



## Family of health care plans

# Drug Removals for CareFirst Formulary 2

(Effective April 1, 2020)

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 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
Allergies Antihistamines	CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
Allergies Nasal Steroids/Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, DYMISTA</i>
Anticonvulsants	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	<i>vigabatrin</i>
Anti-infectives, Antibacterials Erythromycins/Macrolides	E.E.S. GRANULES ERYRPRED	<i>erythromycins</i>
Anti-infectives, Antibacterials Tetracyclines	ACTICLATE DORYX DORYX MPC MINOCIN TARGADOX	<i>doxycycline hyclate, minocycline, tetracycline</i>
Anti-infectives, Antibacterials Miscellaneous	MACRODANTIN	<i>nitrofurantoin</i>
Anti-infectives, Antivirals Cytomegalovirus *	VALCYTE	<i>valganciclovir</i>
Anti-Infectives, Antivirals, Hepatitis B *	BARACLUDE TABLET	<i>entecavir, lamivudine, VEMLIDY</i>
Anti-infectives, Antivirals Hepatitis C *	MAVYRET	EPCLUSA (genotypes 1,2,3,4,5,6) <b>PA SP</b> , HARVONI (genotypes 1, 4, 5, 6) <b>PA SP</b> , VOSEVI <b>PA SP</b> <sup>1</sup>
	VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1,2,3,4,5,6) <b>PA SP</b> , HARVONI (genotypes 1, 4, 5, 6) <b>PA SP</b>
Anti-infectives, Antivirals Herpes *	VALTREX	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
Antiobesity	CONTRAVE QSYMIA	SAXENDA <b>PA SI</b>

Category * Drug Class	Formulary Drug Removals	Formulary Options
<i>Antianxiety</i> Benzodiazepines	XANAX XANAX XR	alprazolam, clonazepam, diazepam, lorazepam, oxazepam
<i>Asthma *</i> Beta Agonists, Short-Acting	PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol QL, levalbuterol tartrate CFC-free aerosol QL</i>
<i>Asthma *</i> Leukotriene Modulators	SINGULAIR	<i>montelukast, zafirlukast, zileuton ext-rel</i>
<i>Asthma *</i> Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER,, QVAR REDIHALER
<i>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) *</i> Steroid/Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA, BREO ELLIPTA, SYMBICORT
<i>Attention Deficit Hyperactivity Disorder Agents *</i>	EVEKEO	<i>amphetamine-dextroamphetamine mixed salts ext-rel † QL, methylphenidate ext-rel † QL</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel † QL, atomoxetine QL, guanfacine ext-rel, methylphenidate ext-rel † QL, MYDAYIS QL, VYVANSE QL</i>
<i>Autoimmune Conditions</i>	ACTEMRA	ENBREL <b>PA SP SI</b> , HUMIRA <b>PA SP SI</b> , RINVOQ <b>PA SP SI</b> , XELJANZ <b>PA SP</b> , XELJANZ XR <b>PA SP</b>
	CIMZIA	COSENTYX <b>PA SP SI</b> , ENBREL <b>PA SP SI</b> , HUMIRA <b>PA SP SI</b> , OTEZLA <b>PA SP</b> , RINVOQ <b>PA SP SI</b> , SKYRIZI <b>PA SP SI</b> , STELARA SUBCUTANEOUS <b>PA SP SI</b> (Plaque Psoriasis and Psoriatic Arthritis Only), TREMFYA <b>PA SP SI</b> , XELJANZ <b>PA SP</b> , XELJANZ XR <b>PA SP</b>
	ENTYVIO	HUMIRA <b>PA SP SI</b> , XELJANZ <b>PA SP</b>
	KINERET	ENBREL <b>PA SP SI</b> , HUMIRA <b>PA SP SI</b> , RINVOQ <b>PA SP SI</b> , XELJANZ <b>PA SP</b> , XELJANZ XR <b>PA SP</b>
	ORENCIA CLICKJET ORENCIA SUBCUTANEOUS	COSENTYX <b>PA SP SI</b> , ENBREL <b>PA SP SI</b> , HUMIRA <b>PA SP SI</b> , OTEZLA <b>PA SP</b> , RINVOQ <b>PA SP SI</b> , STELARA SUBCUTANEOUS <b>PA SP SI</b> (Plaque Psoriasis and Psoriatic Arthritis Only), XELJANZ <b>PA SP</b> , XELJANZ XR <b>PA SP</b>
	SIMPONI	COSENTYX <b>PA SP SI</b> , ENBREL <b>PA SP SI</b> , HUMIRA <b>PA SP SI</b> , OTEZLA <b>PA SP</b> , RINVOQ <b>PA SP SI</b> , STELARA SUBCUTANEOUS <b>PA SP SI</b> (Plaque Psoriasis and Psoriatic Arthritis Only), XELJANZ <b>PA SP</b> , XELJANZ XR <b>PA SP</b>
	TALTZ	COSENTYX <b>PA SP SI</b> , ENBREL <b>PA SP SI</b> , HUMIRA <b>PA SP SI</b> , OTEZLA <b>PA SP</b> , SKYRIZI <b>PA SP SI</b> , STELARA SUBCUTANEOUS <b>PA SP SI</b> (Plaque Psoriasis and Psoriatic Arthritis Only), XELJANZ <b>PA SP</b> , XELJANZ XR <b>PA SP</b>
<i>Cancer</i> Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	<i>imatinib mesylate PA SP, BOSULIF PA SP, SPRYCEL PA SP</i>
<i>Cancer</i> Prostate * Hormonal Agents, Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone PA SP, bicalutamide, XTANDI PA SP, YONSA PA SP</i>
<i>Cardiovascular</i> <i>Antiarrhythmics</i>	BETAPACE BETAPACE AF	<i>sotalol</i>
<i>Cardiovascular</i> Antilipidemics 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 delayed-rel</i>
<i>Cardiovascular</i> 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>

