

Drug Removals for Clients with Advanced Control Specialty Formulary™

Below is a list of medicines by drug class that have been removed from the HealthChoice formulary. This list is effective January 1, 2017. If you continue using one of the drugs listed below and identified as an excluded medication, you may be required to pay the full cost.

If you are currently using one of the excluded medications listed below, ask your doctor to choose one of the preferred alternatives listed below.

Category * Drug Class	Excluded Medications	Preferred Alternatives
Allergic Reaction (Anaphylaxis) Treatment *	ADRENACLICK	EPIPEN, EPIPEN JR
Allergies * Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA VERAMYST ZETONNA	flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA
Allergies * Ophthalmic	LASTACFT	azelastine, cromolyn sodium, olopatadine, PATADAY, PAZEO
Anti-infectives, Antivirals * Cytomegalovirus Agents	VALCYTE	valganciclovir
Anti-infectives, Antivirals * Hepatitis C Agents	DAKLINZA ¹ OLYSIO ¹ TECHNIVIE ¹ VIEKIRA PAK ¹ ZEPATIER ¹	EPCLUSA (genotypes 2, 3), HARVONI (genotypes 1, 4, 5, 6)
Anti-infectives, Antivirals * Herpes Agents	VALTREX	acyclovir, valacyclovir
Asthma * Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	PROAIR HFA, PROAIR RESPICLICK
Asthma * Steroid Inhalants	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations	SYMBICORT	ADVAIR, BREO ELLIPTA, DULERA
Attention Deficit Hyperactivity Disorder Agents *	ADDERALL XR INTUNIV	amphetamine-dextroamphetamine mixed salts, amphetamine-dextroamphetamine mixed salts ext-rel, guanfacine ext-rel, methylphenidate, methylphenidate ext-rel, APTENSIO XR, QUILLIVANT XR, STRATTERA, VYVANSE
Cancer * Chronic Myelogenous Leukemia Agents	GLEEVEC ¹ TASIGNA ¹	imatinib mesylate, BOSULIF, SPRYCEL
Cancer *	NILANDRON	bicalutamide, ZYTIGA

Category * Drug Class	Excluded Medications	Preferred Alternatives
Prostate Hormonal Agents, Antiandrogens	XTANDI ¹	
<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 CRESTOR LESCOL XL LIPITOR LIPTRUZET LIVALO	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, VYTORIN</i>
<i>Cardiovascular Antilipemics *</i> PCSK9 Inhibitors	PRALUENT ¹	REPATHA
<i>Cardiovascular Pulmonary Arterial Hypertension *</i> Endothelin Receptor Antagonists	OPSUMIT ¹	LETAIRIS, TRACLEER
<i>Cardiovascular Pulmonary Arterial Hypertension *</i> Phosphodiesterase Inhibitors	ADCIRCA ¹ REVATIO ¹	<i>sildenafil</i>
Carnitine Deficiency Agents *	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA
Cystic Fibrosis * Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Depression *</i> Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA VENLAFAXINE EXT-REL TABLET (except 225 mg)	<i>duloxetine, venlafaxine, venlafaxine ext-rel capsule, PRISTIQ</i>
<i>Depression *</i> Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
<i>Depression *, Schizophrenia *</i> Antipsychotics, Atypicals	ABILIFY	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, SEROQUEL XR</i>
<i>Dermatology *</i> Actinic Keratosis	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, ZYCLARA</i>
<i>Dermatology *</i> Rosacea	NORITATE	<i>metronidazole, FINACEA, SOOLANTRA</i>

Category * Drug Class	Excluded Medications	Preferred Alternatives
Dermatology * Skin Inflammation and Hives Corticosteroids	clobetasol spray CLOBEX SPRAY OLUX-E	clobetasol foam
	APEXICON E	desoximetasone, fluocinonide
Dermatology * Miscellaneous Skin Conditions	ALCORTIN A ALOQUIN NOVACORT	hydrocortisone
Diabetes * Biguanides	FORTAMET GLUMETZA RIOMET	metformin, metformin ext-rel
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, JENTADUETO XR
Diabetes * Injectable Incretin Mimetics	BYDUREON BYETTA	TRULICITY, VICTOZA
Diabetes * Insulins	APIDRA HUMALOG	NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 ²	NOVOLIN 70/30 ²
	HUMULIN N ²	NOVOLIN N ²
	HUMULIN R ²	NOVOLIN R ²
	NOTE: Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.	
Diabetes * Long Acting Insulins	LANTUS TOUJEO	BASAGLAR †, LEVEMIR, TRESIBA
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, Needles ³	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES

Category * Drug Class	Excluded Medications	Preferred Alternatives
Diabetes * Supplies, Syringes ³	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
Diabetes * Supplies, Test Strips and Kits ^{4,5}	ACCU-CHEK 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 ⁴ , ONETOUCH VERIO STRIPS AND KITS ⁴
Fertility *	BRAVELLE ¹ GONAL-F ¹	FOLLISTIM AQ
	REPRONEX ¹	CETROTIDE, FOLLISTIM AQ
Gastrointestinal Agents * Opioid-induced Constipation	RELISTOR	MOVANTIK
Gastrointestinal Agents * Proton Pump Inhibitors (PPIs)	NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
Glaucoma * Prostaglandin Analogs	LUMIGAN	<i>latanoprost, travoprost, TRAVATAN Z, ZIOPTAN</i>
Growth Hormones *	GENOTROPIN ¹ NORDITROPIN ¹ NUTROPIN AQ ¹ OMNITROPE ¹ SAIZEN ¹	HUMATROPE
Hematologic * Anticoagulants (oral)	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
Hematologic * Blood Modifying Agents	PROCRIT ¹	ARANESP
Hematologic* Hemophilia Agents	HELIXATE FS ¹	KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
Hematologic* Neutropenia Colony Stimulating Factors	NEUPOGEN ¹	ZARXIO
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>

Category * Drug Class	Excluded Medications	Preferred Alternatives
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-telmisartan, amlodipine-valsartan, AZOR</i>
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, TRIBENZOR</i>
High Blood Pressure* Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure *</i> Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) Matzim LA	<i>diltiazem ext-rel (except generic of CARDIZEM LA)</i>
<i>Huntington's Disease Agents*</i>	XENAZINE ¹	<i>tetrabenazine</i>
<i>Inflammatory Bowel Disease (IBD), Ulcerative Colitis *</i> Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA, UCERIS</i>
<i>Interferons *</i>	PEGASYS ¹	Consult doctor
<i>Kidney Disease *</i> Phosphate Binders	FOSRENOL	<i>calcium acetate, PHOSLYRA, RENVELA, VELPHORO</i>
<i>Multiple Sclerosis Agents *</i>	AVONEX ¹ EXTAVIA ¹ PLEGRIDY ¹	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA</i>
<i>Musculoskeletal Agents *</i>	AMRIX	<i>cyclobenzaprine</i>
Nutritional / Supplements* Electrolytes	KLOR-CON/25	<i>potassium chloride liquid</i>
<i>Opioid Dependence Agents *</i>	ZUBSOLV	<i>buprenorphine-naloxone sublingual tablet, SUBOXONE FILM</i>
Opioid Reversal Agents*	EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>
<i>Osteoarthritis *</i> Viscosupplements	EUFLEXXA ¹ MONOVISC ¹ ORTHOVISC ¹ SYNVISC ¹ , SYNVISC-ONE ¹	<i>GEL-ONE, HYALGAN, SUPARTZ FX</i>
<i>Osteoporosis *</i> Calcium Regulators	PROLIA ¹	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, ATELVIA, FORTEO</i>
<i>Overactive Bladder / Incontinence *</i> Urinary Antispasmodics	DETROL LA ENABLEX GELNIQUE OXYTROL	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i>
Pain* Headache Agents	<i>butalbital-acetaminophen-caffeine capsule, FIORICET CAPSULE</i>	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan, RELPAX, ZOMIG NASAL SPRAY</i>
Pain* Transmucosal Immediate-release Fentanyl Agents	ABSTRAL	<i>fentanyl transmucosal lozenge, FENTORA, SUBSYS</i>

Category * Drug Class	Excluded Medications	Preferred Alternatives
Pain and Inflammation * Corticosteroids	DEXPAK MILLIPRED RAYOS	dexamethasone, methylprednisolone, prednisone
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	celecoxib; diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT
	PENNSAID	diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL
	NAPRELAN	celecoxib, diclofenac sodium, meloxicam, naproxen
Prostate Condition * Benign Prostatic Hyperplasia Agents / Combinations	JALYN	dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO
Psoriasis * Biologic Disease-Modifying Agents	OTEZLA ¹ REMICADE ¹	HUMIRA, STELARA (after failure of HUMIRA), TALTZ (after failure of HUMIRA)
All Other Non-Psoriasis Conditions * Biologic Disease-Modifying Agents	ACTEMRA ¹ CIMZIA ¹ KINERET ¹ ORENCIA ¹ OTEZLA ¹ REMICADE ¹ SIMPONI ¹ XELJANZ ¹	ENBREL, HUMIRA
Sleep * Hypnotics, Non- benzodiazepines	INTERMEZZO LUNESTA ROZEREM	eszopiclone, zolpidem, zolpidem ext-rel, SILENOR
Testosterone Replacement * Androgens	testosterone gel 1% ⁶ ANDROGEL FORTESTA NATESTO TESTIM VOGELXO	ANDRODERM, AXIRON
Transplant * Immunosuppressants, Calcineurin Inhibitors	PROGRAF ¹	tacrolimus

Category * Drug Class	Formulary Options
Autoimmune and Hepatitis C *	For some clients, an Indication Based Formulary will be utilized for products in these classes and may result in additional exclusions.
Generics	Limited source generics may be evaluated when appropriate and potentially removed from the formulary.
Hyperinflation	On a quarterly basis, products with significant cost inflation that have clinically-appropriate and more cost-effective alternatives may be evaluated and potentially removed from the formulary.
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 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.

