



January 2015

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, 2015. 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 the 2015 plan year.

Category * Drug Class	Formulary Drug Removals	Formulary Options
Allergic Reaction (Anaphylaxis) Treatment *	ADRENACLICK	AUVI-Q, EPIPEN, EPIPEN JR
Allergies * Nasal Steroids / Combinations	BECONASE AQ OMNARIS ONASL 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 PATANASE</i>
Allergies * Ophthalmic	LASTACFT	<i>azelastine, cromolyn sodium, PATADAY, PATANOL</i>
Anti-infectives, Antivirals * Herpes Agents	VALTREX	<i>acyclovir, valacyclovir</i>
Asthma * Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	PROAIR HFA
Asthma * Steroid Inhalants	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations	SYMBICORT	ADVAIR, DULERA
Attention Deficit Hyperactivity Disorder Agents	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel</i>
Cardiovascular Antilipemics * Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
Cardiovascular Antilipemics * HMG Co-A 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	TUDORZA	SPIRIVA
Dermatology Skin Inflammation and Hives * Corticosteroids	OLUX-E	<i>clobetasol propionate foam 0.05%, CLOBEX SPRAY</i>
	APEXICON E	<i>desoximetasone, fluocinonide</i>

Category * Drug Class	Formulary Drug Removals	Formulary Options
<i>Diabetes</i> * Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA	JANUVIA, TRAJENTA
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	KAZANO KOMBIGLYZE XR OSENI	JANUMET, JANUMET XR, JENTADUETO
<i>Diabetes</i> * <i>Injectable Incretin Mimetics</i>	BYETTA	BYDUREON, VICTOZA
<i>Diabetes</i> * Insulins	APIDRA HUMALOG	NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30	NOVOLIN 70/30
	HUMULIN N	NOVOLIN N
	HUMULIN R	NOVOLIN R
	NOTE: <i>Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.</i>	
<i>Diabetes</i> * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> * Sodium-Glucose Co-Transporter-2 (SGLT2) Inhibitors	FARXIGA	INVOKANA
<i>Diabetes</i> * Supplies ¹	ACCU-CHEK STRIPS AND KITS BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ² All other test strips that are not ONETOUGH brand	ONETOUGH ULTRA STRIPS AND KITS ¹ , ONETOUGH VERIO STRIPS AND KITS ¹
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	LEVITRA	CIALIS, VIAGRA
<i>Gastrointestinal Agents</i> * Proton Pump Inhibitors (PPIs)	PREVACID PROTONIX	<i>lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM</i>
<i>Glaucoma</i> * Prostaglandin Analogs	LUMIGAN	<i>latanoprost, travoprost, TRAVATAN Z, ZIOPTAN</i>
<i>Growth Hormones</i> *	GENOTROPIN NUTROPIN AQ OMNITROPE SAIZEN TEV-TROPIN	HUMATROPE, NORDITROPIN
<i>Hematologic</i> * Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, BRILINTA, EFFIENT</i>
<i>High Blood Pressure</i> *	ATACAND	<i>candesartan, eprosartan, irbesartan, losartan, telmisartan, BENICAR, DIOVAN</i>

Category * Drug Class	Formulary Drug Removals	Formulary Options
Angiotensin II Receptor Antagonists	EDARBI TEVETEN	
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 * Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
Inflammatory Bowel Disease (IBD), Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</i>
Multiple Sclerosis Agents *	REBIF	AVONEX, COPAXONE, EXTAVIA, GILENYA, TECFIDERA
Musculoskeletal Agents *	AMRIX	<i>cyclobenzaprine</i>
Opioid Dependence Agents *	SUBOXONE FILM	<i>buprenorphine-naloxone sublingual tablet, ZUBSOLV</i>
Osteoarthritis * Viscosupplements	EUFLEXXA 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, VESICARE</i>
Pain and Inflammation * Corticosteroids	RAYOS	<i>dexamethasone, methylprednisolone, prednisone</i>
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC DUEXIS VIMOVO	<i>CELEBREX; diclofenac, meloxicam, or naproxen WITH lansoprazole, omeprazole, omeprazole/sodium bicarbonate, pantoprazole, DEXILANT, or NEXIUM</i>
	FLECTOR PENNSAID	<i>diclofenac, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>
	NAPRELAN	<i>diclofenac, meloxicam, naproxen, CELEBREX</i>
Prostate Condition * Benign Prostatic Hyperplasia Agents / Combinations	JALYN	<i>finasteride or AVODART WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO</i>
Sleep * Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM	<i>eszopiclone, zolpidem, zolpidem ext-rel</i>
Testosterone Replacement * Androgens	<i>testosterone gel</i> ANDROGEL NATESTO TESTIM VOGELXO	ANDRODERM, AXIRON, FORTESTA
Transplant * Immunosuppressants, Calcineurin Inhibitors	Hecoria	<i>tacrolimus</i>

Category * Drug Class	Formulary Options
Hepatitis C Agents *	OLYSIO, SOVALDI and/or other Hepatitis C agents in the pipeline: Evaluation and identification of Drugs Requiring Prior Authorization for Medical Necessity will be made upon approval of the new Hepatitis C agents.
New to Market Agents ²	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).

The listed formulary options are subject to change.

List of Formulary Drug Removals - Carryover from 2014

<p>ACTOS ADVICOR ALTOPREV ALVESCO ANDROGEL ARTHROTEC ASACOL HD ATACAND ATACAND HCT BECONASE AQ BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS DELZICOL DETROL LA DIOVAN HCT DYMISTA EDARBI EDARBYCLOR FLECTOR FORTAMET FREESTYLE STRIPS AND KITS ² GENOTROPIN GLUMETZA</p>	<p>Hecoria HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 HUMULIN N HUMULIN R INTERMEZZO JALYN KAZANO KOMBIGLYZE XR LASTACAF LESCOL XL LEVITRA LIPITOR LIPTRUZET LIVALO LUMIGAN NESINA NUTROPIN AQ OLUX-E OMNARIS OMNITROPE ONGLYZA OSENI</p>	<p>OXYTROL PLAVIX PREVACID PROTONIX QNASL RAYOS RHINOCORT AQUA RIOMET ROZEREM SAIZEN SUBOXONE FILM TESTIM TEVETEN TEVETEN HCT TEV-TROPIN TOVIAZ TRICOR TUDORZA VALTRES VENTOLIN HFA VERAMYST XOPENEX HFA ZETONNA</p>
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List of Formulary Drug Removals - New for 2015

<p>ACCU-CHEK STRIPS AND KITS ⁺ ADDERALL XR ADRENACLICK AEROSPAN AMRIX APEXICON E APIDRA BYETTA</p>	<p>DUEXIS EUFLEXXA FARXIGA LUNESTA NAPRELAN NATESTO NORVASC</p>	<p>ORTHOVISC PENNSAID PROVENTIL HFA REBIF SYMBICORT <i>testosterone gel</i> VIMOVO VOGELXO</p>
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+ Also includes all other test strips that are not ONETOUCH brand

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 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 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.

² 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.

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