

# Drug Removals for Clients with Advanced Control Specialty Formulary<sup>®</sup>

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 <sup>1</sup> SIGNIFOR LAR <sup>1</sup> SOMAVERT <sup>1</sup>	SOMATULINE DEPOT
<i>Allergies</i> Antihistamines	<i>dexchlorpheniramine</i> Diphen Elixir 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>	APTIOM BRIVIACT FYCOMPA 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, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI</i>
	ONFI	<i>clobazam, lamotrigine, topiramate, TROKENDI XR</i>
	SABRIL <sup>1</sup>	<i>vigabatrin</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	<i>CoreMino</i> <i>doxycycline hyclate delayed-rel tablet 200 mg</i> <i>doxycycline hyclate tablet 50 mg</i> <i>(NDC<sup>^</sup> 72143021160 only)</i> <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</i> <i>Mondoxyne NL capsule 75 mg</i> 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 <sup>*</sup>	VALCYTE	<i>valganciclovir</i>

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Anti-infectives, Antivirals Hepatitis B *	BARACLUDE TABLET <sup>1</sup> EPIVIR HBV <sup>1</sup> HEPSERA <sup>1</sup>	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY
Anti-infectives, Antivirals Hepatitis C *	MAVYRET <sup>1</sup>	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>
	VIEKIRA PAK <sup>1</sup> ZEPATIER <sup>1</sup>	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 <sup>1</sup> STRIBILD <sup>1</sup>	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
Anti-infectives Miscellaneous	DARAPRIM	pyrimethamine
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 *	ADZENYS ER ADZENYS XR-ODT APTENSIO XR DAYTRANA	amphetamine-dextroamphetamine mixed salts ext-rel <sup>†</sup> , methylphenidate ext-rel <sup>†</sup> , MYDAYIS, VYVANSE
	EVEKEO	amphetamine-dextroamphetamine mixed salts, methylphenidate
	INTUNIV	amphetamine-dextroamphetamine mixed salts ext-rel <sup>†</sup> , atomoxetine, guanfacine ext-rel, methylphenidate ext-rel <sup>†</sup> , MYDAYIS, VYVANSE
Autoimmune Agents Ankylosing Spondylitis *	CIMZIA <sup>1</sup> SIMPONI <sup>1</sup> TALTZ <sup>1</sup>	COSENTYX, ENBREL, HUMIRA
Autoimmune Agents Crohn's Disease *	CIMZIA <sup>1</sup> ENTYVIO <sup>1</sup>	HUMIRA, STELARA SUBCUTANEOUS # # After failure of HUMIRA
Autoimmune Agents Psoriasis *	CIMZIA <sup>1</sup> COSENTYX <sup>1</sup> ENBREL <sup>1</sup>	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Autoimmune Agents</i> Psoriatic Arthritis *	CIMZIA <sup>1</sup> ORENCIA CLICKJECT <sup>1</sup> ORENCIA INTRAVENOUS <sup>1</sup> ORENCIA SUBCUTANEOUS <sup>1</sup> SIMPONI <sup>1</sup> STELARA SUBCUTANEOUS <sup>1</sup> TALTZ <sup>1</sup> TREMIFYA <sup>1</sup> XELJANZ <sup>1</sup> XELJANZ XR <sup>1</sup>	COSENTYX, ENBREL, HUMIRA, OTEZLA
<i>Autoimmune Agents</i> Rheumatoid Arthritis *	ACTEMRA <sup>1</sup> CIMZIA <sup>1</sup> KINERET <sup>1</sup> ORENCIA INTRAVENOUS <sup>1</sup> SIMPONI <sup>1</sup>	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
<i>Autoimmune Agents</i> Ulcerative Colitis *	ENTYVIO <sup>1</sup> SIMPONI <sup>1</sup>	HUMIRA, STELARA SUBCUTANEOUS #, XELJANZ #, XELJANZ XR # # After failure of HUMIRA
<i>Autoimmune Agents</i> All Other Conditions *	ACTEMRA <sup>1</sup> KINERET <sup>1</sup> ORENCIA CLICKJECT <sup>1</sup> ORENCIA INTRAVENOUS <sup>1</sup> ORENCIA SUBCUTANEOUS <sup>1</sup>	ENBREL, HUMIRA
<i>Cancer</i> Chronic Myelogenous Leukemia *	GLEEVEC <sup>1</sup> TASIGNA <sup>1</sup>	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer</i> Multiple Myeloma * Proteasome Inhibitors	BORTEZOMIB <sup>1</sup> KYPROLIS <sup>1</sup>	NINLARO, VELCADE
<i>Cancer</i> PI3K Inhibitors for Follicular Lymphoma *	ALIQOPA <sup>1</sup> ZYDELIG <sup>1</sup>	COPIKTRA
<i>Cancer</i> Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA <sup>1</sup>	<i>abiraterone, bicalutamide</i> , XTANDI, YONSA
<i>Cancer</i> Prostate * Hormonal Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT <sup>1</sup> (For Prostate Cancer Only)	ELIGARD
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	<i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate</i> (except <i>fenofibrate tablet 120 mg</i> ), <i>fenofibric acid delayed-rel</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations <sup>3</sup>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>

