

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
Allergic Reaction (Anaphylaxis) Treatment *	ADRENALCLIK	AUVI-Q, EPIPEN, EPIPEN JR
Allergies * Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA VERAMYST ZETONNA	<i>flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX</i>
	DYMISTA	<i>flunisolide spray, fluticasone spray, triamcinolone spray, or NASONEX WITH azelastine spray or PATANASE</i>
Allergies * Ophthalmic	LASTACAPT	<i>azelastine, cromolyn sodium, PATADAY, PATANOL</i>
Anti-infectives, Antivirals * Hepatitis C Agents	VIEKIRA PAK	HARVONI
Anti-infectives, Antivirals * Herpes Agents	VALTREX	<i>acyclovir, valacyclovir</i>
Asthma * Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	PROAIR HFA
Asthma * Steroid Inhalants	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations	SYMBICORT	ADVAIR, DULERA
Attention Deficit Hyperactivity Disorder Agents	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i>
Cardiovascular Antilipemics * Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
Cardiovascular Antilipemics * HMG Co-A Reductase Inhibitors (HMGs or Statins) / Combinations	ADVICOR ALTOPREV LESCOL XL LIPITOR LIPTRUZET LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN</i>

Category * Drug Class	Formulary Drug Removals	Formulary Options
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	TUDORZA	SPIRIVA
<i>Depression *</i> Antidepressants	OLEPTRO	<i>trazodone</i>
<i>Dermatology Skin Inflammation and Hives *</i> Corticosteroids	OLUX-E	<i>clobetasol propionate foam 0.05%, CLOBEX SPRAY</i>
	APEXICON E	<i>desoximetasone, fluocinonide</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 OSENII	JANUMET, JANUMET XR, JENTADUETO
<i>Diabetes *</i> <i>Injectable Incretin Mimetics</i>	BYETTA	BYDUREON, 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	NOVOLIN 70/30
	HUMULIN N	NOVOLIN N
	HUMULIN R	NOVOLIN R
	NOTE: <i>Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.</i>	
<i>Diabetes *</i> Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes *</i> Sodium-Glucose Co-Transporter-2 (SGLT2) Inhibitors	FARXIGA	INVOKANA
<i>Diabetes *</i> Supplies ^{1,2}	ACCU-CHEK STRIPS AND KITS BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ³ All other test strips that are not ONETOUCH brand	ONETOUCH ULTRA STRIPS AND KITS ¹ , ONETOUCH VERIO STRIPS AND KITS ¹
<i>Erectile Dysfunction *</i> Phosphodiesterase Inhibitors	LEVITRA	CIALIS, VIAGRA

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Gastrointestinal Agents * Proton Pump Inhibitors (PPIs)	PREVACID PROTONIX	<i>lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM</i>
Glaucoma * Prostaglandin Analogs	LUMIGAN	<i>latanoprost, travoprost, TRAVATAN Z, ZIOPTAN</i>
Growth Hormones *	GENOTROPIN NUTROPIN AQ OMNITROPE SAIZEN TEV-TROPIN	HUMATROPE, NORDITROPIN
Hematologic * Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, BRILINTA, EFFIENT</i>
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND EDARBI TEVETEN	<i>candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan, BENICAR</i>
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT DIOVAN HCT EDARBYCLOR TEVETEN HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT</i>
High Blood Pressure * Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
Inflammatory Bowel Disease (IBD), Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA, UCERIS</i>
Multiple Sclerosis Agents *	REBIF ⁴	AVONEX, COPAXONE, EXTAVIA, GILENYA, TECFIDERA
Musculoskeletal Agents *	AMRIX	<i>cyclobenzaprine</i>
Opioid Dependence Agents *	SUBOXONE FILM	<i>buprenorphine-naloxone sublingual tablet, ZUBSOLV</i>
Osteoarthritis * Viscosupplements	EUFLEXXA ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ
Overactive Bladder / Incontinence * Urinary Antispasmodics	DETROL LA OXYTROL TOVIAZ	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, MYRBETRIQ, VESICARE</i>
Pain and Inflammation * Corticosteroids	RAYOS	<i>dexamethasone, methylprednisolone, prednisone</i>
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC DUEXIS VIMOVO	<i>CELEBREX; diclofenac sodium, meloxicam, or naproxen WITH lansoprazole, omeprazole, omeprazole/sodium bicarbonate capsule, pantoprazole, DEXILANT or NEXIUM</i>
	FLECTOR PENNSAID	<i>diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>
	NAPRELAN	<i>diclofenac sodium, meloxicam, naproxen, CELEBREX</i>
Prostate Condition * Benign Prostatic Hyperplasia Agents / Combinations	JALYN	<i>finasteride or AVODART WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO</i>
Sleep * Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM	<i>eszopiclone, zolpidem, zolpidem ext-rel, SILENOR</i>

