

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 health care provider 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 Antihistamines</i>	<i>dexchlorpheniramine</i> Diphen Elixir RyClora CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
<i>Allergies Nasal Steroids / Combinations</i>	BECONASE AQ DYMISTA OMNARIS QNASL ZETONNA	<i>azelastine-fluticasone, flunisolide, fluticasone, mometasone</i>
<i>Anti-infectives, Antibacterials Erythromycins / Macrolides</i>	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials Tetracyclines</i>	<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 Miscellaneous</i>	<i>nitrofurantoin (NDC* 16571074024 only)</i> MACRODANTIN	<i>nitrofurantoin (except NDC* 16571074024)</i>
<i>Anti-infectives, Antifungals</i>	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
	<i>posaconazole delayed-rel tablet</i> NOXAFIL	<i>fluconazole, itraconazole</i>
	CRESEMBA	<i>itraconazole</i>
	<i>tavaborole</i>	<i>terbinafine tablet</i>
<i>Anti-infectives, Antiretroviral Agents Combination Agents</i>	COMPLERA ¹ STRIBILD ¹	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
	TRUVADA ¹	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>

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<i>Anti-infectives, Antiretroviral Agents Fusion Inhibitors</i>	SELZENTRY ¹	<i>maraviroc</i>
<i>Anti-infectives, Antiretroviral Agents Protease Inhibitors</i>	APTIVUS ¹	Talk to your doctor
	LEXIVA ¹ VIRACEPT ¹	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
<i>Anti-infectives, Antivirals Cytomegalovirus †</i>	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals Hepatitis B †</i>	BARACLUDE TABLET ¹ EPIVIR HBV ¹ HEPSERA ¹	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
<i>Anti-infectives, Antivirals Hepatitis C †</i>	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)
<i>Anti-infectives, Antivirals Herpes †</i>	<i>acyclovir cream VALTREX</i>	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
<i>Anti-infectives Miscellaneous</i>	DARAPRIM	<i>pyrimethamine</i>
<i>Antiobesity</i>	CONTRAVE XENICAL	QSYMIA, SAXENDA, WEGOVY
<i>Antiseizure Agents</i>	<i>topiramate ext-rel capsule (generics for QUDEXY XR only) LAMICTAL LAMICTAL ODT</i>	<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>
	DEPAKOTE DEPAKOTE ER DEPAKOTE SPRINKLE	<i>carbamazepine, carbamazepine ext-rel, clonazepam, divalproex sodium, divalproex sodium ext-rel, ethosuximide, 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>
	DILANTIN KEPPRA KEPPRA XR LAMICTAL XR TEGRETOL TEGRETOL XR TRILEPTAL 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>Anxiety † Benzodiazepines</i>	ATIVAN XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
<i>Asthma † Beta Agonists, Short-Acting</i>	<i>albuterol sulfate CFC-free aerosol (NDC* 66993001968 only) PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA</i>	<i>albuterol sulfate CFC-free aerosol (except NDC* 66993001968), levalbuterol tartrate CFC-free aerosol</i>

