

Drug Removals for Clients with Advanced Control Specialty Formulary™

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

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

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Acromegaly</i>	SANDOSTATIN LAR ¹	SOMATULINE DEPOT, SOMAVERT
<i>Allergic Reaction (Anaphylaxis) Treatment</i>	ADRENACLICK	<i>epinephrine auto-injector</i> , EPIPEN, EPIPEN JR
<i>Allergies Nasal Steroids / Combinations</i>	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray</i> , DYMISTA
<i>Allergies Ophthalmic</i>	LASTACAFT	<i>azelastine, cromolyn sodium, olopatadine</i> , PATADAY, PAZEO
<i>Anticonvulsants</i>	ZONEGRAN	<i>zonisamide</i>
<i>Anti-infectives, Antibacterials Erythromycins / Macrolides</i>	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials Miscellaneous</i>	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antibacterials Tetracyclines</i>	MINOCIN	<i>minocycline</i>
<i>Anti-infectives, Antivirals Cytomegalovirus *</i>	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals Hepatitis C *</i>	DAKLINZA ¹	EPCLUSA (genotypes 2, 3), HARVONI (genotypes 1, 4, 5, 6)
	OLYSIO ¹ TECHNIVIE ¹ VIEKIRA PAK ¹ VIEKIRA XR ¹ ZEPATIER ¹	HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals Herpes *</i>	VALTREX	<i>acyclovir, valacyclovir</i>
<i>Anti-inflammatory Steroidal, Ophthalmic</i>	FML PRED FORTE PRED MILD	<i>dexamethasone, prednisolone acetate 1%</i> , DUREZOL, LOTEMAX
<i>Antiobesity</i>	QSYMIA	BELVIQ, BELVIQ XR, CONTRAVE, SAXENDA
<i>Asthma *</i> Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	PROAIR HFA, PROAIR RESPICLICK

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<i>Asthma</i> * Steroid Inhalants	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
<i>Asthma</i> * or <i>Chronic Obstructive Pulmonary Disease (COPD)</i> * Steroid / Beta Agonist Combinations	SYMBICORT	ADVAIR, BREO ELLIPTA, DULERA
<i>Attention Deficit Hyperactivity Disorder</i> *	ADDERALL XR INTUNIV	<i>amphetamine-dextroamphetamine mixed salts, amphetamine-dextroamphetamine mixed salts ext-rel, guanfacine ext-rel, methylphenidate, methylphenidate ext-rel, APTENSIO XR, QUILLIVANT XR, STRATTERA, VYVANSE</i>
<i>Cancer</i> Chronic Myelogenous Leukemia *	GLEEVEC ¹ TASIGNA ¹	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
<i>Cancer</i> Prostate * Hormonal Agents, Antiandrogens	NILANDRON XTANDI ¹	<i>bicalutamide, ZYTIGA</i>
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular</i> Antilipemics Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, VYTORIN</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	PRALUENT ¹	REPATHA
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular</i> Diuretics	DYRENIUM	<i>amiloride</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension * Endothelin Receptor Antagonists	OPSUMIT ¹	LETAIRIS, TRACLEER
<i>Cardiovascular</i> Pulmonary Arterial Hypertension * Phosphodiesterase Inhibitors	ADCIRCA ¹ REVATIO ¹	<i>sildenafil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD)</i> * Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA
<i>Cystic Fibrosis</i> * Inhaled Antibiotics	TOBI ¹ TOBI PODHALER ¹	<i>tobramycin inhalation solution, BETHKIS</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Depression</i> * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	venlafaxine ext-rel tablet (except 225 MG) CYMBALTA VENLAFAXINE EXT-REL TABLET (except 225 MG)	duloxetine, venlafaxine, venlafaxine ext-rel capsule, PRISTIQ
<i>Depression</i> * Antidepressants, Miscellaneous Agents	OLEPTRO	trazodone
<i>Depression and/or Schizophrenia</i> * Antipsychotics, Atypicals	ABILIFY FANAPT	aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, SEROQUEL XR
<i>Dermatology</i> Acne *	VANOXIDE-HC	benzoyl peroxide
<i>Dermatology</i> Actinic Keratosis *	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, ZYCLARA
<i>Dermatology</i> Rosacea *	NORITATE	metronidazole, FINACEA, SOOLANTRA
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	clobetasol spray CLOBEX SPRAY OLUX-E	clobetasol foam
	APEXICON E	desoximetasone, fluocinonide
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A ALOQUIN NOVACORT	hydrocortisone
	BENSAL HP	desonide, hydrocortisone
<i>Diabetes</i> * Biguanides	FORTAMET GLUMETZA RIOMET	metformin, metformin ext-rel
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA	JANUVIA, TRADJENTA
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	KAZANO KOMBIGLYZE XR OSENII	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
<i>Diabetes</i> * Injectable Incretin Mimetics	BYDUREON BYETTA	TRULICITY, VICTOZA
<i>Diabetes</i> * Insulins	APIDRA HUMALOG	NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ²	NOVOLIN 70/30 ²
	HUMULIN N ²	NOVOLIN N ²
	HUMULIN R ²	NOVOLIN R ²
	NOTE: Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.	

