

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

§ NSAIDs

diclofenac
diffunisal
etodolac
fenoprofen
flurbiprofen
ibuprofen
ketoprofen
ketoprofen ext-rel
ketorolac
meloxicam
nabumetone
naproxen
oxaprozin
piroxicam
sulindac
tolmetin

VISCOSUPPLEMENTS

GEL-ONE **PA, SP**
VISCO-3 **PA, SP**

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefadroxil
cefdinir
cefepodoxime
cefprozil
cefuroxime
cephalexin

§ ERYTHROMYCINS / MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins
DIFICID **PA**

§ FLUOROQUINOLONES

ciprofloxacin
ciprofloxacin ext-rel
levofloxacin
moxifloxacin

§ PENICILLINS

amoxicillin
amoxicillin-clavulanate
amoxicillin-clavulanate ext-rel
ampicillin
dicloxacillin
penicillin VK

§ TETRACYCLINES

doxycycline hyclate
doxycycline monohydrate
susp
minocycline
minocycline ext-rel
tetracycline

§ ANTIFUNGALS

clotrimazole troches
fluconazole
griseofulvin microsize
itraconazole
nystatin
terbinafine tablet
voriconazole
NOXAFIL

ANTIVIRALS

§ HEPATITIS C AGENTS

ribavirin **PA, SP**
EPCLUSA
(genotypes 1, 2, 3, 4, 5, 6) **PA, SP**
HARVONI

(genotypes 1, 4, 5, 6) **PA, SP**
REBETOL **PA, SP**
VOSEVI *, **PA, SP**

§ HERPES AGENTS

acyclovir
famciclovir
valacyclovir

§ INFLUENZA AGENTS

oseltamivir **QL, PA**

§ MISCELLANEOUS

atovaquone
clindamycin
ivermectin
linezolid **PA**
linezolid inj **PA**

metronidazole
nitrofurantoin ext-rel
nitrofurantoin macrocrystals
rifabutin
sulfamethoxazole-
trimethoprim
vancomycin **ST, PA**
BILTRICIDE
EMVERM

CARDIOVASCULAR

§ ACE INHIBITORS

captopril
enalapril
lisinopril
perindopril
ramipril
trandolapril

§ ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine-benazepril

§ ACE INHIBITOR / DIURETIC COMBINATIONS

captopril-hydrochlorothiazide
enalapril-hydrochlorothiazide
lisinopril-hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

irbesartan / irbesartan-
hydrochlorothiazide
losartan / losartan-
hydrochlorothiazide
olmesartan / olmesartan-
hydrochlorothiazide
valsartan / valsartan-
hydrochlorothiazide

§ ANTIARRHYTHMICS

acebutolol
amiodarone
disopyramide
dofetilide **PA, SP**
flecainide
ibutilide

propafenone
propafenone ext-rel
sotalol
NORPACE CR

ANTILIPEMICS

§ BILE ACID RESINS

cholestyramine
colestipol

§ FIBRATES

fenofibrate
gemfibrozil

§ HMG-CoA REDUCTASE INHIBITORS

atorvastatin
pravastatin
rosuvastatin
simvastatin

§ NIACINS

niacin ext-rel

PCSK9 INHIBITORS

PRALUENT **PA, SP**

§ BETA-BLOCKERS

atenolol
bisoprolol
carvedilol
labetalol
metoprolol succinate ext-rel
metoprolol tartrate 25 mg,
50 mg, 100 mg
nadolol
pendolol
propranolol
propranolol ext-rel

§ BETA-BLOCKER / DIURETIC COMBINATIONS

atenolol-chlorthalidone
bisoprolol-
hydrochlorothiazide
metoprolol-
hydrochlorothiazide
nadolol-bendroflumethiazide
propranolol-
hydrochlorothiazide

§ CALCIUM CHANNEL BLOCKERS

amlodipine
diltiazem ext-rel
felodipine ext-rel
isradipine
nicardipine
nifedipine ext-rel
verapamil ext-rel

§ 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

LEGEND **PA:** Prior Authorization **PA, QL:** Quantity Limit is applied after Prior Authorization approval

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SP: Specialty Drug **ST:** Step Therapy **ST, PA:** If Step Therapy requirements are not met, Prior Authorization may apply

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

§ 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
paroxetine 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**

AUBAGIO **PA, SP**
AVONEX **PA, SP**
BETASERON **PA, SP**
COPAXONE
40 MG/ML **PA, SP**
GILENYA **PA, SP**
OCREVUS **PA, SP**
REBIF **PA, SP**
TECFIDERA **PA, SP**
TYSABRI **PA, SP**

ENDOCRINE AND METABOLIC

ANTIDIABETICS

§ 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

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

INSULINS

BASAGLAR
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

§ BISPSPHONATES

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

ESTRACE

ESTROGEN / PROGESTINS

§ ORAL

estradiol-norethindrone
ethinyl estradiol-norethindrone acetate

HUMAN GROWTH HORMONES

HUMATROPE **PA, SP**

§ PHOSPHATE BINDER AGENTS

calcium acetate
sevelamer carbonate

§ PROGESTINS

§ ORAL

medroxyprogesterone
norethindrone acetate
progesterone, micronized

VAGINAL

ENDOMETRIN

§ SELECTIVE ESTROGEN RECEPTOR MODULATORS

raloxifene
OSPHENA

§ THYROID SUPPLEMENTS

levothyroxine

GASTROINTESTINAL

§ H₂ RECEPTOR ANTAGONISTS

cimetidine
famotidine
ranitidine

§ PROTON PUMP INHIBITORS

lansoprazole
omeprazole
pantoprazole
PREVACID SOLUTAB

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

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prasugrel
BRILINTA
ZONTIVITY

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ANKYLOSING SPONDYLITIS

COSENTYX **PA, SP**

ENBREL **PA, SP**

HUMIRA **PA, SP**

CROHN'S DISEASE

CIMZIA **#, PA, SP**

HUMIRA **PA, SP**

After failure of HUMIRA

PSORIASIS

HUMIRA **PA, SP**

STELARA

SUBCUTANEOUS **#, PA, SP**

TALTZ **#, PA, SP**

After failure of HUMIRA

PSORIATIC ARTHRITIS

COSENTYX **PA, SP**

ENBREL **PA, SP**

HUMIRA **PA, SP**

OTEZLA **PA, SP**

RHEUMATOID ARTHRITIS

ENBREL **PA, SP**

HUMIRA **PA, SP**

KEVZARA **PA, SP**

ORENCIA

CLICKJECT **PA, SP**

ORENCIA

SUBCUTANEOUS **PA, SP**

ULCERATIVE COLITIS

HUMIRA **PA, SP**

SIMPONI **#, PA, SP**

After failure of HUMIRA

ALL OTHER CONDITIONS

ENBREL **PA, SP**

HUMIRA **PA, SP**

RESPIRATORY

§ ANAPHYLAXIS

TREATMENT AGENTS

epinephrine auto-injector

EPIPEN

EPIPEN 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

SEREVENT **QL**

STRIVERDI RESPIMAT **QL**

Nebulized Passive Inhalation

PERFORMIST **QL**

§ LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast

§ NASAL STEROIDS

flunisolide

fluticasone

triamcinolone

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**

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%

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 onto 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 ONETOUGH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUGH. 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.

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