

## Excluded Medication List for Clients with Advanced Control Specialty Formulary™

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<br>Drug Class   | Excluded Medications  | Preferred Alternatives   |
|--|---|--|
| <i>Acromegaly</i>  | SANDOSTATIN LAR <sup>1</sup>  | SOMATULINE DEPOT, SOMAVERT   |
| <i>Allergies</i><br>Nasal Steroids / Combinations                    | BECONASE AQ<br>OMNARIS<br>QNASL<br>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><br>Erythromycins / Macrolides | E.E.S. GRANULES<br>ERYPED   | <i>erythromycins</i>   |
| <i>Anti-infectives, Antibacterials</i><br>Tetracyclines              | MINOCIN   | <i>minocycline</i>   |
|  | ACTICLATE<br>DORYX<br>DORYX MPC<br>TARGADOX   | <i>doxycycline hyclate</i>   |
| <i>Anti-infectives, Antibacterials</i><br>Miscellaneous              | MACRODANTIN   | <i>nitrofurantoin</i>  |
| <i>Anti-infectives, Antivirals</i><br>Cytomegalovirus *              | VALCYTE   | <i>valganciclovir</i>  |
| <i>Anti-infectives, Antivirals</i><br>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><br>TECHNIVIE <sup>1</sup><br>VIEKIRA PAK <sup>1</sup><br>VIEKIRA XR <sup>1</sup><br>ZEPATIER <sup>1</sup> | EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)   |
| <i>Anti-infectives, Antivirals</i><br>Herpes *                       | VALTREX   | <i>acyclovir, valacyclovir</i>   |
| <i>Anti-inflammatory</i><br>Steroidal, Ophthalmic                    | PRED FORTE  | <i>dexamethasone, prednisolone acetate 1%, DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>  |
| <i>Asthma</i> *<br>Beta Agonists, Short-Acting                       | PROVENTIL HFA<br>VENTOLIN HFA<br>XOPENEX HFA  | <i>levalbuterol tartrate CFC-free aerosol, PROAIR HFA, PROAIR RESPICLICK</i>   |
| <i>Asthma</i> *<br>Severe Asthma Agents                              | FASENRA <sup>1</sup>  | NUCALA   |

| <b>Category<br/>Drug Class</b>   | <b>Excluded Medications</b>  | <b>Preferred Alternatives</b>  |
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| <i>Asthma</i> *<br>Steroid Inhalants   | ALVESCO  | ARNUITY ELLIPTA, ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR, QVAR REDIHALER   |
| <i>Asthma</i> * or <i>Chronic Obstructive Pulmonary Disease (COPD)</i> *<br>Steroid / Beta Agonist Combinations    | DULERA   | ADVAIR, BREO ELLIPTA, SYMBICORT  |
| <i>Attention Deficit Hyperactivity Disorder</i> *  | ADDERALL XR  | <i>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i>                                  |
|  | INTUNIV  | <i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</i> |
| <i>Autoimmune Agents</i><br><i>Ankylosing Spondylitis</i> *  | CIMZIA <sup>1</sup><br>SIMPONI <sup>1</sup>  | COSENTYX, ENBREL, HUMIRA   |
| <i>Autoimmune Agents</i><br><i>Crohn's Disease</i> *   | CIMZIA <sup>1</sup><br>ENTYVIO <sup>1</sup>  | HUMIRA, STELARA SUBCUTANEOUS (after failure of HUMIRA)   |
| <i>Autoimmune Agents</i><br><i>Psoriasis</i> *   | CIMZIA <sup>1</sup><br>COSENTYX <sup>1</sup><br>ENBREL <sup>1</sup>  | HUMIRA, OTEZLA, STELARA SUBCUTANEOUS, TALTZ  |
