

Value Formulary Quick Reference List

The Value Formulary Quick Reference List is not an all-inclusive list but represents a summary of prescribed medications within select therapeutic categories. This useful reference tool can assist medical providers in selecting therapeutically-appropriate and cost-effective products for their patients. This document represents a closed formulary plan design.

This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. Unless specifically indicated, drug list products will include all dosage forms, except for orally disintegrating formulations. Some prescription benefit plan designs may alter coverage of certain products or vary copay amounts based on the condition being treated. This document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, preference for brands and mandatory generics whenever available.

This list is not an all-inclusive list and does not guarantee coverage. Please visit www.caremark.com for a complete list.

ANALGESICS	<i>amoxicillin-clavulanate ext-rel</i>	<i>vancomycin QL</i>	<i>colestipol</i>
§ NSAIDs	<i>ampicillin</i>	EMVERM	§ FIBRATES
<i>diclofenac</i>	<i>dicloxacillin</i>		<i>fenofibrate</i>
<i>diffunisal</i>	<i>penicillin VK</i>		<i>gemfibrozil</i>
<i>etodolac</i>	§ TETRACYCLINES	CARDIOVASCULAR	§ HMG-CoA REDUCTASE INHIBITORS
<i>fenoprofen</i>	<i>doxycycline hyclate</i>	§ ACE INHIBITORS	<i>atorvastatin</i>
<i>flurbiprofen</i>	<i>doxycycline monohydrate susp</i>	<i>captopril</i>	<i>pravastatin</i>
<i>ibuprofen</i>	<i>minocycline</i>	<i>enalapril</i>	<i>rosuvastatin</i>
<i>ketoprofen</i>	<i>minocycline ext-rel</i>	<i>lisinopril</i>	<i>simvastatin</i>
<i>ketoprofen ext-rel</i>	<i>tetracycline</i>	<i>perindopril</i>	
<i>ketorolac</i>	§ ANTIFUNGALS	<i>ramipril</i>	§ NIACINS
<i>meloxicam</i>	<i>clotrimazole troches</i>	<i>trandolapril</i>	<i>niacin ext-rel</i>
<i>nabumetone</i>	<i>fluconazole</i>	§ ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS	PCSK9 INHIBITORS
<i>naproxen</i>	<i>griseofulvin microsize</i>	<i>amlodipine-benazepril</i>	REPATHA PA, SP, QL
<i>oxaprozin</i>	<i>itraconazole</i>	§ ACE INHIBITOR / DIURETIC COMBINATIONS	§ BETA-BLOCKERS
<i>piroxicam</i>	<i>nystatin</i>	<i>captopril-hydrochlorothiazide</i>	<i>atenolol</i>
<i>sulindac</i>	<i>terbinafine tablet</i>	<i>enalapril-hydrochlorothiazide</i>	<i>bisoprolol</i>
