUCALA INJ
RESPIRATORY <i>Steroid/Beta-Agonist Combinations</i>	AIRDUO RESPICLICK INH DULERA AER <i>fluticasone-salmeterol inh wixela inhub</i>	ADVAIR HFA, ADVAIR DISKUS, BREO ELLIPTA, SYMBICORT
RESPIRATORY <i>Steroid Inhalants</i>	ALVESCO ARMONAIR AER ASMANEX HFA ASMANEX TWISTHALER QVAR QVAR REDIHALER	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER
TOPICAL <i>Dermatology, Acne</i>	<i>adapalene pad 0.1%</i> <i>benzoyl peroxide-hc lot 5-0.5%</i> VANOXIDE-HC LOT	<i>adapalene, benzoyl peroxide-erythromycin gel, clindamycin phosphate (topical), erythromycin solution, tretinoin</i>
TOPICAL <i>Dermatology, Antibiotics</i>	BACTROBAN CREAM <i>mupirocin cream</i>	<i>mupirocin ointment, gentamicin 0.1% cream, gentamicin 0.1% ointment</i>
TOPICAL <i>Dermatology, Antifungals</i>	ciclopirox 0.77% gel oxiconazole cream OXISTAT 1% CREAM	<i>ciclopirox 0.77% cream or susp, clotrimazole 1% cream or solution, ketoconazole cream, selenium sulfide lotion</i>
	ciclopirox 1% shampoo LOPROX 1% SHAMPOO	<i>ketoconazole shampoo</i>
TOPICAL <i>Dermatology, Antipruritic</i>	<i>doxepin hcl cre</i> PRUDOXIN CRE ZONALON CRE	<i>desonide cream, desonide lotion, hydrocortisone 0.1% cream, hydrocortisone 0.1% lotion</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
TOPICAL <i>Dermatology, Antipsoriatics</i>	<i>calcipotriene 0.005% cream</i> <i>calcitriol 3mcg/gm oint</i> DOVONEX 0.005% CREAM VECTICAL 3MCG/GM OINT	<i>calcipotriene 0.005% soln or oint,</i> <i>tazarotene 0.1% cream</i>
TOPICAL <i>Dermatology, Corticosteroids</i>	CORDRAN OINT 0.05% <i>flurandrenolide oint 0.05%</i>	<i>fluocinolone acetonide oint 0.025%,</i> <i>triamcinolone oint 0.1%,</i> <i>fluocinonide oint 0.05%,</i> <i>mometasone oint 0.1%</i>
	<i>diflorasone cream 0.05%</i> PSORCON CREAM 0.05%	<i>fluocinonide cream 0.05%,</i> <i>triamcinolone cream 0.5%,</i> <i>betamethasone dip cream 0.05%,</i> <i>aug betamethasone cream 0.05%</i>
	<i>desoximetasone gel 0.05%</i> TOPICORT GEL 0.05%	<i>fluocinonide gel 0.05%,</i> <i>betamethasone dip augmented gel 0.05%</i>
	<i>desoximetasone cream 0.05%</i> TOPICORT CREAM 0.05%	<i>triamcinolone cream 0.1%,</i> <i>betamethasone dip cream 0.05%,</i> <i>betamethasone valerate cream 0.1%,</i> <i>fluticasone cream 0.05%,</i> <i>mometasone cream 0.1%</i>
	<i>hc valerate cream 0.2%</i>	<i>betamethasone valerate cream 0.1%,</i> <i>fluticasone cream 0.05%,</i> <i>hydrocortisone butyrate cream 0.1%</i>
	<i>desoximetasone cream 0.25%</i> TOPICORT CREAM 0.25%	<i>triamcinolone cream 0.5%,</i> <i>betamethasone dip cream 0.05%,</i> <i>aug betamethasone cream 0.05%,</i> <i>fluocinonide cream 0.05%</i>
	<i>desoximetasone oint 0.05%</i> TOPICORT OINT 0.05%	<i>triamcinolone oint 0.1%,</i> <i>betamethasone dip oint 0.05%,</i> <i>betamethasone valerate oint 0.1%,</i> <i>mometasone oint 0.1%,</i> <i>fluticasone oint 0.005%,</i> <i>fluocinolone acetonide oint 0.025%</i>
	<i>hc valerate oint 0.2%</i>	<i>triamcinolone oint 0.1%,</i> <i>betamethasone valerate oint 0.1%,</i> <i>fluticasone oint 0.005%,</i> <i>hydrocortisone butyrate oint 0.1%</i>
	TRIANEX OINT 0.05%	<i>triamcinolone oint 0.25%,</i> <i>betamethasone valerate oint 0.1%,</i> <i>fluticasone oint 0.005%,</i> <i>fluocinolone acetonide oint 0.025%</i>
	<i>desoximetasone oint 0.25%</i> TOPICORT OINT 0.25%	<i>triamcinolone oint 0.5%,</i> <i>betamethasone dip oint 0.05%,</i> <i>fluocinonide oint 0.05%</i>
<i>diflorasone oint 0.05%</i>	<i>triamcinolone oint 0.5%,</i> <i>betamethasone valerate oint 0.1%,</i> <i>fluticasone oint 0.005%,</i> <i>mometasone oint 0.1%</i>	

Drug Class Category	Formulary Drug Removals	Formulary Options
TOPICAL <i>Dermatology, Corticosteroids</i>	<i>flucinonide cream 0.1%</i> VANOS CREAM 0.1%	<i>clobetasol propionate cream 0.05%, halobetasol propionate cream 0.05%</i>
	LUXIQ AER 0.12%	<i>betamethasone aer 0.12%, betamethasone val 0.1% cream/oint</i>
TOPICAL <i>Dermatology, Local Anesthetics</i>	<i>lidocaine-tetracaine cream</i> PLIAGLIS SYNERA	<i>lidocaine/prilocaine cream</i>
TOPICAL <i>Dermatology, Miscellaneous Skin and Mucous Membrane</i>	RYNODERM CRE URE-K	<i>ammonium lac cre 12%</i>
	CARAC CREAM 0.5% <i>fluorouracil cream 0.5%</i> TOLAK CREAM 4%	<i>diclofenac 3% gel, fluorouracil cream 5%, fluorouracil 2% or 5% solution, imiquimod 5% cream, PICATO GEL</i>
	METROGEL GEL 1% <i>metronidazole gel 1%</i>	<i>metronidazole 0.75% gel</i>
	SOOLANTRA CREAM 1%	<i>azelaic acid gel, metronidazole 0.75% cream or gel, FINACEA AER</i>
	7TOPIC AVENOVA	Consult your health care provider
	ALCORTIN A GEL ALEVICYN GEL ALEVICYN KIT <i>alevicyn sol</i> ALEVICYN SG GEL ALOQUIN GEL BENSAL HP OIN CERACADE EUCRISA OIN LEVICYN GEL <i>levicyn sol</i> NOVACORT GEL <i>paramox-hc gel</i> PENLEN EMU SPR QUINJA GEL SUVICORT EMUL SYNERDERM	<i>clotrimazole, desonide, hydrocortisone</i>
	<i>imiquimod cream 3.75% pump</i> ZYCLARA	<i>imiquimod cream 5%, fluorouracil 2% or 5% solution, fluorouracil 5% cream, PICATO GEL</i>

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1. Mavyret: For patients with genotypes 1, 2, 3, 4, 5, or 6 chronic hepatitis C virus (HCV); or for genotype 1 infection previously treated with an NS5A inhibitor or an NS3/4A protease inhibitor, but not both.
 2. Vosevi: 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).

This list represents brand products in CAPS and generic products in lowercase *italics*. This list is subject to change. Removed drugs and suggested alternative drugs and alternative drug copay tiers may vary depending upon the enrollee's EGWP formulary. Alternative drugs are on the Medicare Part D formularies, unless otherwise noted. There may be additional plan restrictions. Only the prescriber can determine if an alternative drug is appropriate for a Medicare Part D enrollee given the individualized nature of the drug therapy. This is not an all-inclusive list of non-formulary drugs or available drug options. For specific formulary information and additional alternatives, refer to the enrollee's EGWP benefit plan and formulary.

This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition. This information is not a substitute for medical advice or treatment. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

An exception process may exist for specific clinical or regulatory circumstances that require coverage of a removed medication. Subject to applicable laws and regulations.

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SilverScript® Insurance Company Employer Group Waiver Plan (EGWP) Formulary Drug Removals

Below is a list of medicines by drug class that have been removed from SilverScript EGWP Medicare Part D and/or enhanced coverage formularies, with alternative formulary options. This list represents drug removals in the Standard Exclusion offering.

Formulary Drug Removals in **bold** are new exclusions for 2021.

Critical Reminders

It is very important to list all preferred brand formulary alternatives on any communications to members, prescribers or external parties so that each product in each category is represented equally. Listing only a subset of the preferred branded formulary agents or only generics when there are branded formulary products may result in nonpayment of rebates by the pharmaceutical manufacturer, and possible required adjustment of rebate guarantees for any drug that was disadvantaged or not treated equally. This applies to letters as well as printed and posted drug lists.

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Drug Class Category	Formulary Drug Removals	Formulary Options
ANALGESICS Gout	<i>colchicine cap (generic)</i>	<i>colchicine tabs, GLOPERBA SOL, MITIGARE CAP</i>
ANALGESICS NSAIDS	EC-NAPROSYN <i>fenoprofen 200mg, 400mg cap</i> <i>fenoprofen 600mg tab</i> FENORTHO 200MG INDOCIN SUS INDOCIN SUPP KETOROLAC TROMETHA SOL SPR <i>mefenamic acid cap</i> NALFON 400MG CAP, 600MG TAB NAPRELAN CR TAB NAPROSYN 125MG/5M SUSP <i>naproxen 125mg/5ml susp</i> <i>naproxen sod cr tab</i> PONSTEL CAP <i>profeno 600mg tab</i> RELAFEN DS 1000MG TAB SPRIX VIVLODEX CAP ZIPSOR CAP ZORVOLEX CAP	<i>celecoxib cap, diclofenac tab, ec-naproxen, ibuprofen susp, ibuprofen tab, meloxicam tab, nabumetone tab, naproxen tab, naproxen dr tab</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
	DUEXIS naproxen-esomeprazole tab (generic of VIMOVO) VIMOVO TAB	diclofenac with misoprostol tab, famotidine tab plus ibuprofen tab, famotidine tab plus naproxen tab, naproxen tab plus esomeprazole 20mg or 40mg cap, naproxen tab plus omeprazole cap
	inflammacin mis 75-0.025 nudiclo pak tabpak	diclofenac tab
ANALGESICS Opioid Analgesics, Long-Acting	levorphanol tab	methadone tab, morphine sulfate er tab, HYSINGLA ER TAB, OXYCONTIN TAB
	oxycodone er tab (generic)	OXYCONTIN TAB
ANALGESICS Opioid Analgesics, Short-Acting	BUTALBITAL/APAP CAP 50-300 MG (MANUFACTURED BY SOLUBIOMIX) NORGESIC FORTE TAB orphengesic forte tab (generic of NORGESIC FORTE TAB) orphen/aspirin/caffeine tab (generic of NORGESIC FORTE TAB) vanatol lq sol vanatol s sol vtol lq sol	diclofenac tab, diflunisal tab, ibuprofen tab, naproxen tab, naproxen dr tab
	nalocet 2.5-300mg tab oxycodone/apap 2.5-300mg tab (generic of NALOCET) PRIMLEV TAB PROLATE TAB	oxycodone/acetaminophen tab
ANTI-INFECTIVES Anti-Infectives–Miscellaneous	DARAPRIM	pyrimethamine (generic of DARAPRIM)
	MACRODANTIN CAP	nitrofurantoin cap
	tobramycin inj 1.2gm	amikacin inj, gentamicin inj, tobramycin 10mg and 40mg inj
ANTI-INFECTIVES Antivirals	DAKLINZA LEDIPASVIR-SOFOSBUVIR SOFOSBUVIR-VELPATASVIR SOVALDI VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) HARVONI (genotypes 1, 4, 5, 6) MAVYRET ¹
ANTI-INFECTIVES Erythromycins/Macrolides	E.E.S. GRAN SUS 200/5 ML ERYPED SUS 200/5 ML, 400/5 ML	azithromycin susp, clarithromycin susp, erythromycins