| <i>Autoimmune Agents</i><br><i>Psoriatic Arthritis</i> *   | CIMZIA <sup>1</sup><br>ORENCIA CLICKJECT <sup>1</sup><br>ORENCIA INTRAVENOUS <sup>1</sup><br>ORENCIA SUBCUTANEOUS <sup>1</sup><br>SIMPONI <sup>1</sup><br>STELARA SUBCUTANEOUS <sup>1</sup><br>TALTZ <sup>1</sup><br>XELJANZ <sup>1</sup><br>XELJANZ XR <sup>1</sup> | COSENTYX, ENBREL, HUMIRA, OTEZLA   |
| <i>Autoimmune Agents</i><br><i>Rheumatoid Arthritis</i> *  | ACTEMRA <sup>1</sup><br>CIMZIA <sup>1</sup><br>KINERET <sup>1</sup><br>ORENCIA INTRAVENOUS <sup>1</sup><br>SIMPONI <sup>1</sup>  | ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS, XELJANZ, XELJANZ XR  |
| <i>Autoimmune Agents</i><br><i>Ulcerative Colitis</i> *  | ENTYVIO <sup>1</sup><br>XELJANZ <sup>1</sup>   | HUMIRA, SIMPONI (after failure of HUMIRA)  |
| <i>Autoimmune Agents</i><br><i>All Other Conditions</i> *  | ACTEMRA <sup>1</sup><br>KINERET <sup>1</sup><br>ORENCIA CLICKJECT <sup>1</sup><br>ORENCIA INTRAVENOUS <sup>1</sup><br>ORENCIA SUBCUTANEOUS <sup>1</sup>  | ENBREL, HUMIRA   |
| <i>Cancer</i><br><i>Chronic Myelogenous Leukemia</i> *   | GLEEVEC <sup>1</sup><br>TASIGNA <sup>1</sup>   | <i>imatinib mesylate</i> , BOSULIF, SPRYCEL  |
| <i>Cancer</i><br><i>Prostate</i> *<br>Hormonal Agents,<br>Antiandrogens  | NILANDRON  | bicalutamide, XTANDI, ZYTIGA   |
| <i>Cancer</i><br><i>Prostate</i> *<br>Hormonal Agents,<br>Luteinizing Hormone-Releasing<br>Hormone (LHRH) Agonists | LUPRON DEPOT <sup>1</sup><br>(For Prostate Cancer Only)  | ELIGARD  |
| <i>Cardiovascular</i><br>Antiarrhythmics   | BETAPACE<br>BETAPACE AF  | <i>sotalol</i>   |

| <b>Category<br/>Drug Class</b>   | <b>Excluded Medications</b>   | <b>Preferred Alternatives</b>  |
|--|---|--|
| <i>Cardiovascular</i><br>Antilipemics<br>Cholesterol Absorption Inhibitors   | ZETIA   | <i>ezetimibe</i>   |
| <i>Cardiovascular</i><br>Antilipemics<br>Fibrates  | TRICOR  | <i>fenofibrate, fenofibric acid</i>  |
| <i>Cardiovascular</i><br>Antilipemics<br>HMG-CoA Reductase Inhibitors<br>(HMGs or Statins) / Combinations <sup>3</sup> | ALTOPREV<br>CRESTOR<br>LESCOL XL<br>LIPITOR<br>LIVALO   | <i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>  |
| <i>Cardiovascular</i><br>Antilipemics<br>PCSK9 Inhibitors  | PRALUENT <sup>1</sup>   | REPATHA  |
| <i>Cardiovascular</i><br>Digitalis Glycosides  | LANOXIN TABLET<br>(125 MCG and 250 MCG only)  | <i>digoxin</i>   |
| <i>Cardiovascular</i><br>Diuretics   | DYRENIUM  | <i>amiloride</i>   |
| <i>Cardiovascular</i><br>Pulmonary Arterial Hypertension<br>*<br>Phosphodiesterase Inhibitors                          | ADCIRCA <sup>1</sup><br>REVATIO <sup>1</sup>  | <i>sildenafil</i>  |
| <i>Carnitine Deficiency</i>  | CARNITOR<br>CARNITOR SF   | <i>levocarnitine</i>   |
| <i>Chronic Obstructive Pulmonary<br/>Disease (COPD) *</i><br>Anticholinergics  | TUDORZA   | INCRUSE ELLIPTA, SPIRIVA   |
| <i>Contraceptives</i><br>Progestin Intrauterine Devices  | LILETTA <sup>1</sup>  | KYLEENA, MIRENA, SKYLA   |