<i>tolmetin</i>	<i>voriconazole</i>	<i>lisinopril-hydrochlorothiazide</i>	<i>carvedilol</i>
VISCOSUPPLEMENTS	NOXAFIL	§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS	<i>labetalol</i>
GEL-ONE PA, SP	ANTIVIRALS	<i>irbesartan / irbesartan-hydrochlorothiazide</i>	<i>metoprolol succinate ext-rel</i>
VISCO-3 PA, SP	§ HEPATITIS C AGENTS	<i>losartan / losartan-hydrochlorothiazide</i>	<i>metoprolol tartrate 25 mg, 50 mg, 100 mg</i>
ANTI-INFECTIVES	<i>ribavirin PA, SP</i>	<i>olmesartan / olmesartan-hydrochlorothiazide</i>	<i>nadolol</i>
ANTIBACTERIALS	EPCLUSA <small>(genotypes 1, 2, 3, 4, 5, 6)</small>	<i>valsartan / valsartan-hydrochlorothiazide</i>	<i>pindolol</i>
§ CEPHALOSPORINS	PA, SP, QL	§ ANTIARRHYTHMICS	<i>propranolol</i>
<i>cefadroxil</i>	HARVONI <small>(genotypes 1, 4, 5, 6)</small> PA, SP, QL	<i>acebutolol</i>	<i>propranolol ext-rel</i>
<i>cefdinir</i>	REBETOL PA, SP	<i>amiodarone</i>	§ BETA-BLOCKER / DIURETIC COMBINATIONS
<i>cefepodoxime</i>	VOSEVI *, PA, SP, QL	<i>disopyramide</i>	<i>atenolol-chlorthalidone</i>
<i>cefprozil</i>	§ HERPES AGENTS	<i>dofetilide PA, SP</i>	<i>bisoprolol-hydrochlorothiazide</i>
<i>cefuroxime</i>	<i>acyclovir</i>	<i>flecainide</i>	<i>metoprolol-hydrochlorothiazide</i>
<i>cephalexin</i>	<i>famciclovir</i>	<i>ibutilide</i>	<i>nadolol-bendroflumethiazide</i>
§ ERYTHROMYCINS / MACROLIDES	<i>valacyclovir</i>	<i>propafenone</i>	<i>propranolol-hydrochlorothiazide</i>
<i>azithromycin</i>	§ INFLUENZA AGENTS	<i>propafenone ext-rel</i>	§ CALCIUM CHANNEL BLOCKERS
<i>clarithromycin</i>	<i>oseltamivir QL, PA</i>	<i>sotalol</i>	<i>amlodipine</i>
<i>clarithromycin ext-rel</i>	§ MISCELLANEOUS	NORPACE CR	<i>diltiazem ext-rel</i>
<i>erythromycins</i>	<i>atovaquone</i>	ANTILIPEMICS	<i>felodipine ext-rel</i>
DIFICID PA	<i>clindamycin</i>	§ BILE ACID RESINS	<i>isradipine</i>
§ FLUOROQUINOLONES	<i>ivermectin</i>	<i>cholestyramine</i>	<i>nicardipine</i>
<i>ciprofloxacin</i>	<i>linezolid PA</i>		<i>nifedipine ext-rel</i>
<i>ciprofloxacin ext-rel</i>	<i>linezolid inj PA</i>		<i>verapamil ext-rel</i>
<i>levofloxacin</i>	<i>metronidazole</i>		
<i>moxifloxacin</i>	<i>nitrofurantoin ext-rel</i>		
§ PENICILLINS	<i>nitrofurantoin macrocrystals</i>		
<i>amoxicillin</i>	<i>praziquantel</i>		
<i>amoxicillin-clavulanate</i>	<i>rifabutin</i>		
	<i>sulfamethoxazole-trimethoprim</i>		