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<i>Cardiovascular Antilipemics Niacins</i>	<i>niacin tablet 500 mg Niacor</i>	<i>niacin ext-rel</i>
<i>Cardiovascular Antilipemics PCSK9 Inhibitors</i>	REPATHA <sup>1</sup>	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 Nitrates</i>	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<i>Cardiovascular Pulmonary Arterial Hypertension Endothelin Receptor Antagonists</i>	LETAIRIS <sup>1</sup> TRACLEER <sup>1</sup>	<i>ambrisentan, bosentan, OPSUMIT</i>
<i>Cardiovascular Pulmonary Arterial Hypertension * Phosphodiesterase Inhibitors</i>	ADCIRCA <sup>1</sup> REVATIO <sup>1</sup>	<i>sildenafil, tadalafil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics</i>	INCRUSE ELLIPTA TUDORZA	SPIRIVA, YUPELRI
<i>Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergic / Beta Agonist Combinations Long Acting</i>	BEVESPI AEROSPHERE	ANORO ELLIPTA, 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 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 <sup>1</sup>	KYLEENA, MIRENA, SKYLA
<i>Contraceptives Vaginal</i>	NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>
<i>Cystic Fibrosis * Inhaled Antibiotics</i>	TOBI <sup>1</sup> TOBI PODHALER <sup>1</sup>	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Dental Cavity/Caries Prevention</i>	PREVIDENT	Consult doctor

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Depression</i> * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	fluoxetine tablet 60 mg LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX
<i>Depression</i> * Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	venlafaxine ext-rel tablet (except 225 mg) CYMBALTA EFFEXOR XR PRISTIQ	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
<i>Depression</i> * Antidepressants, Miscellaneous Agents	bupropion ext-rel tablet 450 mg APLENZIN	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)
	OLEPTRO	trazodone
Depression and/or Schizophrenia * Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR
	INVEGA SUSTENNA	ABILIFY MAINTENA, PERSERIS
<i>Dermatology</i> Acne *	clindamycin gel (NDC <sup>^</sup> 68682046275 only) Vanoxide-HC ACANYA AZELEX BENZACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	adapalene, benzoyl peroxide, clindamycin gel (except NDC <sup>^</sup> 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
<i>Dermatology</i> Actinic Keratosis *	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA
<i>Dermatology</i> Antibiotics	mupirocin cream	gentamicin, mupirocin ointment
<i>Dermatology</i> Antipsoriatics	calcipotriene cream calcitriol ointment SORILUX TAZORAC VECTICAL	calcipotriene ointment, calcipotriene solution
	calcipotriene-betamethasone	calcipotriene ointment or calcipotriene solution <b>WITH</b> desoximetasone, fluocinonide (except fluocinonide cream 0.1%) or BRYHALI
<i>Dermatology</i> Atopic Dermatitis *	doxepin cream	desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA
<i>Dermatology</i> Rosacea *	doxycycline monohydrate delayed-rel capsule	ORACEA
	FINACEA GEL MIRVASO NORITATE	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA
<i>Dermatology</i> Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILVEX SILTREX	Consult doctor

<b>Category Drug Class</b>	<b>Formulary Drug Removals</b>	<b>Formulary Options</b>
<i>Dermatology</i> Seborrheic Dermatitis *	<i>ketoconazole foam 2%</i> Ketodan	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
	XOLEGEL	<i>ciclopirox, ketoconazole cream 2%</i>
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream</i>
	<i>flurandrenolide lotion</i> (NDC <sup>^</sup> 24470092112 only)	<i>desonide, hydrocortisone</i>
	<i>flurandrenolide ointment</i> <i>hydrocortisone butyrate lipophilic cream 0.1%</i> <i>triamcinolone acetonide aerosol 0.2%</i> CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate lotion, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment</i>
	<i>difflorason cream</i> <i>difflorason ointment</i> APEXICON E PSORCON	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<i>Dermatology</i> Warts	VEREGEN	<i>imiquimod</i>
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide, hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A ATOPADERM BENSAL HP EPICERAM KAMDOY NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>
	<i>oxiconazole</i> (NDCs <sup>^</sup> 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, luliconazole</i>
<i>Diabetes *</i> Biguanides	<i>metformin ext-rel (generics for FORTAMET and GLUMETZA only)</i> FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
<i>Diabetes *</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
<i>Diabetes *</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA <b>WITH</b> <i>pioglitazone</i>
<i>Diabetes *</i> Injectable Incretin Mimetics	BYDUREON BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA

