

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

Below is a list of medicines by drug class that have been removed from Blue Cross Blue Shield of Massachusetts plans with the Standard Control with Advanced Control Specialty 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.

After carefully reviewing each medication's cost and its clinically appropriate formulary options, we've removed the medications listed below from our formulary. However, a health care provider may request an exception if the medication prescribed is medically necessary. If the exception is approved, you may pay the highest-tier cost.

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Acromegaly</i>	SANDOSTATIN LAR ¹ SIGNIFOR LAR ¹ SOMAVERT ¹	SOMATULINE DEPOT
<i>Allergies</i> Antihistamines	<i>dexchlorpheniramine</i> Diphen Elixir RyClora CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
<i>Allergies</i> Nasal Steroids / Combinations	BECONASE AQ DYMISTA OMNARIS QNASL ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
<i>Anticonvulsants</i>	<i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only) LAMICTAL LAMICTAL ODT	<i>carbamazepine, carbamazepine ext-rel, clobazam, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, rufinamide, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
	BANZEL SUSPENSION ONFI	<i>clobazam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
	SABRIL ¹	<i>vigabatrin</i>
	KEPPRA KEPPRA XR LAMICTAL XR ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, APTIOM, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	<i>doxycycline hyclate delayed-rel tablet</i> <i>doxycycline hyclate tablet 50 mg</i> <i>doxycycline hyclate tablet 75 mg</i> <i>doxycycline hyclate tablet 150 mg</i> <i>doxycycline monohydrate capsule 75 mg</i> <i>doxycycline monohydrate capsule 150 mg</i> <i>minocycline ext-rel</i> CoreMino Mondoxyme NL capsule 75 mg Targadox ACTICLATE DORYX DORYX MPC	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>

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Anti-infectives, Antibacterials Miscellaneous	nitrofurantoin (NDC* 16571074024 only) MACRODANTIN	nitrofurantoin (except NDC* 16571074024)
Anti-infectives, Antifungals	flucytosine capsule 500 mg	fluconazole
	posaconazole delayed-rel tablet NOXAFIL	fluconazole, itraconazole
	CRESEMBA	itraconazole
	tavorole	terbinafine tablet
Anti-infectives, Antiretroviral Agents Combination Agents	ATRIPLA ¹ COMPLERA ¹ STRIBILD ¹	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
	TRUVADA ¹	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY, TEMIXYS
Anti-infectives, Antiretroviral Agents Protease Inhibitors	APTIVUS ¹	Consult doctor
	LEXIVA ¹ VIRACEPT ¹	atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA
Anti-infectives, Antivirals Cytomegalovirus †	VALCYTE	valganciclovir
Anti-infectives, Antivirals Hepatitis B †	BARACLUDE TABLET ¹ EPIVIR HBV ¹ HEPSERA ¹	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY
Anti-infectives, Antivirals Hepatitis C †	MAVYRET ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
	VIEKIRA PAK ¹ ZEPATIER ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
Anti-infectives, Antivirals Herpes †	acyclovir cream VALTREX	acyclovir capsule, acyclovir tablet, valacyclovir
Anti-infectives Miscellaneous	DARAPRIM	pyrimethamine
Antiobesity	CONTRAVE XENICAL	QSYMIA, SAXENDA, WEGOVY
Anxiety † Benzodiazepines	ATIVAN XANAX XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
Asthma † Beta Agonists, Short-Acting	albuterol sulfate CFC-free aerosol (NDC* 66993001968 only) PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol
Asthma † Leukotriene Modulators	zileuton ext-rel SINGULAIR	montelukast, zafirlukast
Asthma † Steroid Inhalants	ALVESCO ARNUITY ELLIPTA ASMANEX ASMANEX HFA FLOVENT DISKUS QVAR REDHALER	FLOVENT HFA, PULMICORT FLEXHALER
Asthma † or Chronic Obstructive Pulmonary Disease (COPD) † Steroid / Beta Agonist	DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT

Category Drug Class	Formulary Drug Removals	Formulary Options
Combinations		
Asthma † Severe Asthma	NUCALA LYOPHILIZED POWDER †	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR
Attention Deficit Hyperactivity Disorder †	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADDERALL XR ADZENYS XR-ODT APTENSIO XR CONCERTA DAYTRANA 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 †	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease Only) †	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
Autoimmune Agents Self-Administered Agents Ankylosing Spondylitis †	SIMPONI † TALTZ † XELJANZ † XELJANZ XR †	COSENTYX, ENBREL, HUMIRA, RINVOQ
Autoimmune Agents Self-Administered Agents Crohn's Disease †	None	HUMIRA, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS
Autoimmune Agents Self-Administered Agents Non-Radiographic Axial Spondyloarthritis †	TALTZ †	CIMZIA PREFILLED SYRINGE, COSENTYX
Autoimmune Agents Self-Administered Agents Psoriasis †	COSENTYX † ENBREL †	HUMIRA, OTEZLA, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
Autoimmune Agents Self-Administered Agents Psoriatic Arthritis †	ORENCIA CLICKJECT † ORENCIA SUBCUTANEOUS † SIMPONI † TALTZ † XELJANZ † XELJANZ XR †	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TREMFYA
Autoimmune Agents Self-Administered Agents Rheumatoid Arthritis †	ACTEMRA ACTPEN † ACTEMRA SUBCUTANEOUS † KINERET † SIMPONI †	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
Autoimmune Agents Self-Administered Agents Ulcerative Colitis †	SIMPONI †	HUMIRA, RINVOQ, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR, ZEPOSIA
Autoimmune Agents Self-Administered Agents All Other Conditions †	ACTEMRA ACTPEN † ACTEMRA SUBCUTANEOUS † KINERET † ORENCIA CLICKJECT †	ENBREL, HUMIRA

