

SSI EGWP Formulary Drug Removals

Below is a list of medicines by drug class that have been removed from SilverScript EGWP Medicare Part D Copper-Comm, Platinum-Comm, and Copper-Comm Opt-In¹ and/or enhanced coverage formularies, with alternative formulary options.

| Category Drug Class | Formulary Drug Removals | Formulary Options |
|---|---|--|
| ANALGESICS NSAIDS | <i>mefenamic acid cap</i> PONSTEL CAP | <i>naproxen tab, naproxen sod tab, ibuprofen tab, diclofenac tab, ketoprofen cap, celecoxib cap</i> |
| ANTI-INFECTIVES ERYTHROMYCINS/MACROLIDES | <i>erythromycin tab bs 250mg, 500mg</i> <i>ery-tab tab ec 250mg, 333mg, 500mg</i> PCE TAB EC 333MG, 500MG | <i>azithromycin tab, clarithromycin tab, erythromycin cap 250mg ec, erythromycin stearate tab 250 mg, e.e.s. 400 tab 400mg, erythromycin ethylsuccinate tab 400 mg</i> |
| | <i>erythrom eth sus 200/5ml</i> E.E.S. GRAN SUS 200/5ML ERYPED SUS 200/5ML, 400/5ML | <i>azithromycin susp, clarithromycin susp</i> |
| ANTI-INFECTIVES TETRACYCLINES | MINOCIN CAP* | <i>minocycline cap (generic of MINOCIN)</i> |
| ANTI-INFECTIVES ANTI-INFECTIVES - MISCELLANEOUS | DARAPRIM | CONSULT YOUR HEALTH CARE PROVIDER |
| ANTINEOPLASTIC AGENTS HORMONAL ANTINEOPLASTIC AGENTS | NILANDRON | <i>nilutamide (generic of NILANDRON)</i> |
| CARDIOVASCULAR ANTIARRHYTHMICS | BETAPACE TAB BETAPACE AF TAB | <i>sotalol tab (generic of BETAPACE), sotalol af tab (generic of BETAPACE AF)</i> |
| CARDIOVASCULAR DIURETICS | DUTOPROL TAB | <i>metoprolol-hydrochlorothiazide tab, bisoprolol-hydrochlorothiazide tab</i> |
| CARDIOVASCULAR DIURETICS | DYRENIUM | <i>amiloride</i> |
| CENTRAL NERVOUS SYSTEM ANTICONSULSANTS | ZONEGRAN CAP | <i>zonisamide cap (generic of ZONEGRAN)</i> |
| CENTRAL NERVOUS SYSTEM ANTIDEPRESSANTS | <i>venlafaxine tab er (except 225 mg)</i> | <i>venlafaxine cap er</i> |
| CENTRAL NERVOUS SYSTEM HYPNOTICS | ROZEREM TAB | SILENOR TAB, <i>temazepam 7.5 or 15mg cap, zolpidem 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 | BETASERON, AVONEX, REBIF, PLEGRIDY, COPAXONE INJ 40MG/ML, GLATOPA |
| | ZINBRYTA INJ | LEMTRADA, TYSABRI |
| ENDOCRINE AND METABOLIC ANTIDIABETICS, INJECTABLE | APIDRA APIDRA SOLOSTAR HUMALOG HUMALOG KWIKPEN | 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 |

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| ENDOCRINE AND METABOLIC ANTIDIABETICS, INJECTABLE | HUMULIN N HUMULIN N KWIKPEN NOVOLIN N (RELION) | NOVOLIN N |
| | HUMULIN 70/30 HUMULIN 70/30 KWIKPEN NOVOLIN 70/30 (RELION) | NOVOLIN 70/30 |
| | HUMULIN R U-100 NOVOLIN R (RELION) | NOVOLIN R |
| | LANTUS LANTUS SOLOSTAR TOUJEO SOLOSTAR | BASAGLAR, LEVEMIR, TRESIBA |
| | SOLIQUA | BASAGLAR or LEVEMIR or TRESIBA plus TRULICITY or BYDUREON or VICTOZA or BYETTA or ADLYXIN |
| | TANZEUM | VICTOZA, TRULICITY, BYDUREON, BYETTA, ADLYXIN |
| 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 | FARXIGA or INVOKANA plus TRADJENTA or JANUVIA |
| | JARDIANCE | FARXIGA, INVOKANA |
| | SYNJARDY SYNJARDY XR | INVOKAMET, INVOKAMET XR, XIGDUO XR |
| ENDOCRINE AND METABOLIC CHELATING AGENTS | CUPRIMINE* | DEPEN, SYPRINE |
| ENDOCRINE AND METABOLIC GLUCOCORTICOIDS | DEXPAK PAK | <i>dexamethasone tab, prednisone tab or pak, methylprednisolone tab or pak</i> |
| | MILLIPRED MILLIPRED DP PAK | <i>prednisone tab or pak, methylprednisolone tab or pak</i> |
| ENDOCRINE AND METABOLIC MISCELLANEOUS | H.P. ACTHAR | CONSULT YOUR HEALTH CARE PROVIDER |
| | METHERGINE TAB | CONSULT YOUR HEALTH CARE PROVIDER |
| GASTROINTESTINAL INFLAMMATORY BOWEL DISEASE | COLAZAL | <i>balsalazide</i> (generic of COLAZAL) |
| GASTROINTESTINAL PROTON PUMP INHIBITORS | <i>omeprazole/bicarbonate</i> * ZEGERID* | <i>omeprazole, pantoprazole, esomeprazole, lansoprazole, DEXILANT, PRILOSEC POW, ACIPHEX SPRINKLE</i> |
| GENITOURINARY BENIGN PROSTATIC HYPERPLASIA | UROXATRAL | <i>alfuzosin</i> (generic of UROXATRAL) |
| GENITOURINARY MISCELLANEOUS | RIMSO-50* | CONSULT YOUR HEALTH CARE PROVIDER |
| HEMATOLOGIC ANTICOAGULANTS | SAVAYSA | XARELTO, ELIQUIS, PRADAXA |