Category Drug Class	Formulary Drug Removals	Formulary Options
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 <sup>4</sup>	NOVOLIN 70/30 <sup>4</sup>
	HUMULIN N <sup>4</sup>	NOVOLIN N <sup>4</sup>
	HUMULIN R <sup>4</sup>	NOVOLIN R <sup>4</sup>
	NOTE: Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.	
Diabetes * Long Acting Insulins <sup>5</sup>	LANTUS	BASAGLAR, LEVEMIR
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 <sup>6</sup>	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 <sup>6</sup>	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES

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Diabetes * Supplies, Test Strips and Kits 7, 8	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ACCU-CHEK COMPACT PLUS STRIPS AND KITS ACCU-CHEK GUIDE STRIPS AND KITS ACCU-CHEK SMARTVIEW 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 7, ONETOUCH VERIO STRIPS AND KITS 7
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
Dietary Supplements	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite</i> <i>DaVite</i> <i>Dexifol</i> <i>Folvik-D</i> <i>Folvite-D</i> <i>Genicin Vita-S</i> <i>HylaVite</i> <i>Lorid</i> <i>TronVite</i> <i>Vitasure</i> <i>Xvite</i> 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>
	<i>MultiPro</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
Gastrointestinal Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDC^ 42494040901 only) GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>



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<i>Gastrointestinal Antidiarrheals</i>	ENTERAGAM	<i>alosetron, VIBERZI, XIFAXAN 550 MG</i>
	MYTESI	<i>diphenoxylate-atropine, loperamide</i>
<i>Gastrointestinal Antiemetics</i>	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal Irritable Bowel Syndrome</i>	AMITIZA	LINZESS, MOVANTIK, SYMPROIC
	TRULANCE	LINZESS
<i>Gastrointestinal Laxatives</i>	LACTULOSE PAK	<i>lactulose solution</i>
	GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes, CLENPIQ</i>
<i>Gastrointestinal Probiotics</i>	PROVAD ZELAC	Consult doctor
<i>Gastrointestinal Proton Pump Inhibitors (PPIs)</i>	<i>omeprazole-sodium bicarbonate</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<i>Gastrointestinal Ulcer Treatment</i>	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
<i>Gaucher Disease</i>	ELELYSO <sup>1</sup>	CERDELGA, CEREZYME
<i>Genitourinary Interstitial Cystitis</i>	RIMSO-50	Consult doctor
<i>Gout *</i>	COLCRYS	<i>colchicine tablet</i>
<i>Growth Hormones</i>	GENOTROPIN <sup>1</sup> HUMATROPE <sup>1</sup> NUTROPIN AQ <sup>1</sup> OMNITROPE <sup>1</sup> SAIZEN <sup>1</sup>	NORDITROPIN
<i>Hematologic Anticoagulants (oral)</i>	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic Erythropoiesis-Stimulating Agents</i>	EPOGEN <sup>1</sup> PROCRIT <sup>1</sup>	ARANESP, RETACRIT
<i>Hematologic Hemophilia A</i>	ELOCTATE <sup>1</sup>	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<i>Hematologic Hemophilia B</i>	ALPROLIX <sup>1</sup>	Consult doctor
<i>Hematologic Neutropenia Colony Stimulating Factors</i>	FULPHILA <sup>1</sup> NEULASTA <sup>1</sup> NEULASTA ONPRO <sup>1</sup> UDENYCA <sup>1</sup>	ZIEXTENZO
	GRANIX <sup>1</sup> NEUPOGEN <sup>1</sup> ZARXIO <sup>1</sup>	NIVESTYM
<i>Hematologic Platelet Aggregation Inhibitors</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor

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<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
<i>High Blood Pressure</i> * 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
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide
<i>High Blood Pressure</i> * Beta-blockers	INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC
<i>High Blood Pressure</i> * Beta-blocker Combinations	DUTOPROL	metoprolol succinate ext-rel <b>WITH</b> hydrochlorothiazide
<i>High Blood Pressure</i> * Calcium Channel Blockers	NORVASC	amlodipine
	diltiazem ext-rel (generics for CARDIZEM LA only) Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA	diltiazem ext-rel (except generics for CARDIZEM LA)
<i>High Blood Pressure</i> * Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	amlodipine <b>WITH</b> celecoxib
<i>Huntington's Disease</i>	XENAZINE <sup>1</sup>	tetrabenazine, AUSTEDO
<i>Immunology</i> Antimetabolites	CELLCEPT <sup>1</sup> MYFORTIC <sup>1</sup>	mycophenolate mofetil, mycophenolate sodium
<i>Immunology</i> Calcineurin Inhibitors	ASTAGRAF XL <sup>1</sup> ENVARUS XR <sup>1</sup>	tacrolimus
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP <sup>1</sup>	RASUVO
<i>Immunology</i> Hereditary Angioedema *	BERINERT <sup>1</sup>	FIRAZYR, RUCONEST
<i>Immunology</i> Rapamycin Derivatives	RAPAMUNE <sup>1</sup> ZORTRESS <sup>1</sup>	everolimus, sirolimus
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL LIALDA	balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, PENTASA
	COLAZAL	balsalazide
<i>Interferons</i> *	PEGASYS <sup>1</sup>	Consult doctor