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<i>Asthma</i> † Leukotriene Modulators	<i>zileuton ext-rel</i> SINGULAIR	<i>montelukast, zafirlukast</i>
<i>Asthma</i> † Steroid Inhalants	ALVESCO ARNUIITY ELLIPTA ASMANEX ASMANEX HFA FLOVENT DISKUS QVAR REDIHALER	FLOVENT HFA, PULMICORT FLEXHALER
<i>Asthma</i> † or <i>Chronic Obstructive Pulmonary Disease (COPD)</i> † Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA**, BREO ELLIPTA**, SYMBICORT
<i>Asthma</i> † Severe Asthma	NUCALA LYOPHILIZED POWDER †	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR
<i>Attention Deficit Hyperactivity Disorder</i> †	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, dexmethylphenidate ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexmethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel, AZSTARYS, JORNAY PM, MYDAYIS, QELBREE, VYVANSE</i>
<i>Autoimmune Agents Physician-Administered Agents</i>	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
<i>Autoimmune Agents Self-Administered Agents Ankylosing Spondylitis</i> †	SIMPONI † TALTZ † XELJANZ † XELJANZ XR †	COSENTYX, ENBREL, HUMIRA, RINVOQ
<i>Autoimmune Agents Self-Administered Agents Crohn's Disease</i> †	None	HUMIRA, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS
<i>Autoimmune Agents Self-Administered Agents Non-Radiographic Axial Spondyloarthritis</i> †	TALTZ †	CIMZIA PREFILLED SYRINGE, COSENTYX, RINVOQ
<i>Autoimmune Agents Self-Administered Agents Psoriasis</i> †	COSENTYX † ENBREL †	HUMIRA, OTEZLA, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
<i>Autoimmune Agents Self-Administered Agents Psoriatic Arthritis</i> †	ORENCIA CLICKJECT † ORENCIA SUBCUTANEOUS † SIMPONI † TALTZ † XELJANZ † XELJANZ XR †	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI SUBCUTANEOUS, STELARA SUBCUTANEOUS, TREMFYA

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<i>Autoimmune Agents</i> Self-Administered Agents Rheumatoid Arthritis †	ACTEMRA ACTPEN ¹ ACTEMRA SUBCUTANEOUS ¹ KINERET ¹ SIMPONI ¹	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
<i>Autoimmune Agents</i> Self-Administered Agents Ulcerative Colitis †	SIMPONI ¹	HUMIRA, RINVOQ, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR, ZEPOSIA
<i>Autoimmune Agents</i> Self-Administered Agents All Other Conditions †	ACTEMRA ACTPEN ¹ ACTEMRA SUBCUTANEOUS ¹ KINERET ¹ ORENCIA CLICKJECT ¹ ORENCIA SUBCUTANEOUS ¹	ENBREL, HUMIRA
Botulinum Toxins	BOTOX ¹	Talk to your doctor
<i>Cancer</i> Antimetabolites	ALIMTA	<i>pemetrexed</i>
<i>Cancer</i> Biosimilars	RIABNI ¹ TRUXIMA ¹	RUXIENCE
<i>Cancer</i> Chronic Myelogenous Leukemia † Kinase Inhibitors	GLEEVEC ¹ ICLUSIG ¹ TASIGNA ¹	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer</i> Follicular Lymphoma † PI3K Inhibitors	ALIQOPA ¹	Talk to your doctor
<i>Cancer</i> Melanoma † BRAF/MEK Inhibitors	MEKINIST ¹	COTELLIC, MEKTOVI
	TAFINLAR ¹	BRAFTOVI, ZELBORAF
<i>Cancer</i> Monoclonal Antibodies	AVASTIN ¹	ZIRABEV
	HERCEPTIN ¹ HERCEPTIN HYLECTA ¹	KANJINTI, TRAZIMERA
	RITUXAN ¹	RUXIENCE
<i>Cancer</i> mTOR Inhibitors	AFINITOR ¹ AFINITOR DISPERZ ¹	<i>everolimus</i>
<i>Cancer</i> Multiple Myeloma † Proteasome Inhibitors	BORTEZOMIB ¹ KYPROLIS ¹	<i>bortezomib</i> , NINLARO
<i>Cancer</i> Non-Small Cell Lung Cancer † ALK Inhibitors	XALKORI ¹	ALECENSA, ALUNBRIG, ZYKADIA
<i>Cancer</i> PARP Inhibitor	RUBRACA ¹	LYNPARZA, ZEJULA
<i>Cancer</i> Prostate † Antiandrogens	NILANDRON ZYTIGA ¹	<i>abiraterone</i> , <i>bicalutamide</i> , ERLEADA, XTANDI, YONSA