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	ORENCIA SUBCUTANEOUS ¹	
Botulinum Toxins	BOTOX ¹	Consult doctor
Cancer Antimetabolites	ALIMTA	<i>pemetrexed</i>
Cancer Biosimilars	RIABNI ¹ TRUXIMA ¹	RUXIENCE
Cancer Chronic Myelogenous Leukemia † Kinase Inhibitors	GLEEVEC ¹ ICLUSIG ¹ TASIGNA ¹	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
Cancer Follicular Lymphoma † PI3K Inhibitors	ALIQOPA ¹	Consult doctor
Cancer Melanoma † BRAF/MEK Inhibitors	MEKINIST ¹	COTELLIC, MEKTOVI
	TAFINLAR ¹	BRAFTOVI, ZELBORAF
Cancer Monoclonal Antibodies	AVASTIN ¹	ZIRABEV
	HERCEPTIN ¹ HERCEPTIN HYLECTA ¹	KANJINTI, TRAZIMERA
	RITUXAN ¹	RUXIENCE
Cancer mTOR Inhibitors	AFINITOR ¹ AFINITOR DISPERZ ¹	<i>everolimus</i>
Cancer Multiple Myeloma † Proteasome Inhibitors	BORTEZOMIB ¹ KYPROLIS ¹	<i>bortezomib</i> , NINLARO
Cancer Non-Small Cell Lung Cancer † ALK Inhibitors	XALKORI ¹	ALECENSA, ALUNBRIG, ZYKADIA
Cancer PARP Inhibitor	RUBRACA ¹	LYNPARZA, ZEJULA
Cancer Prostate † Antiandrogens	NILANDRON ZYTIGA ¹	<i>abiraterone</i> , <i>bicalutamide</i> , ERLEADA, XTANDI, YONSA
Cancer Prostate † Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT ¹ TRELSTAR MIXJECT ¹ ZOLADEX ¹	ELIGARD, FIRMAGON
Cancer Renal Cell Carcinoma Kinase Inhibitors	SUTENT ¹ VOTRIENT ¹	<i>sunitinib</i> , CABOMETYX, INLYTA, LENVIMA, NEXAVAR
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	MULTAQ NEXTERONE	<i>amiodarone</i>
	NORPACE	<i>disopyramide</i>

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<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 ³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics MTP Inhibitors	JUXTAPID ¹	PRALUENT
<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 ¹	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 ¹ TRACLEER ¹	<i>ambrisentan, bosentan, OPSUMIT</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors	ADCIRCA ¹ REVATIO ¹	<i>sildenafil, tadalafil</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN ¹	<i>treprostinil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) †</i> Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA

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<i>Chronic Obstructive Pulmonary Disease (COPD)</i> † Anticholinergic / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
<i>Contraceptives</i> Oral	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</i> Progestin Intrauterine Devices	LILETTA †	KYLEENA, MIRENA, SKYLA
<i>Contraceptives</i> Vaginal	<i>ethinyl estradiol-etonogestrel</i> <i>EluRyng</i>	ANNOVERA, NUVARING
<i>Cushing's Syndrome</i>	KORLYM †	Consult doctor
<i>Cystic Fibrosis</i> † Inhaled Antibiotics	CAYSTON † TOBI † TOBI PODHALER †	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Dental</i> Cavity/Caries Prevention	PREVIDENT	Consult doctor
<i>Depression</i> † Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg</i> <i>paroxetine HCl ext-rel</i> (NDC* 60505367503 only) LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC* 60505367503), sertraline, TRINTELLIX</i>
<i>Depression</i> † Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression</i> † Antidepressants, Miscellaneous Agents	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
Depression and/or Schizophrenia † Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, CAPLYTA, LATUDA, VRAYLAR</i>
<i>Dermatology</i> Acne †	<i>adapalene pad</i> <i>clindamycin gel (NDC* 68682046275 only)</i> <i>Vanoxide-HC</i> ACANYA AZELEX DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	<i>adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI</i>
Dermatology Actinic Keratosis †	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA</i>