<b>Category Drug Class</b>	<b>Formulary Drug Removals</b>	<b>Formulary Options</b>
<i>Kidney Disease *</i> Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
<i>Multiple Sclerosis</i>	AVONEX <sup>1</sup> EXTAVIA <sup>1</sup> PLEGRIDY <sup>1</sup> TECFIDERA <sup>1</sup>	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
<i>Musculoskeletal</i>	<i>chlorzoxazone 375 mg</i> <i>chlorzoxazone 500 mg</i> <i>(NDC^ 73007001303 only)</i> <i>chlorzoxazone 750 mg</i> <i>cyclobenzaprine ext-rel capsule</i> <i>cyclobenzaprine tablet 7.5 mg</i> <i>Fexmid</i> <i>Lorzone</i> <i>metaxalone 400 mg</i> <i>methocarbamol 500 mg</i> <i>(NDC^ 69036091010 only)</i> <i>methocarbamol 750 mg</i> <i>(NDCs^ 69036093090, 70868090190 only)</i> <i>orphenadrine-aspirin-caffeine</i> <i>Orphengesic Forte</i> AMRIX CHLORZOXAZONE 250 MG NORGESIC FORTE	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
<i>Narcolepsy</i> Wakefulness Promoters	NUVIGIL	<i>armodafinil, SUNOSI</i>
<i>Nephropathic Cystinosis</i>	PROCYSBI <sup>1</sup>	CYSTAGON
<i>Ophthalmic</i> Allergies	ALREX BEPREVE	<i>azelastine, cromolyn sodium, olopatadine, LASTACAPT, PAZEO</i>
<i>Ophthalmic</i> Anti-infective / Anti-inflammatory	ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST</i>
<i>Ophthalmic</i> Anti-inflammatory, Nonsteroidal	PROLENSA	<i>bromfenac, diclofenac, ketorolac, ACUVAIL, ILEVRO, NEVANAC</i>
<i>Ophthalmic</i> Anti-inflammatory, Steroidal	FML LIQUIFILM LOTEMAX LOTEMAX SM PRED FORTE	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
<i>Ophthalmic</i> Antivirals	ZIRGAN	<i>trifluridine</i>
<i>Ophthalmic</i> Artificial Tears	LACRISERT	RESTASIS, XIIDRA
<i>Ophthalmic</i> Glaucoma	<i>bimatoprost solution 0.03%</i>	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>
	TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETIMOL, BETOPTIC S</i>
<i>Ophthalmic</i> Miscellaneous	AVENOVA	Consult doctor
<i>Opioid Dependency</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>
<i>Opioid Reversal</i>	EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Osteoarthritis</i> * Viscosupplements	GEL-ONE <sup>1</sup> HYALGAN <sup>1</sup> MONOVISC <sup>1</sup> ORTHOVISC <sup>1</sup> SYNVISC <sup>1</sup> SYNVISC-ONE <sup>1</sup> VISCO-3 <sup>1</sup>	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<i>Osteoporosis</i> * Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate</i> , FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
<i>Otic</i> Anti-infective / Anti-inflammatory	CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
<i>Overactive Bladder / Incontinence</i> * Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
<i>Pain</i> Headache *	<i>Bupap</i> <i>butalbital-acetaminophen tablet 50-300 mg</i> <i>butalbital-acetaminophen-caffeine capsule</i> <i>Vanadol LQ</i> <i>Vanadol S</i> BUTALBITAL-ACETAMINOPHEN (NDC <sup>^</sup> 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> <i>Migergot</i> CAFERGOT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XSAIL, REYVOW, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
	<i>sumatriptan-naproxen</i> TREMIMET	<i>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</i>
<i>Pain</i> Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal, BELBUCA</i>
	LAZANDA	<i>fentanyl transmucosal lozenge, SUBSYS</i>
	<i>levorphanol</i> <i>oxymorphone ext-rel</i> HYSINGLA ER OXYCONTIN ZOHYDRO ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNDA ER, XTAMPZA ER</i>
	PERCOCET PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNDA</i>
	<i>tramadol (NDC<sup>^</sup> 52817019610 only)</i>	<i>tramadol (except NDC<sup>^</sup> 52817019610), tramadol ext-rel</i>
<i>Pain</i> Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC <sup>^</sup> 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>
<i>Pain and Inflammation</i> * Corticosteroids	MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<b>Pain and Inflammation *</b> Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) <b>WITH</b> esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT
	Diclofex DC (NDC <sup>^</sup> 51021037201 only) Dicloaicin Inflammacin NuDiclo SoluPak NuDiclo TabPak PENNSAID	diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
	fenoprofen indomethacin capsule 20 mg ketoprofen capsule 25 mg ketoprofen ext-rel capsule mefenamic acid (NDC <sup>^</sup> 69336012830 only) naproxen CR naproxen suspension FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
	naproxen-esomeprazole	diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) <b>WITH</b> esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT
<b>Parkinson's Disease</b>	APOKYN <sup>1</sup>	INBRIJA
<b>Postherpetic Neuralgia</b>	HORIZANT	gabapentin, GRALISE
<b>Prostate Condition</b> Benign Prostatic Hyperplasia *	JALYN	dutasteride-tamsulosin; dutasteride or finasteride <b>WITH</b> alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin
	RAPAFLO UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin
<b>Respiratory</b> Alpha-1 Antitrypsin Deficiency	ARALAST NP <sup>1</sup> GLASSIA <sup>1</sup> ZEMAIRA <sup>1</sup>	PROLASTIN-C
<b>Respiratory</b> Cough	benzonatate (NDCs <sup>^</sup> 69336012615, 69499032915 only)	benzonatate (except NDCs <sup>^</sup> 69336012615, 69499032915)
<b>Sleep Disorder</b> Hypnotics, Non-benzodiazepines	quazepam INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA
<b>Testosterone Replacement *</b> Androgens	testosterone gel 1% (authorized generics for TESTIM and VOGELXO only) ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM
<b>Thyroid Supplements</b>	TIROSINT	levothyroxine, SYNTHROID
<b>Transplant *</b> Immunosuppressants, Calcineurin Inhibitors	PROGRAF <sup>1</sup>	tacrolimus
<b>Urea Cycle Disorders</b>	BUPHENYL <sup>1</sup> RAVICTI <sup>1</sup>	sodium phenylbutyrate

