

Drug Removals for Clients with Advanced Control Specialty Formulary™

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>Acromegaly</i>	SANDOSTATIN LAR ¹	SOMATULINE DEPOT, SOMAVERT
<i>Allergies</i> Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone 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, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	MINOCIN	<i>minocycline</i>
	ACTICLATE DORYX DORYX MPC TARGADOX	<i>doxycycline hyclate</i>
<i>Anti-infectives, Antibacterials</i> Miscellaneous	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus *	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals</i> Hepatitis C *	MAVYRET ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
	DAKLINZA ¹ TECHNIVIE ¹ VIEKIRA PAK ¹ VIEKIRA XR ¹ ZEPATIER ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals</i> Herpes *	VALTREX	<i>acyclovir, valacyclovir</i>
<i>Anti-inflammatory</i> Steroidal, Ophthalmic	PRED FORTE	<i>dexamethasone, prednisolone acetate 1%, DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
<i>Antiobesity</i>	CONTRAVE QSYMIA	BELVIQ, BELVIQ XR, SAXENDA
<i>Asthma</i> * Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>levalbuterol tartrate CFC-free aerosol, PROAIR HFA, PROAIR RESPICLICK</i>
<i>Asthma</i> * Severe Asthma Agents	FASENRA ¹	NUCALA

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Asthma * Steroid Inhalants	ALVESCO	ARNUITY ELLIPTA, ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR, QVAR REDIHALER
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations	DULERA	ADVAIR, BREO ELLIPTA, SYMBICORT
Attention Deficit Hyperactivity Disorder *	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
Autoimmune Agents Ankylosing Spondylitis *	CIMZIA ¹ SIMPONI ¹	COSENTYX, ENBREL, HUMIRA
Autoimmune Agents Crohn's Disease *	CIMZIA ¹ ENTYVIO ¹	HUMIRA, STELARA SUBCUTANEOUS (after failure of HUMIRA)
Autoimmune Agents Psoriasis *	CIMZIA ¹ COSENTYX ¹ ENBREL ¹	HUMIRA, OTEZLA, STELARA SUBCUTANEOUS, TALTZ
Autoimmune Agents Psoriatic Arthritis *	CIMZIA ¹ ORENCIA CLICKJECT ¹ ORENCIA INTRAVENOUS ¹ ORENCIA SUBCUTANEOUS ¹ SIMPONI ¹ STELARA SUBCUTANEOUS ¹ TALTZ ¹ XELJANZ ¹ XELJANZ XR ¹	COSENTYX, ENBREL, HUMIRA, OTEZLA
Autoimmune Agents Rheumatoid Arthritis *	ACTEMRA ¹ CIMZIA ¹ KINERET ¹ ORENCIA INTRAVENOUS ¹ SIMPONI ¹	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, XELJANZ, XELJANZ XR
Autoimmune Agents Ulcerative Colitis *	ENTYVIO ¹ XELJANZ ¹	HUMIRA, SIMPONI (after failure of HUMIRA)
Autoimmune Agents All Other Conditions*	ACTEMRA ¹ KINERET ¹ ORENCIA CLICKJECT ¹ ORENCIA INTRAVENOUS ¹ ORENCIA SUBCUTANEOUS ¹	ENBREL, HUMIRA
Cancer Chronic Myelogenous Leukemia *	GLEEVEC ¹ TASIGNA ¹	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
Cancer Prostate * Hormonal Agents, Antiandrogens	NILANDRON	bicalutamide, XTANDI, ZYTIGA
Cancer Prostate * Hormonal Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT ¹ (For Prostate Cancer Only)	ELIGARD
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>

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<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	PRALUENT ¹	REPATHA
<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 * Phosphodiesterase Inhibitors	ADCIRCA ¹ REVATIO ¹	<i>sildenafil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
<i>Contraceptives</i> Progestin Intrauterine Devices	LILETTA ¹	KYLEENA, MIRENA, SKYLA
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI ¹ TOBI PODHALER ¹	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Depression *</i> Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet</i> (except 225 mg) CYMBALTA EFFEXOR XR VENLAFAXINE EXT-REL TABLET (except 225 MG)	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression *</i> Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
<i>Depression and/or Schizophrenia *</i> Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
<i>Dermatology</i> Acne *	ACANYA BENZACLIN ONEXTON Vanoxide-HC VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ATRALIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC</i>
<i>Dermatology</i> Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>