Drug Class Category	Formulary Drug Removals	Formulary Options
ANTI-INFECTIVES <i>Tetracyclines</i>	ARESTIN	<i>doxycycline tab 20 mg</i>
	ACTICLATE TAB DORYX 200MG TAB doxycycline 75mg, 150mg tab (generic of ACTICLATE) SEYSARA TAB	<i>doxycycline caps, doxycycline tabs (excludes generic of ACTICLATE), minocycline caps, minocycline tabs, tetracycline caps</i>
	MINOCIN CAP	<i>minocycline cap (generic of MINOCIN)</i>
	NUZYRA	<i>levofloxacin tab or soln or inj, linezolid tab or susp or inj, moxifloxacin tab or soln or inj, vancomycin inj</i>
ANTINEOPLASTIC AGENTS <i>Hormonal Antineoplastic Agents</i>	NILANDRON	<i>nilutamide (generic of NILANDRON)</i>
	YONSA	XTANDI, ZYTIGA 500 MG
CARDIOVASCULAR <i>Antiarrhythmics</i>	BETAPACE TAB BETAPACE AF TAB	<i>sorine, sotalol tab (generic of BETAPACE), sotalol af tab (generic of BETAPACE AF)</i>
CARDIOVASCULAR <i>Antilipemics, Miscellaneous</i>	REPATHA	PRALUENT
	<i>fenofibrate tab 40mg, 120mg (generic of FENOGLIDE)</i> FENOGLIDE TAB 40MG, 120MG	<i>fenofibrate tab 48mg, 54mg, 145mg, 160mg; fenofibrate micronized cap 67mg, 134mg, 200mg; fenofibric acid tab 35mg, 105mg</i>
CARDIOVASCULAR <i>Beta-Blocker</i>	TENORMIN TAB	<i>atenolol tab (generic of TENORMIN)</i>
CARDIOVASCULAR <i>Beta-Blocker/Diuretic Combinations</i>	DUTOPROL TAB METOPROLOL/ HYDROCHLOROTHIAZIDE ER TENORETIC TAB	<i>atenolol/chlorthalidone tab (generic of TENORETIC), bisoprolol-hydrochlorothiazide tab, metoprolol-hydrochlorothiazide tab</i>
CARDIOVASCULAR <i>Diuretics</i>	<i>triamterene cap (generic of DYRENIUM)</i> DYRENIUM	<i>amiloride</i>
CARDIOVASCULAR <i>Miscellaneous</i>	LANOXIN TAB 0.125 MG LANOXIN TAB 0.25 MG	<i>digoxin 0.125 mg or 0.25 mg tab digox 0.125 mg or 0.25 mg tab digitek 0.125 mg or 0.25 mg tab</i>
	CONSENSI TAB	<i>amlodipine PLUS celecoxib</i>
CENTRAL NERVOUS SYSTEM <i>Anticonvulsants</i>	ZONEGRAN CAP	<i>zonisamide cap (generic of ZONEGRAN)</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
CENTRAL NERVOUS SYSTEM <i>Antidepressants</i>	APLENZIN TAB	<i>bupropion tab er 24 hr</i>
	venlafaxine tab er (except 225 mg) VENLAFAXINE TAB ER (except 225 mg)	<i>venlafaxine cap er</i>
CENTRAL NERVOUS SYSTEM <i>Hypnotics</i>	ROZEREM TAB ZOLPIMIST SPRAY	<i>doxepin 3 or 6mg tab, eszopiclone, ramelteon, temazepam 7.5 or 15 mg cap, zolpidem er, zolpidem sl, zolpidem tab</i>
CENTRAL NERVOUS SYSTEM <i>Migraine</i>	AJOVY EMGALITY 120MG/ML INJ VYEPTI 100MG/ML INJ	AIMOVIG
	EMGALITY 100MG/ML INJ	Consult your health care provider
	NURTEC 75MG CHEW ODT REYVOW TAB TOSYMRA 10MG SOL UBRELVY TAB	<i>naratriptan tab, rizatriptan tab, sumatriptan tab, zolmitriptan tab</i>
	CAFERGOT TAB	<i>ergotamine w/ caffeine tab (generic of CAFERGOT)</i>
	CAMBIA POWDER	<i>diclofenac tab, ibuprofen tab, naproxen tab</i>
	MIGRANAL SPRAY	<i>dihydroergot spr 4gm/ml (generic of (MIGRANAL))</i>
	CENTRAL NERVOUS SYSTEM <i>Multiple Sclerosis Agents</i>	EXTAVIA INJ
CENTRAL NERVOUS SYSTEM <i>Musculoskeletal Therapy Agents</i>	AMRIX 15MG, 30MG CAP CHLORZOXAZONE 250MG TAB (MANUFACTURED BY BASIEM, MIKART AND SOLUBIOMIX) <i>chlorzoxazone 375mg, 750mg tab</i> <i>cyclobenzaprine 15mg, 30mg er cap (generic of AMRIX)</i> <i>cyclobenzaprine 7.5mg tab cap (generic of FEXMID)</i> <i>fexmid 7.5mg tab</i> FEXMID 7.5MG TAB <i>lorzone 375mg tab</i> LORZONE 375MG <i>lorzone 750mg tab</i>	<i>cyclobenzaprine 5 mg, cyclobenzaprine 10 mg</i>
ENDOCRINE AND METABOLIC <i>Antidiabetics, Insulins</i>	AFREZZA POWDER	FIASP, FIASP FLEXTOUCH, NOVOLOG, NOVOLOG FLEXPEN

Drug Class Category	Formulary Drug Removals	Formulary Options
	ADMELOG ADMELOG SOLOSTAR APIDRA APIDRA SOLOSTAR HUMALOG HUMALOG JR HUMALOG KWIKPEN INSULIN ASP PROT INJ FLEXPEN INSULIN APSA INJ 100/ML INSULIN ASPA INJ FLEXPEN INSULIN ASPA INJ PENFILL INSULIN LISPRO INSULIN LISPRO JR INSULIN LISP PROTAMINE LYUMJEV INJ LYUMJEV KWPN	FIASP, FIASP FLEXTOUCH, NOVOLOG, NOVOLOG FLEXPEN
	HUMALOG MIX 50/50 HUMALOG MIX 50/50 KWIKPEN HUMALOG MIX 75/25 HUMALOG MIX 75/25 KWIKPEN	NOVOLOG MIX 70/30, NOVOLOG 70/30 FLEXPEN
	HUMULIN N HUMULIN N KWIKPEN NOVOLIN N (RELION)	NOVOLIN N
	HUMULIN 70/30 HUMULIN 70/30 KWIKPEN INSULIN ASPA 70/30 NOVOLIN 70/30 (RELION) NOVOLIN FLEXPEN (RELION)	NOVOLIN 70/30, NOVOLIN 70/30 FLEXPEN
	HUMULIN R U-100 NOVOLIN R (RELION)	NOVOLIN R
	LANTUS LANTUS SOLOSTAR SEMGLEE TOUJEO SOLOSTAR	BASAGLAR, LEVEMIR, TRESIBA
	HIGH COST ALCOHOL SWABS	BD ALCOHOL SWABS
	HIGH COST INSULIN SYRINGES	INSULIN SYRINGES: BD/ ULTIMED/ALLISON/TRIVIDIA/MHC
	HIGH COST INSULIN PEN NEEDLES	PEN NEEDLES: NOVO/BD/ ULTIMED/OWEN/TRIVIDIA
	ENDOCRINE AND METABOLIC <i>Antidiabetics</i>	ADLYXIN
<i>alogliptin</i> NESINA ONGLYZA		JANUVIA, TRADJENTA

Drug Class Category	Formulary Drug Removals	Formulary Options
	<i>alogliptin/metformin hcl</i> KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
	<i>alogliptin/pioglitazone</i> OSENI	<i>pioglitazone</i> plus JANUVIA, <i>pioglitazone</i> plus TRADJENTA
	<i>metformin hcl tab er (generic of FORTAMET)</i> FORTAMET <i>metformin hcl tab er (generic of GLUMETZA)</i> GLUMETZA	<i>metformin er tab (generic of GLUCOPHAGE XR)</i>
	QTERN STEGLUJAN	FARXIGA or JARDIANCE plus TRADJENTA or JANUVIA, GLYXAMBI
	INVOKANA STEGLATRO	FARXIGA or JARDIANCE
	INVOKAMET INVOKAMET XR SEGLUROMET	SYNJARDY, SYNJARDY XR, XIGDUO XR
ENDOCRINE AND METABOLIC Calcium Regulators	MIACALCIN INJ	<i>alendronate, ibandronate, risedronate, zoledronic acid</i> , FORTEO, PROLIA, TYMLOS
	TERIPARATIDE INJ	FORTEO SOL
ENDOCRINE AND METABOLIC Chelating Agents	CUPRIMINE <i>penicillamine cap</i>	<i>penicillamine tab</i> DEPEN
ENDOCRINE AND METABOLIC Glucocorticoids	DEXABLISS 1.5MG TAB <i>dexamethasone pak</i> <i>dexpak</i> DXEVO <i>hidex pak</i> <i>taperdex pak</i> ZCORT	<i>dexamethasone tab,</i> <i>methylprednisolone tab or pak,</i> <i>prednisone tab or pak</i>
	MILLIPRED DP PAK MILLIPRED SOLUTION MILLIPRED TABS RAYOS TAB	<i>dexamethasone tab,</i> <i>methylprednisolone tab or pak,</i> <i>prednisolone solution, prednisone tab or pak</i>
ENDOCRINE AND METABOLIC Glucose Elevating Agents	BAQSIMI ONE 3MG POWDER BAQSIMI TWO 3MG POWDER GLUCAGEN HYPOKIT INJ GLUCAGON 1MG KIT	GVOKE HYPOPEN, GVOKE PPS
ENDOCRINE AND METABOLIC	ACTHAR INJ	Consult your health care provider

Drug Class Category	Formulary Drug Removals	Formulary Options
Miscellaneous	<i>methergine tab</i> METHERGINE TAB <i>methylergonovine tab</i>	Consult your health care provider
	MIACALCIN SPR	<i>calcitonin spray</i>
	CARNITOR TAB CARNITOR ORAL SOL CARNITOR SF ORAL SOL	<i>levocarnitine sol, levocarnitine tab</i>
GASTROINTESTINAL Antiemetics	TRANSDERM SCOP 1MG/3DAY	<i>scopolamine patch 1mg/3 day (generic of TRANSDERM SCOP)</i>
GASTROINTESTINAL Antispasmodics	GLYCOPYRROLATE 1.5MG TAB (MANUFACTURED BY FOXLAND PHARMACEUTICALS)	<i>glycopyrrolate 1mg tab, glycopyrrolate 2mg tab, GLYGATE 1.5MG TAB</i>
GASTROINTESTINAL Inflammatory Bowel Disease	COLAZAL	<i>balsalazide (generic of COLAZAL)</i>
GASTROINTESTINAL Laxatives	LACTULOSE 10GM PAK (MANUFACTURED BY FOXLAND PHARMACEUTICALS)	<i>lactulose 10gm/15ml solution, KRISTALOSE PAK</i>
GASTROINTESTINAL Miscellaneous	CARAFATE 1GM/10ML SUSP CARAFATE 1GM TAB	<i>sucralfate sus 1gm/10ml (generic of CARAFATE SUSP), sucralfate 1gm tab (generic of CARAFATE TAB)</i>
	PYLERA CAP	<i>amoxicillin cap-clarithromycin tab-lansoprazole cap therapy pack, OMECLAMOX PAK</i>
	<i>chlordiazepox/clidinium 5-2.5mg cap</i> LIBRAX 5-2.5MG CAP	<i>dicyclomine tabs and caps, glycopyrrolate tabs, methscopolamine tabs, propantheline tabs</i>
	PRODIGEN CAP	Consult your health care provider
GASTROINTESTINAL Proton Pump Inhibitors	<i>omeppi</i> <i>omeprazole/bicarbonate</i> ZEGERID	<i>esomeprazole 20mg or 40mg, lansoprazole, omeprazole, pantoprazole, rabeprazole, DEXILANT</i>
GENITOURINARY Benign Prostatic Hyperplasia	UROXATRAL	<i>alfuzosin (generic of UROXATRAL)</i>
GENITOURINARY Miscellaneous	RIMSO-50	Consult your health care provider
HEMATOLOGIC Anticoagulants	BEVYXXA	<i>enoxaparin, FRAGMIN</i>
	SAVAYSA	ELIQUIS, PRADAXA, XARELTO