<b>Category Drug Class</b>	<b>Formulary Drug Removals</b>	<b>Formulary Options</b>
<i>Women's Health</i> Menopausal Symptom Agents Oral	MENEST OSPHENA PREMARIN	<i>estradiol</i>
<i>Women's Health</i> Menopausal Symptom Agents Vaginal	ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol, IMVEXXY</i>
<i>Women's Health</i> Premenstrual Dysphoric Disorder (PMDD)	<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel, sertraline</i>
<i>Women's Health</i> Prenatal Vitamins	AZESCO ZALVIT	<i>prenatal vitamins, CITRANATAL</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 <sup>1</sup>	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	BENICAR	<i>clobetasol spray</i>
ACANYA	BENICAR HCT	CLOBEX SPRAY
ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>8</sup>	BENSAL HP	COLAZAL
ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>8</sup>	BENZACLIN	COLGRYS
ACCU-CHEK GUIDE STRIPS AND KITS <sup>8</sup>	<i>benzonatate</i> (NDCs <sup>A</sup> 693336012615, 69499032915 only)	COMPLERA <sup>1</sup>
ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>8</sup>	BEPREVE	CONSENSI
ACIPHEX	BERINERT <sup>1</sup>	CONTOUR NEXT STRIPS AND KITS <sup>8</sup>
ACIPHEX SPRINKLE	BETAPACE	CONTOUR STRIPS AND KITS <sup>8</sup>
ACTEMRA <sup>1</sup>	BETAPACE AF	CONTRAVE
ACTICLATE	BEVESPI AEROSPHERE	CORDRAN OINTMENT
<i>Activite</i>	BEYAZ	<i>CoreMino</i>
ACTOS	<i>bimatoprost solution 0.03%</i>	CRESTOR
<i>acyclovir cream</i>	BORTEZOMIB <sup>1</sup>	<i>cyclobenzaprine ext-rel capsule</i>
ADCIRCA <sup>1</sup>	BREEZE 2 STRIPS AND KITS <sup>8</sup>	<i>cyclobenzaprine tablet 7.5 mg</i>
ADZENYS ER	BRIVIACT	CYMBALTA
ADZENYS XR-ODT	<i>Bupap</i>	DARAPRIM
ALCORTIN A	BUPHENYL <sup>1</sup>	<i>DaVite</i>
ALEVICYN GEL	<i>bupropion ext-rel tablet 450 mg</i>	DAYTRANA
ALEVICYN SG	<i>butalbital-acetaminophen tablet 50-300 mg</i>	DELZICOL
ALEVICYN SOLUTION	BUTALBITAL-ACETAMINOPHEN	DETROL LA
ALIQOPA <sup>1</sup>	(NDC <sup>A</sup> 69499034230 only)	<i>dexchlorpheniramine</i>
ALLISON MEDICAL INSULIN SYRINGES <sup>6</sup>	<i>butalbital-acetaminophen-caffeine capsule</i>	<i>Dexifol</i>
ALPROLIX <sup>1</sup>	BUTRANS	<i>Diclofex DC</i> (NDC <sup>A</sup> 51021037201 only)
ALREX	BYDUREON	<i>Diclostaicin</i>
ALTOPREV	BYETTA	DIFFERIN LOTION
ALVESCO	CAFERGOT	<i>diflorasone cream</i>
AMITIZA	<i>calcipotriene cream</i>	<i>diflorasone ointment</i>
AMRIX	<i>calcipotriene-betamethasone</i>	<i>dihydroergotamine spray</i>
ANDROGEL 1%	<i>calcitriol ointment</i>	<i>diltiazem ext-rel</i> (generics for CARDIZEM LA only)
APEXICON E	CAMBIA	DIOVAN
APIDRA	CARAC	DIOVAN HCT
APLENZIN	CARAFATE	<i>Diphen Elixir</i>
APOKYN <sup>1</sup>	CARBINOXAMINE TABLET 6 MG	DORYX
APTENSIO XR	CARDIZEM	DORYX MPC
APTIOM	CARDIZEM CD	<i>doxepin cream</i>
ARALAST NP <sup>1</sup>	CARDIZEM LA	<i>doxycycline hyclate delayed-rel tablet 200 mg</i>
ARTHROTEC	CARNITOR	<i>doxycycline hyclate tablet 50 mg</i>
ASACOL HD	CARNITOR SF	(NDC <sup>A</sup> 72143021160 only)
ASMANEX	CELLCEPT <sup>1</sup>	<i>doxycycline hyclate tablet 75 mg</i>
ASMANEX HFA	<i>chlordiazepoxide-clidinium</i> (NDC <sup>A</sup> 42494040901 only)	<i>doxycycline hyclate tablet 150 mg</i>
ASTAGRAF XL <sup>1</sup>	CHLORZOXAZONE 250 MG	<i>doxycycline monohydrate capsule 75 mg</i>
ATACAND	<i>chlorzoxazone 375 mg</i>	<i>doxycycline monohydrate capsule 150 mg</i>
ATACAND HCT	<i>chlorzoxazone 500 mg</i> (NDC <sup>A</sup> 73007001303 only)	<i>doxycycline monohydrate delayed-rel capsule</i>
ATOPADERM	<i>chlorzoxazone 750 mg</i>	DULERA
AVENOVA	CHORIONIC GONADOTROPIN <sup>1</sup>	DUTOPROL
AVONEX <sup>1</sup>	CIALIS	DYRENIUM
AZELEX	CICATRACE	EDARBI
AZESCO	CIMZIA <sup>1</sup>	EDARBYCLOR
BARACLUDE TABLET <sup>1</sup>	CIPRO HC	E.E.S. GRANULES
BEAU RX	CIPRODEX	EFFEXOR XR
BECONASE AQ	<i>clindamycin gel</i> (NDC <sup>A</sup> 68682046275 only)	ELELYSO <sup>1</sup>

