

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>	LASTACFT	<i>azelastine, cromolyn sodium, PATADAY, PATANOL</i>
<i>Anti-infectives, Antivirals * Cytomegalovirus Agents</i>	VALCYTE	<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>	QSYMIA	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 INTUNIV	<i>amphetamine-dextroamphetamine mixed salts, amphetamine-dextroamphetamine mixed salts ext-rel, guanfacine ext-rel, methylphenidate, methylphenidate ext-rel, DAYTRANA, QUILLIVANT XR, STRATTERA, VYVANSE</i>

Category * Drug Class	Formulary Drug Removals	Formulary Options
Cardiovascular Antilipemics * Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
Cardiovascular Antilipemics * 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>
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA
Depression * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	CYMBALTA	<i>duloxetine, venlafaxine, venlafaxine ext-rel, KHEDEZLA, PRISTIQ</i>
Depression * Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
Depression *, Schizophrenia * Antipsychotics, Atypicals	ABILIFY	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, SEROQUEL XR</i>
Dermatology Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil soln, imiquimod, PICATO, ZYCLARA</i>
Dermatology Rosacea*	NORITATE	<i>metronidazole, sulfacetamide-sulfur, FINACEA, SOOLANTRA</i>
Dermatology Skin Inflammation and Hives * Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone, fluocinonide</i>
Diabetes * Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA	JANUVIA, TRADJENTA
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	KAZANO KOMBIGLYZE XR OSENİ	JANUMET, JANUMET XR, JENTADUETO
Diabetes* Injectable Incretin Mimetics	BYDUREON 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 ¹	NOVOLIN 70/30
	HUMULIN N ¹	NOVOLIN N
	HUMULIN R ¹	NOVOLIN R
	NOTE: Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.	
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	XIGDUO XR
Diabetes * Supplies ^{2,3}	ACCU-CHEK STRIPS AND KITS BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ⁴ All other test strips that are not ONETOUGH brand	ONETOUGH ULTRA STRIPS AND KITS ² ONETOUGH VERIO STRIPS AND KITS ²
Erectile Dysfunction * Phosphodiesterase Inhibitors	LEVITRA VIAGRA	CIALIS
Gastrointestinal Agents * Irritable Bowel Disease – Constipation Predominant	AMITIZA	LINZESS
Gastrointestinal Agents * Opioid-induced Constipation	RELISTOR	MOVANTI
Gastrointestinal Agents * Proton Pump Inhibitors (PPIs)	PREVACID PROTONIX	<i>lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM</i>
Glaucoma * Prostaglandin Analogs	LUMIGAN	<i>latanoprost, travoprost, TRAVATAN Z, ZIOPTAN</i>
Growth Hormones *	GENOTROPIN NUTROPIN AQ OMNITROPE SAIZEN TEV-TROPIN	HUMATROPE, NORDITROPIN

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

Category * Drug Class	Formulary Drug Removals	Formulary Options
<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% ⁵</i> ANDROGEL FORTESTA NATESTO TESTIM VOGELXO	ANDRODERM, AXIRON
<i>Transplant *</i> Immunosuppressants, Calcineurin Inhibitors	<i>Hecoria</i>	<i>tacrolimus</i>

Category * Drug Class	Formulary Options
New-to-Market Agents ⁴	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 ³ 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 ³ BYETTA CONTOUR NEXT STRIPS AND KITS ³ CONTOUR STRIPS AND KITS ³ DELZICOL DETROL LA DIOVAN HCT DUEXIS DYMISTA EDARBI EDARBYCLOR EUFLEXA FORTAMET FREESTYLE STRIPS AND KITS ^{3,4} GENOTROPIN</p>	<p>GLUMETZA <i>Hecoria</i> HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 ¹ HUMULIN N ¹ HUMULIN R ¹ INTERMEZZO JALYN KAZANO KOMBIGLYZE XR LASTACAFT 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% ⁵</i> TEVETEN TEVETEN HCT TEV-TROPIN TOVIAZ TRICOR TUDORZA VALTREX 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 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.

¹ Listing includes Relion Insulin products.

² 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.

³ OneTouch brand test strips are the only preferred options.

⁴ 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.

⁵ Listing reflects the authorized generics for Testim and Vogelxo.

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