

# HealthChoice

## Excluded Medication List for Clients with Advanced Control Specialty Formulary<sup>®</sup>

Below is a list of medicines by drug class that have been removed from the HealthChoice formulary. If you continue using one of the drugs listed below and identified as an excluded medication, you may be required to pay the full cost.

If you are currently using one of the excluded medications listed below, ask your doctor to choose one of the preferred options listed below.

Category Drug Class	Excluded Medications	Preferred Alternatives
<i>Acromegaly</i>	SANDOSTATIN LAR <sup>1</sup>	SOMATULINE DEPOT, SOMAVERT
<i>Allergies</i> Antihistamines	<i>carbinoxamine tablet 6 mg</i>	<i>levocetirizine</i>
<i>Allergies</i> Nasal Steroids / Combinations	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 <sup>1</sup>	<i>vigabatrin</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	<i>doxycycline hyclate, minocycline, tetracycline</i>
<i>Anti-infectives, Antibacterials</i> Miscellaneous	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus *	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals</i> Hepatitis B *	BARACLUDE TABLET <sup>1</sup> EPIVIR HBV <sup>1</sup> HEPSERA <sup>1</sup> VEMLIDY <sup>1</sup>	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION</i>
<i>Anti-infectives, Antivirals</i> Hepatitis C *	MAVYRET <sup>1</sup>	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>
	DAKLINZA <sup>1</sup> VIEKIRA PAK <sup>1</sup> ZEPATIER <sup>1</sup>	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>

<b>Category Drug Class</b>	<b>Excluded Medications</b>	<b>Preferred Alternatives</b>
<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>
<i>Anxiety * Benzodiazepines</i>	XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
<i>Asthma * Beta Agonists, Short-Acting</i>	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol, PROAIR HFA, PROAIR RESPICLICK</i>
<i>Asthma * Leukotriene Modulators</i>	SINGULAIR	<i>montelukast, zafirlukast, zileuton ext-rel</i>
<i>Asthma * Severe Asthma Agents</i>	FASENRA <sup>1</sup>	DUPIXENT, NUCALA
<i>Asthma * Steroid Inhalants</i>	ALVESCO	ARNUITY ELLIPTA, ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR, QVAR REDIHALER
<i>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations</i>	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 Ankylosing Spondylitis *</i>	CIMZIA <sup>1</sup> SIMPONI <sup>1</sup>	COSENTYX, ENBREL, HUMIRA
<i>Autoimmune Agents Crohn's Disease *</i>	CIMZIA <sup>1</sup> ENTYVIO <sup>1</sup>	HUMIRA, STELARA SUBCUTANEOUS (after failure of HUMIRA)
<i>Autoimmune Agents Psoriasis *</i>	CIMZIA <sup>1</sup> COSENTYX <sup>1</sup> ENBREL <sup>1</sup>	HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TALTZ
<i>Autoimmune Agents Psoriatic Arthritis *</i>	CIMZIA <sup>1</sup> ORENCIA CLICKJECT <sup>1</sup> ORENCIA INTRAVENOUS <sup>1</sup> ORENCIA SUBCUTANEOUS <sup>1</sup> SIMPONI <sup>1</sup> STELARA SUBCUTANEOUS <sup>1</sup> TALTZ <sup>1</sup> XELJANZ <sup>1</sup> XELJANZ XR <sup>1</sup>	COSENTYX, ENBREL, HUMIRA, OTEZLA
<i>Autoimmune Agents Rheumatoid Arthritis *</i>	ACTEMRA <sup>1</sup> CIMZIA <sup>1</sup> KINERET <sup>1</sup> ORENCIA INTRAVENOUS <sup>1</sup> SIMPONI <sup>1</sup>	ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, XELJANZ, XELJANZ XR
<i>Autoimmune Agents Ulcerative Colitis *</i>	ENTYVIO <sup>1</sup> XELJANZ <sup>1</sup>	HUMIRA, SIMPONI
<i>Autoimmune Agents All Other Conditions *</i>	ACTEMRA <sup>1</sup> KINERET <sup>1</sup> ORENCIA CLICKJECT <sup>1</sup> ORENCIA INTRAVENOUS <sup>1</sup> ORENCIA SUBCUTANEOUS <sup>1</sup>	ENBREL, HUMIRA