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<i>Dermatology</i> Anti-infective / Anti-inflammatory	NEO-SYNALAR	desonide (except desonide gel) or hydrocortisone WITH gentamicin
<i>Dermatology</i> Antibiotics	mupirocin cream	gentamicin, mupirocin ointment
<i>Dermatology</i> Antipsoriatics	calcipotriene cream calcipotriene foam calcitriol ointment CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL	calcipotriene ointment, calcipotriene solution
	calcipotriene-betamethasone DUOBRII	calcipotriene ointment or calcipotriene solution WITH desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI; ENSTILAR
<i>Dermatology</i> Atopic Dermatitis †	doxepin cream	desonide (except desonide gel), hydrocortisone, pimecrolimus, tacrolimus, EUCRISA
	ELIDEL	pimecrolimus, tacrolimus, EUCRISA
<i>Dermatology</i> Rosacea †	doxycycline monohydrate delayed-rel capsule	ORACEA
	ivermectin cream FINACEA GEL MIRVASO NORITATE	azelaic acid gel, metronidazole, FINACEA FOAM, RHOFADÉ, SOOLANTRA
<i>Dermatology</i> Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor
<i>Dermatology</i> Seborrheic Dermatitis †	ketoconazole foam 2% Ketodan	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
	XOLEGEL	ciclopirox, ketoconazole cream 2%
<i>Dermatology</i> Skin Inflammation and Hives † Low Potency Corticosteroids	desonide gel DesRx flurandrenolide cream flurandrenolide lotion Nolix CORDRAN CREAM CORDRAN LOTION	desonide (except desonide gel), hydrocortisone
<i>Dermatology</i> Skin Inflammation and Hives † Medium Potency Corticosteroids	clocortolone cream desoximetasone ointment 0.05% flurandrenolide ointment hydrocortisone butyrate lipophilic cream 0.1% hydrocortisone butyrate lotion triamcinolone aerosol 0.2% triamcinolone ointment 0.05% Trianex CORDRAN OINTMENT	hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)
<i>Dermatology</i> Skin Inflammation and Hives † High Potency Corticosteroids	betamethasone dipropionate ointment 0.05% diflorasone cream diflorasone ointment halcinonide cream APEXICON E HALOG PSORCON	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Dermatology</i> Skin Inflammation and Hives † Very High Potency Corticosteroids	<i>clobetasol emollient foam</i> <i>clobetasol spray</i> <i>fluocinonide cream 0.1%</i> <i>Tovet</i> CLOBEX SPRAY CORDRAN TAPE OLUX-E ULTRAVATE	<i>clobetasol cream, clobetasol foam (except clobetasol emollient foam), clobetasol gel, 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</i> (generics for FORTAMET and GLUMETZA only) 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
<i>Diabetes †</i> Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ⁴	NOVOLIN 70/30 ⁴
	HUMULIN N ⁴	NOVOLIN N ⁴
	HUMULIN R ⁴	NOVOLIN R ⁴
	NOTE: <i>Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.</i>	
<i>Diabetes †</i> Long Acting Insulins ⁵	LANTUS	BASAGLAR, LEVEMIR
<i>Diabetes †</i> Insulin Sensitizers	ACTOS	<i>pioglitazone</i>

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<i>Diabetes †</i> Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
<i>Diabetes †</i> Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<i>Diabetes †</i> Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
<i>Diabetes †</i> Supplies, Needles ⁶	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 ⁶	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
<i>Diabetes †</i> Supplies, Test Strips and Kits ^{7, 8}	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ACCU-CHEK or ONETOUCH brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ⁷ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ⁷ , ACCU-CHEK GUIDE STRIPS AND KITS ⁷ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁷ , ONETOUCH ULTRA STRIPS AND KITS ⁷ , ONETOUCH VERIO STRIPS AND KITS ⁷
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM All other continuous glucose monitoring systems that are not DEXCOM brand	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM

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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 NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZVIT	<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 Hereditary Tyrosinemia Type 1 Agents	NITYR ¹	ORFADIN
Endocrine and Metabolic Progestins	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
Endocrine and Metabolic Severe Hypoglycemia	GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT	<i>glucagon, human recombinant; BAQSIMI; GVOKE; ZEGALOGUE</i>
Endometriosis †	ZOLADEX ¹	MYFEMBREE, ORLISSA
Erectile Dysfunction † Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
Fertility Regulators Follicle-Stimulating Hormones	FOLLISTIM AQ ¹	GONAL-F
	CHORIONIC GONADOTROPIN ¹ NOVAREL ¹ PREGNYL ¹	OVIDREL
Gastrointestinal Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) <i>hyoscyamine sulfate ext-rel</i> GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>
Gastrointestinal Antidiarrheals	ENTERAGAM	<i>alose tron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<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 (generics for MOVIPREP only) GOLYTELY MOVIPREP OSMOPREP SUPREP</i>	<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 lansoprazole delayed-rel orally disintegrating tablet omeprazole-sodium bicarbonate pantoprazole delayed-rel suspension ACIPHEX ACIPHEX SPRINKLE DEXILANT NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID</i>	<i>esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, pantoprazole delayed-rel tablet</i>
<i>Gastrointestinal Ulcer Treatment</i>	<i>sucralfate suspension CARAFATE</i>	<i>sucralfate tablet</i>
<i>Gaucher Disease</i>	ELELYSO ¹	CERDELGA, CEREZYME
<i>Genitourinary Interstitial Cystitis</i>	ELMIRON RIMSO-50	Consult doctor
<i>Genitourinary Miscellaneous</i>	LITHOSTAT	Consult doctor
	THIOLA ¹ THIOLA EC ¹	<i>tiopronin</i>
<i>Gout †</i>	<i>colchicine capsule COLCRYS</i>	<i>colchicine tablet, MITIGARE</i>
	ULORIC	<i>allopurinol</i>
<i>Growth Hormones</i>	GENOTROPIN ¹ HUMATROPE ¹ NUTROPIN AQ ¹ OMNITROPE ¹ SAIZEN ¹	NORDITROPIN
<i>Hematologic Anticoagulants Injectable</i>	<i>heparin sodium in 5% dextrose HEPARIN SODIUM IN 5% DEXTROSE</i>	<i>enoxaparin, fondaparinux</i>
<i>Hematologic Anticoagulants Oral</i>	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Hematologic Chelating Agents</i>	CUPRIMINE ¹	<i>penicillamine</i>
	DESFERAL ¹ EXJADE ¹ FERRIPROX ¹ JADENU ¹	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE ¹	<i>trientine</i>
<i>Hematologic Erythropoiesis-Stimulating Agents</i>	ARANESP ¹ EPOGEN ¹ PROCRIT ¹	RETACRIT
<i>Hematologic Hemophilia B</i>	BENEFIX ¹ IXINITY ¹ RIXUBIS ¹	ALPROLIX, REBINYN
<i>Hematologic Miscellaneous Bleeding Disorders Agents</i>	FEIBA ¹	NOVOSEVEN RT, SEVENFACT
<i>Hematologic Neutropenia Colony Stimulating Factors</i>	FULPHILA ¹ NEULASTA ¹ NEULASTA ONPRO ¹ UDENYCA ¹	ZIEXTENZO
	GRANIX ¹ LEUKINE ¹ NEUPOGEN ¹ ZARXIO ¹	NIVESTYM
<i>Hematologic Platelet Aggregation Inhibitors</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor
	NPLATE ¹	DOPTELET, 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>
<i>High Blood Pressure † Angiotensin II Receptor Antagonist / Diuretic Combinations</i>	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 † Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations</i>	AZOR EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<i>High Blood Pressure † Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations</i>	EXFORGE HCT	<i>olmesartan-amlodipine-hydrochlorothiazide</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<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 (except generics for CARDIZEM LA)</i>
<i>High Blood Pressure †</i> Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	<i>amlodipine WITH celecoxib</i>
<i>Huntington's Disease</i>	XENAZINE ¹	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP ¹	RASUVO
<i>Immunology</i> Hereditary Angioedema	BERINERT ¹ FIRAZYR ¹	<i>icatibant, RUCONEST</i>
	CINRYZE ¹	ORLADEYO, TAKHZYRO
<i>Immunology</i> Miscellaneous	ARCALYST ¹	ILARIS
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis †	<i>budesonide ext-rel</i> ASACOL HD COLAZAL DELZICOL LIALDA PENTASA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel</i>
<i>Interferons †</i>	PEGASYS ¹	Consult doctor
<i>Kidney Disease †</i> Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL	<i>calcium acetate, sevelamer carbonate, AURYXIA, PHOSLYRA, VELPHORO</i>
<i>Menopausal Symptom Agents</i> Oral	<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>
	MENEST OSPHENA PREMARIN	<i>estradiol</i>
<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 ¹ TECFIDERA ¹	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>

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>Nephropathic Cystinosis</i>	PROCYSBI ¹	CYSTAGON
<i>Ophthalmic Allergies</i>	ALREX BEPREVE LASTACFT 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
<i>Osteoarthritis</i> † Viscosupplements	GEL-ONE ¹ HYALGAN ¹ MONOVISC ¹ ORTHOVISC ¹ SYNVISC ¹ SYNVISC-ONE ¹ VISCO-3 ¹	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<i>Osteoporosis</i> † Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate</i> , FORTEO, PROLIA, TYMLOS
<i>Otic</i> Anti-infective / Anti-inflammatory	<i>ciprofloxacin-fluocinolone</i> CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
<i>Overactive Bladder / Incontinence</i> † Urinary Antispasmodics	DETROL LA MYRBETRIQ OXYTROL TOVIAZ	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel</i> , GEMTESA
<i>Pain</i> Headache †	<i>butalbital-acetaminophen capsule</i> <i>butalbital-acetaminophen tablet 25-325 mg</i> <i>butalbital-acetaminophen tablet 50-300 mg</i> <i>butalbital-acetaminophen-caffeine capsule</i> Bupap Vtol LQ BUTALBITAL-ACETAMINOPHEN (NDC* 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> Migergot CAFERGOT MAXALT MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> , NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
	<i>sumatriptan-naproxen</i> TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> , NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY
<i>Pain</i> Neuropathic Pain †	LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>
<i>Pain</i> Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal</i> , BELBUCA
	LAZANDA SUBSYS	<i>fentanyl transmucosal lozenge</i>
	<i>levorphanol</i> <i>oxymorphone ext-rel</i> HYSINGLA ER NUCYNTA ER OXYCONTIN	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel</i> , XTAMPZA ER
	NUCYNTA	<i>hydromorphone, morphine, oxycodone</i>
	PERCOCET	<i>hydrocodone-acetaminophen, oxycodone-acetaminophen</i>
	<i>tramadol (NDC* 52817019610 only)</i> <i>tramadol ext-rel capsule</i>	<i>tramadol (except NDC* 52817019610), tramadol ext-rel tablet</i>
<i>Pain</i> Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC* 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>

