

January 2019

SilverScript® Insurance Company Employer Group Waiver Plan (EGWP) Formulary Drug Removals

Below is a list of medicines by drug class that have been removed from SilverScript EGWP Medicare Part D and/or enhanced coverage formularies, with alternative formulary options. This list represents drug removals in the Standard Exclusion offering.

CRITICAL REMINDERS:

It is very important to list all preferred brand formulary alternatives on any communications to members, prescribers or external parties so that each product in each category is represented equally. Listing only a subset of the preferred branded formulary agents or only generics when there are branded formulary products may result in nonpayment of rebates by the pharmaceutical manufacturer, and possible required adjustment of rebate guarantees for any drug that was disadvantaged or not treated equally. This applies to letters as well as printed and posted drug lists.

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Any deviations from this representation of alternatives (either addition or removal of alternatives represented) should be reviewed and approved prior to any external communication.

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Category Drug Class	Formulary Drug Removals	Formulary Options
ANALGESICS GOUT	colchicine cap (generic) colchicine tab (generic)	COLCRYS TAB MITIGARE CAP
ANALGESICS NON-NARCOTIC	VANATOL LQ SOL VANATOL S SOL	diclofenac tab, difflunisal tab, fenoprofen cap/tab, ibuprofen tab, naproxen tab
ANALGESICS NSAIDS	INDOCIN SUS INDOCIN SUPP mefenamic acid cap PONSTEL CAP SPRIX	celecoxib cap, diclofenac tab, ibuprofen tab, naproxen tab, naproxen sod tab
ANALGESICS OPIOID ANALGESICS, CII	NALOCET PRIMLEV TAB	oxycodone/acetaminophen tab
	oxycodone ER tab (generic)	OXYCONTIN TAB
ANTI-INFECTIVES ANTI-INFECTIVES - MISCELLANEOUS	DARAPRIM	CONSULT YOUR HEALTH CARE PROVIDER
	MACRODANTIN CAP	nitrofurantoin cap
ANTI-INFECTIVES ANTI-VIRALS	SITAVIG	famciclovir tabs, valacyclovir tabs, DENAVIR CREAM
	DAKLINZA OLYSIO SOVALDI TECHNIVIE VIEKIRA PAK VIEKIRA XR	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) HARVONI (genotypes 1, 4, 5, 6) MAVYRET ¹ ZEPATIER (genotypes 1, 4)
	SOVALDI	VOSEVI ²

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ANTI-INFECTIVES ERYTHROMYCINS/MACROLIDES	E.E.S. GRAN SUS 200/5 ML ERYPED SUS 200/5 ML, 400/5 ML	<i>azithromycin susp, clarithromycin susp, erythromycins</i>
ANTI-INFECTIVES TETRACYCLINES	ARESTIN	<i>doxycycline tab 20 mg</i>
	MINOCIN CAP	<i>minocycline cap (generic of MINOCIN)</i>
ANTINEOPLASTIC AGENTS HORMONAL ANTINEOPLASTIC AGENTS	NILANDRON	<i>nilutamide (generic of NILANDRON)</i>
	YONSA	XTANDI, ZYTIGA
CARDIOVASCULAR ANTIARRHYTHMICS	BETAPACE TAB BETAPACE AF TAB	<i>sorine, sotalol tab (generic of BETAPACE), sotalol af tab (generic of BETAPACE AF)</i>
CARDIOVASCULAR ANTILIPEMICS, MISCELLANEOUS	REPATHA	PRALUENT
CARDIOVASCULAR BETA-BLOCKER/DIURETIC COMBINATIONS	DUTOPROL TAB METOPROLOL/HYDROCHLOROTHIAZIDE ER	<i>bisoprolol-hydrochlorothiazide tab, metoprolol-hydrochlorothiazide tab</i>
CARDIOVASCULAR DIGITALIS GLYCOSIDES	LANOXIN TAB 0.125MG LANOXIN TAB 0.25MG	<i>digoxin 0.125mg or 0.25mg tab digox 0.125mg or 0.25mg tab digitek 0.125mg or 0.25mg tab</i>
CARDIOVASCULAR DIURETICS	DYRENIUM	<i>amiloride</i>
CENTRAL NERVOUS SYSTEM ANTICONVULSANTS	ZONEGRAN CAP	<i>zonisamide cap (generic of ZONEGRAN)</i>
CENTRAL NERVOUS SYSTEM ANTIDEPRESSANTS	<i>venlafaxine tab er (except 225 mg)</i> VENLAFAXINE TAB ER (except 225 mg)	<i>venlafaxine cap er</i>
CENTRAL NERVOUS SYSTEM HYPNOTICS	ROZEREM TAB ZOLPIMIST SPRAY	<i>temazepam 7.5 or 15 mg cap, zolpidem tab, SILENOR TAB</i>
CENTRAL NERVOUS SYSTEM MIGRAINE	CAFERGOT TAB	<i>ergotamine w/ caffeine tab (generic of CAFERGOT)</i>
CENTRAL NERVOUS SYSTEM MULTIPLE SCLEROSIS AGENTS	EXTAVIA INJ	AVONEX, BETASERON, PLEGRIDY, REBIF
	ZINBRYTA INJ	LEMTRADA, TYSABRI
ENDOCRINE AND METABOLIC ANTIDIABETICS, INJECTABLE	ADMELOG ADMELOG SOLOSTAR APIDRA APIDRA SOLOSTAR HUMALOG HUMALOG JR HUMALOG KWIKPEN	FIASP, FIASP FLEXTOUCH, NOVOLOG, NOVOLOG FLEXPEN
	HUMALOG MIX 50/50 HUMALOG MIX 50/50 KWIKPEN HUMALOG MIX 75/25 HUMALOG MIX 75/25 KWIKPEN	NOVOLOG MIX 70/30 , NOVOLOG 70/30 FLEXPEN
	HUMULIN N HUMULIN N KWIKPEN NOVOLIN N (RELION)	NOVOLIN N
	HUMULIN 70/30 HUMULIN 70/30 KWIKPEN	NOVOLIN 70/30

