

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> Antihistamines	<i>dexchlorpheniramine</i> RyClora CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
<i>Allergies</i> Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, DYMISTA</i>
<i>Anticonvulsants</i>	LAMICTAL LAMICTAL ODT LAMICTAL XR 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, primidone, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
	ONFI	<i>clobazam, lamotrigine, topiramate, TROKENDI XR</i>
	SABRIL ¹	<i>vigabatrin</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	CoreMino <i>doxycycline hyclate delayed-rel tablet 200 mg</i> <i>doxycycline hyclate tablet 50 mg</i> (NDC [^] 72143021160 only) <i>doxycycline hyclate tablet 75 mg</i> <i>doxycycline hyclate tablet 150 mg</i> <i>doxycycline monohydrate capsule 75 mg</i> <i>doxycycline monohydrate capsule 150 mg</i> <i>minocycline ext-rel tablet</i> <i>Mondoxyne NL capsule 75 mg</i> Okebo ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	<i>doxycycline hyclate 20 mg, doxycycline hyclate capsule, minocycline, tetracycline</i>
<i>Anti-infectives, Antibacterials</i> Miscellaneous	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antifungals</i>	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
	<i>posaconazole delayed-rel tablet</i>	<i>fluconazole, itraconazole</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus *	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals</i> Hepatitis B *	BARACLUDE TABLET ¹ EPIVIR HBV ¹ HEPSERA ¹	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>

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Anti-infectives, Antivirals Hepatitis C *	MAVYRET ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
	VIEKIRA PAK ¹ ZEPATIER ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
Anti-infectives, Antivirals Herpes *	acyclovir cream VALTREX	acyclovir capsule, acyclovir tablet, valacyclovir
Anti-infectives, Antivirals HIV	COMPLERA ¹ STRIBILD ¹	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
Antiobesity	CONTRAVE QSYMIA	SAXENDA
Anxiety * Benzodiazepines	XANAX XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
Asthma * Beta Agonists, Short-Acting	PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol
Asthma * Leukotriene Modulators	SINGULAIR	montelukast, zafirlukast, zileuton ext-rel
Asthma * Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT
Attention Deficit Hyperactivity Disorder *	EVEKEO	amphetamine-dextroamphetamine mixed salts, methylphenidate
	INTUNIV	amphetamine-dextroamphetamine mixed salts ext-rel [†] , atomoxetine, guanfacine ext-rel, methylphenidate ext-rel [†] , MYDAYIS, VYVANSE
Autoimmune Agents Ankylosing Spondylitis *	CIMZIA ¹ SIMPONI ¹ TALTZ 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, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
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, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR

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<i>Autoimmune Agents Ulcerative Colitis *</i>	ENTYVIO ¹ SIMPONI ¹	HUMIRA, STELARA SUBCUTANEOUS #, XELJANZ #, XELJANZ XR # # After failure of HUMIRA
<i>Autoimmune Agents All Other Conditions *</i>	ACTEMRA ¹ KINERET ¹ ORENCIA CLICKJECT ¹ ORENCIA INTRAVENOUS ¹ ORENCIA SUBCUTANEOUS ¹	ENBREL, HUMIRA
<i>Cancer Chronic Myelogenous Leukemia *</i>	GLEEVEC ¹ TASIGNA ¹	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer Prostate * Hormonal Agents, Antiandrogens</i>	NILANDRON ZYTIGA ¹	<i>abiraterone, bicalutamide</i> , XTANDI, YONSA
<i>Cancer Prostate * Hormonal Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists</i>	LUPRON DEPOT ¹ (For Prostate Cancer Only)	ELIGARD
<i>Cardiovascular Antiarrhythmics</i>	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular Antilipemics Cholesterol Absorption Inhibitors</i>	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular Antilipemics Fibrates</i>	<i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid delayed-rel</i>
<i>Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³</i>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular Antilipemics PCSK9 Inhibitors</i>	REPATHA ¹	PRALUENT
<i>Cardiovascular Digitalis Glycosides</i>	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular Diuretics</i>	DYRENIUM	<i>amiloride, triamterene</i>
<i>Cardiovascular Pulmonary Arterial Hypertension * Phosphodiesterase Inhibitors</i>	ADCIRCA ¹ REVATIO ¹	<i>sildenafil, tadalafil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics</i>	TUDORZA	INCRUSE ELLIPTA, SPIRIVA, YUPELRI

