

Formulary Drug Removals

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
Allergies Antihistamines	carbinoxamine tablet 6 mg	levocetirizine
Allergies Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA
Anticonvulsants	ZONEGRAN	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, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT
Anti-infectives, Antibacterials Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	erythromycins
Anti-infectives, Antibacterials Tetracyclines	ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	doxycycline hyclate, minocycline, tetracycline
Anti-infectives, Antibacterials Miscellaneous	MACRODANTIN	nitrofurantoin
Anti-infectives, Antivirals Cytomegalovirus *	VALCYTE	valganciclovir
Anti-infectives, Antivirals Hepatitis C *	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ¹
	DAKLINZA TECHNIVIE VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
Anti-infectives, Antivirals Herpes *	VALTRES	acyclovir, valacyclovir
Anti-inflammatory Steroidal, Ophthalmic	FML LIQUIFILM PRED FORTE	dexamethasone, prednisolone acetate 1%, DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD
Antiobesity	CONTRAVE QSYMIA	BELVIQ, BELVIQ XR, SAXENDA
Asthma * Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	levalbuterol tartrate CFC-free aerosol, PROAIR HFA, PROAIR RESPICLICK
Asthma * Severe Asthma Agents	FASENRA	DUPIXENT, NUCALA

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Asthma</i> * Steroid Inhalants	ALVESCO	ARNUITY ELLIPTA, ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR, QVAR REDIHALER
<i>Asthma</i> * or <i>Chronic Obstructive Pulmonary Disease (COPD)</i> * Steroid / Beta Agonist Combinations	DULERA	ADVAIR, BREO ELLIPTA, SYMBICORT
<i>Attention Deficit Hyperactivity Disorder</i> *	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>
<i>Autoimmune Conditions</i>	ACTEMRA	ENBREL, HUMIRA, KEVZARA, XELJANZ, XELJANZ XR
	CIMZIA	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
	ENTYVIO	HUMIRA, XELJANZ
	KINERET	ENBREL, HUMIRA, KEVZARA, XELJANZ, XELJANZ XR
	ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
	SIMPONI	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
	TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
<i>Cancer</i> Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
<i>Cancer</i> Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide, XTANDI</i>
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ²	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	PRALUENT	REPATHA
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular</i> Diuretics	DYRENIUM	<i>amiloride</i>

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<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
<i>Depression *</i> Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet</i> (except 225 mg) CYMBALTA EFFEXOR XR	<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 *	ACANYA BENZACLIN ONEXTON <i>Vanoxide-HC</i> VELTIN ZIANA	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, DIFFERIN, EPIDUO, RETIN-A MICRO, 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> Antipsoriatics	SORILUX	<i>calcipotriene</i>
<i>Dermatology</i> Atopic Dermatitis *	<i>doxepin cream</i>	<i>desonide, hydrocortisone, tacrolimus, ELIDEL, EUCRISA</i>
<i>Dermatology</i> Rosacea *	NORITATE	<i>metronidazole, FINACEA, SOOLANTRA</i>
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	<i>hydrocortisone 1% in absorbase</i> (NDCs ^A 69499032210, 69499034325 only)	<i>desonide, hydrocortisone</i>
	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream</i>
	APEXICON E	<i>desoximetasone, fluocinonide (except fluocinonide cream 0.1%)</i>
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN KIT ALEVICYN SG <i>Alevicyn solution</i>	<i>desonide, hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A BENSAL HP 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>

Category Drug Class	Formulary Drug Removals	Formulary Options
<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 OSENI	JANUMET, JANUMET XR
<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 ³	NOVOLIN 70/30 ³
	HUMULIN N ³	NOVOLIN N ³
	HUMULIN R ³	NOVOLIN R ³
	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 TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
<i>Diabetes</i> * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<i>Diabetes</i> * Supplies, Needles ⁴	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 ⁴	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 ^{5, 6}	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 ⁵ , ACCU-CHEK COMPACT PLUS STRIPS AND KITS ⁵ , ACCU-CHEK GUIDE STRIPS AND KITS ⁵ , ACCU-CHEK SMARTVIEW STRIPS AND KITS ⁵