Drug Class Category	Formulary Drug Removals	Formulary Options
HEMATOLOGIC <i>Hematopoietic Growth Factors</i>	EPOGEN INJ RETACRIT INJ	ARANESP INJ, PROCRIT INJ
	FULPHILIA INJ GRANIX INJ NEULASTA INJ NEUPOGEN INJ NIVESTYM INJ UDENYCA INJ ZIEXTENZO INJ	ZARXIO INJ
IMMUNOLOGIC AGENTS <i>Autoimmune Agents</i>	DUPIXENT	FASENRA (FOR ASTHMA)
	ACTEMRA ACTEMRA ACTPEN CIMZIA COSENTYX COSENTYX SENSOREADY PEN KEVZARA KINERET OLUMIANT ORENCIA ORENCIA CLICKJECT OTEZLA SIMPONI SIMPONI ARIA	ENBREL, ENBREL MINI, ENBREL SURECLICK, HUMIRA, RINVOQ, SKYRIZI, TALTZ, XELJANZ TAB, XELJANZ XR
	INFLECTRA REMICADE	RENFLEXIS INJ
	ILUMYA SILIQ TREMIFYA	ENBREL, HUMIRA, SKYRIZI, TALTZ
	STELARA IV SOLN 130MG/26ML	HUMIRA, RENFLEXIS, XELJANZ, XELJANZ XR
IMMUNOLOGIC AGENTS <i>Disease-Modifying Anti-Rheumatic Drugs (DMARDS)</i>	OTREXUP RASUVO	<i>methotrexate tab 2.5 mg, methotrexate inj 25 mg/ml</i>
MISCELLANEOUS PRODUCTS <i>Miscellaneous</i>	VARITHENA AER	Consult your health care provider
NUTRITIONAL/SUPPLEMENTS <i>Electrolytes/Minerals/Vitamins, Oral</i>	MEPHYTON TAB	Consult your health care provider
	ENTERAGAM 5GM POWDER	<i>alose tron hcl (generic of LOTRONEX), XIFAXAN 550MG TAB</i>
	FOSTEUM CAP FOSTEUM PLUS CAP	<i>alendronate, ibandronate, risedronate</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
	MEBOLIC TAB NICAPRIN TAB NICAZYME TAB OMNIVEX TAB RHEUMATE CAP RIBOZEL CAP TOBAIKIENT CAP VASCULERA TAB XYZBAC TAB ZYVIT TAB	Consult your health care provider
	<i>activite tab</i> FOLICA-BE CAP FOLICA-V CAP FOLIC-K CAP <i>folika-t tab</i> FOLIKA-V TAB GENICIN TAB VITA-Q <i>genicin tab vita-s</i> <i>hyalvite tab</i> <i>lorid tab</i> <i>tronvite tab</i> <i>vitasure tab</i> VITAXYME TAB VITAZYME TAB <i>xvite tab</i>	M-NATAL PLUS, PNV FOLIC ACID + IRON MUL, PRENATAL, PRENATAL PLUS, PRENATAL PLUS LOW IRON, TRICARE
	<i>dexifol tab</i> NEOVITE TAB NICADAN TAB NICAZEL TAB NICAZEL FORTE TAB NICOMIDE TAB	Consult your health care provider
	FERIVA 21/7 TAB FOLIKA-D 1-5000 <i>folvite-d tab</i> GENICIN VITA-D TAB ORTHO DF 1-3775 IU CAP TALIVA CAP	Consult your health care provider
OPHTHALMIC <i>Antiallergics</i>	ALOCRIL SOL ALOMIDE SOL	BEPREVE DROPS, LASTACAFT SOL, PAZEO DROPS, ZERVIATE DROPS
OPHTHALMIC <i>Antiglaucoma</i>	<i>bimatoprost</i> ROCKLATAN XELPROS ZIOPTAN	<i>latanoprost</i> , LUMIGAN, <i>travoprost</i> , VYZULTA

Drug Class Category	Formulary Drug Removals	Formulary Options
OPHTHALMIC <i>Anti-Inflammatories</i>	FML LIQUIFILM SUS PRED FORTE SUS PREDNISOLONE SUS 1%	<i>dexamethasone solution, fluorometholone susp, prednisolone acetate ophth susp (generic of PRED FORTE), FLAREX SUS</i>
	DEXYCU SUS	<i>loteprednol sus, DUREZOL EMU, INVELTYS SUS, LOTEMAX GEL, LOTEMAX OINT, LOTEMAX SM GEL</i>
OPHTHALMIC <i>Miscellaneous</i>	CEQUA SOL RESTASIS EMU RESTATIS MULTIDOSE EMU	XIIDRA DROPS
RESPIRATORY <i>Anticholinergics</i>	LONHALA SOL SEEBRI NEOHALER SPIRIVA HANDIHALER SPIRIVA RESPIMAT TUDORZA PRES AER YUPELRI SOL	INCRUSE ELLIPTA
RESPIRATORY <i>Anticholinergics/Beta Agonists</i>	DUAKLIR AER STIOLTO RESPIMAT UTIBRON NEOHALER	ANORO ELLIPTA, BEVESPI AEROSPHERE
RESPIRATORY <i>Antihistamines</i>	CARBINOXAMINE 6MG TAB (MANUFACTURED BY FOXLAND PHARMACEUTICALS)	<i>cetirizine soln, desloratidine tab, levocetirizine soln or tab</i>
	<i>dexchlorphen 2mg/5ml syrup ryclora 2mg/5ml syrup</i>	<i>cyproheptadine syrup, hydroxyzine syrup, cetirizine oral solution, levocetirizine oral solution</i>
RESPIRATORY <i>Beta Agonists</i>	<i>albuterol inhaler (generic of PROVENTIL HFA)</i> PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA	<i>albuterol inhaler (generic of PROAIR HFA OR VENTOLIN HFA), VENTOLIN HFA</i>
RESPIRATORY <i>Leukotriene Modulators</i>	<i>zileuton er tab (generic of ZYFLO CR)</i> ZYFLO TAB ZYFLO CR TAB	<i>montelukast tab, zafirlukast tab,</i>
RESPIRATORY <i>Miscellaneous</i>	AUVI-Q	<i>epinephrine inj (generic of ADRENACLICK), epinephrine inj (generic of EIPEN), EIPEN, SYMJEPI</i>
	CINQAIR INJ NUCALA INJ	FASENRA INJ

Drug Class Category	Formulary Drug Removals	Formulary Options
	<i>benzonatate 150 mg (manufactured by Solubiomix and Sterling K)</i>	Consult your health care provider
RESPIRATORY <i>Steroid/Beta-Agonist Combinations</i>	AIRDUO DIGIHALER AIRDUO RESPICLICK INH <i>budesonide/formoterol inh</i> DULERA AER <i>fluticasone-salmeterol inh</i> <i>wixela inhub</i>	ADVAIR HFA, ADVAIR DISKUS, BREO ELLIPTA, SYMBICORT
RESPIRATORY <i>Steroid Inhalants</i>	ALVESCO ARMONAIR DIGIHALER ASMANEX HFA ASMANEX TWISTHALER QVAR REDIHALER	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER
TOPICAL <i>Dermatology, Acne</i>	<i>adapalene pad 0.1%</i> <i>benzoyl peroxide-hc lot 5-0.5%</i> <i>vanoxide-hc lot</i>	<i>adapalene, benzoyl peroxide-erythromycin gel, clindamycin phosphate (topical), erythromycin solution, tretinoin</i>
TOPICAL <i>Dermatology, Antibiotics</i>	BACTROBAN CREAM <i>mupirocin cream</i>	<i>mupirocin ointment, gentamicin 0.1% cream, gentamicin 0.1% ointment</i>
TOPICAL <i>Dermatology, Antifungals</i>	<i>ciclopirox 0.77% gel</i> <i>oxiconazole cream</i> OXISTAT 1% CREAM	<i>ciclopirox 0.77% cream or susp, clotrimazole 1% cream or solution, ketoconazole cream, selenium sulfide lotion</i>
	<i>ciclopirox 1% shampoo</i> LOPROX 1% SHAMPOO	<i>ketoconazole shampoo</i>
TOPICAL <i>Dermatology, Antipsoriatics</i>	<i>calcipotriene 0.005% cream</i> <i>calcitriol 3mcg/gm oint</i> DOVONEX 0.005% CREAM VECTICAL 3MCG/GM OINT	<i>calcipotriene 0.005% soln or oint, tazarotene 0.1% cream, ENSTILAR FOAM</i>
TOPICAL <i>Dermatology, Antiseborrheics</i>	EXTINA 2% AER <i>ketoconazole 2% aer</i> <i>ketodan 2% aer</i> XOLEGEL 2% GEL	<i>ketoconazole 2% cream</i>
TOPICAL <i>Dermatology, Corticosteroids</i>	CORDRAN 0.025% CREAM	<i>desonide 0.05% cream</i> <i>fluocinolone acetonide 0.01% cream</i> <i>triamcinolone 0.025% cream</i>
	CORDRAN 0.05% CREAM <i>flurandrenolide 0.05% cream</i> <i>nolix 0.05% cream</i>	<i>betamethasone valerate 0.1% cream</i> <i>fluocinolone acetonide 0.025% cream</i> <i>fluticasone 0.05% cream</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
	CORDRAN 0.05% LOTION <i>flurandrenolide 0.05% lotion</i> <i>nolix 0.05% lotion</i>	<i>betamethasone dip 0.05% lotion</i> <i>fluticasone 0.05% lotion</i> <i>triamcinolone 0.1% lotion</i>
	CORDRAN OINT 0.05% <i>flurandrenolide oint 0.05%</i>	<i>fluocinolone acetonide oint 0.025%</i> <i>mometasone oint 0.1%</i> <i>triamcinolone oint 0.1%</i>
	CORDRAN 80X3 TAPE 4MCG/CM	Consult your health care provider
	<i>diflorasone cream 0.05%</i> PSORCON CREAM 0.05%	<i>fluocinonide cream 0.05%</i> <i>triamcinolone cream 0.5%</i> <i>betamethasone dip cream 0.05%</i> <i>aug betamethasone cream 0.05%</i>
	<i>desoximetasone gel 0.05%</i> TOPICORT GEL 0.05%	<i>fluocinonide gel 0.05%</i>
	<i>desoximetasone cream 0.05%</i> TOPICORT CREAM 0.05%	<i>betamethasone dip cream 0.05%</i> <i>betamethasone valerate cream 0.1%</i> <i>mometasone cream 0.1%</i> <i>triamcinolone cream 0.1%</i>
	<i>hc valerate cream 0.2%</i>	<i>betamethasone valerate cream 0.1%</i> <i>fluticasone cream 0.05%</i>
	<i>desoximetasone cream 0.25%</i> TOPICORT CREAM 0.25%	<i>aug betamethasone cream 0.05%</i> <i>fluocinonide 0.05% cream</i> <i>halcinonide 0.1% cream</i> APEXICON E 0.05% CREAM IMPOYZ 0.025% CREAM
	<i>desoximetasone oint 0.05%</i> TOPICORT OINT 0.05%	<i>amcinonide 0.1% oint</i> <i>betamethasone dip oint 0.05%</i> <i>fluocinonide 0.05% oint</i> <i>halcinonide 0.1% oint</i>
	<i>hc valerate oint 0.2%</i>	<i>fluocinolone acetonide 0.025% oint</i> <i>triamcinolone oint 0.1%</i>
	<i>hc butyrate 0.1% lotion</i> LOCOID 0.1% LOTION	<i>betamethasone dip 0.05% lotion</i> <i>fluticasone 0.05% lotion</i> <i>triamcinolone 0.1% lotion</i>
	<i>hc butyrate 0.1% oint</i>	<i>desonide 0.05% oint</i> <i>triamcinolone 0.025% oint</i>
	<i>hc butyrate 0.1% cream</i> LOCOID 0.1% CREAM LOCOID LIPO 0.1% CREAM	<i>betamethasone valerate cream 0.1%</i> <i>fluticasone cream 0.05%</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
	<i>triamcinolone 0.05% oint</i> <i>trianex oint 0.05%.</i> TRIANEX OINT 0.05%	<i>fluocinolone acetonide oint 0.025%</i> <i>mometasone oint 0.1%</i>
	<i>desoximetasone oint 0.25%</i> TOPICORT OINT 0.25%	<i>amcinonide 0.1% oint</i> <i>betamethasone dip oint 0.05%</i> <i>fluocinonide oint 0.05%</i> <i>halcinonide 0.1% oint</i>
	<i>diflorasone oint 0.05%</i>	<i>amcinonide 0.1% oint</i> <i>betamethasone dip 0.05% oint</i> <i>fluocinonide 0.05% oint</i> <i>halcinonide 0.1% oint</i>
	<i>fluocinonide cream 0.1%</i> VANOS CREAM 0.1%	<i>clobetasol propionate cream 0.05%</i> <i>halobetasol propionate cream 0.05%</i>
	TEXACORT 2.5% SOLUTION	<i>fluocinolone acetonide 0.01% solution</i>
	LUXIQ AER 0.12%	<i>betamethasone aer 0.12%</i> <i>betamethasone val 0.1% oint</i>
TOPICAL <i>Dermatology, Local Anesthetics</i>	LIDOCAINE-TETRACAINE CREAM 23-7% LIDOCAINE-TETRACAINE CREAM 7-7% PLIAGLIS SYNERA	<i>lidocaine/prilocaine cream</i>
	LIDOTREX GEL 2%	Consult your health care provider
TOPICAL <i>Dermatology, Miscellaneous Skin and Mucous Membrane</i>	RYNODERM CRE URE-K 50% CREAM	<i>ammonium lac cream 12%</i>
	CARAC CREAM 0.5% <i>fluorouracil cream 0.5%</i> TOLAK CREAM 4%	<i>diclofenac 3% gel, fluorouracil cream 5%, fluorouracil 2% or 5% solution, imiquimod 5% cream, PICATO GEL</i>
	METROGEL GEL 1% <i>metronidazole gel 1%</i>	<i>metronidazole 0.75% gel</i>
	SOOLANTRA CREAM 1%	<i>azelaic acid gel, metronidazole 0.75% cream or gel, FINACEA AER</i>
	<i>doxepin hcl cre</i> PRUDOXIN CRE ZONALON CRE	<i>desonide cream, desonide lotion, hydrocortisone 1% and 2.5% cream</i>
	AVENOVA 0.01% SOL CICATRACE MIS PAD POLYTOZA MIS PATCH SCARSILK MIS PAD SILVEX MIX 2"X5.5" SILTRESX MIS GEL PAD	Consult your health care provider

Drug Class Category	Formulary Drug Removals	Formulary Options
	ATOPADERM CREAM EPICERAM EMU KAMDOY EMU KIVIK EMU	<i>hydrocortisone (topical) 1% cream, ointment, hydrocortisone (topical) 2.5% cream, lotion, ointment</i>
	VEREGEN OINT 15%	<i>condylox gel, imiquimod cream, podofilox topical solution</i>
	<i>capsinac pak</i> DERMACIN RX PAK LEXITRAL <i>diclofex dc mis</i> <i>diclosaicin mis</i> <i>nudiclo pak solupak</i> <i>xelital pak</i>	<i>diclofenac sodium 1.5% solution</i>
	ALCORTIN A GEL ALEVICYN GEL ALEVICYN SOL ALEVICYN SG GEL BENSAL HP OIN CERACADE DELUO SPRAY EUCRISA OIN LEVICYN GEL LEVICYN SOL NOVACORT GEL PENLEN EMU SPR QUINJA GEL SUVICORT EMUL SYNERDERM VASHE CLEANSE SOL	<i>clotrimazole, desonide, hydrocortisone</i>
	<i>imiquimod cream 3.75% pump</i> ZYCLARA 3.75% CREAM ZYCLARA 2.5%, 3.75% CREAM PUMP	<i>imiquimod cream 5%, fluorouracil 2% or 5% solution, fluorouracil 5% cream, PICATO GEL</i>
TOPICAL <i>Mouth/Throat/Dental Agents</i>	NEUTRASAL POW	Consult your health care provider

1. Mavyret: For patients with genotypes 1, 2, 3, 4, 5, or 6 chronic hepatitis C virus (HCV); or for genotype 1 infection previously treated with an NS5A inhibitor or an NS3/4A protease inhibitor, but not both.