LEGEND **PA:** Prior Authorization **PA, QL:** Quantity Limit is applied after Prior Authorization approval **QL:** Quantity Limit
QL, PA: If Quantity Limit is exceeded, Prior Authorization may apply
SP: Specialty Drug **ST:** Step Therapy **ST, PA:** If Step Therapy requirements are not met, Prior Authorization may apply

§ DIGITALIS GLYCOSIDES

digoxin
digoxin ped elixir

§ DIURETICS

amiloride
amiloride-hydrochlorothiazide
bumetanide
chlorthalidone
furosemide
hydrochlorothiazide
indapamide
metolazone
spironolactone-hydrochlorothiazide
torsemide
triamterene-hydrochlorothiazide

HEART FAILURE

CORLANOR
ENTRESTO

§ NITRATES

isosorbide dinitrate
isosorbide dinitrate ext-rel tabs
isosorbide mononitrate
isosorbide mononitrate ext-rel
nitroglycerin sublingual
nitroglycerin transdermal

§ MISCELLANEOUS

hydralazine
methyldopa
midodrine
RANEXA

CENTRAL NERVOUS SYSTEM

ANTIANKXIETY

§ BENZODIAZEPINES

alprazolam **QL**
alprazolam orally disintegrating
tablet **QL**
clorazepate **QL**
diazepam **QL**
lorazepam **QL**
oxazepam **QL**

§ MISCELLANEOUS

bupirone
fluvoxamine

ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
escitalopram
fluoxetine
paroxetine HCl
paroxetine HCl ext-rel
sertraline

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

desvenlafaxine succinate ext-rel
duloxetine
venlafaxine
venlafaxine ext-rel

§ MISCELLANEOUS AGENTS

bupropion
bupropion ext-rel
mirtazapine
mirtazapine orally disintegrating tablet
trazodone

HYPNOTICS

§ NONBENZODIAZEPINES

zaleplon **QL, PA**
zolpidem **QL, PA**
zolpidem ext-rel **QL, PA**

MIGRAINE

§ SELECTIVE SEROTONIN AGONISTS

naratriptan **QL, PA**
rizatriptan **QL, PA**
rizatriptan orally disintegrating
tabs **QL, PA**
sumatriptan **QL, PA**
zolmitriptan orally disintegrating
tabs **QL, PA**
zolmitriptan tabs **QL, PA**

§ MULTIPLE SCLEROSIS AGENTS

glatiramer **PA, SP, QL**
AUBAGIO **PA, SP, QL**
AVONEX **PA, SP, QL**
BETASERON **PA, SP, QL**
GILENYA **PA, SP, QL**
OCREVUS **PA, SP, QL**
REBIF **PA, SP, QL**
TECFIDERA **PA, SP, QL**
TYSABRI **PA, SP, QL**

ENDOCRINE AND METABOLIC

ANTI-DIABETICS

§ BIGUANIDES

metformin
metformin ext-rel

§ BIGUANIDE / SULFONYLUREA COMBINATIONS

glipizide-metformin

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA **ST, PA**
TRADJENTA **ST, PA**

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR/BIGUANIDE COMBINATIONS

JANUMET **ST, PA**
JANUMET XR **ST, PA**
JENTADUETO **ST, PA**
JENTADUETO XR **ST, PA**

INCRETIN MIMETIC AGENTS

OZEMPIC **ST, PA**
TRULICITY **ST, PA**
VICTOZA **ST, PA**

INSULINS

BASAGLAR
FIASP

HUMULIN R U-500

LEVEMIR
NOVOLIN
NOVOLOG
NOVOLOG MIX

§ INSULIN SENSITIZERS

pioglitazone

§ INSULIN SENSITIZER / BIGUANIDE COMBINATIONS

pioglitazone-metformin

§ INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS

pioglitazone-glimepiride

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA **ST, PA**
INVOKANA **ST, PA**

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS

INVOKAMET **ST, PA**
INVOKAMET XR **ST, PA**
XIGDUO XR **ST, PA**

§ SULFONYLUREAS

glimepiride
glipizide
glipizide ext-rel
glyburide
glyburide, micronized

SUPPLIES

BD INSULIN SYRINGES AND
NEEDLES
LANCETS
ONETOUCH STRIPS AND KITS 1

CALCIUM REGULATORS

§ BISPHOSPHONATES

alendronate
ibandronate
risedronate

CONTRACEPTIVES

MONOPHASIC

§ 20 mcg Estrogen

ethinyl estradiol-drospirenone
ethinyl estradiol-levonorgestrel
ethinyl estradiol-norethindrone
acetate
ethinyl estradiol-norethindrone
acetate and iron

§ 25 mcg Estrogen

ethinyl estradiol-norethindrone
acetate and iron

§ 30 mcg Estrogen

ethinyl estradiol-desogestrel
ethinyl estradiol-drospirenone
ethinyl estradiol-levonorgestrel

ethinyl estradiol-norethindrone
acetate
ethinyl estradiol-norethindrone
acetate and iron
ethinyl estradiol-norgestrel

