



Arizona Public Employers Health Pool
 333 East Osborn Road, Suite 300
 Phoenix, Arizona 85012
 800.718.8328
 www.apehp.org

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Health

Check this out!
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GoodRx

bulletin

Please check out this easy-to-use website www.goodrx.com:

- Instant access to the lowest prices for prescription drugs at more than 75,000 pharmacies
- Coupons and savings tips that can cut your prescription costs by 50% or more
- Side effects, pharmacy hours and locations, pill images, and much more

Formulary Drug Removals

Attached as a separate document is a list of medicines by drug class that will be removed from your plan's formulary.

This list is effective January 1, 2017.

If you continue using one of the drugs 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 Removal medications, ask your doctor to choose one of the generic or brand formulary options provided in the attachment.



October is Breast Cancer Awareness Month, which is an annual campaign to increase awareness of this disease. Breast cancer is the most common cancer among women in the United States (other than skin cancer). But millions of women are surviving the disease thanks in part to early detection and improvements in treatment. Getting mammograms regularly can lower the risk of dying from breast cancer. The United States Preventive Services Task Force recommends that if **you are 50 to 74 years old, you should have a screening mammogram every two years.** If you are 40 to 49 years old, talk to your doctor about when to start and how often to get a screening mammogram.



For more information, visit www.nationalbreastcancer.org.

HEALTH & WELLNESS FAIR

The following **FREE** services will be provided:

(NEW) Assured Imaging will be providing mammograms (women 35+), skin cancer screenings, and bone density screenings (women 60+).

Healthwaves will be providing flu and pneumonia shots; cholesterol tests (high-density lipoprotein, HDL); glucose checks (finger stick tests); and blood pressure, height, weight, and BMI measurements.

You can go to **any location** shown. Participation is encouraged.

| DATE | LOCATION | DATE | LOCATION |
|----------|--|----------|---|
| 10/10/16 | Cottonwood–Oak Creek SD 1 N. Willard St., Cottonwood Assured Imaging: 8:00 AM–4:00 PM <i>*Healthwaves will be onsite on 9/20/2016 for flu, pneumonia, cholesterol/HDL/glucose, blood pressure, and BMI assessments.</i> | 10/13/16 | Town of Payson 303 N. Beeline Hwy, Payson Assured Imaging: 8:00 AM–4:00 PM Healthwaves: 10:00 AM–1:00 PM |
| 10/11/16 | Verde Valley Fire District 2700 Goddard Rd., Cottonwood Healthwaves <i>only</i> : 9:00–10:00 AM | 10/14/16 | Pinetop Lakeside 958 S. Woodland Rd., Lakeside Assured Imaging: 8:30–11:00 AM Healthwaves: 9:00–11:00 AM |
| 10/11/16 | City of Cottonwood 199 S. 6th St., Cottonwood Assured Imaging: 8:00 AM–4:00 PM Healthwaves: 11:00 AM–1:30 PM | | |

Formulary Drug Removals

Below is a list of medicines by drug class that have been removed from your plan's formulary. This list is effective January 1, 2017. If you continue using one of the drugs listed below and 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.

Bolded products represent formulary drug removals that are new for the 2017 plan year.