This list represents brand products in CAPS and generic products in lowercase italics. This list is subject to change. Removed drugs and suggested alternative drugs and alternative drug copay tiers may vary depending upon the enrollee's EGWP formulary. Alternative drugs are on the Medicare Part D formularies, unless otherwise noted. There may be additional plan restrictions. Only the prescriber can determine if an alternative drug is appropriate for a Medicare Part D enrollee given the individualized nature of the drug therapy. This is not an all-inclusive list of non-formulary drugs or available drug options. For specific formulary information and additional alternatives, refer to the enrollee's EGWP benefit plan and formulary.

This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition. This information is not a substitute for medical advice or treatment. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

An exception process may exist for specific clinical or regulatory circumstances that require coverage of a removed medication. Subject to applicable laws and regulations.

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SilverScript® Insurance Company Employer Group Waiver Plan (EGWP) Formulary Drug Removals

Below is a list of medicines by drug class that have been removed from SilverScript EGWP Medicare Part D and/or enhanced coverage formularies, with alternative formulary options. This list represents drug removals in the Standard Exclusion offering.

Formulary Drug Removals in **bold** are new exclusions for 2022.

Critical Reminders

It is very important to list all preferred brand formulary alternatives on any communications to members, prescribers or external parties so that each product in each category is represented equally. Listing only a subset of the preferred branded formulary agents or only generics when there are branded formulary products may result in nonpayment of rebates by the pharmaceutical manufacturer, and possible required adjustment of rebate guarantees for any drug that was disadvantaged or not treated equally. This applies to letters as well as printed and posted drug lists.

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Drug Class Category	Formulary Drug Removals	Formulary Options
ANALGESICS Gout	<i>colchicine cap (generic)</i>	<i>colchicine tabs, GLOPERBA SOL, MITIGARE CAP</i>
ANALGESICS NSAIDS	DICLOFENAC CAP 35MG EC-NAPROSYN <i>fenoprofen 200mg, 400mg cap</i> <i>fenoprofen 600mg tab</i> FENORTHO 200MG ketoprofen 200mg er ketoprofen cap 25mg <i>ibu/famot tab 800-26.6</i> INDOCIN SUS INDOCIN SUPP <i>indomethacin cap 20</i> KETOROLAC TROMETHA SOL SPR <i>mefenamic acid cap</i> MELOXICAM CAP 10MG,5MG NALFON 400MG CAP, 600MG TAB NAPRELAN CR TAB NAPROSYN 125MG/5M SUSP <i>naproxen 125mg/5ml susp</i> <i>naproxen sod cr tab</i> PONSTEL CAP <i>profeno 600mg tab</i> RELAFEN DS 1000MG TAB SPRIX	<i>celecoxib cap, diclofenac tab, ec-naproxen, ibuprofen susp, ibuprofen tab, meloxicam tab, nabumetone tab, naproxen tab, naproxen dr tab</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
	TIVORBEX CAP 20MG VIVLODEX CAP ZIPSOR CAP ZORVOLEX CAP	
	DUEXIS <i>naproxen-esomeprazole tab (generic of VIMOVO)</i> VIMOVO TAB	<i>diclofenac with misoprostol tab, famotidine tab plus ibuprofen tab, famotidine tab plus naproxen tab, naproxen tab plus esomeprazole 20mg or 40mg cap, naproxen tab plus omeprazole cap</i>
	<i>flexipak pak 75-0.025 inavix pak 75-0.025 inflammacin mis 75-0.025 nudiclo pak tabpak previdolrx pak plus</i>	<i>diclofenac tab</i>
ANALGESICS Opioid Analgesics, Long-Acting	<i>levorphanol tab</i>	<i>methadone tab, morphine sulfate er tab, HYSINGLA ER TAB, OXYCONTIN TAB CR</i>
	<i>oxycodone er tab (generic)</i>	OXYCONTIN TAB CR, HYSINGLA ER
	<i>oxymorphone er tab (generic)</i>	<i>hydrocodone cap er, hydromorphone tab er, HYSINGLA ER TAB, methadone tab, morphine sul cap er, morphine sul tab er, OXYCONTIN TAB CR,</i>
	CONZIP CAP <i>tramadol hcl cap er</i>	<i>tramadol hcl tab er</i>
ANALGESICS Opioid Analgesics, Short-Acting	<i>butalbital/apap cap 50-300 Bupap tab 50-300mg NORGESIC FORTE TAB orphengesic forte tab (generic of NORGESIC FORTE TAB) orphen/aspirin/caffeine tab (generic of NORGESIC FORTE TAB) vanatol lq sol vanatol s sol vtol lq sol</i>	<i>diclofenac tab, diflunisal tab, ibuprofen tab, naproxen tab, naproxen dr tab</i>
	<i>nalocet 2.5-300mg tab oxycodone/apap 2.5-300mg tab (generic of NALOCET) oxycodone/acet sol 10/300MG oxycodone/APAP 2.5,5,10-300MG(generic of PRIMLEV) PRIMLEV TAB PROLATE TAB PROLATE SOL 10/300MG</i>	<i>oxycodone/acetaminophen tab</i>
	<i>tramadol HCL tab 100mg</i>	<i>tramadol hcl tabs 50mg</i>
ANTI-INFECTIVES Anti-Infectives–Miscellaneous	DARAPRIM	<i>pyrimethamine (generic of DARAPRIM)</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
	MACRODANTIN CAP nitrofurantn sus 25mg/5ml	<i>nitrofurantoin caps</i>
	<i>me/naphos/mb tab hyo 1</i> <i>uribel cap 118 mg</i> <i>uroav-b cap</i> UROGESIC-TAB BLUE <i>uro-mp cap 118mg</i> <i>uryl tab</i> <i>vilamit mb cap 118mg</i>	Consult your health care provider
	<i>tobramycin inj 1.2gm</i>	<i>amikacin inj, gentamicin inj, tobramycin 10mg and 40mg inj</i>
ANTI-INFECTIVES Antivirals	DAKLINZA LEDIPASVIR-SOFOSBUVIR SOFOSBUVIR- VELPATASVIR SOVALDI VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) HARVONI (genotypes 1, 4, 5, 6) MAVYRET ¹
ANTI-INFECTIVES Erythromycins/Macrolides	E.E.S. GRAN SUS 200/5 ML ERYPED SUS 200/5 ML, 400/5 ML	<i>azithromycin susp, clarithromycin susp, erythromycins</i>
ANTI-INFECTIVES Tetracyclines	ARESTIN ACTICLATE TAB coremino tab DORYX 50MG, 80MG, 200MG TAB DORYX MPC TAB 120MG doxycycline mono cap 75mg, 150mg <i>doxycycline 75mg, 150mg tab (generic of ACTICLATE)</i> <i>doxycycline tab 80 dr</i> <i>doxycycline tab hycl er</i> doxycycline hyc tab 50,75,100,150,200mg dr <i>minocycline cap 45mg, 90mg,135mg er</i> minocycline tab er (generic for SOLODYN) mondoxyne nl cap 75mg okebo cap 75mg SEYSARA TAB SOLODYN TAB TARGADOX TAB 50MG	<i>doxycycline tab 20 mg</i> <i>doxycycline caps, doxycycline tabs (excludes generic of ACTICLATE), minocycline caps, minocycline tabs, tetracycline caps</i>
	MINOCIN CAP	<i>minocycline cap (generic of MINOCIN)</i>
	NUZYRA	<i>levofloxacin tab or soln or inj, linezolid tab or susp or inj, moxifloxacin tab or soln or inj, vancomycin inj</i>
ANTINEOPLASTIC AGENTS Hormonal Antineoplastic Agents	NILANDRON YONSA	<i>nilutamide (generic of NILANDRON)</i> <i>XTANDI, abiraterone (generic of ZYTIGA), NUBEQA, ERLEADA</i>
CARDIOVASCULAR Antiarrhythmics	BETAPACE TAB BETAPACE AF TAB	<i>sorine, sotalol tab (generic of BETAPACE), sotalol af tab (generic of BETAPACE AF)</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
CARDIOVASCULAR <i>Antilipemics, Miscellaneous</i>	REPATHA	PRALUENT
	<i>niacin tab 500mg</i> <i>niacor tab 500mg</i>	<i>niacin er tabs</i>
	<i>icosapent cap 1gm (generic Vascepa)</i>	VASCEPA 1 gm
CARDIOVASCULAR <i>Antilipemics, fibrates</i>	ANTARA CAP 30MG,90MG <i>fenofibrate tab 40mg, 120mg (generic of FENOGLIDE)</i> fenofibrate cap 50mg,130mg 150mg FENOGLIDE TAB 40MG, 120MG LIPOFEN CAP 50MG,150MG	<i>fenofibrate tabs 48mg,54 mg, 145mg, 160mg, and micronized caps 43mg, 67mg,130 mg,134mg, 200mg, fenofibric caps 45mg, 135mg</i>
CARDIOVASCULAR <i>Beta-Blocker</i>	TENORMIN TAB	<i>atenolol tab (generic of TENORMIN)</i>
CARDIOVASCULAR <i>Beta-Blocker/Diuretic Combinations</i>	DUTOPROL TAB METOPROLOL/ HYDROCHLOROTHIAZIDE ER TENORETIC TAB	<i>atenolol/chlorthalidone tab (generic of TENORETIC), bisoprolol-hydrochlorothiazide tab, metoprolol-hydrochlorothiazide tab</i>
CARDIOVASCULAR <i>Diuretics</i>	<i>triamterene cap (generic of DYRENIUM)</i> DYRENIUM	<i>amiloride</i>
CARDIOVASCULAR <i>Miscellaneous</i>	LANOXIN TAB 0.125 MG LANOXIN TAB 0.25 MG	<i>digoxin 0.125 mg or 0.25 mg tab</i> <i>digox 0.125 mg or 0.25 mg tab</i> <i>digitek 0.125 mg or 0.25 mg tab</i>
	CONSENSI TAB	<i>amlodipine PLUS celecoxib</i>
CARDIOVASCULAR <i>Nitrates</i>	ISORDIL TAB 40MG <i>isosorbide din tab 40mg</i>	<i>isosorbide dinitrate tabs (other strengths)</i>
CARDIOVASCULAR <i>pulmonary arterial hypertension</i>	TRACLEER TAB 62.5MG,125MG	<i>bosentan tabs (generic of TRACLEER)</i> OPSUMIT
CENTRAL NERVOUS SYSTEM <i>Anticonvulsants</i>	ZONEGRAN CAP	<i>zonisamide cap (generic of ZONEGRAN)</i>
	QUDEXY XR Cap <i>topiramate cap er</i> TROKENDI XR CAP	<i>topiramate ir tabs and sprinkle caps, levetiracetam, lamotrigine, carbamazepine, oxcarbazepine, gabapentin</i>
CENTRAL NERVOUS SYSTEM <i>Antidepressants</i>	APLENZIN TAB	<i>bupropion tab er 24 hr 150mg,300mg</i>
	<i>bupropion tab 450mg xl</i> FORFIVO XL TAB 450MG	<i>bupropion hcl 24hr er 150mg,300MG</i>
	<i>fluoxetine tab 10mg,20mg 60mg</i> SARAFEM TAB 10MG,20MG	<i>fluoxetine caps and oral solution</i>
	PAXIL TAB	<i>paroxetine tab (generic of PAXIL)</i>
	PAXIL CR	<i>paroxetine er tab (generic of PAXIL CR)</i>
	<i>venlafaxine tab er (except 225 mg)</i> VENLAFAXINE TAB ER (except 225 mg)	<i>venlafaxine cap er</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
	WELLBUTRIN TAB SR 100MG,150MG,200MG	<i>bupropion hcl 12hr er (generic of WELLBUTRIN TAB SR)</i>
	WELLBUTRIN TAB XL 150MG,300MG	<i>bupropion hcl 24hr er(generic of WELLBUTRIN TAB XL)</i>
CENTRAL NERVOUS SYSTEM <i>Antiparkinsonian agents</i>	APOKYN INJ 10MG/ML	INBRIJA CAP KYNMOBI MIS
CENTRAL NERVOUS SYSTEM <i>Attention Deficit Hyperactivity Disorder</i>	ADZENYS ER SUS 1.25MG	<i>amphetamine er susp (generic OF ADZENYS ER SUS)</i>
	<i>methylphenidate hcl cap er</i>	<i>dextroamphetamine er, amphet/dextroamphet cap er 24hr methylphenidate tab er, cap er,(la), cap er (cd) dexmethylphenidate er</i>
CENTRAL NERVOUS SYSTEM <i>Hypnotics</i>	DORAL TAB 15MG <i>quazepam tab 15mg</i> ROZEREM TAB ZOLPIMIST SPRAY	<i>doxepin 3 or 6mg tab, eszopiclone, ramelteon, temazepam 7.5 or 15 mg cap, zolpidem erzolpidem tab</i>
	INTERMEZZO SUB 1.75MG <i>zolpidem tar sub 1.75mg, 3.5mg</i>	<i>zolpidem ir tabs</i>
CENTRAL NERVOUS SYSTEM <i>Migraine</i>	AJOVY EMGALITY 120MG/ML INJ VYEPTI 100MG/ML INJ	AIMOVIG
	EMGALITY 100MG/ML INJ	Consult your health care provider
	NURTEC 75MG CHEW ODT REYVOW TAB TOSYMRA 10MG SOL	<i>almotriptan, eletriptan, frovatriptan, naratriptan tab, rizatriptan tab, sumatriptan tab, zolmitriptan tab, UBRELVY</i>
	<i>sumatriptan-naprox tab</i> TREXIMET TAB	<i>sumatriptan tab plus naproxen tab</i>
	CAFERGOT TAB	<i>ergotamine w/ caffeine tab (generic of CAFERGOT)</i>
	CAMBIA POWDER	<i>diclofenac tab, ibuprofen tab, naproxen tab</i>
	MIGRANAL SPRAY	<i>dihydroergot spr 4gm/ml (generic of MIGRANAL)</i>
	MIGERGOT SUP 2/100	<i>ergot/caffein tab, sumatriptan nasal spray, sumatriptan inj, zolmitriptan nasal spray</i>
	ONZETRA XSAI MIS	<i>sumatriptan nasal spray</i>
	CENTRAL NERVOUS SYSTEM <i>Miscellaneous</i>	BRISDELLE CAP 7.5MG <i>paroxetine cap 7.5mg</i>
	TECFIDERA MIS STARTER TECFIDERA CAP 120MG,240MG	<i>dimethyl fumarate dr (generic of TECFIDERA)</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
	EXTAVIA INJ KESIMPTA INJ	OCREVUS, GILENYA, , <i>dimethyl fum</i> , VUMERITY, BAFIERTAM, ZEPOSIA ,MAYZENT, <i>glatopa</i> , <i>glatiramer</i> , PLEGRIDY, BETASERON, AVONEX
	LEMTRADA INJ REBIF INJ TYSABRI INJ	PLEGRIDY, BETASERON, AVONEX
CENTRAL NERVOUS SYSTEM <i>Musculoskeletal Therapy Agents</i>	AMRIX 15MG, 30MG CAP carisoprodol tab 250mg CHLORZOXAZONE 250MG TAB (MANUFACTURED BY MIKART AND SOLUBIOMIX) <i>chlorzoxazone 250mg (manufactured by CINTEX)</i> <i>chlorzoxazone 500mg (manufactured by AXIS)</i> <i>chlorzoxazone 375mg, 750mg tab</i> <i>cyclobenzaprine 15mg, 30mg er cap (generic of AMRIX)</i> <i>cyclobenzaprine 7.5mg tab cap (generic of FEXMID)</i> <i>fexmid 7.5mg tab</i> FEXMID 7.5MG TAB <i>lorzone 375mg tab</i> LORZONE 375MG <i>lorzone 750mg tab</i> metaxalone tab 400mg SOMA TAB 250MG	<i>cyclobenzaprine 5 mg,</i> <i>cyclobenzaprine 10 mg</i>
CONTRACEPTIVES <i>miscellaneous</i>	FC FEMALE MIS CONDOM FC2 FEMALE MIS CONDOM	Consult your healthcare provider
ENDOCRINE AND METABOLIC <i>Antidiabetics, Insulins</i>	AFREZZA POWDER ADMELOG ADMELOG SOLOSTAR APIDRA APIDRA SOLOSTAR HUMALOG HUMALOG JR HUMALOG KWIKPEN INSULIN ASP PROT INJ FLEXPEN INSULIN APSA INJ 100/ML INSULIN ASPA INJ FLEXPEN INSULIN ASPA INJ PENFILL INSULIN LISPRO INSULIN LISPRO JR INSULIN LISP PROTAMINE LYUMJEV INJ LYUMJEV KWPN NOVOLOG FLEXPEN (RELION)	FIASP, FIASP FLEXTOUCH, NOVOLOG, NOVOLOG FLEXPEN FIASP, FIASP FLEXTOUCH, NOVOLOG, NOVOLOG FLEXPEN
	HUMALOG MIX 50/50 HUMALOG MIX 50/50 KWIKPEN HUMALOG MIX 75/25 HUMALOG MIX 75/25 KWIKPEN	NOVOLOG MIX 70/30, NOVOLOG 70/30 FLEXPEN

