

# Formulary Drug Removals for 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
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	MINOCIN	minocycline
	ACTICLATE DORYX DORYX MPC TARGADOX	doxycycline hyclate
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 <sup>1</sup>
	DAKLINZA TECHNIVIE VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
Anti-infectives, Antivirals Herpes *	VALTREX	acyclovir, valacyclovir
Anti-inflammatory Steroidal, Ophthalmic	PRED FORTE	dexamethasone, prednisolone acetate 1%, DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD
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	NUCALA
Asthma * Steroid Inhalants	ALVESCO	ARNUITY ELLIPTA, ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR, QVAR REDIHALER
Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations	DULERA	ADVAIR, BREO ELLIPTA, SYMBICORT
Attention Deficit Hyperactivity	ADDERALL XR	amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE

<b>Category Drug Class</b>	<b>Formulary Drug Removals</b>	<b>Formulary Options</b>
<i>Disorder *</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 (Plaque Psoriasis and Psoriatic Arthritis only), 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 (Plaque Psoriasis and Psoriatic Arthritis only), XELJANZ, XELJANZ XR
	SIMPONI	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS (Plaque Psoriasis and Psoriatic Arthritis only), XELJANZ, XELJANZ XR
	TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA SUBCUTANEOUS (Plaque Psoriasis and Psoriatic Arthritis only), XELJANZ, XELJANZ XR
<i>Cancer Chronic Myelogenous Leukemia *</i>	GLEEVEC TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
<i>Cancer Prostate * Hormonal Agents, Antiandrogens</i>	NILANDRON	<i>bicalutamide, XTANDI, ZYTIGA</i>
<i>Cardiovascular Antiarrhythmics</i>	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular Antilipemics Cholesterol Absorption Inhibitors</i>	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular Antilipemics Fibrates</i>	TRICOR	<i>fenofibrate, fenofibric acid</i>
<i>Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations <sup>2</sup></i>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular Antilipemics PCSK9 Inhibitors</i>	PRALUENT	REPATHA
<i>Cardiovascular Digitalis Glycosides</i>	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular Diuretics</i>	DYRENIUM	<i>amiloride</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics</i>	TUDORZA	INCRUSE ELLIPTA, SPIRIVA

<b>Category Drug Class</b>	<b>Formulary Drug Removals</b>	<b>Formulary Options</b>
<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 VENLAFAXINE EXT-REL TABLET (except 225 mg)	<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, ATRALIN, 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> Rosacea *	NORITATE	<i>metronidazole, FINACEA, SOOLANTRA</i>
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone, fluocinonide</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 GLUMETZA RIOMET	<i>metformin, metformin ext-rel</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 OSENİ	JANUMET, JANUMET XR
<i>Diabetes</i> * Injectable Incretin Mimetics	BYDUREON BYETTA TANZEUM	OZEMPIC, TRULICITY, VICTOZA
<i>Diabetes</i> *	APIDRA HUMALOG	FIASP, NOVOLOG

Category Drug Class	Formulary Drug Removals	Formulary Options
Insulins	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 <sup>3</sup>	NOVOLIN 70/30 <sup>3</sup>
	HUMULIN N <sup>3</sup>	NOVOLIN N <sup>3</sup>
	HUMULIN R <sup>3</sup>	NOVOLIN R <sup>3</sup>
	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 <sup>4</sup>	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 <sup>4</sup>	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 <sup>5, 6</sup>	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 <sup>5</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>5</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>5</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>5</sup>
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F
<i>Gastrointestinal</i> Antiemetics	ZUPLENZ	<i>granisetron, ondansetron, SANCUSO</i>
<i>Gastrointestinal</i> Opioid-induced Constipation	RELISTOR	MOVANTIK
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary</i>	RIMSO-50	Consult doctor

Category Drug Class	Formulary Drug Removals	Formulary Options
Interstitial Cystitis		
Growth Hormones	NORDITROPIN NUTROPIN AQ OMNITROPE SAIZEN	GENOTROPIN, HUMATROPE
Hematologic Anticoagulants (oral)	PRADAXA	<i>warfarin</i> , ELIQUIS, XARELTO
Hematologic Neutropenia Colony Stimulating Factors	NEUPOGEN	ZARXIO
Hematologic Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel</i> , <i>prasugrel</i> , BRILINTA
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan</i> , <i>eprosartan</i> , <i>irbesartan</i> , <i>losartan</i> , <i>olmesartan</i> , <i>telmisartan</i> , <i>valsartan</i>
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<i>candesartan-hydrochlorothiazide</i> , <i>irbesartan-hydrochlorothiazide</i> , <i>losartan-hydrochlorothiazide</i> , <i>olmesartan-hydrochlorothiazide</i> , <i>telmisartan-hydrochlorothiazide</i> , <i>valsartan-hydrochlorothiazide</i>
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-olmesartan</i> , <i>amlodipine-telmisartan</i> , <i>amlodipine-valsartan</i>
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide</i> , <i>olmesartan-amlodipine-hydrochlorothiazide</i>
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel</i> <b>WITH</b> <i>hydrochlorothiazide</i>
High Blood Pressure * Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) <i>Matzim LA</i>	<i>diltiazem ext-rel</i> (except generic of CARDIZEM LA)
Huntington's Disease	XENAZINE	<i>tetrabenazine</i> , AUSTEDO
Inflammatory Bowel Disease (IBD) Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	<i>balsalazide</i> , <i>sulfasalazine</i> , <i>sulfasalazine delayed-rel</i> , APRISO, LIALDA, PENTASA
	COLAZAL	<i>balsalazide</i>
Kidney Disease * Phosphate Binders	FOSRENOL	<i>calcium acetate</i> , <i>lanthanum carbonate</i> , <i>sevelamer carbonate</i> , PHOSLYRA, VELPHORO
Multiple Sclerosis	EXTAVIA	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA, TYSABRI
Musculoskeletal	AMRIX	<i>cyclobenzaprine</i>
Narcolepsy Wakefulness Promoters	NUVIGIL	<i>armodafinil</i>
Ophthalmic Miscellaneous	AVENOVA	Consult doctor

