

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 VERAMYST ZETONNA	flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA
Allergies Ophthalmic	LASTACFT	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, 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
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
Attention Deficit Hyperactivity Disorder *	ADDERALL XR INTUNIV	amphetamine-dextroamphetamine mixed salts, amphetamine-dextroamphetamine mixed salts ext-rel, guanfacine ext-rel, methylphenidate, methylphenidate ext-rel, APTENSIO XR, QUILLIVANT XR, STRATTERA, VYVANSE

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Cancer</i> Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer</i> Prostate * Hormonal Agents, Antiandrogens	NILANDRON XTANDI	<i>bicalutamide</i> , ZYTIGA
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular</i> Antilipemics Fibrates	TRICOR	<i>fenofibrate</i> , <i>fenofibric acid</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations	ADVICOR ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>rosuvastatin</i> , <i>simvastatin</i> , VYTORIN
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular</i> Diuretics	DYRENIUM	<i>amiloride</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension * 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</i> , BETHKIS
<i>Depression *</i> Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet</i> (except 225 mg) CYMBALTA VENLAFAXINE EXT-REL TABLET (except 225 mg)	<i>duloxetine</i> , <i>venlafaxine</i> , <i>venlafaxine ext-rel capsule</i> , PRISTIQ
<i>Depression *</i> Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
<i>Depression and/or Schizophrenia *</i> Antipsychotics, Atypicals	ABILIFY	<i>aripiprazole</i> , <i>clozapine</i> , <i>olanzapine</i> , <i>quetiapine</i> , <i>risperidone</i> , <i>ziprasidone</i> , LATUDA, SEROQUEL XR
<i>Dermatology</i> Acne *	VANOXIDE-HC	<i>benzoyl peroxide</i>
<i>Dermatology</i> Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%</i> , <i>fluorouracil solution</i> , <i>imiquimod</i> , PICATO, ZYCLARA
<i>Dermatology</i> Rosacea *	NORITATE	<i>metronidazole</i> , FINACEA, SOOLANTRA

Category Drug Class	Formulary Drug Removals	Formulary Options
<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> Miscellaneous Skin Conditions	ALCORTIN A ALOQUIN NOVACORT	<i>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	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, travoprost, 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>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide</i> , TRIBENZOR
<i>High Blood Pressure</i> * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel</i> WITH <i>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</i> (except generic of CARDIZEM LA)
<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</i> , APRISO, LIALDA, PENTASA, UCERIS
<i>Kidney Disease</i> * Phosphate Binders	FOSRENOL	<i>calcium acetate</i> , PHOSLYRA, RENVELA, VELPHORO
<i>Multiple Sclerosis</i>	AVONEX EXTAVIA PLEGRIDY	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA
<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</i> , SUBOXONE FILM
<i>Opioid Reversal</i>	EVZIO	<i>naloxone injection</i> , NARCAN NASAL SPRAY
<i>Osteoarthritis</i> * Viscosupplements	EUFLEXXA MONOVISC ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ FX
<i>Osteoporosis</i> *	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate</i> , ATELVIA, FORTEO
	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</i> , MYRBETRIQ, TOVIAZ, VESICARE
<i>Pain</i> Headache *	<i>butalbital-acetaminophen-caffeine capsule</i> CAFERGOT FIORICET CAPSULE	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> , RELPAX, ZOMIG NASAL SPRAY
<i>Pain</i> * Transmucosal Immediate-release Fentanyl	ABSTRAL	<i>fentanyl transmucosal lozenge</i> , FENTORA, SUBSYS
<i>Pain and Inflammation</i> * Corticosteroids	DEXPAK MILLIPRED RAYOS	<i>dexamethasone, methylprednisolone, prednisone</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Pain and Inflammation</i> * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
	PENNSAID	<i>diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>
	NAPRELAN	<i>celecoxib, diclofenac sodium, meloxicam, naproxen</i>
<i>Prostate Condition</i> * Benign Prostatic Hyperplasia Agents / Combinations	JALYN	<i>dutasteride-tamsulosin</i>
	UROXATRAL	<i>alfuzosin ext-rel, tamsulosin</i>
<i>Sleep Disorder</i> Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, SILENOR</i>
<i>Testosterone Replacement</i> * Androgens	<i>testosterone gel 1%⁵</i> ANDROGEL FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel 2%, ANDRODERM, AXIRON</i>

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