| Category * Drug Class | Formulary Drug Removals | Formulary Options |
|---|--|---|
| Allergic Reaction (Anaphylaxis) Treatment * | ADRENACLICK | EPIPEN, EPIPEN JR |
| Allergies * Nasal Steroids / Combinations | BECONASE AQ OMNARIS QNASL RHINOCORT AQUA VERAMYST ZETONNA | <i>flunisolide spray, fluticasone spray, triamcinolone spray, DYMISTA</i> |
| Allergies * Ophthalmic | LASTACFT | <i>azelastine, cromolyn sodium, olopatadine, PATADAY, PAZEO</i> |
| Anti-infectives, Antivirals * Cytomegalovirus Agents | VALCYTE | <i>valganciclovir</i> |
| Anti-infectives, Antivirals * Hepatitis C Agents | DAKLINZA OLYSIO TECHNIVIE VIEKIRA PAK ZEPATIER | EPCLUSA, HARVONI, SOVALDI |
| Anti-infectives, Antivirals * Herpes Agents | VALTREX | <i>acyclovir, valacyclovir</i> |
| Antiobesity Agents * Newer Agents | QSYMIA | BELVIQ, CONTRAVE, SAXENDA |
| Asthma * Beta Agonists, Short-Acting | PROVENTIL HFA VENTOLIN HFA XOPENEX HFA | PROAIR HFA, PROAIR RESPICLICK |
| Asthma * Steroid Inhalants | AEROSPAN ALVESCO | ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR |
| Asthma * or Chronic Obstructive Pulmonary Disease (COPD) * Steroid / Beta Agonist Combinations | SYMBICORT | ADVAIR, BREO ELLIPTA, DULERA |
| Attention Deficit Hyperactivity Disorder Agents * | ADDERALL XR INTUNIV | <i>amphetamine-dextroamphetamine mixed salts, amphetamine-dextroamphetamine mixed salts ext-rel, guanfacine ext-rel, methylphenidate, methylphenidate ext-rel, APTENSIO XR, QUILLIVANT XR, STRATTERA, VYVANSE</i> |
| Cancer * Chronic Myelogenous Leukemia Agents | GLEEVEC TASIGNA | <i>imatinib mesylate, BOSULIF, SPRYCEL</i> |
| Cancer * Prostate Hormonal Agents, Antiandrogens | NILANDRON XTANDI | <i>bicalutamide, ZYTIGA</i> |

| Category * Drug Class | Formulary Drug Removals | Formulary Options |
|--|---|---|
| Cardiovascular Antilipemics * Fibrates | TRICOR | <i>fenofibrate, fenofibric acid</i> |
| Cardiovascular Antilipemics * HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations | ADVICOR ALTOPREV CRESTOR LESCOL XL LIPITOR LIPTRUZET LIVALO | <i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, VYTORIN</i> |
| Cardiovascular Potassium Supplements * | KLOR-CON/25 | <i>potassium chloride liquid</i> |
| Cardiovascular Pulmonary Arterial Hypertension Agents * Endothelin Receptor Antagonists | OPSUMIT | LETAIRIS, TRACLEER |
| Carnitine Deficiency Agents * | CARNITOR CARNITOR SF | <i>levocarnitine</i> |
| Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics | INCRUSE ELLIPTA TUDORZA | SPIRIVA |
| Cystic Fibrosis * Inhaled Antibiotics | TOBI TOBI PODHALER | <i>tobramycin inhalation solution, BETHKIS</i> |
| Depression * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs) | <i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA | <i>duloxetine, venlafaxine, venlafaxine ext-rel capsule, PRISTIQ</i> |
| Depression * Antidepressants, Miscellaneous Agents | OLEPTRO | <i>trazodone</i> |
| Depression *, Schizophrenia * Antipsychotics, Atypicals | ABILIFY | <i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, SEROQUEL XR</i> |
| Dermatology Actinic Keratosis * | <i>fluorouracil cream 0.5%</i> CARAC | <i>fluorouracil cream 5%, fluorouracil solution, Imiquimod, PICATO, ZYCLARA</i> |
| Dermatology Rosacea * | NORITATE | <i>metronidazole, sulfacetamide-sulfur, FINACEA, SCOLANTRA</i> |
| Dermatology Skin Inflammation and Hives * Corticosteroids | <i>clobetasol spray</i> CLOBEX SPRAY OLUX-E | <i>clobetasol foam</i> |
| | APEXICON E | <i>desoximetasone, fluocinonide</i> |
| Dermatology Miscellaneous Skin Conditions * | ALCORTIN A ALOQUIN NOVACORT | <i>hydrocortisone</i> |
| Diabetes * Biguanides | FORTAMET GLUMETZA RIOMET | <i>metformin, metformin ext-rel</i> |
| Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors | NESINA ONGLYZA | JANUVIA, TRADJENTA |

