

## Excluded Medication List for Clients with Advanced Control Specialty Formulary<sup>®</sup>

Below is a list of medicines by drug class that have been removed from the HealthChoice formulary. If you continue using one of the drugs listed below and identified as an excluded medication, you may be required to pay the full cost.

If you are currently using one of the excluded medications listed below, ask your doctor to choose one of the preferred options listed below.

Category Drug Class	Excluded Medications	Preferred Alternatives
<i>Acromegaly</i>	SANDOSTATIN LAR <sup>1</sup> SIGNIFOR LAR <sup>1</sup> SOMAVERT <sup>1</sup>	SOMATULINE DEPOT
<i>Allergies</i> Antihistamines	<i>dexchlorpheniramine</i> <i>Diphen Elixir</i> <i>RyClora</i> CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
<i>Allergies</i> Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone 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, primidone, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCPRI</i>
	ONFI	<i>clobazam, lamotrigine, topiramate, TROKENDI XR</i>
	SABRIL <sup>1</sup>	<i>vigabatrin</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	<i>CoreMino</i> <i>doxycycline hyclate delayed-rel tablet 200 mg</i> <i>doxycycline hyclate tablet 50 mg</i> (NDC <sup>^</sup> 72143021160 only) <i>doxycycline hyclate tablet 75 mg</i> <i>doxycycline hyclate tablet 150 mg</i> <i>doxycycline monohydrate capsule 75 mg</i> <i>doxycycline monohydrate capsule 150 mg</i> <i>minocycline ext-rel</i> <i>Mondoxylene NL capsule 75 mg</i> ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>Anti-infectives, Antibacterials</i> Miscellaneous	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antifungals</i>	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
	<i>posaconazole delayed-rel tablet</i>	<i>fluconazole, itraconazole</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus *	VALCYTE	<i>valganciclovir</i>

Category Drug Class	Excluded Medications	Preferred Alternatives
Anti-infectives, Antivirals Hepatitis B *	BARACLUDE TABLET <sup>1</sup> EPIVIR HBV <sup>1</sup> HEPSERA <sup>1</sup>	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY
Anti-infectives, Antivirals Hepatitis C *	MAVYRET <sup>1</sup>	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>
	VIEKIRA PAK <sup>1</sup> ZEPATIER <sup>1</sup>	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
Anti-infectives, Antivirals Herpes *	acyclovir cream VALTRES	acyclovir capsule, acyclovir tablet, valacyclovir
Anti-infectives, Antivirals HIV	COMPLERA <sup>1</sup> STRIBILD <sup>1</sup>	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
Anti-infectives Miscellaneous	DARAPRIM	pyrimethamine
Anxiety * Benzodiazepines	XANAX XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
Asthma * Beta Agonists, Short-Acting	PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol
Asthma * Leukotriene Modulators	SINGULAIR	montelukast, zafirlukast, zileuton ext-rel
Asthma * Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDHALER
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT
Attention Deficit Hyperactivity Disorder *	ADZENYS ER ADZENYS XR-ODT APTENSIO XR DAYTRANA	amphetamine-dextroamphetamine mixed salts ext-rel <sup>1</sup> , methylphenidate ext-rel <sup>1</sup> , MYDAYIS, VYVANSE
	EVEKEO	amphetamine-dextroamphetamine mixed salts, methylphenidate
	INTUNIV	amphetamine-dextroamphetamine mixed salts ext-rel <sup>1</sup> , atomoxetine, guanfacine ext-rel, methylphenidate ext-rel <sup>1</sup> , MYDAYIS, VYVANSE
Autoimmune Agents Ankylosing Spondylitis *	CIMZIA <sup>1</sup> SIMPONI <sup>1</sup> TALTZ <sup>1</sup>	COSENTYX, ENBREL, HUMIRA
Autoimmune Agents Crohn's Disease *	CIMZIA <sup>1</sup> ENTYVIO <sup>1</sup>	HUMIRA, STELARA SUBCUTANEOUS # # After failure of HUMIRA
Autoimmune Agents Psoriasis *	CIMZIA <sup>1</sup> COSENTYX <sup>1</sup> ENBREL <sup>1</sup>	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA

