Below is a list of medicines by drug class that have been removed from your plan’s formulary. This list is effective January 1, 2015. If you continue using one of the drugs listed below and identified as a Formulary Drug Removal after this date, 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 consideration options listed below.

**Bolded** products represent formulary drug removals that are new for the 2015 plan year.

<table>
<thead>
<tr>
<th>Category * Drug Class</th>
<th>Formulary Drug Removals</th>
<th>Formulary Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergic Reaction (Anaphylaxis) Treatment *</td>
<td>ADRENACLICK</td>
<td>AUVI-Q, EPIPEN, EPIPEN JR</td>
</tr>
<tr>
<td>Allergies * Nasal Steroids / Combinations</td>
<td>BECONASE AQ OMNARIS QNASL RHINOCORT AQUA VERAMYST ZETONNA</td>
<td>flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX</td>
</tr>
<tr>
<td>Allergies * Ophthalmic</td>
<td>DYMISTA</td>
<td>flunisolide spray, fluticasone spray, triamcinolone spray, or NASONEX WITH azelastine spray or PATANASE</td>
</tr>
<tr>
<td>Allergies *</td>
<td>LASTACAFT</td>
<td>azelastine, cromolyn sodium, PATADAY, PATANOL</td>
</tr>
<tr>
<td>Anti-infectives, Antivirals * Herpes Agents</td>
<td>VALTREX</td>
<td>acyclovir, valacyclovir</td>
</tr>
<tr>
<td>Asthma * Beta Agonists, Short-Acting</td>
<td>PROVENTIL HFA VENTOLIN HFA XOPENEX HFA</td>
<td>PROAIR HFA</td>
</tr>
<tr>
<td>Asthma * Steroid Inhalants</td>
<td>AEROSPAN ALVESCO</td>
<td>ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR</td>
</tr>
<tr>
<td>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations</td>
<td>SYMBICORT</td>
<td>ADVAIR, DULERA</td>
</tr>
<tr>
<td>Attention Deficit Hyperactivity Disorder Agents</td>
<td>ADDERALL XR</td>
<td>amphetamine-dextroamphetamine mixed salts ext-rel</td>
</tr>
<tr>
<td>Cardiovascular Antilipemics * Fibrates</td>
<td>TRICOR</td>
<td>fenofibrate, fenofibric acid</td>
</tr>
<tr>
<td>Cardiovascular Antilipemics * HMG Co-A Reductase Inhibitors (HMGs or Statins) / Combinations</td>
<td>ADVICOR ALTOPREV LESCOL XL LIPTOR LIPRUZET LIVALO</td>
<td>atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, CRESTOR, SIMCOR, VYTORIN</td>
</tr>
<tr>
<td>Category * Drug Class</td>
<td>Formulary Drug Removals</td>
<td>Formulary Options</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td><em><em>Chronic Obstructive Pulmonary Disease (COPD)</em> Anticholinergics</em>*</td>
<td>TUDORZA</td>
<td>SPRIVA</td>
</tr>
<tr>
<td><em><em>Dermatology Skin Inflammation and Hives</em> Corticosteroids</em>*</td>
<td>OUX-E</td>
<td>clobetasol propionate foam 0.05%, CLOBEX SPRAY</td>
</tr>
<tr>
