

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. Preferred brand-name medications are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only.

This list represents brand products in CAPS 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	ANTITUBERCULAR AGENTS	ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS
NSAIDS	rifabutin	irbesartan-hydrochlorothiazide losartan potassium & hydrochlorothiazide olmesartan medoxomil-hydrochlorothiazide valsartan-hydrochlorothiazide
<i>diclofenac potassium 50mg</i> <i>diclofenac sodium delayed-rel</i> <i>diclofenac sodium ext-rel</i> <i>diflunisal</i> <i>etodolac</i> <i>flurbiprofen</i> <i>ibuprofen</i> <i>ketoprofen 50mg, 75mg</i> <i>ketorolac tromethamine</i> <i>meloxicam tabs</i> <i>nabumetone</i> <i>naproxen tabs</i> <i>oxaprozin</i> <i>piroxicam</i> <i>sulindac</i>	ANTIVIRALS <i>acyclovir</i> <i>famciclovir</i> <i>oseltamivir phosphate QL; PA*</i> <i>valacyclovir hcl</i>	PENICILLINS <i>amoxicillin</i> <i>amoxicillin & pot clavulanate</i> <i>amoxicillin & pot clavulanate ext-rel</i> <i>ampicillin</i> <i>dicloxacillin sodium</i> <i>penicillin v potassium</i>
VISCOSUPPLEMENTS	CEPHALOSPORINS <i>cefadroxil</i> <i>cefdinir</i> <i>cefpodoxime proxetil</i> <i>cefprozil</i> <i>cefuroxime axetil</i> <i>cephalexin</i>	TETRACYCLINES <i>doxycycline hydiate caps; tabs 20mg, 100mg</i> <i>doxycycline monohydrate susp</i> <i>minocycline hcl</i> <i>tetracycline hcl QL; PA*</i>
ANTI-INFECTIVES	ERYTHROMYCINS/MACROLIDES <i>azithromycin</i> <i>clarithromycin</i> <i>clarithromycin ext-rel</i> <i>erythromycin</i> <i>erythromycin base</i> <i>erythromycins</i> <i>DIFCID PA</i>	CARDIOVASCULAR
ANTHELMINTICS	FLUOROQUINOLONES <i>ciprofloxacin hcl</i> <i>levofloxacin</i> <i>moxifloxacin hcl</i> <i>CIPRO</i>	ACE INHIBITOR COMBINATIONS <i>amlodipine besylate-benazepril hcl</i> <i>enalapril maleate & hydrochlorothiazide</i> <i>lisinopril & hydrochlorothiazide</i>
ANTIFUNGALS	HEPATITIS C <i>ribavirin SP, PA</i> <i>EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) SP, PA, QL</i> <i>HARVONI (genotypes 1, 4, 5, 6) SP, PA, QL</i> <i>VOSEVI SP, PA, QL, ^</i>	ACE INHIBITORS <i>captopril</i> <i>enalapril maleate</i> <i>lisinopril</i> <i>perindopril erbumine</i> <i>ramipril</i> <i>trandolapril</i>
<i>clotrimazole troches QL; PA*</i> <i>fluconazole</i> <i>griseofulvin microsize</i> <i>itraconazole</i> <i>nystatin</i> <i>terbinafine hcl tabs</i> <i>voriconazole PA</i>	MISCELLANEOUS <i>atovaquone</i> <i>clindamycin hcl</i> <i>linezolid PA</i>	ALPHA BLOCKERS <i>doxazosin mesylate</i> <i>terazosin hcl</i>
		ANTI-LIPEMICS, BILE ACID RESINS <i>cholestyramine</i> <i>colestipol hcl</i>
		ANTI-LIPEMICS, FIBRATES <i>fenofibrate</i> (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg) <i>gemfibrozil</i>
		ANTI-LIPEMICS, HMG-COA REDUCTASE INHIBITORS <i>atorvastatin calcium</i> <i>pravastatin sodium</i> <i>rosuvastatin calcium</i> <i>simvastatin</i>