Category Drug Class	Excluded Medications	Preferred Alternatives
<i>Autoimmune Agents</i> Psoriatic Arthritis *	CIMZIA <sup>1</sup> ORENCIA CLICKJECT <sup>1</sup> ORENCIA INTRAVENOUS <sup>1</sup> ORENCIA SUBCUTANEOUS <sup>1</sup> SIMPONI <sup>1</sup> STELARA SUBCUTANEOUS <sup>1</sup> TALTZ <sup>1</sup> TREMIFYA <sup>1</sup> XELJANZ <sup>1</sup> XELJANZ XR <sup>1</sup>	COSENTYX, ENBREL, HUMIRA, OTEZLA
<i>Autoimmune Agents</i> Rheumatoid Arthritis *	ACTEMRA <sup>1</sup> CIMZIA <sup>1</sup> KINERET <sup>1</sup> ORENCIA INTRAVENOUS <sup>1</sup> SIMPONI <sup>1</sup>	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
<i>Autoimmune Agents</i> Ulcerative Colitis *	ENTYVIO <sup>1</sup> SIMPONI <sup>1</sup>	HUMIRA, STELARA SUBCUTANEOUS #, XELJANZ #, XELJANZ XR #  # After failure of HUMIRA
<i>Autoimmune Agents</i> All Other Conditions *	ACTEMRA <sup>1</sup> KINERET <sup>1</sup> ORENCIA CLICKJECT <sup>1</sup> ORENCIA INTRAVENOUS <sup>1</sup> ORENCIA SUBCUTANEOUS <sup>1</sup>	ENBREL, HUMIRA
<i>Cancer</i> Chronic Myelogenous Leukemia *	GLEEVEC <sup>1</sup> TASIGNA <sup>1</sup>	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer</i> Multiple Myeloma * Proteasome Inhibitors	BORTEZOMIB <sup>1</sup> KYPROLIS <sup>1</sup>	NINLARO, VELCADE
<i>Cancer</i> PI3K Inhibitors for Follicular Lymphoma *	ALIQOPA <sup>1</sup> ZYDELIG <sup>1</sup>	COPIKTRA
<i>Cancer</i> Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA <sup>1</sup>	<i>abiraterone, bicalutamide</i> , XTANDI, YONSA
<i>Cancer</i> Prostate * Hormonal Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT <sup>1</sup> (For Prostate Cancer Only)	ELIGARD
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	<i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate</i> (except <i>fenofibrate tablet 120 mg</i> ), <i>fenofibric acid delayed-rel</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations <sup>3</sup>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>

<b>Category Drug Class</b>	<b>Excluded Medications</b>	<b>Preferred Alternatives</b>
<i>Cardiovascular</i> Antilipemics Niacins	<i>niacin tablet 500 mg</i> <i>Niacor</i>	<i>niacin ext-rel</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	REPATHA <sup>1</sup>	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 <sup>1</sup> TRACLEER <sup>1</sup>	<i>ambrisentan, bosentan, OPSUMIT</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension * Phosphodiesterase Inhibitors	ADCIRCA <sup>1</sup> REVATIO <sup>1</sup>	<i>sildenafil, tadalafil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA, YUPELRI
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergic / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
<i>Contraceptives</i> Monophasic	BEYAZ MINASTRIN 24 FE TAYTULLA YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
<i>Contraceptives</i> Four Phase	NATAZIA	<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</i>
<i>Contraceptives</i> Progestin Intrauterine Devices	LILETTA <sup>1</sup>	KYLEENA, MIRENA, SKYLA
<i>Contraceptives</i> Vaginal	NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI <sup>1</sup> TOBI PODHALER <sup>1</sup>	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Dental</i> Cavity/Caries Prevention	PREVIDENT	Consult doctor

Category Drug Class	Excluded Medications	Preferred Alternatives
<i>Depression *</i> Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg</i> LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, 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> APLENZIN	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
	OLEPTRO	<i>trazodone</i>
Depression and/or Schizophrenia * Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
<i>Dermatology</i> Acne *	<i>clindamycin gel (NDC^ 68682046275 only)</i> <i>Vanoxide-HC</i> ACANYA AZELEX BENZACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC^ 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
Dermatology Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
<i>Dermatology</i> Antibiotics	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
<i>Dermatology</i> Antipsoriatics	<i>calcipotriene cream</i> <i>calcitriol ointment</i> SORILUX TAZORAC VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>
	<i>calcipotriene-betamethasone</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone, fluocinonide (except fluocinonide cream 0.1%) or BRYHALI</i>
<i>Dermatology</i> Atopic Dermatitis *	<i>doxepin cream</i>	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
<i>Dermatology</i> Rosacea *	<i>doxycycline monohydrate delayed-rel capsule</i>	ORACEA
	FINACEA GEL MIRVASO NORITATE	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>
<i>Dermatology</i> Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor
<i>Dermatology</i> Seborrheic Dermatitis *	<i>ketoconazole foam 2%</i> <i>Ketodan</i>	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>

Category Drug Class	Excluded Medications	Preferred Alternatives
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream</i>
	<i>flurandrenolide lotion</i> (NDC^ 24470092112 only)	<i>desonide, hydrocortisone</i>
	<i>flurandrenolide ointment</i> <i>hydrocortisone butyrate lipophilic cream 0.1%</i> <i>triamcinolone acetonide aerosol 0.2%</i> CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
	<i>diflorasone cream</i> <i>diflorasone ointment</i> APEXICON E PSORCON	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<i>Dermatology</i> Warts	VEREGEN	<i>imiquimod</i>
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide, hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A ATOPADERM BENSAL HP EPICERAM KAMDOY NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>
	<i>oxiconazole</i> (NDCs^ 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole</i>
<i>Diabetes *</i> Biguanides	<i>metformin ext-rel</i> (generics for FORTAMET and GLUMETZA only) FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i> (except generics for FORTAMET and GLUMETZA)
<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 BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA