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<i>Diabetes</i> * Long Acting Insulins	LANTUS TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
<i>Diabetes</i> * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<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	XIGDUO XR
<i>Diabetes</i> * Supplies, Needles ³	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 ³	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 ^{4,5}	ACCU-CHEK STRIPS AND KITS 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 ONETOUCH brand	ONETOUCH ULTRA STRIPS AND KITS ⁴ , ONETOUCH VERIO STRIPS AND KITS ⁴
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	LEVITRA VIAGRA	CIALIS
<i>Fertility</i> *	BRAVELLE ¹ GONAL-F ¹	FOLLISTIM AQ
<i>Gastrointestinal</i> Opioid-induced Constipation	RELISTOR	MOVANTIK
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<i>Genitourinary</i> Interstitial Cystitis	RIMSO-50	Consult doctor
<i>Glaucoma</i> * Prostaglandin Analogs	LUMIGAN	<i>latanoprost, TRAVATAN Z, ZIOPTAN</i>
<i>Growth Hormones</i>	GENOTROPIN ¹ NORDITROPIN ¹ NUTROPIN AQ ¹ OMNITROPE ¹ SAIZEN ¹	HUMATROPE
<i>Hematologic</i> Anticoagulants (oral)	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>

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<i>Hematologic</i> Blood Modifying Agents	PROCRIT ¹	ARANESP
<i>Hematologic</i> Hemophilia *	HELIXATE FS ¹	KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<i>Hematologic</i> Hereditary Angioedema *	BERINERT ¹	RUCONEST
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	NEUPOGEN ¹	ZARXIO
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel</i> , BRILINTA, EFFIENT
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonists	ATACAND DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan</i> , BENICAR
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT DIOVAN HCT EDARBYCLOR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i> , BENICAR HCT
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-telmisartan, amlodipine-valsartan</i> , AZOR
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide</i> , TRIBENZOR
<i>High Blood Pressure</i> * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel</i> WITH <i>hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) Matzim LA	<i>diltiazem ext-rel</i> (except generic of CARDIZEM LA)
<i>Huntington's Disease</i>	XENAZINE ¹	<i>tetrabenazine</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP ¹	RASUVO
<i>Inflammatory Bowel Disease</i> (IBD) Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel</i> , APRISO, LIALDA, PENTASA
	COLAZAL	<i>balsalazide</i>
<i>Interferons</i> *	PEGASYS ¹	Consult doctor
<i>Kidney Disease</i> * Phosphate Binders	FOSRENOL	<i>calcium acetate</i> , PHOSLYRA, RENVELA, VELPHORO

