

# 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 consideration options listed below.

Category * Drug Class	Formulary Drug Removals	Formulary Considerations
<i>Allergies</i> * Nasal Steroids	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA VERAMYST	<i>flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX</i>
<i>Asthma</i> * Beta Agonists, Short-Acting	MAXAIR XOPENEX HFA	PROAIR HFA, PROVENTIL HFA
<i>Depression</i> * Antidepressants	OLEPTRO	<i>trazodone</i>
<i>Dermatology</i> * Skin Inflammation and Hives Corticosteroids	OLUX-E	<i>clobetasol propionate foam 0.05%, CLOBEX SPRAY</i>
<i>Diabetes</i> * Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	ONGLYZA	JANUVIA, TRADJENTA
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor / Biguanide Combinations	KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO
<i>Diabetes</i> * Insulins	HUMALOG	APIDRA, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30	NOVOLIN 70/30
	HUMULIN N	NOVOLIN N
	HUMULIN R	NOVOLIN R
	NOTE: Humulin U-500 concentrate will not be subject to removal and will continue to be covered.	
<i>Diabetes</i> * Supplies <sup>2</sup>	FREESTYLE STRIPS AND KITS <sup>1</sup>	ACCU-CHEK STRIPS AND KITS <sup>2</sup> , ONETOUCH STRIPS AND KITS <sup>2</sup>

<b>Category * Drug Class</b>	<b>Formulary Drug Removals</b>	<b>Formulary Considerations</b>
<i>Erectile Dysfunction *</i> Phosphodiesterase Inhibitors	LEVITRA	CIALIS, VIAGRA
<i>Glaucoma *</i> Prostaglandin Analogs	LUMIGAN	<i>latanoprost</i> , TRAVATAN Z, ZIOPTAN
<i>Growth Hormones *</i>	GENOTROPIN NUTROPIN / NUTROPIN AQ OMNITROPE SAIZEN TEV-TROPIN	HUMATROPE, NORDITROPIN
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonists	ATACAND EDARBI TEVETEN	<i>eprosartan, irbesartan, losartan</i> , BENICAR, DIOVAN, MICARDIS
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT EDARBYCLOR TEVETEN HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i> , BENICAR HCT, MICARDIS HCT
<i>High Cholesterol *</i> HMG Co-A Reductase Inhibitors (HMGs or Statins)	ALTOPREV LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin</i> , CRESTOR, LESCOL XL, VYTORIN
<i>High Cholesterol *</i> HMG Co-A Reductase Inhibitor / Niacin Combinations	ADVICOR	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin</i> , SIMCOR
<i>Overactive Bladder / Incontinence *</i> Urinary Antispasmodics	DETROL LA OXYTROL <sup>1</sup> SANCTURA XR <sup>1</sup> TOVIAZ	<i>oxybutynin ext-rel, tolterodine, trospium, trospium ext-rel</i> , GELNIQUE, VESICARE
<i>Pain and Inflammation *</i> Nonsteroidal Anti-inflammatory (NSAIDs) / Combinations	ARTHROTEC	<i>diclofenac sodium delayed-rel/misoprostol</i> , CELEBREX, VIMOVO
	FLECTOR	<i>diclofenac, meloxicam, naproxen</i>
<i>Prostate Condition *</i> Benign Prostatic Hyperplasia Agents / Combinations	JALYN	<i>finasteride</i> or AVODART <b>WITH</b> <i>alfuzosin ext-rel, doxazosin, tamsulosin, terazosin</i> or RAPAFLO
<i>Sleep *</i> Hypnotics, Non-benzodiazepines	INTERMEZZO ROZEREM	<i>zolpidem, zolpidem ext-rel</i>
<i>Testosterone Replacement *</i> Androgens	ANDROGEL TESTIM	ANDRODERM, AXIRON, FORTESTA
<i>Transplant *</i> Immunosuppressants, Calcineurin Inhibitors	Hecoria	<i>tacrolimus</i>

The listed formulary considerations are subject to change.

## List of Formulary Drug Removals

ADVICOR ALTOPREV ANDROGEL ARTHROTEC ATACAND ATACAND HCT BECONASE AQ DETROL LA EDARBI EDARBYCLOR FLECTOR FORTAMET FREESTYLE STRIPS AND KITS <sup>1</sup> GENOTROPIN GLUMETZA Hecoria HUMALOG	HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 HUMULIN N HUMULIN R INTERMEZZO JALYN KOMBIGLYZE XR LEVITRA LIVALO LUMIGAN MAXAIR NUTROPIN / NUTROPIN AQ OLEPTRO OLUX-E OMNARIS OMNITROPE	ONGLYZA OXYTROL <sup>1</sup> QNASL RHINOCORT AQUA RIOMET ROZEREM SAIZEN SANCTURA XR <sup>1</sup> TESTIM TEVETEN TEVETEN HCT TEV-TROPIN TOVIAZ VERAMYST XOPENEX HFA
---	--	--

This list represents brand products in CAPS, branded generics in upper- and lowercase, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug alternative considerations. Log in to [www.caremark.com](http://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 state law restrictions.

\* This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

<sup>1</sup> A medical exception process is in place for specific clinical circumstances that may require continued coverage for one of these specific products: Freestyle diabetic test strips, Oxytrol and Sanctura XR. If your doctor believes you have a specific clinical need for one of these products, he or she should fax a medical exception request to toll-free: 1-866-443-1172. Your plan may choose to provide the medical exception process to all medications on this list.

<sup>2</sup> An Accu-Chek or OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than Accu-Chek or OneTouch. For more information on how to obtain a blood glucose meter, call toll-free: 1-800-588-4456. Members must have CVS Caremark Mail Service Pharmacy benefits to qualify.

**Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.**

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the doctor.