<b>Category Drug Class</b>	<b>Excluded Medications</b>	<b>Preferred Alternatives</b>
<i>Cancer</i> Chronic Myelogenous Leukemia *	GLEEVEC <sup>1</sup> TASIGNA <sup>1</sup>	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<i>Cancer</i> Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA <sup>1</sup>	<i>abiraterone, bicalutamide, XTANDI</i>
<i>Cancer</i> Prostate * Hormonal Agents, Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT <sup>1</sup> (For Prostate Cancer Only)	ELIGARD
<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	<i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate (except fenofibrate tablet 120 mg), fenofibric acid</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations <sup>3</sup>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	PRALUENT <sup>1</sup>	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>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension * Phosphodiesterase Inhibitors	ADCIRCA <sup>1</sup> REVATIO <sup>1</sup>	<i>sildenafil, tadalafil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
<i>Contraceptives</i> 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>
<i>Contraceptives</i> Progestin Intrauterine Devices	LILETTA <sup>1</sup>	KYLEENA, MIRENA, SKYLA
<i>Contraceptives</i> Triphasic	ORTHO TRI-CYCLEN LO	<i>ethinyl estradiol-norgestimate</i>
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI <sup>1</sup> TOBI PODHALER <sup>1</sup>	<i>tobramycin inhalation solution, BETHKIS</i>

<b>Category Drug Class</b>	<b>Excluded Medications</b>	<b>Preferred Alternatives</b>
<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	Excluded Medications	Preferred Alternatives
<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 <sup>4</sup>	NOVOLIN 70/30 <sup>4</sup>
	HUMULIN N <sup>4</sup>	NOVOLIN N <sup>4</sup>
	HUMULIN R <sup>4</sup>	NOVOLIN R <sup>4</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>5</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>5</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

Category Drug Class	Excluded Medications	Preferred Alternatives
<i>Diabetes</i> * Supplies, Test Strips and Kits <sup>6,7</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>6</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>6</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>6</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>6</sup>
<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 <sup>1</sup> FOLLISTIM AQ <sup>1</sup>	GONAL-F
	CHORIONIC GONADOTROPIN <sup>1</sup> NOVAREL <sup>1</sup> PREGNYL <sup>1</sup>	OVIDREL
<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> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<i>Gaucher Disease</i>	ELELYSO <sup>1</sup>	CERDELGA, CERESZYME

<b>Category Drug Class</b>	<b>Excluded Medications</b>	<b>Preferred Alternatives</b>
<i>Genitourinary</i> Interstitial Cystitis	RIMSO-50	Consult doctor
<i>Gout</i> *	COLCRYS	<i>colchicine tablet</i>
<i>Growth Hormones</i>	GENOTROPIN <sup>1</sup> NORDITROPIN <sup>1</sup> NUTROPIN AQ <sup>1</sup> OMNITROPE <sup>1</sup> SAIZEN <sup>1</sup>	HUMATROPE
<i>Hematologic</i> Anticoagulants (oral)	COUMADIN	<i>warfarin</i>
	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic</i> Erythropoiesis-Stimulating Agents	EPOGEN <sup>1</sup> PROCRIT <sup>1</sup>	ARANESP, RETACRIT
<i>Hematologic</i> Hemophilia A *	ELOCTATE <sup>1</sup> HELIXATE FS <sup>1</sup>	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIO
<i>Hematologic</i> Hemophilia B *	ALPROLIX <sup>1</sup>	Consult doctor
<i>Hematologic</i> Hereditary Angioedema *	BERINERT <sup>1</sup>	RUCONEST
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	FULPHILA <sup>1</sup>	NEULASTA, UDENYCA
	GRANIX <sup>1</sup> NEUPOGEN <sup>1</sup> ZARXIO <sup>1</sup>	NIVESTYM
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	<i>candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>
<i>High Blood Pressure</i> * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure</i> * Beta-blockers	TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
<i>High Blood Pressure</i> * Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>

