

Drug Removals for Clients with Advanced Control Specialty Formulary[®] - State of West Virginia PEIA

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 Antihistamines</i>	<i>carbinoxamine tablet 6 mg</i>	<i>levocetirizine</i>
<i>Allergies Nasal Steroids / Combinations</i>	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 Erythromycins / Macrolides</i>	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials Tetracyclines</i>	ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	<i>doxycycline hyclate, minocycline, tetracycline</i>
<i>Anti-infectives, Antibacterials Miscellaneous</i>	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antivirals Cytomegalovirus *</i>	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals Hepatitis B *</i>	BARACLUDE TABLET ¹ EPIVIR HBV ¹ HEPSERA ¹ VEMLIDY ¹	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION</i>
<i>Anti-infectives, Antivirals Hepatitis C *</i>	MAVYRET ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
	DAKLINZA ¹ VIEKIRA PAK ¹ ZEPATIER ¹	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals Herpes *</i>	VALTRES	<i>acyclovir, valacyclovir</i>
<i>Anti-inflammatory Steroidal, Ophthalmic</i>	FML LIQUIFILM PRED FORTE	<i>dexamethasone, prednisolone acetate 1%, DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Anxiety</i> * Benzodiazepines	XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
<i>Asthma</i> * Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol, PROAIR HFA, PROAIR RESPICLICK</i>
<i>Asthma</i> * Leukotriene Modulators	SINGULAIR	<i>montelukast, zafirlukast, zileuton ext-rel</i>
<i>Asthma</i> * Severe Asthma Agents	FASENRA ¹	DUPIXENT, NUCALA
<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 DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT
<i>Attention Deficit Hyperactivity Disorder</i> *	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</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	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
<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, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, XELJANZ, XELJANZ XR
<i>Autoimmune Agents</i> Ulcerative Colitis *	ENTYVIO ¹ XELJANZ ¹	HUMIRA, SIMPONI
<i>Autoimmune Agents</i> All Other Conditions *	ACTEMRA ¹ KINERET ¹ ORENCIA CLICKJECT ¹ ORENCIA INTRAVENOUS ¹ ORENCIA SUBCUTANEOUS ¹	ENBREL, HUMIRA

Category Drug Class	Formulary Drug Removals	Formulary Options
Cancer Chronic Myelogenous Leukemia *	GLEEVEC ¹ TASIGNA ¹	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
Cancer Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA ¹	<i>abiraterone, bicalutamide</i> , XTANDI
Cancer Prostate * Hormonal Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT ¹ (For Prostate Cancer Only)	ELIGARD
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	<i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid</i>
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations ³	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
Cardiovascular Antilipemics PCSK9 Inhibitors	PRALUENT ¹	REPATHA
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
Cardiovascular Diuretics	DYRENIUM	<i>amiloride</i>
Cardiovascular Pulmonary Arterial Hypertension * Phosphodiesterase Inhibitors	ADCIRCA ¹ REVATIO ¹	<i>sildenafil, tadalafil</i>
Carnitine Deficiency	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
Contraceptives Monophasic	BEYAZ MINASTRIN 24 FE YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, SAFYRAL</i>
Contraceptives Progestin Intrauterine Devices	LILETTA ¹	KYLEENA, MIRENA, SKYLA
Contraceptives Triphasic	ORTHO TRI-CYCLEN LO	<i>ethinyl estradiol-norgestimate</i>
Cystic Fibrosis * Inhaled Antibiotics	TOBI ¹ TOBI PODHALER ¹	<i>tobramycin inhalation solution</i> , BETHKIS

Category Drug Class	Formulary Drug Removals	Formulary Options
<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>
Depression and/or Schizophrenia * 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 solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, RETIN-A MICRO, TAZORAC</i>
Dermatology 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, tacrolimus, ELIDEL, EUCRISA</i>
<i>Dermatology</i> Rosacea *	FINACEA GEL NORITATE	metronidazole, FINACEA FOAM, SOOLANTRA
<i>Dermatology</i> Seborrheic Dermatitis *	XOLEGEL	<i>ciclopirox, ketoconazole</i>
<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>clocortolone, 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>