Drug Class Category	Formulary Drug Removals	Formulary Options
	NOVOLOG 70/30 (RELION) NOVOLOG MIX INJ FLEXPEN (RELION)	
	HUMULIN N HUMULIN N KWIKPEN NOVOLIN N (RELION)	NOVOLIN N
	HUMULIN 70/30 HUMULIN 70/30 KWIKPEN INSULIN ASPA 70/30 NOVOLIN 70/30 (RELION) NOVOLIN FLEXPEN (RELION)	NOVOLIN 70/30, NOVOLIN 70/30 FLEXPEN
	HUMULIN R U-100 NOVOLIN R (RELION)	NOVOLIN R
	LANTUS LANTUS SOLOSTAR SEMGLEE TOUJEO SOLOSTAR	BASAGLAR, LEVEMIR, TRESIBA
	HIGH COST ALCOHOL SWABS	BD ALCOHOL SWABS
	HIGH COST INSULIN SYRINGES	INSULIN SYRINGES: BD/ ULTIMED/ALLISON/TRIVIDIA/M HC
	HIGH COST INSULIN PEN NEEDLES	PEN NEEDLES: NOVO/BD/ ULTIMED/OWEN/TRIVIDIA
ENDOCRINE AND METABOLIC Antidiabetics	ADLYXIN	BYDUREON, BYETTA, OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
	<i>alogliptin</i> NESINA ONGLYZA	JANUVIA, TRAJENTA
	<i>alogliptin/metformin hcl</i> KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
	<i>alogliptin/pioglitazone</i> OSENl	<i>pioglitazone</i> plus JANUVIA, <i>pioglitazone</i> plus TRAJENTA
	<i>metformin hcl tab er (generic of FORTAMET)</i> FORTAMET <i>metformin hcl tab er (generic of GLUMETZA)</i> GLUMETZA	<i>metformin er tab (generic of GLUCOPHAGE XR)</i>
	QTERN STEGLUJAN	GLYXAMBI
	INVOKANA STEGLATRO	FARXIGA or JARDIANCE
	INVOKAMET INVOKAMET XR SEGLUROMET	SYNJARDY, SYNJARDY XR, XIGDUO XR
ENDOCRINE AND METABOLIC Calcium Regulators	MIACALCIN INJ CALCITONIN INJ	<i>alendronate, ibandronate, risedronate, zoledronic acid,</i> FORTEO, PROLIA, TYMLOS
	TERIPARATIDE INJ	FORTEO SOL, TYMLOS

Drug Class Category	Formulary Drug Removals	Formulary Options
ENDOCRINE AND METABOLIC <i>Chelating Agents</i>	CUPRIMINE <i>penicillamine cap</i>	<i>penicillamine tab</i> DEPEN
ENDOCRINE AND METABOLIC <i>Contraceptives</i>	BEYAZ TAB <i>drospire/eth tab estr/lev3-0.02-0.451mg</i>	<i>drospirenone-ethinyl ester(generic for TYDEMY), norethindrone & ethinyl estradiol,drospirenone-ethinyl estradiol-levomefolate 3-0.03-0.451mg</i>
	NUVARING MIS	<i>etonogestrel ethinyl est (generic of NUVARING)</i> <i>eluryng generic of NUVARING)</i>
ENDOCRINE AND METABOLIC <i>Glucocorticoids</i>	DEXABLISS 1.5MG TAB <i>dexamethasone pak</i> <i>dexpak</i> DXEVO <i>hidex pak</i> <i>taperdex pak</i> ZCORT	<i>dexamethasone tab,</i> <i>methylprednisolone tab or pak,</i> <i>prednisone tab or pak</i>
	MILLIPRED DP PAK MILLIPRED SOLUTION MILLIPRED TABS RAYOS TAB	<i>dexamethasone tab,</i> <i>methylprednisolone tab or pak,</i> <i>prednisolone solution,</i> <i>prednisone tab or pak</i>
	ORAPRED ODT TAB <i>prednisolone tab odt</i>	<i>prednisolone sod phos oral solution</i>
ENDOCRINE AND METABOLIC <i>Glucose Elevating Agents</i>	BAQSIMI ONE 3MG POWDER BAQSIMI TWO 3MG POWDER GLUCAGEN HYPOKIT INJ GLUCAGON 1MG KIT	GVOKE HYPOPEN, GVOKE PFS
ENDOCRINE AND METABOLIC <i>Menopausal Symptom Agents</i>	<i>covaryx tab</i> <i>covaryx hs tab</i> <i>eemt tab 1.25-2.5</i> <i>eemt HS tab</i> <i>est estrogen tab mtest hs</i> <i>estrog/mtest tab 1.25-2.5</i>	
ENDOCRINE AND METABOLIC <i>Miscellaneous</i>	ACTHAR INJ	Consult your health care provider
	<i>methergine tab</i> METHERGINE TAB <i>methylergonovine tab</i>	Consult your health care provider
	MIACALCIN SPR	<i>calcitonin spray</i>
	CARNITOR TAB CARNITOR ORAL SOL CARNITOR SF ORAL SOL	<i>levocarnitine sol, levocarnitine tab</i>
	OSPHENA TAB 60MG	<i>estradiol cream 0.01%,estradiol tab 10mcg,IMVEXXY, PREMARIN VAG CRE 0.625MG,INTRAROSA</i>
ENDOCRINE AND METABOLIC <i>Phosphate Binder Agents</i>	AURYXIA TAB 210MG FOSRENOL CHW FOSRENOL POW <i>lanthanum chw</i>	VELPHORO,PHOSLYRA <i>sevelamer hydrochloride</i> <i>calcium acetate</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
GASTROINTESTINAL <i>Antiemetics</i>	TRANSDERM SCOP 1MG/3DAY	<i>scopolamine patch 1mg/3 day (generic of TRANSDERM SCOP)</i>
	ANTIVERT TAB 50MG <i>meclizine tab 50MG</i>	<i>meclizine 12.5mg tabs, meclizine 25mg tabs</i>
GASTROINTESTINAL <i>Antispasmodics</i>	GLYCOPYRROLATE 1.5MG TAB (MANUFACTURED BY FOXLAND PHARMACEUTICALS) GLYCATE TAB 1.5MG	<i>glycopyrrolate 1mg tab, glycopyrrolate 2mg tab,</i>
	LEVBID TAB 0.375 ER <i>hyoscyamine tab 0.375 er oscimin sr tab 0.375mg symax-sr tab 0.375mg</i>	<i>dicyclomine 10 mg capsules, dicyclomine 20 mg tablets, dicyclomine 10 mg/5 mL oral solution</i>
GASTROINTESTINAL <i>Inflammatory Bowel Disease</i>	COLAZAL	<i>balsalazide (generic of COLAZAL)</i>
GASTROINTESTINAL <i>Laxatives</i>	LACTULOSE 10GM PAK (MANUFACTURED BY FOXLAND PHARMACEUTICALS) KRISTALOSE PAK 10GM, 20GM	<i>lactulose 10gm/15ml solution, constulose, enulose, constulose 10gm/15ml solution</i>
	MOVIPREP SOL, OSMOPREP TAB 1.5GM	PLENVU <i>peg 3350-electrolytes-ascorbate for soln 100gm (generic of MOVIPREP)</i> <i>peg 3550/electrolytes</i> CLENPIQ SOL NULYTELY GOLYTELY SUTAB TAB SUPREP BOWEL SOL PREP KIT
GASTROINTESTINAL <i>Miscellaneous</i>	AMITIZA CAP	<i>lubiprostone cap 8mcg, LINZESS</i>
	CARAFATE 1GM/10ML SUSP CARAFATE 1GM TAB <i>sulcrafate sus 1gm/10ml</i> SULCRAFATE SUS 1GM/10ML	<i>sucrafate 1gm tab (generic of CARAFATE TAB)</i>
	PYLERA CAP	<i>amoxicillin cap-clarithromycin tab-lansoprazole cap therapy pack, TALICIA</i>
	<i>chlordiazepox/clidinium 5-2.5mg cap (mft by Sunrise, Cameron, Dr Reddys, ECI Pharma, Bryantranc, Ascendlabs, Xiromed)</i> LIBRAX 5-2.5MG CAP	<i>dicyclomine tabs and caps, glycopyrrolate tabs, methscopolamine tabs, propantheline tabs</i>
	<i>lactojen</i> PRODIGEN CAP PROVAD PYLERA ZELAC	Consult your health care provider
	RELTONE CAP 200MG,400MG <i>Ursodiol cap (generic RELTONE) 200mg, 400mg</i>	<i>ursodiol 300mg</i>
	MOTEGRITY TAB	LINZESS 145 MCG <i>lubiprostone 24 mcg</i>
	TRULANCE TAB	LINZESS, <i>lubiprostone 8mcg</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
GASTROINTESTINAL <i>Proton Pump Inhibitors</i>	<i>lansoprazole tab odt 15mg, 30mg</i> <i>omeppi</i> <i>omeprazole/bicarbonate cap,powder</i> pantoprazole pak 40mg PREVACID TAB STB PROTONIX PAK 40MG ZEGERID CAP, POWDER	<i>esomeprazole 20mg or 40mg,</i> <i>lansoprazole, omeprazole,</i> <i>pantoprazole, rabeprazole,</i> DEXILANT
GASTROINTESTINAL <i>Steroids,Rectal</i>	ANALPRAM HC CRE 2.5-1% <i>hc pramoxine cream 2.5-1%</i>	<i>procto-pak (hydrocortisone) 1%</i> <i>perianal cream; procto-med HC</i> <i>(hydrocortisone) 2.5% perianal</i> <i>cream; hydrocortisone 2.5%</i> <i>perianal cream; proctosol HC</i> <i>(hydrocortisone) 2.5% perianal</i> <i>cream; proctozone-HC</i> <i>(hydrocortisone) 2.5% perianal</i> <i>cream; CORTIFOAM</i> <i>(hydrocortisone) 10% perianal</i> <i>foam; hydrocortisone 1% cream,</i> <i>ointment; Ala-Cort</i> <i>(hydrocortisone) 1% cream;</i> <i>hydrocortisone 2.5% cream,</i> <i>lotion, ointment; Ala-Cort</i> <i>(hydrocortisone) 2.5% cream;</i> <i>PANDEL (hydrocortisone</i> <i>probutate) 0.1% cream;</i> <i>hydrocortisone butyrate 0.1%</i> <i>solution</i>
GENITOURINARY <i>Benign Prostatic Hyperplasia</i>	UROXATRAL	<i>alfuzosin (generic of</i> UROXATRAL)
GENITOURINARY <i>Miscellaneous</i>	RIMSO-50	Consult your health care provider
	<i>k citrate sol citr acid</i>	Consult your health care provider
HEMATOLOGIC <i>Anticoagulants</i>	SAVAYSA	ELIQUIS, PRADAXA, XARELTO
HEMATOLOGIC <i>Hematopoietic Growth Factors</i>	EPOGEN INJ RETACRIT INJ	ARANESP INJ, PROCRIT INJ
	FULPHILIA INJ GRANIX INJ NEULASTA INJ NEUPOGEN INJ NIVESTYM INJ UDENYCA INJ ZIEXTENZO INJ	ZARXIO INJ
IMMUNOLOGIC AGENTS <i>Autoimmune Agents</i>	DUPIXENT	FASENRA and NUCALA for asthma; contact prescriber for atopic dermatitis
	ACTEMRA ACTEMRA ACTPEN KEVZARA KINERET OLUMIANT	ENBREL, ENBREL MINI, ENBREL SURECLICK, HUMIRA, RINVOQ, XELJANZ TAB, XELJANZ XR, RENFLEXIS