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Dermatology Antipsoriatics	SORILUX	calcipotriene
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 Wound Care Products	ALEVICYN GEL ALEVICYN KIT ALEVICYN SG Alevicyn solution	desonide, hydrocortisone
Dermatology Miscellaneous Skin Conditions	ALCORTIN A BENSAL HP NOVACORT SYNERDERM	desonide, hydrocortisone
Diabetes * Biguanides	FORTAMET GLUMETZA RIOMET	metformin, metformin ext-rel
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR OSENİ	JANUMET, JANUMET XR
Diabetes * Injectable Incretin Mimetics	BYDUREON BYETTA TANZEUM	OZEMPIC, TRULICITY, VICTOZA
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 ⁴	NOVOLIN 70/30 ⁴
	HUMULIN N ⁴	NOVOLIN N ⁴
	HUMULIN R ⁴	NOVOLIN R ⁴
	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

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<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<i>Diabetes</i> * Supplies, Needles ⁵	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 ⁵	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 ^{6,7}	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ONETOUCH ULTRA STRIPS AND KITS ONETOUCH VERIO STRIPS AND KITS All other test strips that are not ACCU-CHEK brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ⁶ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ⁶ , ACCU-CHEK GUIDE STRIPS AND KITS ⁶ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁶
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	STENDRA VIAGRA	<i>sildenafil</i> , CIALIS
<i>Fertility</i> *	BRAVELLE ¹ FOLLISTIM AQ ¹	GONAL-F
<i>Gastrointestinal</i> Antiemetics	ZUPLENZ	<i>granisetron</i> , <i>ondansetron</i> , SANCUSO
<i>Gastrointestinal</i> Opioid-induced Constipation	RELISTOR	MOVANTIK
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i> , DEXILANT
<i>Gaucher Disease</i>	ELELYSO ¹	CERDELGA, CERAZYME
<i>Genitourinary</i> Interstitial Cystitis	RIMSO-50	Consult doctor
<i>Growth Hormones</i>	GENOTROPIN ¹ NORDITROPIN ¹ NUTROPIN AQ ¹ OMNITROPE ¹ SAIZEN ¹	HUMATROPE
<i>Hematologic</i> Anticoagulants (oral)	PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO
<i>Hematologic</i> Hemophilia A *	ELOCTATE ¹ HELIXATE FS ¹	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<i>Hematologic</i> Hemophilia B *	ALPROLIX ¹	Consult doctor
<i>Hematologic</i> Hereditary Angioedema *	BERINERT ¹	RUCONEST

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<i>Hematologic Neutropenia Colony Stimulating Factors</i>	NEUPOGEN ¹	ZARXIO
<i>Hematologic Platelet Aggregation Inhibitors</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
<i>High Blood Pressure * Angiotensin II Receptor Antagonists</i>	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations</i>	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 * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations</i>	EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<i>High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations</i>	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure * Beta-blocker Combinations</i>	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure * Calcium Channel Blockers</i>	NORVASC	<i>amlodipine</i>
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) Matzim LA	<i>diltiazem ext-rel (except generic of CARDIZEM LA)</i>
<i>Huntington's Disease</i>	XENAZINE ¹	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology Disease Modifying Antirheumatic Agents</i>	OTREXUP ¹	RASUVO
<i>Inflammatory Bowel Disease (IBD) Ulcerative Colitis * Aminosalicylates</i>	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</i>
	COLAZAL	<i>balsalazide</i>
<i>Interferons *</i>	PEGASYS ¹	Consult doctor
<i>Kidney Disease * Phosphate Binders</i>	FOSRENOL	<i>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
<i>Multiple Sclerosis</i>	EXTAVIA ¹	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA, TYSABRI</i>
<i>Musculoskeletal</i>	AMRIX	<i>cyclobenzaprine</i>
<i>Narcolepsy Wakefulness Promoters</i>	NUVIGIL	<i>armodafinil</i>
<i>Nephropathic Cystinosis</i>	PROCYSBI ¹	CYSTAGON
<i>Ophthalmic Miscellaneous</i>	AVENOVA	Consult doctor

