

# 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>Allergic Reaction (Anaphylaxis) Treatment</i>	ADRENACLICK	<i>epinephrine auto-injector, EPIPEN, EPIPEN JR</i>
<i>Allergies Nasal Steroids / Combinations</i>	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>
<i>Allergies Ophthalmic</i>	LASTACAFT	<i>azelastine, cromolyn sodium, olopatadine, PATADAY, PAZEO</i>
<i>Anticonvulsants</i>	ZONEGRAN	<i>carbamazepine, carbamazepine 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 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	EPCLUSA (genotypes 2, 3), HARVONI (genotypes 1, 4, 5, 6)
	OLYSIO TECHNIVIE VIEKIRA PAK ZEPATIER	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%, DUREZOL, LOTEMAX</i>
<i>Antiobesity</i>	QSYMIA	BELVIQ, BELVIQ XR, CONTRAVE, SAXENDA
<i>Asthma * Beta Agonists, Short-Acting</i>	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>levalbuterol tartrate, PROAIR HFA, PROAIR RESPICLICK</i>
<i>Asthma * Steroid Inhalants</i>	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
<i>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations</i>	SYMBICORT	ADVAIR, BREO ELLIPTA, DULERA

<b>Category Drug Class</b>	<b>Formulary Drug Removals</b>	<b>Formulary Options</b>
<i>Attention Deficit Hyperactivity Disorder *</i>	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, APTENSIO XR, QUILLIVANT XR, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, guanfacine ext-rel, methylphenidate ext-rel, APTENSIO XR, QUILLIVANT XR, STRATTERA, VYVANSE</i>
<i>Cancer Chronic Myelogenous Leukemia *</i>	GLEEVEC TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
<i>Cancer Prostate * Hormonal Agents, Antiandrogens</i>	NILANDRON XTANDI	<i>bicalutamide, ZYTIGA</i>
<i>Cardiovascular Antiarrhythmics</i>	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular Antilipemics Fibrates</i>	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations</i>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, VYTORIN</i>
<i>Cardiovascular Digitalis Glycosides</i>	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular Diuretics</i>	DYRENIUM	<i>amiloride</i>
<i>Cardiovascular Pulmonary Arterial Hypertension * Endothelin Receptor Antagonists</i>	OPSUMIT	LETAIRIS, TRACLEER
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics</i>	INCRUSE ELLIPTA TUDORZA	SPIRIVA
<i>Cystic Fibrosis * Inhaled Antibiotics</i>	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Depression * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)</i>	<i>venlafaxine ext-rel tablet (except 225 MG)</i> CYMBALTA VENLAFAXINE EXT-REL TABLET (except 225 MG)	<i>duloxetine, venlafaxine, venlafaxine ext-rel capsule, PRISTIQ</i>
<i>Depression * Antidepressants, Miscellaneous Agents</i>	OLEPTRO	<i>trazodone</i>
<i>Depression and/or Schizophrenia * Antipsychotics, Atypicals</i>	ABILIFY FANAPT	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, SEROQUEL XR</i>
<i>Dermatology Acne *</i>	VANOXIDE-HC	<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>

Category Drug Class	Formulary Drug Removals	Formulary Options
Dermatology Actinic Keratosis *	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, ZYCLARA
Dermatology Rosacea *	NORITATE	metronidazole, FINACEA, SOOLANTRA
Dermatology Skin Inflammation and Hives * Corticosteroids	clobetasol spray CLOBEX SPRAY OLUX-E	clobetasol foam
	APEXICON E	desoximetasone, fluocinonide
Dermatology Miscellaneous Skin Conditions	ALCORTIN A ALOQUIN BENSAL HP NOVACORT	desonide, hydrocortisone
Diabetes * Biguanides	FORTAMET GLUMETZA RIOMET	metformin, metformin ext-rel
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA	JANUVIA, TRADJENTA
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	KAZANO KOMBIGLYZE XR OSENİ	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
Diabetes * Injectable Incretin Mimetics	BYDUREON BYETTA	TRULICITY, VICTOZA
Diabetes * Insulins	APIDRA HUMALOG	NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 <sup>1</sup>	NOVOLIN 70/30 <sup>1</sup>
	HUMULIN N <sup>1</sup>	NOVOLIN N <sup>1</sup>
	HUMULIN R <sup>1</sup>	NOVOLIN R <sup>1</sup>
	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	pioglitazone
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET	XIGDUO XR

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Diabetes</i> * Supplies, Needles <sup>2</sup>	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 <sup>2</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
<i>Diabetes</i> * Supplies, Test Strips and Kits <sup>3, 4</sup>	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 <sup>3</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>3</sup>
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	LEVITRA VIAGRA	CIALIS
<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 NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE, NORDITROPIN
<i>Hematologic</i> Anticoagulants (oral)	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic</i> Hemophilia	HELIXATE FS	KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	NEUPOGEN	ZARXIO
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, BRILINTA, EFFIENT</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonists	ATACAND DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan, BENICAR</i>
<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, BENICAR HCT</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	amlodipine-telmisartan, amlodipine-valsartan, AZOR
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	amlodipine-valsartan-hydrochlorothiazide, TRIBENZOR
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	metoprolol succinate ext-rel <b>WITH</b> hydrochlorothiazide
High Blood Pressure * Calcium Channel Blockers	NORVASC	amlodipine
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) Matzim LA	diltiazem ext-rel (except generic of CARDIZEM LA)
Huntington's Disease	XENAZINE	tetrabenazine
Inflammatory Bowel Disease (IBD) Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA
	COLAZAL	balsalazide
Kidney Disease * Phosphate Binders	FOSRENOL	calcium acetate, PHOSLYRA, RENVELA, VELPHORO
Multiple Sclerosis	AVONEX EXTAVIA PLEGRIDY	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 MONOVISC ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ FX
Osteoporosis *	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	ergotamine-caffeine, 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