<td><em><em>Dermatology Skin Inflammation and Hives</em> Corticosteroids</em>*</td>
<td>APEXICON E</td>
<td>desoximetasone, fluocinonide</td>
</tr>
<tr>
<td><em><em>Diabetes</em> Biguanides</em>*</td>
<td>FORTAMET GLUMETZA RIOMET</td>
<td>metformin, metformin ext-rel</td>
</tr>
<tr>
<td><em><em>Diabetes</em> Dipetidyl Peptidase-4 (DPP-4) Inhibitors</em>*</td>
<td>NESINA ONGLYZA</td>
<td>JANUVIA, TRADJENTA</td>
</tr>
<tr>
<td><em><em>Diabetes</em> Dipetidyl Peptidase-4 (DPP-4) Inhibitor Combinations</em>*</td>
<td>KAZANO KOMBIGLYZE XR OSENI</td>
<td>JANUMET, JANUMET XR, JENTADUETO</td>
</tr>
<tr>
<td><em><em>Diabetes</em> Injectable Incretin Mimetics</em>*</td>
<td>BYETTA</td>
<td>BYDUREON, VICTOZA</td>
</tr>
<tr>
<td><em><em>Diabetes</em> Insulins</em>*</td>
<td>APIKRA HUMALOG</td>
<td>NOVOLOG</td>
</tr>
<tr>
<td><em><em>Diabetes</em> Insulins</em>*</td>
<td>HUMALOG MIX 50/50</td>
<td>NOVOLOG MIX 70/30</td>
</tr>
<tr>
<td><em><em>Diabetes</em> Insulins</em>*</td>
<td>HUMALOG MIX 75/25</td>
<td>NOVOLOG MIX 70/30</td>
</tr>
<tr>
<td><em><em>Diabetes</em> Insulins</em>*</td>
<td>HUMULIN 70/30</td>
<td>NOVOLIN 70/30</td>
</tr>
<tr>
<td><em><em>Diabetes</em> Insulins</em>*</td>
<td>HUMULIN N</td>
<td>NOVOLIN N</td>
</tr>
<tr>
<td><em><em>Diabetes</em> Insulins</em>*</td>
<td>HUMULIN R</td>
<td>NOVOLIN R</td>
</tr>
<tr>
<td><em><em>Diabetes</em> Insulin Sensitizers</em>*</td>
<td>ACTOS</td>
<td>pioglitazone</td>
</tr>
<tr>
<td><em><em>Diabetes</em> Sodium-Glucose Co-Transporter-2 (SGLT2) Inhibitors</em>*</td>
<td>FARXIGA</td>
<td>INVOKANA</td>
</tr>
<tr>
<td><em><em>Diabetes</em> Supplies ¹</em>*</td>
<td>ACCU-CHEK STRIPS AND KITS</td>
<td>ONETOUCH ULTRA STRIPS AND KITS ¹, ONETOUCH VERIO STRIPS AND KITS ¹</td>
</tr>
<tr>
<td><em><em>Diabetes</em> Supplies ¹</em>*</td>
<td>BREEZE 2 STRIPS AND KITS</td>
<td>CONTOUR NEXT STRIPS AND KITS</td>
</tr>
<tr>
<td><em><em>Diabetes</em> Supplies ¹</em>*</td>
<td>CONTOUR STRIPS AND KITS</td>
<td>FREESTYLE STRIPS AND KITS ²</td>
</tr>
<tr>
<td><em><em>Diabetes</em> Supplies ¹</em>*</td>
<td>All other test strips that are not</td>
<td>ONETOUCH brand</td>
</tr>
<tr>
<td><em><em>Erectile Dysfunction</em> Phosphodiesterase Inhibitors</em>*</td>
<td>LEVITRA</td>
<td>CIALIS, VIAGRA</td>
</tr>
<tr>
<td><em><em>Gastrointestinal Agents</em> Proton Pump Inhibitors (PPIs)</em>*</td>
<td>PREVACID PROTONIX</td>
<td>lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT, NEXIUM</td>
</tr>
<tr>
<td><em><em>Glaucoma</em> Prostaglandin Analogs</em>*</td>
<td>LUMIGAN</td>
<td>latanoprost, travoprost, TRAVATAN Z, ZIOPTAN</td>
</tr>
<tr>
<td>Category * Drug Class</td>
<td>Formulary Drug Removals</td>
<td>Formulary Options</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Growth Hormones *</td>
