

Formulary Drug Removals

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

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

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Allergies</i> Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>
<i>Anticonvulsants</i>	ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	MINOCIN	<i>minocycline</i>
	DORYX DORYX MPC MONODOX	<i>doxycycline hyclate</i>
<i>Anti-infectives, Antibacterials</i> Miscellaneous	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus *	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals</i> Hepatitis C *	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ¹
	DAKLINZA OLYSIO TECHNIVIE VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals</i> Herpes *	VALTREX	<i>acyclovir, valacyclovir</i>
<i>Anti-inflammatory</i> Steroidal, Ophthalmic	PRED FORTE	<i>dexamethasone, prednisolone acetate 1%, DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
<i>Antiobesity</i>	QSYMIA	BELVIQ, BELVIQ XR, CONTRAVE, SAXENDA
<i>Asthma *</i> Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>levalbuterol tartrate CFC-free aerosol, PROAIR HFA, PROAIR RESPICLICK</i>
<i>Asthma *</i> Steroid Inhalants	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
<i>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) *</i> Steroid / Beta Agonist Combinations	DULERA	ADVAIR, BREO ELLIPTA, SYMBICORT

Category Drug Class	Formulary Drug Removals	Formulary Options
Attention Deficit Hyperactivity Disorder *	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, APTENSIO XR, MYDAYIS, QUILLIVANT XR, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, APTENSIO XR, MYDAYIS, QUILLIVANT XR, VYVANSE</i>
Autoimmune Conditions	ACTEMRA	ENBREL, HUMIRA, KEVZARA
	CIMZIA	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS (Plaque Psoriasis and Psoriatic Arthritis only)
	ENTYVIO	HUMIRA
	KINERET	ENBREL, HUMIRA, KEVZARA
	ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS (Plaque Psoriasis and Psoriatic Arthritis only)
	SIMPONI	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS (Plaque Psoriasis and Psoriatic Arthritis only)
	TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA SUBCUTANEOUS (Plaque Psoriasis and Psoriatic Arthritis only)
	XELJANZ XELJANZ XR	ENBREL, HUMIRA, KEVZARA
Cancer Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
Cancer Prostate * Hormonal Agents, Antiandrogens	NILANDRON	<i>bicalutamide, XTANDI, ZYTIGA</i>
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ²	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
Cardiovascular Antilipemics PCSK9 Inhibitors	PRALUENT	REPATHA
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
Cardiovascular Diuretics	DYRENIUM	<i>amiloride</i>
Carnitine Deficiency	CARNITOR CARNITOR SF	<i>levocarnitine</i>

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<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
<i>Depression *</i> Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet</i> (except 225 mg) CYMBALTA EFFEXOR XR VENLAFAXINE EXT-REL TABLET (except 225 MG)	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression *</i> Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
<i>Depression and/or Schizophrenia *</i> Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
<i>Dermatology</i> Acne *	<i>Vanoxide-HC</i>	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, ATRALIN, BENZACLIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC</i>
<i>Dermatology</i> Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
<i>Dermatology</i> Rosacea *	NORITATE	<i>metronidazole, FINACEA, SOOLANTRA</i>
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone, fluocinonide</i>
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN KIT ALEVICYN SG <i>Alevicyn solution</i>	<i>desonide, hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A ALOQUIN BENSAL HP NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>
<i>Diabetes *</i> Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
<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 OSENİ	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
<i>Diabetes *</i> Injectable Incretin Mimetics	BYDUREON BYETTA TANZEUM	OZEMPIC, TRULICITY, VICTOZA

Category Drug Class	Formulary Drug Removals	Formulary Options
Diabetes * Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ³	NOVOLIN 70/30 ³
	HUMULIN N ³	NOVOLIN N ³
	HUMULIN R ³	NOVOLIN R ³
	NOTE: Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.	
Diabetes * Long Acting Insulins	LANTUS TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
Diabetes * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	JARDIANCE	FARXIGA, INVOKANA
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	SYNJARDY SYNJARDY XR	INVOKAMET, INVOKAMET XR, XIGDUO XR
Diabetes * Supplies, Needles ⁴	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 ⁴	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
Diabetes * Supplies, Test Strips and Kits ^{5, 6}	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 ⁵ , ONETOUCH VERIO STRIPS AND KITS ⁵
Erectile Dysfunction * Phosphodiesterase Inhibitors	STENDRA VIAGRA	CIALIS
Fertility Regulators Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F
Gastrointestinal Opioid-induced Constipation	RELISTOR	MOVANTIK
Gastrointestinal Proton Pump Inhibitors (PPIs)	NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
Gaucher Disease	ELELYSO	CERDELGA, CEREZYME