The listed preferred alternatives are subject to change.

List of Excluded Medications

<p> ABILIFY ABSTRAL ACCU-CHEK STRIPS AND KITS ⁵ ACTEMRA ¹ ACTOS ADCIRCA ¹ ADDERALL XR ADRENACLICK ADVICOR AEROSPAN ALCORTIN A ALLISON MEDICAL INSULIN SYRINGES ³ ALOQUIN ALTOPREV ALVESCO AMRIX ANDROGEL APEXICON E APIDRA ARTHROTEC ASACOL HD ATACAND ATACAND HCT AVONEX ¹ BECONASE AQ BRAVELLE ¹ BREEZE 2 STRIPS AND KITS ⁵ <i>butalbital-acetaminophen-caffeine capsule</i> BYDUREON BYETTA CARAC CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) CARNITOR CARNITOR SF CIMZIA ¹ <i>clobetasol spray</i> CLOBEX SPRAY CONTOUR NEXT STRIPS AND KITS ⁵ CONTOUR STRIPS AND KITS ⁵ CRESTOR CYMBALTA DAKLINZA ¹ DELZICOL DETROL LA DEXPAK DIOVAN DIOVAN HCT DUTOPROL EDARBI EDARBYCLOR ENABLEX EUFLEXXA ¹ EVZIO EXFORGE EXFORGE HCT EXTAVIA ¹ FIORICET CAPSULE <i>fluorouracil cream 0.5%</i> FORTAMET </p>	<p> FORTESTA FOSRENOL FREESTYLE STRIPS AND KITS ⁵ GELNIQUE GENOTROPIN ¹ GLEEVEC ¹ GLUMETZA GONAL-F ¹ HELIXATE FS ¹ HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 ² HUMULIN N ² HUMULIN R ² INCRUSE ELLIPTA INTERMEZZO INTUNIV INVOKAMET INVOKANA JALYN KAZANO KINERET ¹ KLOR-CON/25 KOMBIGLYZE XR LANTUS LASTACAPT LESCOL XL LIPITOR LIPTRUZET LIVALO LUMIGAN LUNESTA <i>Matzim LA</i> MILLIPRED MONOVISC ¹ NAPRELAN NATESTO NESINA NEUPOGEN ¹ NEXIUM NILANDRON NORDITROPIN ¹ NORITATE NORVASC NOVACORT NOVO NORDISK NEEDLES ³ NUTROPIN AQ ¹ OLEPTRO OLUX-E OLYSIO ¹ OMNARIS OMNITROPE ¹ ONGLYZA OPSUMIT ¹ ORENCIA ¹ ORTHOVISC ¹ OSENI OTEZLA ¹ OWEN MUMFORD NEEDLES ³ OXYTROL </p>	<p> PEGASYS ¹ PENNSAID PERRIGO NEEDLES ³ PLAVIX PLEGRIDY ¹ PRADAXA PRALUENT ¹ PREVACID PROCIT ¹ PROGRAF ¹ PROLIA ¹ PROTONIX PROVENTIL HFA QNASL RAYOS RELISTOR REMICADE ¹ REPRONEX ¹ REVATIO ¹ RHINOCORT AQUA RIOMET ROZEREM SAIZEN ¹ SIMPONI ¹ SYMBICORT SYNVISC ¹ SYNVISC-ONE ¹ TASIGNA ¹ TECHNIVIE ¹ TESTIM <i>testosterone gel 1% ⁶</i> TEVETEN TEVETEN HCT TOBI TOBI PODHALER TOUJEO TRICOR TRIVIDIA INSULIN SYRINGES ³ TUDORZA ULTIMED INSULIN SYRINGES ³ ULTIMED NEEDLES ³ VALCYTE VALTREX <i>venlafaxine ext-rel tablet (except 225 mg)</i> <i>VENLAFAXINE EXT-REL TABLET (except 225 mg)</i> VENTOLIN HFA VERAMYST VIEKIRA PAK ¹ VOGELXO XELJANZ ¹ XENAZINE ¹ XOPENEX HFA XTANDI ¹ ZEGERID ZEPATIER ¹ ZETONNA 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 covered 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.

† Expected Availability 12/15/16

¹ An exception process may exist for specific clinical or regulatory circumstances that may require coverage of an excluded medication. If your doctor believes you have a specific clinical need for an excluded product, he or she should fax an exception request to: 1-888-487-9257.

² Rebranded or private label formulations are not covered (i.e., RELION).

³ BD ULTRAFINE syringes and needles are the only preferred options.

⁴ 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: 1-800-588-4456.

⁵ ONETOUCH brand test strips are the only preferred options.

⁶ Listing reflects the authorized generics for TESTIM and VOGELXO.

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