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 capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet
	CELEBREX	celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	diclofenac sodium solution 2% CapsFenac Pak Capsinac Diclofex DC DicloHeal-60 Diclosaicin Iclofenac CP Inflammacin Kapzin DC NuDiclo SoluPak NuDiclo TabPak Pennaicain Sure Result DSS Premium Pack Ziclopro PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution 1.5%, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	diclofenac potassium capsule 25 mg diclofenac potassium tablet 25 mg fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC* 69336012830 only) meloxicam capsule naproxen CR naproxen suspension Lofena FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)
	naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel capsule, omeprazole delayed-rel, or pantoprazole delayed-rel tablet
Parkinson's Disease	APOKYN ¹	INBRIJA, KYNMOBI
	NOURIANZ	amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO
Phenylketonuria	KUVAN ¹	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 ⁹	AZESCO CITRANATAL PRENATAL PLUS VITAFOL-ONE ZALVIT All other brand prenatal vitamins	generic prenatal vitamins
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 ¹ GLASSIA ¹ ZEMAIRA ¹	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 Idiopathic Pulmonary Fibrosis	ESBRIET ¹	<i>pirfenidone</i> , OFEV
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> EDLUAR LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin</i> , <i>eszopiclone</i> , <i>ramelteon</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , BELSOMRA, DAYVIGO
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	<i>levothyroxine</i> , <i>liothyronine</i> , SYNTHROID
	TIROSINT	<i>levothyroxine</i> , SYNTHROID
Urea Cycle Disorders	BUPHENYL ¹ RAVICTI ¹	<i>sodium phenylbutyrate</i>

Category Drug Class	Other Considerations
All Drugs	On a quarterly basis, new and existing products - including limited source generics, products with significant cost inflation, and specialty and non-specialty products - may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in removal, addition or deletion of a product.
Atopic Dermatitis [†]	As new atopic dermatitis products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options are available on the formulary and may result in removal, addition or deletion of a product on the first day of any calendar month.
Autoimmune and Hepatitis C [†]	For some clients, an Indication-Based Formulary will be utilized for products in these classes and may result in additional removals for certain conditions only.
Drugs for Infusion Into Spaces Other Than the Blood	A drug that must be infused into a space other than the blood will generally not be covered under the prescription drug benefit.
New-to-Market Agents ¹	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark® National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.

The listed formulary options are subject to change.

