

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>Allergic Reaction (Anaphylaxis) Treatment *</i>	ADRENACLICK	EPIPEN, EPIPEN JR
<i>Allergies * Nasal Steroids / Combinations</i>	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA VERAMYST ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>
<i>Allergies * Ophthalmic</i>	LASTACAPT	<i>azelastine, cromolyn sodium, olopatadine, PATADAY, PAZEO</i>
<i>Anti-infectives, Antivirals * Cytomegalovirus Agents</i>	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals * Hepatitis C Agents</i>	DAKLINZA ¹ OLYSIO ¹ TECHNIVIE ¹ VIEKIRA PAK ¹ ZEPATIER ¹	EPCLUSA (genotypes 2, 3), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals * Herpes Agents</i>	VALTREX	<i>acyclovir, valacyclovir</i>
<i>Antiobesity Agents * Newer Agents</i>	QSYMIA	BELVIQ, CONTRAVE, SAXENDA
<i>Asthma * Beta Agonists, Short-Acting</i>	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	PROAIR HFA, PROAIR RESPICLICK
<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
<i>Attention Deficit Hyperactivity Disorder Agents *</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 Agents</i>	GLEEVEC ¹ TASIGNA ¹	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>

Category * Drug Class	Formulary Drug Removals	Formulary Options
Cancer * Prostate Hormonal Agents, Antiandrogens	NILANDRON XTANDI ¹	<i>bicalutamide</i> , ZYTIGA
Cardiovascular Antilipemics * Fibrates	TRICOR	<i>fenofibrate</i> , <i>fenofibric acid</i>
Cardiovascular Antilipemics * HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations	ADVICOR ALTOPREV CRESTOR LESCOL XL LIPITOR LIPTRUZET LIVALO	<i>atorvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>rosuvastatin</i> , <i>simvastatin</i> , VYTORIN
Cardiovascular Antilipemics * PCSK9 Inhibitors	PRALUENT ¹	REPATHA
Cardiovascular Pulmonary Arterial Hypertension * Endothelin Receptor Antagonists	OPSUMIT ¹	LETAIRIS, TRACLEER
Cardiovascular Pulmonary Arterial Hypertension * Phosphodiesterase Inhibitors	ADCIRCA ¹ REVATIO ¹	<i>sildenafil</i>
Carnitine Deficiency Agents *	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA
Cystic Fibrosis * Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
Depression * 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</i> , <i>venlafaxine</i> , <i>venlafaxine ext-rel capsule</i> , PRISTIQ
Depression * Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
Depression *, Schizophrenia * Antipsychotics, Atypicals	ABILIFY	<i>aripiprazole</i> , <i>clozapine</i> , <i>olanzapine</i> , <i>quetiapine</i> , <i>risperidone</i> , <i>ziprasidone</i> , LATUDA, SEROQUEL XR
Dermatology * Actinic Keratosis	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%</i> , <i>fluorouracil solution</i> , <i>imiquimod</i> , PICATO, ZYCLARA
Dermatology * Rosacea	NORITATE	<i>metronidazole</i> , FINACEA, SOOLANTRA

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<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 ²	NOVOLIN 70/30 ²
	HUMULIN N ²	NOVOLIN N ²
	HUMULIN R ²	NOVOLIN R ²
	NOTE: Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.	
<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 ³	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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Diabetes * Supplies, Syringes ³	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 ^{4,5}	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 ⁴ , ONETOUCH VERIO STRIPS AND KITS ⁴
Erectile Dysfunction * Phosphodiesterase Inhibitors	LEVITRA VIAGRA	CIALIS
Fertility *	BRAVELLE ¹ GONAL-F ¹	FOLLISTIM AQ
	REPRONEX ¹	CETROTIDE, FOLLISTIM AQ
Gastrointestinal Agents * Opioid-induced Constipation	RELISTOR	MOVANTIK
Gastrointestinal Agents * Proton Pump Inhibitors (PPIs)	NEXIUM PREVACID PROTONIX ZEGERID	esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT
Glaucoma * Prostaglandin Analogs	LUMIGAN	latanoprost, travoprost, TRAVATAN Z, ZIOPTAN
Growth Hormones *	GENOTROPIN ¹ NORDITROPIN ¹ NUTROPIN AQ ¹ OMNITROPE ¹ SAIZEN ¹	HUMATROPE
Hematologic * Anticoagulants (oral)	PRADAXA	warfarin, ELIQUIS, XARELTO
Hematologic * Blood Modifying Agents	PROCRT ¹	ARANESP
Hematologic* Hemophilia Agents	HELIXATE FS ¹	KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
Hematologic* Neutropenia Colony Stimulating Factors	NEUPOGEN ¹	ZARXIO
Hematologic * Platelet Aggregation Inhibitors	PLAVIX	clopidogrel, BRILINTA, EFFIENT
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND DIOVAN EDARBI TEVETEN	candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan, BENICAR
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT DIOVAN HCT EDARBYCLOR TEVETEN HCT	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT

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<i>High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations</i>	EXFORGE	<i>amlodipine-telmisartan, amlodipine-valsartan, AZOR</i>
<i>High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations</i>	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, TRIBENZOR</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 Agents*</i>	XENAZINE ¹	<i>tetrabenazine</i>
<i>Inflammatory Bowel Disease (IBD), Ulcerative Colitis * Aminosalicylates</i>	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA, UCERIS</i>
<i>Interferons *</i>	PEGASYS ¹	Consult doctor
<i>Kidney Disease * Phosphate Binders</i>	FOSRENOL	<i>calcium acetate, PHOSLYRA, RENVELA, VELPHORO</i>
<i>Multiple Sclerosis Agents *</i>	AVONEX ¹ EXTAVIA ¹ PLEGRIDY ¹	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA</i>
<i>Musculoskeletal Agents *</i>	AMRIX	<i>cyclobenzaprine</i>
<i>Nutritional / Supplements* Electrolytes</i>	KLOR-CON/25	<i>potassium chloride liquid</i>
<i>Opioid Dependence Agents *</i>	ZUBSOLV	<i>buprenorphine-naloxone sublingual tablet, SUBOXONE FILM</i>
<i>Opioid Reversal Agents*</i>	EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>
<i>Osteoarthritis * Viscosupplements</i>	EUFLEXXA ¹ MONOVISC ¹ ORTHOVISC ¹ SYNVISC ¹ , SYNVISC-ONE ¹	<i>GEL-ONE, HYALGAN, SUPARTZ FX</i>
<i>Osteoporosis * Calcium Regulators</i>	PROLIA ¹	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, ATELVIA, FORTEO</i>
<i>Overactive Bladder / Incontinence * Urinary Antispasmodics</i>	DETROL LA ENABLEX GELNIQUE OXYTROL	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i>
<i>Pain* Headache Agents</i>	<i>butalbital-acetaminophen-caffeine capsule, FIORICET CAPSULE</i>	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan, RELPAX, ZOMIG NASAL SPRAY</i>
<i>Pain* Transmucosal Immediate- release Fentanyl Agents</i>	ABSTRAL	<i>fentanyl transmucosal lozenge, FENTORA, SUBSYS</i>