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<i>Dietary Supplements</i>	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	FOLIC-K RHEUMATE	<i>folic acid</i>
	VASCULERA	Consult doctor
<i>Erectile Dysfunction *</i> Phosphodiesterase Inhibitors	STENDRA VIAGRA	<i>sildenafil, tadalafil</i>
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F
<i>Gastrointestinal</i> Anticholinergics	GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
<i>Gastrointestinal</i> Antiemetics	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal</i> Laxatives	<i>lactulose pak</i>	<i>lactulose solution</i>
<i>Gastrointestinal</i> Opioid-induced Constipation	RELISTOR	MOVANTIK
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	<i>omeprazole-sodium bicarbonate</i> NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary</i> Interstitial Cystitis	RIMSO-50	Consult doctor
<i>Growth Hormones</i>	NORDITROPIN NUTROPIN AQ OMNITROPE SAIZEN	GENOTROPIN, HUMATROPE
<i>Hematologic</i> Anticoagulants (oral)	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic</i> Erythropoiesis-Stimulating Agents	EPOGEN PROCRIT	ARANESP, RETACRIT
<i>Hematologic</i> Hemophilia A	ELOCTATE HELIXATE FS	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
<i>Hematologic</i> Hemophilia B	ALPROLIX	Consult doctor
<i>Hematologic</i> Hereditary Angioedema	BERINERT	RUCONEST
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	FULPHILA	NEULASTA, UDENYCA
	GRANIX NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	metoprolol succinate ext-rel WITH hydrochlorothiazide
High Blood Pressure * Calcium Channel Blockers	NORVASC	amlodipine
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) Matzim LA	diltiazem ext-rel (except generic of CARDIZEM LA)
Huntington's Disease	XENAZINE	tetrabenazine, AUSTEDO
Inflammatory Bowel Disease (IBD) Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA
	COLAZAL	balsalazide
Kidney Disease * Phosphate Binders	FOSRENOL	calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO
Multiple Sclerosis	EXTAVIA	glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA, TYSABRI
Musculoskeletal	AMRIX chlorzoxazone 250 mg (NDC [^] 69499033060 only)	cyclobenzaprine
Narcolepsy Wakefulness Promoters	NUVIGIL	armodafinil
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Reversal	EVZIO	naloxone injection, NARCAN NASAL SPRAY
Osteoarthritis * Viscosupplements	EUFLEXXA HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
Osteoporosis *	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	calcitonin-salmon

Category Drug Class	Formulary Drug Removals	Formulary Options
Overactive Bladder / Incontinence * Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE
Pain Headache *	butalbital-acetaminophen (NDC [^] 69499034230 only) butalbital-acetaminophen-caffeine capsule FIORICET CAPSULE VANATOL LQ VANATOL S	diclofenac sodium, 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	LAZANDA	fentanyl transmucosal lozenge, ABSTRAL, SUBSYS
	levorphanol	fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, EMBEDA, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
	PRIMLEV	hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA
Pain and Inflammation * Corticosteroids	Dexpak MILLIPRED RAYOS	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	celecoxib; diclofenac sodium, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT
	diclofenac sodium gel 1% (NDC [^] 69499031866 only) PENNSAID	diclofenac sodium, diclofenac sodium gel 1% (except NDC [^] 69499031866), diclofenac sodium solution, meloxicam, naproxen (except naproxen CR or naproxen suspension)
	fenoprofen capsule naproxen CR CAMBIA FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	diclofenac sodium, meloxicam, naproxen (except naproxen CR or naproxen suspension)
	naproxen suspension	ibuprofen suspension
Postherpetic Neuralgia	HORIZANT	gabapentin, GRALISE
Prostate Condition Benign Prostatic Hyperplasia *	JALYN	dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin
	UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin
Respiratory Alpha-1 Antitrypsin Deficiency	PROLASTIN-C ZEMAIRA	ARALAST NP, GLASSIA
Respiratory Cough	benzonatate (NDC [^] 69499032915 only)	benzonatate (except NDC [^] 69499032915)
Sleep Disorder Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR
Testosterone Replacement * Androgens	testosterone gel 1% ⁷ ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	testosterone gel, testosterone solution, ANDRODERM, ANDROGEL 1.62%
Thyroid Supplements	TIROSINT	levothyroxine, SYNTHROID

Category/ Drug Class	Other Considerations
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.
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.
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 ⁸	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.
Specialty	As new specialty products launch, as well as quarterly throughout the year, CVS Caremark will re-evaluate existing specialty products to determine appropriate formulary placement, which includes potentially removing, adding back or deleting these products.

The listed formulary options are subject to change.