§ 35 mcg Estrogen

ethinyl estradiol-ethynodiol diacetate
ethinyl estradiol-norethindrone
ethinyl estradiol-norgestimate

§ 50 mcg Estrogen

ethinyl estradiol-ethynodiol diacetate
mestranol-norethindrone

§ BIPHASIC

ethinyl estradiol-desogestrel

§ TRIPHASIC

ethinyl estradiol-desogestrel
ethinyl estradiol-levonorgestrel
ethinyl estradiol-norethindrone
ethinyl estradiol-norgestimate

§ EXTENDED CYCLE

ethinyl estradiol-levonorgestrel

§ PROGESTIN ONLY

norethindrone

§ EMERGENCY CONTRACEPTION

levonorgestrel 0.75 mg
levonorgestrel - Next Choice One
Dose
ELLA

§ INJECTABLE

medroxyprogesterone acetate
150 mg/mL

§ TRANSDERMAL

norelgestromin/ethinyl estradiol -
Xulane

VAGINAL

NUVARING

ESTROGENS

§ ORAL

estradiol
estropipate

§ TRANSDERMAL

estradiol

§ VAGINAL

estradiol vaginal crm

ESTROGEN / PROGESTINS

§ ORAL

estradiol-norethindrone
ethinyl estradiol-norethindrone
acetate

HUMAN GROWTH HORMONES

HUMATROPE **PA, SP**

§ PHOSPHATE BINDER AGENTS

calcium acetate
sevelamer carbonate

LEGEND **PA:** Prior Authorization **PA, QL:** Quantity Limit is applied after Prior Authorization approval **QL:** Quantity Limit
QL, PA: If Quantity Limit is exceeded, Prior Authorization may apply
SP: Specialty Drug **ST:** Step Therapy **ST, PA:** If Step Therapy requirements are not met, Prior Authorization may apply

§ PROGESTINS

§ ORAL

medroxyprogesterone
norethindrone acetate
progesterone, micronized

VAGINAL

ENDOMETRIN

§ SELECTIVE ESTROGEN RECEPTOR MODULATORS

raloxifene
OSPHERA

§ THYROID SUPPLEMENTS

levothyroxine

GASTROINTESTINAL

§ H₂ RECEPTOR ANTAGONISTS

cimetidine
famotidine
ranitidine

§ PROTON PUMP INHIBITORS

lansoprazole
lansoprazole soluble tabs
omeprazole
pantoprazole

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA

alfuzosin ext-rel
doxazosin
finasteride
tamsulosin
terazosin

§ URINARY ANTISPASMODICS

oxybutynin
oxybutynin ext-rel
trospium

§ VAGINAL ANTI-INFECTIVES

clindamycin cream
metronidazole
terconazole

HEMATOLOGIC

ANTICOAGULANTS

§ INJECTABLE

enoxaparin

§ ORAL

warfarin
XARELTO

§ PLATELET AGGREGATION INHIBITORS

clopidogrel
dipyridamole
dipyridamole ext-rel/aspirin
prasugrel
BRILINTA
ZONTIVITY

