

Drug Removals for Clients with Advanced Control Specialty Formulary[®]

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 ¹	SOMATULINE DEPOT, SOMAVERT
<i>Allergies</i> Antihistamines	<i>carbinoxamine tablet 6 mg</i>	<i>levocetirizine</i>
<i>Allergies</i> Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>
<i>Anticonvulsants</i>	LAMICTAL LAMICTAL ODT LAMICTAL XR 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, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
	ONFI	<i>clobazam, lamotrigine, topiramate, TROKENDI XR</i>
	SABRIL ¹	<i>vigabatrin</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	<i>doxycycline hyclate, minocycline, tetracycline</i>
<i>Anti-infectives, Antibacterials</i> Miscellaneous	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus *	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals</i> Hepatitis B *	BARACLUDE TABLET ¹ EPIVIR HBV ¹ HEPSERA ¹	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
<i>Anti-infectives, Antivirals</i> Hepatitis C *	MAVYRET ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
	VIEKIRA PAK ¹ ZEPATIER ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals</i> Herpes *	VALTREX	<i>acyclovir, valacyclovir</i>
<i>Anti-infectives, Antivirals</i> HIV	COMPLERA ¹ STRIBILD ¹	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, TRIUMEQ
<i>Antiobesity</i>	CONTRAVE QSYMIA	BELVIQ, BELVIQ XR, SAXENDA

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<i>Anxiety</i> * Benzodiazepines	XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
<i>Asthma</i> * Beta Agonists, Short-Acting	PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
<i>Asthma</i> * Leukotriene Modulators	SINGULAIR	<i>montelukast, zafirlukast, zileuton ext-rel</i>
<i>Asthma</i> * Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
<i>Asthma</i> * or <i>Chronic Obstructive Pulmonary Disease (COPD)</i> * Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT
<i>Attention Deficit Hyperactivity Disorder</i> *	EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
<i>Autoimmune Agents</i> Ankylosing Spondylitis *	CIMZIA ¹ SIMPONI ¹ TALTZ ¹	COSENTYX, ENBREL, HUMIRA
<i>Autoimmune Agents</i> Crohn's Disease *	CIMZIA ¹ ENTYVIO ¹	HUMIRA, STELARA SUBCUTANEOUS (after failure of HUMIRA)
<i>Autoimmune Agents</i> Psoriasis *	CIMZIA ¹ COSENTYX ¹ ENBREL ¹	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ, TREMFYA
<i>Autoimmune Agents</i> Psoriatic Arthritis *	CIMZIA ¹ ORENCIA CLICKJECT ¹ ORENCIA INTRAVENOUS ¹ ORENCIA SUBCUTANEOUS ¹ SIMPONI ¹ STELARA SUBCUTANEOUS ¹ TALTZ ¹ XELJANZ ¹ XELJANZ XR ¹	COSENTYX, ENBREL, HUMIRA, OTEZLA
<i>Autoimmune Agents</i> Rheumatoid Arthritis *	ACTEMRA ¹ CIMZIA ¹ KINERET ¹ ORENCIA INTRAVENOUS ¹ SIMPONI ¹	ENBREL, HUMIRA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, RINVOQ, XELJANZ, XELJANZ XR
<i>Autoimmune Agents</i> Ulcerative Colitis *	ENTYVIO ¹ SIMPONI ¹	HUMIRA, XELJANZ (after failure of HUMIRA)
<i>Autoimmune Agents</i> All Other Conditions *	ACTEMRA ¹ KINERET ¹ ORENCIA CLICKJECT ¹ ORENCIA INTRAVENOUS ¹ ORENCIA SUBCUTANEOUS ¹	ENBREL, HUMIRA
<i>Cancer</i> Breast	VERZENIO ¹	IBRANCE, KISQALI
<i>Cancer</i> Chronic Myelogenous Leukemia *	GLEEVEC ¹ TASIGNA ¹	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>

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Cancer Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA ¹	abiraterone, bicalutamide, XTANDI, YONSA
Cancer Prostate * Hormonal Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT ¹ (For Prostate Cancer Only)	ELIGARD
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	sotalol
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA	ezetimibe
Cardiovascular Antilipemics Fibrates	fenofibrate tablet 120 mg FENOGLIDE TABLET 120 MG TRICOR	fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Cardiovascular Antilipemics PCSK9 Inhibitors	PRALUENT ¹	REPATHA
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	digoxin
Cardiovascular Diuretics	DYRENIUM	amiloride
Cardiovascular Pulmonary Arterial Hypertension * Phosphodiesterase Inhibitors	ADCIRCA ¹ REVATIO ¹	sildenafil, tadalafil
Carnitine Deficiency	CARNITOR CARNITOR SF	levocarnitine
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergic / Beta Agonist Combinations	COMBIVENT RESPIMAT	ipratropium-albuterol inhalation solution, ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT
Contraceptives Monophasic	BEYAZ MINASTRIN 24 FE TAYTULLA YAZ	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron
Contraceptives Biphasic	LO LOESTRIN FE	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate
Contraceptives Triphasic	ORTHO TRI-CYCLEN LO	ethinyl estradiol-norgestimate