| Category * Drug Class | Formulary Drug Removals | Formulary Options |
|---|---|---|
| Diabetes * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations | KAZANO KOMBIGLYZE XR OSENI | JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR |
| Diabetes * Injectable Incretin Mimetics | BYDUREON BYETTA | TRULICITY, VICTOZA |
| Diabetes * Insulins | APIDRA HUMALOG | NOVOLOG |
| | HUMALOG MIX 50/50 | NOVOLOG MIX 70/30 |
| | HUMALOG MIX 75/25 | NOVOLOG MIX 70/30 |
| | HUMULIN 70/30 ¹ | NOVOLIN 70/30 ¹ |
| | HUMULIN N ¹ | NOVOLIN N ¹ |
| | HUMULIN R ¹ | NOVOLIN R ¹ |
| | NOTE: Humulin R U-500 concentrate vial will not be subject to removal and will continue to be covered. | |
| Diabetes * Long Acting Insulins | LANTUS TOUJEO | BASAGLAR, LEVEMIR, TRESIBA |
| Diabetes * Insulin Sensitizers | ACTOS | <i>pioglitazone</i> |
| Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors | INVOKANA | FARXIGA, JARDIANCE |
| Diabetes * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations | INVOKAMET | XIGDUO XR |
| Diabetes * Supplies, Pen Needles | ALLISON MEDICAL PEN NEEDLES NOVO NORDISK PEN NEEDLES ULTIMED PEN NEEDLES All other insulin pen needles that are not BD brand | BD PEN NEEDLES |
| Diabetes * Supplies, Syringes | ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD brand | BD INSULIN SYRINGES |
| Diabetes * Supplies, Test Strips and Kits ^{2, 3} | ACCU-CHEK STRIPS AND KITS BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS ⁴ All other test strips that are not ONETOUCH brand | ONETOUCH ULTRA STRIPS AND KITS ² , ONETOUCH VERIO STRIPS AND KITS ² |
| Erectile Dysfunction * Phosphodiesterase Inhibitors | LEVITRA VIAGRA | CIALIS |
| Gastrointestinal Agents * Opioid-induced Constipation | RELISTOR | MOVANTIK |

| Category * Drug Class | Formulary Drug Removals | Formulary Options |
|---|--|--|
| Gastrointestinal Agents * Proton Pump Inhibitors (PPIs) | NEXIUM PREVACID PROTONIX ZEGERID | esomeprazole, lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole, DEXILANT |
| Glaucoma * Prostaglandin Analogs | LUMIGAN | latanoprost, travoprost, TRAVATAN Z, ZIOPTAN |
| Growth Hormones * | GENOTROPIN NUTROPIN AQ OMNITROPE SAIZEN | HUMATROPE, NORDITROPIN |
| Hematologic Anticoagulants (oral) * | PRADAXA | warfarin, ELIQUIS, XARELTO |
| Hematologic Hemophilia Agents * | HELIXATE FS | KOGENATE FS |
| Hematologic * Neutropenia Colony Stimulating Factors | NEUPOGEN | ZARXIO |
| Hematologic * Platelet Aggregation Inhibitors | PLAVIX | clopidogrel, BRILINTA, EFFIENT |
| High Blood Pressure * Angiotensin II Receptor Antagonists | ATACAND DIOVAN EDARBI TEVETEN | candesartan, eprosartan, irbesartan, losartan, telmisartan, valsartan, BENICAR |
| High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations | ATACAND HCT DIOVAN HCT EDARBYCLOR TEVETEN HCT | candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT |
| High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations | EXFORGE | amlodipine-telmisartan, amlodipine-valsartan, AZOR |
| High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations | EXFORGE HCT | amlodipine-valsartan-hydrochlorothiazide, TRIBENZOR |
| High Blood Pressure * Beta-blocker Combinations | DUTOPROL | metoprolol succinate ext-rel WITH hydrochlorothiazide |
| High Blood Pressure * Calcium Channel Blockers | NORVASC | amlodipine |
| | CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) Matzim LA | diltiazem ext-rel (except generic of CARDIZEM LA) |
| Huntington's Disease Agents * | XENAZINE | tetrabenazine |
| Inflammatory Bowel Disease (IBD), Ulcerative Colitis * Aminosalicylates | ASACOL HD DELZICOL | balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA, UCERIS |
| Kidney Disease * Phosphate Binders | FOSRENOL | calcium acetate, PHOSLYRA, RENEVA, VELPHORO |