Category * Drug Class	Formulary Drug Removals	Formulary Options
<i>Testosterone Replacement *</i> Androgens	<i>testosterone gel</i> ANDROGEL NATESTO TESTIM VOGELXO	ANDRODERM, AXIRON, FORTESTA
<i>Transplant *</i> Immunosuppressants, Calcineurin Inhibitors	Hecoria	<i>tacrolimus</i>

Category * Drug Class	Formulary Options
New to Market Agents ³	New to market products and new variations of products already in the marketplace will not be added to the formulary until the product has been evaluated, determined to be clinically appropriate and cost-effective, and approved by the CVS/caremark Pharmacy and Therapeutics Committee (or other appropriate reviewing body).

The listed formulary options are subject to change.

List of Formulary Drug Removals

ACCU-CHEK STRIPS AND KITS ²	Hecoria	OXYTROL
ACTOS	HUMALOG	PENNSAID
ADDERALL XR	HUMALOG MIX 50/50	PLAVIX
ADRENACLICK	HUMALOG MIX 75/25	PREVACID
ADVICOR	HUMULIN 70/30	PROTONIX
AEROSPAN	HUMULIN N	PROVENTIL HFA
ALTOPREV	HUMULIN R	QNASL
ALVESCO	INTERMEZZO	RAYOS
AMRIX	JALYN	REBIF ⁴
ANDROGEL	KAZANO	RHINOCORT AQUA
APEXICON E	KOMBIGLYZE XR	RIOMET
APIDRA	LASTACAFT	ROZEREM
ARTHROTEC	LESCOL XL	SAIZEN
ASACOL HD	LEVITRA	SUBOXONE FILM
ATACAND	LIPITOR	SYMBICORT
ATACAND HCT	LIPTRUZET	TESTIM
BECONASE AQ	LIVALO	<i>testosterone gel</i>
BREEZE 2 STRIPS AND KITS ²	LUMIGAN	TEVETEN
BYETTA	LUNESTA	TEVETEN HCT
CONTOUR NEXT STRIPS AND KITS ²	NAPRELAN	TEV-TROPIN
CONTOUR STRIPS AND KITS ²	NATESTO	TOVIAZ
DELZICOL	NESINA	TRICOR
DETROL LA	NORVASC	TUDORZA
DIOVAN HCT	NUTROPIN AQ	VALTRES
DUEXIS	OLEPTRO	VENTOLIN HFA
DYMISTA	OLUX-E	VERAMYST
EDARBI	OMNARIS	VIEKIRA PAK
EDARBYCLOR	OMNITROPE	VIMOVO
EUFLEXXA	ONGLYZA	VOGELXO
FARXIGA	ORTHOVISC	XOPENEX HFA
FLECTOR	OSENI	ZETONNA
FORTAMET		
FREESTYLE STRIPS AND KITS ^{2,3}		
GENOTROPIN		
GLUMETZA		

This list represents brand products in CAPS, branded generics in upper- and lowercase, 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 A OneTouch blood glucose meter will 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 toll-free: 1-800-588-4456. Members must have CVS Caremark Mail Service Pharmacy benefits to qualify.

² OneTouch brand test strips are the only preferred options.

³ An exception process is in place for specific clinical circumstances that may require continued coverage for Freestyle diabetic test strips. If your doctor believes you have a specific clinical need for this product, he or she should fax an exception request toll-free to: 1-888-487-9257. Your plan may choose to provide an exception process for additional medications on this list and new to market agents.

⁴ Members on existing Rebif therapy will not be subject to exclusions while remaining adherent on these therapies.

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