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<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergic / Beta Agonist Combinations	COMBIVENT RESPIMAT	<i>ipratropium-albuterol inhalation solution</i> , ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT
<i>Contraceptives Monophasic</i>	BEYAZ MINASTRIN 24 FE TAYTULLA YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron</i>
<i>Contraceptives Triphasic</i>	ORTHO TRI-CYCLEN LO	<i>ethinyl estradiol-norgestimate</i>
<i>Contraceptives Four Phase</i>	NATAZIA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE</i>
<i>Contraceptives Progestin Intrauterine Devices</i>	LILETTA ¹	KYLEENA, MIRENA, SKYLA
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI ¹ TOBI PODHALER ¹	<i>tobramycin inhalation solution</i> , BETHKIS
<i>Dental Cavity/Caries Prevention</i>	PREVIDENT	Consult doctor
<i>Depression *</i> Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg</i> LEXAPRO PROZAC	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD</i>
<i>Depression *</i> Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression *</i> Antidepressants, Miscellaneous Agents	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
	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 Acne *</i>	<i>clindamycin gel (NDC[^] 68682046275 only)</i> <i>Vanoxide-HC</i> ACANYA BENZACLIN VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC[^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</i>
<i>Dermatology Actinic Keratosis *</i>	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
<i>Dermatology Antibiotics</i>	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
<i>Dermatology Antipsoriatics</i>	<i>calcipotriene cream</i> <i>calcitriol ointment</i> SORILUX VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>
<i>Dermatology Atopic Dermatitis *</i>	<i>doxepin cream</i>	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>

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Dermatology Rosacea *	FINACEA GEL NORITATE	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA
Dermatology Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor
Dermatology Seborrheic Dermatitis *	ketoconazole foam 2% Ketodan	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
	XOLEGEL	ciclopirox, ketoconazole cream 2%
Dermatology Skin Inflammation and Hives * Corticosteroids	clobetasol spray CLOBEX SPRAY OLUX-E	clobetasol foam
	fluocinonide cream 0.1%	clobetasol cream
	flurandrenolide lotion (NDC^ 24470092112 only)	desonide, hydrocortisone
	flurandrenolide ointment hydrocortisone butyrate lipophilic cream 0.1% triamcinolone acetonide aerosol 0.2% CORDRAN OINTMENT	hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment
	diflorasone cream diflorasone ointment APEXICON E PSORCON	desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI
Dermatology Warts	VEREGEN	imiquimod
Dermatology Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	desonide, hydrocortisone
Dermatology Miscellaneous Skin Conditions	ALCORTIN A ATOPADERM BENSAL HP EPICERAM KAMDOY NOVACORT SYNERDERM	desonide, hydrocortisone
Diabetes * Biguanides	metformin ext-rel (generics for FORTAMET and GLUMETZA only) FORTAMET GLUMETZA RIOMET	metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)
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	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA WITH pioglitazone
Diabetes * Injectable Incretin Mimetics	BYDUREON BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA

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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	BASAGLAR, LEVEMIR
	TOUJEO	TRESIBA
Diabetes * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
Diabetes * 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
Diabetes * 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
Diabetes * 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
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM