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Opioid Reversal</i>	EVZIO	<i>naloxone injection</i> , NARCAN NASAL SPRAY
<i>Osteoarthritis *</i> Viscosupplements	EUFLEXXA ¹ HYALGAN ¹ MONOVISC ¹ ORTHOVISC ¹ SYNVISC ¹ SYNVISC-ONE ¹	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
<i>Osteoporosis *</i> Calcium Regulators	MIACALCIN INJECTION	<i>alendronate</i> , <i>calcitonin-salmon</i> , <i>ibandronate</i> , <i>risedronate</i> , FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
<i>Overactive Bladder / Incontinence *</i> Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel</i> , <i>oxybutynin ext-rel</i> , <i>tolterodine</i> , <i>tolterodine ext-rel</i> , <i>tropium</i> , <i>tropium ext-rel</i> , MYRBETRIQ, TOVIAZ, VESICARE
<i>Pain</i> Headache *	<i>butalbital-acetaminophen-caffeine capsule</i> FIORICET CAPSULE VANATOL LQ VANATOL S	<i>diclofenac sodium</i> , <i>naproxen</i>
	CAFERGOT	<i>eletriptan</i> , <i>ergotamine-caffeine</i> , <i>naratriptan</i> , <i>rizatriptan</i> , <i>sumatriptan</i> , <i>zolmitriptan</i> , ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
<i>Pain</i> Opioid Analgesics	LAZANDA	<i>fentanyl transmucosal lozenge</i> , ABSTRAL, SUBSYS
	<i>levorphanol</i>	<i>fentanyl transdermal</i> , <i>hydromorphone ext-rel</i> , <i>methadone</i> , <i>morphine ext-rel</i> , EMBEDA, HYSINGLA ER, NUCYNZA ER, OXYCONTIN
	PRIMLEV	<i>hydrocodone-acetaminophen</i> , <i>hydromorphone</i> , <i>morphine</i> , <i>oxycodone-acetaminophen</i> , NUCYNZA
<i>Pain and Inflammation *</i> Corticosteroids	DEXPAK MILLIPRED RAYOS	<i>dexamethasone</i> , <i>methylprednisolone</i> , <i>prednisolone solution</i> , <i>prednisone</i>
<i>Pain and Inflammation *</i> Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib</i> ; <i>diclofenac sodium</i> , <i>meloxicam</i> or <i>naproxen</i> WITH <i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i> or DEXILANT
	PENNSAID	<i>diclofenac sodium</i> , <i>diclofenac sodium gel 1%</i> , <i>diclofenac sodium solution</i> , <i>meloxicam</i> , <i>naproxen</i>
	CAMBIA INDOCIN NAPRELAN SPRIX	<i>diclofenac sodium</i> , <i>meloxicam</i> , <i>naproxen</i>
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin</i> , GRALISE
<i>Prostate Condition</i> Benign Prostatic Hyperplasia *	JALYN	<i>dutasteride-tamsulosin</i> ; <i>dutasteride</i> or <i>finasteride</i> WITH <i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>tamsulosin</i> , <i>terazosin</i> , RAPAFLO
	UROXATRAL	<i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>tamsulosin</i> , <i>terazosin</i> , RAPAFLO
<i>Pulmonary Enzyme Deficiency</i>	ZEMAIRA ¹	ARALAST NP, GLASSIA, PROLASTIN-C
<i>Sleep Disorder</i> Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>eszopiclone</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , <i>zolpidem sublingual</i> , BELSOMRA, SILENOR
<i>Testosterone Replacement *</i> Androgens	<i>testosterone gel 1%</i> ⁸ ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel</i> , <i>testosterone solution</i> , ANDRODERM, ANDROGEL 1.62%
<i>Thyroid Supplements</i>	TIROSINT	<i>levothyroxine</i> , SYNTHROID

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<i>Transplant *</i> Immunosuppressants, Calcineurin Inhibitors	PROGRAF ¹	<i>tacrolimus</i>
<i>Urea Cycle Disorders</i>	BUPHENYL ¹ RAVICTI ¹	<i>sodium phenylbutyrate</i>

Category/ Drug Class	Other Considerations
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.
Drugs for infusion into spaces other than the blood	A drug which must be infused into a space other than the blood will generally not be covered under the prescription drug benefit.
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 ¹	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, as well as quarterly throughout the year, CVS Caremark will re-evaluate existing specialty products to determine appropriate formulary placement, which includes potentially removing, adding back or deleting these products.

The listed formulary options are subject to change.