List of Formulary Drug Removals

ABILIFY ACANYA ACTEMRA ACTICLATE ACTOS ADDERALL XR ALCORTIN A ALEVICYN GEL ALEVICYN KIT ALEVICYN SG <i>Alevicyn solution</i> ALLISON MEDICAL INSULIN SYRINGES ⁴ ALPROLIX ALTOPREV ALVESCO AMRIX ANDROGEL 1% APEXICON E APIDRA ARTHROTEC ASACOL HD ATACAND ATACAND HCT AVENOVA BECONASE AQ BENICAR BENICAR HCT BENSAL HP BENZACLIN <i>benzonatate</i> (NDC [^] 69499032915 only) BERINERT BETAPACE BETAPACE AF BREEZE 2 STRIPS AND KITS ⁶ <i>butalbital-acetaminophen</i> (NDC [^] 69499034230 only) <i>butalbital-acetaminophen-caffeine capsule</i> BYDUREON BYETTA CAFERGOT CAMBIA CARAC <i>carbinoxamine tablet 6 mg</i> CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) CARNITOR CARNITOR SF <i>chlorthalidone 250 mg</i> (NDC [^] 69499033060 only)	CIMZIA <i>clobetasol spray</i> CLOBEX SPRAY COLAZAL CONTOUR NEXT STRIPS AND KITS ⁶ CONTOUR STRIPS AND KITS ⁶ CONTRAVE CRESTOR CYMBALTA DAKLINZA DELZICOL DETROL LA <i>Dexpak</i> <i>diclofenac sodium gel 1%</i> (NDC [^] 69499031866 only) <i>dihydroergotamine spray</i> DIOVAN DIOVAN HCT DORYX DORYX MPC <i>doxepin cream</i> DULERA DUTOPROL DYRENIUM EDARBI EDARBYCLOR E.E.S. GRANULES EFFEXOR XR ELELYSO ELOCTATE ENABLEX ENTYVIO EPOGEN ERYPED EUFLEXXA EVZIO EXFORGE EXFORGE HCT EXTAVIA FANAPT FASENRA <i>fenoprofen capsule</i> FENOPROFEN CAPSULE FIORICET CAPSULE <i>fluocinonide cream 0.1%</i> <i>fluorouracil cream 0.5%</i> FML LIQUIFILM FOLIC-K FOLLISTIM AQ	FORTAMET (and its generics) FORTESTA FOSRENOL FOSTEUM FOSTEUM PLUS FREESTYLE STRIPS AND KITS ⁶ FULPHILA GLEEVEC GLUMETZA (and its generics) GLYCOPYRROLATE TABLET 1.5 MG GRANIX HELIXATE FS HORIZANT HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 ³ HUMULIN N ³ HUMULIN R ³ HYALGAN <i>hydrocortisone 1% in absorbase</i> (NDCs [^] 69499032210, 69499034325 only) INDOCIN INTERMEZZO INTUNIV INVOKAMET INVOKAMET XR INVOKANA JALYN JENTADUETO JENTADUETO XR KAZANO KINERET KOMBIGLYZE XR <i>lactulose pak</i> LANOXIN TABLET (125 MCG and 250 MCG only) LANTUS LAZANDA LESCOL XL <i>levorphanol</i> LIPITOR LIVALO LUNESTA MACRODANTIN <i>Matzim LA</i> MAVYRET MIACALCIN INJECTION MIACALCIN NASAL SPRAY
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MILLIPRED MINOCIN MONOVISC NAPRELAN <i>naproxen CR</i> <i>naproxen suspension</i> NATESTO NESINA NEUPOGEN NEXIUM NILANDRON NORDITROPIN NORITATE NORVASC NOVACORT NOVO NORDISK NEEDLES ⁴ NUTROPIN AQ NUVIGIL OLEPTRO OLUX-E <i>omeprazole-sodium bicarbonate</i> OMNARIS OMNITROPE ONETOUCH ULTRA STRIPS AND KITS ⁶ ONETOUCH VERIO STRIPS AND KITS ⁶ ONEXTON ONGLYZA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS ORTHOVISC OSENI OWEN MUMFORD NEEDLES ⁴ OXYTROL PENNSAID PERRIGO NEEDLES ⁴	PLAVIX PRADAXA PRALUENT PRED FORTE PREVACID PRIMLEV PROCRIT PROLASTIN-C PROTONIX PROVENTIL HFA QNASL QSYMIA RAYOS RELISTOR RHEUMATE RIMSO-50 RIOMET ROZEREM SAIZEN SEROQUEL XR SIMPONI SORILUX SPRIX STENDRA SYNERDERM SYNVISC SYNVISC-ONE TALTZ TARGADOX TASIGNA TECHNIVIE TESTIM <i>testosterone gel 1% ⁷</i> TIROSINT TOBI TOBI PODHALER TOUJEO	TRADJENTA TRICOR TRIVIDIA INSULIN SYRINGES ⁴ TUDORZA ULTIMED INSULIN SYRINGES ⁴ ULTIMED NEEDLES ⁴ UROXATRAL VALCYTE VALTRES VANATOL LQ VANATOL S <i>Vanoxide-HC</i> VASCULERA VELTIN <i>venlafaxine ext-rel tablet (except 225 mg)</i> VENTOLIN HFA VIAGRA VIEKIRA PAK VOGELXO XENAZINE XOPENEX HFA ZARXIO ZEGERID ZEMAIRA ZEPATIER ZETIA ZETONNA ZIANA ZOLPIMIST ZONEGRAN ZORVOLEX ZUPLENZ ZYTIGA
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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 Caremark.com to check coverage and copy 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 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).
- ² If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.
- ³ Rebranded or private label formulations are not covered (i.e., RELION).
- ⁴ BD ULTRAFINE syringes and needles are the only preferred options.
- ⁵ 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.
- ⁶ ACCU-CHEK brand test strips are the only preferred options.
- ⁷ Listing reflects the authorized generics for TESTIM and VOGELXO.
- ⁸ An exception process may exist for specific clinical or regulatory circumstances that require coverage of a non-covered medication.

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