January 2013

Formulary Drug Removals

Below is a list of medicines by drug class that have been removed from your plan's drug list. This list is effective January 1, 2013. If you continue using one of these drugs after this date, you may be required to pay the full cost.

Category * Drug Class	Formulary Drug Removals
Allergies * Nasal Steroids	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA VERAMYST
Asthma * Beta Agonists, Short-Acting	MAXAIR XOPENEX HFA
Depression * Antidepressants	OLEPTRO
Dermatology * *Skin Inflammation and Hives* Corticosteroids	OLUX-E
Diabetes * Biguanides	FORTAMET GLUMETZA RIOMET
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	ONGLYZA
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor / Biguanide Combinations	KOMBIGLYZE XR
Diabetes * Insulins	HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25 HUMULIN 70/30 HUMULIN N HUMULIN R NOTE: *Humulin U-500 concentrate will not be subject to the exclusion and will continue to be covered.*
Diabetes * Supplies [2]	FREESTYLE STRIPS AND KITS [1]
Erectile Dysfunction * Phosphodiesterase Inhibitors	LEVITRA
Glaucoma * Prostaglandin Analogs	LUMIGAN

Category * Drug Class	Formulary Drug Removals
Growth Hormones *	GENOTROPIN NUTROPIN / NUTROPIN AQ OMNITROPE SAIZEN TEV-TROPIN
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND EDARBI TEVETEN
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT EDARBYCLOR TEVETEN HCT
High Cholesterol * HMG Co-A Reductase Inhibitors (HMGs or Statins)	ALTOPREV LIVALO
High Cholesterol * HMG Co-A Reductase Inhibitor / Niacin Combinations	ADVICOR
Overactive Bladder / Incontinence * Urinary Antispasmodics	DETROL LA OXYTROL [1] SANCTURA XR [1] TOVIAZ
Pain and Inflammation * Nonsteroidal Anti-inflammatory (NSAIDs) / Combinations	ARTHROTEC FLECTOR
Pain * Non-opioid Analgesics	RYZOLT
Prostate Condition * Benign Prostatic Hyperplasia Agents / Combinations	JALYN
Sleep * Hypnotics, Non-benzodiazepines	INTERMEZZO ROZEREM
Testosterone Replacement * Androgens	ANDROGEL TESTIM
Transplant * Immunosuppressants, Calcineurin Inhibitors	Hecoria

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List of Formulary Drug Removals		
ADVICOR	HUMALOG MIX 50/50	ONGLYZA
ALTOPREV	HUMALOG MIX 75/25	OXYTROL [1]
ANDROGEL	HUMULIN 70/30	QNASL
ARTHROTEC	HUMULIN N	RHINOCORT AQUA
ATACAND	HUMULIN R	RIOMET
ATACAND HCT	INTERMEZZO	ROZEREM
BECONASE AQ	JALYN	RYZOLT
DETROL LA	KOMBIGLYZE XR	SAIZEN
EDARBI	LEVITRA	SANCTURA XR [1]
EDARBYCLOR	LIVALO	TESTIM
FLECTOR	LUMIGAN	TEVETEN
FORTAMET	MAXAIR	TEVETEN HCT
FREESTYLE STRIPS AND KITS [1]	NUTROPIN / NUTROPIN AQ	TEV-TROPIN
GENOTROPIN	OLEPTRO	TOVIAZ
GLUMETZA	OLUX-E	VERAMYST
Hecoria	OMNARIS	XOPENEX HFA
HUMALOG	OMNITROPE	

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. 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 state law restrictions.

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

[1] A medical exception process is in place for specific clinical circumstances that may require continued coverage for one of these specific products: Freestyle diabetic test strips, Oxytrol and Sanctura XR. If your doctor believes you have a specific clinical need for one of these products, he or she should fax a medical exception request to toll-free: 1-866-443-1172. Your plan may choose to provide the medical exception process to all medications on this list.

[2] An Accu-Chek or OneTouch blood glucose meter will be provided at no charge by the manufacturer to those individuals currently using a meter other than Accu-Chek or 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.

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Document date: June 28, 2012

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