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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
Cancer Miscellaneous	TARGRETIN ¹	<i>bexarotene</i>
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	MULTAQ NEXTERONE	<i>amiodarone</i>
	NORPACE	<i>disopyramide</i>
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	<i>fenofibrate capsule 30 mg</i> <i>fenofibrate capsule 50 mg</i> <i>fenofibrate capsule 90 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 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
Cardiovascular 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>
Cardiovascular Antilipemics MTP Inhibitors	JUXTAPID ¹	PRALUENT
Cardiovascular Antilipemics Niacins	<i>niacin tablet 500 mg</i> <i>Niacor</i>	<i>niacin ext-rel</i>
Cardiovascular Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
Cardiovascular Antilipemics PCSK9 Inhibitors	REPATHA ¹	PRALUENT
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
Cardiovascular Diuretics	DYRENIUM	<i>amiloride, triamterene</i>
Cardiovascular Nitrates	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>

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Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS ¹ TRACLEER ¹	<i>ambrisentan, bosentan, OPSUMIT</i>
Cardiovascular Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors	ADCIRCA ¹ REVATIO ¹	<i>sildenafil, tadalafil</i>
Cardiovascular Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN ¹	<i>treprostinil</i>
	TYVASO DPI ¹	Talk to your doctor
Cardiovascular Miscellaneous	NORTHERA ¹	<i>midodrine</i>
Carnitine Deficiency	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Chronic Obstructive Pulmonary Disease (COPD) † Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA
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	<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>
Contraceptives Progestin Intrauterine Devices	LILETTA ¹	KYLEENA, MIRENA, SKYLA
Contraceptives Vaginal	<i>ethinyl estradiol-etonogestrel</i> <i>EluRyng</i>	ANNOVERA, NUVARING
Cushing's Syndrome	KORLYM ¹	Talk to your doctor
Cystic Fibrosis † Inhaled Antibiotics	CAYSTON ¹ TOBI ¹ TOBI PODHALER ¹	<i>tobramycin inhalation solution, BETHKIS</i>
Dental Cavity/Caries Prevention	PREVIDENT	Talk to your doctor
Depression † 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>

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<i>Depression †</i> 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
<i>Depression †</i> 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, CAPLYTA, LATUDA, VRAYLAR
<i>Dermatology</i> Acne †	adapalene pad clindamycin gel (NDC* 68682046275 only) Vanoxide-HC ACANYA ACZONE AZELEX DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	adapalene (except adapalene pad), benzoyl peroxide, clindamycin gel (except NDC* 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, dapsone, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
<i>Dermatology</i> Actinic Keratosis †	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA
<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 SILVEX SILTREX	Talk to your doctor
<i>Dermatology</i> Seborrheic Dermatitis †	ketoconazole foam 2% Ketodan	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
	XOLEGEL	ciclopirox, ketoconazole cream 2%

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<i>Dermatology</i> Skin Inflammation and Hives † Low Potency Corticosteroids	<i>desonide gel</i> DesRx <i>flurandrenolide cream</i> <i>flurandrenolide lotion</i> CORDRAN CREAM CORDRAN LOTION	<i>desonide (except desonide gel), hydrocortisone</i>
<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	<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 ⁴	NOVOLIN 70/30 ⁴
	HUMULIN N ⁴	NOVOLIN N ⁴
	HUMULIN R ⁴	NOVOLIN R ⁴
	NOTE: Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.	
Diabetes † Long Acting Insulins ⁵	LANTUS	BASAGLAR, LEVEMIR
Diabetes † Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
Diabetes † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
Diabetes † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biganide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
Diabetes † Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
Diabetes † Supplies, Needles ⁶	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
Diabetes † Supplies, Syringes ⁶	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES

Category Drug Class	Formulary Drug Removals	Formulary Options
Diabetes † Supplies, Test Strips and Kits 7, 8	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ACCU-CHEK or ONETOUCH brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS 7, ACCU-CHEK COMPACT PLUS STRIPS AND KITS 7, ACCU-CHEK GUIDE STRIPS AND KITS 7, ACCU-CHEK SMARTVIEW STRIPS AND KITS 7, ONETOUCH ULTRA STRIPS AND KITS 7, ONETOUCH VERIO STRIPS AND KITS 7
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM All other continuous glucose monitoring systems that are not DEXCOM brand	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
Dietary Supplements	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite Dexifol Folvite-D Genicin Vita-S HylaVite TronVite Vitasure Xvite FERIVA 21/7 NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC</i>	<i>folic acid</i>
	<i>MultiPro PRODIGEN VASCULERA</i>	Talk to your 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 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>
Endocrine and Metabolic Miscellaneous	CARBAGLU 1	<i>carglumic acid</i>
	CYSTADANE 1	<i>betaine</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Endometriosis †</i>	ZOLADEX ¹	MYFEMBREE, ORILISSA
<i>Erectile Dysfunction †</i> Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	FOLLISTIM AQ ¹	GONAL-F
	CHORIONIC GONADOTROPIN ¹ NOVAREL ¹ PREGNYL ¹	OVIDREL
<i>Gastrointestinal</i> 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>
<i>Gastrointestinal</i> Antidiarrheals	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
<i>Gastrointestinal</i> Antiemetics	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
<i>Gastrointestinal</i> Irritable Bowel Syndrome †	AMITIZA	<i>lubiprostone, LINZESS, SYMPROIC</i>
<i>Gastrointestinal</i> Laxatives	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</i> Opioid-Induced Constipation	MOVANTIK	<i>lubiprostone, SYMPROIC</i>
<i>Gastrointestinal</i> Probiotics	ZELAC	Talk to your doctor
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	<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</i> Ulcer Treatment	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
<i>Gaucher Disease</i>	ELELYSO ¹	CERDELGA, CEREZYME
<i>Genitourinary</i> Interstitial Cystitis	ELMIRON RIMSO-50	Talk to your doctor

Category Drug Class	Formulary Drug Removals	Formulary Options
Genitourinary Miscellaneous	LITHOSTAT	Talk to your doctor
	THIOLA ¹ THIOLA EC ¹	<i>tiopronin</i>
Gout †	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet</i> , MITIGARE
	ULORIC	<i>allopurinol</i>
Growth Hormones	HUMATROPE ¹ NUTROPIN AQ ¹ OMNITROPE ¹ SAIZEN ¹	GENOTROPIN, NORDITROPIN
Hematologic Anticoagulants Injectable	HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>
Hematologic Anticoagulants Oral	PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO
Hematologic Chelating Agents	CUPRIMINE ¹	<i>penicillamine</i>
	DESFERAL ¹ EXJADE ¹ FERRIPROX ¹ JADENU ¹	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE ¹	<i>trientine</i>
Hematologic Erythropoiesis-Stimulating Agents	ARANESP ¹ EPOGEN ¹ PROCRT ¹	RETACRIT
Hematologic Hemophilia B	BENEFIX ¹ IXINITY ¹ RIXUBIS ¹	ALPROLIX, REBINYN
Hematologic Miscellaneous Bleeding Disorders Agents	FEIBA ¹	NOVOSEVEN RT, SEVENFACT
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA ¹ NEULASTA ¹ NEULASTA ONPRO ¹ UDENYCA ¹	ZIEXTENZO
	GRANIX ¹ LEUKINE ¹ NEUPOGEN ¹ ZARXIO ¹	NIVESTYM
Hematologic Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel</i> , BRILINTA
	ZONTIVITY	Talk to your doctor
	NPLATE ¹	DOPTELET, PROMACTA, TAVALISSE
High Blood Pressure † ACE Inhibitors	EPANED	<i>enalapril, fosinopril, lisinopril, quinapril, ramipril</i>
High Blood Pressure † ACE Inhibitor / Diuretic Combinations	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
High Blood Pressure † Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
High Blood Pressure † Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide
High Blood Pressure † Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	AZOR EXFORGE	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan
High Blood Pressure † Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide
High Blood Pressure † Beta-blockers	BYSTOLIC COREG CR INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, nebivolol, pindolol, propranolol, propranolol ext-rel
High Blood Pressure † Beta-blocker Combinations	DUTOPROL	metoprolol succinate ext-rel WITH hydrochlorothiazide
High Blood Pressure † Calcium Channel Blockers	NORVASC	amlodipine
	diltiazem ext-rel (generics for CARDIZEM LA only) Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA	diltiazem ext-rel (except generics for CARDIZEM LA)
Huntington's Disease	XENAZINE †	tetrabenazine, AUSTEDO
Immunology Disease Modifying Antirheumatic Agents	OTREXUP †	RASUVO
Immunology Hereditary Angioedema	BERINERT † FIRAZYR †	icatibant, RUCONEST
	CINRYZE †	ORLADEYO, TAKHZYRO
Immunology Miscellaneous	ARCALYST †	ILARIS
Inflammatory Bowel Disease (IBD) Ulcerative Colitis †	budesonide ext-rel tablet ASACOL HD COLAZAL DELZICOL LIALDA PENTASA	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel
Interferons †	PEGASYS †	Talk to your doctor
Kidney Disease † Phosphate Binders	lanthanum carbonate FOSRENOL	calcium acetate, sevelamer carbonate, AURYXIA, PHOSLYRA, VELPHORO