List of Formulary Drug Removals

ABILIFY	EVZIO	ORTHOVISC ¹
ACANYA	EXFORGE	OSENI
ACTEMRA ¹	EXFORGE HCT	OTREXUP ¹
ACTICLATE	EXTAVIA ¹	OWEN MUMFORD NEEDLES ⁵
ACTOS	FANAPT	OXYTROL
ADCIRCA ¹	FASENRA ¹	PEGASYS ¹
ADDERALL XR	FIORICET CAPSULE	PENNSAID
ALCORTIN A	<i>fluorouracil cream 0.5%</i>	PERRIGO NEEDLES ⁵
ALEVICYN GEL	FOLLISTIM AQ ¹	PLAVIX
ALEVICYN KIT	FORTAMET	PRADAXA
ALEVICYN SG	FORTESTA	PRALUENT ¹
<i>Alevicyn solution</i>	FOSRENOL	PRED FORTE
ALLISON MEDICAL INSULIN SYRINGES ⁵	FREESTYLE STRIPS AND KITS ⁷	PREVACID
ALPROLIX ¹	GENOTROPIN ¹	PRIMLEV
ALTOPREV	GLEEVEC ¹	PROCYSBI ¹
ALVESCO	GLUMETZA	PROGRAF ¹
AMRIX	HELIXATE FS ¹	PROTONIX
ANDROGEL 1%	HORIZANT	PROVENTIL HFA
APEXICON E	HUMALOG	QNASL
APIDRA	HUMALOG MIX 50/50	QSYMIA
ARTHROTEC	HUMALOG MIX 75/25	RAVICTI ¹
ASACOL HD	HUMULIN 70/30 ⁴	RAYOS
ATACAND	HUMULIN N ⁴	RELISTOR
ATACAND HCT	HUMULIN R ⁴	REVATIO ¹
AVENOVA	HYALGAN ¹	RIMSO-50
BECONASE AQ	INDOCIN	RIOMET
BENICAR	INTERMEZZO	ROZEREM
BENICAR HCT	INTUNIV	SAIZEN ¹
BENSAL HP	INVOKAMET	SANDOSTATIN LAR ¹
BENZAFLIN	INVOKAMET XR	SEROQUEL XR
BERINERT ¹	INVOKANA	SORILUX
BETAPACE	JALYN	SPRIX
BETAPACE AF	JENTADUETO	STENDRA
BRAVELLE ¹	JENTADUETO XR	SYNERDERM
BREEZE 2 STRIPS AND KITS ⁷	KAZANO	SYNVISC ¹
BUPHENYL ¹	KINERET ¹	SYNVISC-ONE ¹
<i>butalbital-acetaminophen-caffeine capsule</i>	KOMBIGLYZE XR	TANZEUM
BYDUREON	LANOXIN TABLET (125 MCG and 250 MCG only)	TARGADOX
BYETTA	LANTUS	TASIGNA ¹
CAFERGOT	LAZANDA	TECHNIVIE ¹
CAMBIA	LESCOL XL	TESTIM
CARAC	<i>levorphanol</i>	<i>testosterone gel 1%⁸</i>
CARDIZEM	LILETTA ¹	TIROSINT
CARDIZEM CD	LIPITOR	TOBI ¹
CARDIZEM LA (and its generics)	LIVALO	TOBI PODHALER ¹
CARNITOR	LUNESTA	TOUJEO
CARNITOR SF	LUPRON DEPOT ¹	TRADJENTA
CIMZIA ¹	MACRODANTIN	TRICOR
<i>clobetasol spray</i>	<i>Matzim LA</i>	TRIVIDIA INSULIN SYRINGES ⁵
CLOBEX SPRAY	MAVYRET ¹	TUDORZA
COLAZAL	MIACALCIN INJECTION	ULTIMED INSULIN SYRINGES ⁵
CONTOUR NEXT STRIPS AND KITS ⁷	MIACALCIN NASAL SPRAY	ULTIMED NEEDLES ⁵
CONTOUR STRIPS AND KITS ⁷	MILLIPRED	UROXATRAL
CONTRACE	MINOCIN	VALCYTE
CRESTOR	MONOVISC ¹	VALTREX
CYMBALTA	NAPRELAN	VANATOL LQ
DAKLINZA ¹	NATESTO	VANATOL S
DELZICOL	NESINA	<i>Vanoxide-HC</i>
DETROL LA	NEUPOGEN ¹	VELTIN
DENPAK	NEXIUM	<i>venlafaxine ext-rel tablet (except 225 mg)</i>
DIOVAN	NILANDRON	VENLAFAXINE EXT-REL TABLET (except 225 MG)
DIOVAN HCT	NORDITROPIN ¹	VENTOLIN HFA
DORYX	NORITATE	VIAGRA
DORYX MPC	NORVASC	VIEKIRA PAK ¹
DULERA	NOVACORT	VIEKIRA XR ¹
DUTOPROL	NOVO NORDISK NEEDLES ⁵	VOGELXO
DYRENIUM	NUTROPIN AQ ¹	XENAZINE ¹
EDARBI	NUVIGIL	XOPENEX HFA
EDARBYCLOR	OLEPTRO	ZEGERID
E.E.S. GRANULES	OLUX-E	ZEMAIRA ¹
EFFEXOR XR	OMNARIS	ZEPATIER ¹
ELELYSO ¹	OMNITROPE ¹	ZETIA
ELOCTATE ¹	ONETOUCH ULTRA STRIPS AND KITS ⁷	ZETONNA
ENABLEX	ONETOUCH VERIO STRIPS AND KITS ⁷	ZIANA
ENTYVIO ¹	ONEXTON	ZOLPIMIST
ERYPED	ONGLYZA	ZONEGRAN
EUFLEXXA ¹	ORENCIA INTRAVENOUS ¹	ZUPLENZ

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 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 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.
- ² 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).
- ³ If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.
- ⁴ Rebranded or private label formulations are not covered (i.e., RELION).
- ⁵ BD ULTRAFINE syringes and needles are the only preferred options.
- ⁶ An ACCU-CHEK blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.
- ⁷ ACCU-CHEK brand test strips are the only preferred options.
- ⁸ Listing reflects the authorized generics for TESTIM and VOGELXO.

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