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	NOVOLIN 70/30 (RELION)	
	HUMULIN R U-100 NOVOLIN R (RELION)	NOVOLIN R
	LANTUS LANTUS SOLOSTAR TOUJEO SOLOSTAR	BASAGLAR, LEVEMIR, TRESIBA
	ADLYXIN TANZEUM	BYDUREON, BYETTA, OZEMPIC, TRULICITY, VICTOZA
ENDOCRINE AND METABOLIC ANTIDIABETICS, ORAL	<i>alogliptin</i> NESINA ONGLYZA	JANUVIA, TRADJENTA
	<i>alogliptin/metformin hcl</i> KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
	<i>alogliptin/pioglitazone</i> OSENI	<i>pioglitazone</i> plus JANUVIA, <i>pioglitazone</i> plus TRADJENTA
	<i>metformin hcl tab er</i> (generic of FORTAMET) FORTAMET <i>metformin hcl tab er</i> (generic of GLUMETZA) GLUMETZA	<i>metformin er tab</i> (generic of GLUCOPHAGE XR)
	GLYXAMBI QTERN STEGLUJAN	FARXIGA or JARDIANCE plus TRADJENTA or JANUVIA
	INVOKANA STEGLATRO	FARXIGA or JARDIANCE
	INVOKAMET INVOKAMET XR SEGLUROMET	SYNJARDY SYNJARDY XR XIGDUO XR
ENDOCRINE AND METABOLIC CHELATING AGENTS	CUPRIMINE	DEPEN
ENDOCRINE AND METABOLIC ENZYME REPLACEMENTS	CARNITOR TAB CARNITOR ORAL SOL CARNITOR SF ORAL SOL	<i>levocarnitine sol</i> ; <i>levocarnitine tab</i>
ENDOCRINE AND METABOLIC GLUCOCORTICOIDS	<i>dexamethasone pak</i> DEXPAK PAK TAPERDEX PAK ZODEX PAK	<i>dexamethasone tab</i> , <i>methylprednisolone tab or pak</i> , <i>prednisone tab or pak</i>
	MILLIPRED DP PAK MILLIPRED SOLUTION MILLIPRED TABS	<i>methylprednisolone tab or pak</i> , <i>prednisolone solution</i> , <i>prednisone tab or pak</i>
ENDOCRINE AND METABOLIC MISCELLANEOUS	H.P. ACTHAR	CONSULT YOUR HEALTH CARE PROVIDER
	METHERGINE TAB <i>methylergonovine tab</i>	CONSULT YOUR HEALTH CARE PROVIDER
	MIACALCIN SPR	<i>calcitonin spr</i>
	MIACALCIN INJ	<i>alendronate</i> , <i>ibandronate</i> , <i>risedronate</i> , <i>zoledronic acid</i> , FORTEO, PROLIA, TYMLOS
GASTROINTESTINAL INFLAMMATORY BOWEL DISEASE	COLAZAL	<i>balsalazide</i> (generic of COLAZAL)
GASTROINTESTINAL PROTON PUMP INHIBITORS	<i>omeppi</i> <i>omeprazole/bicarbonate</i> ZEGERID	<i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i> , <i>rabeprazole</i> , DEXILANT, PRILOSEC POW