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Cardiovascular Antilipemics PCSK9 Inhibitors	PRALUENT	REPATHA PA SI
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
Cardiovascular Diuretics	DYRENIUM	<i>Amiloride, triamterene</i>
Carnitine Deficiency	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergic / Beta Agonist Combinations	COMBIVENT RESPIMAT	<i>ipratropium-albuterol inhalation solution</i> , ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT
Contraceptives Monophasic	BEYAZ MINASTRIN 24 FE TAYTULLA YAZ	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron
Contraceptives Biphasic	LO LOESTRIN FE	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate
Contraceptives Triphasic	ORTHO TRI-CYCLEN LO	ethinyl estradiol-norgestimate
Contraceptives Four Phase	NATAZIA	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate
Cystic Fibrosis * Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution</i> PA SP, BETHKIS PA SP
Dental* Cavity/Caries Prevention	PREVIDENT	Consult doctor
Depression * Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	LEXAPRO PROZAC	<i>citalopram, escitalopram, fluoxetine, paroxetine HCl, paroxetine HCl ext-rel, sertraline</i> , TRINTELLIX, VIIBRYD
Depression * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
Depression * 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</i> , LATUDA, VRAYLAR
Dermatology 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</i> , EPIDUO, TAZORAC
Dermatology Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod</i> , PICATO, TOLAK, ZYCLARA

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Dermatology Antibiotics	mupirocin cream	gentamicin, mupirocin ointment
Dermatology Antipsoriatics	calcipotriene cream calcitriol ointment SORILUX VECTICAL	calcipotriene ointment, calcipotriene solution
Dermatology Atopic Dermatitis *	doxepin cream	Desonide <b>QL</b> , hydrocortisone <b>QL</b> , pimecrolimus, tacrolimus, EUCRISA
Dermatology Rosacea*	FIANCEA GEL NORITATE	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA
Dermatology Scars	RECEDO SIL-K PAD	imiquimod
Dermatology Seborrheic Dermatitis *	XOLEGEL	ciclopirox, ketoconazole
Dermatology Skin Inflammation and Hives * Corticosteroids	clobetasol spray CLOBEX SPRAY OLUX-E	clobetasol foam
	fluocinonide cream 0.1%	clobetasol cream
	flurandrenolide ointment CORDRAN OINTMENT	hydrocortisone butyrate <b>QL</b> , mometasone <b>QL</b> , triamcinolone <b>QL</b>
	diflorasone cream diflorasone ointment APEXICON E PSORCON	Desoximetasone <b>QL</b> , fluocinonide (except fluocinonide cream 0.1%) <b>QL</b>
Dermatology Wound Care Products	Alevicyn solution ALEVICYN GELALEVICYN SG	desonide <b>QL</b> , hydrocortisone <b>QL</b>
Dermatology Miscellaneous Skin Conditions	ALCORTIN A BENSAL HP EPICERAM KAMDOY NOVACORT SYNERDERM	desonide <b>QL</b> , hydrocortisone <b>QL</b>
Diabetes * Biguanides	FORTAMET (and its generics) GLUMETZA (and its generics) RIOMET	metformin, metformin ext-rel (except generic FORTAMET or GLUMETZA)
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA <b>WITH</b> pioglitazone
Diabetes * Injectable Incretin Mimetics	BYDUREON BYETTA	OZEMPIC <b>QL SI</b> , TRULICITY <b>QL SI</b> , VICTOZA <b>QL SI</b>
Diabetes * Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30