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Dietary Supplements	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	Activate Dexifol Folvite-D Genicin Vita-S HylaVite Lorid TronVite Vitasure Xvite FERIVA 21/7 FOLIC-K NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	PRODIGEN VASCULERA	Consult doctor
Erectile Dysfunction * Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
Estrogen Replacement *	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
Fertility *	FOLLISTIM AQ ¹	GONAL-F
	CHORIONIC GONADOTROPIN ¹ NOVAREL ¹ PREGNYL ¹	OVIDREL
	<i>chlordiazepoxide-clidinium</i> (NDC [^] 42494040901 only) GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
Gastrointestinal Anticholinergics	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
Gastrointestinal Antiemetics	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
Gastrointestinal Laxatives	LACTULOSE PAK	<i>lactulose solution</i>
	MOVIPREP OSMOPREP	<i>peg 3350-electrolytes, SUPREP</i>
Gastrointestinal Proton Pump Inhibitors (PPIs)	<i>omeprazole-sodium bicarbonate</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
Gastrointestinal Ulcer Treatment	CARAFATE	<i>sucralfate</i>
Gaucher Disease	ELELYSO ¹	CERDELGA, CERAZYME

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Genitourinary Interstitial Cystitis	RIMSO-50	Consult doctor
Gout *	COLCRYS	colchicine tablet
Growth Hormones	GENOTROPIN ¹ NORDITROPIN ¹ NUTROPIN AQ ¹ OMNITROPE ¹ SAIZEN ¹	HUMATROPE
Hematologic Anticoagulants (oral)	COUMADIN	warfarin
	PRADAXA	warfarin, ELIQUIS, XARELTO
Hematologic Erythropoiesis-Stimulating Agents	EPOGEN ¹ PROCRIT ¹	ARANESP, RETACRIT
Hematologic Hemophilia A	ELOCTATE ¹	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
Hematologic Hemophilia B	ALPROLIX ¹	Consult doctor
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA ¹	NEULASTA, UDENYCA
	GRANIX ¹ NEUPOGEN ¹ ZARXIO ¹	NIVESTYM
Hematologic Platelet Aggregation Inhibitors	PLAVIX	clopidogrel, prasugrel, BRILINTA
	ZONTIVITY	Consult doctor
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide
High Blood Pressure * Beta-blockers	TOPROL-XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	metoprolol succinate ext-rel WITH hydrochlorothiazide
High Blood Pressure * Calcium Channel Blockers	NORVASC	amlodipine
	diltiazem ext-rel (generic CARDIZEM LA only) Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA	diltiazem ext-rel (except generic CARDIZEM LA)

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High Blood Pressure * Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	amlodipine WITH celecoxib
Huntington's Disease	XENAZINE ¹	tetrabenazine, AUSTEDO
Immunology Antimetabolites	CELLCEPT ¹ MYFORTIC ¹	mycophenolate mofetil, mycophenolate sodium
	RAPAMUNE ¹ ZORTRESS ¹	sirolimus
Immunology Calcineurin Inhibitors	ASTAGRAF XL ¹ ENVARUSUS XR ¹	tacrolimus
Immunology Disease Modifying Antirheumatic Agents	OTREXUP ¹	RASUVO
Immunology Hereditary Angioedema *	BERINERT ¹	FIRAZYR, RUCONEST
Inflammatory Bowel Disease (IBD) Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL LIALDA	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA
	COLAZAL	balsalazide
Interferons *	PEGASYS ¹	Consult doctor
Kidney Disease * Phosphate Binders	lanthanum carbonate FOSRENOL	calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO
Multiple Sclerosis	AVONEX ¹ EXTAVIA ¹ PLEGRIDY ¹	glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI, VUMERITY
Musculoskeletal	chlorzoxazone 375 mg chlorzoxazone 750 mg cyclobenzaprine ext-rel capsule cyclobenzaprine tablet 7.5 mg Fexmid Lorzone orphenadrine-aspirin-caffeine Orphengesic Forte AMRIX CHLORZOXAZONE 250 MG NORGESIC FORTE	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
Narcolepsy Wakefulness Promoters	NUVIGIL	armodafinil, SUNOSI
Nephropathic Cystinosis	PROCYSBI ¹	CYSTAGON
Ophthalmic Allergies	ALREX	azelastine, cromolyn sodium, olopatadine, LASTACAPT, PAZEO
Ophthalmic Anti-infective / Anti-inflammatory	ZYLET	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST
Ophthalmic Anti-inflammatory, Steroidal	FLAREX FML LIQUIFILM LOTEMAX LOTEMAX SM PRED FORTE	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD

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Ophthalmic Glaucoma	bimatoprost solution 0.03%	latanoprost, LUMIGAN, TRAVATAN Z
	TIMOPTIC OCUDOSE	timolol maleate solution, BETIMOL, BETOPTIC S
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Dependency	SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV
Opioid Reversal	EVZIO	naloxone injection, NARCAN NASAL SPRAY
Osteoarthritis * Viscosupplements	DUROLANE 1 EUFLEXXA 1 HYALGAN 1 MONOVISC 1 ORTHOVISC 1 SYNVISC 1 SYNVISC-ONE 1	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
Osteoporosis * Calcium Regulators	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	calcitonin-salmon
Overactive Bladder / Incontinence * Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ
Pain Headache *	butalbital-acetaminophen-caffeine capsule Vanadol LQ Vanadol S BUTALBITAL-ACETAMINOPHEN (NDC^ 69499034230 only) FIORICET CAPSULE	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
	dihydroergotamine spray ergotamine-caffeine Migergot CAFERGOT	eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
	sumatriptan-naproxen TREXIMET	diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY
Pain Opioid Analgesics	BUTRANS	buprenorphine transdermal, BELBUCA
	LAZANDA	fentanyl transmucosal lozenge, SUBSYS
	levorphanol HYSINGLA ER OXYCONTIN ZOHYDRO ER	fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTE ER, XTAMPZA ER
	PERCOCET PRIMLEV	hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTE
	tramadol (NDC^ 52817019610 only)	tramadol (except NDC^ 52817019610), tramadol ext-rel
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM LIDOTREX	lidocaine-prilocaine
Pain and Inflammation * Corticosteroids	Dexpak MILLIPRED RAYOS	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Pain and Inflammation *</i> Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
	<i>diclofenac sodium gel 1% (NDC^ 69499031866 only)</i> <i>Diclofex DC (NDC^ 51021037201 only)</i> <i>Diclosaicin</i> <i>Inflammacin</i> <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1% (except NDC^ 69499031866), diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>fenoprofen capsule</i> <i>ketoprofen capsule 25 mg</i> <i>ketoprofen ext-rel capsule</i> <i>naproxen CR</i> CAMBIA FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
	<i>naproxen suspension</i>	<i>ibuprofen</i>
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin, GRALISE</i>
<i>Prostate Condition</i> Benign Prostatic Hyperplasia *	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
<i>Respiratory</i> Alpha-1 Antitrypsin Deficiency	ZEMAIRA ¹	PROLASTIN-C
<i>Respiratory</i> Cough	<i>benzonatate</i> (NDCs^ 69336012615, 69499032915 only)	<i>benzonatate (except NDCs^ 69336012615, 69499032915)</i>
<i>Sleep Disorder</i> Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
<i>Testosterone Replacement *</i> Androgens	<i>testosterone gel 1% (authorized generics for TESTIM and VOGELXO only)</i> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</i>
<i>Thyroid Supplements</i>	TIROSINT	<i>levothyroxine, SYNTHROID</i>
<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
All Drugs	On a quarterly basis, new and existing products - including limited source generics, products with significant cost inflation, and specialty and non-specialty products - may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in removal, addition or deletion of a product.
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 for certain conditions only.
Drugs for Infusion Into Spaces Other Than the Blood	A drug that must be infused into a space other than the blood will generally not be covered under the prescription drug benefit.
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.

The listed formulary options are subject to change.

