

# 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 options listed below.

Category * Drug Class	Formulary Drug Removals	Formulary Options
Allergies * Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA VERAMYST ZETONNA	<i>flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX</i>
	DYMISTA	<i>flunisolide spray, fluticasone spray, triamcinolone spray, or NASONEX WITH azelastine spray, ASTEPRO or PATANASE</i>
Allergies * Ophthalmic	LASTACRAFT	<i>azelastine, cromolyn sodium, PATADAY, PATANOL</i>
Anti-infectives, Antivirals * Herpes Agents	VALTREX	<i>acyclovir, valacyclovir</i>
Asthma * Beta Agonists, Short-Acting	VENTOLIN HFA XOPENEX HFA	PROAIR HFA, PROVENTIL HFA
Asthma * Steroid Inhalants	ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations	BREO ELLIPTA	ADVAIR, SYMBICORT
Cardiovascular Antilipemics * Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
Cardiovascular Antilipemics * HMG Co-A Reductase Inhibitors (HMGs or Statins) / Combinations	ADVICOR ALTOPREV LESCOL XL LIPITOR LIPTRUZET LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN</i>
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	TUDORZA	SPIRIVA
Dermatology Skin Inflammation and Hives * Corticosteroids	OLUX-E	<i>clobetasol propionate foam 0.05%, CLOBEX SPRAY</i>

<b>Category *</b> <b>Drug Class</b>	<b>Formulary Drug Removals</b>	<b>Formulary Options</b>
<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
<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: <i>Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.</i>	
<i>Diabetes *</i> Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes *</i> Supplies <sup>1</sup>	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS <sup>2</sup>	ACCU-CHEK STRIPS AND KITS <sup>1</sup> , ONETOUCH STRIPS AND KITS <sup>1</sup>
<i>Erectile Dysfunction *</i> Phosphodiesterase Inhibitors	LEVITRA	CIALIS, VIAGRA
<i>Gastrointestinal Agents *</i> Proton Pump Inhibitors (PPIs)	PREVACID PROTONIX	<i>lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM</i>
<i>Glaucoma *</i> Prostaglandin Analogs	LUMIGAN	<i>latanoprost, travoprost, TRAVATAN Z, ZIOPTAN</i>
<i>Growth Hormones *</i>	GENOTROPIN NUTROPIN AQ OMNITROPE SAIZEN TEV-TROPIN	HUMATROPE, NORDITROPIN
<i>Hematologic *</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, BRILINTA, EFFIENT</i>
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonists	ATACAND EDARBI TEVETEN	<i>candesartan, eprosartan, irbesartan, losartan, BENICAR, DIOVAN, MICARDIS</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>

<b>Category *</b> <b>Drug Class</b>	<b>Formulary Drug Removals</b>	<b>Formulary Options</b>
<i>Inflammatory Bowel Disease (IBD), Ulcerative Colitis *</i> Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</i>
<i>Opioid Dependence Agents *</i>	SUBOXONE FILM	<i>buprenorphine-naloxone sublingual tablet, ZUBSOLV</i>
<i>Overactive Bladder / Incontinence *</i> Urinary Antispasmodics	DETROL LA OXYTROL TOVIAZ	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, VESICARE</i>
<i>Pain and Inflammation *</i> Corticosteroids	RAYOS	<i>dexamethasone, methylprednisolone, prednisone</i>
<i>Pain and Inflammation *</i> Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>diclofenac sodium-misoprostol, CELEBREX, VIMOVO</i>
	FLECTOR	<i>diclofenac, meloxicam, naproxen</i>
<i>Prostate Condition *</i> Benign Prostatic Hyperplasia Agents / Combinations	JALYN	<i>finasteride or AVODART WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO</i>
<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 options are subject to change.

## List of Formulary Drug Removals

ACTOS	Hecoria	OXYTROL
ADVICOR	HUMALOG	PLAVIX
ALTOPREV	HUMALOG MIX 50/50	PREVACID
ALVESCO	HUMALOG MIX 75/25	PROTONIX
ANDROGEL	HUMULIN 70/30	QNASL
ARTHROTEC	HUMULIN N	RAYOS
ASACOL HD	HUMULIN R	RHINOCORT AQUA
ATACAND	INTERMEZZO	RIOMET
ATACAND HCT	JALYN	ROZEREM
BECONASE AQ	KAZANO	SAIZEN
BREEZE 2 STRIPS AND KITS	KOMBIGLYZE XR	SUBOXONE FILM
BREO ELLIPTA	LASTACAPT	TESTIM
CONTOUR NEXT STRIPS AND KITS	LESCOL XL	TEVETEN
CONTOUR STRIPS AND KITS	LEVITRA	TEVETEN HCT
DELZICOL	LIPITOR	TEV-TROPIN
DETROL LA	LIPTRUZET	TOVIAZ
DIOVAN HCT	LIVALO	TRICOR
DYMISTA	LUMIGAN	TUDORZA
EDARBI	NESINA	VALTREX
EDARBYCLOR	NUTROPIN AQ	VENTOLIN HFA
FLECTOR	OLUX-E	VERAMYST
FORTAMET	OMNARIS	XOPENEX HFA
FREESTYLE STRIPS AND KITS <sup>2</sup>	OMNITROPE	ZETONNA
GENOTROPIN	ONGLYZA	
GLUMETZA	OSENI	

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 covered options. 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> 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.

<sup>2</sup> An exception process is in place for specific clinical circumstances that may require continued coverage for Freestyle diabetic test strips. If your doctor believes you have a specific clinical need for this product, he or she should fax an exception request toll-free to: 1-888-487-9257. Your plan may choose to provide an exception process for additional medications on this list.

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

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