| <i>Cystic Fibrosis *</i><br>Inhaled Antibiotics  | TOBI <sup>1</sup><br>TOBI PODHALER <sup>1</sup>   | <i>tobramycin inhalation solution, BETHKIS</i>   |
| <i>Depression *</i><br>Antidepressants,<br>Selective Norepinephrine<br>Reuptake Inhibitors (SNRIs)                     | <i>venlafaxine ext-rel tablet</i><br>(except 225 mg)<br>CYMBALTA<br>EFFEXOR XR<br>VENLAFAXINE EXT-REL TABLET<br>(except 225 MG) | <i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>  |
| <i>Depression *</i><br>Antidepressants,<br>Miscellaneous Agents  | OLEPTRO   | <i>trazodone</i>   |
| Depression and/or Schizophrenia *<br>Antipsychotics, Atypicals   | ABILIFY<br>FANAPT<br>SEROQUEL XR  | <i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>  |
| <i>Dermatology</i><br>Acne *   | ACANYA<br>BENZACLIN<br>ONEXTON<br>Vanoxide-HC<br>VELTIN<br>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><br>Actinic Keratosis *  | <i>fluorouracil cream 0.5%</i><br>CARAC   | <i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</i>   |

| Category<br>Drug Class  | Excluded Medications   | Preferred Alternatives              |
|---|--|-------------------------------------|
| <i>Dermatology</i><br>Antipsoriatics  | SORILUX  | <i>calcipotriene</i>                |
| <i>Dermatology</i><br>Rosacea *   | NORITATE   | metronidazole, FINACEA, SOOLANTRA   |
| <i>Dermatology</i><br>Skin Inflammation and Hives *<br>Corticosteroids        | <i>clobetasol spray</i><br>CLOBEX SPRAY<br>OLUX-E  | <i>clobetasol foam</i>              |
|   | APEXICON E   | <i>desoximetasone, fluocinonide</i> |
| <i>Dermatology</i><br>Wound Care Products                                     | ALEVICYN GEL<br>ALEVICYN KIT<br>ALEVICYN SG<br><i>Alevicyn solution</i>                                  | <i>desonide, hydrocortisone</i>     |
| <i>Dermatology</i><br>Miscellaneous Skin Conditions                           | ALCORTIN A<br>BENSAL HP<br>NOVACORT<br>SYNERDERM   | <i>desonide, hydrocortisone</i>     |
| <i>Diabetes</i> *<br>Biguanides   | FORTAMET<br>GLUMETZA<br>RIOMET   | <i>metformin, metformin ext-rel</i> |
| <i>Diabetes</i> *<br>Dipeptidyl Peptidase-4<br>(DPP-4) Inhibitors             | NESINA<br>ONGLYZA<br>TRADJENTA   | JANUVIA                             |
| <i>Diabetes</i> *<br>Dipeptidyl Peptidase-4<br>(DPP-4) Inhibitor Combinations | JENTADUETO<br>JENTADUETO XR<br>KAZANO<br>KOMBIGLYZE XR<br>OSENII   | JANUMET, JANUMET XR                 |
| <i>Diabetes</i> *<br>Injectable Incretin Mimetics                             | BYDUREON<br>BYETTA<br>TANZEUM  | OZEMPIC, TRULICITY, VICTOZA         |
| <i>Diabetes</i> *<br>Insulins   | APIDRA<br>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: <i>Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.</i> |                                     |
| <i>Diabetes</i> *<br>Long Acting Insulins                                     | LANTUS<br>TOUJEO   | BASAGLAR, LEVEMIR, TRESIBA          |
| <i>Diabetes</i> *<br>Insulin Sensitizers                                      | ACTOS  | <i>pioglitazone</i>                 |
