

# 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
<i>Allergies</i> Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>
<i>Anticonvulsants</i>	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, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Miscellaneous	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	MINOCIN	<i>minocycline</i>
	DORYX DORYX MPC MONODOX	<i>doxycycline hyclate</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus *	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals</i> Hepatitis C *	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>1</sup>
	DAKLINZA OLYSIO TECHNIVIE VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals</i> Herpes *	VALTREX	<i>acyclovir, valacyclovir</i>
<i>Anti-inflammatory</i> Steroidal, Ophthalmic	PRED FORTE	<i>dexamethasone, prednisolone acetate 1%, DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
<i>Antiobesity</i>	QSYMIA	BELVIQ, BELVIQ XR, CONTRAVE, SAXENDA
<i>Asthma</i> * Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>levalbuterol tartrate CFC-free aerosol, PROAIR HFA, PROAIR RESPICLICK</i>
<i>Asthma</i> * Steroid Inhalants	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
<i>Asthma</i> * or <i>Chronic Obstructive Pulmonary Disease (COPD)</i> * Steroid / Beta Agonist Combinations	DULERA	ADVAIR, BREO ELLIPTA, SYMBICORT

Category Drug Class	Formulary Drug Removals	Formulary Options
Attention Deficit Hyperactivity Disorder *	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, APTENSIO XR, QUILLIVANT XR, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, APTENSIO XR, QUILLIVANT XR, VYVANSE</i>
Autoimmune Conditions	ACTEMRA KINERET XELJANZ XELJANZ XR	ENBREL, HUMIRA, KEVZARA
	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS
	ENTYVIO	HUMIRA, STELARA SUBCUTANEOUS
	TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA SUBCUTANEOUS
Cancer Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
Cancer Prostate * Hormonal Agents, Antiandrogens	NILANDRON	<i>bicalutamide, XTANDI, ZYTIGA</i>
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations <sup>2</sup>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
Cardiovascular Diuretics	DYRENIUM	<i>amiloride</i>
Carnitine Deficiency	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
Cystic Fibrosis * Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Depression</i> * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	venlafaxine ext-rel tablet (except 225 mg) CYMBALTA EFFEXOR XR VENLAFAXINE EXT-REL TABLET (except 225 MG)	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule
<i>Depression</i> * Antidepressants, Miscellaneous Agents	OLEPTRO	trazodone
<i>Depression and/or Schizophrenia</i> * Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, VRAYLAR
<i>Dermatology</i> Acne *	VANOXIDE-HC	adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, ATRALIN, BENZACLIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC
<i>Dermatology</i> Actinic Keratosis *	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, ZYCLARA
<i>Dermatology</i> Rosacea *	NORITATE	metronidazole, FINACEA, SOOLANTRA
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	clobetasol spray CLOBEX SPRAY OLUX-E	clobetasol foam
	APEXICON E	desoximetasone, fluocinonide
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A ALOQUIN BENSAL HP NOVACORT	desonide, hydrocortisone
<i>Diabetes</i> * Biguanides	FORTAMET GLUMETZA RIOMET	metformin, metformin ext-rel
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA	JANUVIA, TRADJENTA
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	KAZANO KOMBIGLYZE XR OSEN1	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
<i>Diabetes</i> * Injectable Incretin Mimetics	BYDUREON BYETTA TANZEUM	TRULICITY, 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 <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.	

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<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	JARDIANCE	FARXIGA, INVOKANA
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	SYNJARDY SYNJARDY XR	INVOKAMET, INVOKAMET 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>	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 <sup>5</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>5</sup>
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	STENDRA VIAGRA	CIALIS
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F
<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> Interstitial Cystitis	RIMSO-50	Consult doctor
<i>Growth Hormones</i>	GENOTROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE, NORDITROPIN
<i>Hematologic</i> Anticoagulants (oral)	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic</i> Hemophilia	HELIXATE FS	KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ

<b>Category Drug Class</b>	<b>Formulary Drug Removals</b>	<b>Formulary Options</b>
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	NEUPOGEN	ZARXIO
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	clopidogrel, prasugrel, BRILINTA
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
<i>High Blood Pressure</i> * 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
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide
<i>High Blood Pressure</i> * Beta-blocker Combinations	DUTOPROL	metoprolol succinate ext-rel <b>WITH</b> hydrochlorothiazide
<i>High Blood Pressure</i> * Calcium Channel Blockers	NORVASC	amlodipine
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) Matzim LA	diltiazem ext-rel (except generic of CARDIZEM LA)
<i>Huntington's Disease</i>	XENAZINE	tetrabenazine
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA
	COLAZAL	balsalazide
<i>Kidney Disease</i> * Phosphate Binders	FOSRENOL	calcium acetate, PHOSLYRA, RENVELA, VELPHORO
<i>Multiple Sclerosis</i>	EXTAVIA	glatiramer, AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA, TYSABRI
<i>Musculoskeletal</i>	AMRIX	cyclobenzaprine
<i>Narcolepsy</i> Wakefulness Promoters	NUVIGIL	armodafinil
<i>Opioid Reversal</i>	EVZIO	naloxone injection, NARCAN NASAL SPRAY
<i>Osteoarthritis</i> * Viscosupplements	EUFLEXXA HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
<i>Osteoporosis</i> *	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	calcitonin-salmon

