

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	ADRENACLICK	epinephrine auto-injector, EPIPEN, EPIPEN JR
Allergies Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA ZETONNA	flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA
Allergies Ophthalmic	LASTACAFT	azelastine, cromolyn sodium, olopatadine, PATADAY, PAZEO
Anticonvulsants	ZONEGRAN	zonisamide
Anti-infectives, Antibacterials Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	erythromycins
Anti-infectives, Antibacterials Miscellaneous	MACRODANTIN	nitrofurantoin
Anti-infectives, Antibacterials Tetracyclines	MINOCIN	minocycline
Anti-infectives, Antivirals Cytomegalovirus *	VALCYTE	valganciclovir
Anti-infectives, Antivirals Hepatitis C *	DAKLINZA	EPCLUSA (genotypes 2, 3), HARVONI (genotypes 1, 4, 5, 6)
	OLYSIO TECHNIVIE VIEKIRA PAK ZEPATIER	HARVONI (genotypes 1, 4, 5, 6)
Anti-infectives, Antivirals Herpes *	VALTREX	acyclovir, valacyclovir
Anti-inflammatory Steroidal, Ophthalmic	FML PRED FORTE PRED MILD	dexamethasone, prednisolone acetate 1%, DUREZOL, LOTEMAX
Antiobesity	QSYMIA	BELVIQ, BELVIQ XR, CONTRAVE, SAXENDA
Asthma * Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	PROAIR HFA, PROAIR RESPICLICK
Asthma * Steroid Inhalants	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations	SYMBICORT	ADVAIR, BREO ELLIPTA, DULERA

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<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 Chronic Myelogenous Leukemia</i> *	GLEEVEC TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
<i>Cancer Prostate</i> * Hormonal Agents, Antiandrogens	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</i> * Endothelin Receptor Antagonists	OPSUMIT	LETAIRIS, TRACLEER
<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 TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Depression</i> * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<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</i> * Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
<i>Depression and/or Schizophrenia</i> * Antipsychotics, Atypicals	ABILIFY FANAPT	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, SEROQUEL XR</i>
<i>Dermatology Acne</i> *	VANOXIDE-HC	<i>benzoyl peroxide</i>
<i>Dermatology Actinic Keratosis</i> *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, ZYCLARA</i>

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<i>Dermatology</i> Rosacea *	NORITATE	<i>metronidazole</i> , FINACEA, SOOLANTRA
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone</i> , <i>fluocinonide</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A ALOQUIN NOVACORT	<i>hydrocortisone</i>
	BENSAL HP	<i>desonide</i> , <i>hydrocortisone</i>
<i>Diabetes</i> * Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin</i> , <i>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 OSENI	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 ¹	NOVOLIN 70/30 ¹
	HUMULIN N ¹	NOVOLIN N ¹
	HUMULIN R ¹	NOVOLIN R ¹
	NOTE: <i>Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.</i>	
<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 ²	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES

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<i>Diabetes</i> * Supplies, Syringes ²	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 ^{3, 4}	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 ³ , ONETOUCH VERIO STRIPS AND KITS ³
<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>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-telmisartan, amlodipine-valsartan, AZOR</i>

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<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, TRIBENZOR</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>
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) <i>Matzim LA</i>	<i>diltiazem ext-rel (except generic of CARDIZEM LA)</i>
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine</i>
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</i>
	COLAZAL	<i>balsalazide</i>
<i>Kidney Disease *</i> Phosphate Binders	FOSRENOL	<i>calcium acetate, PHOSLYRA, RENVELA, VELPHORO</i>
<i>Multiple Sclerosis</i>	AVONEX EXTAVIA PLEGRIDY	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA</i>
<i>Musculoskeletal</i>	AMRIX	<i>cyclobenzaprine</i>
<i>Nutritional / Supplements</i> Electrolytes	KLOR-CON/25	<i>potassium chloride liquid</i>
<i>Opioid Dependence</i>	ZUBSOLV	<i>buprenorphine-naloxone sublingual tablet, SUBOXONE FILM</i>
<i>Opioid Reversal</i>	EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>
<i>Osteoarthritis *</i> Viscosupplements	EUFLEXXA MONOVISC ORTHOVISC	<i>GEL-ONE, HYALGAN, SUPARTZ FX</i>
<i>Osteoporosis *</i>	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, ATELVIA, FORTEO</i>
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
<i>Overactive Bladder / Incontinence *</i> Urinary Antispasmodics	DETROL LA ENABLEX GELNIQUE OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i>
<i>Pain</i> Headache *	<i>butalbital-acetaminophen-caffeine capsule</i> CAFERGOT FIORICET CAPSULE	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, RELPAX, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
<i>Pain *</i> Transmucosal Immediate-release Fentanyl	ABSTRAL	<i>fentanyl transmucosal lozenge, FENTORA, SUBSYS</i>
<i>Pain and Inflammation *</i> Corticosteroids	DEXPAK MILLIPRED RAYOS	<i>dexamethasone, methylprednisolone, prednisone</i>