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GENITOURINARY BENIGN PROSTATIC HYPERPLASIA	UROXATRAL	<i>alfuzosin</i> (generic of UROXATRAL)
GENITOURINARY MISCELLANEOUS	RIMSO-50	CONSULT YOUR HEALTH CARE PROVIDER
HEMATOLOGIC ANTICOAGULANTS	BEVYXXA	<i>enoxaparin</i> , FRAGMIN
	SAVAYSA	ELIQUIS, PRADAXA, XARELTO
IMMUNOLOGIC AGENTS DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	ACTEMRA CIMZIA COSENTYX COSENTYX SENSOREADY PEN KEVZARA KINERET ORENCIA ORENCIA CLICKJECT OTEZLA SIMPONI SIMPONI ARIA STELARA SYRINGE STELARA VIAL TALTZ	ENBREL, HUMIRA, REMICADE, XELJANZ TAB, XELJANZ XR
	INFLECTRA RENFLEXIS	REMICADE
	ILUMYA SILIQ TREMIFYA	ENBREL, HUMIRA, REMICADE
	STELARA IV SOLN	HUMIRA, REMICADE
	OTREXUP RASUVO	<i>methotrexate tab 2.5mg, methotrexate inj 25mg/ml</i>
MISCELLANEOUS PRODUCTS MISCELLANEOUS	VARITHENA AER	CONSULT YOUR HEALTH CARE PROVIDER
MOUTH/THROAT/DENTAL MOUTH/THROAT/DENTAL AGENTS	NEUTRASAL POW	CONSULT YOUR HEALTH CARE PROVIDER
NUTRITIONAL PRODUCTS VITAMINS	MEPHYTON TAB	CONSULT YOUR HEALTH CARE PROVIDER
NUTRITIONAL/SUPPLEMENTS ELECTRYLOTES	KLOR-CON/25 POW 25MEQ	<i>potassium chloride powder 20meq</i>
OPHTHALMIC ANTIGLAUCOMA	<i>bimatoprost</i> RHOPRESSA VYZULTA ZIOPTAN	<i>latanoprost</i> , LUMIGAN, TRAVATAN Z
OPHTHALMIC ANTI-INFLAMMATORIES	PRED FORTE SUS PREDNISOLONE SUS 1%	<i>dexamethasone solution, fluorometholone susp, prednisolone acetate ophth susp</i> (generic of PRED FORTE)
RESPIRATORY ANTICHOLINERGICS	TUDORZA PRES AER	INCRUSE ELLIPTA, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT
RESPIRATORY LEUKOTRIENE MODULATORS	ZYFLO TAB ZYFLO CR TAB	<i>montelukast tab, zafirlukast tab, zileuton er tab</i> (generic of ZYFLO CR)
RESPIRATORY MISCELLANEOUS	AUVI-Q EPIPEN EPIPEN-JR	<i>epinephrine inj</i> (generic of ADRENALICK)

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RESPIRATORY STEROID/BETA-AGONIST COMBINATIONS	AIRDUO RESPICLICK INH DULERA AER <i>fluticasone-salmeterol inh</i>	ADVAIR HFA, ADVAIR DISKUS, BREO ELLIPTA, SYMBICORT
RESPIRATORY STEROID INHALANTS	ARMONAIR AER	ALVESCO, ARNUITY ELLIPTA, ASMANEX, ASMANEX HFA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
TOPICAL DERMATOLOGY, ACNE	<i>benzoyl peroxide-hc lot 5-0.5%</i> VANOXIDE-HC LOT	<i>adapalene, benzoyl peroxide-erythromycin gel, clindamycin phosphate (topical), erythromycin solution, tretinoin</i>
TOPICAL DERMATOLOGY, ANTIPRURITIC	<i>doxepin hcl cre</i> PRUDOXIN CRE ZONALON CRE	<i>desonide cream, desonide lotion, hydrocortisone 0.1% cream, hydrocortisone 0.1% lotion</i>
TOPICAL DERMATOLOGY, CORTICOSTEROIDS	<i>fluocinonide cre 0.1%</i> VANOS CRE 0.1%	<i>clobetasol propionate cream 0.05%, halobetasol propionate cream 0.05%</i>
TOPICAL DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	RYNODERM CRE URE-K	<i>ammonium lac cre 12%</i>
	AVENOVA	CONSULT YOUR HEALTH CARE PROVIDER
	ALCORTIN A GEL ALEVICYN GEL ALEVICYN KIT ALEVICYN SOL ALEVICYN SG GEL ALOQUIN GEL BENSAL HP OIN CERACADE EUCRISA OIN LEVICYN GEL LEVICYN SOL NOVACORT GEL <i>paramox-hc gel</i> QUINJA GEL SYNERDERM	<i>clotrimazole, desonide, hydrocortisone</i>
	<i>imiquimod cream 3.75% pump</i> ZYCLARA	<i>imiquimod cre 5%</i>

¹ Mavyret: For patients with genotypes 1, 2, 3, 4, 5, or 6 chronic hepatitis C virus (HCV); or for genotype 1 infection previously treated with an NS5A inhibitor or an NS3/4A protease inhibitor, but not both.

² Vosevi: 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).

This list represents brand products in CAPS and generic products in lowercase *italics*. This list is subject to change.

Removed drugs and suggested alternative drugs and alternative drug copay tiers may vary depending upon the enrollee's EGWP formulary. Alternative drugs are on the Medicare Part D formularies, unless otherwise noted. There may be additional plan restrictions. Only the prescriber can determine if an alternative drug is appropriate for a Medicare Part D enrollee given the individualized nature of the drug therapy. This is not an all-inclusive list of non-formulary drugs or available drug options. For specific formulary information and additional alternatives, refer to the enrollee's EGWP benefit plan and formulary.

This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition. This information is not a substitute for medical advice or treatment. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

An exception process may exist for specific clinical or regulatory circumstances that require coverage of a removed medication.

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