

# 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, 2016. If you continue using one of the drugs listed below and identified as a Formulary Drug Removal after this date, 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.

**Bolded** products represent formulary drug removals that are new for the 2016 plan year.

Category * Drug Class	Formulary Drug Removals	Formulary Options
<i>Allergic Reaction (Anaphylaxis) Treatment *</i>	ADRENACLICK	AUVI-Q, EPIPEN, EPIPEN JR
<i>Allergies * Nasal Steroids / Combinations</i>	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 or olopatadine spray</i>
<i>Allergies * Ophthalmic</i>	LASTACAFT	<i>azelastine, cromolyn sodium, PATADAY, PATANOL</i>
<i>Anti-infectives, Antivirals * Cytomegalovirus Agents</i>	<b>VALCYTE</b>	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals * Hepatitis C Agents</i>	VIEKIRA PAK	HARVONI
<i>Anti-infectives, Antivirals * Herpes Agents</i>	VALTrex	<i>acyclovir, valacyclovir</i>
<i>Anti-obesity Agents * Newer Agents</i>	<b>QSYMIA</b>	BELVIQ, CONTRAVE, SAXENDA
<i>Asthma * Beta Agonists, Short-Acting</i>	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	PROAIR HFA
<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, DULERA
<i>Attention Deficit Hyperactivity Disorder Agents *</i>	ADDERALL XR <b>INTUNIV</b>	<i>amphetamine-dextroamphetamine mixed salts, amphetamine-dextroamphetamine mixed salts ext-rel, guanfacine ext-rel, methylphenidate, methylphenidate ext-rel, DAYTRANA, QUILLIVANT XR, STRATTERA, VYVANSE</i>

<b>Category *</b> <b>Drug Class</b>	<b>Formulary Drug Removals</b>	<b>Formulary Options</b>
<i>Cardiovascular Antilipemics *</i> Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular Antilipemics *</i> HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations	ADVICOR ALTOPREV LESCOL XL LIPITOR LIPTRUZET LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	<b>INCRUSE ELLIPTA</b> TUDORZA	SPIRIVA
<i>Depression *</i> Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<b>CYMBALTA</b>	<i>duloxetine, venlafaxine, venlafaxine ext-rel, KHEDEZLA, PRISTIQ</i>
<i>Depression *</i> Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
<i>Depression *, Schizophrenia *</i> Antipsychotics, Atypicals	<b>ABILIFY</b>	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, SEROQUEL XR</i>
<i>Dermatology Actinic Keratosis *</i>	<i>fluorouracil cream 0.5%</i> <b>CARAC</b>	<i>fluorouracil cream 5%, fluorouracil soln, imiquimod, PICATO, ZYCLARA</i>
<i>Dermatology Rosacea*</i>	<b>NORITATE</b>	<i>metronidazole, sulfacetamide-sulfur, FINACEA, SOOLANTRA</i>
<i>Dermatology Skin Inflammation and Hives *</i> Corticosteroids	<i>clobetasol spray</i> <b>CLOBEX SPRAY</b> OLUX-E	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone, fluocinonide</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
<i>Diabetes*</i> Injectable Incretin Mimetics	<b>BYDUREON</b> BYETTA	TRULICITY, VICTOZA