Category * Drug Class	Formulary Drug Removals	Formulary Options
	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: <i>Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.</i>	
<i>Diabetes</i> * Long Acting Insulins	LANTUS	BASAGLAR, LEVEMIR
	TOUJEO	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> * Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
<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>	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- CHECK brand	ACCU-CHEK AVIVA PLUS STRIPS <b>QL</b> <sup>6</sup> , ACCU-CHEK COMPACT PLUS STRIPS <b>QL</b> <sup>6</sup> , ACCU-CHEK GUIDE STRIPS <b>QL</b> <sup>6</sup> , ACCU-CHEK SMARTVIEW STRIPS <b>QL</b> <sup>6</sup>
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil QL, tadalafil QL</i>
<i>Estrogen Replacement</i> *	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>

Category * Drug Class	Formulary Drug Removals	Formulary Options
Fertility Regulators Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F PA SP SI
Gastrointestinal Anticholinergics	GLYCOPYRROLATE TABLET 1.5 MG	dicyclomine
Gastrointestinal Antiemetics	TRANSDERM SCOP	meclizine, scopolamine transdermal
	ZUPLENZ	granisetron, ondansetron, SANCUSO
Gastrointestinal Laxatives	lactulose pak	lactulose solution
	MOVIPREP OSMOPREP	peg 3350-electrolytes, SUPREP
Gastrointestinal Proton Pump Inhibitors (PPIs)	omeprazole-sodium bicarbonate ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PROTONIX ZEGERID	esomeprazole QL, lansoprazole QL, omeprazole QL, pantoprazole QL, DEXILANT QL
Gastrointestinal Ulcer Treatment	CARAFATE	sucralfate
Gout *	COLCRYS	colchicine tablet
Growth Hormones	GENOTROPIN NORDITROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE PA SP SI
Hematologic Anticoagulants (oral)	COUMADIN	warfarin
	PRADAXA	warfarin, ELIQUIS, XARELTO
Hematologic Erythropoiesis-Stimulating Agents	EPOGEN PROCRT	ARANESP PA SP SI, RETACRIT PA SP SI
Hematologic Hereditary Angioedema	BERINERT	FIRAZYR PA SP SI, RUCONEST PA SP SI
Hematologic Neutropenia Colony Stimulating Factors	FULPHILA	NEULASTA PA SP SI, UDECNYA PA SP SI
	GRANIX NEUPOGEN ZARXIO	NIVESTYM PA SP SI
Hematologic Platelet Aggregation Inhibitors	PLAVIX	clopidogrel, prasugrel, BRILINTA
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
High Blood Pressure * Angiotensin II Receptor Antagonist/Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, valsartan-hydrochlorothiazide
High Blood Pressure * Angiotensin II Receptor Antagonist/Calcium Channel Blocker Combinations	EXFORGE	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan

Category * Drug Class	Formulary Drug Removals	Formulary Options
High Blood Pressure * Angiotensin II Receptor Antagonist/Calcium Channel Blocker/Diuretic Combinations	EXFORGE HCT	amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide
High Blood Pressure * Beta-blockers	TOPROL-XL	atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	metoprolol succinate ext-rel <b>WITH</b> hydrochlorothiazide
High Blood Pressure * Calcium Channel Blockers	NORVASC	amlodipine
	Matzim LA CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics)	diltiazem ext-rel (except generic of CARDIZEM LA)
Huntington's Disease	XENAZINE	tetrabenazine <b>PA SP</b> , AUSTEDO <b>PA SP</b>
Inflammatory Bowel Disease (IBD), Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL LIALDA	balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, PENTASA
	COLAZAL	balsalazide
Kidney Disease * Phosphate Binders	FOSRENOL	calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO
Multiple Sclerosis	AVONEX EXTAVIA PLEGRIDY	glatiramer <b>PA SP SI</b> , AUBAGIO <b>PA SP</b> , BETASERON <b>PA SP SI</b> , COPAXONE <b>PA SP SI</b> , GILENYA <b>PA SP</b> , MAYZENT <b>PA SP</b> , REBIF <b>PA SP SI</b> , TECFIDERA <b>PA SP</b>
Musculoskeletal	AMRIX CHLORZOXAZONE 250 MG	cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)
Narcolepsy Wakefulness Promotors	NUVIGIL	armodafinil <b>PA</b> , SUNOSI
Ophthalmic Allergies	ALREX	azelastine, cromolyn sodium, olopatadine, LASTACAPT, PAZEO
Ophthalmic Anti-Infective / Anti-Inflammatory Combinations	ZYLET	neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT, TOBRADEX ST
Ophthalmic Anti-Inflammatory, Steroidal	FLAREX FML LIQUIFILM LOTEMAX LOTEMAX SM PRED FORTE	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD
Ophthalmic Glaucoma	TIMOPTIC OCUDOSE	timolol maleate solution, BETIMOL, BETOPTIC S
Ophthalmic Miscellaneous	AVENOVA	Consult doctor
Opioid Dependency	SUBOXONE	buprenorphine-naloxone sublingual, ZUBSOLV
Opioid Reversal	EVZIO	NARCAN NASAL SPRAY
Osteoporosis * Calcium Regulators	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO <b>PA SP SI</b> , TYMLOS <b>PA SP SI</b>
	MIACALCIN NASAL SPRAY	calcitonin-salmon
Overactive Bladder/Incontinence * Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ

Category * Drug Class	Formulary Drug Removals	Formulary Options
Pain Headache *	butalbital-acetaminophen (NDC^ 69499034230 only) butalbital-acetaminophen-caffeine capsule FIORICET CAPSULE VANATOL LQ VANATOL S	diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)
	dihydroergotamine spray CAFERGOT	eletriptan QL, ergotamine-caffeine, naratriptan QL, rizatriptan QL, sumatriptan QL, zolmitriptan QL ONZETRA XSAIL QL, ZEMBRACE SYMTOUCH QL, ZOMIG NASAL SPRAY QL
Pain Opioid Analgesics	BUTRANS	BELBUCA QL
	LAZANDA	fentanyl transmucosal lozenge PA, ABSTRAL PA, SUBSYS PA
	levorphanol HYSINGLA ER OXYCONTIN ZOHYDRO ER	fentanyl transdermal QL, hydromorphone ext-rel QL, methadone QL, morphine ext-rel QL, EMBEDA QL, NUCYNTA ER QL, XTAMPZA ER QL
	PERCOCET PRIMLEV	hydrocodone-acetaminophen QL, hydromorphone QL, morphine QL, oxycodone-acetaminophen QL, NUCYNTA QL
Pain Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM LIDOTREX	lidocaine-prilocaine PA
Pain and Inflammation * Corticosteroids	Dexpak MILLIPRED RAYOS	dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone
Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs)/Combinations	ARTHROTEC	celecoxib; diclofenac sodium, meloxicam or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole, lansoprazole QL, omeprazole QL, pantoprazole QL or DEXILANT QL
	diclofenac sodium gel 1% (NDC^ 69499031866 only) Diclofex DC (NDC^ 51021037201 only) Diclosaicin Inflammacin NuDiclo SoluPak NuDiclo TabPak Xelitral PENNSAID	diclofenac sodium, diclofenac sodium gel 1% (except NDC^ 69499031866), diclofenac sodium solution PA QL, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
	fenorprofen capsule Naproxen CR CAMBIA FENORPOFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	diclofenac sodium, ibuprofen, meloxicam, naproxen (except naproxen CR or naproxen suspension)
	naproxen suspension	ibuprofen
Postherpetic Neuralgia	HORIZANT	gabapentin, GRALISE
Prostate Condition Benign Prostatic Hyperplasia *	JALYN	dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin or terazosin
	RAPAFLO UROXATRAL	alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin
Respiratory Cough	benzonatate (NDC^ 69336012615, 69499032915 only)	benzonatate (except NDC^ 69336012615, 69499032915)
Sleep Disorder Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM ZOLPIMIST	eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR



Category * Drug Class	Formulary Drug Removals	Formulary Options
<i>Testosterone Replacement * Androgens</i>	<i>testosterone gel 1%<sup>7</sup> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO</i>	<i>testosterone gel, testosterone solution, ANDRODERM</i>
<i>Thyroid Supplements</i>	TIROSINT	<i>levothyroxine, SYNTHROID</i>

Category Drug Class	Formulary Options
Autoimmune and Hepatitis C *	An Indication-Based Formulary will be utilized for products in these classes and may result in additional exclusions.
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>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 <sup>®</sup> 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		
ABILIFY ACANYA ACIPHEX ACIPHEX SPRINKLE ACTEMRA ACTICLATE ACTOS ALCORTIN A ALEVICYN GEL ALEVICYN SG Alevicyn solution ALLISON MEDICAL INSULIN SYRINGES 4 ALPROLIX ALREX ALTOPREV ALVESCO AMRIX ANDROGEL 1% APEXICON E APIDRA ARTHROTEC ASACOL HD ASMANEX ASMANEX HFA ATACAND ATACAND HCT AVENOVA AVONEX BARACLUDE TABLET BEAU RX BECONASE AQ BENICAR BENICAR HCT BENSAL HP BENZAFLIN benzonatate (NDCs <sup>A</sup> 69336012615, 69499032915 only)	BERINERT BETAPACE BETAPACE AF BEYAZ BREEZE 2 STRIPS AND KITS <sup>6</sup> butalbital-acetaminophen (NDC <sup>A</sup> 69499034230 only) butalbital-acetaminophen-caffeine capsule BUTRANS BYDUREON BYETTA CAFERGOT calcipotriene cream calcitriol ointment CAMBIA CARAC CARAFATE CARBINOXAMINE TABLET 6 MG CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) CARNITOR CARNITOR SF CHLORZOXAZONE 250 MG CIALIS CIMZIA clobetasol spray CLOBEX SPRAY COLAZAL COLCRYS COMBIVENT RESPIMAT CONTOUR NEXT STRIPS AND KITS <sup>6</sup> CONTOUR STRIPS AND KITS <sup>6</sup> CONTRAVE CORDRAN OINTMENT COUMADIN CRESTOR	CYMBALTA DELZICOL DETROL LA Dexpak diclofenac sodium gel 1% (NDC <sup>A</sup> 69499031866 only) Diclofex DC (NDC <sup>A</sup> 51021037201 only) Diclosaicin difflorasone cream difflorasone ointment dihydroergotamine spray DIOVAN DIOVAN HCT DORYX DORYX MPC doxepin cream DULERA DUTOPROL DYRENIUM E.E.S. GRANULES EDARBI EDARBYCLOR EFFEXOR XR ELELYSO ELOCATEOXYCONTIN ENABLEX ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM ENTYVIO EPICERAM EPOGEN ERYPED EVEKEO EVZIO EXFORGE EXFORGE HCT EXTAVIA