Category Drug Class	Excluded Medications	Preferred Alternatives
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 <sup>4</sup>	NOVOLIN 70/30 <sup>4</sup>
	HUMULIN N <sup>4</sup>	NOVOLIN N <sup>4</sup>
	HUMULIN R <sup>4</sup>	NOVOLIN R <sup>4</sup>
	NOTE: Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.	
Diabetes * Long Acting Insulins <sup>5</sup>	LANTUS	BASAGLAR, LEVEMIR
Diabetes * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
Diabetes * Supplies, Needles <sup>6</sup>	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 <sup>6</sup>	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	Excluded Medications	Preferred Alternatives
<i>Diabetes</i> * Supplies, Test Strips and Kits <sup>7,8</sup>	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ACCU-CHEK COMPACT PLUS STRIPS AND KITS ACCU-CHEK GUIDE STRIPS AND KITS ACCU-CHEK SMARTVIEW 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 <sup>7</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>7</sup>
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<i>Dietary Supplements</i>	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite</i> <i>DaVite</i> <i>Dexifol</i> <i>Folvik-D</i> <i>Folvite-D</i> <i>Genicin Vita-S</i> <i>HylaVite</i> <i>Lorid</i> <i>TronVite</i> <i>Vitasure</i> <i>Xvite</i> FERIVA 21/7 FOLIC-K NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZVIT	<i>folic acid</i>
	<i>MultiPro</i> PRODIGEN VASCULERA	Consult doctor
<i>Estrogen Replacement</i> *	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>Fertility</i> *	FOLLISTIM AQ <sup>1</sup>	GONAL-F
	CHORIONIC GONADOTROPIN <sup>1</sup> NOVAREL <sup>1</sup> PREGNYL <sup>1</sup>	OVIDREL
	<i>chlordiazepoxide-clidinium</i> (NDC^ 42494040901 only) GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
<i>Gastrointestinal Antidiarrheals</i>	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>



<b>Category Drug Class</b>	<b>Excluded Medications</b>	<b>Preferred Alternatives</b>
<i>Gastrointestinal Antiemetics</i>	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal Irritable Bowel Syndrome</i>	AMITIZA	LINZESS, MOVANTIK, SYMPROIC
	TRULANCE	LINZESS
<i>Gastrointestinal Laxatives</i>	LACTULOSE PAK	<i>lactulose solution</i>
	GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes, CLENPIQ</i>
<i>Gastrointestinal Probiotics</i>	PROVAD ZELAC	Consult doctor
<i>Gastrointestinal Proton Pump Inhibitors (PPIs)</i>	<i>omeprazole-sodium bicarbonate</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<i>Gastrointestinal Ulcer Treatment</i>	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
<i>Gaucher Disease</i>	ELELYSO <sup>1</sup>	CERDELGA, CEREZYME
<i>Genitourinary Interstitial Cystitis</i>	RIMSO-50	Consult doctor
<i>Gout *</i>	COLCRYS	<i>colchicine tablet</i>
<i>Growth Hormones</i>	GENOTROPIN <sup>1</sup> HUMATROPE <sup>1</sup> NUTROPIN AQ <sup>1</sup> OMNITROPE <sup>1</sup> SAIZEN <sup>1</sup>	NORDITROPIN
<i>Hematologic Anticoagulants (oral)</i>	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic Erythropoiesis-Stimulating Agents</i>	EPOGEN <sup>1</sup> PROCRIT <sup>1</sup>	ARANESP, RETACRIT
<i>Hematologic Hemophilia A</i>	ELOCTATE <sup>1</sup>	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<i>Hematologic Hemophilia B</i>	ALPROLIX <sup>1</sup>	Consult doctor
<i>Hematologic Neutropenia Colony Stimulating Factors</i>	FULPHILA <sup>1</sup> NEULASTA <sup>1</sup> NEULASTA ONPRO <sup>1</sup> UDENYCA <sup>1</sup>	ZIEXTENZO
	GRANIX <sup>1</sup> NEUPOGEN <sup>1</sup> ZARXIO <sup>1</sup>	NIVESTYM
<i>Hematologic Platelet Aggregation Inhibitors</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor

<b>Category Drug Class</b>	<b>Excluded Medications</b>	<b>Preferred Alternatives</b>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Beta-blockers	INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
<i>High Blood Pressure</i> * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	<i>diltiazem ext-rel</i> (generics for CARDIZEM LA only) Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA	<i>diltiazem ext-rel</i> (except generics for CARDIZEM LA)
<i>High Blood Pressure</i> * Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	<i>amlodipine WITH celecoxib</i>
<i>Huntington's Disease</i>	XENAZINE <sup>1</sup>	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Antimetabolites	CELLCEPT <sup>1</sup> MYFORTIC <sup>1</sup>	<i>mycophenolate mofetil, mycophenolate sodium</i>
<i>Immunology</i> Calcineurin Inhibitors	ASTAGRAF XL <sup>1</sup> ENVARUSUS XR <sup>1</sup>	<i>tacrolimus</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP <sup>1</sup>	RASUVO
<i>Immunology</i> Hereditary Angioedema *	BERINERT <sup>1</sup>	FIRAZYR, RUCONEST
<i>Immunology</i> Rapamycin Derivatives	RAPAMUNE <sup>1</sup> ZORTRESS <sup>1</sup>	<i>everolimus, sirolimus</i>
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL LIALDA	<i>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA</i>
	COLAZAL	<i>balsalazide</i>