<td>GENOTROPIN NUTROPIN AQ OMTITROPE SAIZEN TEV-TROPIN</td>
<td>HUMATROPE, NORDITROPIN</td>
</tr>
<tr>
<td>Hematologic * Platelet Aggregation Inhibitors</td>
<td>PLAVIX</td>
<td>clopidogrel, BRILINTA, EFFIENT</td>
</tr>
<tr>
<td>High Blood Pressure * Angiotensin II Receptor Antagonists</td>
<td>ATACAND EDARBI TEVET</td>
<td>candesartan, eprosartan, irbesartan, losartan, telmisartan, BENICAR, DIOVAN</td>
</tr>
<tr>
<td>High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations</td>
<td>ATACAND HCT DIOVAN HCT EDARBLYCOR TEVETEN HCT</td>
<td>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT</td>
</tr>
<tr>
<td>High Blood Pressure * Calcium Channel Blockers</td>
<td>NORVASC</td>
<td>amlodipine</td>
</tr>
<tr>
<td>Inflammatory Bowel Disease (IBD), Ulcerative Colitis * Aminosalicylates</td>
<td>ASACOL HD DELZICOL</td>
<td>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</td>
</tr>
<tr>
<td>Multiple Sclerosis Agents*</td>
<td>REBIF</td>
<td>AVONEX, COPAXONE, EXTAVIA, GILENYA, TECFIDERA</td>
</tr>
<tr>
<td>Musculoskeletal Agents*</td>
<td>AMRIX</td>
<td>cyclobenzaprine</td>
</tr>
<tr>
<td>Opioid Dependence Agents *</td>
<td>SUBOXONE FILM</td>
<td>buprenorphine-naloxone sublingual tablet, ZUBSOLV</td>
</tr>
<tr>
<td>Osteoarthritis* Viscosupplements</td>
<td>EUFLEXXA ORTHOVISC</td>
<td>GEL-ONE, HYALGAN, SUPARTZ</td>
</tr>
<tr>
<td>Overactive Bladder / Incontinence * Urinary Antispasmodics</td>
<td>DETROL LA OXYTROL TOVIAZ</td>
<td>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, VESICARE</td>
</tr>
<tr>
<td>Pain and Inflammation * Corticosteroids</td>
<td>RAYOS</td>
<td>dexamethasone, methylprednisolone, prednisone</td>
</tr>
<tr>
<td>Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations</td>
<td>ARTHROTEC DUEXIS VIMOVO</td>
<td>CELEBREX, diclofenac, meloxicam, or naproxen WITH lansoprazole, omeprazole, omeprazole/sodium bicarbonate, pantoprazole, DEXILANT, or NEXIUM</td>
</tr>
<tr>
<td>Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations</td>
<td>FLECTOR PENSAID</td>
<td>diclofenac, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</td>
</tr>
<tr>
<td>Prostate Condition * Benign Prostatic Hyperplasia Agents / Combinations</td>
<td>NAPRELAN</td>
<td>diclofenac, meloxicam, naproxen, CELEBREX</td>
</tr>
<tr>
<td>Sleep * Hypnotics, Non-benzodiazepines</td>
<td>INTERMEZZO LUNESTA ROZEREM</td>
<td>eszopiclone, zolpidem, zolpidem ext-rel</td>
</tr>
<tr>
<td>Testosterone Replacement * Androgens</td>
<td>testosterone gel ANDROGEL NATESTO TESTIM VOGELKO</td>
<td>ANDRODERM, AXIRON, FORTESTA</td>
</tr>
</tbody>
</table>
# Formulary Drug Removals and Options