| <i>Diabetes</i> *<br>Sodium-Glucose<br>Co-transporter 2 (SGLT2)<br>Inhibitors | INVOKANA   | FARXIGA, JARDIANCE                  |

| <b>Category<br/>Drug Class</b>  | <b>Excluded Medications</b>   | <b>Preferred Alternatives</b>  |
|---|---|--|
| <i>Diabetes</i> *<br>Sodium-Glucose<br>Co-transporter 2 (SGLT2)<br>Inhibitor / Biguanide Combinations | INVOKAMET<br>INVOKAMET XR   | SYNJARDY, SYNJARDY XR, XIGDUO XR   |
| <i>Diabetes</i> *<br>Supplies, Needles <sup>5</sup>   | NOVO NORDISK NEEDLES<br>OWEN MUMFORD NEEDLES<br>PERRIGO NEEDLES<br>ULTIMED NEEDLES<br>All other insulin needles that are not<br>BD ULTRAFINE brand  | BD ULTRAFINE NEEDLES   |
| <i>Diabetes</i> *<br>Supplies, Syringes <sup>5</sup>  | ALLISON MEDICAL INSULIN SYRINGES<br>TRIVIDIA INSULIN SYRINGES<br>ULTIMED INSULIN SYRINGES<br>All other insulin syringes that are not<br>BD ULTRAFINE brand  | BD ULTRAFINE INSULIN SYRINGES  |
| <i>Diabetes</i> *<br>Supplies, Test Strips and Kits <sup>6, 7</sup>                                   | BREEZE 2 STRIPS AND KITS<br>CONTOUR NEXT STRIPS AND KITS<br>CONTOUR STRIPS AND KITS<br>FREESTYLE STRIPS AND KITS<br>ONETOUCH ULTRA STRIPS AND KITS<br>ONETOUCH VERIO STRIPS AND KITS<br>All other test strips that are not<br>ACCU-CHEK brand | ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>6</sup> ,<br>ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>6</sup> ,<br>ACCU-CHEK GUIDE STRIPS AND KITS <sup>6</sup> ,<br>ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>6</sup> |
| <i>Fertility</i> *  | BRAVELLE <sup>1</sup><br>FOLLISTIM AQ <sup>1</sup>  | GONAL-F  |
| <i>Gastrointestinal<br/>Antiemetics</i>   | ZUPLENZ   | <i>granisetron, ondansetron, SANCUSO</i>   |
| <i>Gastrointestinal<br/>Opioid-induced Constipation</i>   | RELISTOR  | MOVANTIK   |
| <i>Gastrointestinal<br/>Proton Pump Inhibitors (PPIs)</i>   | NEXIUM<br>PREVACID<br>PROTONIX<br>ZEGERID   | <i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>  |
| <i>Gaucher Disease</i>  | ELELYSO <sup>1</sup>  | CERDELGA, CEREZYME   |
| <i>Genitourinary<br/>Interstitial Cystitis</i>  | RIMSO-50  | Consult doctor   |
| <i>Growth Hormones</i>  | GENOTROPIN <sup>1</sup><br>NORDITROPIN <sup>1</sup><br>NUTROPIN AQ <sup>1</sup><br>OMNITROPE <sup>1</sup><br>SAIZEN <sup>1</sup>  | HUMATROPE  |
| <i>Hematologic<br/>Anticoagulants (oral)</i>  | PRADAXA   | <i>warfarin, ELIQUIS, XARELTO</i>  |
| <i>Hematologic<br/>Hemophilia A *</i>   | ELOCTATE <sup>1</sup><br>HELIXATE FS <sup>1</sup>   | ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ   |
| <i>Hematologic<br/>Hemophilia B *</i>   | ALPROLIX <sup>1</sup>   | Consult doctor   |
| <i>Hematologic<br/>Hereditary Angioedema *</i>  | BERINERT <sup>1</sup>   | RUCONEST   |

| <b>Category<br/>Drug Class</b>   | <b>Excluded Medications</b>  | <b>Preferred Alternatives</b>  |
|--|--|--|
| <i>Hematologic</i><br>Neutropenia Colony<br>Stimulating Factors  | NEUPOGEN <sup>1</sup>  | ZARXIO   |
| <i>Hematologic</i><br>Platelet Aggregation Inhibitors  | PLAVIX   | <i>clopidogrel, prasugrel, BRILINTA</i>  |