Category Drug Class	Excluded Medications	Preferred Alternatives
Interferons *	PEGASYS <sup>1</sup>	Consult doctor
Kidney Disease * Phosphate Binders	lanthanum carbonate FOSRENOL	calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO
Multiple Sclerosis	AVONEX <sup>1</sup> EXTAVIA <sup>1</sup> PLEGRIDY <sup>1</sup> TECFIDERA <sup>1</sup>	dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
Musculoskeletal	chlorzoxazone 375 mg chlorzoxazone 500 mg (NDC <sup>^</sup> 73007001303 only) chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg Fexmid Lorzone metaxalone 400 mg methocarbamol 500 mg (NDC <sup>^</sup> 69036091010 only) methocarbamol 750 mg (NDCs <sup>^</sup> 69036093090, 70868090190 only) orphenadrine-aspirin-caffeine Orphenesic Forte AMRIX CHLORZOXAZONE 250 MG NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
Narcolepsy Wakefulness Promoters	NUVIGIL	armodafinil, SUNOSI
Nephropathic Cystinosis	PROCYSBI <sup>1</sup>	CYSTAGON
Ophthalmic Allergies	ALREX BEPREVE	azelastine, cromolyn sodium, olopatadine, LASTACAPT, PAZEO
Ophthalmic Anti-infective / Anti-inflammatory	ZYLET	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST
Ophthalmic Anti-inflammatory, Nonsteroidal	PROLENSA	bromfenac, diclofenac, ketorolac, ACUVAIL, ILEVRO, NEVANAC
Ophthalmic Anti-inflammatory, Steroidal	FML LIQUIFILM LOTEMAX LOTEMAX SM PRED FORTE	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD
Ophthalmic Antivirals	ZIRGAN	trifluridine
Ophthalmic Artificial Tears	LACRISERT	RESTASIS, XIIDRA
Ophthalmic Glaucoma	bimatoprost solution 0.03%	latanoprost, travoprost, LUMIGAN, ZIOPTAN
	TIMOPTIC OCUDOSE	timolol maleate solution, BETIMOL, BETOPTIC S
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Dependency	SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV
Opioid Reversal	EVZIO	naloxone injection, NARCAN NASAL SPRAY

Category Drug Class	Excluded Medications	Preferred Alternatives
<i>Osteoarthritis</i> * Viscosupplements	GEL-ONE <sup>1</sup> HYALGAN <sup>1</sup> MONOVISC <sup>1</sup> ORTHOVISC <sup>1</sup> SYNVISC <sup>1</sup> SYNVISC-ONE <sup>1</sup> VISCO-3 <sup>1</sup>	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<i>Osteoporosis</i> * Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate</i> , FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
<i>Otic</i> Anti-infective / Anti-inflammatory	CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
<i>Overactive Bladder / Incontinence</i> * Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
<i>Pain</i> Headache *	<i>Bupap</i> butalbital-acetaminophen tablet 50-300 mg butalbital-acetaminophen-caffeine capsule Vanadol LQ Vanadol S BUTALBITAL-ACETAMINOPHEN (NDC <sup>^</sup> 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> ergotamine-caffeine Migergot CAFERGOT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
	<i>sumatriptan-naproxen</i> TREXIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY</i>
<i>Pain</i> Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>
	<i>levorphanol</i> oxymorphone ext-rel HYSINGLA ER OXYCONTIN ZOHYDRO ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
	PERCOCET PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
	<i>tramadol</i> (NDC <sup>^</sup> 52817019610 only)	<i>tramadol (except NDC<sup>^</sup> 52817019610), tramadol ext-rel</i>
<i>Pain</i> Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC <sup>^</sup> 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>
<i>Pain and Inflammation</i> * Corticosteroids	MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>