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA****
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ANTILIPEMICS, MISCELLANEOUS	NITRATES	ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION
niacin ext-rel	isosorbide dinitrate 5mg, 10mg, 20mg, 30mg isosorbide mononitrate isosorbide mononitrate ext-rel nitroglycerin sublingual nitroglycerin transdermal	fingolimod hcl SP, PA, QL glatiramer acetate SP, PA, QL teriflunomide SP, PA, QL AVONEX SP, PA, QL BETASERON SP, PA, QL COPAXONE SP, PA, QL KESIMPTA SP, PA, QL MAYZENT SP, PA, QL MAYZENT STARTER PACK SP, PA, QL OCREVUS SP, PA, QL REBIF SP, PA, QL TYSABRI SP, PA, QL VUMERTY SP, PA, QL ZEPOSIA SP, PA, QL ZEPOSIA STARTER KIT SP, PA, QL
ANTILIPEMICS, OMEGA-3 FATTY ACIDS	CENTRAL NERVOUS SYSTEM	ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION
VASCEPA		pioglitazone hcl-metformin hcl
ANTILIPEMICS, PCSK9 INHIBITORS	ANTIANXIETY	ANTIDIABETICS, GLIMEPIRIDE
REPATHA SP, PA, QL	alprazolam QL alprazolam orally disintegrating tabs QL buspirone hcl fluvoxamine ext-rel fluvoxamine maleate lorazepam QL oxazepam QL	ANTIDIABETICS, SODIUM-GLUCO CO-TRANSPORT2 INHIB (SGLT2)/DPP-4 INHIBITOR/BIGUANIDE COMBINATIONS
REPATHA PUSHTRONEX SYSTEM SP, PA, QL		TRIARDY XR ST; PA**
REPATHA SURECLICK SP, PA, QL	ANTIDEPRESSANTS	ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS
BETA-BLOCKER/DIURETIC COMBINATIONS	bupropion bupropion hcl ext-rel citalopram hydrobromide desvenlafaxine succinate ext-rel doxepin duloxetine delayed-rel escitalopram oxalate fluoxetine hcl caps; soln fluoxetine hcl tabs 10mg, 20mg mirtazapine mirtazapine orally disintegrating tabs paroxetine hcl ext-rel ² paroxetine hcl tabs sertraline hcl trazodone hcl venlafaxine hcl venlafaxine hcl ext-rel	SYMLINPEN ST; PA**
atenolol & chlorthalidone bisoprolol & hydrochlorothiazide metoprolol & hydrochlorothiazide		ANTIDIABETICS, BIGUANIDE
BETA-BLOCKERS		metformin ext-rel (except generics for FORTAMET and GLUMETZA) metformin hcl
acebutolol hcl atenolol bisoprolol fumarate carvedilol labetalol hcl metoprolol succinate ext-rel metoprolol tartrate 25mg, 50mg, 100mg nadolol pindolol propranolol ext-rel propranolol hcl		ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS
CALCIUM CHANNEL BLOCKERS		glipizide-metformin hcl
amlodipine besylate diltiazem ext-rel felodipine ext-rel isradipine nicardipine hcl nifedipine ext-rel verapamil ext-rel		ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS
DIGITALIS GLYCOSIDES		JENTADUETO ST; PA** JENTADUETO XR ST; PA**
digoxin digoxin ped elixir		ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS
DIURETICS		TRADJENTA ST; PA**
amiloride & hydrochlorothiazide amiloride hcl bumetanide chlorthalidone ethacrynic acid furosemide hydrochlorothiazide indapamide metolazone spironolactone & hydrochlorothiazide torsemide triamterene & hydrochlorothiazide		ANTIDIABETICS, INCRETIN MIMETIC AGENTS
HEART FAILURE		MOUNJARO ST, QL; PA** OZEMPIQ ST, QL; PA** RYBELSUS ST, QL; PA** TRULICITY ST, QL; PA** VICTOZA ST, QL; PA**
CORLANOR ENTRESTO		ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS
MISCELLANEOUS		SOLIQUA ST; PA**
hydralazine hcl midodrine hcl ranolazine ext-rel		ANTIDIABETICS, INSULIN
		NOVOLIN OTC BASAGLAR FIASP HUMULIN R U-500 LEVEMIR NOVolog NOVolog Mix TRESIBA
	MULTIPLE SCLEROSIS AGENTS	ANTIDIABETICS, INSULIN SENSITIZER
	dimethyl fumarate delayed-rel SP, PA, QL	pioglitazone hcl