Category Drug Class	Excluded Medications	Preferred Alternatives
High Blood Pressure * 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)
Huntington's Disease	XENAZINE <sup>1</sup>	<i>tetrabenazine</i> , AUSTEDO
Immunology Antimetabolites	CELLCEPT <sup>1</sup> MYFORTIC <sup>1</sup>	<i>mycophenolate mofetil</i> , <i>mycophenolate sodium</i>
	RAPAMUNE <sup>1</sup> ZORTRESS <sup>1</sup>	<i>sirolimus</i>
Immunology Calcineurin Inhibitors	ASTAGRAF XL <sup>1</sup> ENVARUS XR <sup>1</sup>	<i>cyclosporine</i> ; <i>cyclosporine, modified</i> ; <i>tacrolimus</i>
Immunology Disease Modifying Antirheumatic Agents	OTREXUP <sup>1</sup>	RASUVO
Inflammatory Bowel Disease (IBD) Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL LIALDA	<i>balsalazide</i> , <i>sulfasalazine</i> , <i>sulfasalazine delayed-rel</i> , APRISO, PENTASA
	COLAZAL	<i>balsalazide</i>
Interferons *	PEGASYS <sup>1</sup>	Consult doctor
Kidney Disease * Phosphate Binders	FOSRENOL	<i>calcium acetate</i> , <i>lanthanum carbonate</i> , <i>sevelamer carbonate</i> , PHOSLYRA, VELPHORO
Multiple Sclerosis	EXTAVIA <sup>1</sup>	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA, TYSABRI
Musculoskeletal	AMRIX CHLORZOXAZONE 250 MG (NDCs <sup>^</sup> 46672086046, 69499033060 only)	<i>cyclobenzaprine</i>
Narcolepsy Wakefulness Promoters	NUVIGIL	<i>armodafinil</i>
Nephropathic Cystinosis	PROCYSBI <sup>1</sup>	CYSTAGON
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Dependency	SUBOXONE	<i>buprenorphine-naloxone sublingual</i> , ZUBSOLV
Opioid Reversal	EVZIO	<i>naloxone injection</i> , NARCAN NASAL SPRAY
Osteoarthritis * Viscosupplements	EUFLEXXA <sup>1</sup> HYALGAN <sup>1</sup> MONOVISC <sup>1</sup> ORTHOVISC <sup>1</sup> SYNVISC <sup>1</sup> SYNVISC-ONE <sup>1</sup>	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
Osteoporosis * 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>
Overactive Bladder / Incontinence * 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>tropium</i> , <i>tropium ext-rel</i> , MYRBETRIQ, TOVIAZ



Category Drug Class	Excluded Medications	Preferred Alternatives
Pain Headache *	<i>butorbital-acetaminophen</i> (NDC^ 69499034230 only) <i>butorbital-acetaminophen-caffeine capsule</i> FIORICET CAPSULE VANATOL LQ VANATOL S	<i>diclofenac sodium, ibuprofen, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> )
	<i>dihydroergotamine spray</i> CAFERGOT	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
Pain Opioid Analgesics	LAZANDA	<i>fentanyl transmucosal lozenge, ABSTRAL, SUBSYS</i>
	<i>levorphanol</i>	<i>fentanyl transdermal, hydromorphone ext-rel, methadone, morphine ext-rel, EMBEDA, HYSINGLA ER, NUCYNТА ER, OXYCONTIN</i>
	PERCOET PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNТА</i>
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM LIDOTREX	<i>lidocaine-prilocaine</i>
Pain and Inflammation * Corticosteroids	<i>Dexpak</i> 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</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> ) <b>WITH</b> <i>esomeprazole, lansoprazole, omeprazole, pantoprazole</i> or DEXILANT
	<i>diclofenac sodium gel 1%</i> (NDC^ 69499031866 only) <i>Diclofex DC</i> (NDC^ 51021037201 only) <i>Dicloaicin</i> <i>Inflamacin</i> <i>NuDiclo SoluPak</i> <i>NuDiclo TabPak</i> <i>Xelitral</i> PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1%</i> (except NDC^ 69499031866), <i>diclofenac sodium solution, ibuprofen, meloxicam, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> )
	<i>fenoprofen capsule</i> <i>naproxen CR</i> CAMBIA FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam, naproxen</i> (except <i>naproxen CR</i> or <i>naproxen suspension</i> )
	<i>naproxen suspension</i>	<i>ibuprofen</i>
Postherpetic Neuralgia	HORIZANT	<i>gabapentin, GRALISE</i>
Prostate Condition Benign Prostatic Hyperplasia *	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride</i> <b>WITH</b> <i>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 <sup>1</sup>	ARALAST NP, GLASSIA, PROLASTIN-C
Respiratory Cough	<i>benzonatate</i> (NDCs^ 69336012615, 69499032915 only)	<i>benzonatate</i> (except NDCs^ 69336012615, 69499032915)
Sleep Disorder Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>