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

Category Drug Class	Formulary Drug Removals	Formulary Options
Ophthalmic Antivirals	ZIRGAN	trifluridine
Ophthalmic Artificial Tears	LACRISERT	RESTASIS, XIIDRA
Ophthalmic Glaucoma	bimatoprost solution 0.03% TRAVATAN Z	latanoprost, travoprost, LUMIGAN, ZIOPTAN
	BETIMOL TIMOPTIC OCUDOSE	timolol maleate solution, BETOPTIC S
	COMBIGAN	brimonidine-timolol
Ophthalmic Miscellaneous	AVENOVA	Talk to your 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 TOVIAZ	darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GEMTESA
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
	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 or ZEMBRACE SYMTOUCH
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 SUBSYS	fentanyl transmucosal lozenge
	levorphanol oxymorphone ext-rel HYSINGLA ER NUCYNTA ER OXYCONTIN	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER
	NUCYNTA	hydromorphone, morphine, oxycodone
	PERCOCET	hydrocodone-acetaminophen, oxycodone-acetaminophen
	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)
	diclofenac sodium solution 2% CapsFenac Pak Capsinac Diclofex DC DicloHeal-60 Diclosaicin Iclofenac CP Inflammacin Kapzin DC NuDiclo SoluPak NuDiclo TabPak Pennsaicin Sure Result DSS Premium Pack Ziclocin Pak 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 †	INBRIJA, KYNMOBI
	NOURIANZ	entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO

Category Drug Class	Formulary Drug Removals	Formulary Options
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	Talk to your doctor
Respiratory Alpha-1 Antitrypsin Deficiency	ARALAST NP ¹ GLASSIA ¹ ZEMAIRA ¹	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 Idiopathic Pulmonary Fibrosis	ESBRIET ¹	pirfenidone, OFEV
Respiratory Phosphodiesterase-4 Inhibitors	DALIRESP	roflumilast
Respiratory Xanthines	THEO-24	formoterol inhalation solution, ipratropium inhalation solution, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
Sleep Disorder Hypnotics, Non-benzodiazepines	quazepam zolpidem sublingual EDLUAR LUNESTA ROZEREM SILENOR ZOLPIMIST	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, BELSOMRA, DAYVIGO
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	levothyroxine, liothyronine, SYNTHROID
	TIROSINT	levothyroxine, SYNTHROID
Urea Cycle Disorders	BUPHENYL ¹ RAVICTI ¹	sodium phenylbutyrate