<p>FANAPT  <i>fenofibrate tablet 120 mg</i>  FENOGLIDE TABLET 120 MG  <i>fenoprofen capsule</i>  FENOPROFEN CAPSULE  FINACEA GEL  FIORICET CAPSULE  FLAREX  <i>fluocinonide cream 0.1%</i>  <i>fluorouracil cream 0.5%</i>  <i>flurandrenolide ointment</i>  FML LIQUIFILM  FOLLISTIM AQ  FORTAMET (and its generics)  FORTESTA  FOSRENOL  FREESTYLE LIBRE CONTINUOUS GLUCOSE  MONITORING SYSTEM  FREESTYLE STRIPS AND KITS <sup>6</sup>  FULPHILA  GLEEVEC  GLUMETZA (and its generics)  GLYCOPYRROLATE TABLET 1.5 MG  GRANIX  GUARDIAN CONNECT CONTINUOUS GLUCOSE  MONITORING SYSTEM  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>  HYSINGLA ER  INDOCIN  Inflamacin  INTERMEZZO  INTUNIV  INVOKAMET  INVOKAMET XR  INVOKANA  JALYN  JENTADUETO  JENTADUETO XR  KAMDYOY  KAZANO  KINERET  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  LIPITOR  LIVALO  LO LOESTRIN FE  LOTEMAX  LOTEMAX SM  LUNESTA  MACRODANTIN  Matzim LA  MAVYRET  MIACALCIN INJECTION  MIACALCIN NASAL SPRAY  MILLIPRED  MINASTRIN 24 FE</p>	<p>MINIVELLE  MINOCIN  MOVIPREP  mupirocin cream  NAPRELAN  naproxen CR  naproxen suspension  NATAZIA  NATESTO  NESINA  NEUPOGEN  NEXIUM  NILANDRON  NORDITROPIN  NORITATE  NORVASC  NOVACORT  NOVO NORDISK NEEDLES <sup>4</sup>  NuDiclo SoluPak  NuDiclo TabPak  NUTROPIN AQ  NUVIGIL  OLEPTRO  OLUX-E  omeprazole-sodium bicarbonate  OMNARIS  OMNITROPE  ONETOUCH ULTRA STRIPS AND KITS 6  ONETOUCH VERIO STRIPS AND KITS 6  ONEXTON  ONFI  ONGLYZA  ORENCIA CLICKJECT  ORENCIA SUBCUTANEOUSOWEN MUMFORD  NEEDLES <sup>4</sup>  OXYTROL  PENNSAID  PERCOCET  PERRIGO NEEDLES <sup>4</sup>  PLAVIX  PLEGRIDY  PRADAXA  PRALUENT  PRED FORTE  PREVACID  PREVIDENT  PRIMLEV  PRISTIQ  PROAIR HFA  PROAIR RESPICLICK  PROCRIT  PROTONIX  PROVENTIL HFA  PROZAC  PSORCON  QNASL  QSYMIA  QTERN  RAPAFLO  RAYOS  RECEDO  RIMSO-50  RIOMET  ROZEREM  SABRIL  SAIZEN  SEROQUEL XR  SIL-K PAD  SIMPONI  SINGULAIR  SORILUX  SPRIX  STENDRA  SUBOXONE  SYNERDERM</p>	<p>TALTZ  TARGADOX  TASIGNA  TAYTULLA  TESTIM  testosterone gel 1% <sup>7</sup>  TIMOPTIC OCUDOSE  TIROSINT  TOBI  TOBI PODHALER  TOPROL-XL  TOUJEO  TRADJENTA  TRANSDERM SCOP  TRICOR  TRIVIDIA INSULIN SYRINGES <sup>4</sup>  TUDORZA  ULTIMED INSULIN SYRINGES <sup>4</sup>  ULTIMED NEEDLES <sup>4</sup>  UROXATRAL  VALCYTE  VALTREX  VANATOL LQ  VANATOL S  Vanoxide-HC  VECTICAL  VELTIN  venlafaxine ext-rel tablet (except 225 mg)  VENTOLIN HFA  VIAGRA  VIEKIRA PAK  VIVELLE-DOT  VOGELXO  XANAX  XANAX XR  XENAZINE  XOLEGEL  XOPENEX HFA  YAZ  ZARXIO  ZEGERID  ZEPATIER  ZETIA  ZETONNA  ZIANA  ZOHYDRO ER  ZOLPIMIST  ZONEGRAN  ZORVOLEX  ZUPLENZ  ZYLET  ZYTIGA</p>
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There may be additional drugs subject to prior authorization or other plan restrictions. Please consult your plan for further information.

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. 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. CareFirst and CVS Caremark assume 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.

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.

**PA** Prior authorization required for prescription benefits coverage.

**QL** Quantity limits

**SI** Self-injectable product

**SP** Specialty product

† Listing does not include certain NDCs<sup>^</sup>

<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>1</sup> For use in patients previously treated with a hepatitis C virus (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 without a prior authorization for medical necessity (i.e. RELION).

<sup>4</sup> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>5</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>6</sup> ACCU-CHEK brand test strips are the only preferred options.

<sup>7</sup> Listing reflects the authorized generics for TESTIM and VOGELXO.

<sup>8</sup> CVS Caremark is an independent company that provides pharmacy benefit management services.

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