

Formulary Exclusions

Below is a list of medicines by drug class that will no longer be covered by your plan's drug list starting January 1, 2012. If you continue using one of these drugs after this date, you may be required to pay the full cost.

If you are currently using one of these drugs, ask your doctor to choose one of the generic or brand options listed below.

Category* Drug Class	Formulary Exclusion Drug	Formulary Considerations
Allergies* Nasal Steroids	BECONASE AQ OMNARIS RHINOCORT AQUA	<i>flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX, VERAMYST</i>
Asthma* Beta Agonists, Short-Acting	MAXAIR XOPENEX HFA	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
Depression* Antidepressants	OLEPTRO	<i>trazodone</i>
Dermatology* Acne	BREVOXYL NEOBENZ MICRO	<i>benzoyl peroxide</i>
Dermatology* Skin Inflammation and Hives Corticosteroids	OLUX-E	<i>clobetasol propionate foam 0.05%</i>
Diabetes* Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin ext-rel</i>
Diabetes* Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	TRADJENTA	JANUVIA, ONGLYZA
Diabetes* Insulins	HUMULIN N HUMULIN R HUMULIN 70/30 HUMALOG HUMALOG MIX 50/50 HUMALOG MIX 75/25	NOVOLIN N NOVOLIN R NOVOLIN 70/30 NOVOLOG NOVOLOG MIX 70/30 NOVOLOG MIX 70/30
Diabetes* Supplies	FREESTYLE STRIPS AND KITS	ACCU-CHEK STRIPS AND KITS ¹ , ONETOUCH STRIPS AND KITS ¹
Erectile Dysfunction* Phosphodiesterase Inhibitors	LEVITRA	CIALIS, VIAGRA
High Blood Pressure* Angiotensin II Receptor Antagonists	ATACAND EDARBI TEVETEN	<i>losartan, BENICAR, DIOVAN, MICARDIS</i>
High Blood Pressure* Angiotensin II Receptor Antagonist/Diuretic Combinations	ATACAND HCT TEVETEN HCT	<i>losartan-hydrochlorothiazide, BENICAR HCT, DIOVAN HCT, MICARDIS HCT</i>
High Cholesterol* HMG Co-A Reductase Inhibitors (HMGs or Statins)	ALTOPREV LIVALO	<i>lovastatin, pravastatin, simvastatin, CRESTOR, LIPITOR</i>
High Cholesterol* HMG Co-A Reductase Inhibitor /Niacin Combinations	ADVICOR	SIMCOR

Category* Drug Class	Formulary Exclusion Drug	Formulary Considerations
<i>Overactive Bladder/ Incontinence*</i> Urinary Antispasmodics	OXYTROL SANCTURA XR TOVIAZ	<i>oxybutynin ext-rel</i> , DETROL, DETROL LA, ENABLEX, GELNIQUE, VESICARE
<i>Pain and Inflammation*</i> Nonsteroidal Anti-inflammatory (NSAIDs)/Combinations	ARTHROTEC FLECTOR	<i>diclofenac, meloxicam or naproxen WITH misoprostol</i> , CELEBREX, VIMOVO <i>diclofenac, meloxicam, naproxen</i>
<i>Pain*</i> Non-Narcotic Analgesics	RYZOLT	<i>tramadol ext-rel</i>
<i>Testosterone Replacement*</i> Androgens	AXIRON FORTESTA TESTIM	ANDRODERM, ANDROGEL

List of Formulary Exclusion Drugs		
ADVICOR ALTOPREV ARTHROTEC ATACAND ATACAND HCT AXIRON BECONASE AQ BREVOXYL EDARBI	FLECTOR FORTAMET FORTESTA FREESTYLE STRIPS AND KITS GLUMETZA HUMALOG HUMULIN LEVITRA LIVALO MAXAIR NEOBENZ MICRO OLEPTRO OLUX-E	OMNARIS OXYTROL RHINOCORT AQUA RIOMET RYZOLT SANCTURA XR TEVETEN TEVETEN HCT TRADJENTA TOVIAZ TESTIM XOPENEX HFA

This list represents brand products in CAPS 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. CVS Caremark assumes no liability for the information provided or for any diagnosis or treatment made in reliance thereon, nor is it responsible for the reliability of the content. This list is subject to change.

Subject to state law restrictions.

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

† 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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