Category Drug Class	Formulary Drug Removals	Formulary Options
Multiple Sclerosis	AVONEX ¹ EXTAVIA ¹ PLEGRIDY ¹	glatiramer, AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA
Musculoskeletal	AMRIX	cyclobenzaprine
Nutritional / Supplements Electrolytes	KLOR-CON/25	potassium chloride liquid
Opioid Dependence	ZUBSOLV	buprenorphine-naloxone sublingual tablet, SUBOXONE FILM
Opioid Reversal	EVZIO	naloxone injection, NARCAN NASAL SPRAY
Osteoarthritis * Viscosupplements	EUFLEXXA ¹ MONOVISC ¹ ORTHOVISC ¹ SYNVISC ¹ , SYNVISC-ONE ¹	GEL-ONE, HYALGAN, SUPARTZ FX
Osteoporosis * Calcium Regulators	PROLIA ¹	alendronate, calcitonin-salmon, ibandronate, risedronate, ATELVIA, FORTEO
	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, ATELVIA, FORTEO
	MIACALCIN NASAL SPRAY	calcitonin-salmon
Overactive Bladder / Incontinence * Urinary Antispasmodics	DETROL LA ENABLEX GELNIQUE OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE
Pain Headache *	butalbital-acetaminophen-caffeine capsule CAFERGOT FIORICET CAPSULE	naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, RELPAX, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
Pain* Transmucosal Immediate-release Fentanyl	ABSTRAL	fentanyl transmucosal lozenge, FENTORA, SUBSYS
Pain and Inflammation * Corticosteroids	DEXPAK MILLIPRED RAYOS	dexamethasone, methylprednisolone, prednisone
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	celecoxib or diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT
	PENNSAID	diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL
	NAPRELAN	celecoxib, diclofenac sodium, meloxicam, naproxen
Prostate Condition Benign Prostatic Hyperplasia *	JALYN	dutasteride-tamsulosin
	UROXATRAL	alfuzosin ext-rel, tamsulosin
Psoriasis * Biologic Disease-Modifying Agents	COSENTYX ¹ OTEZLA ¹ REMICADE ¹	HUMIRA, STELARA (after failure of HUMIRA), TALTZ (after failure of HUMIRA)
All Other Non-Psoriasis Conditions * Biologic Disease-Modifying Agents	ACTEMRA ¹ CIMZIA ¹ COSENTYX ¹ KINERET ¹ ORENCIA ¹ OTEZLA ¹ REMICADE ¹ SIMPONI ¹ XELJANZ ¹	ENBREL, HUMIRA
Sleep Disorder Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM	eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR

Category Drug Class	Formulary Drug Removals	Formulary Options
Testosterone Replacement * Androgens	testosterone gel 1% ⁶ ANDROGEL FORTESTA NATESTO TESTIM VOGELXO	testosterone gel 2%, ANDRODERM, AXIRON
Transplant * Immunosuppressants, Calcineurin Inhibitors	PROGRAF ¹	tacrolimus

Category Drug Class	Formulary Options
Autoimmune and Hepatitis C *	For some clients, an Indication Based Formulary will be utilized for products in these classes and may result in additional exclusions.
Generics	Limited source generics may be evaluated when appropriate and potentially removed from the formulary.
Hyperinflation	On a quarterly basis, products with significant cost inflation that have clinically-appropriate and more cost-effective alternatives may be evaluated and potentially removed from the formulary.
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.
Specialty	As new specialty products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement and potentially excluded, added back to formulary or not listed.

The listed formulary options are subject to change.