<b>Category Drug Class</b>	<b>Formulary Drug Removals</b>	<b>Formulary Options</b>
<i>Overactive Bladder / Incontinence *</i> Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i>
<i>Pain Headache *</i>	<i>butalbital-acetaminophen-caffeine capsule</i> CAFERGOT FIORICET CAPSULE	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
	SUMAVEL DOSEPRO	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
<i>Pain Opioid Analgesics</i>	PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
<i>Pain and Inflammation *</i> Corticosteroids	DEXPAK MILLIPRED RAYOS	<i>dexamethasone, methylprednisolone, prednisolone solution, prednisone</i>
<i>Pain and Inflammation *</i> Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, meloxicam or naproxen <b>WITH</b> esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
	PENNSAID	<i>diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>
	INDOCIN NAPRELAN	<i>celecoxib, diclofenac sodium, meloxicam, naproxen</i>
	SPRIX	<i>diclofenac sodium, meloxicam, naproxen</i>
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin, GRALISE</i>
<i>Prostate Condition Benign Prostatic Hyperplasia *</i>	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride <b>WITH</b> alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLO</i>
	UROXATRAL	<i>alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLO</i>
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	INTERMEZZO LUNESTA ROZEREM	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
<i>Testosterone Replacement *</i> Androgens	<i>testosterone gel 1% <sup>7</sup></i> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel 2%, testosterone solution, ANDRODERM, ANDROGEL 1.62%</i>

<b>Category Drug Class</b>	<b>Formulary Options</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 exclusions.
Drugs for infusion into spaces other than the blood	A drug which must be infused into a space other than the blood will generally be excluded from the prescription benefit.
Generics	Limited source generics may be evaluated when appropriate and potentially removed from the formulary.
Hepatitis C	As new products launch in this class, 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.
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, 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 formulary options are subject to change.

## List of Formulary Drug Removals

<p>           ABILIFY            ACCU-CHEK STRIPS AND KITS <sup>6</sup>            ACTEMRA            ACTOS            ADDERALL XR            AEROSPAN            ALCORTIN A            ALLISON MEDICAL INSULIN SYRINGES <sup>4</sup>            ALOQUIN            ALTOPREV            ALVESCO            AMRIX            ANDROGEL 1%            APEXICON E            APIDRA            ARTHROTEC            ASACOL HD            ATACAND            ATACAND HCT            BECONASE AQ            BENICAR            BENICAR HCT            BENSAL HP            BETAPACE            BETAPACE AF            BREEZE 2 STRIPS AND KITS <sup>6</sup>  <i>butalbital-acetaminophen-caffeine capsule</i>            BYDUREON            BYETTA            CAFERGOT            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            FIORICET CAPSULE  <i>fluorouracil cream 0.5%</i>            FOLLISTIM AQ            FORTAMET            FORTESTA            FOSRENOL            FREESTYLE STRIPS AND KITS <sup>6</sup>            GENOTROPIN            GLEEVEC            GLUMETZA            HELIXATE FS            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            JALYN            JARDIANCE            KAZANO            KINERET            KOMBIGLYZE XR            LANOXIN TABLET (125 MCG and 250 MCG only)            LANTUS            LESCOL XL            LIPITOR            LIVALO            LUNESTA            MACRODANTIN  <i>Matzim LA</i>            MAVYRET            MIACALCIN INJECTION            MIACALCIN NASAL SPRAY            MILLIPRED            MINOCIN            MONODOX            MONOVISC            NAPRELAN            NATESTO            NESINA            NEUPOGEN            NEXIUM            NILANDRON            NORITATE            NORVASC            NOVACORT            NOVO NORDISK NEEDLES <sup>4</sup>            NUTROPIN AQ            NUVIGIL            OLEPTRO            OLUX-E            OLYSIO            OMNARIS            OMNITROPE            ONGLYZA         </p>	<p>           ORENCIA CLICKJECT            ORENCIA INTRAVENOUS            ORENCIA SUBCUTANEOUS            ORTHOVISC            OSENI            OWEN MUMFORD NEEDLES <sup>4</sup>            OXYTROL            PENNSAID            PERRIGO NEEDLES <sup>4</sup>            PLAVIX            PRADAXA            PRED FORTE            PREVACID            PRIMLEV            PROTONIX            PROVENTIL HFA            QNASL            QSYMIA            RAYOS            RELISTOR            RHINOCORT AQUA            RIMSO-50            RIOMET            ROZEREM            SAIZEN            SEROQUEL XR            SIMPONI            SPRIX            STENDRA            SUMAVEL DOSEPRO            SYNJARDY            SYNJARDY XR            SYNVISC            SYNVISC-ONE            TALTZ            TANZEUM            TASIGNA            TECHNIVIE            TESTIM  <i>testosterone gel 1% <sup>7</sup></i>            TOBI            TOBI PODHALER            TOUJEO            TRICOR            TRIVIDIA INSULIN SYRINGES <sup>4</sup>            TUDORZA            ULTIMED INSULIN SYRINGES <sup>4</sup>            ULTIMED NEEDLES <sup>4</sup>            UROXATRAL            VALCYTE            VALTREX            VANOXIDE-HC  <i>venlafaxine ext-rel tablet (except 225 mg)</i>            VENLAFAXINE EXT-REL TABLET (except 225 MG)            VENTOLIN HFA            VIAGRA            VIEKIRA PAK            VOGELXO            XELJANZ            XELJANZ XR            XENAZINE            XOPENEX HFA            ZEGERID            ZEPATIER            ZETIA            ZETONNA            ZONEGRAN         </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> 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.

<sup>6</sup> ONETOUCH 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 an excluded 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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