Category Drug Class	Formulary Drug Removals	Formulary Options
<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>
<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 ⁴	NOVOLIN 70/30 ⁴
	HUMULIN N ⁴	NOVOLIN N ⁴
	HUMULIN R ⁴	NOVOLIN R ⁴
	NOTE: Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.	
<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 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

Category Drug Class	Formulary Drug Removals	Formulary Options
<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
<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 DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	VASCULERA	Consult doctor
<i>Estrogen Replacement *</i>	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>Fertility *</i>	BRAVELLE ¹ FOLLISTIM AQ ¹	GONAL-F
	CHORIONIC GONADOTROPIN ¹ NOVAREL ¹ PREGNYL ¹	OVIDREL
<i>Gastrointestinal Anticholinergics</i>	GLYCOPYRROLATE TABLET 1.5 MG	<i>dicyclomine</i>
<i>Gastrointestinal Antiemetics</i>	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal Laxatives</i>	<i>lactulose pak</i>	<i>lactulose solution</i>
<i>Gastrointestinal Opioid-induced Constipation</i>	RELISTOR	MOVANTI-K
<i>Gastrointestinal Proton Pump Inhibitors (PPIs)</i>	<i>omeprazole-sodium bicarbonate</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<i>Gaucher Disease</i>	ELELYSO ¹	CERDELGA, CERESZYME

Category Drug Class	Formulary Drug Removals	Formulary Options
Genitourinary Interstitial Cystitis	RIMSO-50	Consult doctor
Gout *	COLCRYS	colchicine tablet
Growth Hormones	GENOTROPIN ¹ NORDITROPIN ¹ NUTROPIN AQ ¹ OMNITROPE ¹ SAIZEN ¹	HUMATROPE
Hematologic Anticoagulants (oral)	COUMADIN	warfarin
	PRADAXA	warfarin, ELIQUIS, XARELTO
Hematologic Erythropoiesis-Stimulating Agents	EPOGEN ¹ PROCRIT ¹	ARANESP, RETACRIT
Hematologic Hereditary Angioedema *	BERINERT ¹	RUCONEST
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA ¹	NEULASTA, UDENYCA
	GRANIX ¹ NEUPOGEN ¹ ZARXIO ¹	NIVESTYM
Hematologic Platelet Aggregation Inhibitors	PLAVIX	clopidogrel, prasugrel, BRILINTA
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-blockers	TOPROL-XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	metoprolol succinate ext-rel WITH hydrochlorothiazide