List of Formulary Drug Removals

<p> ABILIFY ABSTRAL ACCU-CHEK STRIPS AND KITS ⁵ ACTEMRA ¹ ACTOS ADCIRCA ¹ ADDERALL XR ADRENACLICK AEROSPAN ALCORTIN A ALLISON MEDICAL INSULIN SYRINGES ³ ALOQUIN ALTOPREV ALVESCO AMRIX ANDROGEL APEXICON E APIDRA ARTHROTEC ASACOL HD ATACAND ATACAND HCT AVONEX ¹ BECONASE AQ BENSAL HP BERINERT ¹ BETAPACE BETAPACE AF BRAVELLE ¹ BREEZE 2 STRIPS AND KITS ⁵ <i>butalbital-acetaminophen-caffeine capsule</i> BYDUREON BYETTA CAFERGOT CARAC CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) CARNITOR CARNITOR SF CIMZIA ¹ <i>clobetasol spray</i> CLOBEX SPRAY COLAZAL CONTOUR NEXT STRIPS AND KITS ⁵ CONTOUR STRIPS AND KITS ⁵ COSENTYX ¹ CRESTOR CYMBALTA DAKLINZA ¹ DELZICOL DETROL LA DEXPAK DIOVAN DIOVAN HCT DUTOPROL DYRENIUM EDARBI EDARBYCLOR E.E.S. GRANULES ENABLEX ERYPED EUFLEXA ¹ EVZIO EXFORGE EXFORGE HCT EXTAVIA ¹ FANAPT FIORICET CAPSULE </p>	<p> <i>fluorouracil cream 0.5%</i> FML FORTAMET FORTESTA FOSRENOL FREESTYLE STRIPS AND KITS ⁵ GELNIQUE GENOTROPIN ¹ GLEEVEC ¹ GLUMETZA GONAL-F ¹ HELIXATE FS ¹ HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 ² HUMULIN N ² HUMULIN R ² INCRUSE ELLIPTA INTERMEZZO INTUNIV INVOKAMET INVOKANA JALYN KAZANO KINERET ¹ KLOF-CON/25 KOMBIGLYZE XR LANOXIN TABLET (125 MCG and 250 MCG only) LANTUS LASTACAF LESCOL XL LEVITRA LIPITOR LIVALO LUMIGAN LUNESTA MACRODANTIN <i>Matzim LA</i> MIACALCIN INJECTION MIACALCIN NASAL SPRAY MILLIPRED MINOCIN MONOVISC ¹ NAPRELAN NATESTO NESINA NEUPOGEN ¹ NEXIUM NILANDRON NORDITROPIN ¹ NORITATE NORVASC NOVACORT NOVO NORDISK NEEDLES ³ NUTROPIN AQ ¹ OLEPTRO OLUX-E OLYSIO ¹ OMNARIS OMNITROPE ¹ ONGLYZA OPSUMIT ¹ ORENCIA ¹ ORTHOVISC ¹ OSENI OTEZLA ¹ OTREXUP ¹ OWEN MUMFORD NEEDLES ³ OXYTROL </p>	<p> PEGASYS ¹ PENNSAID PERRIGO NEEDLES ³ PLAVIX PLEGRIDY ¹ PRADAXA PRALUENT ¹ PRED FORTE PRED MILD PREVACID PROCRIT ¹ PROGRAF ¹ PROLIA ¹ PROTONIX PROVENTIL HFA QNASL QSYMIA RAYOS RELISTOR REMICADE ¹ REVATIO ¹ RHINOCORT AQUA RIMSO-50 RIOMET ROZEREM SAIZEN ¹ SANDOSTATIN LAR ¹ SIMPONI ¹ SYMBICORT SYNVISC ¹ SYNVISC-ONE ¹ TASIGNA ¹ TECHNIVIE ¹ TESTIM <i>testosterone gel 1% ⁶</i> TOBI ¹ TOBI PODHALER ¹ TOUJEO TRICOR TRIVIDIA INSULIN SYRINGES ³ TUDORZA ULTIMED INSULIN SYRINGES ³ ULTIMED NEEDLES ³ UROXATRAL VALCYTE VALTREX VANOXIDE-HC <i>venlafaxine ext-rel tablet (except 225 MG)</i> VENLAFAXINE EXT-REL TABLET (except 225 MG) VENTOLIN HFA VIAGRA VIEKIRA PAK ¹ VIEKIRA XR ¹ VOGELXO XELJANZ ¹ XENAZINE ¹ XOPENEX HFA XTANDI ¹ ZEGERID ZEPATIER ¹ ZETONNA ZONEGRAN ZUBSOLV </p>
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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 www.caremark.com to check coverage and copay information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change. There may be additional plan restrictions. Please consult your plan for further information.

Subject to applicable laws and regulations.

- * This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.
- ¹ An exception process may exist for specific clinical or regulatory circumstances that may require coverage of an excluded medication. If your doctor believes you have a specific clinical need for an excluded product, he or she should fax an exception request to: 1-888-487-9257.
- ² Rebranded or private label formulations are not covered (i.e., RELION).
- ³ BD ULTRAFINE syringes and needles are the only preferred options.
- ⁴ A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-800-588-4456.
- ⁵ ONETOUCH brand test strips are the only preferred options.
- ⁶ Listing reflects the authorized generics for TESTIM and VOGELXO.

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