

# 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](http://www.caremark.com) for a complete list.

<b>ANALGESICS</b>	<p><i>amoxicillin-clavulanate ext-rel</i> <i>ampicillin</i> <i>dicloxacillin</i> <i>penicillin VK</i></p> <p>§ <b>TETRACYCLINES</b> <i>doxycycline hyclate</i> <i>doxycycline monohydrate susp</i> <i>minocycline</i> <i>minocycline ext-rel</i> <i>tetracycline</i></p> <p>§ <b>ANTIFUNGALS</b> <i>clotrimazole troches</i> <i>fluconazole</i> <i>griseofulvin microsize</i> <i>itraconazole</i> <i>nystatin</i> <i>terbinafine tablet</i> <i>voriconazole</i> NOXAFIL</p> <p><b>ANTIVIRALS</b> § <b>HEPATITIS C AGENTS</b> <i>ribavirin PA, SP</i> EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) <b>PA, SP, QL</b> HARVONI (genotypes 1, 4, 5, 6) <b>PA, SP, QL</b> REBETOL <b>PA, SP</b> VOSEVI *, <b>PA, SP, QL</b></p> <p>§ <b>HERPES AGENTS</b> <i>acyclovir</i> <i>famciclovir</i> <i>valacyclovir</i></p> <p>§ <b>INFLUENZA AGENTS</b> <i>oseltamivir QL, PA</i></p> <p>§ <b>MISCELLANEOUS</b> <i>atovaquone</i> <i>clindamycin</i> <i>ivermectin</i> <i>linezolid PA</i> <i>linezolid inj PA</i> <i>metronidazole</i> <i>nitrofurantoin ext-rel</i> <i>nitrofurantoin macrocrystals</i> <i>praziquantel</i> <i>rifabutin</i> <i>sulfamethoxazole-trimethoprim</i></p>	<p><i>vancomycin QL</i> EMVERM</p> <p style="background-color: #e91e63; color: white; text-align: center;"><b>CARDIOVASCULAR</b></p> <p>§ <b>ACE INHIBITORS</b> <i>captopril</i> <i>enalapril</i> <i>lisinopril</i> <i>perindopril</i> <i>ramipril</i> <i>trandolapril</i></p> <p>§ <b>ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS</b> <i>amlodipine-benazepril</i></p> <p>§ <b>ACE INHIBITOR / DIURETIC COMBINATIONS</b> <i>captopril-hydrochlorothiazide</i> <i>enalapril-hydrochlorothiazide</i> <i>lisinopril-hydrochlorothiazide</i></p> <p>§ <b>ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS</b> <i>irbesartan / irbesartan-hydrochlorothiazide</i> <i>losartan / losartan-hydrochlorothiazide</i> <i>olmesartan / olmesartan-hydrochlorothiazide</i> <i>valsartan / valsartan-hydrochlorothiazide</i></p> <p>§ <b>ANTIARRHYTHMICS</b> <i>acebutolol</i> <i>amiodarone</i> <i>disopyramide</i> <i>dofetilide PA, SP</i> <i>flecainide</i> <i>ibutilide</i> <i>propafenone</i> <i>propafenone ext-rel</i> <i>sotalol</i> NORPACE CR</p> <p><b>ANTILIPEMICS</b> § <b>BILE ACID RESINS</b> <i>cholestyramine</i></p>	<p><i>colestipol</i></p> <p>§ <b>FIBRATES</b> <i>fenofibrate</i> <i>gemfibrozil</i></p> <p>§ <b>HMG-CoA REDUCTASE INHIBITORS</b> <i>atorvastatin</i> <i>pravastatin</i> <i>rosuvastatin</i> <i>simvastatin</i></p> <p>§ <b>NIACINS</b> <i>niacin ext-rel</i></p> <p><b>PCSK9 INHIBITORS</b> REPATHA <b>PA, SP, QL</b></p> <p>§ <b>BETA-BLOCKERS</b> <i>atenolol</i> <i>bisoprolol</i> <i>carvedilol</i> <i>labetalol</i> <i>metoprolol succinate ext-rel</i> <i>metoprolol tartrate 25 mg, 50 mg, 100 mg</i> <i>nadolol</i> <i>pindolol</i> <i>propranolol</i> <i>propranolol ext-rel</i></p> <p>§ <b>BETA-BLOCKER / DIURETIC COMBINATIONS</b> <i>atenolol-chlorthalidone</i> <i>bisoprolol-hydrochlorothiazide</i> <i>metoprolol-hydrochlorothiazide</i> <i>nadolol-bendroflumethiazide</i> <i>propranolol-hydrochlorothiazide</i></p> <p>§ <b>CALCIUM CHANNEL BLOCKERS</b> <i>amlodipine</i> <i>diltiazem ext-rel</i> <i>felodipine ext-rel</i> <i>isradipine</i> <i>nicardipine</i> <i>nifedipine ext-rel</i> <i>verapamil ext-rel</i></p>
<p>§ <b>NSAIDs</b> <i>diclofenac</i> <i>diflunisal</i> <i>etodolac</i> <i>fenoprofen</i> <i>flurbiprofen</i> <i>ibuprofen</i> <i>ketoprofen</i> <i>ketoprofen ext-rel</i> <i>ketorolac</i> <i>meloxicam</i> <i>nabumetone</i> <i>naproxen</i> <i>oxaprozin</i> <i>piroxicam</i> <i>sulindac</i> <i>tolmetin</i></p> <p><b>VISCOSUPPLEMENTS</b> GEL-ONE <b>PA, SP</b> VISCO-3 <b>PA, SP</b></p> <p style="background-color: #e91e63; color: white; text-align: center;"><b>ANTI-INFECTIVES</b></p> <p><b>ANTIBACTERIALS</b> § <b>CEPHALOSPORINS</b> <i>cefadroxil</i> <i>cefdinir</i> <i>cefepodoxime</i> <i>cefprozil</i> <i>cefuroxime</i> <i>cephalexin</i></p> <p>§ <b>ERYTHROMYCINS / MACROLIDES</b> <i>azithromycin</i> <i>clarithromycin</i> <i>clarithromycin ext-rel</i> <i>erythromycins</i> DIFICID <b>PA</b></p> <p>§ <b>FLUOROQUINOLONES</b> <i>ciprofloxacin</i> <i>ciprofloxacin ext-rel</i> <i>levofloxacin</i> <i>moxifloxacin</i></p> <p>§ <b>PENICILLINS</b> <i>amoxicillin</i> <i>amoxicillin-clavulanate</i></p>			

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

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§ PROGESTINS

§ ORAL

medroxyprogesterone  
norethindrone acetate  
progesterone, micronized

VAGINAL

ENDOMETRIN

§ SELECTIVE ESTROGEN RECEPTOR MODULATORS

raloxifene  
OSPHENA

§ THYROID SUPPLEMENTS

levothyroxine

**GASTROINTESTINAL**

§ H<sub>2</sub> 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 REDIHALER 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

orzolamide

§ CARBONIC ANHYDRASE INHIBITOR / BETA-BLOCKER COMBINATIONS

orzolamide-timolol maleate

§ PROSTAGLANDINS

latanoprost

§ SYMPATHOMIMETICS

brimonidine 0.15%, 0.2%

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**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](http://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).

<sup>1</sup> 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.

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