List of Formulary Drug Removals

ABILIFY	BETAPACE AF	CORDRAN OINTMENT
ACANYA	BETIMOL	CORDRAN TAPE
ACIPHEX	BEVESPI AEROSPHERE	COREG CR
ACIPHEX SPRINKLE	BEYAZ	CoreMino
ACTEMRA ACTPEN ¹	<i>bimatoprost solution 0.03%</i>	COZAAR
ACTEMRA INTRAVENOUS ¹	BORTEZOMIB ¹	CRESEMBA
ACTEMRA SUBCUTANEOUS ¹	BOTOX ¹	CRESTOR
ACTICLATE	BREEZE 2 STRIPS AND KITS ⁸	CUPRIMINE ¹
<i>Activite</i>	BROMSITE	<i>cyclobenzaprine ext-rel capsule</i>
ACTOS	<i>budesonide ext-rel</i>	<i>cyclobenzaprine tablet 7.5 mg</i>
ACUVAIL	<i>Bupap</i>	CYMBALTA
<i>acyclovir cream</i>	BUPHENYL ¹	CYTOMEL
<i>adapalene pad</i>	<i>bupropion ext-rel tablet 450 mg</i>	DARAPRIM
ADCIRCA ¹	<i>butalbital-acetaminophen capsule</i>	DAYTRANA
ADDERALL	<i>butalbital-acetaminophen tablet 25-325 mg</i>	DELZICOL
ADDERALL XR	<i>butalbital-acetaminophen tablet 50-300 mg</i>	DESFERAL ¹
ADRENALIN	BUTALBITAL-ACETAMINOPHEN	<i>desonide gel</i>
ADZENYS XR-ODT	(NDC* 69499034230 only)	<i>desoximetasone ointment 0.05%</i>
AFINITOR ¹	<i>butalbital-acetaminophen-caffeine capsule</i>	DesRx
AFINITOR DISPERZ ¹	BUTRANS	DETROL LA
<i>albuterol sulfate CFC-free aerosol</i>	BYDUREON BCISE	<i>dexchlorpheniramine</i>
(NDC* 66993001968 only)	BYETTA	<i>Dexifol</i>
ALEVICYN GEL	CAFERGOT	DEXILANT
ALEVICYN SG	<i>calcipotriene cream</i>	<i>dexlansoprazole delayed-rel</i>
ALEVICYN SOLUTION	<i>calcipotriene foam</i>	<i>diclofenac potassium capsule 25 mg</i>
ALIMTA	CALCIPOTRIENE FOAM	<i>diclofenac potassium tablet 25 mg</i>
ALIQOPA ¹	<i>calcipotriene-betamethasone</i>	<i>diclofenac sodium solution 2%</i>
ALLISON MEDICAL INSULIN SYRINGES ⁶	<i>calcitriol ointment</i>	<i>Diclofex DC</i>
ALREX	CAMBIA	<i>DicloHeal-60</i>
ALTOPREV	<i>CapsFenac Pak</i>	<i>Diclosaicin</i>
ALVESCO	<i>Capsinac</i>	DIFFERIN LOTION
AMITIZA	CARAC	<i>diflorasone cream</i>
AMRIX	CARAFATE	<i>diflorasone ointment</i>
ANDROGEL	CARBINOXAMINE TABLET 6 MG	<i>dihydroergotamine spray</i>
APEXICON E	CARDIZEM	<i>diltiazem ext-rel (generics for CARDIZEM LA only)</i>
APIDRA	CARDIZEM CD	DIOVAN
APOKYN ¹	CARDIZEM LA	DIOVAN HCT
APTENSIO XR	<i>carisoprodol 250 mg</i>	<i>Diphen Elixir</i>
APTIVUS ¹	CARNITOR	DORYX
ARALAST NP ¹	CARNITOR SF	DORYX MPC
ARANESP ¹	CAYSTON ¹	<i>doxepin cream</i>
ARCALYST ¹	CELEBREX	<i>doxycycline hyclate delayed-rel tablet</i>
ARNUITY ELLIPTA	<i>chlordiazepoxide-clidinium (NDCs* 11534019701,</i>	<i>doxycycline hyclate tablet 50 mg</i>
ARTHROTEC	<i>42494040901, 51293069601, 51293069610,</i>	<i>doxycycline hyclate tablet 75 mg</i>
ASACOL HD	<i>67877073101, 70700018501 only)</i>	<i>doxycycline hyclate tablet 150 mg</i>
ASMANEX	<i>chlorzoxazone 250 mg</i>	<i>doxycycline monohydrate capsule 75 mg</i>
ASMANEX HFA	<i>chlorzoxazone 375 mg</i>	<i>doxycycline monohydrate capsule 150 mg</i>
ATACAND	<i>chlorzoxazone 500 mg (NDC* 73007001303 only)</i>	<i>doxycycline monohydrate delayed-rel capsule</i>
ATACAND HCT	<i>chlorzoxazone 750 mg</i>	DULERA
ATIVAN	CHORIONIC GONADOTROPIN ¹	DUOBRII
ATOPADERM	CIALIS	DUTOPROL
ATRIPLA ¹	CICATRACE	DYMISTA
AVASTIN ¹	CILOXAN	DYRENIUM
AVENOVA	CIMZIA LYOPHILIZED POWDER ¹	EDARBI
AVSOLA ¹	CINRYZE ¹	EDARBYCLOR
AZASITE	CIPRO HC	EDLUAR
AZELEX	CIPRODEX	E.E.S. GRANULES
AZESCO	<i>ciprofloxacin-fluocinolone</i>	EFFEXOR XR
AZOR	CITRANATAL	ELELYSO ¹
BALCOLTRA	<i>clindamycin gel (NDC* 68682046275 only)</i>	ELIDEL
BANZEL SUSPENSION	<i>clobetasol emollient foam</i>	ELMIRON
BARACLUDE TABLET ¹	<i>clobetasol spray</i>	<i>EluRyng</i>
BEAU RX	CLOBEX SPRAY	ENLITE CONTINUOUS
BECONASE AQ	<i>clocortolone cream</i>	GLUCOSE MONITORING SYSTEM
BENEFIX ¹	COLAZAL	ENTERAGAM
BENICAR	<i>colchicine capsule</i>	ENTYVIO (For Crohn's Disease Only) ¹
BENICAR HCT	COLCRYS	EPANED
BENSAL HP	COMPLERA ¹	EPICERAM
<i>benzonatate (NDCs* 69336012615, 69499032915 only)</i>	CONCERTA	EPIVIR HBV ¹
BEPREVE	CONSENSI	EPOGEN ¹
BERINERT ¹	CONTOUR NEXT STRIPS AND KITS ⁸	<i>ergotamine-caffeine</i>
BETAMETHASONE ACETATE-	CONTOUR STRIPS AND KITS ⁸	ERYPED
BETAMETHASONE SODIUM PHOSPHATE	CONTRAVE	ESBRIET ¹
<i>betamethasone dipropionate ointment 0.05%</i>	CORDRAN CREAM	<i>estradiol vaginal tablet</i>
BETAPACE	CORDRAN LOTION	ESTRING