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
	NAPRELAN	celecoxib, diclofenac sodium, meloxicam, naproxen
Prostate Condition Benign Prostatic Hyperplasia *	JALYN	dutasteride-tamsulosin
	UROXATRAL	alfuzosin ext-rel, tamsulosin
Sleep Disorder Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM	eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR
Testosterone Replacement * Androgens	testosterone gel 1% ⁵ 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 ⁶	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

ABILIFY	EXFORGE	OLUX-E
ABSTRAL	EXFORGE HCT	OLYSIO
ACCU-CHEK STRIPS AND KITS ⁴	EXTAVIA	OMNARIS
ACTOS	FANAPT	OMNITROPE
ADDERALL XR	FIORICET CAPSULE	ONGLYZA
ADRENACLICK	<i>fluorouracil cream 0.5%</i>	OPSUMIT
AEROSPAN	FML	ORTHOVISC
ALCORTIN A	FORTAMET	OSENI
ALLISON MEDICAL INSULIN SYRINGES ²	FORTESTA	OWEN MUMFORD NEEDLES ²
ALOQUIN	FOSRENOL	OXYTROL
ALTOPREV	FREESTYLE STRIPS AND KITS ⁴	PENNSAID
ALVESCO	GELNIQUE	PERRIGO NEEDLES ²
AMRIX	GENOTROPIN	PLAVIX
ANDROGEL	GLEEVEC	PLEGRIDY
APEXICON E	GLUMETZA	PRADAXA
APIDRA	HELIXATE FS	PRED FORTE
ARTHROTEC	HUMALOG	PRED MILD
ASACOL HD	HUMALOG MIX 50/50	PREVACID
ATACAND	HUMALOG MIX 75/25	PROTONIX
ATACAND HCT	HUMULIN 70/30 ¹	PROVENTIL HFA
AVONEX	HUMULIN N ¹	QNASL
BECONASE AQ	HUMULIN R ¹	QSYMIA
BENSAL HP	INCRUSE ELLIPTA	RAYOS
BETAPACE	INTERMEZZO	RELISTOR
BETAPACE AF	INTUNIV	RHINOCORT AQUA
BREEZE 2 STRIPS AND KITS ⁴	INVOKAMET	RIMSO-50
<i>butalbital-acetaminophen-caffeine capsule</i>	INVOKANA	RIOMET
BYDUREON	JALYN	ROZEREM
BYETTA	KAZANO	SAIZEN
CAFERGOT	KLOR-CON/25	SYMBICORT
CARAC	KOMBIGLYZE XR	TASIGNA
CARDIZEM	LANOXIN TABLET (125 MCG and 250 MCG only)	TECHNIVIE
CARDIZEM CD	LANTUS	TESTIM
CARDIZEM LA (and its generics)	LASTACAPT	<i>testosterone gel 1% ⁵</i>
CARNITOR	LESCOL XL	TOBI
CARNITOR SF	LEVITRA	TOBI PODHALER
<i>clobetasol spray</i>	LIPITOR	TOUJEO
CLOBEX SPRAY	LIVALO	TRICOR
COLAZAL	LUMIGAN	TRIVIDIA INSULIN SYRINGES ²
CONTOUR NEXT STRIPS AND KITS ⁴	LUNESTA	TUDORZA
CONTOUR STRIPS AND KITS ⁴	MACRODANTIN	ULTIMED INSULIN SYRINGES ²
CRESTOR	<i>Matzim LA</i>	ULTIMED NEEDLES ²
CYMBALTA	MIACALCIN INJECTION	UROXATRAL
DAKLINZA	MIACALCIN NASAL SPRAY	VALCYTE
DELZICOL	MILLIPRED	VALTREX
DETROL LA	MINOCIN	VANOXIDE-HC
DEXPAK	MONOVISC	<i>venlafaxine ext-rel tablet (except 225 MG)</i>
DIOVAN	NAPRELAN	VENLAFAXINE EXT-REL TABLET (except 225 MG)
DIOVAN HCT	NATESTO	VENTOLIN HFA
DUTOPROL	NESINA	VIAGRA
DYRENIUM	NEUPOGEN	VIEKIRA PAK
EDARBI	NEXIUM	VOGELXO
EDARBYCLOR	NILANDRON	XENAZINE
E.E.S. GRANULES	NORITATE	XOPENEX HFA
ENABLEX	NORVASC	XTANDI
ERYPED	NOVACORT	ZEGERID
EUFLEXXA	NOVO NORDISK NEEDLES ²	ZEPATIER
EVZIO	NUTROPIN AQ	ZETONNA
	OLEPTRO	ZONEGRAN
		ZUBSOLV

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

² BD ULTRAFINE syringes and needles are the only preferred options.

³ 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.

⁴ ONETOUCH brand test strips are the only preferred options.

⁵ Listing reflects the authorized generics for TESTIM and VOGELXO.

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

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