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<i>Contraceptives</i> Four Phase	NATAZIA	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate</i>
<i>Contraceptives</i> Progestin Intrauterine Devices	LILETTA ¹	KYLEENA, MIRENA, SKYLA
<i>Cystic Fibrosis</i> * Inhaled Antibiotics	TOBI ¹ TOBI PODHALER ¹	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Dental</i> Cavity/Caries Prevention	PREVIDENT	Consult doctor
<i>Depression</i> * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	LEXAPRO PROZAC	<i>citalopram, escitalopram, fluoxetine, paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD</i>
<i>Depression</i> * Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet</i> (except 225 mg) CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression</i> * Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
<i>Depression and/or Schizophrenia</i> * Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
<i>Dermatology</i> Acne *	<i>Vanoxide-HC</i> ACANYA BENZACLIN ONEXTON VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, TAZORAC</i>
<i>Dermatology</i> Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>
<i>Dermatology</i> Antibiotics	<i>mupirocin cream</i>	<i>gentamicin, mupirocin ointment</i>
<i>Dermatology</i> Antipsoriatics	<i>calcipotriene cream</i> <i>calcitriol ointment</i> SORILUX VECTICAL	<i>calcipotriene ointment, calcipotriene solution</i>
<i>Dermatology</i> Atopic Dermatitis *	<i>doxepin cream</i>	<i>desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA</i>
<i>Dermatology</i> Rosacea *	FINACEA GEL NORITATE	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>
<i>Dermatology</i> Scars	BEAU RX	Consult doctor
	RECEDO SIL-K PAD	<i>imiquimod</i>
<i>Dermatology</i> Seborrheic Dermatitis *	XOLEGEL	<i>ciclopirox, ketoconazole</i>

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<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 ointment</i> CORDRAN OINTMENT	<i>hydrocortisone butyrate, mometasone, triamcinolone</i>
	<i>diflorasone cream</i> <i>diflorasone ointment</i> APEXICON E PSORCON	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%)</i>
<i>Dermatology</i> Wound Care Products	<i>Alevicyn solution</i> ALEVICYN GEL ALEVICYN KIT ALEVICYN SG	<i>desonide, hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A BENSAL HP EPICERAM KAMDOY NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>
<i>Diabetes *</i> Biguanides	FORTAMET (and its generics) GLUMETZA (and its generics) RIOMET	<i>metformin, metformin ext-rel (except generic FORTAMET or 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 WITH <i>pioglitazone</i>
<i>Diabetes *</i> Injectable Incretin Mimetics	BYDUREON BYETTA	OZEMPIC, TRULICITY, VICTOZA
<i>Diabetes *</i> Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ⁴	NOVOLIN 70/30 ⁴
	HUMULIN N ⁴	NOVOLIN N ⁴
	HUMULIN R ⁴	NOVOLIN R ⁴
	NOTE: <i>Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.</i>	
<i>Diabetes *</i> Long Acting Insulins	LANTUS	BASAGLAR, LEVEMIR
	TOUJEO	TRESIBA
<i>Diabetes *</i> Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes *</i> Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE

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<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
<i>Diabetes</i> * Supplies, Needles ⁵	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
<i>Diabetes</i> * Supplies, Syringes ⁵	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
<i>Diabetes</i> * Supplies, Test Strips and Kits ^{6, 7}	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ONETOUCH ULTRA STRIPS AND KITS ONETOUCH VERIO STRIPS AND KITS All other test strips that are not ACCU-CHEK brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS ⁶ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ⁶ , ACCU-CHEK GUIDE STRIPS AND KITS ⁶ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁶
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<i>Dietary Supplements</i>	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Dexifol</i> <i>Folika-T</i> <i>Genicin Vita-S</i> <i>HylaVite</i> <i>Lorid</i> <i>TronVite</i> <i>Xvite</i> FERIVA 21/7 FOLIC-K FOLIKA-D FOLIKA-V MEBOLIC NICAPRIN NICAZEL NICAZEL FORTE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	VASCULERA	Consult doctor

