

# Value Formulary Narrow

## Medicines with Clinical Requirements:

### Step Therapy with Post-Step Prior Authorization

Below is a list of medicines by drug class that have two requirements for continuous coverage: 1) you must try a plan medicine first, and 2) your doctor must provide authorization for the restricted medicine. If you continue using one of these medicines without authorization, you may be required to pay the full cost of the medicine.

If you are currently using one of the medicines that require step therapy and prior authorization, ask your doctor to consider one of the generic or brand options listed below.

Category* Drug Class	Medicines with Step Therapy and/or Prior Authorization	Plan Medicines To Consider First
<b>Diabetes*</b> Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	<i>alogliptin benzoate</i> JANUVIA	<i>metformin</i> (generic GLUCOPHAGE)
<b>Diabetes*</b> Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	<i>alogliptin-metformin hcl</i> <i>alogliptin-Pioglitazone</i> JANUMET JANUMET XR	<i>metformin</i> (generic GLUCOPHAGE)
<b>Diabetes*</b> Insulin Mimetic Agents	OZEMPIC TRULICITY VICTOZA	<i>metformin</i> (generic GLUCOPHAGE); <i>metformin ext-rel</i> (generic GLUCOPHAGE XR)
<b>Diabetes*</b> Long-Acting Insulin/GLP-1 Agonist	SOLIQUA	<i>metformin</i> (generic GLUCOPHAGE); <i>metformin ext-rel</i> (generic GLUCOPHAGE XR)
<b>Diabetes*</b> Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	FARXIGA	<i>metformin</i> (generic GLUCOPHAGE); <i>metformin ext-rel</i> (generic GLUCOPHAGE XR)
<b>Diabetes*</b> Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor/Biguanide Combinations	XIGDUO XR	<i>metformin</i> (generic GLUCOPHAGE); <i>metformin ext-rel</i> (generic GLUCOPHAGE XR)

The medicines indicated above with step therapy with prior authorization, along with the listed plan medicines to consider, are subject to change.

This list represents brand products in CAPS, branded generics in upper- and lowercase, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug alternative considerations. Login to [Caremark.com](http://Caremark.com) to check coverage and copay information for a specific drug. Copay means the amount a plan member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark® assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change.

Subject to applicable state law restrictions.

\* This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

Key abbreviations: (ST, PA) = step therapy with post-step prior authorization; (QL) = quantity limit; (QL, PA) = quantity limit with post-limit prior authorization.

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