Category Drug Class	Formulary Drug Removals	Formulary Options
Opioid Reversal	EVZIO	<i>naloxone injection</i> , NARCAN NASAL SPRAY
Osteoarthritis * Viscosupplements	EUFLEXXA HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
Osteoporosis *	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>
Overactive Bladder / Incontinence * Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel</i> , <i>oxybutynin ext-rel</i> , <i>tolterodine</i> , <i>tolterodine ext-rel</i> , <i>tropium</i> , <i>tropium ext-rel</i> , MYRBETRIQ, TOVIAZ, VESICARE
Pain Headache *	<i>butalbital-acetaminophen-caffeine capsule</i> FIORICET CAPSULE VANATOL LQ VANATOL S	<i>diclofenac sodium</i> , <i>naproxen</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
Pain Opioid Analgesics	LAZANDA	<i>fentanyl transmucosal lozenge</i> , ABSTRAL, SUBSYS
	<i>levorphanol</i>	<i>fentanyl transdermal</i> , <i>hydromorphone ext-rel</i> , <i>methadone</i> , <i>morphine ext-rel</i> , EMBEDA, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
	PRIMLEV	<i>hydrocodone-acetaminophen</i> , <i>hydromorphone</i> , <i>morphine</i> , <i>oxycodone-acetaminophen</i> , NUCYNTA
Pain and Inflammation * Corticosteroids	DEXPAK MILLIPRED RAYOS	<i>dexamethasone</i> , <i>methylprednisolone</i> , <i>prednisolone solution</i> , <i>prednisone</i>
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib</i> ; <i>diclofenac sodium</i> , <i>meloxicam</i> or <i>naproxen</i> <b>WITH</b> <i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i> or DEXILANT
	PENNSAID	<i>diclofenac sodium</i> , <i>diclofenac sodium gel 1%</i> , <i>diclofenac sodium solution</i> , <i>meloxicam</i> , <i>naproxen</i>
	CAMBIA INDOCIN NAPRELAN SPRIX	<i>diclofenac sodium</i> , <i>meloxicam</i> , <i>naproxen</i>
Postherpetic Neuralgia	HORIZANT	<i>gabapentin</i> , GRALISE
Prostate Condition Benign Prostatic Hyperplasia *	JALYN	<i>dutasteride-tamsulosin</i> ; <i>dutasteride</i> or <i>finasteride</i> <b>WITH</b> <i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>tamsulosin</i> , <i>terazosin</i> , RAPAFLO
	UROXATRAL	<i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>tamsulosin</i> , <i>terazosin</i> , RAPAFLO
Pulmonary Enzyme Deficiency	PROLASTIN-C ZEMAIRA	ARALAST NP, GLASSIA
Sleep Disorder Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>eszopiclone</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , <i>zolpidem sublingual</i> , BELSOMRA, SILENOR
Testosterone Replacement * Androgens	<i>testosterone gel 1% <sup>7</sup></i> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel</i> , <i>testosterone solution</i> , ANDRODERM, ANDROGEL 1.62%
Thyroid Supplements	TIROSINT	<i>levothyroxine</i> , SYNTHROID

<b>Category/ Drug Class</b>	<b>Other Considerations</b>
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 <sup>8</sup>	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