ELOCTATE <sup>1</sup>  
ENABLEX  
ENLITE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
ENTERAGAM  
ENTYVIO <sup>1</sup>  
ENVARUS XR <sup>1</sup>  
EPICERAM  
EPIVIR HBV <sup>1</sup>  
EPOGEN <sup>1</sup>  
*ergotamine-caffeine*  
ERYPED  
ESTRING  
EVEKEO  
EVERSENSE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
EVZIO  
EXFORGE  
EXFORGE HCT  
EXTAVIA <sup>1</sup>  
FABIOR  
FANAPT  
FEMRING  
*fenofibrate tablet 120 mg*  
FENOGLIDE TABLET 120 MG  
*fenopropfen*  
FENOPROFEN CAPSULE  
FERIVA 21/7  
*Fexmid*  
FINACEA GEL  
FIORICET CAPSULE  
*flucytosine capsule 500 mg*  
*fluocinonide cream 0.1%*  
*fluorouracil cream 0.5%*  
*fluoxetine tablet (generics for SARAFEM only)*  
*fluoxetine tablet 60 mg*  
*flurandrenolide lotion (NDC<sup>^</sup> 24470092112 only)*  
*flurandrenolide ointment*  
FML LIQUIFILM  
FOLIC-K  
FOLLISTIM AQ <sup>1</sup>  
*Folvik-D*  
*Folvite-D*  
FORTAMET  
FORTESTA  
FOSRENOL  
FOSTEUM  
FOSTEUM PLUS  
FREESTYLE LIBRE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
FREESTYLE STRIPS AND KITS <sup>8</sup>  
FULPHILA <sup>1</sup>  
FYCOMPA  
GEL-ONE <sup>1</sup>  
*Genicin Vita-S*  
GENOTROPIN <sup>1</sup>  
GLASSIA <sup>1</sup>  
GLEEVEC <sup>1</sup>  
GLUMETZA  
GLYCOPYRROLATE TABLET 1.5 MG  
GOLYTELY  
GRANIX <sup>1</sup>  
GUARDIAN CONNECT CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
HEPSERA <sup>1</sup>  
HORIZANT  
HUMALOG  
HUMALOG MIX 50/50  
HUMALOG MIX 75/25  
HUMATROPE <sup>1</sup>  
HUMULIN 70/30 <sup>4</sup>  
HUMULIN N <sup>4</sup>  
HUMULIN R <sup>4</sup>  
HYALGAN <sup>1</sup>  
*hydrocortisone butyrate lipophilic cream 0.1%*  
*HylaVite*  
HYSINGLA ER