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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	GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
Gastrointestinal Antiemetics	TRANSDERM SCOP	<i>meclizine, scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
Gastrointestinal Laxatives	<i>lactulose pak</i>	<i>lactulose solution</i>
	MOVIPREP OSMOPREP	<i>peg 3350-electrolytes, SUPREP</i>
Gastrointestinal Proton Pump Inhibitors (PPIs)	<i>omeprazole-sodium bicarbonate</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
Gastrointestinal Ulcer Treatment	CARAFATE	<i>sucralfate</i>
Gaucher Disease	ELELYSO ¹	CERDELGA, CEREZYME
Genitourinary Interstitial Cystitis	RIMSO-50	Consult doctor
Gout *	COLCRYS	<i>colchicine tablet</i>
Growth Hormones	GENOTROPIN ¹ NORDITROPIN ¹ NUTROPIN AQ ¹ OMNITROPE ¹ SAIZEN ¹	HUMATROPE
Hematologic Anticoagulants (oral)	COUMADIN	<i>warfarin</i>
	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
Hematologic Erythropoiesis-Stimulating Agents	EPOGEN ¹ PROCRIT ¹	ARANESP, RETACRIT
Hematologic Hemophilia A *	ELOCTATE ¹ HELIXATE FS ¹	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
Hematologic Hemophilia B *	ALPROLIX ¹	Consult doctor
Hematologic Hereditary Angioedema *	BERINERT ¹	FIRAZYR, RUCONEST
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA ¹	NEULASTA, UDENYCA
	GRANIX ¹ NEUPOGEN ¹ ZARXIO ¹	NIVESTYM

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<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Beta-blockers	TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
<i>High Blood Pressure</i> * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	<i>Matzim LA</i> CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics)	<i>diltiazem ext-rel (except generic of CARDIZEM LA)</i>
<i>Huntington's Disease</i>	XENAZINE ¹	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Antimetabolites	CELLCEPT ¹ MYFORTIC ¹	<i>mycophenolate mofetil, mycophenolate sodium</i>
	RAPAMUNE ¹ ZORTRESS ¹	<i>sirolimus</i>
<i>Immunology</i> Calcineurin Inhibitors	ASTAGRAF XL ¹ ENVARISUS XR ¹	<i>cyclosporine; cyclosporine, modified; tacrolimus</i>
<i>Immunology</i> Disease Modifying Antirheumatic Agents	OTREXUP ¹	RASUVO
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL LIALDA	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, PENTASA</i>
	COLAZAL	<i>balsalazide</i>
<i>Interferons</i> *	PEGASYS ¹	Consult doctor
<i>Kidney Disease</i> * Phosphate Binders	FOSRENOL	<i>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
<i>Multiple Sclerosis</i>	AVONEX ¹ EXTAVIA ¹ PLEGRIDY ¹	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI</i>

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Musculoskeletal	AMRIX CHLORZOXAZONE 250 MG (NDCs [^] 46672086046, 69499033060 only)	cyclobenzaprine
Narcolepsy Wakefulness Promoters	NUVIGIL	armodafinil, SUNOSI
Nephropathic Cystinosis	PROCYSBI ¹	CYSTAGON
Ophthalmic Allergies	ALREX	azelastine, cromolyn sodium, olopatadine, LASTACAPT, PAZEO
Ophthalmic Anti-infective / Anti-inflammatory	ZYLET	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST
Ophthalmic Anti-inflammatory, Steroidal	FLAREX FML LIQUIFILM LOTEMAX LOTEMAX SM PRED FORTE	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD
Ophthalmic Glaucoma	TIMOPTIC OCUDOSE	timolol maleate solution, BETIMOL, BETOPTIC S
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Dependency	SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV
Opioid Reversal	EVZIO	naloxone injection, NARCAN NASAL SPRAY
Osteoarthritis * Viscosupplements	DUROLANE ¹ EUFLEXXA ¹ HYALGAN ¹ MONOVISC ¹ ORTHOVISC ¹ SYNVISC ¹ SYNVISC-ONE ¹	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
Osteoporosis * Calcium Regulators	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	calcitonin-salmon
Overactive Bladder / Incontinence * Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ
Pain Headache *	butalbital-acetaminophen (NDC [^] 69499034230 only) butalbital-acetaminophen-caffeine capsule FIORICET CAPSULE VANATOL LQ VANATOL S	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
	dihydroergotamine spray CAFERGOT	eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
Pain Opioid Analgesics	BUTRANS	BELBUCA
	LAZANDA	fentanyl transmucosal lozenge, SUBSYS
	levorphanol HYSINGLA ER OXYCONTIN ZOHYDRO ER	fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, EMBEDA, NUCYN TA ER, XTAMPZA ER
	PERCOCET PRIMLEV	hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYN TA