Drug Class Category	Formulary Drug Removals	Formulary Options
	CIMZIA ORENCIA ORENCIA CLICKJECT SIMPONI SIMPONI ARIA	ENBREL, ENBREL MINI, ENBREL SURECLICK, HUMIRA, RINVOQ, SKYRIZI, TALTZ, XELJANZ TAB, XELJANZ XR, STELARA (Psoriatic arthritis), RENFLEXIS
	COSENTYX COSENTYX SENSOREADY PEN OTEZLA	ENBREL, ENBREL MINI, ENBREL SURECLICK, HUMIRA, SKYRIZI, TALTZ, XELJANZ TAB, XELJANZ XR, STELARA (Psoriatic), RENFLEXIS
	INFLECTRA REMICADE	ENBREL, ENBREL MINI, ENBREL SURECLICK, ENTYVIO, HUMIRA, RENFLEXIS, RINVOQ, SKYRIZI, STELARA, TALTZ, XELJANZ TAB, XELJANZ XR
	ILUMYA SILIQ TREMIFYA	ENBREL, HUMIRA, SKYRIZI, TALTZ, STELARA (Plaque psoriasis), RENFLEXIS
	STELARA IV SOLN 130MG/26ML	HUMIRA, RENFLEXIS, XELJANZ, XELJANZ XR,
IMMUNOLOGIC AGENTS <i>Disease-Modifying Anti-Rheumatic Drugs (DMARDS)</i>	OTREXUP RASUVO REDITREX INJ	<i>methotrexate tab 2.5 mg, methotrexate inj 25 mg/ml</i>
MISCELLANEOUS PRODUCTS <i>Miscellaneous</i>	VARITHENA AER	Consult your health care provider
NUTRITIONAL/SUPPLEMENTS <i>Electrolytes/Minerals/Vitamins, Oral</i>	MEPHYTON TAB	Consult your health care provider
	ENTERAGAM 5GM POWDER	<i>alosetron hcl (generic of LOTRONEX), XIFAXAN 550MG TAB</i>
	FOSTEUM CAP FOSTEUM PLUS CAP	<i>alendronate, ibandronate, risedronate</i>
	MEBOLIC TAB NICAPRIN TAB NICAZYME TAB OMNIVEX TAB RHEUMATE CAP RIBOZEL CAP TOBAKIENT CAP VASCULERA TAB XYZBAC TAB ZYVIT TAB	Consult your health care provider

Drug Class Category	Formulary Drug Removals	Formulary Options
	<i>activite tab</i> AZESCO TAB 13-1MG <i>davite tab</i> FOLICA-BE CAP FOLICA-V CAP FOLIC-K CAP <i>folika-t tab</i> FOLIKA-V TAB GENICIN TAB VITA-Q <i>genicin tab vita-s</i> <i>hyalvite tab</i> <i>lorid tab</i> <i>multi-pro cap</i> <i>tronvite tab</i> <i>vitasure tab</i> VITAXYME TAB VITAZYME TAB <i>xvite tab</i> ZALVIT TAB 13-1MG	M-NATAL PLUS, ONE VITE TAB 1MG PLUS, PNV FOLIC ACID + IRON, PRENATAL TAB 27-1MG, PRENATAL PLUS, PRENATAL PLUS LOW IRON, TRICARE TAB PRENATAL
	CITRANATAL CAP HARMONY CITRANATAL TAB BLOOM ENBRACE HR CAP MYNATAL PLUS TAB MYNATAL-Z TAB NATACHEW NESTABS ONE CAP PRENATE CAP ENHANCE PRENATE CAP ESSENT PRENATE CAP PIXIE PRENATE CAP RESTORE PRENAT CHW 0.6-0.4 PRENATE DHA CAP PRENATE MINI CAP PRENATE TAB ELITE PRIMACARE CAP TRINAZ TAB 12-1MG TRISTART DHA CAP VITAFOL CAP ULTRA VITAFOL STRP MIS 1MG VITAFOL-NANO TAB VITAFOL-OB TAB 65-1MG VITAFOL-ONE CAP WESTGEL DHA CAP	PRENATAL (prenatal Vitamins/iron/folic acid) 27 mg/1 mg tablets, M_NATAL PLUS (prenatal vitamins/iron/folic acid) 27 mg/1 mg tablets, TRICARE PRENATAL (prenatal Vitamins/iron/folic acid) 27 mg/1 Mg tablets, PNV folic acid + iron AC (prenatal vitamins/iron/folic Acid) 27 mg/1 mg tablets, PRENATAL PLUS (prenatal Vitamins/iron/folic acid) 27 mg/1 mg tablets, PRENATAL VIT TAB LOW IRON (prenatal vitamins/iron/folic acid) 27 mg/1 mg tablets
	<i>dexifol tab</i> NEOVITE TAB NICADAN TAB NICAZEL TAB NICAZEL FORTE TAB NICOMIDE TAB	Consult your health care provider
	FERIVA 21/7 TAB FOLIKA-D 1-5000 <i>folvite-d tab</i> GENICIN VITA-D TABORTHO DF 1-3775IUTALIVA CAP	Consult your health care provider

Drug Class Category	Formulary Drug Removals	Formulary Options
OPHTHALMIC <i>Antiallergics</i>	ALOCRI SOL ALOMIDE SOL	BEPREVE DROPS, LASTACFT SOL, PAZEO DROPS, ZERVIAE DROPS
OPHTHALMIC <i>Antiglaucoma</i>	<i>bimatoprost</i> XELPROS ZIOPTAN	<i>latanoprost</i> , LUMIGAN, <i>travoprost</i> , VYZULTA, ROCKLATAN
OPHTHALMIC <i>Anti-Inflammatories</i>	FML LIQUIFILM SUS PRED FORTE SUS PREDNISOLONE SUS 1%	<i>dexamethasone solution</i> , <i>fluorometholone susp</i> , <i>prednisolone acetate ophth susp (generic of PRED FORTE)</i> , FLAREX SUS
	DEXYCU SUS	<i>loteprednol sus</i> , DUREZOL EMU, INVELTYS SUS, LOTEMAX GEL, LOTEMAX OINT, LOTEMAX SM GEL
OPHTHALMIC <i>Miscellaneous</i>	CEQUA SOL EYSUVIS DROP XIIDRA DRO 5%	RESTASIS
OTIC <i>Otic Agents</i>	CIPRODEX SUSP	<i>cipro/dexamethasone sus otc (generic of CIPRODEX)</i> , <i>cipro/fluocinolone soln otic</i> , <i>cipro/hydrocortisone sus otic</i>
RESPIRATORY <i>Anticholinergics</i>	LONHALA SOL SEEBRI NEOHALER TUDORZA PRES AER YUPELRI SOL	INCRUSE ELLIPTA, SPIRIVA
RESPIRATORY <i>Anticholinergics/Beta Agonists</i>	DUAKLIR AER STIOLTO RESPIMAT UTIBRON NEOHALER	ANORO ELLIPTA, BEVESPI AEROSPHERE
RESPIRATORY <i>Antihistamines</i>	CARBINOXAMINE 6MG TAB (MANUFACTURED BY FOXLAND PHARMACEUTICALS)	<i>cetirizine soln</i> , <i>desloratidine tab</i> , <i>levocetirizine soln or tab</i>
	<i>dexchlorphen 2mg/5ml syrup</i> <i>diphen elx 12.5/5ml</i> <i>diphenhydram elx 12.5/5ml</i> <i>ryclora 2mg/5ml syrup</i>	<i>cyproheptadine syrup</i> , <i>hydroxyzine syrup</i> , <i>cetirizine oral solution</i> , <i>levocetirizine oral solution</i>
RESPIRATORY <i>Beta Agonists</i>	PROAIR DIGIHALER PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA	<i>albuterol inhaler (generic of PROAIR HFA OR VENTOLIN HFA)</i> , VENTOLIN HFA
RESPIRATORY <i>Leukotriene Modulators</i>	<i>zileuton er tab (generic of ZYFLO CR)</i> ZYFLO TAB ZYFLO CR TAB	<i>montelukast tab</i> , <i>zafirlukast tab</i> ,
RESPIRATORY <i>Miscellaneous</i>	AUVI-Q	<i>epinephrine inj (generic of ADRENACLICK)</i> , <i>epinephrine inj (generic of EIPEN)</i> , EIPEN, SYMJEPI
	CINQAIR INJ	FASENRA INJ, NUCALA INJ