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	ASMANEX HFA	BUTRANS
ACANYA	ATACAND	BYDUREON BCISE
ACIPHEX	ATACAND HCT	BYETTA
ACIPHEX SPRINKLE	ATIVAN	BYSTOLIC
ACTEMRA ACTPEN ¹	ATOPADERM	CAFERGOT
ACTEMRA INTRAVENOUS ¹	AVASTIN ¹	<i>calcipotriene cream</i>
ACTEMRA SUBCUTANEOUS ¹	AVENOVA	<i>calcipotriene foam</i>
ACTICLATE	AVSOLA ¹	CALCIPOTRIENE FOAM
<i>Activite</i>	AZASITE	<i>calcipotriene-betamethasone</i>
ACTOS	AZELEX	<i>calcitriol ointment</i>
ACUVAIL	AZESCO	CAMBIA
<i>acyclovir cream</i>	AZOR	<i>CapsFenac Pak</i>
ACZONE	BALCOLTRA	<i>Capsinac</i>
<i>adapalene pad</i>	BANZEL SUSPENSION	CARAC
ADCIRCA ¹	BARACLUDE TABLET ¹	CARAFATE
ADDERALL	BEAU RX	CARBAGLU ¹
ADDERALL XR	BECONASE AQ	CARBINOXAMINE TABLET 6 MG
ADRENALIN	BENEFIX ¹	CARDIZEM
ADZENYS XR-ODT	BENICAR	CARDIZEM CD
AFINITOR ¹	BENICAR HCT	CARDIZEM LA
AFINITOR DISPERZ ¹	BENSAL HP	<i>carisoprodol 250 mg</i>
<i>albuterol sulfate CFC-free aerosol</i>	<i>benzonate</i> (NDCs* 69336012615, 69499032915 only)	CARNITOR
(NDC* 66993001968 only)	BEPREVE	CARNITOR SF
ALEVICYN GEL	BERINERT ¹	CAYSTON ¹
ALEVICYN SG	BETAMETHASONE ACETATE-	CELEBREX
ALEVICYN SOLUTION	BETAMETHASONE SODIUM PHOSPHATE	<i>chlordiazepoxide-clidinium</i> (NDCs* 11534019701,
ALIMTA	<i>betamethasone dipropionate ointment 0.05%</i>	42494040901, 51293069601, 51293069610,
ALIQOPA ¹	BETAPACE	67877073101, 70700018501 only)
ALLISON MEDICAL INSULIN SYRINGES ⁶	BETAPACE AF	<i>chlorzoxazone 250 mg</i>
ALREX	BETIMOL	<i>chlorzoxazone 375 mg</i>
ALTOPREV	BEVESPI AEROSPHERE	<i>chlorzoxazone 500 mg</i> (NDC* 73007001303 only)
ALVESCO	BEYAZ	<i>chlorzoxazone 750 mg</i>
AMITIZA	<i>bimatoprost solution 0.03%</i>	CHORIONIC GONADOTROPIN ¹
AMRIX	BORTEZOMIB ¹	CIALIS
ANDROGEL	BOTOX ¹	CICATRACE
APEXICON E	BREEZE 2 STRIPS AND KITS ⁸	CILOXAN
APIDRA	BROMSITE	CIMZIA LYOPHILIZED POWDER ¹
APOKYN ¹	<i>budesonide ext-rel tablet</i>	CINRYZE ¹
APTENSIO XR	<i>Bupap</i>	CIPRO HC
APTIVUS ¹	BUPHENYL ¹	CIPRODEX
ARALAST NP ¹	<i>bupropion ext-rel tablet 450 mg</i>	<i>ciprofloxacin-fluocinolone</i>
ARANESP ¹	<i>butalbital-acetaminophen capsule</i>	CITRANATAL
ARCALYST ¹	<i>butalbital-acetaminophen tablet 25-325 mg</i>	CLIMARA (except CLIMARA PRO)
ARNUITY ELLIPTA	<i>butalbital-acetaminophen tablet 50-300 mg</i>	<i>clindamycin gel</i> (NDC* 68682046275 only)
ARTHROTEC	BUTALBITAL-ACETAMINOPHEN	<i>clobetasol emollient foam</i>
ASACOL HD	(NDC* 69499034230 only)	<i>clobetasol spray</i>
ASMANEX	<i>butalbital-acetaminophen-caffeine capsule</i>	CLOBEX SPRAY