Category * Drug Class	Formulary Drug Removals	Formulary Options
Diabetes * Insulins	APIDRA HUMALOG	NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 <sup>1</sup>	NOVOLIN 70/30
	HUMULIN N <sup>1</sup>	NOVOLIN N
	HUMULIN R <sup>1</sup>	NOVOLIN R
	NOTE: Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.	
Diabetes * Insulin Sensitizers	ACTOS	pioglitazone
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET	XIGDUO XR
Diabetes * Supplies <sup>2,3</sup>	ACCU-CHEK STRIPS AND KITS BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS <sup>4</sup> All other test strips that are not ONETOUCH brand	ONETOUCH ULTRA STRIPS AND KITS <sup>2</sup> ONETOUCH VERIO STRIPS AND KITS <sup>2</sup>
Erectile Dysfunction * Phosphodiesterase Inhibitors	LEVITRA VIAGRA	CIALIS
Gastrointestinal Agents * Irritable Bowel Disease – Constipation Predominant	AMITIZA	LINZESS
Gastrointestinal Agents * Opioid-induced Constipation	RELISTOR	MOVANTIK
Gastrointestinal Agents * Proton Pump Inhibitors (PPIs)	PREVACID PROTONIX	lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM
Glaucoma * Prostaglandin Analogs	LUMIGAN	latanoprost, travoprost, TRAVATAN Z, ZIOPTAN
Growth Hormones *	GENOTROPIN NUTROPIN AQ OMNITROPE SAIZEN TEV-TROPIN	HUMATROPE, NORDITROPIN

<b>Category *</b> <b>Drug Class</b>	<b>Formulary Drug Removals</b>	<b>Formulary Options</b>
<i>Hematologic *</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel</i> , BRILINTA, EFFIENT
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonists	ATACAND <b>DIOVAN</b> EDARBI TEVETEN	<i>candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan</i> , BENICAR
<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</i> , BENICAR HCT
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	<b>EXFORGE</b>	<i>amlodipine-telmisartan, amlodipine-valsartan</i> , AZOR
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	<b>EXFORGE HCT</b>	<i>amlodipine-valsartan-hydrochlorothiazide</i> , TRIBENZOR
<i>High Blood Pressure *</i> Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	<b>CARDIZEM</b> <b>CARDIZEM CD</b> <b>CARDIZEM LA</b> (includes generic Cardizem LA) <b>Matzim LA</b>	<i>diltiazem ext-rel</i> (except generic of Cardizem LA)
<i>Inflammatory Bowel Disease (IBD), Ulcerative Colitis *</i> Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, budesonide capsule, sulfasalazine, sulfasalazine delayed-rel</i> , APRISO, LIALDA, PENTASA, UCERIS
<i>Kidney Disease *</i> Phosphate Binders	<b>FOSRENOL</b>	<i>calcium acetate</i> , PHOSLYRA, RENEVELA, VELPHORO
<i>Multiple Sclerosis Agents *</i>	<b>AVONEX</b> <b>EXTAVIA</b> <b>PLEGRIDY</b>	AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF
<i>Musculoskeletal Agents *</i>	AMRIX	<i>cyclobenzaprine</i>
<i>Opioid Dependence Agents *</i>	<b>ZUBSOLV</b>	<i>buprenorphine-naloxone sublingual tablet</i> , SUBOXONE FILM
<i>Osteoarthritis*</i> Viscosupplements	EUFLEXXA <b>MONOVISC</b> ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ
<i>Overactive Bladder / Incontinence *</i> Urinary Antispasmodics	DETROL LA OXYTROL TOVIAZ	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel</i> , GELNIQUE, MYRBETRIQ, VESICARE
<i>Pain and Inflammation *</i> Corticosteroids	RAYOS	<i>dexamethasone, methylprednisolone, prednisone</i>

<b>Category *</b> <b>Drug Class</b>	<b>Formulary Drug Removals</b>	<b>Formulary Options</b>
<i>Pain and Inflammation *</i> Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC DUEXIS VIMOVO	<i>celecoxib; diclofenac, meloxicam or naproxen WITH lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT or NEXIUM</i>
	PENNSAID	<i>diclofenac, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>
	NAPRELAN	<i>celecoxib, 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 LUNESTA ROZEREM	<i>eszopiclone, zolpidem, zolpidem ext-rel, SILENOR</i>
<i>Testosterone Replacement *</i> Androgens	<i>testosterone gel 1% <sup>5</sup></i> ANDROGEL FORTESTA NATESTO TESTIM VOGELXO	ANDRODERM, AXIRON
<i>Transplant *</i> Immunosuppressants, Calcineurin Inhibitors	<i>Hecoria</i>	<i>tacrolimus</i>