Category Drug Class	Excluded Medications	Preferred Alternatives
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib</i> ; <i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>meloxicam</i> or <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> ) <b>WITH</b> <i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i> or <i>DEXILANT</i>
	<i>Dicloflex DC</i> (NDC^ 51021037201 only) <i>Dicloclacin</i> <i>Inflamacin</i> <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> PENNSAID	<i>diclofenac sodium</i> , <i>diclofenac sodium gel 1%</i> , <i>diclofenac sodium solution</i> , <i>ibuprofen</i> , <i>meloxicam</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> )
	<i>fenoprofen</i> <i>indomethacin capsule 20 mg</i> <i>ketoprofen capsule 25 mg</i> <i>ketoprofen ext-rel capsule</i> <i>mefenamic acid</i> (NDC^ 69336012830 only) <i>naproxen CR</i> <i>naproxen suspension</i> FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	<i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>meloxicam</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> )
	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>meloxicam</i> or <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> ) <b>WITH</b> <i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i> or <i>DEXILANT</i>
Parkinson's Disease	APOKYN <sup>1</sup>	INBRIJA
Postherpetic Neuralgia	HORIZANT	<i>gabapentin</i> , GRALISE
Prostate Condition Benign Prostatic Hyperplasia *	JALYN	<i>dutasteride-tamsulosin</i> ; <i>dutasteride</i> or <i>finasteride</i> <b>WITH</b> <i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>silodosin</i> , <i>tamsulosin</i> or <i>terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>silodosin</i> , <i>tamsulosin</i> , <i>terazosin</i>
Respiratory Alpha-1 Antitrypsin Deficiency	ARALAST NP <sup>1</sup> GLASSIA <sup>1</sup> ZEMAIRA <sup>1</sup>	PROLASTIN-C
Respiratory Cough	<i>benzonatate</i> (NDCs^ 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs^ 69336012615, 69499032915)
Sleep Disorder Hypnotics, Non-benzodiazepines	<i>quazepam</i> INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>doxepin</i> , <i>eszopiclone</i> , <i>ramelteon</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , <i>zolpidem sublingual</i> , BELSOMRA
Testosterone Replacement * Androgens	<i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only) ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution</i> , ANDRODERM
Thyroid Supplements	TIROSINT	<i>levothyroxine</i> , SYNTHROID
Transplant * Immunosuppressants, Calcineurin Inhibitors	PROGRAF <sup>1</sup>	<i>tacrolimus</i>
Urea Cycle Disorders	BUPHENYL <sup>1</sup> RAVICTI <sup>1</sup>	<i>sodium phenylbutyrate</i>

Category Drug Class	Excluded Medications	Preferred Alternatives
Women's Health Menopausal Symptom Agents Oral	MENEST OSPHENA PREMARIN	estradiol
Women's Health Menopausal Symptom Agents Vaginal	ESTRING FEMRING INTRAROSA PREMARIN CREAM	estradiol, IMVEXXY
Women's Health 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, sertraline
Women's Health Prenatal Vitamins	AZESCO ZALVIT	prenatal vitamins, CITRANATAL

Category Drug Class	Other Considerations
All Drugs	On a quarterly basis, new and existing products - including limited source generics, products with significant cost inflation, and specialty and non-specialty products - may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in removal, addition or deletion of a product.
Autoimmune and Hepatitis C *	For some clients, an Indication-Based Formulary will be utilized for products in these classes and may result in additional removals for certain conditions only.
Drugs for Infusion Into Spaces Other Than the Blood	A drug that must be infused into a space other than the blood will generally not be covered under the prescription drug benefit.
New-to-Market Agents <sup>1</sup>	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 Excluded Medications

ABILIFY	AMRIX	benzonatate (NDCs <sup>^</sup> 69336012615, 69499032915 only)
ACANYA	ANDROGEL 1%	BEPREVE
ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>8</sup>	APEXICON E	BERINERT <sup>1</sup>
ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>8</sup>	APIDRA	BETAPACE
ACCU-CHEK GUIDE STRIPS AND KITS <sup>8</sup>	APLENZIN	BETAPACE AF
ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>8</sup>	APOKYN <sup>1</sup>	BEVESPI AEROSPHERE
ACIPHEX	APTENSIO XR	BEYAZ
ACIPHEX SPRINKLE	ARALAST NP <sup>1</sup>	bimatoprost solution 0.03%
ACTEMRA <sup>1</sup>	ARTHROTEC	BORTEZOMIB <sup>1</sup>
ACTICLATE	ASACOL HD	BREEZE 2 STRIPS AND KITS <sup>8</sup>
Activate	ASMANEX	Bupap
ACTOS	ASMANEX HFA	BUPHENYL <sup>1</sup>
acyclovir cream	ASTAGRAF XL <sup>1</sup>	bupropion ext-rel tablet 450 mg
ADCIRCA <sup>1</sup>	ATACAND	butalbital-acetaminophen tablet 50-300 mg
ADZENYS ER	ATACAND HCT	BUTALBITAL-ACETAMINOPHEN
ADZENYS XR-ODT	ATOPADERM	(NDC <sup>^</sup> 69499034230 only)
ALCORTIN A	AVENOVA	butalbital-acetaminophen-caffeine capsule
ALEVICYN GEL	AVONEX <sup>1</sup>	BUTRANS
ALEVICYN SG	AZELEX	BYDUREON
ALEVICYN SOLUTION	AZESCO	BYETTA
ALIQOPA <sup>1</sup>	BARACLUDE TABLET <sup>1</sup>	CAFERGOT
ALLISON MEDICAL INSULIN SYRINGES <sup>6</sup>	BEAU RX	calcipotriene cream
ALPROLIX <sup>1</sup>	BECONASE AQ	calcipotriene-betamethasone
ALREX	BENICAR	calcitriol ointment
ALTOPREV	BENICAR HCT	CAMBIA
ALVESCO	BENSAL HP	CARAC
AMITIZA	BENZACLIN	CARAFATE