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Pain</i> Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM LIDOTREX	<i>lidocaine-prilocaine</i>
<i>Pain and Inflammation *</i> Corticosteroids	<i>Dexpak</i> MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
<i>Pain and Inflammation *</i> Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
	<i>diclofenac sodium gel 1% (NDC^ 69499031866 only)</i> <i>Diclofex DC (NDC^ 51021037201 only)</i> <i>Diclosaicin</i> <i>Inflammacin</i> <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1% (except NDC^ 69499031866), diclofenac sodium solution, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>fenoprofen capsule</i> <i>naproxen CR</i> CAMBIA FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>naproxen suspension</i>	<i>ibuprofen</i>
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin, GRALISE</i>
<i>Prostate Condition</i> Benign Prostatic Hyperplasia *	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
<i>Respiratory</i> Alpha-1 Antitrypsin Deficiency	ZEMAIRA ¹	PROLASTIN-C
<i>Respiratory</i> Cough	<i>benzonatate (NDCs^ 69336012615, 69499032915 only)</i>	<i>benzonatate (except NDCs^ 69336012615, 69499032915)</i>
<i>Sleep Disorder</i> Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
<i>Testosterone Replacement *</i> Androgens	<i>testosterone gel 1% ²</i> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel, testosterone solution, ANDRODERM</i>
<i>Thyroid Supplements</i>	TIROSINT	<i>levothyroxine, SYNTHROID</i>
<i>Transplant *</i> Immunosuppressants, Calcineurin Inhibitors	PROGRAF ¹	<i>tacrolimus</i>
<i>Urea Cycle Disorders</i>	BUPHENYL ¹ RAVICTI ¹	<i>sodium phenylbutyrate</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 ¹	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 ACANYA ACIPHEX ACIPHEX SPRINKLE ACTEMRA ¹ ACTICLATE ACTOS ADCIRCA ¹ ALCORTIN A ALEVICYN GEL ALEVICYN KIT ALEVICYN SG <i>Alevicyn solution</i> ALLISON MEDICAL INSULIN SYRINGES ⁵ ALPROLIX ¹ ALREX ALTOPREV ALVESCO AMRIX ANDROGEL 1% APEXICON E APIDRA ARTHROTEC ASACOL HD ASMANEX ASMANEX HFA ASTAGRAF XL ¹ ATACAND ATACAND HCT AVENOVA AVONEX ¹ BARACLUDE TABLET ¹ BEAU RX BECONASE AQ BENICAR BENICAR HCT BENSAL HP BENZACLIN <i>benzonatate</i> (NDCs ^a 69336012615, 69499032915 only) BERINERT ¹ BETAPACE BETAPACE AF BEYAZ BREEZE 2 STRIPS AND KITS ⁷ BUPHENYL ¹ <i>butalbital-acetaminophen</i> (NDC ^a 69499034230 only) <i>butalbital-acetaminophen-caffeine capsule</i> BUTRANS BYDUREON BYETTA	CAFERGOT <i>calcipotriene cream</i> <i>calcitriol ointment</i> CAMBIA CARAC CARAFATE <i>carbinoxamine tablet 6 mg</i> CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) CARNITOR CARNITOR SF CELLCEPT ¹ CHLORZOXAZONE 250 MG (NDCs ^a 46672086046, 69499033060 only) CHORIONIC GONADOTROPIN ¹ CIALIS CIMZIA ¹ <i>clobetasol spray</i> CLOBEX SPRAY COLAZAL COLCRYS COMBIVENT RESPIMAT COMPLERA ¹ CONTOUR NEXT STRIPS AND KITS ⁷ CONTOUR STRIPS AND KITS ⁷ CONTRAVE CORDRAN OINTMENT COUMADIN CRESTOR CYMBALTA DELZICOL DETROL LA <i>Dexifol</i> <i>Dexpak</i> <i>diclofenac sodium gel 1%</i> (NDC ^a 69499031866 only) <i>Diclofex DC</i> (NDC ^a 51021037201 only) <i>Diclosaicin</i> <i>diflorasone cream</i> <i>diflorasone ointment</i> <i>dihydroergotamine spray</i> DIOVAN DIOVAN HCT DORYX DORYX MPC <i>doxepin cream</i> DULERA