ethinyl estradiol-etonogestrel
EVEKEO
EVERSENSE CONTINUOUS
GLUCOSE MONITORING SYSTEM
EXFORGE
EXFORGE HCT
EXJADE ¹
EXTAVIA ¹
FABIOR
FANAPT
FEIBA ¹
FEMRING
fenofibrate capsule 50 mg
fenofibrate capsule 130 mg
fenofibrate tablet 40 mg
fenofibrate tablet 120 mg
FENOGLIDE TABLET 120 MG
fenopropfen
FENOPROFEN CAPSULE
FERIVA 21/7
FERRIPROX ¹
Fexmid
FINACEA GEL
FIORICET CAPSULE
FIRAZYR ¹
FLAREX
FLOVENT DISKUS
flucytosine capsule 500 mg
fluocinonide cream 0.1%
fluorouracil cream 0.5%
fluoxetine tablet (generics for SARAFEM only)
fluoxetine tablet 60 mg
flurandrenolide cream
flurandrenolide lotion
flurandrenolide ointment
FML FORTE
FML LIQUIFILM
FML S.O.P.
FOCALIN XR
FOLLISTIM AQ ¹
Folvite-D
FORTAMET
FORTESTA
FOSRENOL
FOSTEUM
FOSTEUM PLUS
FREESTYLE LIBRE CONTINUOUS
GLUCOSE MONITORING SYSTEM
FREESTYLE STRIPS AND KITS ⁸
FULPHILA ¹
GEL-ONE ¹
Genicin Vita-S
GENOTROPIN ¹
GLASSIA ¹
GLEEVEC ¹
GLUCAGEN HYPOKIT
GLUCAGON EMERGENCY KIT
GLUMETZA
GLYCOPYRROLATE TABLET 1.5 MG
GOLYTELY
GRANIX ¹
GUARDIAN CONNECT CONTINUOUS
GLUCOSE MONITORING SYSTEM
GUARDIAN REAL-TIME CONTINUOUS
GLUCOSE MONITORING SYSTEM
halcinonide cream
HALOG
heparin sodium in 5% dextrose
HEPARIN SODIUM IN 5% DEXTROSE
HEPSERA ¹
HERCEPTIN ¹
HERCEPTIN HYLECTA ¹
HORIZANT
HUMALOG
HUMALOG MIX 50/50
HUMALOG MIX 75/25
HUMATROPE ¹
HUMULIN 70/30 ⁴

HUMULIN N ⁴
HUMULIN R ⁴
HYALGAN ¹
hydrocortisone butyrate lipophilic cream 0.1%
hydrocortisone butyrate lotion
HylaVite
hyoscyamine sulfate ext-rel
HYSINGLA ER
HYZAAR
Iclofenac CP
ICLUSIG ¹
icosapent ethyl
INCRUSE ELLIPTA
INDERAL LA
INDERAL XL
INDOCIN
indomethacin capsule 20 mg
Inflammacin
INFLECTRA ¹
INNOPRAN XL
INTRAROSA
INTUNIV
INVELTYS
INVOKAMET
INVOKAMET XR
INVOKANA
isosorbide dinitrate 40 mg
ivermectin cream
IXINITY ¹
JADENU ¹
JALYN
JENTADUETO
JENTADUETO XR
JUXTAPID ¹
KAMDOY
Kapzin DC
KAZANO
KEPPRA
KEPPRA XR
ketoconazole foam 2%
Ketodan
ketoprofen capsule 25 mg
ketoprofen ext-rel capsule
KINERET ¹
KOMBIGLYZE XR
KORLYM ¹
KUVAN ¹
KYPROLIS ¹
LACRISERT
LACTULOSE PAK
LAMICTAL
LAMICTAL ODT
LAMICTAL XR
LANOXIN TABLET (125 MCG and 250 MCG only)
lansoprazole delayed-rel orally disintegrating tablet
lanthanum carbonate
LANTUS
LASTACAF
LAZANDA
LESCOL XL
LETAIRIS ¹
LEUKINE ¹
levorphanol
LEXAPRO
LEXIVA ¹
LIALDA
LIBRAX
LIDOCAINE-TETRACAINE CREAM
(NDC* 71800063115 only)
LIDOTREX
LILETTA ¹
LIPITOR
LITHOSTAT
LIVALO
Lofena
Lorid
Lorzone
LOTEMAX

LOTEMAX SM
luliconazole
LUNESTA
LUPRON DEPOT ¹
LYRICA
MACRODANTIN
Matzim LA
MAVYRET ¹
MAXALT
MAXALT-MLT
MAXIDEX
mefenamic acid (NDC* 69336012830 only)
MEKINIST ¹
meloxicam capsule
MENEST
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 ¹
MOVANTI
MOVIPREP
MULTAQ
MultiPro
mupirocin cream
MYRBETRIQ
MYTESI
NAPRELAN
naproxen CR
naproxen suspension
naproxen-esomeprazole
NEO-SYNALAR
NESINA
NEULASTA ¹
NEULASTA ONPRO ¹
NEUPOGEN ¹
NEVANAC
NEXIUM
NEXTERONE
niacin tablet 500 mg
Niacor
NICADAN
NICAPRIN
NICAZEL
NICAZEL FORTE
NICOMIDE
NILANDRON
nitrofurantoin (NDC* 16571074024 only)
NITYR ¹
Nolix
NORGESIC FORTE
NORITATE
NORPACE
NORVASC
NOURIANZ
NOVAREL ¹
NOVO NORDISK NEEDLES ⁶
NOXFIL
NPLATE ¹
NUCALA LYOPHILIZED POWDER ¹
NUCYNTA
NUCYNTA ER
NuDiclo SoluPak
NuDiclo TabPak
NUEDEXTA
NUTROPIN AQ ¹