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Genitourinary Interstitial Cystitis</i>	RIMSO-50	Consult doctor
<i>Growth Hormones</i>	GENOTROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE, NORDITROPIN
<i>Hematologic Anticoagulants (oral)</i>	PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO
<i>Hematologic Hemophilia</i>	HELIXATE FS	KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<i>Hematologic Neutropenia Colony Stimulating Factors</i>	NEUPOGEN	ZARXIO
<i>Hematologic Platelet Aggregation Inhibitors</i>	PLAVIX	<i>clopidogrel, prasugrel</i> , BRILINTA
<i>High Blood Pressure * Angiotensin II Receptor Antagonists</i>	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations</i>	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<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>	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>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure * Beta-blocker Combinations</i>	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure * Calcium Channel Blockers</i>	NORVASC	<i>amlodipine</i>
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) Matzim LA	<i>diltiazem ext-rel (except generic of CARDIZEM LA)</i>
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine</i> , AUSTEDO
<i>Inflammatory Bowel Disease (IBD) Ulcerative Colitis * Aminosalicylates</i>	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel</i> , APRISO, LIALDA, PENTASA
	COLAZAL	<i>balsalazide</i>
<i>Kidney Disease * Phosphate Binders</i>	FOSRENOL	<i>calcium acetate, lanthanum carbonate, sevelamer carbonate</i> , PHOSLYRA, VELPHORO
<i>Multiple Sclerosis</i>	EXTAVIA	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA, TYSABRI
<i>Musculoskeletal</i>	AMRIX	<i>cyclobenzaprine</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
Narcolepsy Wakefulness Promoters	NUVIGIL	armodafinil
Opioid Reversal	EVZIO	naloxone injection, NARCAN NASAL SPRAY
Osteoarthritis * Viscosupplements	EUFLEXXA HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
Osteoporosis *	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	calcitonin-salmon
Overactive Bladder / Incontinence * Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE
Pain Headache *	butalbital-acetaminophen-caffeine capsule FIORICET CAPSULE	diclofenac sodium, naproxen
	CAFERGOT	eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
	SUMAVEL DOSEPRO	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
Pain Opioid Analgesics	PRIMLEV	hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA
Pain and Inflammation * Corticosteroids	DEXPAK MILLIPRED RAYOS	dexamethasone, methylprednisolone, prednisolone solution, prednisone
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	celecoxib; diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT
	PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, meloxicam, naproxen
	INDOCIN NAPRELAN	celecoxib, diclofenac sodium, meloxicam, naproxen
	SPRIX	diclofenac sodium, meloxicam, naproxen
Postherpetic Neuralgia	HORIZANT	gabapentin, GRALISE
Prostate Condition Benign Prostatic Hyperplasia *	JALYN	dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLO
	UROXATRAL	alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLO
Sleep Disorder Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM	eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR
Testosterone Replacement * Androgens	testosterone gel 1% ⁷ ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	testosterone gel, testosterone solution, ANDRODERM, ANDROGEL 1.62%