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| IMMUNOLOGIC AGENTS DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) | ACTEMRA CIMZIA KINERET ORENCIA ORENCIA CLICKJECT SIMPONI SIMPONI ARIA | HUMIRA, ENBREL, REMICADE, XELJANZ TAB, XELJANZ XR |
| | INFLECTRA | REMICADE |
| | STELARA SYRINGE COSENTYX COSENTYX SENSOREADY PEN OTEZLA | HUMIRA, ENBREL, REMICADE |
| | STELARA IV SOLN | HUMIRA, REMICADE |
| | OTREXUP RASUVO | <i>methotrexate tab 2.5mg, methotrexate inj 25mg/ml</i> |
| OPHTHALMIC ANTI-INFLAMMATORIES | PRED FORTE SUS | <i>prednisolone acetate ophth susp (generic of PRED FORTE)</i> |
| OPHTHALMIC ANTIGLAUCOMA | ZIOPTAN | <i>latanoprost, TRAVATAN Z, LUMIGAN</i> |
| RESPIRATORY ANTICHOLINERGICS | TUDORZA PRES AER | INCRUSE ELLIPTA, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT |
| RESPIRATORY LEUKOTRIENEMODULATORS | ZYFLO CR TAB | <i>zileuton er tab (generic of ZYFLO CR), montelukast tab, zafirlukast tab</i> |
| RESPIRATORY MISCELLANEOUS | EPIPEN EPIPEN-JR | EPINEPHRINE INJ (generic of ADRENALIN) |
| RESPIRATORY STEROID/BETA-AGONIST COMBINATIONS | DULERA AER | BREO ELLIPTA, ADVAIR HFA, ADVAIR DISKUS, SYMBICORT |
| TOPICAL DERMATOLOGY, ACNE | VANOXIDE-HC LOT* | <i>erythromycin solution, clindamycin phosphate (topical), adapalene, tretinoin</i> |
| TOPICAL DERMATOLOGY, ANTIPRURITIC | <i>doxepin hcl cre</i> PRUDOXIN CRE ZONALON CRE | <i>triamcinolone cre 0.025%, mometasone cre, alclometasone cre 0.05%, betamethasone valerate cre, fluticasone cre 0.05%</i> |
| TOPICAL DERMATOLOGY, ANTIPSORIATICS | TALTZ | HUMIRA, ENBREL, REMICADE |
| TOPICAL DERMATOLOGY, CORTICOSTEROIDS | <i>fluocinonide cre 0.1%</i> VANOS CRE 0.1% | <i>halobetasol propionate cream 0.05%, clobetasol propionate cream 0.05%</i> |
| TOPICAL DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | RYNODERM CRE* | <i>ammonium lac cre 12%</i> |
| | ALOQUIN GEL* ALCORTIN A GEL* BENSAL HP OIN* NOVACORT GEL* | <i>hydrocortisone, alclometasone, desonide</i> |
| | ZYCLARA | <i>imiquimod cre 5%</i> |

* Removal applies to enhanced coverage formularies only.

*Does not represent any additional exclusions to Copper-Comm Opt-In to align with commercial opt-in exclusions
This list represents brand products in CAPS and generic products in lowercase *italics*. This list is subject to change.

Affected drugs and suggested alternative drugs and alternative drug copay tiers may vary depending upon the EGWP Enrollee's formulary. Alternative drugs are drugs in the same therapeutic category/class as the affected drug on the Copper-Comm and Platinum-Comm, and Copper Opt-in Medicare Part D formularies. There may be additional plan restrictions. Only the Prescriber can determine if an alternative drug is appropriate for a Part D Enrollee given the individualized nature of the drug therapy. This is not an all-inclusive list of available drug options. For specific formulary information and additional alternatives, refer to the EGWP enrollee's 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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