| <i>High Blood Pressure</i> *<br>Angiotensin II Receptor<br>Antagonists   | ATACAND<br>BENICAR<br>DIOVAN<br>EDARBI                                 | <i>candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>   |
| <i>High Blood Pressure</i> *<br>Angiotensin II Receptor<br>Antagonist / Diuretic Combinations                              | ATACAND HCT<br>BENICAR HCT<br>DIOVAN HCT<br>EDARBYCLOR                 | <i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide,<br/>losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide,<br/>telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i> |
| <i>High Blood Pressure</i> *<br>Angiotensin II Receptor<br>Antagonist / Calcium Channel<br>Blocker Combinations            | EXFORGE  | <i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>   |
| <i>High Blood Pressure</i> *<br>Angiotensin II Receptor<br>Antagonist / Calcium Channel<br>Blocker / Diuretic Combinations | EXFORGE HCT  | <i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>   |
| <i>High Blood Pressure</i> *<br>Beta-blocker Combinations  | DUTOPROL   | <i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>   |
| <i>High Blood Pressure</i> *<br>Calcium Channel Blockers   | NORVASC  | <i>amlodipine</i>  |
|  | CARDIZEM<br>CARDIZEM CD<br>CARDIZEM LA (and its generics)<br>Matzim LA | <i>diltiazem ext-rel (except generic of CARDIZEM LA)</i>   |
| <i>Huntington's Disease</i>  | XENAZINE <sup>1</sup>  | <i>tetrabenazine, AUSTEDO</i>  |
| <i>Immunology</i><br>Disease Modifying Antirheumatic<br>Agents   | OTREXUP <sup>1</sup>   | RASUVO   |
| <i>Inflammatory Bowel Disease (IBD)</i><br>Ulcerative Colitis *<br>Aminosalicylates  | ASACOL HD<br>DELZICOL  | <i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</i>  |
|  | COLAZAL  | <i>balsalazide</i>   |
| <i>Interferons</i> *   | PEGASYS <sup>1</sup>   | Consult doctor   |
| <i>Kidney Disease</i> *<br>Phosphate Binders   | FOSRENOL   | <i>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA,<br/>VELPHORO</i>   |
| <i>Multiple Sclerosis</i>  | EXTAVIA <sup>1</sup>   | <i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA,<br/>TYSABRI</i>  |
| <i>Musculoskeletal</i>   | AMRIX  | <i>cyclobenzaprine</i>   |
| <i>Narcolepsy</i><br>Wakefulness Promoters   | NUVIGIL  | <i>armodafinil</i>   |
| <i>Nephropathic Cystinosis</i>   | PROCYSBI <sup>1</sup>  | CYSTAGON   |
| <i>Ophthalmic</i><br>Miscellaneous   | AVENOVA  | Consult doctor   |

| Category<br>Drug Class   | Excluded Medications   | Preferred Alternatives  |
|--|--|---|
| Opioid Reversal  | EVZIO  | <i>naloxone injection</i> , NARCAN NASAL SPRAY  |
| Osteoarthritis *<br>Viscosupplements   | EUFLEXXA <sup>1</sup><br>HYALGAN <sup>1</sup><br>MONOVISC <sup>1</sup><br>ORTHOVISC <sup>1</sup><br>SYNVISC <sup>1</sup><br>SYNVISC-ONE <sup>1</sup> | DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3  |