INCRUSE ELLIPTA  
INDERAL LA  
INDERAL XL  
INDOCIN  
*indomethacin capsule 20 mg*  
*Inflammacin*  
INNOPRAN XL  
INTERMEZZO  
INTRAROSA  
INTUNIV  
INVEGA SUSTENNA  
INVOKAMET  
INVOKAMET XR  
INVOKANA  
*isosorbide dinitrate 40 mg*  
JALYN  
JENTADUETO  
JENTADUETO XR  
KAMDOY  
KAZANO  
*ketoconazole foam 2%*  
*Ketodan*  
*ketoprofen capsule 25 mg*  
*ketoprofen ext-rel capsule*  
KINERET <sup>1</sup>  
KOMBIGLYZE XR  
KYPROLIS <sup>1</sup>  
LACRISERT  
LACTULOSE PAK  
LANOXIN TABLET (125 MCG and 250 MCG only)  
*lanthanum carbonate*  
LANTUS  
LAZANDA  
LESCOL XL  
LETAIRIS <sup>1</sup>  
*levorphanol*  
LEXAPRO  
LIALDA  
LIDOCAINE-TETRACAINE CREAM  
(NDC<sup>^</sup> 71800063115 only)  
LIDOTREX  
LILETTA <sup>1</sup>  
LIPITOR  
LIVALO  
*Lorid*  
*Lorzone*  
LOTEMAX  
LOTEMAX SM  
LUNESTA  
LUPRON DEPOT <sup>1</sup>  
MACRODANTIN  
*Matzim LA*  
MAVYRET <sup>1</sup>  
*mefenamic acid (NDC<sup>^</sup> 69336012830 only)*  
MENEST  
*metaxalone 400 mg*  
*metformin ext-rel*  
(generics for FORTAMET and GLUMETZA only)  
*methocarbamol 500 mg (NDC<sup>^</sup> 69036091010 only)*  
*methocarbamol 750 mg*  
(NDCs<sup>^</sup> 69036093090, 70868090190 only)  
MIACALCIN INJECTION  
MIACALCIN NASAL SPRAY  
*Migergot*  
MILLIPRED  
MINASTRIN 24 FE  
MINIVELLE  
MINOCIN  
*minocycline ext-rel*  
MIRVASO  
*Mondoxyne NL capsule 75 mg*  
MONOVISC <sup>1</sup>  
MOVIPREP  
*MultiPro*  
*mupirocin cream*  
MYFORTIC <sup>1</sup>  
MYTESI

NAPRELAN  
*naproxen-esomeprazole*  
*naproxen CR*  
*naproxen suspension*  
NATAZIA  
NATESTO  
NESINA  
NEULASTA <sup>1</sup>  
NEULASTA ONPRO <sup>1</sup>  
NEUPOGEN <sup>1</sup>  
NEXIUM  
*niacin tablet 500 mg*  
*Niacor*  
NICADAN  
NICAPRIN  
NICAZEL  
NICAZEL FORTE  
NICOMIDE  
NILANDRON  
NORGESIC FORTE  
NORITATE  
NORVASC  
NOVACORT  
NOVAREL <sup>1</sup>  
NOVO NORDISK NEEDLES <sup>6</sup>  
*NuDiclo SoluPak*  
*NuDiclo TabPak*  
NUTROPIN AQ <sup>1</sup>  
NUVARING  
NUVIGIL  
OLEPTRO  
OLUX-E  
*omeprazole-sodium bicarbonate*  
OMNARIS  
OMNITROPE <sup>1</sup>  
OMNIVEX  
ONFI  
ONGLYZA  
ORENCIA INTRAVENOUS <sup>1</sup>  
*orphenadrine-aspirin-caffeine*  
*Orphengesic Forte*  
ORTHO D  
ORTHO DF  
ORTHOVISC <sup>1</sup>  
OSENI  
OSMOPREP  
OSPHENA  
OTREXUP <sup>1</sup>  
OWEN MUMFORD NEEDLES <sup>6</sup>  
*oxiconazole (NDCs<sup>^</sup> 00168035830, 51672135902 only)*  
OXYCONTIN  
*oxymorphone ext-rel*  
OXYTROL  
PAXIL  
PAXIL CR  
PEGASYS <sup>1</sup>  
PENNSAID  
PERCOCET  
PERRIGO NEEDLES <sup>6</sup>  
PEXEVA  
PLAVIX  
PLEGRIDY <sup>1</sup>  
POLYTOZA  
*posaconazole delayed-rel tablet*  
PRADAXA  
PRED FORTE  
PREGNYL <sup>1</sup>  
PREMARIN  
PREMARIN CREAM  
PREVACID  
PREVIDENT  
PRIMLEV  
PRISTIQ  
PROAIR HFA  
PROAIR RESPICLICK  
PROCRIT <sup>1</sup>  
PROCYSBI <sup>1</sup>