Category Drug Class	Formulary Drug Removals	Formulary Options
<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</i> (except generic of CARDIZEM LA)
<i>Huntington's Disease</i>	XENAZINE ¹	<i>tetrabenazine</i> , AUSTEDO
<i>Immunology</i> Antimetabolites	CELLCEPT ¹ MYFORTIC ¹	<i>mycophenolate mofetil</i> , <i>mycophenolate sodium</i>
	RAPAMUNE ¹ ZORTRESS ¹	<i>sirolimus</i>
<i>Immunology</i> Calcineurin Inhibitors	ASTAGRAF XL ¹ ENVARUS XR ¹	<i>cyclosporine</i> ; <i>cyclosporine, modified</i> ; <i>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</i> , <i>sulfasalazine</i> , <i>sulfasalazine delayed-rel</i> , APRISO, PENTASA
	COLAZAL	<i>balsalazide</i>
<i>Interferons *</i>	PEGASYS ¹	Consult doctor
<i>Kidney Disease *</i> Phosphate Binders	FOSRENOL	<i>calcium acetate</i> , <i>lanthanum carbonate</i> , <i>sevelamer carbonate</i> , PHOSLYRA, VELPHORO
<i>Multiple Sclerosis</i>	EXTAVIA ¹	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA, TYSABRI
<i>Musculoskeletal</i>	AMRIX CHLORZOXAZONE 250 MG (NDCs ^A 46672086046, 69499033060 only)	<i>cyclobenzaprine</i>
<i>Narcolepsy</i> Wakefulness Promoters	NUVIGIL	<i>armodafinil</i>
<i>Nephropathic Cystinosis</i>	PROCYSBI ¹	CYSTAGON
<i>Ophthalmic</i> Miscellaneous	AVENOVA	Consult doctor
<i>Opioid Dependency</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual</i> , ZUBSOLV
<i>Opioid Reversal</i>	EVZIO	<i>naloxone injection</i> , NARCAN NASAL SPRAY
<i>Osteoporosis *</i> Calcium Regulators	MIACALCIN INJECTION	<i>alendronate</i> , <i>calcitonin-salmon</i> , <i>ibandronate</i> , <i>risedronate</i> , FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>
<i>Overactive Bladder / Incontinence *</i> Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel</i> , <i>oxybutynin ext-rel</i> , <i>solifenacin</i> , <i>tolterodine</i> , <i>tolterodine ext-rel</i> , <i>trospium</i> , <i>trospium ext-rel</i> , MYRBETRIQ, TOVIAZ
<i>Pain</i> Headache *	<i>butalbital-acetaminophen</i> (NDC ^A 69499034230 only) <i>butalbital-acetaminophen-caffeine capsule</i> FIORICET CAPSULE VANATOL LQ VANATOL S	<i>diclofenac sodium</i> , <i>ibuprofen</i> , <i>naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i>)
	<i>dihydroergotamine spray</i> CAFERGOT	<i>eletriptan</i> , <i>ergotamine-caffeine</i> , <i>naratriptan</i> , <i>rizatriptan</i> , <i>sumatriptan</i> , <i>zolmitriptan</i> , ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY

Category Drug Class	Formulary Drug Removals	Formulary Options
Pain Opioid Analgesics	LAZANDA	<i>fentanyl transmucosal lozenge</i> , ABSTRAL, SUBSYS
	<i>levorphanol</i>	<i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel</i> , EMBEDA, HYSINGLA ER, NUCYNТА ER, OXYCONTIN
	PERCOCET PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen</i> , NUCYNТА
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM LIDOTREX	<i>lidocaine-prilocaine</i>
Pain and Inflammation * Corticosteroids	Dexpak MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</i>
Pain and Inflammation * 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>Inflamacin</i> <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> <i>Xelitral</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>
Postherpetic Neuralgia	HORIZANT	<i>gabapentin</i> , GRALISE
Prostate Condition 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>
Respiratory Alpha-1 Antitrypsin Deficiency	ZEMAIRA ¹	ARALAST NP, GLASSIA, PROLASTIN-C
Respiratory Cough	<i>benzonatate</i> (NDCs^ 69336012615, 69499032915 only)	<i>benzonatate (except NDCs^ 69336012615, 69499032915)</i>
Sleep Disorder Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual</i> , BELSOMRA, SILENOR
Testosterone Replacement * Androgens	<i>testosterone gel 1% ⁸</i> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel, testosterone solution</i> , ANDRODERM
Thyroid Supplements	TIROSINT	<i>levothyroxine</i> , SYNTHROID
Transplant * Immunosuppressants, Calcineurin Inhibitors	PROGRAF ¹	<i>tacrolimus</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
Urea Cycle Disorders	BUPHENYL ¹ RAVICTI ¹	<i>sodium phenylbutyrate</i>