DUROLANE ¹ DUTOPROL DYRENIUM	EDARBI EDARBYCLOR E.E.S. GRANULES EFFEXOR XR ELELYSO ¹ ELOCTATE ¹ ENABLEX ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM ENTYVIO ¹ ENVARUS XR ¹ EPICERAM EPIVIR HBV ¹ EPOGEN ¹ ERYPED EUFLEXA ¹ EVEKEO EVZIO EXFORGE EXFORGE HCT EXTAVIA ¹ FANAPT <i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG <i>fenoprofen capsule</i> FENOPROFEN CAPSULE FERIVA 21/7 FINACEA GEL FIORICET CAPSULE FLAREX <i>fluocinonide cream 0.1%</i> <i>fluorouracil cream 0.5%</i> <i>flurandrenolide ointment</i> FML LIQUIFILM FOLIC-K FOLIKA-D <i>Folika-T</i> FOLIKA-V FOLLISTIM AQ ¹ FORTAMET (and its generics) FORTESTA FOSRENOL FOSTEUM FOSTEUM PLUS FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE STRIPS AND KITS ⁷ FULPHILA ¹ <i>Genicin Vita-S</i> GENOTROPIN ¹
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GLEEVEC ¹ GLUMETZA (and its generics) GLYCOPYRROLATE TABLET 1.5 MG GRANIX ¹ GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM HELIXATE FS ¹ HEPSERA ¹ HORIZANT HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 ⁴ HUMULIN N ⁴ HUMULIN R ⁴ HYALGAN ¹ <i>HylaVite</i> HYSINGLA ER INDOCIN <i>Inflammacin</i> INTERMEZZO INTUNIV INVOKAMET INVOKAMET XR INVOKANA JALYN JENTADUETO PEGASYS ¹ PENNSAID PERCOCET PERRIGO NEEDLES ⁵ PLAVIX PLEGRIDY ¹ PRADAXA PRALUENT ¹ PRED FORTE PREGNYL ¹ PREVACID PREVIDENT PRIMLEV PRISTIQ PROAIR HFA PROAIR RESPICLICK PROCRIT ¹ PROCYSBI ¹ PROGRAF ¹ PROTONIX PROVENTIL HFA PROZAC PSORCON QNASL QSYMIA QTERN RAPAFLO RAPAMUNE ¹ RAVICTI ¹ RAYOS RECEDO REVATIO ¹ RHEUMATE RIBOZEL RIMSO-50 RIOMET ROZEREM SABRIL ¹ SAIZEN ¹ SANDOSTATIN LAR ¹ SEROQUEL XR SIL-K PAD SIMPONI ¹ SINGULAIR SORILUX SPRIX STENDRA STRIBILD ¹ SUBOXONE SYNERDERM	SYNVISC ¹ SYNVISC-ONE ¹ TALIVA TARGADOX TASIGNA ¹ TAYTULLA TESTIM <i>testosterone gel 1%⁸</i> TIMOPTIC OCUDOSE TIROSINT TOBI ¹ TOBI PODHALER ¹ TOPROL-XL TOUJEO TRADJENTA TRANSDERM SCOP TRICOR TRIVIDIA INSULIN SYRINGES ⁵ <i>TronVite</i> TUDORZA ULTIMED INSULIN SYRINGES ⁵ ULTIMED NEEDLES ⁵ UROXATRAL VALCYTE VALTREX VANATOL LQ VANATOL S <i>Vanoxide-HC</i> VASCULERA VECTICAL VELTIN <i>venlafaxine ext-rel tablet (except 225 mg)</i> VENTOLIN HFA VERZENIO ¹ VIAGRA VIEKIRA PAK ¹ VIVELLE-DOT VOGELXO XANAX XANAX XR XENAZINE ¹ XOLEGEL XOPENEX HFA <i>Xvite</i> XYZBAC YAZ ZARXIO ¹ ZEGERID ZEMAIRA ¹ ZEPATIER ¹ ZETIA ZETONNA ZIANA ZOHYDRO ER ZOLPIMIST ZONEGRAN ZORTRESS ¹ ZORVOLEX ZUPLENZ ZYLET ZYTIGA ¹ ZYVIT	
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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 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.

- ^A 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.
- ^{*} This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.
- ¹ 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.
- ² 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).
- ³ If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.
- ⁴ Rebranded or private label formulations are not covered (i.e., RELION).
- ⁵ BD ULTRAFINE syringes and needles are the only preferred options.
- ⁶ An ACCU-CHEK blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.
- ⁷ ACCU-CHEK brand test strips are the only preferred options.
- ⁸ Listing reflects the authorized generics for TESTIM and VOGELXO.

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