

Formulary Drug Removals

Below is a list of medicines by drug class that have been removed from your plan's formulary. This list is effective January 1, 2017. 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	EPIPEN, EPIPEN JR
Allergies * Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA VERAMYST ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>
Allergies * Ophthalmic	LASTACAPT	<i>azelastine, cromolyn sodium, olopatadine, PATADAY, PAZEO</i>
Anti-infectives, Antivirals * Cytomegalovirus Agents	VALCYTE	<i>valganciclovir</i>
Anti-infectives, Antivirals * Hepatitis C Agents	DAKLINZA OLYSIO TECHNIVIE VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 2, 3), HARVONI (genotypes 1, 4, 5, 6)
Anti-infectives, Antivirals * Herpes Agents	VALTREX	<i>acyclovir, valacyclovir</i>
Antiobesity Agents * Newer Agents	QSYMIA	BELVIQ, 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 Agents *	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>
Cancer * Chronic Myelogenous Leukemia Agents	GLEEVEC TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
Cancer * Prostate Hormonal Agents, Antiandrogens	NILANDRON XTANDI	<i>bicalutamide, ZYTIGA</i>

Category * Drug Class	Formulary Drug Removals	Formulary Options
<i>Cardiovascular Antilipemics * Fibrates</i>	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular Antilipemics * HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations</i>	ADVICOR ALTOPREV CRESTOR LESCOL XL LIPITOR LIPTRUZET LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, VYTORIN</i>
<i>Cardiovascular Pulmonary Arterial Hypertension Agents * Endothelin Receptor Antagonists</i>	OPSUMIT	LETAIRIS, TRACLEER
<i>Carnitine Deficiency Agents *</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics</i>	INCRUSE ELLIPTA TUDORZA	SPIRIVA
<i>Cystic Fibrosis * Inhaled Antibiotics</i>	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Depression * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)</i>	<i>venlafaxine ext-rel tablet (except 225 mg) CYMBALTA VENLAFAXINE EXT-REL TABLET (except 225 mg)</i>	<i>duloxetine, venlafaxine, venlafaxine ext-rel capsule, PRISTIQ</i>
<i>Depression * Antidepressants, Miscellaneous Agents</i>	OLEPTRO	<i>trazodone</i>
<i>Depression *, Schizophrenia * Antipsychotics, Atypicals</i>	ABILIFY	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, SEROQUEL XR</i>
<i>Dermatology * Actinic Keratosis</i>	<i>fluorouracil cream 0.5% CARAC</i>	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, ZYCLARA</i>
<i>Dermatology * Rosacea</i>	NORITATE	<i>metronidazole, FINACEA, SOOLANTRA</i>
<i>Dermatology* Skin Inflammation and Hives Corticosteroids</i>	<i>clobetasol spray CLOBEX SPRAY OLUX-E</i>	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone, fluocinonide</i>
<i>Dermatology * Miscellaneous Skin Conditions</i>	ALCORTIN A ALOQUIN NOVACORT	<i>hydrocortisone</i>
<i>Diabetes * Biguanides</i>	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
<i>Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</i>	NESINA ONGLYZA	JANUVIA, TRADJENTA

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<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
<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 Agents</i> * Opioid-induced Constipation	RELISTOR	MOVANTIK

Category * Drug Class	Formulary Drug Removals	Formulary Options
<i>Gastrointestinal Agents *</i> Proton Pump Inhibitors (PPIs)	NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<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 Agents	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 TEVETEN	<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 TEVETEN HCT	<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>
<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 Agents *</i>	XENAZINE	<i>tetrabenazine</i>
<i>Inflammatory Bowel Disease (IBD), Ulcerative Colitis *</i> Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA, UCERIS</i>
<i>Kidney Disease *</i> Phosphate Binders	FOSRENOL	<i>calcium acetate, PHOSLYRA, RENVELA, VELPHORO</i>

Category * Drug Class	Formulary Drug Removals	Formulary Options
<i>Multiple Sclerosis Agents *</i>	AVONEX EXTAVIA PLEGRIDY	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA</i>
<i>Musculoskeletal Agents *</i>	AMRIX	<i>cyclobenzaprine</i>
<i>Nutritional / Supplements *</i> <i>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 *</i> <i>Viscosupplements</i>	EUFLEXXA MONOVISC ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ FX
<i>Overactive Bladder / Incontinence *</i> <i>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 *</i> <i>Headache Agents</i>	<i>butalbital-acetaminophen-caffeine capsule</i> FIORICET CAPSULE	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan, RELPAX, ZOMIG NASAL SPRAY</i>
<i>Pain *</i> <i>Transmucosal Immediate-release Fentanyl Agents</i>	ABSTRAL	<i>fentanyl transmucosal lozenge, FENTORA, SUBSYS</i>
<i>Pain and Inflammation *</i> <i>Corticosteroids</i>	DEXPAK MILLIPRED RAYOS	<i>dexamethasone, methylprednisolone, prednisone</i>
<i>Pain and Inflammation *</i> <i>Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations</i>	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> <i>Benign Prostatic Hyperplasia Agents / Combinations</i>	JALYN	<i>dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO</i>
<i>Sleep *</i> <i>Hypnotics, Non-benzodiazepines</i>	INTERMEZZO LUNESTA ROZEREM	<i>eszopiclone, zolpidem, zolpidem ext-rel, SILENOR</i>
<i>Testosterone Replacement *</i> <i>Androgens</i>	<i>testosterone gel 1%⁵</i> ANDROGEL FORTESTA NATESTO TESTIM VOGELXO	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 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

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

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.

† Expected Availability 12/15/16

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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