

# 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, 2013. 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 consideration options listed below.

**Bolded** products represent formulary drug removals that are new for 2013 plan year.

Category * Drug Class	Formulary Drug Removals	Formulary Considerations
<i>Allergies</i> * Nasal Steroids	BECONASE AQ OMNARIS <b>QNASL</b> 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, VENTOLIN 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%</i>
<i>Diabetes</i> * Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	<b>ONGLYZA</b>	JANUVIA, TRADJENTA †
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor / Biguanide Combinations	<b>KOMBIGLYZE XR</b>	JANUMET, JANUMET XR, JENTADUETO
<i>Diabetes</i> * Insulins	HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 HUMULIN N HUMULIN R  NOTE: <i>Humulin U-500 concentrate will not be subject to removal and will continue to be covered.</i>	APIDRA, NOVOLOG NOVOLOG MIX 70/30 NOVOLOG MIX 70/30 NOVOLIN 70/30 NOVOLIN N NOVOLIN R
<i>Diabetes</i> * Supplies ²	FREESTYLE STRIPS AND KITS ¹	ACCU-CHEK STRIPS AND KITS ², ONETOUCH STRIPS AND KITS ²
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	LEVITRA	CIALIS, VIAGRA

<b>Category * Drug Class</b>	<b>Formulary Drug Removals</b>	<b>Formulary Considerations</b>
<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</i> , <i>irbesartan</i> , <i>losartan</i> , BENICAR, DIOVAN, MICARDIS
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT EDARBYCLOR TEVETEN HCT	<i>irbesartan-hydrochlorothiazide</i> , <i>losartan-hydrochlorothiazide</i> , BENICAR HCT, DIOVAN HCT, MICARDIS HCT
<i>High Cholesterol *</i> HMG Co-A Reductase Inhibitors (HMGs or Statins)	ALTOPREV LIVALO	<i>atorvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>simvastatin</i> , CRESTOR, VYTORIN
<i>High Cholesterol *</i> HMG Co-A Reductase Inhibitor / Niacin Combinations	ADVICOR	<i>atorvastatin</i> , <i>fluvastatin</i> , <i>lovastatin</i> , <i>pravastatin</i> , <i>simvastatin</i> , SIMCOR
<i>Overactive Bladder / Incontinence *</i> Urinary Antispasmodics	DETROL LA OXYTROL † SANCTURA XR † TOVIAZ	<i>oxybutynin ext-rel</i> , <i>tolterodine</i> , <i>tropium</i> , GELNIQUE, VESICARE
<i>Pain and Inflammation *</i> Nonsteroidal Anti- inflammatory (NSAIDs) / Combinations	ARTHROTEC FLECTOR	<i>diclofenac</i> or <i>meloxicam</i> or <i>naproxen</i> <b>WITH</b> <i>misoprostol</i> ; CELEBREX, VIMOVO <i>diclofenac</i> , <i>meloxicam</i> , <i>naproxen</i>
<i>Pain *</i> Non-opioid Analgesics	RYZOLT	<i>tramadol ext-rel</i>
<i>Prostate Condition *</i> Benign Prostatic Hyperplasia Agents / Combinations	JALYN	<i>finasteride</i> or AVODART <b>WITH</b> <i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>tamsulosin</i> , <i>terazosin</i> or RAPAFLO
<i>Sleep *</i> Hypnotics, Non-benzodiazepines	INTERMEZZO ROZEREM	<i>zolpidem</i> , <i>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.

† Drugs no longer removed from formulary in 2013.

## List of Formulary Drug Removals

ADVICOR ALTOPREV <b>ANDROGEL</b> ARTHROTEC ATACAND ATACAND HCT BECONASE AQ <b>DETROL LA</b> EDARBI <b>EDARBYCLOR</b> FLECTOR FORTAMET FREESTYLE STRIPS AND KITS <sup>1</sup> <b>GENOTROPIN</b> GLUMETZA <b>Hecoria</b> HUMALOG	HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 HUMULIN N HUMULIN R <b>INTERMEZZO</b> <b>JALYN</b> <b>KOMBIGLYZE XR</b> LEVITRA LIVALO <b>LUMIGAN</b> MAXAIR <b>NUTROPIN / NUTROPIN AQ</b> OLEPTRO OLUX-E OMNARIS <b>OMNITROPE</b>	<b>ONGLYZA</b> OXYTROL <sup>1</sup> <b>QNASL</b> RHINOCORT AQUA RIOMET <b>ROZEREM</b> RYZOLT <b>SAIZEN</b> SANCTURA XR <sup>1</sup> TESTIM TEVETEN TEVETEN HCT <b>TEV-TROPIN</b> TOVIAZ <b>VERAMYST</b> XOPENEX HFA
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## List of Formulary Drug Removals - Carryover from 2012 Plan Year

ADVICOR ALTOPREV ARTHROTEC ATACAND ATACAND HCT BECONASE AQ EDARBI FLECTOR FORTAMET FREESTYLE STRIPS AND KITS <sup>1</sup> GLUMETZA	HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 HUMULIN N HUMULIN R LEVITRA LIVALO MAXAIR OLEPTRO OLUX-E	OMNARIS OXYTROL <sup>1</sup> RHINOCORT AQUA RIOMET RYZOLT SANCTURA XR <sup>1</sup> TESTIM TEVETEN TEVETEN HCT TOVIAZ XOPENEX HFA
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## List of Formulary Drug Removals - New for 2013 Plan Year

<b>ANDROGEL</b> <b>DETROL LA</b> EDARBYCLOR GENOTROPIN Hecoria INTERMEZZO	JALYN KOMBIGLYZE XR LUMIGAN NUTROPIN / NUTROPIN AQ OMNITROPE ONGLYZA	QNASL ROZEREM SAIZEN TEV-TROPIN VERAMYST
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Drugs no longer removed from formulary in 2013: AXIRON, FORTESTA and TRADJENTA

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.

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