CARBINOXAMINE TABLET 6 MG  
CARDIZEM  
CARDIZEM CD  
CARDIZEM LA  
CARNITOR  
CARNITOR SF  
CELLCEPT <sup>1</sup>  
*chlordiazepoxide-clidinium* (NDC<sup>^</sup> 42494040901 only)  
CHLORZOXAZONE 250 MG  
*chlorzoxazone 375 mg*  
*chlorzoxazone 500 mg* (NDC<sup>^</sup> 73007001303 only)  
*chlorzoxazone 750 mg*  
CHORIONIC GONADOTROPIN <sup>1</sup>  
CICATRACE  
CIMZIA <sup>1</sup>  
CIPRO HC  
CIPRODEX  
*clindamycin gel* (NDC<sup>^</sup> 68682046275 only)  
*clobetasol spray*  
CLOBEX SPRAY  
COLAZAL  
COLCRYS  
COMPLERA <sup>1</sup>  
CONSENSI  
CONTOUR NEXT STRIPS AND KITS <sup>8</sup>  
CONTOUR STRIPS AND KITS <sup>8</sup>  
CORDRAN OINTMENT  
*CoreMino*  
CRESTOR  
*cyclobenzaprine ext-rel capsule*  
*cyclobenzaprine tablet 7.5 mg*  
CYMBALTA  
DARAPRIM  
*DaVite*  
DAYTRANA  
DELZICOL  
DETROL LA  
*dexchlorpheniramine*  
*Dexifol*  
*Diclofex DC* (NDC<sup>^</sup> 51021037201 only)  
*Diclosoaicin*  
DIFFERIN LOTION  
*diflorasone cream*  
*diflorasone ointment*  
*dihydroergotamine spray*  
*diltiazem ext-rel* (generics for CARDIZEM LA only)  
DIOVAN  
DIOVAN HCT  
*Diphen Elixir*  
DORYX  
DORYX MPC  
*doxepin cream*  
*doxycycline hyclate delayed-rel tablet 200 mg*  
*doxycycline hyclate tablet 50 mg*  
(NDC<sup>^</sup> 72143021160 only)  
*doxycycline hyclate tablet 75 mg*  
*doxycycline hyclate tablet 150 mg*  
*doxycycline monohydrate capsule 75 mg*  
*doxycycline monohydrate capsule 150 mg*  
*doxycycline monohydrate delayed-rel capsule*  
DULERA  
DUTOPROL  
DYRENIUM  
EDARBI  
EDARBYCLOR  
E.E.S. GRANULES  
EFFEXOR XR  
ELELYSO <sup>1</sup>  
ELOCTATE <sup>1</sup>  
ENABLEX  
ENLITE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
ENTERAGAM  
ENTYVIO <sup>1</sup>  
ENVARUS XR <sup>1</sup>  
EPICERAM  
EPIVIR HBV <sup>1</sup>

EPOGEN <sup>1</sup>  
*ergotamine-caffeine*  
ERYPED  
ESTRING  
EVEKEO  
EVERSENSE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
EVZIO  
EXFORGE  
EXFORGE HCT  
EXTAVIA <sup>1</sup>  
FABIOR  
FANAPT  
FEMRING  
*fenofibrate tablet 120 mg*  
FENOGLIDE TABLET 120 MG  
*fenoprofen*  
FENOPROFEN CAPSULE  
FERIVA 21/7  
*Fexmid*  
FINACEA GEL  
FIORICET CAPSULE  
*flucytosine capsule 500 mg*  
*fluocinonide cream 0.1%*  
*fluorouracil cream 0.5%*  
*fluoxetine tablet* (generics for SARAFEM only)  
*fluoxetine tablet 60 mg*  
*flurandrenolide lotion* (NDC<sup>^</sup> 24470092112 only)  
*flurandrenolide ointment*  
FML LIQUIFILM  
FOLIC-K  
FOLLISTIM AQ <sup>1</sup>  
*Folvik-D*  
*Folvite-D*  
FORTAMET  
FORTESTA  
FOSRENOL  
FOSTEUM  
FOSTEUM PLUS  
FREESTYLE LIBRE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
FREESTYLE STRIPS AND KITS <sup>8</sup>  
FULPHILA <sup>1</sup>  
GEL-ONE <sup>1</sup>  
*Genicin Vita-S*  
GENOTROPIN <sup>1</sup>  
GLASSIA <sup>1</sup>  
GLEEVEC <sup>1</sup>  
GLUMETZA  
GLYCOPYRROLATE TABLET 1.5 MG  
GOLYTELY  
GRANIX <sup>1</sup>  
GUARDIAN CONNECT CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
HEPSERA <sup>1</sup>  
HORIZANT  
HUMALOG  
HUMALOG MIX 50/50  
HUMALOG MIX 75/25  
HUMATROPE <sup>1</sup>  
HUMULIN 70/30 <sup>4</sup>  
HUMULIN N <sup>4</sup>  
HUMULIN R <sup>4</sup>  
HYALGAN <sup>1</sup>  
*hydrocortisone butyrate lipophilic cream 0.1%*  
*HylaVite*  
HYSINGLA ER  
INCRUSE ELLIPTA  
INDERAL LA  
INDERAL XL  
INDOCIN  
*indomethacin capsule 20 mg*  
*Inflammacin*  
INNOPRAN XL  
INTERMEZZO  
INTRAROSA  
INTUNIV