PRODIGEN  
PROGRAF<sup>1</sup>  
PROLENSA  
PROTONIX  
PROVAD  
PROVENTIL HFA  
PROZAC  
PSORCON  
QNASL  
QSYMIA  
QTERN  
*quazepam*  
RAPAFLO  
RAPAMUNE<sup>1</sup>  
RAVICTI<sup>1</sup>  
RAYOS  
RECEDO  
REPATHA<sup>1</sup>  
REVATIO<sup>1</sup>  
RHEUMATE  
RIBOZEL  
RIMSO-50  
RIOMET  
ROZEREM  
*RyClora*  
SABRIL<sup>1</sup>  
SAIZEN<sup>1</sup>  
SANDOSTATIN LAR<sup>1</sup>  
SCARSILK PAD  
SEROQUEL XR  
SIGNIFOR LAR<sup>1</sup>  
SIL-K PAD  
SILVEX  
SILTREX  
SIMPONI<sup>1</sup>  
SINGULAIR  
SOMAVERT<sup>1</sup>  
SORILUX  
SPRIX  
STENDRA  
STRIBILD<sup>1</sup>  
SUBOXONE

*sucralfate suspension*  
*sumatriptan-naproxen*  
SUPREP  
SYNERDERM  
SYNVISC<sup>1</sup>  
SYNVISC-ONE<sup>1</sup>  
TALIVA  
TARGADOX  
TASIGNA<sup>1</sup>  
TAYTULLA  
TAZORAC  
TECFIDERA<sup>1</sup>  
TESTIM  
*testosterone gel 1%*  
(authorized generics for TESTIM and VOGELXO only)  
TIMOPTIC OCUDOSE  
TIROSENT  
TOBI<sup>1</sup>  
TOBI PODHALER<sup>1</sup>  
TOPROL-XL  
TRACLEER<sup>1</sup>  
TRADJENTA  
*tramadol (NDC<sup>^</sup> 52817019610 only)*  
TRANSDERM SCOP  
TREMIMET  
*triamcinolone acetonide aerosol 0.2%*  
TRICOR  
TRIVIDIA INSULIN SYRINGES<sup>6</sup>  
*TronVite*  
TRULANCE  
TUDORZA  
UDENYCA<sup>1</sup>  
ULTIMED INSULIN SYRINGES<sup>6</sup>  
ULTIMED NEEDLES<sup>6</sup>  
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<sup>1</sup>  
VIIBRYD  
VISCO-3<sup>1</sup>  
*Vitasure*  
VIVELLE-DOT  
VOGELXO  
XANAX  
XANAX XR  
XENAZINE<sup>1</sup>  
XOLEGEL  
XOPENEX HFA  
*Xvite*  
XYZBAC  
YAZ  
ZALVIT  
ZARXIO<sup>1</sup>  
ZEGERID  
ZELAC  
ZEMAIRA<sup>1</sup>  
ZEPATIER<sup>1</sup>  
ZETIA  
ZETONNA  
ZIANA  
ZIRGAN  
ZOHYDRO ER  
ZOLPIMIST  
ZONEGRAN  
ZONTIVITY  
ZORTRESS<sup>1</sup>  
ZORVOLEX  
ZUPLENZ  
ZYDELIG<sup>1</sup>  
ZYLET  
ZYTIGA<sup>1</sup>  
ZYVIT

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<sup>^</sup>.

<sup>^</sup> 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.

<sup>1</sup> 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.

<sup>2</sup> 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).

<sup>3</sup> If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.

<sup>4</sup> Rebranded or private label formulations are not covered (i.e., RELION).

<sup>5</sup> Long Acting Insulins - First Generation.

<sup>6</sup> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>7</sup> 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: 1-877-418-4746.

<sup>8</sup> ONETOUCH brand test strips are the only preferred options.

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