clocortolone cream
COLAZAL
colchicine capsule
COLCRYS
COMBIGAN
COMPLERA ¹
CONCERTA
CONTOUR NEXT STRIPS AND KITS ⁸
CONTOUR STRIPS AND KITS ⁸
CONTRAVE
CORDRAN CREAM
CORDRAN LOTION
CORDRAN OINTMENT
CORDRAN TAPE
COREG CR
CoreMino
COZAAR
CRESEMBA
CRESTOR
CUPRIMINE ¹
cyclobenzaprine ext-rel capsule
cyclobenzaprine tablet 7.5 mg
CYMBALTA
CYSTADANE ¹
CYTOMEL
DALIRESP
DARAPRIM
DAYTRANA
DELZICOL
DEPAKOTE
DEPAKOTE ER
DEPAKOTE SPRINKLE
DESFERAL ¹
desonide gel
desoximetasone ointment 0.05%
DesRx
DETROL LA
dexchlorpheniramine
Dexifol
DEXILANT
dexlansoprazole delayed-rel
diclofenac potassium capsule 25 mg
diclofenac potassium tablet 25 mg
diclofenac sodium solution 2%
Diclofex DC
DicloHeal-60
Diclosaicin
DIFFERIN LOTION
diflorasone cream
diflorasone ointment
dihydroergotamine spray
DILANTIN
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
EDLUAR
E.E.S. GRANULES
EFFEXOR XR
ELELYSO ¹
ELIDEL