| Osteoporosis *<br>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 *<br>Urinary Antispasmodics                              | DETROL LA<br>ENABLEX<br>OXYTROL  | <i>darifenacin ext-rel</i> , <i>oxybutynin ext-rel</i> , <i>tolterodine</i> , <i>tolterodine ext-rel</i> , <i>trospium</i> , <i>trospium ext-rel</i> , MYRBETRIQ, TOVIAZ, VESICARE            |
| Pain<br>Headache *   | <i>butalbital-acetaminophen-caffeine capsule</i><br>FIORICET CAPSULE<br>VANATOL LQ<br>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<br>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 *<br>Corticosteroids   | DEXPAK<br>MILLIPRED<br>RAYOS   | <i>dexamethasone</i> , <i>methylprednisolone</i> , <i>prednisolone solution</i> , <i>prednisone</i>   |
| Pain and Inflammation *<br>Nonsteroidal Anti-inflammatory<br>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<br>INDOCIN<br>NAPRELAN<br>SPRIX   | <i>diclofenac sodium</i> , <i>meloxicam</i> , <i>naproxen</i>   |
| Postherpetic Neuralgia   | HORIZANT   | <i>gabapentin</i> , GRALISE   |
| Prostate Condition<br>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  | ZEMAIRA <sup>1</sup>   | ARALAST NP, GLASSIA, PROLASTIN-C  |
| Sleep Disorder<br>Hypnotics, Non-benzodiazepines   | INTERMEZZO<br>LUNESTA<br>ROZEREM<br>ZOLPIMIST  | <i>eszopiclone</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , <i>zolpidem sublingual</i> , BELSOMRA, SILENOR   |
| Testosterone Replacement *<br>Androgens  | <i>testosterone gel 1%</i> <sup>8</sup><br>ANDROGEL 1%<br>FORTESTA<br>NATESTO<br>TESTIM<br>VOGELXO   | <i>testosterone gel</i> , <i>testosterone solution</i> , ANDRODERM, ANDROGEL 1.62%  |
| Thyroid Supplements  | TIROSINT   | <i>levothyroxine</i> , SYNTHROID  |

| Category Drug Class  | Excluded Medications                          | Preferred Alternatives       |
|--|---|------------------------------|
| <i>Transplant *</i><br>Immunosuppressants,<br>Calcineurin Inhibitors | PROGRAF <sup>1</sup>                          | <i>tacrolimus</i>            |
| <i>Urea Cycle Disorders</i>  | BUPHENYL <sup>1</sup><br>RAVICTI <sup>1</sup> | <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 which 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

|   |   |  |
|---|---|--|
| <p>           ABILIFY<br/>           ACANYA<br/>           ACTEMRA<sup>1</sup><br/>           ACTICLATE<br/>           ACTOS<br/>           ADCIRCA<sup>1</sup><br/>           ADDERALL XR<br/>           ALCORTIN A<br/>           ALEVICYN GEL<br/>           ALEVICYN KIT<br/>           ALEVICYN SG<br/> <i>Alevicyn solution</i><br/>           ALLISON MEDICAL INSULIN SYRINGES<sup>5</sup><br/>           ALPROLIX<sup>1</sup><br/>           ALTOPREV<br/>           ALVESCO<br/>           AMRIX<br/>           ANDROGEL 1%<br/>           APEXICON E<br/>           APIDRA<br/>           ARTHROTEC<br/>           ASACOL HD<br/>           ATACAND<br/>           ATACAND HCT<br/>           AVENOVA<br/>           BECONASE AQ<br/>           BENICAR<br/>           BENICAR HCT<br/>           BENSAL HP<br/>           BENZACLIN<br/>           BERINERT<sup>1</sup><br/>           BETAPACE<br/>           BETAPACE AF<br/>           