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 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.
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 ACIPHEX ACIPHEX SPRINKLE ACTEMRA ¹ ACTICLATE ACTOS ADCIRCA ¹ ADDERALL XR ALCORTIN A ALEVICYN GEL ALEVICYN KIT ALEVICYN SG <i>Alevicyn solution</i> ALLISON MEDICAL INSULIN SYRINGES ⁵ ALTOPREV ALVESCO AMRIX ANDROGEL 1% APEXICON E APIDRA ARTHROTEC ASACOL HD ASTAGRAF XL ¹ ATACAND ATACAND HCT AVENOVA BARACLUDE TABLET ¹ BECONASE AQ BENICAR BENICAR HCT BENSAL HP BENZACLIN <i>benzonatate (NDCs^A 69336012615, 69499032915 only)</i> BERINERT ¹ BETAPACE BETAPACE AF BEYAZ BRAVELLE ¹	BREEZE 2 STRIPS AND KITS ⁷ BUPHENYL ¹ <i>butalbital-acetaminophen (NDC^A 69499034230 only)</i> <i>butalbital-acetaminophen-caffeine capsule</i> BYDUREON BYETTA CAFERGOT <i>calcipotriene cream</i> <i>calcitriol ointment</i> CAMBIA CARAC <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 CIMZIA ¹ <i>clobetasol spray</i> CLOBEX SPRAY COLAZAL COLCRYS CONTOUR NEXT STRIPS AND KITS ⁷ CONTOUR STRIPS AND KITS ⁷ CORDRAN OINTMENT COUMADIN CRESTOR CYMBALTA DAKLINZA ¹ DELZICOL DETROL LA <i>Dexifol</i> <i>Dexpak</i> <i>diclofenac sodium gel 1% (NDC^A 69499031866 only)</i> <i>Diclofex DC (NDC^A 51021037201 only)</i>	Diclosaicin diflorasone cream diflorasone ointment dihydroergotamine spray DIOVAN DIOVAN HCT DORYX DORYX MPC doxepin cream DULERA DUTOPROL DYRENIUM EDARBI EDARBYCLOR E.E.S. GRANULES EFFEXOR XR ELELYSO ¹ ENABLEX ENTYVIO ¹ ENVARUS XR ¹ EPIVIR HBV ¹ EPOGEN ¹ ERYPED ¹ EVEKEO EVZIO EXFORGE EXFORGE HCT EXTAVIA ¹ FANAPT FASENRA ¹ fenofibrate tablet 120 mg FENOGLIDE TABLET 120 MG fenoprofen capsule FENOPROFEN CAPSULE FERIVA 21/7 FINACEA GEL FIORICET CAPSULE fluocinonide cream 0.1%

fluorouracil cream 0.5%
flurandrenolide ointment
 FML LIQUIFILM
 FOLIC-K
 FOLIKA-D
Folika-T
 FOLIKA-V
 FOLLISTIM AQ ¹
 FORTAMET (and its generics)
 FORTESTA
 FOSRENOL
 FOSTEUM
 FOSTEUM PLUS
 FREESTYLE STRIPS AND KITS ⁷
 FULPHILA ¹
Genicin Vita-S
 GENOTROPIN ¹
 GLEEVEC ¹
 GLUMETZA (and its generics)
 GLYCOPYRROLATE TABLET 1.5 MG
 GRANIX ¹
 HEPSERA ¹
 HORIZANT
 HUMALOG
 HUMALOG MIX 50/50
 HUMALOG MIX 75/25
 HUMULIN 70/30 ⁴
 HUMULIN N ⁴
 HUMULIN R ⁴
HylaVite
 INDOCIN
Inflammacin
 INTERMEZZO
 INTUNIV
 INVOKAMET
 INVOKAMET XR
 INVOKANA
 JALYN
 JENTADUETO
 JENTADUETO XR
 KAZANO
 KINERET ¹
 KOMBIGLYZE XR
lactulose pak
 LAMICTAL
 LAMICTAL ODT
 LAMICTAL XR
 LANOXIN TABLET (125 MCG and 250 MCG only)
 LANTUS
 LAZANDA
 LESCOL XL
levorphanol
 LEXAPRO
 LIALDA
 LIDOCAINE-TETRACAINE CREAM
 LIDOTREX
 LILETTA ¹
 LIPITOR
 LIVALO
Lorid
 LUNESTA
 LUPRON DEPOT ¹
 MACRODANTIN
Matzim LA
 MAVYRET ¹
 MEBOLIC
 MIACALCIN INJECTION
 MIACALCIN NASAL SPRAY
 MILLIPRED
 MINASTRIN 24 FE
 MINIVELLE
 MINOCIN
mupirocin cream
 MYFORTIC ¹
 NAPRELAN
naproxen CR

