

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.

<p>ANALGESICS</p> <p>§ NSAIDS</p> <p><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>VISCOSUPPLEMENTS</p> <p>GEL-ONE PA, SP HYALGAN PA, SP</p> <p>ANTI-INFECTIVES</p> <p>ANTIBACTERIALS</p> <p>§ CEPHALOSPORINS</p> <p><i>cefadroxil</i> <i>cefdinir</i> <i>cefepodoxime</i> <i>cefprozil</i> <i>cefuroxime</i> <i>cephalexin</i></p> <p>§ ERYTHROMYCINS / MACROLIDES</p> <p><i>azithromycin</i> <i>clarithromycin</i> <i>clarithromycin ext-rel</i> <i>erythromycins</i> DIFICID PA</p> <p>§ FLUOROQUINOLONES</p> <p><i>ciprofloxacin</i> <i>ciprofloxacin ext-rel</i> <i>levofloxacin</i> <i>moxifloxacin</i></p>	<p>§ PENICILLINS</p> <p><i>amoxicillin</i> <i>amoxicillin-clavulanate</i> <i>amoxicillin-clavulanate ext-rel</i> <i>ampicillin</i> <i>dicloxacillin</i> <i>penicillin VK</i></p> <p>§ TETRACYCLINES</p> <p><i>doxycycline hyclate</i> <i>doxycycline monohydrate susp</i> <i>minocycline</i> <i>minocycline ext-rel</i> <i>tetracycline</i></p> <p>§ ANTIFUNGALS</p> <p><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>ANTIVIRALS</p> <p>§ HEPATITIS C AGENTS</p> <p><i>ribavirin</i> PA, SP EPCLUSA (genotypes 2, 3) PA, SP HARVONI (genotypes 1, 4, 5, 6) PA, SP REBETOL PA, SP</p> <p>§ HERPES AGENTS</p> <p><i>acyclovir</i> <i>famciclovir</i> <i>valacyclovir</i></p> <p>§ INFLUENZA AGENTS</p> <p><i>oseltamivir</i> QL, PA</p> <p>§ MISCELLANEOUS</p> <p><i>atovaquone</i> <i>clindamycin</i> <i>ivermectin</i> <i>linezolid</i> PA <i>linezolid inj</i> PA <i>metronidazole</i> <i>nitrofurantoin ext-rel</i> <i>nitrofurantoin macrocrystals</i></p>	<p><i>rifabutin</i> <i>sulfamethoxazole-trimethoprim</i> <i>vancomycin</i> ST, PA</p> <p>BILTRICIDE EMVERM</p> <p>CARDIOVASCULAR</p> <p>§ ACE INHIBITORS</p> <p><i>captopril</i> <i>enalapril</i> <i>lisinopril</i> <i>perindopril</i> <i>ramipril</i> <i>trandolapril</i></p> <p>§ ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS</p> <p><i>amlodipine-benazepril</i></p> <p>§ ACE INHIBITOR / DIURETIC COMBINATIONS</p> <p><i>captopril-hydrochlorothiazide</i> <i>enalapril-hydrochlorothiazide</i> <i>lisinopril-hydrochlorothiazide</i></p> <p>§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS</p> <p><i>irbesartan / irbesartan-hydrochlorothiazide</i> <i>losartan / losartan-hydrochlorothiazide</i> <i>olmesartan / olmesartan-hydrochlorothiazide</i> <i>valsartan / valsartan-hydrochlorothiazide</i></p> <p>§ ANTIARRHYTHMICS</p> <p><i>acebutolol</i> <i>amiodarone</i> <i>disopyramide</i> <i>dofetilide</i> PA, SP <i>flecainide</i> <i>ibutilide</i> <i>propafenone</i> <i>propafenone ext-rel</i> <i>sotalol</i> NORPACE CR</p>	<p>ANTILIPEMICS</p> <p>§ BILE ACID RESINS</p> <p><i>cholestyramine</i> <i>colestipol</i></p> <p>§ FIBRATES</p> <p><i>fenofibrate</i> <i>gemfibrozil</i></p> <p>§ HMG-CoA REDUCTASE INHIBITORS</p> <p><i>atorvastatin</i> <i>pravastatin</i> <i>rosuvastatin</i> <i>simvastatin</i></p> <p>§ NIACINS</p> <p><i>niacin ext-rel</i></p> <p>PCSK9 INHIBITORS REPATHA PA, SP</p> <p>§ BETA-BLOCKERS</p> <p><i>atenolol</i> <i>bisoprolol</i> <i>carvedilol</i> <i>labetalol</i> <i>metoprolol succinate ext-rel</i> <i>metoprolol tartrate</i> 25 mg, 50 mg, 100 mg <i>nadolol</i> <i>pindolol</i> <i>propranolol</i> <i>propranolol ext-rel</i></p> <p>§ BETA-BLOCKER / DIURETIC COMBINATIONS</p> <p><i>atenolol-chlorthalidone</i> <i>bisoprolol-hydrochlorothiazide</i> <i>metoprolol-hydrochlorothiazide</i> <i>nadolol-bendroflumethiazide</i> <i>propranolol-hydrochlorothiazide</i></p> <p>§ CALCIUM CHANNEL BLOCKERS</p> <p><i>amlodipine</i> <i>diltiazem ext-rel</i></p>	<p><i>felodipine ext-rel</i> <i>isradipine</i> <i>nicardipine</i> <i>nifedipine ext-rel</i> <i>verapamil ext-rel</i></p> <p>§ DIGITALIS GLYCOSIDES</p> <p><i>digoxin</i> <i>digoxin ped elixir</i></p> <p>§ DIURETICS</p> <p><i>amiloride</i> <i>amiloride-hydrochlorothiazide</i> <i>bumetanide</i> <i>chlorthalidone</i> <i>furosemide</i> <i>hydrochlorothiazide</i> <i>indapamide</i> <i>metolazone</i> <i>spironolactone-hydrochlorothiazide</i> <i>torsemide</i> <i>triamterene-hydrochlorothiazide</i></p> <p>HEART FAILURE</p> <p>CORLANOR ENTRESTO</p> <p>§ NITRATES</p> <p><i>isosorbide dinitrate</i> <i>isosorbide dinitrate ext-rel tabs</i> <i>isosorbide mononitrate</i> <i>isosorbide mononitrate ext-rel</i> <i>nitroglycerin sublingual</i> <i>nitroglycerin transdermal</i></p> <p>§ MISCELLANEOUS</p> <p><i>hydralazine</i> <i>metoprolol-hydrochlorothiazide</i> <i>methyl dopa</i> <i>midodrine</i> RANEXA</p> <p>CENTRAL NERVOUS SYSTEM</p> <p>ANTI-ANXIETY</p> <p>§ BENZODIAZEPINES</p> <p><i>alprazolam</i> QL</p>
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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