List of Formulary Drug Removals

ABILIFY	BUTRANS	<i>dihydroergotamine spray</i>
ACANYA	BYDUREON	<i>diltiazem ext-rel</i> (generic CARDIZEM LA only)
ACIPHEX	BYETTA	DIOVAN
ACIPHEX SPRINKLE	CAFERGOT	DIOVAN HCT
ACTEMRA ¹	<i>calcipotriene cream</i>	DORYX
ACTICLATE	<i>calcitriol ointment</i>	DORYX MPC
<i>Activite</i>	CAMBIA	<i>doxepin cream</i>
ACTOS	CARAC	<i>doxycycline hyclate delayed-rel tablet 200 mg</i>
<i>acyclovir cream</i>	CARAFATE	<i>doxycycline hyclate tablet 50 mg</i>
ADCIRCA ¹	CARBINOXAMINE TABLET 6 MG	(NDC [^] 72143021160 only)
ALCORTIN A	CARDIZEM	<i>doxycycline hyclate tablet 75 mg</i>
ALEVICYN GEL	CARDIZEM CD	<i>doxycycline hyclate tablet 150 mg</i>
ALEVICYN SG	CARDIZEM LA	<i>doxycycline monohydrate capsule 75 mg</i>
ALEVICYN SOLUTION	CARNITOR	<i>doxycycline monohydrate capsule 150 mg</i>
ALLISON MEDICAL INSULIN SYRINGES ⁵	CARNITOR SF	DULERA
ALPROLIX ¹	CELLCEPT ¹	DUROLANE ¹
ALREX	<i>chlorthalidone-clidinium</i> (NDC [^] 42494040901 only)	DUTOPROL
ALTOPREV	CHLORZOXAZONE 250 MG	DYRENIUM
ALVESCO	<i>chlorzoxazone 375 mg</i>	EDARBI
AMRIX	<i>chlorzoxazone 750 mg</i>	EDARBYCLOR
ANDROGEL 1%	CHORIONIC GONADOTROPIN ¹	E.E.S. GRANULES
APEXICON E	CIALIS	EFFEXOR XR
APIDRA	CICATRACE	ELELYSO ¹
ARTHROTEC	CIMZIA ¹	ELOCTATE ¹
ASACOL HD	<i>clindamycin gel</i> (NDC [^] 68682046275 only)	ENABLEX
ASMANEX	<i>clobetasol spray</i>	ENLITE CONTINUOUS
ASMANEX HFA	CLOBEX SPRAY	GLUCOSE MONITORING SYSTEM
ASTAGRAF XL ¹	COLAZAL	ENTERAGAM
ATACAND	COLCRYS	ENTYVIO ¹
ATACAND HCT	COMBIVENT RESPIMAT	ENVARSUS XR ¹
ATOPADERM	COMPLERA ¹	EPICERAM
AVENOVA	CONSENSI	EPIVIR HBV ¹
AVONEX ¹	CONTOUR NEXT STRIPS AND KITS ⁷	EPOGEN ¹
BARACLUE TABLET ¹	CONTOUR STRIPS AND KITS ⁷	<i>ergotamine-caffeine</i>
BEAU RX	CONTRAVE	ERYPED
BECONASE AQ	CORDRAN OINTMENT	EUFLEXXA ¹
BENICAR	<i>CoreMino</i>	EVEKEO
BENICAR HCT	COUMADIN	EVZIO
BENSAL HP	CRESTOR	EXFORGE
BENZACLIN	<i>cyclobenzaprine ext-rel capsule</i>	EXFORGE HCT
<i>benzonatate</i> (NDCs [^] 69336012615, 69499032915 only)	<i>cyclobenzaprine tablet 7.5 mg</i>	EXTAVIA ¹
BERINERT ¹	CYMBALTA	FANAPT
BETAPACE	DELZICOL	<i>fenofibrate tablet 120 mg</i>
BETAPACE AF	DETROL LA	FENOGLIDE TABLET 120 MG
BEYAZ	<i>dexchlorpheniramine</i>	<i>fenoprofen capsule</i>
<i>bimatoprost solution 0.03%</i>	<i>Dexifol</i>	FENOPROFEN CAPSULE
BREEZE 2 STRIPS AND KITS ⁷	<i>Dexpak</i>	FERIVA 21/7
BUPHENYL ¹	<i>diclofenac sodium gel 1%</i> (NDC [^] 69499031866 only)	<i>Fexmid</i>
<i>bupropion ext-rel tablet 450 mg</i>	<i>Diclofex DC</i> (NDC [^] 51021037201 only)	FINACEA GEL
BUTALBITAL-ACETAMINOPHEN	<i>Diclosaicin</i>	FIORICET CAPSULE
(NDC [^] 69499034230 only)	<i>difforasone cream</i>	FLAREX
<i>butalbital-acetaminophen-caffeine capsule</i>	<i>difforasone ointment</i>	<i>flucytosine capsule 500 mg</i>