naproxen suspension
 NATESTO
 NESINA
 NEUPOGEN ¹
 NEXIUM
 NICAPRIN
 NICAZEL
 NICAZEL FORTE
 NILANDRON
 NORDITROPIN ¹
 NORITATE
 NORVASC
 NOVACORT
 NOVAREL ¹
 NOVO NORDISK NEEDLES ⁵
NuDiclo SoluPak
NuDiclo TabPak
 NUTROPIN AQ ¹
 NUVIGIL
 OLEPTRO
 OLUX-E
omeprazole-sodium bicarbonate
 OMNARIS
 OMNITROPE ¹
 OMNIVEX
 ONETOUCH ULTRA STRIPS AND KITS ⁷
 ONETOUCH VERIO STRIPS AND KITS ⁷
 ONEXTON
 ONFI
 ONGLYZA
 ORENCIA INTRAVENOUS ¹
 ORTHO DF
 ORTHO TRI-CYCLEN LO
 OSENI
 OTREXUP ¹
 OWEN MUMFORD NEEDLES 5
 OXYTROL
 PEGASYS ¹
 PENNSAID
 PERCOCET
 PERRIGO NEEDLES 5
 PLAVIX
 PRADAXA
 PRALUENT ¹
 PRED FORTE
 PREGNYL ¹
 PREVACID
 PREVIDENT
 PRIMLEV
 PRISTIQ
 PROCRIT ¹
 PROCYSBI ¹
 PROGRAF ¹
 PROTONIX
 PROVENTIL HFA
 PROZAC
 PSORCON
 QNASL
 RAPAFLO
 RAPAMUNE ¹
 RAVICTI ¹
 RAYOS
 RELISTOR
 REVATIO ¹
 RHEUMATE
 RIBOZEL
 RIMSO-50
 RIOMET
 ROZEREM
 SABRIL ¹
 SAIZEN ¹
 SANDOSTATIN LAR ¹
 SEROQUEL XR
 SINGULAIR
 SORILUX
 SPRIX

SUBOXONE
 SYNERDERM
 TALIVA
 TARGADOX
 TASIGNA ¹
 TESTIM
 testosterone gel 1% 8
 TIROSINT
 TOBI ¹
 TOBI PODHALER ¹
 TOPROL-XL
 TOUJEO
 TRADJENTA
 TRICOR
 TRIVIDIA INSULIN SYRINGES 5
 TronVite
 TUDORZA
 ULTIMED INSULIN SYRINGES 5
 ULTIMED NEEDLES 5
 UROXATRAL
 VALCYTE
 VALTREX
 VANATOL LQ
 VANATOL S
 Vanoxide-HC
 VASCULERA
 VECTICAL
 VELTIN
 VEMLIDY ¹
 venlafaxine ext-rel tablet (except 225 mg)
 VENTOLIN HFA
 VIEKIRA PAK ¹
 VIVELLE-DOT
 VOGELXO
 XANAX
 XANAX XR
 Xeltral
 XENAZINE ¹
 XOLEGEL
 XOPENEX HFA
 Xvite
 XYZBAC
 YAZ
 ZARXIO ¹
 ZEGERID
 ZEMAIRA ¹
 ZEPATIER ¹
 ZETIA
 ZETONNA
 ZIANA
 ZOLPIMIST
 ZONEGRAN
 ZORTRESS ¹
 ZORVOLEX
 ZUPLENZ
 ZYTIGA ¹
 ZYVIT

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.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the doctor.