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DECEMBER 2016

Health

bulletin



You may have received the email reprinted to the right. HealthEquity sent this notification to all HSA account holders in response to certain Department of Labor rule changes related to HSAs. HealthEquity, in turn, made some adjustments to its Custodial Agreement in order to meet the updated DOL requirements. All members are advised to read this new Custodial Agreement. If you have any further questions, please contact Health Equity directly at (866) 346-5800.



Dear Member,

The new HealthEquity Custodial Agreement amends and restates the terms and conditions applicable to your HealthEquity, Inc. health savings account (HSA). This Custodial Agreement will be effective 30 days following your receipt of this notice unless you notify HealthEquity, Inc. that you do not consent to this Custodial Agreement, in which case your HealthEquity, Inc. HSA will be closed. The account balance, less any outstanding fees, will be transferred to another custodian that you designate or if none is designated, will be distributed to you. We recommend that you review this agreement in full by copying the following link below and keep a copy with your other HSA documentation.

Custodial Agreement:
http://resources.healthequity.com/Forms/Agreements/HealthEquity_Custodial_Agreement.pdf

Sincerely,
 HealthEquity, Inc.

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 HealthEquity is located at 15 W. Scenic Pointe Dr., Draper, UT 84020

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, please ask your doctor to choose one of the generic or brand formulary options provided in the attachment.

If you have any questions, please call CVS customer care: (855) 248-3447



Happy holidays!

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

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 *</i> Viscosupplements	EUFLEXXA MONOVISC ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ FX
<i>Overactive Bladder / Incontinence *</i> Urinary Antispasmodics	DETROL LA ENABLEX GELNIQUE OXYTROL	<i>oxybutynin ext-rel</i> , <i>tolterodine</i> , <i>tolterodine ext-rel</i> , <i>tropium</i> , <i>tropium ext-rel</i> , MYRBETRIQ, TOVIAZ, VESICARE
<i>Pain *</i> Headache Agents	<i>butalbital-acetaminophen-caffeine capsule</i>	<i>naratriptan</i> , <i>rizatriptan</i> , <i>sumatriptan</i> , <i>zolmitriptan</i> , RELPAX, ZOMIG NASAL SPRAY
<i>Pain *</i> Transmucosal Immediate-release Fentanyl Agents	ABSTRAL	<i>fentanyl transmucosal lozenge</i> , FENTORA, SUBSYS
<i>Pain and Inflammation *</i> Corticosteroids	DEXPAK MILLIPRED RAYOS	<i>dexamethasone</i> , <i>methylprednisolone</i> , <i>prednisone</i>
<i>Pain and Inflammation *</i> Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib</i> ; <i>diclofenac sodium</i> , <i>meloxicam</i> or <i>naproxen</i> WITH <i>esomeprazole</i> , <i>lansoprazole</i> , <i>omeprazole</i> , <i>omeprazole-sodium bicarbonate capsule</i> , <i>pantoprazole</i> or DEXILANT
	PENNSAID	<i>diclofenac sodium</i> , <i>diclofenac sodium solution</i> , <i>meloxicam</i> , <i>naproxen</i> , VOLTAREN GEL
	NAPRELAN	<i>celecoxib</i> , <i>diclofenac sodium</i> , <i>meloxicam</i> , <i>naproxen</i>
<i>Prostate Condition *</i> Benign Prostatic Hyperplasia Agents / Combinations	JALYN	<i>dutasteride</i> or <i>finasteride</i> WITH <i>alfuzosin ext-rel</i> , <i>doxazosin</i> , <i>tamsulosin</i> , <i>terazosin</i> or RAPAFLO
<i>Sleep *</i> Hypnotics, Non-benzodiazepines	INTERMEZZO LUNESTA ROZEREM	<i>eszopiclone</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , SILENOR
<i>Testosterone Replacement *</i> Androgens	<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>
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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.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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