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<p>medroxyprogesterone acetate 150 mg/ml norelgestromin/ethinyl estradiol - xulane norethin acet & estrad-fe norethindrone norethindrone & eth estradiol norethindrone & ethinyl estradiol-fe norethindrone acet & eth estra norethindrone-eth estradiol (triphasic) norgestimate-ethinyl estradiol norgestimate-ethinyl estradiol (triphasic) norgestimate & ethinyl estradiol ANNOVERA ELLA KYLEENA LO LOESTRIN FE MIRENA NEXPLANON NUVARING PARAGARD INTRAUTERINE COP PHEXXI SKYLA</p> <p>DIABETIC SUPPLIES</p> <p>ACCU-CHEK AVIVA PLUS STRIPS AND KITS¹ OTC ACCU-CHEK GUIDE STRIPS AND KITS¹ OTC ACCU-CHEK SMARTVIEW STRIPS AND KITS¹ OTC BD INSULIN SYRINGES AND NEEDLES OTC LANCETS OTC ONETOUCH ULTRA STRIPS AND KITS¹ OTC ONETOUCH VERIO STRIPS AND KITS¹ OTC DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM OMNIPOD 5 INSULIN INFUSION PUMP OMNIPOD DASH INSULIN INFUSION PUMP OMNIPOD INSULIN INFUSION PUMP V-GO INSULIN INFUSION PUMP</p> <p>ESTROGENS</p> <p>estradiol estradiol vaginal crm estradiol/norethindrone CLIMARA PRO COMBIPATCH IMVEXXY VAGIFEM</p> <p>HUMAN GROWTH HORMONES</p> <p>GENOTROPIN SP, PA GENOTROPIN MINIQUICK SP, PA NORDITROPIN SP, PA</p> <p>PHOSPHATE BINDER AGENTS</p> <p>calcium acetate caps sevelamer carbonate</p>	<p>PROGESTINS</p> <p>medroxyprogesterone acetate norethindrone acetate progesterone, micronized ENDOMETRIN</p> <p>SELECTIVE ESTROGEN RECEPTOR MODULATORS</p> <p>raloxifene hcl</p> <p>THYROID AGENTS</p> <p>levothyroxine sodium liothyronine sodium</p> <p>GASTROINTESTINAL</p> <p>H2-RECEPTOR ANTAGONISTS</p> <p>cimetidine famotidine</p> <p>PROTON PUMP INHIBITORS</p> <p>lansoprazole delayed-rel omeprazole delayed-rel pantoprazole delayed-rel tabs</p> <p>GENITOURINARY</p> <p>BENIGN PROSTATIC HYPERPLASIA</p> <p>alfuzosin ext-rel finasteride tamsulosin hcl</p> <p>URINARY ANTISPASMODICS</p> <p>oxybutynin chloride oxybutynin ext-rel tolterodine tartrate trospium</p> <p>VAGINAL ANTI-INFECTIVES</p> <p>clindamycin cream metronidazole vaginal gel terconazole vaginal</p> <p>HEMATOLOGIC</p> <p>ANTICOAGULANTS</p> <p>enoxaparin sodium warfarin sodium</p> <p>ELIQUIS</p> <p>ELIQUIS STARTER PACK</p> <p>XARELTO</p> <p>XARELTO STARTER PACK</p> <p>PLATELET AGGREGATION INHIBITORS</p> <p>clopidogrel bisulfate dipyridamole dipyridamole ext-rel/aspirin prasugrel hcl</p> <p>IMMUNOLOGIC AGENTS</p> <p>AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)</p> <p>ILUMYA SP, PA, QL</p>	<p>REMICADE SP, PA, QL SIMPONI ARIA SP, PA, QL SKYRIZI SP, PA, QL STELARA INTRAVENOUS SP, PA, QL</p> <p>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS</p> <p>ENBREL SP, PA, QL HUMIRA SP, PA, QL</p> <p>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS</p> <p>COSENTYX SP, PA, QL ENBREL SP, PA, QL HUMIRA SP, PA, QL RINVOQ SP, PA, QL</p> <p>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE</p> <p>HUMIRA SP, PA, QL RINVOQ SP, PA, QL SKYRIZI SP, PA, QL STELARA SUBCUTANEOUS SP, PA, QL</p> <p>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL Spondyloarthritis</p> <p>CIMZIA SP, PA, QL COSENTYX SP, PA, QL RINVOQ SP, PA, QL</p> <p>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS</p> <p>HUMIRA SP, PA, QL OTEZLA SP, PA, QL SKYRIZI SP, PA, QL STELARA SUBCUTANEOUS SP, PA, QL</p> <p>TALTZ SP, PA, QL TREMFYA SP, PA, QL</p> <p>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS</p> <p>COSENTYX SP, PA, QL ENBREL SP, PA, QL HUMIRA SP, PA, QL OTEZLA SP, PA, QL RINVOQ SP, PA, QL SKYRIZI SP, PA, QL STELARA SUBCUTANEOUS SP, PA, QL</p> <p>TREMFYA SP, PA, QL</p> <p>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS</p> <p>ENBREL SP, PA, QL HUMIRA SP, PA, QL KEVZARA SP, PA, QL ORENCIA CLICKJECT SP, PA, QL</p>	<p>ORENCIA SUBCUTANEOUS SP, PA, QL RINVOQ SP, PA, QL XELJANZ SP, PA, QL XELJANZ XR SP, PA, QL</p> <p>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS</p> <p>HUMIRA SP, PA, QL RINVOQ SP, PA, QL STELARA SUBCUTANEOUS SP, PA, QL</p> <p>XELJANZ SP, PA, QL XELJANZ XR SP, PA, QL ZEPOSIA SP, PA, QL ZEPOSIA STARTER KIT SP, PA, QL</p> <p>OPHTHALMIC</p> <p>ANTIGLAUCOMA</p> <p>betaxolol hcl (ophth) bimatoprost brimonidine 0.15%, 0.2% dorzolamide hcl dorzolamide hcl-timolol maleate latanoprost timolol maleate (ophth)</p> <p>DRY EYE DISEASE</p> <p>RESTASIS PA, QL XIIDRA PA, QL</p> <p>RESPIRATORY</p> <p>ANAPHYLAXIS TREATMENT AGENTS</p> <p>epinephrine (anaphylaxis) QL; PA* EPIPEN QL; PA* EPIPEN JR QL; PA* SYMJEPI QL; PA*</p> <p>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</p> <p>ipratropium/albuterol inhalation soln QL ANORO ELLIPTA QL BEVESPI AEROSPHERE QL</p> <p>ANTICHOLINERGICS</p> <p>ipratropium inhalation solution QL SPIRIVA QL YUPELRI QL</p> <p>BETA AGONISTS</p> <p>albuterol inhalation soln QL albuterol sulfate, cfc-free aerosol² QL formoterol inhalation solution QL levalbuterol nebulizer soln concentrate QL levalbuterol, cfc-free aerosol QL STRIVERDI RESPIMAT QL</p> <p>LEUKOTRIENE RECEPTOR ANTAGONISTS</p> <p>montelukast sodium</p>
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NASAL STEROIDS

flunisolide spray
fluticasone spray

STEROID INHALANTS

*budesonide inh susp QL; PA**
PULMICORT FLEXHALER³ QL

**STEROID/BETA-AGONIST
COMBINATIONS**

ADVAIR DISKUS QL
SYMBICORT QL

TOPICAL**DERMATOLOGY, ACNE**

*clindamycin gel² QL; PA**
*clindamycin lotion QL; PA**
*clindamycin solution QL; PA**
*erythromycin gel 2% QL; PA**
*erythromycin soln QL; PA**
erythromycin/benzoyl peroxide QL;
*PA**

sulfacetamide lotion 10%
tretinoin

**DERMATOLOGY, ATOPIC
DERMATITIS**

ADBRY SP, PA, QL
CIBINQO SP, PA, QL
DUPIXENT SP, PA, QL
RINVOQ SP, PA, QL

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 become non-formulary, with the generic product covered in its place, 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 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](#) to check coverage.

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

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

² Listing does not include certain NDCs. Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

³ QVAR REDIHALER covered for members 5 years of age and under.

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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