Category Drug Class	Excluded Medications	Preferred Alternatives
Testosterone Replacement * Androgens	testosterone gel 1% <sup>8</sup> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	testosterone gel, testosterone solution, ANDRODERM
Thyroid Supplements	TIROSINT	levothyroxine, SYNTHROID
Transplant * Immunosuppressants, Calcineurin Inhibitors	PROGRAF <sup>1</sup>	tacrolimus
Urea Cycle Disorders	BUPHENYL <sup>1</sup> RAVICTI <sup>1</sup>	sodium phenylbutyrate

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 <sup>1</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 Excluded Medications		
ABILIFY ACANYA ACIPHEX ACIPHEX SPRINKLE ACTEMRA <sup>1</sup> ACTICLATE ACTOS ADCIRCA <sup>1</sup> ADDERALL XR ALCORTIN A ALEVICYN GEL ALEVICYN KIT ALEVICYN SG <i>Alevicyn solution</i> ALLISON MEDICAL INSULIN SYRINGES <sup>5</sup> ALPROLIX <sup>1</sup> ALTOPREV ALVESCO AMRIX ANDROGEL 1% APEXICON E APIDRA ARTHROTEC ASACOL HD ASTAGRAF XL <sup>1</sup> ATACAND	ATACAND HCT AVENOVA BARACLUDE TABLET <sup>1</sup> BECONASE AQ BENICAR BENICAR HCT BENSAL HP BENZACLIN <i>benzonatate</i> (NDCs <sup>^</sup> 69336012615, 69499032915 only) BERINERT <sup>1</sup> BETAPACE BETAPACE AF BEYAZ BRAVELLE <sup>1</sup> BREEZE 2 STRIPS AND KITS <sup>7</sup> BUPHENYL <sup>1</sup> <i>butalbital-acetaminophen</i> (NDC <sup>^</sup> 69499034230 only) <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 <sup>1</sup> CHLORZOXAZONE 250 MG (NDCs <sup>^</sup> 46672086046, 69499033060 only) CHORIONIC GONADOTROPIN <sup>1</sup> CIMZIA <sup>1</sup> <i>clobetasol spray</i> CLOBEX SPRAY COLAZAL COLCRYS CONTOUR NEXT STRIPS AND KITS <sup>7</sup> CONTOUR STRIPS AND KITS <sup>7</sup> CORDRAN OINTMENT COUMADIN CRESTOR CYMBALTA DAKLINZA <sup>1</sup> DELZICOL DETROL LA <i>Dexifol</i> ORTHO TRI-CYCLEN LO ORTHOVISC <sup>1</sup>