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**
BETASERON **PA, SP**
COPAXONE
40 MG/ML **PA, SP**
GILENYA **PA, SP**
REBIF **PA, SP**
TECFIDERA **PA, SP**

**ENDOCRINE AND
METABOLIC**

ANTIDIABETICS

§ BIGUANIDES

metformin
metformin ext-rel

§ BIGUANIDE /
SULFONYLUREA
COMBINATIONS

glipizide-metformin

DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITORS

TRADJENTA **ST, PA**

DIPEPTIDYL PEPTIDASE-4
(DPP-4)

INHIBITOR/BIGUANIDE
COMBINATIONS

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

INCRETIN MIMETIC AGENTS

TANZEUM **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

§ 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

ESTRACE

ESTROGEN / PROGESTINS

§ ORAL

estradiol-norethindrone
ethinyl estradiol-
norethindrone acetate

HUMAN GROWTH
HORMONES

HUMATROPE **PA, SP**

§ PHOSPHATE BINDER
AGENTS

calcium acetate
REVELA

§ 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
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
BRILINTA
EFFIENT
ZONTIVITY

**IMMUNOLOGIC
AGENTS**

BIOLOGIC DISEASE-
MODIFYING AGENTS

PSORIASIS

HUMIRA **PA, SP**
STELARA #, **PA, SP**
TALTZ #, **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**

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ANTICHOLINERGIC / BETA AGONIST COMBINATIONS

§ SHORT ACTING

ipratropium-albuterol inhalation solution

COMBIVENT RESPIMAT

LONG ACTING

ANORO ELLIPTA **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, ST, PA**

ADVAIR HFA **QL, ST, PA**

§ STEROID INHALANTS

budesonide inhalation suspension **QL**

ARNUIITY 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.

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.

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