Drug Class Category	Formulary Drug Removals	Formulary Options
	<i>benzonatate 150 mg (manufactured by Solubiomix and Sterling K)</i>	Consult your health care provider
RESPIRATORY Steroid/Beta-Agonist Combinations	AIRDUO DIGIHALER AIRDUO RESPICLICK INH <i>budesonide/formoterol inh</i> DULERA AER <i>fluticasone-salmeterol inh</i> <i>wixela inhub</i>	ADVAIR HFA, ADVAIR DISKUS, BREO ELLIPTA, SYMBICORT
RESPIRATORY Steroid Inhalants	ALVESCO ARMONAIR DIGIHALER ASMANEX HFA ASMANEX TWISTHALER QVAR REDIHALER	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER
TOPICAL Dermatology, Acne	<i>adapalene pad 0.1%</i> adapalene cre 0.1% <i>benzoyl peroxide-hc lot 5-0.5%</i> CLEOCIN-T GEL 1% CLINDAGEL1% DIFFERIN CRE 0.1% <i>vanoxide-hc lot</i>	<i>adapalene, benzoyl peroxide-erythromycin gel, clindamycin phosphate (topical), erythromycin solution, tretinoin</i>
TOPICAL Dermatology, Antibiotics	BACTROBAN CREAM <i>mupirocin cream</i>	<i>mupirocin ointment, gentamicin 0.1% cream, gentamicin 0.1% ointment</i>
	NEO-SYNALAR CREAM NEO-SYNALAR KIT	<i>betamethasone valerate 0.1% cream, lotion, and ointment; fluocinolone acetonide 0.025% cream and ointment; fluticasone propionate 0.05% cream and lotion; Beser (fluticasone propionate) 0.05% lotion; fluticasone propionate 0.005% ointment; hydrocortisone butyrate 0.1% solution; mometasone 0.1% Solution, cream, and ointment; triamcinolone 0.025% cream, lotion, and ointment; triamcinolone 0.1% cream, lotion, and ointment; Triderm (triamcinolone) 0.1% cream</i>
TOPICAL Dermatology, Antifungals	<i>ciclopirox 0.77% gel</i> <i>oxiconazole cream</i> OXISTAT 1% CREAM	<i>ciclopirox 0.77% cream or susp, clotrimazole 1% cream or solution, ketoconazole cream, selenium sulfide lotion</i>
	<i>ciclopirox 1% shampoo</i> LOPROX 1% SHAMPOO	<i>ketoconazole shampoo</i>
	ERTACZO CRE 2% luliconazole cre 1% LUZU CRE 1%	<i>clotrimazole cre, econazole cre, ketoconazole cre, ciclopirox cream, naftifine cre</i>
TOPICAL Dermatology, Antipsoriatics	<i>calcipotriene 0.005% cream</i> <i>calcitriol 3mcg/gm oint</i> DOVONEX 0.005% CREAM VECTICAL 3MCG/GM OINT	<i>calcipotriene 0.005% soln or oint, tazarotene 0.1% cream, ENSTILAR FOAM</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
	TAZORAC CRE 0.1%	<i>tazarotene cream 0.1%(generic of TAZORAC)</i>
TOPICAL Dermatology, Antiseborrheics	EXTINA 2% AER <i>extina 2% aer</i> ketoconazole 2% aer ketodan 2% aer XOLEGEL 2% GEL	<i>ketoconazole 2% cream</i>
TOPICAL Dermatology, Corticosteroids	amcinonide cre 0.1%	<i>amcinonide lot 0.1%, triamcinolone cre 0.5%</i>
	BRYHALI LOT 0.01%	<i>Triamcinolone cre 0.5%, betamethasone dipropionate aug cr, fluocinonide 0.05% cre, sol, gel</i>
	ULTRAVATE LOT 0.05%	<i>clobetasol 0.05% cre, gel,sol, foam,lot, spr, halobetasol cre 0l.05%, betamethasone dipropionate aug 0.05% gel,lot</i>
	calcip/betam susp TACLONEX SUS	<i>calcipotriene solution 0.005% plus, betamethasone dip lotion 0.05%, calcipotriene soln 0.005% plus triamcinolone lot 0.1%, ENSTILAR</i>
	calcipotriene oint betamethasone TACLONEX OIN	<i>calcipotriene oint 0.005% plus betamethasone dip oint 0.05%, calcipotriene oin 0.005% plus triamcinolone oint 0.1%, ENSTILAR</i>
	clocortolone cre piv 0.1% CLODERM CRE 0.1%	<i>triamcinolone cre 0.025%, fluticasone cream 0.05%, mometasone cream 0.1%, betamethasone valerate cr 0.1%, betamethasone dipropionate cre 0.05%, fluocinolone cre 0.025%</i>
	CORDRAN 0.025% CREAM	<i>desonide 0.05% cream fluocinolone acetone 0.01% cream triamcinolone 0.025% cream</i>
	CORDRAN 0.05% CREAM <i>flurandrenolide 0.05% cream nolix 0.05% cream</i>	<i>betamethasone valerate 0.1% cream fluocinolone acetone 0.025% cream fluticasone 0.05% cream</i>
	CORDRAN 0.05% LOTION <i>flurandrenolide 0.05% lotion nolix 0.05% lotion</i>	<i>betamethasone dip 0.05% lotion fluticasone 0.05% lotion triamcinolone 0.1% lotion</i>
	CORDRAN OINT 0.05% <i>flurandrenolide oint 0.05%</i>	<i>fluocinolone acetone oint 0.025% mometasone oint 0.1% triamcinolone oint 0.1%</i>
CORDRAN 80X3 TAPE 4MCG/CM	Consult your health care provider	

Drug Class Category	Formulary Drug Removals	Formulary Options
	DESONATE GEL 0.05% <i>desonide gel 0.05%</i> <i>desrx gel 0.05%</i>	<i>desonide lot, cre 0.05%, fluticasone lot, cre 0.05%, alclometasone cre 0.05%, fluocinolone acetonide soln 0.01%, cre 0.01% triamcinolone lot 0.1%</i>
	DESOWEN CRE 0.05% TRIDESILON CRE 0.05%	<i>alclometason cre 0.05%, fluocinolone acetonide cre 0.01%, triamcinolone cre 0.025%, desonide lot 0.05%, desonide cr 0.05% (generic of DESOWEN)</i>
	<i>diflorasone cream 0.05%</i> PSORCON CREAM 0.05%	<i>fluocinonide cream 0.05% triamcinolone cream 0.5% betamethasone dip cream 0.05% aug betamethasone cream 0.05%</i>
	<i>desoximetasone gel 0.05%</i> TOPICORT GEL 0.05%	<i>fluocinonide gel 0.05%</i>
	<i>desoximetasone cream 0.05%</i> TOPICORT CREAM 0.05%	<i>betamethasone dip cream 0.05% betamethasone valerate cream 0.1% mometasone cream 0.1% triamcinolone cream 0.1%</i>
	halcinonide cre 0.1% HALOG CRE 0.1%	APEXICON E CRE 0.05% <i>fluocinonide cre 0.05%, triamcinolone cre 0.5%, aug betamet cre 0.05%, fluocinonide cre 0.05%</i>
	<i>hc valerate cream 0.2%</i>	<i>betamethasone valerate cream 0.1% fluticasone cream 0.05%</i>
	<i>desoximetasone cream 0.25%</i> TOPICORT CREAM 0.25%	<i>aug betamethasone cream 0.05% fluocinonide 0.05% cream APEXICON E 0.05% CREAM IMPOYZ 0.025% CREAM</i>
	<i>desoximetasone oint 0.05%</i> TOPICORT OINT 0.05%	<i>betamethasone dip oint 0.05% fluocinonide 0.05% oint halcinonide 0.1% oint</i>
	<i>hc valerate oint 0.2%</i>	<i>fluocinolone acetonide 0.025% oint triamcinolone oint 0.1%</i>
	<i>hydrocort oint 1%</i> <i>hydrocortiso oin absorbas</i>	<i>Hydrocort cre, hydrocort lot, hydrocort oint 2.5% (All are base: so not butyrate, probutate, or valerate)</i>
	<i>hydrocortisone lotion 0.1%, LOCOID 0.1%</i> LOTION	<i>betamethasone dip 0.05% lotion fluticasone 0.05% lotion triamcinolone 0.1% lotion</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
	HALOG OINT 0.1%	<i>triamcinolone oin 0.5%, mometasone oin 0.1%, fluocinonide oint 0.05%, betamethasone dip oint 0.05%</i>
	<i>hc butyrate 0.1% oint</i>	<i>desonide 0.05% oint triamcinolone 0.025% oint</i>
	<i>hc butyrate 0.1% cream</i> LOCOID 0.1% CREAM LOCOID LIPO 0.1% CREAM	<i>betamethasone valerate cream 0.1% fluticasone cream 0.05%</i>
	<i>triamcinolone 0.05% oint</i> <i>trianex oint 0.05%.</i> TRIANEX OINT 0.05% <i>tritocin oint 0.05%</i>	<i>fluocinolone acetonide oint 0.025% mometasone oint 0.1%</i>
	<i>desoximetasone oint 0.25%</i> TOPICORT OINT 0.25%	<i>betamethasone dip oint 0.05% fluocinonide oint 0.05% halcinonide 0.1% oint</i>
	<i>diflorasone oint 0.05%</i>	<i>betamethasone dip 0.05% oint fluocinonide 0.05% oint halcinonide 0.1% oint</i>
	<i>fluocinonide cream 0.1%</i> VANOS CREAM 0.1%	<i>clobetasol propionate cream 0.05% halobetasol propionate cream 0.05%</i>
	HALOG SOL 0.1%	<i>fluocinonide sol 0.05%</i>
	TEXACORT 2.5% SOLUTION	<i>fluocinolone acetonide 0.01% solution</i>
	HALOBETASOL AER 0.05% LEXETTE AER SPRAY	<i>clobetasol aer 0.05%</i>
	KENALOG AER SPRAY <i>triamcinolone aer spray</i>	<i>betameth val aer 0.12%, triamcinolone oint 0.1%, triamcinolone cre 0.1%</i>
	LUXIQ AER 0.12%	<i>betamethasone aer 0.12% betamethasone val 0.1% oint</i>
	TOPICORT SPR 0.25%	<i>betamethasone val aer 0.12%, clobetasol aer 0.05%</i>
	VERDESO AER 0.05%	<i>fluocinolone acet sol 0.01%, desonide lot 0.05%</i>
	WYNZORA CREAM	ENSTILAR FOAM <i>calcipotriene solution and betamethasone dip cream/lotion, calcipotriene oint and betamethasone dipropionate oint,</i>
TOPICAL <i>Dermatology, Local Anesthetics</i>	LIDOCAINE-TETRACAINE CREAM 23-7% LIDOCAINE-TETRACAINE CREAM 7-7% PLIAGLIS SYNERA	<i>lidocaine/prilocaine cream</i>
	LIDOTREX GEL 2%	Consult your health care provider
TOPICAL <i>Dermatology, Miscellaneous Skin</i>	RYNODERM CRE URE-K 50% CREAM	<i>ammonium lac cream 12%</i>

Drug Class Category	Formulary Drug Removals	Formulary Options
and Mucous Membrane	CARAC CREAM 0.5% fluorouracil cream 0.5% TOLAK CREAM 4%	<i>diclofenac 3% gel, fluorouracil cream 5%, fluorouracil 2% or 5% solution, imiquimod 5% cream, KLISYRI OINT</i>
	METROGEL GEL 1% <i>metronidazole gel 1%</i>	<i>metronidazole 0.75% gel</i>
	SOOLANTRA CREAM 1%	<i>azelaic acid gel, metronidazole 0.75% cream or gel, FINACEA AER</i>
	<i>doxepin hcl cre</i> PRUDOXIN CRE ZONALON CRE	<i>desonide cream, desonide lotion, hydrocortisone 1% and 2.5% cream</i>
	AVENOVA 0.01% SOL CICATRACE MIS PAD POLYTOZA MIS PATCH SCARSILK MIS PAD SILIVEX MIX 2"X5.5" SILTREX MIS GEL PAD	Consult your health care provider
	ATOPADERM CREAM EPICERAM EMU KAMDOY EMU KIVIK EMU	<i>hydrocortisone (topical) 1% cream, ointment, hydrocortisone (topical) 2.5% cream, lotion, ointment</i>
	acyclovir cre 5% ZOVIRAX CRE 5%	<i>acyclovir cap, tab valacyclovir tab</i>
	VEREGEN OINT 15%	<i>condylox gel, imiquimod cream, podofilox topical solution</i>
	<i>capsinac pak</i> <i>capsfenac pak</i> DERMACIN RX PAK LEXITRAL <i>diclofex dc mis</i> <i>dicloheal-60 mis</i> <i>diclosaicin mis</i> <i>nudiclo pak solupak</i> PENNSAID SOL 2% <i>xelital pak</i>	<i>diclofenac gel 1%, diclofenac sodium 1.5% solution</i>
	ALCORTIN A GEL ALEVICYN GEL ALEVICYN SOL ALEVICYN SG GEL BENSAL HP OIN CERACADE DELUO SPRAY EUCRISA OIN LEVICYN GEL LEVICYN SOL NOVACORT GEL PENLEN EMU SPR QUINJA GEL SUVICORT EMUL SYNERDERM VASHE CLEANSE SOL	<i>clotrimazole, desonide, hydrocortisone</i>
<i>imiquimod cream 3.75%</i> <i>imiquimod cream 3.75% pump</i>	<i>imiquimod cream 5%, fluorouracil 2% or 5% solution, fluorouracil</i>	

Drug Class Category	Formulary Drug Removals	Formulary Options
	ZYCLARA 3.75% CREAM ZYCLARA 2.5%, 3.75% CREAM PUMP	<i>5% cream</i>
TOPICAL <i>Mouth/Throat/Dental Agents</i>	NEUTRASAL POW	Consult your health care provider

1. Mavyret: For patients with genotypes 1, 2, 3, 4, 5, or 6 chronic hepatitis C virus (HCV); or for genotype 1 infection previously treated with an NS5A inhibitor or an NS3/4A protease inhibitor, but not both.