INVOKAMET  
INVOKAMET XR  
INVOKANA  
*isosorbide dinitrate 40 mg*  
JALYN  
JENTADUETO  
JENTADUETO XR  
KAMDOY  
KAZANO  
*ketoconazole foam 2%*  
*Ketodan*  
*ketoprofen capsule 25 mg*  
*ketoprofen ext-rel capsule*  
KINERET <sup>1</sup>  
KOMBIGLYZE XR  
KYPROLIS <sup>1</sup>  
LACRISERT  
LACTULOSE PAK  
LANOXIN TABLET (125 MCG and 250 MCG only)  
*lanthanum carbonate*  
LANTUS  
LAZANDA  
LESCOL XL  
LETAIRIS <sup>1</sup>  
*levorphanol*  
LEXAPRO  
LIALDA  
LIDOCAINE-TETRACAINE CREAM  
(NDC<sup>^</sup> 71800063115 only)  
LIDOTREX  
LILETTA <sup>1</sup>  
LIPITOR  
LIVALO  
*Lorid*  
*Lorzone*  
LOTEMAX  
LOTEMAX SM  
LUNESTA  
LUPRON DEPOT <sup>1</sup>  
MACRODANTIN  
*Matzim LA*  
MAVYRET <sup>1</sup>  
*mefenamic acid* (NDC<sup>^</sup> 69336012830 only)  
MENEST  
*metaxalone 400 mg*  
*mefformin ext-rel*  
(generics for FORTAMET and GLUMETZA only)  
*methocarbamol 500 mg* (NDC<sup>^</sup> 69036091010 only)  
*methocarbamol 750 mg*  
(NDCs<sup>^</sup> 69036093090, 70868090190 only)  
MIACALCIN INJECTION  
MIACALCIN NASAL SPRAY  
*Migergot*  
MILLIPRED  
MINASTRIN 24 FE  
MINIVELLE  
MINOCIN  
*minocycline ext-rel*  
MIRVASO  
*Mondoxyne NL capsule 75 mg*  
MONOVISC <sup>1</sup>  
MOVIPREP  
*MultiPro*  
*mupirocin cream*  
MYFORTIC <sup>1</sup>  
MYTESI  
NAPRELAN  
*naproxen-esomeprazole*  
*naproxen CR*  
*naproxen suspension*  
NATAZIA  
NATESTO  
NESINA  
NEULASTA <sup>1</sup>  
NEULASTA ONPRO <sup>1</sup>  
NEUPOGEN <sup>1</sup>  
NEXIUM

*niacin tablet 500 mg*  
*Niacor*  
 NICADAN  
 NICAPRIN  
 NICAZEL  
 NICAZEL FORTE  
 NICOMIDE  
 NILANDRON  
 NORGESIC FORTE  
 NORITATE  
 NORVASC  
 NOVACORT  
 NOVAREL <sup>1</sup>  
 NOVO NORDISK NEEDLES <sup>6</sup>  
*NuDiclo SoluPak*  
*NuDiclo TabPak*  
 NUTROPIN AQ <sup>1</sup>  
 NUVARING  
 NUVIGIL  
 OLEPTRO  
 OLUX-E  
*omeprazole-sodium bicarbonate*  
 OMNARIS  
 OMNITROPE <sup>1</sup>  
 OMNIVEX  
 ONFI  
 ONGLYZA  
 ORENCIA INTRAVENOUS <sup>1</sup>  
*orphenadrine-aspirin-caffeine*  
*Orphengesic Forte*  
 ORTHO D  
 ORTHO DF  
 ORTHOVISC <sup>1</sup>  
 OSENI  
 OSMOPREP  
 OSPHENA  
 OTREXUP <sup>1</sup>  
 OWEN MUMFORD NEEDLES <sup>6</sup>  
*oxiconazole (NDCs^ 00168035830, 51672135902 only)*  
 OXYCONTIN  
*oxymorphone ext-rel*  
 OXYTROL  
 PAXIL  
 PAXIL CR  
 PEGASYS <sup>1</sup>  
 PENNSAID  
 PERCOCET  
 PERRIGO NEEDLES <sup>6</sup>  
 PEXEVA  
 PLAVIX  
 PLEGRIDY <sup>1</sup>  
 POLYTOZA  
*posaconazole delayed-rel tablet*  
 PRADAXA  
 PRED FORTE  
 PREGNYL <sup>1</sup>  
 PREMARIN  
 PREMARIN CREAM  
 PREVACID  
 PREVIDENT  
 PRIMLEV  
 PRISTIQ  
 PROAIR HFA

