

# 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 [Caremark.com](https://www.caremark.com) for a complete list.

ANALGESICS	<i>ampicillin</i> <i>dicloxacillin</i> <i>penicillin VK</i>  § TETRACYCLINES <i>doxycycline hyclate caps</i> <i>doxycycline hyclate tabs 20 mg, 100 mg</i> <i>doxycycline monohydrate susp</i> <i>minocycline</i> <i>tetracycline</i>  § ANTIFUNGALS <i>clotrimazole troches</i> <i>fluconazole</i> <i>griseofulvin microsize</i> <i>itraconazole</i> <i>nystatin</i> <i>terbinafine tablet</i> <i>voriconazole</i>  ANTIVIRALS § HEPATITIS C AGENTS <i>ribavirin PA, SP</i> EPCUSA (genotypes 1, 2, 3, 4, 5, 6) <b>PA, SP, QL</b> HARVONI (genotypes 1, 4, 5, 6) <b>PA, SP, QL</b> VOSEVI *, <b>PA, SP, QL</b>  § HERPES AGENTS <i>acyclovir</i> <i>famciclovir</i> <i>valacyclovir</i>  § INFLUENZA AGENTS <i>oseltamivir QL, PA</i>  § MISCELLANEOUS <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> <i>vancomycin QL</i> EMVERM	CARDIOVASCULAR	<i>gemfibrozil</i>  § HMG-CoA REDUCTASE INHIBITORS <i>atorvastatin</i> <i>pravastatin</i> <i>rosuvastatin</i> <i>simvastatin</i>  § NIACINS <i>niacin ext-rel</i>  OMEGA-3 FATTY ACIDS VASCEPA <b>PA</b>  PCSK9 INHIBITORS PRALUENT <b>PA, SP, QL</b>  § BETA-BLOCKERS <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>  § BETA-BLOCKER / DIURETIC COMBINATIONS <i>atenolol-chlorthalidone</i> <i>bisoprolol-hydrochlorothiazide</i> <i>metoprolol-hydrochlorothiazide</i> <i>propranolol-hydrochlorothiazide</i>  § CALCIUM CHANNEL BLOCKERS <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>  § DIGITALIS GLYCOSIDES <i>digoxin</i> <i>digoxin ped elixir</i>
§ NSAIDs <i>diclofenac</i> <i>diflunisal</i> <i>etodolac</i> <i>flurbiprofen</i> <i>ibuprofen</i> <i>ketoprofen 50 mg, 75 mg</i> <i>ketorolac</i> <i>meloxicam</i> <i>nabumetone</i> <i>naproxen tabs</i> <i>oxaprozin</i> <i>piroxicam</i> <i>sulindac</i> <i>tolmetin</i>  VISCOSUPPLEMENTS GEL-ONE <b>PA, SP</b> GELSYN-3 <b>PA, SP</b> SUPARTZ FX <b>PA, SP</b> VISCO-3 <b>PA, SP</b>			
ANTI-INFECTIVES			
ANTIBACTERIALS § CEPHALOSPORINS <i>cefadroxil</i> <i>cefdinir</i> <i>cefepodoxime</i> <i>cefprozil</i> <i>cefuroxime</i> <i>cephalexin</i>  § ERYTHROMYCINS / MACROLIDES <i>azithromycin</i> <i>clarithromycin</i> <i>clarithromycin ext-rel</i> <i>erythromycins</i> DIFICID <b>PA</b>  § FLUOROQUINOLONES <i>ciprofloxacin</i> <i>levofloxacin</i> <i>moxifloxacin</i>  § PENICILLINS <i>amoxicillin</i> <i>amoxicillin-clavulanate</i> <i>amoxicillin-clavulanate ext-rel</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

## § DIURETICS

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

## HEART FAILURE

CORLANOR  
ENTRESTO

## § NITRATES

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

## § MISCELLANEOUS

hydralazine  
methyl dopa  
midodrine  
ranolazine ext-rel

## CENTRAL NERVOUS SYSTEM

### ANTI-ANXIETY

#### § BENZODIAZEPINES

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

#### § MISCELLANEOUS

buspirone  
fluvoxamine

### ANTIDEPRESSANTS

#### § SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram  
escitalopram  
fluoxetine caps, solution  
fluoxetine tabs 10 mg, 20 mg  
paroxetine HCl ext-rel  
paroxetine HCl tabs  
sertraline

#### § SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

desvenlafaxine succinate ext-rel  
duloxetine  
venlafaxine  
venlafaxine ext-rel

#### § MISCELLANEOUS AGENTS

bupropion  
bupropion ext-rel 150 mg, 300 mg  
mirtazapine

mirtazapine orally disintegrating tablet  
trazodone

## HYPNOTICS

### § NONBENZODIAZEPINES

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

## MIGRAINE

### MONOCLONAL ANTIBODIES

AIMOVIG **ST, PA, QL**

### § 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**  
BETASERON **PA, SP, QL**  
COPAXONE **PA, SP, QL**  
GILENYA **PA, SP, QL**  
MAYZENT **PA, SP, QL**  
OCREVUS **PA, SP, QL**  
REBIF **PA, SP, QL**  
TECFIDERA **PA, SP, QL**  
TYSABRI **PA, SP, QL**  
VUMERITY **PA, SP, QL**

## ENDOCRINE AND METABOLIC

### ANTI-DIABETICS

#### AMYLIN ANALOGS

SYMLINPEN **ST, PA**

#### § BIGUANIDES

metformin  
metformin ext-rel<sup>1</sup>

#### § BIGUANIDE / SULFONYLUREA COMBINATIONS

glipizide-metformin

#### DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA **ST, PA**  
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS

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

#### INCRETIN MIMETIC AGENTS

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

## INCRETIN MIMETIC AGENT / INSULIN COMBINATIONS

SOLIQUA **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**  
JARDIANCE **ST, PA**

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

SYNJARDY **ST, PA**  
SYNJARDY XR **ST, PA**  
XIGDUO XR **ST, PA**

### SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS

GLYXAMBI **ST, PA**

### SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS

TRIJARDY XR **ST, PA**

### § SULFONYLUREAS

glimepiride  
glipizide  
glipizide ext-rel

## SUPPLIES

ACCU-CHEK AVIVA PLUS STRIPS AND KITS<sup>2</sup>  
ACCU-CHEK COMPACT PLUS STRIPS AND KITS<sup>2</sup>  
ACCU-CHEK GUIDE STRIPS AND KITS<sup>2</sup>  
ACCU-CHEK SMARTVIEW STRIPS AND KITS<sup>2</sup>  
BD INSULIN SYRINGES AND NEEDLES

## DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM

LANCETS  
V-GO INSULIN INFUSION PUMP

## CALCIUM REGULATORS

### § BISPHOSPHONATES

alendronate  
ibandronate  
risedronate

## PARATHYROID HORMONES

FORTEO **PA, SP, QL**  
TYMLOS **PA, SP, QL**

## MISCELLANEOUS

PROLIA **PA, SP, QL**

## 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

### § 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

ELLA

**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

## § INJECTABLE

medroxyprogesterone acetate  
150 mg/mL

## PROGESTIN INTRAUTERINE DEVICES

KYLEENA  
MIRENA  
SKYLA

## § TRANSDERMAL

norelgestromin/ethinyl estradiol -  
Xulane

## § VAGINAL

etonogestrel/ethinyl estradiol

## ESTROGENS

### § ORAL

estradiol

### § 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

## PROGESTINS

### § ORAL

medroxyprogesterone  
norethindrone acetate  
progesterone, micronized

## VAGINAL

ENDOMETRIN

## § SELECTIVE ESTROGEN RECEPTOR MODULATORS

raloxifene  
OSPHERA

## § THYROID SUPPLEMENTS

levothyroxine  
liothyronine

## GASTROINTESTINAL

## § H<sub>2</sub> RECEPTOR ANTAGONISTS

cimetidine  
famotidine

## § 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  
tolterodine  
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

## IMMUNOLOGIC AGENTS

## AUTOIMMUNE AGENTS

## ANKYLOSING SPONDYLITIS

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

## CROHN'S DISEASE

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

**#** After failure of HUMIRA

## PSORIASIS

HUMIRA **PA, SP, QL**  
OTEZLA **PA, SP, QL**  
SKYRIZI **PA, SP, QL**

## STELARA SUBCUTANEOUS **PA,**

**SP, QL**

TALTZ **PA, SP, QL**  
TREMIFYA **PA, SP, QL**

## 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**  
ORENCIA CLICKJECT **PA, SP, QL**  
ORENCIA SUBCUTANEOUS **PA, SP, QL**  
RINVOQ **PA, SP, QL**  
XELJANZ **PA, SP, QL**  
XELJANZ XR **PA, SP, QL**

## ULCERATIVE COLITIS

HUMIRA **PA, SP, QL**  
STELARA SUBCUTANEOUS **#, PA, SP, QL**  
XELJANZ **#, PA, SP, QL**  
XELJANZ XR **#, 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 **QL, PA**  
EPIPEN **QL, PA**  
EPIPEN JR **QL, PA**  
SYMJEPI **QL, PA**

## § ANTICHOLINERGICS

ipratropium inhalation solution **QL**  
INCRUSE ELLIPTA **QL**  
YUPELRI **QL**

## ANTICHOLINERGIC / BETA AGONIST COMBINATIONS

### § SHORT ACTING

ipratropium-albuterol inhalation solution **QL**

### LONG ACTING

ANORO ELLIPTA **QL**  
BEVESPI AEROSPHERE **QL**

## BETA AGONISTS, INHALANTS

### § SHORT ACTING

albuterol inhalation solution **QL**  
albuterol sulfate, CFC-free aerosol **QL**  
levalbuterol nebulizer solution concentrate **QL**

## LONG ACTING

### Hand-held Active Inhalation

STRIVERDI RESPIMAT **QL**

### Nebulized Passive Inhalation

PERFORMIST **QL**

## § LEUKOTRIENE MODULATORS

montelukast

## § NASAL STEROIDS

flunisolide  
fluticasone

## STEROID / BETA AGONIST COMBINATIONS

ADVAIR **QL**  
ADVAIR HFA **QL**  
Breo ELLIPTA **QL**  
SYMBICORT **QL**

## § STEROID INHALANTS

budesonide inhalation suspension **QL, PA**  
ARNUITY ELLIPTA **QL**  
FLOVENT DISKUS **QL**  
FLOVENT HFA **QL**  
QVAR REDIHALER **QL**

## TOPICAL

## DERMATOLOGY

### § ACNE

benzoyl peroxide cream, lotion  
clindamycin gel, lotion, solution **QL, PA**  
erythromycin gel 2% **QL, PA**  
erythromycin solution **QL, PA**  
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 [Caremark.com](https://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> Listing does not include generics for FORTAMET and GLUMETZA.

<sup>2</sup> An ACCU-CHEK blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

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.

©2020 CVS Caremark. All rights reserved. 106-25954A 100120

[Caremark.com](https://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