fluocinonide cream 0.1%
fluorouracil cream 0.5%
fluoxetine tablet 60 mg
flurandrenolide lotion (NDC^ 24470092112 only)
flurandrenolide ointment
 FML LIQUIFILM
 FOLIC-K
 FOLLISTIM AQ ¹
Folvite-D
 FORTAMET
 FORTESTA
 FOSRENOL
 FOSTEUM
 FOSTEUM PLUS
 FREESTYLE LIBRE CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 FREESTYLE STRIPS AND KITS ⁷
 FULPHILA ¹
Genicin Vita-S
 GENOTROPIN ¹
 GLEEVEC ¹
 GLUMETZA
 GLYCOPYRROLATE TABLET 1.5 MG
 GRANIX ¹
 GUARDIAN CONNECT CONTINUOUS
 GLUCOSE MONITORING SYSTEM
 HEPSERA ¹
 HORIZANT
 HUMALOG
 HUMALOG MIX 50/50
 HUMALOG MIX 75/25
 HUMULIN 70/30 ⁴
 HUMULIN N ⁴
 HUMULIN R ⁴
 HYALGAN ¹
hydrocortisone butyrate lipophilic cream 0.1%
HylaVite
 HYSINGLA ER
 INDOCIN
Inflamacin
 INTERMEZZO
 INTUNIV
 INVOKAMET
 INVOKAMET XR
 INVOKANA
 JALYN
 JENTADUETO
 JENTADUETO XR
 KAMDOY
 KAZANO
ketoconazole foam 2%
Ketodan
ketoprofen capsule 25 mg
ketoprofen ext-rel capsule
 KINERET ¹
 KOMBIGLYZE XR
 LACTULOSE PAK
 LAMICTAL
 LAMICTAL ODT
 LAMICTAL XR
 LANOXIN TABLET (125 MCG and 250 MCG only)
lanthanum carbonate
 LANTUS
 LAZANDA
 LESCOL XL
levorphanol
 LEXAPRO
 LIALDA
 LIDOCAINE-TETRACAINE CREAM
 LIDOTREX
 LILETTA ¹
 LIPITOR
 LIVALO
Lorid
Lorzone
 LOTEMAX
 LOTEMAX SM
 LUNESTA
 LUPRON DEPOT ¹
 MACRODANTIN
Matzim LA
 MAVYRET ¹
*metformin ext-rel (generics for FORTAMET and
 GLUMETZA only)*
 MIACALCIN INJECTION
 MIACALCIN NASAL SPRAY
Migergot
 MILLIPRED
 MINASTRIN 24 FE
 MINIVELLE
 MINOCIN
minocycline ext-rel tablet
Mondoxyne NL capsule 75 mg
 MONOVISC ¹
 MOVIPREP
mupirocin cream
 MYFORTIC ¹
 NAPRELAN
naproxen-esomeprazole
naproxen CR
naproxen suspension
 NATAZIA
 NATESTO
 NESINA
 NEUPOGEN ¹
 NEXIUM
 NICADAN
 NICAPRIN
 NICAZEL
 NICAZEL FORTE
 NICOMIDE
 NILANDRON
 NORDITROPIN ¹
 NORGESIC FORTE
 NORITATE
 NORVASC
 NOVACORT
 NOVAREL ¹
 NOVO NORDISK NEEDLES ⁵
NuDiclo SoluPak
NuDiclo TabPak
 NUTROPIN AQ ¹
 NUVIGIL
Okebo
 OLEPTRO
 OLUX-E
omeprazole-sodium bicarbonate
 OMNARIS
 OMNITROPE ¹
 OMNIVEX
 ONETOUCH ULTRA STRIPS AND KITS ⁷
 ONETOUCH VERIO STRIPS AND KITS ⁷
 ONFI
 ONGLYZA