| Category * Drug Class | Formulary Drug Removals | Formulary Options |
|---|--|---|
| <i>Multiple Sclerosis Agents *</i> | AVONEX EXTAVIA PLEGRIDY | <i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA |
| <i>Musculoskeletal Agents *</i> | AMRIX | <i>cyclobenzaprine</i> |
| <i>Opioid Dependence Agents *</i> | ZUBSOLV | <i>buprenorphine-naloxone sublingual tablet</i> , SUBOXONE FILM |
| <i>Opioid Reversal Agents *</i> | EVZIO | NARCAN NASAL SPRAY |
| <i>Osteoarthritis * Viscosupplements</i> | EUFLEXXA MONOVISC ORTHOVISC | GEL-ONE, HYALGAN, SUPARTZ FX |
| <i>Overactive Bladder / Incontinence * Urinary Antispasmodics</i> | DETROL LA ENABLEX GELNIQUE OXYTROL | <i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i> |
| <i>Pain * Headache Agents</i> | <i>butalbital-acetaminophen-caffeine capsule</i> | <i>naratriptan, rizatriptan, sumatriptan, zolmitriptan, RELPAX, ZOMIG NASAL SPRAY</i> |
| <i>Pain * Transmucosal Immediate-release Fentanyl Agents</i> | ABSTRAL | <i>fentanyl transmucosal lozenge</i> , FENTORA, SUBSYS |
| <i>Pain and Inflammation * Corticosteroids</i> | DEXPAK MILLIPRED RAYOS | <i>dexamethasone, methylprednisolone, prednisone</i> |
| <i>Pain and Inflammation * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations</i> | ARTHROTEC | <i>celecoxib; diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole or DEXILANT</i> |
| | PENNSAID | <i>diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i> |
| | NAPRELAN | <i>celecoxib, diclofenac sodium, meloxicam, naproxen</i> |
| <i>Prostate Condition * Benign Prostatic Hyperplasia Agents / Combinations</i> | JALYN | <i>dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO</i> |
| <i>Sleep * Hypnotics, Non-benzodiazepines</i> | INTERMEZZO LUNESTA ROZEREM | <i>eszopiclone, zolpidem, zolpidem ext-rel, SILENOR</i> |
| <i>Testosterone Replacement * Androgens</i> | <i>testosterone gel 1%⁵</i> ANDROGEL FORTESTA NATESTO TESTIM VOGELXO | ANDRODERM, AXIRON |

| Category * Drug Class | Formulary Options |
|-----------------------------------|--|
| Autoimmune and Hepatitis C * | For Autoimmune and Hepatitis C, CVS Caremark will be implementing an Indication Based Formulary for 2017 which may result in additional exclusions announced in both classes. |
| Generics | Limited source generics may be evaluated when appropriate and potentially excluded. |
| Hyperinflation | Products with significant cost inflation throughout the year may be evaluated and potentially excluded. |
| New-to-Market Agents ⁴ | New-to-market products and new variations of products already in the marketplace will not be added to the formulary until the product has been evaluated, determined to be clinically appropriate and cost-effective, and approved by the CVS Caremark® Pharmacy and Therapeutics Committee (or other appropriate reviewing body). |
| 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 - Carry Over from 2016