Category Drug Class	Formulary Drug Removals	Formulary Options
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
	INDOCIN NAPRELAN	celecoxib, diclofenac sodium, meloxicam, naproxen
Prostate Condition Benign Prostatic Hyperplasia *	JALYN	dutasteride-tamsulosin; dutasteride or finasteride PLUS alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, CARDURA XL, RAPAFLO
	UROXATRAL	alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, CARDURA XL, RAPAFLO
Sleep Disorder Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM	eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR
Testosterone Replacement * Androgens	testosterone gel 1% <sup>5</sup> ANDROGEL FORTESTA NATESTO TESTIM VOGELXO	testosterone gel 2%, ANDRODERM, AXIRON

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 <sup>6</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.
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 <sup>4</sup>            ACTOS            ADDERALL XR            ADRENACLICK            AEROSPAN            ALCORTIN A            ALLISON MEDICAL INSULIN SYRINGES <sup>2</sup>            ALOQUIN            ALTOPREV            ALVESCO            AMRIX            ANDROGEL            APEXICON E            APIDRA            ARTHROTEC            ASACOL HD            ATACAND            ATACAND HCT            AVONEX            BECONASE AQ            BENSAL HP            BETAPACE            BETAPACE AF            BREEZE 2 STRIPS AND KITS <sup>4</sup>  <i>butalbital-acetaminophen-caffeine capsule</i>            BYDUREON            BYETTA            CAFERGOT            CARAC            CARDIZEM            CARDIZEM CD            CARDIZEM LA (and its generics)            CARNITOR            CARNITOR SF  <i>clobetasol spray</i>            CLOBEX SPRAY            COLAZAL            CONTOUR NEXT STRIPS AND KITS <sup>4</sup>            CONTOUR STRIPS AND KITS <sup>4</sup>            CRESTOR            CYMBALTA            DAKLINZA            DELZICOL            DETROL LA            DEXPAK            DIOVAN            DIOVAN HCT            DUTOPROL            DYRENIUM            EDARBI            EDARBYCLOR            E.E.S. GRANULES            ENABLEX            ERYPED            EUFLEXXA         </p>	<p>           EVZIO            EXFORGE            EXFORGE HCT            EXTAVIA            FANAPT            FIORICET CAPSULE  <i>fluorouracil cream 0.5%</i>            FML            FORTAMET            FORTESTA            FOSRENOL            FREESTYLE STRIPS AND KITS <sup>4</sup>            GELNIQUE            GENOTROPIN            GLEEVEC            GLUMETZA            HELIXATE FS            HUMALOG            HUMALOG MIX 50/50            HUMALOG MIX 75/25            HUMULIN 70/30 <sup>1</sup>            HUMULIN N <sup>1</sup>            HUMULIN R <sup>1</sup>            INCRUSE ELLIPTA            INDOCIN            INTERMEZZO            INTUNIV            INVOKAMET            INVOKANA            JALYN            KAZANO            KLOR-CON/25            KOMBIGLYZE XR            LANOXIN TABLET (125 MCG and 250 MCG only)            LANTUS            LASTACAFT            LESCOL XL            LEVITRA            LIPITOR            LIVALO            LUMIGAN            LUNESTA            MACRODANTIN  <i>Matzim LA</i>            MIACALCIN INJECTION            MIACALCIN NASAL SPRAY            MILLIPRED            MINOCIN            MONOVISC            NAPRELAN            NATESTO            NESINA            NEUPOGEN            NEXIUM            NILANDRON            NORITATE            NORVASC            NOVACORT            NOVO NORDISK NEEDLES <sup>2</sup>            NUTROPIN AQ            OLEPTRO         </p>	<p>           OLUX-E            OLYSIO            OMNARIS            OMNITROPE            ONGLYZA            OPSUMIT            ORTHOVISC            OSENI            OWEN MUMFORD NEEDLES <sup>2</sup>            OXYTROL            PENNSAID            PERRIGO NEEDLES <sup>2</sup>            PLAVIX            PLEGRIDY            PRADAXA            PRED FORTE            PRED MILD            PREVACID            PROTONIX            PROVENTIL HFA            QNASL            QSYMIA            RAYOS            RELISTOR            RHINOCORT AQUA            RIMSO-50            RIOMET            ROZEREM            SAIZEN            SYMBICORT            TASIGNA            TECHNIVIE            TESTIM  <i>testosterone gel 1% <sup>5</sup></i>            TOBI            TOBI PODHALER            TOUJEO            TRICOR            TRIVIDIA INSULIN SYRINGES <sup>2</sup>            TUDORZA            ULTIMED INSULIN SYRINGES <sup>2</sup>            ULTIMED NEEDLES <sup>2</sup>            UROXATRAL            VALCYTE            VALTREX            VANOXIDE-HC  <i>venlafaxine ext-rel tablet (except 225 MG)</i>  <i>VENLAFAXINE EXT-REL TABLET (except 225 MG)</i>            VENTOLIN HFA            VIAGRA            VIEKIRA PAK            VOGELXO            XENAZINE            XOPENEX HFA            XTANDI            ZEGERID            ZEPATIER            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 drug options. Log in to [www.caremark.com](http://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> Rebranded or private label formulations are not covered (i.e., RELION).

<sup>2</sup> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>3</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: 1-800-588-4456.

<sup>4</sup> ONETOUCH brand test strips are the only preferred options.

<sup>5</sup> Listing reflects the authorized generics for TESTIM and VOGELXO.

<sup>6</sup> An exception process may exist for specific clinical or regulatory circumstances that require coverage of an excluded medication.

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