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ANKYLOSING SPONDYLITIS

COSENTYX PA, SP, QL
ENBREL PA, SP, QL
HUMIRA PA, SP, QL

CROHN'S DISEASE

CIMZIA #, PA, SP, QL
HUMIRA PA, SP, QL

After failure of HUMIRA

PSORIASIS

HUMIRA PA, SP, QL
STELARA
SUBCUTANEOUS #, PA, SP, QL
TALTZ #, PA, SP, QL

After failure of HUMIRA

PSORIATIC ARTHRITIS

COSENTYX PA, SP, QL
ENBREL PA, SP, QL
HUMIRA PA, SP, QL
OTEZLA PA, SP, QL

RHEUMATOID ARTHRITIS

ENBREL PA, SP, QL
HUMIRA PA, SP, QL
KEVZARA PA, SP, QL
ORENCIA CLICKJECT PA, SP, QL
ORENCIA
SUBCUTANEOUS PA, SP, QL

ULCERATIVE COLITIS

HUMIRA PA, SP, QL
SIMPONI #, PA, SP, QL

After failure of HUMIRA

ALL OTHER CONDITIONS

ENBREL PA, SP, QL
HUMIRA PA, SP, QL

RESPIRATORY

§ ANAPHYLAXIS TREATMENT AGENTS

epinephrine auto-injector
EIPEN
EIPEN JR

§ ANTICHOLINERGICS

ipratropium inhalation solution
INCRUSE ELLIPTA QL

ANTICHOLINERGIC / BETA AGONIST COMBINATIONS

§ SHORT ACTING

ipratropium-albuterol inhalation solution
COMBIVENT RESPIMAT

LONG ACTING

BEVESPI AEROSPHERE QL

BETA AGONISTS, INHALANTS

§ SHORT ACTING

albuterol inhalation solution
levalbuterol nebulizer solution concentrate
PROAIR HFA QL
PROAIR RESPICLICK QL

LONG ACTING

Hand-held Active Inhalation
STRIVERDI RESPIMAT QL

Nebulized Passive Inhalation

PERFORMIST QL

§ LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast

§ NASAL STEROIDS

flunisolide

fluticasone

STEROID / BETA AGONIST COMBINATIONS

ADVAIR QL
ADVAIR HFA QL
SYMBICORT QL

§ STEROID INHALANTS

budesonide inhalation suspension QL
ARNUITY ELLIPTA QL
FLOVENT DISKUS QL
FLOVENT HFA QL
QVAR QL
QVAR REDHALER QL

TOPICAL

DERMATOLOGY

§ ACNE

benzoyl peroxide cream, lotion
clindamycin gel, lotion, solution
erythromycin gel 2%
erythromycin solution
erythromycin-benzoyl peroxide
sulfacetamide lotion 10%
tretinoin

OPHTHALMIC

BETA-BLOCKERS

§ Nonselective

timolol maleate

§ Selective

betaxolol solution

§ CARBONIC ANHYDRASE INHIBITORS

dorzolamide

§ CARBONIC ANHYDRASE INHIBITOR / BETA-BLOCKER COMBINATIONS

dorzolamide-timolol maleate

§ PROSTAGLANDINS

latanoprost

§ SYMPATHOMIMETICS

brimonidine 0.15%, 0.2%

LEGEND PA: Prior Authorization PA, QL: Quantity Limit is applied after Prior Authorization approval QL: Quantity Limit
QL, PA: If Quantity Limit is exceeded, Prior Authorization may apply
SP: Specialty Drug ST: Step Therapy ST, PA: If Step Therapy requirements are not met, Prior Authorization may apply

FOR YOUR INFORMATION: This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. In most instances, a brand-name drug for which a generic product becomes available will require prior authorization or will no longer be covered upon release of the generic product to the market. Unless specifically indicated, drug list products will include all oral dosage forms, except for orally disintegrating formulations. This list represents brand products in CAPS, branded generics in upper- and lowercase *italics*, and generic products in lowercase *italics*. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to www.caremark.com to check coverage.

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

§ Generics are available in this class and should be considered the first line of prescribing.

* 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).

¹ 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.

Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark®. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.

©2018 CVS Caremark. All rights reserved. 106-25954A 100118

www.caremark.com

LEGEND **PA:** Prior Authorization **PA, QL:** Quantity Limit is applied after Prior Authorization approval **QL:** Quantity Limit
QL, PA: If Quantity Limit is exceeded, Prior Authorization may apply
SP: Specialty Drug **ST:** Step Therapy **ST, PA:** If Step Therapy requirements are not met, Prior Authorization may apply