BRAVELLE<sup>1</sup><br/>           BREEZE 2 STRIPS AND KITS<sup>7</sup><br/>           BUPHENYL<sup>1</sup><br/> <i>butalbital-acetaminophen-caffeine capsule</i><br/>           BYDUREON<br/>           BYETTA<br/>           CAFERGOT<br/>           CAMBIA<br/>           CARAC<br/>           CARDIZEM<br/>           CARDIZEM CD<br/>           CARDIZEM LA (and its generics)<br/>           CARNITOR<br/>           CARNITOR SF<br/>           CIMZIA<sup>1</sup><br/> <i>clobetasol spray</i><br/>           COLOBEX SPRAY<br/>           COLAZAL<br/>           CONTOUR NEXT STRIPS AND KITS<sup>7</sup><br/>           CONTOUR STRIPS AND KITS<sup>7</sup><br/>           CRESTOR<br/>           CYMBALTA<br/>           DAKLINZA<sup>1</sup><br/>           DELZICOL<br/>           DETROL LA<br/>           DEXPAK<br/>           DIOVAN<br/>           DIOVAN HCT<br/>           DORYX<br/>           DORYX MPC<br/>           DULERA<br/>           DUTOPROL<br/>           DYRENIUM<br/>           EDARBI<br/>           EDARBYCLOR<br/>           E.E.S. GRANULES<br/>           EFFEXOR XR<br/>           ELELYSO<sup>1</sup><br/>           ELOCTATE<sup>1</sup><br/>           ENABLEX<br/>           ENTYVIO<sup>1</sup><br/>           ERYPED<br/>           EUFLEXXA<sup>1</sup> </p> | <p>           EVZIO<br/>           EXFORGE<br/>           EXFORGE HCT<br/>           EXTAVIA<sup>1</sup><br/>           FANAPT<br/>           FASENRA<sup>1</sup><br/>           FIORICET CAPSULE<br/> <i>fluorouracil cream 0.5%</i><br/>           FOLLISTIM AQ<sup>1</sup><br/>           FORTAMET<br/>           FORTESTA<br/>           FOSRENOL<br/>           FREESTYLE STRIPS AND KITS<sup>7</sup><br/>           GENOTROPIN<sup>1</sup><br/>           GLEEVEC<sup>1</sup><br/>           GLUMETZA<br/>           HELIXATE FS<sup>1</sup><br/>           HORIZANT<br/>           HUMALOG<br/>           HUMALOG MIX 50/50<br/>           HUMALOG MIX 75/25<br/>           HUMULIN 70/30<sup>4</sup><br/>           HUMULIN N<sup>4</sup><br/>           HUMULIN R<sup>4</sup><br/>           HYALGAN<sup>1</sup><br/>           INDOCIN<br/>           INTERMEZZO<br/>           INTUNIV<br/>           INVOKAMET<br/>           INVOKAMET XR<br/>           INVOKANA<br/>           JALYN<br/>           JENTADUETO<br/>           JENTADUETO XR<br/>           KAZANO<br/>           KINERET<sup>1</sup><br/>           KOMBIGLYZE XR<br/>           LANOXIN TABLET (125 MCG and 250 MCG only)<br/>           LANTUS<br/>           LAZANDA<br/>           LESCOL XL<br/> <i>levorphanol</i><br/>           LILETTA<sup>1</sup><br/>           LIPITOR<br/>           LIVALO<br/>           LUNESTA<br/>           LUPRON DEPOT<sup>1</sup><br/>           MACRODANTIN<br/> <i>Matzim LA</i><br/>           MAVYRET<sup>1</sup><br/>           MIACALCIN INJECTION<br/>           MIACALCIN NASAL SPRAY<br/>           MILLIPRED<br/>           MINOCIN<br/>           MONOVISC<sup>1</sup><br/>           NAPRELAN<br/>           NATESTO<br/>           NESINA<br/>           NEUPOGEN<sup>1</sup><br/>           NEXIUM<br/>           