NUVIGIL
OLUX-E
omeprazole-sodium bicarbonate
OMNARIS
OMNITROPE¹
OMNIVEX
ONFI
ONGLYZA
ORENCIA INTRAVENOUS¹
orphenadrine-aspirin-caffeine
Orphengesic Forte
ORTHO D
ORTHO DF
ORTHOVISC¹
OSENI
OSMOPREP
OSPHENA
OTREXUP¹
OWEN MUMFORD NEEDLES⁶
oxiconazole (NDCs* 00168035830, 51672135902 only)
OXYCONTIN
oxymorphone ext-rel
OXYTROL
pantoprazole delayed-rel suspension
paroxetine HCl ext-rel (NDC* 60505367503 only)
paroxetine mesylate capsule 7.5 mg
PAXIL
PAXIL CR
peg 3350-electrolytes (generics for MOVIPREP only)
PEGASYS¹
Pennsaicin
PENNSAID
PENTASA
PERCOCET
PERRIGO NEEDLES⁶
PEXEVA
PLAVIX
POLYTOZA
posaconazole delayed-rel tablet
PRADAXA
PRED FORTE
PRED MILD
prednisolone solution 10 mg/5 mL
prednisolone solution 20 mg/5 mL
PREGNYL¹
PREMARIN
PREMARIN CREAM
PRENATAL PLUS
PREVACID
PREVIDENT
PRILOSEC
PRISTIQ
PROAIR HFA
PROAIR RESPICLICK
PROCRIT¹
PROCYSBI¹
PRODIGEN
PROMETRIUM
PROTONIX
PROVAD
PROVENTIL HFA
PROVIGIL
PROZAC
PSORCON
QNASL
QTERN
quazepam
QUILLICHEW ER
QUILLIVANT XR
QVAR REDIHALER
RAPAFLO
RAVICTI¹
RAYOS
RECEDO

REMODULIN¹
RENFLEXIS¹
REPATHA¹
REVATIO¹
RHEUMATE
RIABNI¹
RIBOZEL
RIMSO-50
RIOMET
RITUXAN¹
RIXUBIS¹
ROZEREM
RUBRACA¹
RyClora
SABRIL¹
SAIZEN¹
SANDOSTATIN LAR¹
SCARSILK PAD
SEASONIQUE
SEROQUEL XR
SIGNIFOR LAR¹
SIL-K PAD
SILENOR
SILVEX
SILTREX
SIMPONI¹
SINGULAIR
SOMAVERT¹
SORILUX
SPRIX
STENDRA
STRIBILD¹
SUBOXONE
SUBSYS
sucralfate suspension
sumatriptan-naproxen
SUPREP
Sure Result DSS Premium Pack
SUTENT¹
SYMJEPI
SYNERDERM
SYNVISC¹
SYNVISC-ONE¹
SYPRINE¹
TAFINLAR¹
TALIVA
Targadox
TASIGNA¹
tavorole
TAYTULLA
TAZORAC
TECFIDERA¹
TESTIM
testosterone gel 1%
(authorized generics for TESTIM and VOGELXO only)
THEO-24
THIOLA¹
THIOLA EC¹
TIMOPTIC OCUDOSE
TIROSINT
TOBI¹
TOBI PODHALER¹
TOBRADEX ST
topiramate ext-rel capsule (generics for QUDEXY XR only)
TOPROL-XL
Tovet
TOVIAZ
TRACLEER¹
TRADJENTA
tramadol (NDC* 52817019610 only)
tramadol ext-rel capsule
TRANSDERM SCOP
TRAVATAN Z
TRELSTAR MIXJECT¹

TREXIMET
triamcinolone aerosol 0.2%
triamcinolone ointment 0.05%
Trianax
TRICOR
TRIVIDIA INSULIN SYRINGES⁶
TronVite
TRUVADA¹
TRUXIMA¹
TUDORZA
UDENYCA¹
ULORIC
ULTIMED INSULIN SYRINGES⁶
ULTIMED NEEDLES⁶
ULTRAVATE
UROXATRAL
VALCYTE
VALTRES
Vanoxide-HC
VASCULERA
VECTICAL
VELTIN
venlafaxine ext-rel tablet (except 225 mg)
VENTOLIN HFA
VEREGEN
VIAGRA
VIEKIRA PAK¹
VIIBRYD
VIRACEPT¹
VISCO-3¹
VITAFOL-ONE
Vitasure
VIVELLE-DOT
VOGELXO
VOTRIENT¹
Vtol LQ
XALKORI¹
XANAX
XANAX XR
XENAZINE¹
XENICAL
XOLEGEL
XOPENEX HFA
Xvite
XYZBAC
YASMIN
YAZ
Yuvaferm
ZALVIT
ZARXIO¹
ZEGERID
ZELAC
ZEMAIRA¹
ZEPATIER¹
ZERVIAE
ZESTORETIC
ZETIA
ZETONNA
ZIANA
Ziclopro
zileuton ext-rel
ZIRGAN
ZOLADEX¹
ZOLOFT
zolidem sublingual
ZOLPIMIST
ZONEGRAN
ZONTIVITY
ZORVOLEX
ZUPLENZ
ZYLET
ZYTIGA¹
ZYVIT

This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. This is not an all-inclusive list of available covered options. Log in to your health plan's website to check coverage and copy information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change. There may be additional plan restrictions. Please consult your plan for further information.

Subject to applicable laws and regulations.

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

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

** Listing does not include certain NDCs*.

¹ An exception process may exist for specific clinical or regulatory circumstances that may require coverage of a non-covered medication. If your doctor believes you have a specific clinical need for a non-covered product, they should fax an exception request to: 1-800-366-7778.

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

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

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

⁵ Long Acting Insulins - First Generation.

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

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

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

⁹ Generic prenatal vitamins are the only preferred options.

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