Category * Drug Class	Formulary Drug Removals	Formulary Options
<i>Pain and Inflammation</i> * Corticosteroids	DEXPAK MILLIPRED RAYOS	<i>dexamethasone, methylprednisolone, prednisone</i>
<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 or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO</i>
<i>Psoriasis</i> * Biologic Disease-Modifying Agents	OTEZLA ¹ REMICADE ¹	HUMIRA, STELARA (after failure of HUMIRA), TALTZ (after failure of HUMIRA)
All Other Non-Psoriasis Conditions * Biologic Disease-Modifying Agents	ACTEMRA ¹ CIMZIA ¹ KINERET ¹ ORENCIA ¹ OTEZLA ¹ REMICADE ¹ SIMPONI ¹ XELJANZ ¹	ENBREL, HUMIRA
<i>Sleep</i> * Hypnotics, Non- benzodiazepines	INTERMEZZO LUNESTA ROZEREM	<i>eszopiclone, zolpidem, zolpidem ext-rel, SILENOR</i>
<i>Testosterone Replacement</i> * Androgens	<i>testosterone gel 1% ⁶</i> ANDROGEL FORTESTA NATESTO TESTIM VOGELXO	ANDRODERM, AXIRON
<i>Transplant</i> * Immunosuppressants, Calcineurin Inhibitors	PROGRAF ¹	<i>tacrolimus</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 ¹	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 ⁵ ACTEMRA ¹ ACTOS ADCIRCA ¹ ADDERALL XR ADRENACLICK ADVICOR AEROSPAN ALCORTIN A ALLISON MEDICAL INSULIN SYRINGES ³ ALOQUIN ALTOPREV ALVESCO AMRIX ANDROGEL APEXICON E APIDRA ARTHROTEC ASACOL HD ATACAND ATACAND HCT AVONEX ¹ BECONASE AQ BRAVELLE ¹ BREEZE 2 STRIPS AND KITS ⁵ <i>butalbital-acetaminophen-caffeine capsule</i> BYDUREON BYETTA CARAC CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) CARNITOR CARNITOR SF CIMZIA ¹ <i>clobetasol spray</i> CLOBEX SPRAY CONTOUR NEXT STRIPS AND KITS ⁵ CONTOUR STRIPS AND KITS ⁵ CRESTOR CYMBALTA DAKLINZA ¹ DELZICOL DETROL LA DEXPAK DIOVAN DIOVAN HCT DUTOPROL EDARBI EDARBYCLOR ENABLEX EUFLEXXA ¹ EVZIO EXFORGE EXFORGE HCT EXTAVIA ¹ FIORICET CAPSULE <i>fluorouracil cream 0.5%</i> FORTAMET </p>	<p> FORTESTA FOSRENOL FREESTYLE STRIPS AND KITS ⁵ GELNIQUE GENOTROPIN ¹ GLEEVEC ¹ GLUMETZA GONAL-F ¹ HELIXATE FS ¹ HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 ² HUMULIN N ² HUMULIN R ² INCRUSE ELLIPTA INTERMEZZO INTUNIV INVOKAMET INVOKANA JALYN KAZANO KINERET ¹ KLOR-CON/25 KOMBIGLYZE XR LANTUS LASTACAPT LESCOL XL LEVITRA LIPITOR LIPTRUZET LIVALO LUMIGAN LUNESTA <i>Matzim LA</i> MILLIPRED MONOVISC ¹ NAPRELAN NATESTO NESINA NEUPOGEN ¹ NEXIUM NILANDRON NORDITROPIN ¹ NORITATE NORVASC NOVACORT NOVO NORDISK NEEDLES ³ NUTROPIN AQ ¹ OLEPTRO OLUX-E OLYSIO ¹ OMNARIS OMNITROPE ¹ ONGLYZA OPSUMIT ¹ ORENCIA ¹ ORTHOVISC ¹ OSENI OTEZLA ¹ OWEN MUMFORD NEEDLES ³ OXYTROL </p>	<p> PEGASYS ¹ PENNSAID PERRIGO NEEDLES ³ PLAVIX PLEGRIDY ¹ PRADAXA PRALUENT ¹ PREVACID PROCIT ¹ PROGRAF ¹ PROLIA ¹ PROTONIX PROVENTIL HFA QNASL QSYMIA RAYOS RELISTOR REMICADE ¹ REPRONEX ¹ REVATIO ¹ RHINOCORT AQUA RIOMET ROZEREM SAIZEN ¹ SIMPONI ¹ SYMBICORT SYNVISC ¹ SYNVISC-ONE ¹ TASIGNA ¹ TECHNIVIE ¹ TESTIM <i>testosterone gel 1% ⁶</i> TEVETEN TEVETEN HCT TOBI TOBI PODHALER TOUJEO TRICOR TRIVIDIA INSULIN SYRINGES ³ TUDORZA ULTIMED INSULIN SYRINGES ³ ULTIMED NEEDLES ³ VALCYTE VALTREX <i>venlafaxine ext-rel tablet (except 225 mg)</i> VENLAFAXINE EXT-REL TABLET (except 225 mg) VENTOLIN HFA VERAMYST VIAGRA VIEKIRA PAK ¹ VOGELXO XELJANZ ¹ XENAZINE ¹ XOPENEX HFA XTANDI ¹ ZEGERID ZEPATIER ¹ ZETONNA 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 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.

† Expected Availability 12/15/16

¹ An exception process may exist for specific clinical or regulatory circumstances that may require coverage of an excluded medication. If your doctor believes you have a specific clinical need for an excluded product, he or she should fax an exception request to: 1-888-487-9257.

² Rebranded or private label formulations are not covered (i.e., RELION).

³ BD ULTRAFINE syringes and needles are the only preferred options.

⁴ 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.

⁵ ONETOUCH brand test strips are the only preferred options.

⁶ Listing reflects the authorized generics for TESTIM and VOGELXO.

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