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.
Drugs for infusion into spaces other than the blood	A drug which must be infused into a space other than the blood will generally be excluded from the prescription benefit.
Generics	Limited source generics may be evaluated when appropriate and potentially removed from the formulary.
Hepatitis C	As new products launch in this class, 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.
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 ⁸	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark® National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.
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 ACCU-CHEK STRIPS AND KITS ⁶ ACTEMRA ACTOS ADDERALL XR AEROSPAN ALCORTIN A ALEVICYN GEL ALEVICYN KIT ALEVICYN SG <i>Alevicyn solution</i> ALLISON MEDICAL INSULIN SYRINGES ⁴ ALOQUIN ALTOPREV ALVESCO AMRIX ANDROGEL 1% APEXICON E APIDRA ARTHROTEC ASACOL HD ATACAND ATACAND HCT BECONASE AQ BENICAR BENICAR HCT BENSAL HP BETAPACE BETAPACE AF BREEZE 2 STRIPS AND KITS ⁶ <i>butalbital-acetaminophen-caffeine capsule</i> BYDUREON BYETTA CAFERGOT CARAC CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) CARNITOR CARNITOR SF CIMZIA <i>clobetasol spray</i> CLOBEX SPRAY COLAZAL CONTOUR NEXT STRIPS AND KITS ⁶ CONTOUR STRIPS AND KITS ⁶ CRESTOR CYMBALTA DAKLINZA DELZICOL DETROL LA DEXPAK DIOVAN DIOVAN HCT DORYX DORYX MPC DULERA DUTOPROL DYRENIUM EDARBI EDARBYCLOR E.E.S. GRANULES EFFEXOR XR ELELYSO ENABLEX ENTYVIO ERYPED EUFLEXA </p>	<p> EVZIO EXFORGE EXFORGE HCT EXTAVIA FANAPT FIORICET CAPSULE <i>fluorouracil cream 0.5%</i> FOLLISTIM AQ FORTAMET FORTESTA FOSRENOL FREESTYLE STRIPS AND KITS ⁶ GENOTROPIN GLEEVEC GLUMETZA HELIXATE FS HORIZANT HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 ³ HUMULIN N ³ HUMULIN R ³ HYALGAN INDOCIN INTERMEZZO INTUNIV JALYN JARDIANCE KAZANO KINERET KOMBIGLYZE XR LANOXIN TABLET (125 MCG and 250 MCG only) LANTUS LESCOL XL LIPITOR LIVALO LUNESTA MACRODANTIN <i>Matzim LA</i> MAVYRET MIACALCIN INJECTION MIACALCIN NASAL SPRAY MILLIPRED MINOCIN MONODOX MONOVISC NAPRELAN NATESTO NESINA NEUPOGEN NEXIUM NILANDRON NORITATE NORVASC NOVACORT NOVO NORDISK NEEDLES ⁴ NUTROPIN AQ NUVIGIL OLEPTRO OLUX-E OLYSIO OMNARIS OMNITROPE ONGLYZA </p>	<p> ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS ORTHOVISC OSENI OWEN MUMFORD NEEDLES ⁴ OXYTROL PENNSAID PERRIGO NEEDLES ⁴ PLAVIX PRADAXA PRALUENT PRED FORTE PREVACID PRIMLEV PROTONIX PROVENTIL HFA QNASL QSYMIA RAYOS RELISTOR RIMSO-50 RIOMET ROZEREM SAIZEN SEROQUEL XR SIMPONI SPRIX STENDRA SUMAVEL DOSEPRO SYNERDERM SYNJARDY SYNJARDY XR SYNVISC SYNVISC-ONE TALTZ TANZEUM TASIGNA TECHNVIE TESTIM <i>testosterone gel 1% ⁷</i> TOBI TOBI PODHALER TOUJEO TRICOR TRIVIDIA INSULIN SYRINGES ⁴ TUDORZA ULTIMED INSULIN SYRINGES ⁴ ULTIMED NEEDLES ⁴ UROXATRAL VALCYTE VALTREX <i>Vanoxide-HC</i> <i>venlafaxine ext-rel tablet (except 225 mg)</i> VENLAFAXINE EXT-REL TABLET (except 225 MG) VENTOLIN HFA VIAGRA VIEKIRA PAK VOGELXO XELJANZ XELJANZ XR XENAZINE XOPENEX HFA ZEGERID ZEPATIER ZETIA ZETONNA ZONEGRAN </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 drug 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 For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

² If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.

³ Rebranded or private label formulations are not covered (i.e., RELION).

⁴ BD ULTRAFINE syringes and needles are the only preferred options.

⁵ 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.

⁶ ONETOUCH brand test strips are the only preferred options.

⁷ Listing reflects the authorized generics for TESTIM and VOGELXO.

⁸ An exception process may exist for specific clinical or regulatory circumstances that require coverage of an excluded medication.

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