 ORENCIA INTRAVENOUS ¹
orphenadrine-aspirin-caffeine
Orphengesic Forte
 ORTHO D
 ORTHO DF
 ORTHO TRI-CYCLEN LO
 ORTHOVISC ¹
 OSENI
 OSMOPREP
 OTREXUP ¹
 OWEN MUMFORD NEEDLES ⁵
 OXYCONTIN
 OXYTROL
 PEGASYS ¹
 PENNSAID
 PERCOCET
 PERRIGO NEEDLES ⁵
 PLAVIX
 PLEGRIDY ¹
 POLYTOZA
posaconazole delayed-rel tablet
 PRADAXA
 PRED FORTE
 PREGNYL ¹
 PREVACID
 PREVIDENT
 PRIMLEV
 PRISTIQ
 PROAIR HFA
 PROAIR RESPICLICK
 PROCRIT ¹
 PROCYSBI ¹
 PRODIGEN
 PROGRAF ¹
 PROTONIX
 PROVENTIL HFA
 PROZAC
 PSORCON
 QNASL
 QSYMIA
 QTERN
 RAPAFLO
 RAPAMUNE ¹
 RAVICTI ¹
 RAYOS
 RECEDO
 REPATHA ¹
 REVATIO ¹
 RHEUMATE
 RIBOZEL
 RIMSO-50
 RIOMET
 ROZEREM
RyClora
 SABRIL ¹
 SAIZEN ¹
 SANDOSTATIN LAR ¹
 SCARSILK PAD
 SEROQUEL XR
 SIL-K PAD
 SILVEX
 SILTREX
 SIMPONI ¹
 SINGULAIR
 SORILUX
 SPRIX
 STENDRA
 STRIBILD ¹
 SUBOXONE
sumatriptan-naproxen
 SYNERDERM
 SYNVISC ¹
 SYNVISC-ONE ¹
 TALIVA
 TARGADOX
 TASIGNA ¹
 TAYTULLA
 TESTIM
*testosterone gel 1% (authorized generics for TESTIM and
 VOGELXO only)*
 TIMOPTIC OCUDOSE
 TIROSINT
 TOBI ¹
 TOBI PODHALER ¹
 TOPROL-XL
 TOUJEO
 TRADJENTA
tramadol (NDC^ 52817019610 only)
 TRANSDERM SCOP
 TREXIMET
triamcinolone acetanide aerosol 0.2%
 TRICOR
 TRIVIDIA INSULIN SYRINGES ⁵
TronVite
 TUDORZA
 ULTIMED INSULIN SYRINGES ⁵
 ULTIMED NEEDLES ⁵
 UROXATRAL
 VALCYTE
 VALTREX

Vanatol LQ
Vanatol S
Vanoxide-HC
VASCULERA
VECTICAL
VELTIN
venlafaxine ext-rel tablet (except 225 mg)
VENTOLIN HFA
VEREGEN
VIAGRA
VIEKIRA PAK ¹
Vitasure
VIVELLE-DOT

VOGELXO
XANAX
XANAX XR
XENAZINE ¹
XOLEGEL
XOPENEX HFA
Xvite
XYZBAC
YAZ
ZARXIO ¹
ZEGERID
ZEMAIRA ¹
ZEPATIER ¹

ZETIA
ZETONNA
ZIANA
ZOHYDRO ER
ZOLPIMIST
ZONEGRAN
ZONTIVITY
ZORTRESS ¹
ZORVOLEX
ZUPLENZ
ZYLET
ZYTIGA ¹
ZVIT

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 [Caremark.com](https://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.

[†] Listing does not include certain NDCs[^].

[^] Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

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.

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