ELMIRON
EluRyng
ENLITE CONTINUOUS
GLUCOSE MONITORING SYSTEM
ENTERAGAM
ENTYVIO (For Crohn's Disease Only) ¹
EPANED
EPICERAM
EPIVIR HBV ¹
EPOGEN ¹
ergotamine-caffeine
ERYPED
ESBRIET ¹
estradiol vaginal tablet
ESTRING
ethinyl estradiol-etonogestrel
EVEKEO
EVERSENSE CONTINUOUS
GLUCOSE MONITORING SYSTEM
EXFORGE
EXFORGE HCT
EXJADE ¹
EXTAVIA ¹
FABIOR
FANAPT
FEIBA ¹
FEMRING
fenofibrate capsule 30 mg
fenofibrate capsule 50 mg
fenofibrate capsule 90 mg
fenofibrate capsule 130 mg
fenofibrate tablet 40 mg
fenofibrate tablet 120 mg
FENOGLIDE TABLET 120 MG
fenoprofen
FENOPROFEN CAPSULE
FERIVA 21/7
FERRIPROX ¹
Fexmid
FINACEA GEL
FIORICET CAPSULE
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
GILENYA ¹
GLASSIA ¹
GLEEVEC ¹
GLUCAGEN HYPOKIT
GLUCAGON EMERGENCY KIT
GLUMETZA
GLYCOPYROLATE 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
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
LASTACAFIT
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
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
Mondoxyne NL capsule 75 mg
 MONOVISC ¹
 MOVANTIK
 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
 NORGESIC FORTE
 NORITATE
 NORPACE
 NORTHERA ¹
 NORVASC
 NOURIANZ
 NOVAREL ¹
 NOVO NORDISK NEEDLES ⁶
 NOXAFIL
 NPLATE ¹
 NUCALA LYOPHILIZED POWDER ¹
 NUCYNTA
 NUCYNTA ER
NuDiclo SoluPak
NuDiclo TabPak
 NUEDEXTA
 NUTROPIN AQ ¹
 NUVIGIL
 OLUX-E
omeprazole-sodium bicarbonate
 OMNARIS
 OMNITROPE ¹
 OMNIVEX
 ONFI
 ONGLYZA
 ORENCIA INTRAVENOUS ¹
orphenadrine-aspirin-caffeine
Orphengesic Forte
 ORTHO D
 ORTHO DF
 ORTHOVISC ¹
 OSENI
 OSMOPREP
 OSPHENA
 OTREXUP ¹
 OWEN MUMFORD NEEDLES ⁶
oxiconazole (NDCs* 00168035830, 51672135902 only)
 OXYCONTIN
oxymorphone ext-rel
 OXYTROL
pantoprazole delayed-rel suspension
paroxetine HCl ext-rel (NDC* 60505367503 only)
paroxetine mesylate capsule 7.5 mg
 PAXIL
 PAXIL CR
peg 3350-electrolytes (generics for MOVIPREP only)
 PEGASYS ¹
Pennaicain
 PENNSAID
 PENTASA
 PERCOCET
 PERRIGO NEEDLES ⁶
 PEXEVA
 PLAVIX
 POLYTOZA
posaconazole delayed-rel tablet
 PRADAXA
 PRED FORTE
 PRED MILD
prednisolone solution 10 mg/5 mL
prednisolone solution 20 mg/5 mL
 PREGNYL ¹
 PREMARIN
 PREMARIN CREAM
 PRENATAL PLUS
 PREVACID
 PREVIDENT
 PRILOSEC
 PRISTIQ
 PROAIR HFA
 PROAIR RESPICLICK
 PROCRIT ¹
 PROCYSBI ¹
 PRODIGEN
 PROMETRIUM
 PROTONIX
 PROVENTIL HFA
 PROVIGIL
 PROZAC
 QNASL
 QTERN
quazepam
 QUILLICHEW ER
 QUILLIVANT XR
 QVAR REDIHALER
 RAPAFLO
 RAVICTI ¹
 RAYOS
 RECEDO
 REMODULIN ¹
 RENFLEXIS ¹
 REPATHA ¹
 REVATIO ¹
 RHEUMATE
 RIABNI ¹
 RIBOZEL
 RIMSO-50
 RIOMET
 RITUXAN ¹
 RIXUBIS ¹
 ROZEREM
 RUBRACA ¹
RyClora
 SABRIL ¹
 SAIZEN ¹
 SANDOSTATIN LAR ¹
 SCARSILK PAD
 SEASONIQUE
 SELZENTRY ¹
 SEROQUEL XR
 SIGNIFOR LAR ¹
 SILENOR
 SILIVEX
 SILTREX
 SIMPONI ¹
 SINGULAIR
 SOMAVERT ¹
 SORILUX
 SPRIX
 STENDRA
 STRIBILD ¹
 SUBOXONE
 SUBSYS
sucralfate suspension
sumatriptan-naproxen
 SUPREP
Sure Result DSS Premium Pack
 SUTENT ¹
 SYMJEPI
 SYNERDERM
 SYNVISC ¹
 SYNVISC-ONE ¹
 SYPRINE ¹
 TAFINLAR ¹
 TALIVA
Targadox
 TARGRETIN ¹
 TASIGNA ¹
tavorole
 TAYTULLA
 TAZORAC
 TECFIDERA ¹
 TEGRETOL
 TEGRETOL XR
 TESTIM
testosterone gel 1%
 (authorized generics for TESTIM and VOGELXO only)
 THEO-24
 THIOLA ¹
 THIOLA EC ¹
 TIMOPTIC OCULOSE
 TIROSINT
 TOBI ¹
 TOBI PODHALER ¹
 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%
Trianex
TRICOR
TRILEPTAL
TRIVIDIA INSULIN SYRINGES⁶
TronVite
TRUVADA¹
TRUXIMA¹
TUDORZA
TYVASO DPI¹
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
Yuvafem
ZALVIT
ZARXIO¹
ZEGERID
ZELAC
ZEMAIRA¹
ZEPATIER¹
ZERVIAE
ZESTORETIC
ZETIA
ZETONNA
ZIANA
Ziclocin Pak
Ziclopro
zileuton ext-rel
ZIRGAN
ZOLADEX¹
ZOLOFT
zolpidem sublingual
ZOLPIMIST
ZONEGRAN
ZONTIVITY
ZORVOLEX
ZYLET
ZYTIGA¹

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 copay information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change. There may be additional plan restrictions. Please consult your plan for further information.

Subject to applicable laws and regulations.

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

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

** Listing does not include certain NDCs*.

¹ An exception process may exist for specific clinical or regulatory circumstances that may require coverage of a non-covered medication. If your health care provider 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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