Dexpak diclofenac sodium gel 1% (NDC^ 69499031866 only) Diclofex DC (NDC^ 51021037201 only) 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 <sup>1</sup> ELOCTATE <sup>1</sup> ENABLEX ENTYVIO <sup>1</sup> ENVARUS XR <sup>1</sup> EPIVIR HBV <sup>1</sup> EPOGEN <sup>1</sup> ERYPED EUFLEXXA <sup>1</sup> EVEKEO EVZIO EXFORGE EXFORGE HCT EXTAVIA <sup>1</sup> FANAPT FASENRA <sup>1</sup> 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 <sup>1</sup> FORTAMET (and its generics) FORTESTA FOSRENOL FOSTEUM FOSTEUM PLUS FREESTYLE STRIPS AND KITS <sup>7</sup> FULPHILA <sup>1</sup> Genicin Vita-S GENOTROPIN <sup>1</sup> GLEEVEC <sup>1</sup> GLUMETZA (and its generics) GLYCOPYRROLATE TABLET 1.5 MG GRANIX <sup>1</sup> HELIXATE FS <sup>1</sup> HEPSERA <sup>1</sup> HORIZANT HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 <sup>4</sup> HUMULIN N <sup>4</sup> HUMULIN R <sup>4</sup> HYALGAN <sup>1</sup> HylaVite INDOCIN Inflammacin	INTERMEZZO INTUNIV INVOKAMET INVOKAMET XR INVOKANA JALYN JENTADUETO JENTADUETO XR KAZANO KINERET <sup>1</sup> 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 <sup>1</sup> LIPITOR LIVALO Lorid LUNESTA LUPRON DEPOT <sup>1</sup> MACRODANTIN Matzim LA MAVYRET <sup>1</sup> MEBOLIC MIACALCIN INJECTION MIACALCIN NASAL SPRAY MILLIPRED MINASTRIN 24 FE MINIVELLE MINOCIN MONOVISC <sup>1</sup> mupirocin cream MYFORTIC <sup>1</sup> NAPRELAN naproxen CR naproxen suspension NATESTO NESINA NEUPOGEN <sup>1</sup> NEXIUM NICAPRIN NICAZEL NICAZEL FORTE NILANDRON NORDITROPIN <sup>1</sup> NORITATE NORVASC NOVACORT NOVAREL <sup>1</sup> NOVO NORDISK NEEDLES <sup>5</sup> NuDico SoluPak NuDico TabPak NUTROPIN AQ <sup>1</sup> NUVIGIL OLEPTRO OLUX-E omeprazole-sodium bicarbonate OMNARIS OMNITROPE <sup>1</sup> OMNIVEX ONETOUCH ULTRA STRIPS AND KITS <sup>7</sup> ONETOUCH VERIO STRIPS AND KITS <sup>7</sup> ONEXTON ONFI ONGLYZA ORENCIA INTRAVENOUS <sup>1</sup> ORTHO DF	OSENI OTREXUP <sup>1</sup> OWEN MUMFORD NEEDLES <sup>5</sup> OXYTROL PEGASYS <sup>1</sup> PENNSAID PERCOCET PERRIGO NEEDLES <sup>5</sup> PLAVIX PRADAXA PRALUENT <sup>1</sup> PRED FORTE PREGNYL <sup>1</sup> PREVACID PREVIDENT PRIMLEV PRISTIQ PROCRIT <sup>1</sup> PROCYSBI <sup>1</sup> PROGRAF <sup>1</sup> PROTONIX PROVENTIL HFA PROZAC PSORCON QNASL RAPAFLO RAPAMUNE <sup>1</sup> RAVICTI <sup>1</sup> RAYOS RELISTOR REVATIO <sup>1</sup> RHEUMATE RIBOZEL RIMSO-50 RIOMET ROZEREM SABRIL <sup>1</sup> SAIZEN <sup>1</sup> SANDOSTATIN LAR <sup>1</sup> SEROQUEL XR SINGULAIR SORILUX SPRIX SUBOXONE SYNERDERM SYNVISC <sup>1</sup> SYNVISC-ONE <sup>1</sup> TALIVA TARGADOX TASIGNA <sup>1</sup> TESTIM testosterone gel 1% <sup>8</sup> TIROSINT TOBI <sup>1</sup> TOBI PODHALER <sup>1</sup> TOPROL-XL TOUJEO TRADJENTA TRICOR TRIVIDIA INSULIN SYRINGES <sup>5</sup> TronVite TUDORZA ULTIMED INSULIN SYRINGES <sup>5</sup> ULTIMED NEEDLES <sup>5</sup> UROXATRAL VALCYTE VALTREX VANATOL LO VANATOL S Vanoxide-HC VASCULERA VECTICAL VELTIN
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VEMLIDY <sup>1</sup> <i>venlafaxine ext-rel tablet (except 225 mg)</i> VENTOLIN HFA VIEKIRA PAK <sup>1</sup> VIVELLE-DOT VOGELXO XANAX XANAX XR <i>Xeltral</i> XENAZINE <sup>1</sup> XOLEGEL XOPENEX HFA <i>Xvite</i> XYZBAC YAZ ZARXIO <sup>1</sup> ZEGERID ZEMAIRA <sup>1</sup> ZEPATIER <sup>1</sup> ZETIA ZETONNA ZIANA ZOLPIMIST ZONEGRAN ZORTRESS <sup>1</sup> ZORVOLEX ZUPLENZ ZYTIGA <sup>1</sup> ZYVIT		
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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 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.

<sup>^</sup> 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.

<sup>\*</sup> This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

<sup>1</sup> 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.

<sup>2</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>3</sup> If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.

<sup>4</sup> Rebranded or private label formulations are not covered (i.e., RELION).

<sup>5</sup> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>6</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>7</sup> ACCU-CHEK brand test strips are the only preferred options.

<sup>8</sup> 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.**

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