NILANDRON<br/>           NORDITROPIN<sup>1</sup><br/>           NORITATE<br/>           NORVASC<br/>           NOVACORT<br/>           NOVO NORDISK NEEDLES<sup>5</sup><br/>           NUTROPIN AQ<sup>1</sup><br/>           NUVIGIL<br/>           OLEPTRO<br/>           OLUX-E<br/>           OMNARIS<br/>           OMNITROPE<sup>1</sup><br/>           ONETOUCH ULTRA STRIPS AND KITS<sup>7</sup><br/>           ONETOUCH VERIO STRIPS AND KITS<sup>7</sup><br/>           ONEXTON<br/>           ONGLYZA<br/>           ORENCIA INTRAVENOUS<sup>1</sup> </p> | <p>           ORTHOVISC<sup>1</sup><br/>           OSENI<br/>           OTREXUP<sup>1</sup><br/>           OWEN MUMFORD NEEDLES<sup>5</sup><br/>           OXYTROL<br/>           PEGASYS<sup>1</sup><br/>           PENNSAID<br/>           PERRIGO NEEDLES<sup>5</sup><br/>           PLAVIX<br/>           PRADAXA<br/>           PRALUENT<sup>1</sup><br/>           PRED FORTE<br/>           PREVACID<br/>           PRIMLEV<br/>           PROCYSBI<sup>1</sup><br/>           PROGRAF<sup>1</sup><br/>           PROTONIX<br/>           PROVENTIL HFA<br/>           QNASL<br/>           RAVICTI<sup>1</sup><br/>           RAYOS<br/>           RELISTOR<br/>           REVATIO<sup>1</sup><br/>           RIMSO-50<br/>           RIOMET<br/>           ROZEREM<br/>           SAIZEN<sup>1</sup><br/>           SANDOSTATIN LAR<sup>1</sup><br/>           SEROQUEL XR<br/>           SORILUX<br/>           SPRIX<br/>           SYNERDERM<br/>           SYNVISC<sup>1</sup><br/>           SYNVISC-ONE<sup>1</sup><br/>           TANZEUM<br/>           TARGADOX<br/>           TASIGNA<sup>1</sup><br/>           TECHNIVIE<sup>1</sup><br/>           TESTIM<br/> <i>testosterone gel 1%<sup>8</sup></i><br/>           TIROSINT<br/>           TOBI<sup>1</sup><br/>           TOBI PODHALER<sup>1</sup><br/>           TOUJEO<br/>           TRADJENTA<br/>           TRICOR<br/>           TRIVIDIA INSULIN SYRINGES<sup>5</sup><br/>           TUDORZA<br/>           ULTIMED INSULIN SYRINGES<sup>5</sup><br/>           ULTIMED NEEDLES<sup>5</sup><br/>           UROXATRAL<br/>           VALCYTE<br/>           VALTREX<br/>           VANATOL LQ<br/>           VANATOL S<br/> <i>Vanoxide-HC</i><br/>           VELTIN<br/> <i>venlafaxine ext-rel tablet (except 225 mg)</i><br/>           VENLAFAXINE EXT-REL TABLET (except 225 MG)<br/>           VENTOLIN HFA<br/>           VIEKIRA PAK<sup>1</sup><br/>           VIEKIRA XR<sup>1</sup><br/>           VOGELXO<br/>           XENAZINE<sup>1</sup><br/>           XOPENEX HFA<br/>           ZEGERID<br/>           ZEMAIRA<sup>1</sup><br/>           ZEPATIER<sup>1</sup><br/>           ZETIA<br/>           ZETONNA<br/>           ZIANA<br/>           ZOLPIMIST<br/>           ZONEGRAN<br/>           ZUPLENZ         </p> |
|---|---|--|

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 [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> 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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