| | | |
|---|--|---|
| ABILIFY | <i>fluorouracil cream 0.5%</i> | ONGLYZA |
| ACCU-CHEK STRIPS AND KITS ³ | FORTAMET | ORTHOVISC |
| ACTOS | FORTESTA | OSENI |
| ADDERALL XR | FOSRENOL | OXYTROL |
| ADRENACLICK | FREESTYLE STRIPS AND KITS ^{3,4} | PENNSAID |
| ADVICOR | GENOTROPIN | PLAVIX |
| AEROSPAN | GLUMETZA | PLEGRIDY |
| ALTOPREV | HUMALOG | PREVACID |
| ALVESCO | HUMALOG MIX 50/50 | PROTONIX |
| AMRIX | HUMALOG MIX 75/25 | QNASL |
| ANDROGEL | HUMULIN 70/30 ¹ | QSYMIA |
| APEXICON E | HUMULIN N ¹ | RAYOS |
| APIDRA | HUMULIN R ¹ | RELISTOR |
| ARTHROTEC | INCRUSE ELLIPTA | RHINOCORT AQUA |
| ASACOL HD | INTERMEZZO | RIOMET |
| ATACAND | INTUNIV | ROZEREM |
| ATACAND HCT | INVOKAMET | SAIZEN |
| AVONEX | INVOKANA | SYMBICORT |
| BECONASE AQ | JALYN | TESTIM |
| BREEZE 2 STRIPS AND KITS ³ | KAZANO | <i>testosterone gel 1% ⁵</i> |
| BYDUREON | KOMBIGLYZE XR | TEVETEN |
| BYETTA | LASTACAPT | TEVETEN HCT |
| CARAC | LESCOL XL | TRICOR |
| CARDIZEM | LEVITRA | TUDORZA |
| CARDIZEM CD | LIPITOR | VALCYTE |
| CARDIZEM LA (and its generics) | LIPTRUZET | VALTRES |
| <i>clobetasol spray</i> | LIVALO | VERAMYST |
| CLOBEX SPRAY | LUMIGAN | VIAGRA |
| CONTOUR NEXT STRIPS AND KITS ³ | LUNESTA | VIEKIRA PAK |
| CONTOUR STRIPS AND KITS ³ | <i>Matzim LA</i> | VOGELXO |
| CYMBALTA | MONOVISC | XOPENEX HFA |
| DELZICOL | NAPRELAN | ZETONNA |
| DETROL LA | NATESTO | ZUBSOLV |
| DIOVAN | NESINA | |
| DIOVAN HCT | NORITATE | |
| EDARBI | NORVASC | |
| EDARBYCLOR | NUTROPIN AQ | |
| EUFLEXA | OLEPTRO | |
| EXFORGE | OLUX-E | |
| EXFORGE HCT | OMNARIS | |
| EXTAVIA | OMNITROPE | |

List of Formulary Drug Removals - New for 2017

| | | |
|--|---|---|
| <p> ABSTRAL ALCORTIN A ALOQUIN ALLISON MEDICAL INSULIN SYRINGES ALLISON MEDICAL PEN NEEDLES <i>butalbital-acetaminophen-caffeine capsule</i> CARNITOR CARNITOR SF CRESTOR DAKLINZA DEXPAK DUTOPROL ENABLEX EVZIO GELNIQUE </p> | <p> GLEEVEC HELIXATE FS KLOR-CON/25 LANTUS MILLIPRED NILANDRON NEUPOGEN NEXIUM NOVACORT NOVO NORDISK PEN NEEDLES OPSUMIT OLYSIO PRADAXA PROVENTIL HFA </p> | <p> TASIGNA TECHNIVIE TOBI TOBI PODHALER TOUJEO TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES ULTIMED PEN NEEDLES <i>venlafaxine ext-rel tablets (except for 225 mg)</i> VENTOLIN HFA XENAZINE XTANDI ZEGERID ZEPATIER </p> |
|--|---|---|

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. Log in to www.caremark.com to check coverage and copy 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 laws and regulations.

- * This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.
- ¹ Rebranded or private label formulations are not covered (i.e., RELION).
- ² A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-800-588-4456.
- ³ ONETOUCH brand test strips are the only preferred options.
- ⁴ An exception process is in place for specific clinical circumstances that may require continued coverage for FREESTYLE diabetic test strips. If your doctor believes you have a specific clinical need for this product, he or she should fax an exception request to: 1-888-487-9257. Your plan may choose to provide an exception process for additional medications on this list and new-to-market agents.
- ⁵ Listing reflects the authorized generics for TESTIM and VOGELXO.

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