<p>           ABILIFY            ACANYA            ACTEMRA            ACTICLATE            ACTOS            ADDERALL XR            ALCORTIN A            ALEVICYN GEL            ALEVICYN KIT            ALEVICYN SG  <i>Alevicyn solution</i>            ALLISON MEDICAL INSULIN SYRINGES <sup>4</sup>            ALTOPREV            ALVESCO            AMRIX            ANDROGEL 1%            APEXICON E            APIDRA            ARTHROTEC            ASACOL HD            ATACAND            ATACAND HCT            AVENOVA            BECONASE AQ            BENICAR            BENICAR HCT            BENSAL HP            BENZACLIN            BETAPACE            BETAPACE AF            BREEZE 2 STRIPS AND KITS <sup>6</sup>  <i>butalbital-acetaminophen-caffeine capsule</i>            BYDUREON            BYETTA            CAFERGOT            CAMBIA            CARAC            CARDIZEM            CARDIZEM CD            CARDIZEM LA (and its generics)            CARNITOR            CARNITOR SF            CIMZIA  <i>clobetasol spray</i>            CLOBEX SPRAY            COLAZAL            CONTOUR NEXT STRIPS AND KITS <sup>6</sup>            CONTOUR STRIPS AND KITS <sup>6</sup>            CRESTOR            CYMBALTA            DAKLINZA            DELZICOL            DETROL LA            DEXPAK            DIOVAN            DIOVAN HCT            DORYX            DORYX MPC            DULERA            DUTOPROL            DYRENIUM            EDARBI            EDARBYCLOR            E.E.S. GRANULES            EFFEXOR XR            ELELYSO            ENABLEX            ENTYVIO            ERYPED            EUFLEXXA         </p>	<p>           EVZIO            EXFORGE            EXFORGE HCT            EXTAVIA            FANAPT            FASENRA            FIORICET CAPSULE  <i>fluorouracil cream 0.5%</i>            FOLLISTIM AQ            FORTAMET            FORTESTA            FOSRENOL            FREESTYLE STRIPS AND KITS <sup>6</sup>            GLEEVEC            GLUMETZA            HORIZANT            HUMALOG            HUMALOG MIX 50/50            HUMALOG MIX 75/25            HUMULIN 70/30 <sup>3</sup>            HUMULIN N <sup>3</sup>            HUMULIN R <sup>3</sup>            HYALGAN            INDOCIN            INTERMEZZO            INTUNIV            INVOKAMET            INVOKAMET XR            INVOKANA            JALYN            JENTADUETO            JENTADUETO XR            KAZANO            KINERET            KOMBIGLYZE XR            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            MILLIPRED            MINOCIN            MONOVISC            NAPRELAN            NATESTO            NESINA            NEUPOGEN            NEXIUM            NILANDRON            NORDITROPIN            NORITATE            NORVASC            NOVACORT            NOVO NORDISK NEEDLES <sup>4</sup>            NUTROPIN AQ            NUVIGIL            OLEPTRO            OLUX-E            OMNARIS            OMNITROPE            ONETOUCH ULTRA STRIPS AND KITS <sup>6</sup>            ONETOUCH VERIO STRIPS AND KITS <sup>6</sup>            ONEXTON            ONGLYZA            ORENCIA CLICKJECT         </p>	<p>           ORENCIA INTRAVENOUS            ORENCIA SUBCUTANEOUS            ORTHOVISC            OSENI            OWEN MUMFORD NEEDLES <sup>4</sup>            OXYTROL            PENNSAID            PERRIGO NEEDLES <sup>4</sup>            PLAVIX            PRADAXA            PRALUENT            PRED FORTE            PREVACID            PRIMLEV            PROLASTIN-C            PROTONIX            PROVENTIL HFA            QNASL            RAYOS            RELISTOR            RIMSO-50            RIOMET            ROZEREM            SAIZEN            SEROQUEL XR            SIMPONI            SORILUX            SPRIX            SYNERDERM            SYNVISC            SYNVISC-ONE            TALTZ            TANZEUM            TARGADOX            TASIGNA            TECHNIVIE            TESTIM  <i>testosterone gel 1% <sup>7</sup></i>            TIROSINT            TOBI            TOBI PODHALER            TOUJEO            TRADJENTA            TRICOR            TRIVIDIA INSULIN SYRINGES <sup>4</sup>            TUDORZA            ULTIMED INSULIN SYRINGES <sup>4</sup>            ULTIMED NEEDLES <sup>4</sup>            UROXATRAL            VALCYTE            VALTREX            VANATOL LQ            VANATOL S  <i>Vanoxide-HC</i>            VELTIN  <i>venlafaxine ext-rel tablet (except 225 mg)</i>            VENLAFAXINE EXT-REL TABLET (except 225 MG)            VENTOLIN HFA            VIEKIRA PAK            VOGELXO            XENAZINE            XOPENEX HFA            ZEGERID            ZEMAIRA            ZEPATIER            ZETIA            ZETONNA            ZIANA            ZOLPIMIST            ZONEGRAN            ZUPLENZ         </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 drug options. Log in to [www.caremark.com](http://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.
- <sup>1</sup> 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).
- <sup>2</sup> If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.
- <sup>3</sup> Rebranded or private label formulations are not covered (i.e., RELION).
- <sup>4</sup> BD ULTRAFINE syringes and needles are the only preferred options.
- <sup>5</sup> 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.
- <sup>6</sup> ACCU-CHEK brand test strips are the only preferred options.
- <sup>7</sup> Listing reflects the authorized generics for TESTIM and VOGELXO.
- <sup>8</sup> An exception process may exist for specific clinical or regulatory circumstances that require coverage of a non-covered medication.

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

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