PROAIR RESPICLICK  
 PROCRIT <sup>1</sup>  
 PROCYSBI <sup>1</sup>  
 PRODIGEN  
 PROGRAF <sup>1</sup>  
 PROLENSA  
 PROTONIX  
 PROVAD  
 PROVENTIL HFA  
 PROZAC  
 PSORCON  
 QNASL  
 QTERN  
*quazepam*  
 RAPAFLO  
 RAPAMUNE <sup>1</sup>  
 RAVICTI <sup>1</sup>  
 RAYOS  
 RECEDO  
 REUPATHA <sup>1</sup>  
 REVATIO <sup>1</sup>  
 RHEUMATE  
 RIBOZEL  
 RIMS-50  
 RIOMET  
 ROZEREM  
*RyClora*  
 SABRIL <sup>1</sup>  
 SAIZEN <sup>1</sup>  
 SANDOSTATIN LAR <sup>1</sup>  
 SCARSILK PAD  
 SEROQUEL XR  
 SIGNIFOR LAR <sup>1</sup>  
 SIL-K PAD  
 SILVEX  
 SILTREX  
 SIMPONI <sup>1</sup>  
 SINGULAIR  
 SOMAVERT <sup>1</sup>  
 SORILUX  
 SPRIX  
 STRIBILD <sup>1</sup>  
 SUBOXONE  
*sucralate suspension*  
*sumatriptan-naproxen*  
 SUPREP  
 SYNERDERM  
 SYNVISC <sup>1</sup>  
 SYNVISC-ONE <sup>1</sup>  
 TALIVA  
 TARGADOX  
 TASIGNA <sup>1</sup>  
 TAYTULLA  
 TAZORAC  
 TECFIDERA <sup>1</sup>  
 TESTIM  
*testosterone gel 1%*  
 (authorized generics for TESTIM and VOGELXO only)  
 TIMOPTIC OCUDOSE  
 TIROSINT  
 TOBI <sup>1</sup>  
 TOBI PODHALER <sup>1</sup>  
 TOPROL-XL

TRACLEER <sup>1</sup>  
 TRADJENTA  
*tramadol (NDC^ 52817019610 only)*  
 TRANSDERM SCOP  
 TREXIMET  
*triamcinolone acetonide aerosol 0.2%*  
 TRICOR  
 TRIVIDIA INSULIN SYRINGES <sup>6</sup>  
*TronVite*  
 TRULANCE  
 TUDORZA  
 UDENYCA <sup>1</sup>  
 ULTIMED INSULIN SYRINGES <sup>6</sup>  
 ULTIMED NEEDLES <sup>6</sup>  
 UROXATRAL  
 VALCYTE  
 VALTREX  
*Vanatol LQ*  
*Vanatol S*  
*Vanoxide-HC*  
 VASCULERA  
 VECTICAL  
 VELTIN  
*venlafaxine ext-rel tablet (except 225 mg)*  
 VENTOLIN HFA  
 VEREGEN  
 VIEKIRA PAK <sup>1</sup>  
 VIIBRYD  
 VISCO-3 <sup>1</sup>  
*Vitasure*  
 VIVELLE-DOT  
 VOGELXO  
 XANAX  
 XANAX XR  
 XENAZINE <sup>1</sup>  
 XOLEGEL  
 XOPENEX HFA  
*Xvite*  
 XYZBAC  
 YAZ  
 ZALVIT  
 ZARXIO <sup>1</sup>  
 ZEGERID  
 ZELAC  
 ZEMAIRA <sup>1</sup>  
 ZEPATIER <sup>1</sup>  
 ZETIA  
 ZETONNA  
 ZIANA  
 ZIRGAN  
 ZOHYDRO ER  
 ZOLPIMIST  
 ZONEGRAN  
 ZONTIVITY  
 ZORTRESS <sup>1</sup>  
 ZORVOLEX  
 ZUPLENZ  
 ZYDELIG <sup>1</sup>  
 ZYLET  
 ZYTIGA <sup>1</sup>  
 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 [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change. There may be additional plan restrictions. Please consult your plan for further information.

Subject to applicable laws and regulations.

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

<sup>1</sup> Listing does not include certain NDCs<sup>^</sup>.

<sup>^</sup> 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.

<sup>1</sup> 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, he or she should fax an exception request to: 1-888-487-9257.

<sup>2</sup> 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).

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

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

<sup>5</sup> Long Acting Insulins - First Generation.

<sup>6</sup> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>7</sup> 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: 1-877-418-4746.

<sup>8</sup> ONETOUCH brand test strips are the only preferred options.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the doctor.