This list represents brand products in CAPS and generic products in lowercase italics. This list is subject to change. Removed drugs and suggested alternative drugs and alternative drug copay tiers may vary depending upon the enrollee's EGWP formulary. Alternative drugs are on the Medicare Part D formularies, unless otherwise noted. There may be additional plan restrictions. Only the prescriber can determine if an alternative drug is appropriate for a Medicare Part D enrollee given the individualized nature of the drug therapy. This is not an all-inclusive list of non-formulary drugs or available drug options. For specific formulary information and additional alternatives, refer to the enrollee's EGWP benefit plan and formulary.

This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition. This information is not a substitute for medical advice or treatment. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

An exception process may exist for specific clinical or regulatory circumstances that require coverage of a removed medication. Subject to applicable laws and regulations.

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City of Cincinnati
Cincinnati Retirement System
115 Trust and Other Post Employment Benefits (OPEB)
Funding Policy

Background

In 2015, the City of Cincinnati entered into a settlement agreement (Collaborative Settlement Agreement or “CSA”) to resolve pending litigation related to changes in the retirement benefits provided by the City, including healthcare benefits (also known as “Other Post Employment Benefits” or OPEB). The CSA required that the City continue to provide retiree healthcare benefits for certain City retirees through the expiration of the CSA in 2045. The CSA specified varying eligibility and cost participation by retirees. CSA paras. 23-24. The City implemented these provisions through amendments to CMC 203-42 through 203-44, and by creating a separate trust fund for the purposes of contributing to, investing and funding the health benefits of these certain retirees of the City (“115 Trust Fund”). CMC 203-122.

CSA para. 25 required the City to develop a funding policy for the 115 Trust Fund “that will satisfy all consent decree requirements including but not limited to the City’s obligation to fully fund the 115 Trust at actuarially appropriate levels for the term of this Agreement.” CSA, para 26; CMC 203-93(c). Accordingly, this funding policy is intended to implement the CSA and CMC and ensure that the 115 Trust is funded at actuarially appropriate levels at least through December 31, 2045.

Since the effective date of the CSA, the 115 Trust has either been very close to full funding or overfunded. As such, the City has not made any employer contributions to the 115 Trust, aside from the initial deposit of \$220mm earmarked for retiree healthcare. Medical costs, however, have been historically volatile. With the advent of increased inflation as well as capital market volatility, it is prudent to adopt a healthcare funding policy at this time.

Actuarial Evaluation: Valuation, Experience Study and Audit

Consistent with the City ordinances that require the regular application of sound actuarial analysis to the administration of pension and OPEB benefits, this policy requires that an actuarial valuation of CRS OPEB benefits and the 115 Trust will continue to be conducted annually. CMC 203-91. Additionally, an actuarial experience analysis will be conducted at least once every five years. Admin. Code. XV sec. 9. Finally, an actuarial audit, with full replication of data and results, will be conducted once every 10 years by an actuary who had no role in the conduct of any actuarial valuation or experience study during the 10-year period previous to the audit.

The annual actuarial valuation will compute the normal cost and any past service cost associated with the 115 Trust. The normal cost is the annual amount that should be contributed by the employer to the system to fund the projected accrual of healthcare benefits over the year, assuming that all actuarial assumptions are accurate. The past service cost is the amount needed make up for variances in the actual experience of the system versus the actuarial assumptions. Together, the normal cost and the past service cost, if any, equal the actuarially determined employer contribution (ADEC).

Actuarial Assumptions

Notwithstanding the provisions of the CSA and CMC, for purposes of calculating the ADEC for the 115 Trust Fund, and conservatively managing the 115 Trust, the following actuarial assumptions and methods will be used:

Assumed Investment Earnings Rate:	7.50%
Amortization period of any unfunded liability:	30 years
Amortization method:	Level dollar
Value of 115 Trust Assets:	Actuarial value

Funding Triggers

Upon a determination by the actuary that the 115 Trust is funded at a level of 90% or less, the City will begin to contribute the normal cost of the OPEB benefits in the fiscal year that begins two years following the date of the OPEB valuation. Example: if the CY2024 OPEB valuation reflects that the 115 Trust is 89% funded, the City will contribute the OPEB normal cost rate in the FY2026 budget. The normal cost the City will contribute will be capped at 2% of pensionable CRS member payroll.

Upon a determination by the actuary that the 115 Trust is funded at a level of 80% or less, the City will consider an additional contribution to defray the OPEB unfunded liability in the fiscal year that begins at two years following the date of the OPEB valuation.

Any contribution of normal cost or additional contribution to defray any unfunded liability will be contingent on the CRS pension funded ratio being at least 85%.

The City may cease contributions to the 115 Trust following two consecutive years of funding levels at or above 100%, as certified by the actuary in the annual valuations, subject to re-starting contributions under the provisions of the previous two paragraphs.

Appropriation Required

The City will seek to implement this funding policy in good faith, but recognizes that annual budgeting always involves complex balancing of a large spectrum of budget needs with limited available revenues.

Effective Date

This funding policy takes effect upon the date of adoption by the City Manager, with consent from the Mayor and City Council of the City of Cincinnati.

Sunset

Acceptable and appropriate actuarial assumptions, methods and practices vary over time, as do economic conditions and investment markets. Any funding policy should be regularly evaluated and updated to determine its suitability for the times. Accordingly, this funding policy sunsets ten years after its effective date. The City of Cincinnati will endeavor to re-approve, update or replace this funding policy prior to its expiration.

May 4, 2017

Mr. Harry Black
City Manager
City of Cincinnati
801 Plum Street, Suite 152
Cincinnati, OH 45202

Re: Funding Policy for the 115 Healthcare Trust

Dear Mr. Black:

The Cincinnati Retirement System (CRS) Board would like to thank you for providing us with a copy of your initial draft of a 115 Healthcare Trust Funding Policy in January of this year. According to the Collaborative Settlement Agreement (“CSA”) this Funding Policy was to be in place before the CSA was signed. Additionally, the continued lack of a funding policy was included as a compliance concern in the State Auditor’s Management Letter dated 12/30/16. The CRS Board has reviewed the City’s proposed 115 Healthcare Funding Policy. In consideration of the Board’s fiduciary duty and after consultation with our actuaries, we find the current policy inadequate with respect to minimum funding levels, jurisdiction and principles, and best practices for a closed system that is required to be fully funded at an actuarially appropriate level.

As fiduciaries to the 115 Healthcare Trust, we propose that the policy include the following principles:

1. Fully fund the 115 Healthcare Trust at actuarially appropriate levels and require minimum annual contributions as determined by the CRS Board-appointed professional actuaries;
2. Remain consistent with City ordinance No. 38-2014 which places funding of the 115 Healthcare Trust under federal jurisdiction and not with the City and its budget process; and
3. Be consistent with the principles and practices of the Actuarial Standards Board and Government Accounting Standards.

The CRS Board alternatively proposes the attached 115 Healthcare Trust Funding Policy which we believe is straight forward, consistent with these principles and meets the requirements of the CSA. Thank you for your consideration and we look forward to discussing our proposed policy with you at your convenience.

Sincerely,



Thomas A. Gamel
Chair, Cincinnati Retirement System Board

CC: Mayor John Cranley, Members of City Council
Honorable Judge Michael Barrett
Class Representative Counsels’
Auditor of State, Dave Yost

CRS Board Proposed 115 Healthcare Trust Funding Policy

This Funding Policy is established in accordance with the **Collaborative Settlement Agreement (“CSA”), Paragraph 26. Healthcare Funding Obligation: “The City will develop and present to the Parties a proper funding policy for the 115 Trust Fund no later than 30 days prior to the Fairness Hearing. The funding policy will satisfy all consent decree requirements including but not limited to the City’s obligation to fully fund the 115 Healthcare Trust at actuarially appropriate levels for the term of the agreement”**. This Funding Policy does not change, modify, add, or delete any other part of the CSA.

The purpose of this Funding Policy is to ensure the provision of healthcare benefits for those covered under the 115 Healthcare Trust including 1) current retirees and 2) active employees hired prior to January 1, 2016 who satisfy retiree healthcare eligibility requirements.

Funding for the 115 Healthcare Trust at actuarially appropriate levels will be as follows:

1. The Funding Policy shall provide reasonable assurance that the cost of healthcare benefits will be funded in an equitable and sustainable manner.
2. The Actuarially Determined Contribution (ADC) as calculated by the CRS Board-appointed actuary shall be determined annually to serve as the determination for contribution by the City of Cincinnati.
3. The ADC shall be calculated in a manner that fully funds at 100% the long-term costs of healthcare benefits for those covered under the 115 Healthcare Trust.
4. The City contribution shall be at least 95% of the ADC in any year during the term of the CSA.
5. City contributions shall be paid in the same manner as pension contributions beginning within 30 days after the ADC is approved by the CRS Board.
6. All actuarial valuations shall be done in accordance with the principles and practices of the Actuarial Standards Board.
7. All actuarial valuations shall be done in accordance with the financial reporting and accounting principles of the Government Accounting Standards Board.
8. Funding Policy implementation shall conform to the City of Cincinnati OPEB Trust Fund Agreement approved by the City of Cincinnati Retirement System Board of Trustees on December 3, 2015 and the Group Trust Agreement approved by City of Cincinnati Retirement System Board of Trustee on January 7, 2016.

Via Electronic Mail

December 5, 2022

Mr. Mike Barnhill
 Cincinnati Retirement System
 801 Plum Street, Suite 328
 Cincinnati, Ohio 45202

Re: Survivor Benefit Study

Dear Mike:

As requested, we have looked into the impact on the Cincinnati Retirement System if the Survivor Benefit described in Section 203-49 of the City Code is changed to an award that can be administered more easily. If a participant dies before retirement, the System currently awards a death benefit under two sections: Section 203-45 (Death Before Retirement) and Section 203-49 (Survivor Benefit). The death benefits awarded under Section 203-45 allows for either a refund of member contributions or a monthly amount to an eligible survivor assuming the participant elected a 100% Joint and Survivor and died the next day. This benefit is very common among both public and private pension plans. Section 203-49 details an additional monthly benefit payable to a survivor spouse and/or eligible children. This monthly amount varies based on who is being paid (e.g., how many eligible children) and may not commence until the surviving spouse attains age 50 (or age 62 if the participant had less than 15 years of service at the time of death). This additional monthly amount changes annually based on the increase in average hourly earnings as measured by the United States Bureau of Labor Statistics, not to exceed 3% per year. These amounts are paid to the surviving spouse until remarriage or death and to age 18 or marriage for an eligible child. As described above, the award under Section 203-49 requires continuous monitoring and meticulous record keeping. Finally, it is worth pointing out that the amount under Section 203-49 does not vary based on the deceased participants' salary at the time of death.

One alternative used by other public pension plans is to replace the Survivor Benefits under Section 203-49 to be a one-time lump sum that is a multiple of the deceased participant's salary at the time of death. No changes would be made to the benefits under Section 203-45. The table below shows the impact on the December 31, 2021 valuation if Section 203-49 were amended to be a lump sum equal to either one, two or three times salary.

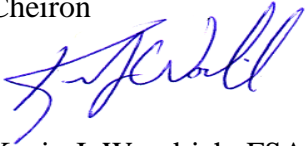
\$ in millions	Current	1 x Salary	2 x Salary	3 x Salary
a) Actuarial Liability	\$ 2,560.3	\$ 2,560.5	\$ 2,560.8	\$ 2,561.1
b) Actuarial Value of Assets (AVA)	1,832.0	1,832.0	1,832.0	1,832.0
c) Unfunded Actuarial Liability [(a) – (b)]	\$ 728.3	\$ 728.5	\$ 728.8	\$ 729.1
d) Funded Ratio on AVA basis [(b) ÷ (a)]	71.6%	71.5%	71.5%	71.5%
e) City's Actuarially Determined Contribution (% of Payroll) for FYE 2023	32.86%	32.89%	32.99%	33.08%

Mr. Mike Barnhill
December 5, 2022
Page 2

In preparing these projections, we relied on the same census data, assumptions and methods used in performing the December 31, 2021 valuation. All the caveats in that report still apply.

If you have any questions, please let us know.

Sincerely,
Cheiron



Kevin J. Woodrich, FSA, EA, MAAA
Principal Consulting Actuary



Janet Cranna, FSA, FCA, EA, MAAA
Principal Consulting Actuary