## Category

### Drug Class

<table>
<thead>
<tr>
<th>Transplant * Immunosuppressants, Calcineurin Inhibitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hecoria</td>
</tr>
<tr>
<td>Hecoria</td>
</tr>
</tbody>
</table>

### Hepatitis C Agents*

OLYSIO, SOVALDI and/or other Hepatitis C agents in the pipeline: Evaluation and identification of Drugs Requiring Prior Authorization for Medical Necessity will be made upon approval of the new Hepatitis C agents.

### New to Market Agents

New to market products and new variations of products already in the marketplace will be excluded from [or “will not be added to”] the formulary until the product has been evaluated, determined to be clinically appropriate and cost effective, and approved by the CVS/caremark Pharmacy and Therapeutics Committee (or other appropriate reviewing body).

The listed formulary options are subject to change.

## List of Formulary Drug Removals - Carryover from 2014

<table>
<thead>
<tr>
<th>ACTOS</th>
<th>Hecoria</th>
<th>OXYTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVICOR</td>
<td>HUMALOG</td>
<td>PLAVIX</td>
</tr>
<tr>
<td>ALTOPREV</td>
<td>HUMALOG MIX 50/50</td>
<td>PREVACID</td>
</tr>
<tr>
<td>ALVESCO</td>
<td>HUMALOG MIX 75/25</td>
<td>PROTONIX</td>
</tr>
<tr>
<td>ANDROGEL</td>
<td>HUMULIN 70/30</td>
<td>QNASL</td>
</tr>
<tr>
<td>ARTHROTEC</td>
<td>HUMULIN N</td>
<td>RAYOS</td>
</tr>
<tr>
<td>ASACOL HD</td>
<td>HUMULIN R</td>
<td>RHINOCORT AQUA</td>
</tr>
<tr>
<td>ATACAND</td>
<td>INTERMEZZO</td>
<td>RIOMET</td>
</tr>
<tr>
<td>ATACAND HCT</td>
<td>JALYN</td>
<td>ROZEREM</td>
</tr>
<tr>
<td>BECONASE AQ</td>
<td>KAZANO</td>
<td>SAIZEN</td>
</tr>
<tr>
<td>BREEZE 2 STRIPS AND KITS</td>
<td>KOMBIGLYZE XR</td>
<td>SUBOXONE FILM</td>
</tr>
<tr>
<td>CONTOUR NEXT STRIPS AND KITS</td>
<td>LASTACAFT</td>
<td>TESTIM</td>
</tr>
<tr>
<td>CONTOUR STRIPS AND KITS</td>
<td>LESCOL XL</td>
<td>TENVETEN</td>
</tr>
<tr>
<td>DELZICOL</td>
<td>LIPITOR</td>
<td>TENVETEN HCT</td>
</tr>
<tr>
<td>DETROL LA</td>
<td>LIVALO</td>
<td>TEV-TROPIN</td>
</tr>
<tr>
<td>DIOVAN HCT</td>
<td>LUMIGAN</td>
<td>TOVIAZ</td>
</tr>
<tr>
<td>DYMISTA</td>
<td>LIFESTAR</td>
<td>TRICOR</td>
</tr>
<tr>
<td>EDARBI</td>
<td>LESNINA</td>
<td>TUDORZA</td>
</tr>
<tr>
<td>EDARBYCLOR</td>
<td>NUTROPIN AQ</td>
<td>VALTREX</td>
</tr>
<tr>
<td>FLECTOR</td>
<td>OLUX-E</td>
<td>VENTOLIN HFA</td>
</tr>
<tr>
<td>FORTAMET</td>
<td>OMNARIS</td>
<td>VERAMYST</td>
</tr>
<tr>
<td>FREESTYLE STRIPS AND KITS</td>
<td>OMNITROPE</td>
<td>XOPENEX HFA</td>
</tr>
<tr>
<td>GENOTROPIN</td>
<td>ONGLYZA</td>
<td>ZETONNA</td>
</tr>
<tr>
<td>GLUMETZA</td>
<td>OSENI</td>
<td></td>
</tr>
</tbody>
</table>

## List of Formulary Drug Removals - New for 2015

<table>
<thead>
<tr>
<th>ACCU-CHEK STRIPS AND KITS</th>
<th>DUEXIS</th>
<th>PENNSAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDERALL XR</td>
<td>EUPLEXXA</td>
<td>PROVENTIL HFA</td>
</tr>
<tr>
<td>ADRERNACLICK</td>
<td>FARXIGA</td>
<td>REBIF</td>
</tr>
<tr>
<td>AEROSPAN</td>
<td>LUNESTA</td>
<td>SYMBICORT</td>
</tr>
<tr>
<td>AMRIX</td>
<td>NAPRELAN</td>
<td>testestosterone gel</td>
</tr>
<tr>
<td>APEXICON E</td>
<td>NATESTO</td>
<td>VIMOVO</td>
</tr>
<tr>
<td>APIADEX</td>
<td>NORVASC</td>
<td>VOGELXO</td>
</tr>
<tr>
<td>BUTTER</td>
<td>ORTHOVISC</td>
<td></td>
</tr>
</tbody>
</table>

* Also includes all other test strips that are not ONETOUCH brand

---

* Category

* Drug Class

* Formulary Drug Removals

* Formulary Options
This list represents brand products in CAPS, branded generics in upper- and lowercase, and generic products in lowercase italics. This is not an all-inclusive list of available drug options. Log in to 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.
1 A OneTouch blood glucose meter will 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 toll-free: 1-800-588-4456. Members must have CVS Caremark Mail Service Pharmacy benefits to qualify.
2 An exception process is in place for specific clinical circumstances that may require continued coverage for Freestyle diabetic test strips. If your doctor believes you have a specific clinical need for this product, he or she should fax an exception request toll-free to: 1-888-487-9257. Your plan may choose to provide an exception process for additional medications on this list and new to market agents.

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

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

©2014 Caremark Rx, L.L.C. All rights reserved. 106-25923c 010115 www.caremark.com

Document date: July 31, 2014