<b>Category *</b> <b>Drug Class</b>	<b>Formulary Options</b>
New-to-Market Agents <sup>4</sup>	New-to-market products and new variations of products already in the marketplace will be excluded from [or "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.
Hepatitis C *	As new Hepatitis C 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 - Carryover from 2015

<p>ACCU-CHEK STRIPS AND KITS <sup>3</sup>  ACTOS  ADDERALL XR  ADRENACLICK  ADVICOR  AEROSPAN  ALTOPREV  ALVESCO  AMRIX  ANDROGEL  APEXICON E  APIDRA  ARTHROTEC  ASACOL HD  ATACAND  ATACAND HCT  BECONASE AQ  BREEZE 2 STRIPS AND KITS <sup>3</sup>  BYETTA  CONTOUR NEXT STRIPS AND KITS <sup>3</sup>  CONTOUR STRIPS AND KITS <sup>3</sup>  DELZICOL  DETROL LA  DIOVAN HCT  DUEXIS  DYMISTA  EDARBI  EDARBYCLOR  EUFLEXXA  FORTAMET  FREESTYLE STRIPS AND KITS <sup>3,4</sup>  GENOTROPIN</p>	<p>GLUMETZA  <i>Hecoria</i>  HUMALOG  HUMALOG MIX 50/50  HUMALOG MIX 75/25  HUMULIN 70/30 <sup>1</sup>  HUMULIN N <sup>1</sup>  HUMULIN R <sup>1</sup>  INTERMEZZO  JALYN  KAZANO  KOMBIGLYZE XR  LASTACAPT  LESCOL XL  LEVITRA  LIPITOR  LIPTRUZET  LIVALO  LUMIGAN  LUNESTA  NAPRELAN  NATESTO  NESINA  NORVASC  NUTROPIN AQ  OLEPTRO  OLUX-E  OMNARIS  OMNITROPE  ONGLYZA  ORTHOVISC  OSENI</p>	<p>OXYTROL  PENNSAID  PLAVIX  PREVACID  PROTONIX  PROVENTIL HFA  QNASL  RAYOS  RHINOCORT AQUA  RIOMET  ROZEREM  SAIZEN  SYMBICORT  TESTIM  <i>testosterone gel 1% <sup>5</sup></i>  TEVETEN  TEVETEN HCT  TEV-TROPIN  TOVIAZ  TRICOR  TUDORZA  VALTRES  VENTOLIN HFA  VERAMYST  VIEKIRA PAK  VIMOVO  VOGELXO  XOPENEX HFA  ZETONNA</p>
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## List of Formulary Drug Removals - New for 2016

<p>ABILIFY  AMITIZA  AVONEX  BYDUREON  CARAC  CARDIZEM  CARDIZEM CD  CARDIZEM LA (includes generic Cardizem LA)  <i>clobetasol spray</i>  CLOBEX SPRAY  CYMBALTA</p>	<p>DIOVAN  EXFORGE  EXFORGE HCT  EXTAVIA  <i>fluorouracil cream 0.5%</i>  FORTESTA  FOSRENOL  INCRUSE ELLIPTA  INTUNIV  INVOKAMET</p>	<p>INVOKANA  <i>Matzim LA</i>  MONOVISC  NORITATE  PLEGRIDY  QSYMIA  RELISTOR  VALCYTE  VIAGRA  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 drug 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 laws and regulations.

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

<sup>1</sup> Listing includes Relion Insulin products.

<sup>2</sup> A OneTouch blood glucose meter will 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 toll-free: 1-800-588-4456. Members must have CVS Caremark Mail Service Pharmacy™ benefits to qualify.

<sup>3</sup> OneTouch brand test strips are the only preferred options.

<sup>4</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 and new to market agents.

<sup>5</sup> Listing reflects the authorized generics for Testim and Vogelxo.

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