**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.

### ANALGESICS

- **§ NSAIDs**
  - diclofenac
  - diflunisal
  - etodolac
  - fenoprofen
  - flurbiprofen
  - ibuprofen
  - ketoprofen
  - ketoprofen ext-rel
  - ketorolac
  - meloxicam
  - nabumetone
  - naproxen
  - oxaprozin
  - piroxicam
  - sulindac
  - tolfmetin

### VISCOSUPPLEMENTS

- **GEL-ONE PA, SP**
- **HYALGAN PA, SP**

### ANALGESICS

- **amoxicillin-clavulanate ext-rel**
- **amoxicillin-clavulanate**
- **ampicillin**
- **dicloxacillin**
- **penicillin VK**

### CARDIOVASCULAR

- **ACE INHIBITORS**
- **CAPTOPRIL**
- **lisinopril**
- **perindopril**
- **ramipril**
- **trandolapril**

### ANTIBACTERIALS

- **S cephalosporins**
  - **cefadroxil**
  - **cefdinir**
  - **cefpodoxime**
  - **cefoxizime**
  - **cefezoxime**
  - **cephalexin**

### FLUOROQUINOLONES

- **ciprofloxacin**
- **levofloxacin**
- **moxifloxacin**

### § PENICILLINS

- **amoxicillin**
§ BIGUANIDES
metformin ext
metformin

§ ANTIABILITICS
TCEFIDERA
REBIF
GILENYA
COPAXONE
BETASERON
AUBAGIO
glatiramer
AGENTS
§ MULTIPLE SCLEROSIS

§ 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
NOVLOG
NOVLOG 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
ONE TOUCH STRIPS AND KITS 1

§ CALCULUM REGULATORS
BISPHOSPHONATES
alendronate
ibandronate
risedronate

§ CONTRACEPTIVES
MONOPHASIC

§ 20 mcg Estrogen
ethinyl estradiol-
norethindrone acetate

§ 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

§ INJECTABLES
medroxyprogesterone acetate 150 mg/mL

§ TRANSDERMAL
norelgestromin/ethinyl estradiol - Xulane

§ VAGINAL
NUVARING

§ ESTROGENS
§ ORAL
estradiol
estriproprionate

§ TRANSDERMAL
estradiol

§ VAGINAL
ESTRACE

§ ESTROGEN / PROGESTINS
§ ORAL
estradiol-norethindrone
ethinyl estradiol-
norethindrone acetate

§ HUMAN GROWTH HORMONES
HUMATROPE PA, SP

§ PHOSPHATE BINDER
calcium acetate

§ PROGESTINS
oral
medroxyprogesterone acetate

§ VAGINAL
norethindrone acetate

§ 50 mcg Estrogen
norethindrone acetate

§ BIPHASIC
ethinyl estradiol-
norethindrone acetate

§ EXTENDED CYCLE
ethinyl estradiol-
levonorgestrel

§ PROGESTIN ONLY
norethindrone

§ EMERGENCY CONTRACEPTION
levonorgestrel 0.75 mg
levonorgestrel - Next Choice One Dose
ELLA

§ INJECTABLES
medroxyprogesterone acetate 150 mg/mL

§ TRANSDERMAL
norelgestromin/ethinyl estradiol - Xulane

§ VAGINAL
NUVARING

§ ESTROGENS
§ ORAL
estradiol
estriproprionate

§ TRANSDERMAL
estradiol

§ VAGINAL
ESTRACE

§ ESTROGEN / PROGESTINS
§ ORAL
estradiol-norethindrone
ethinyl estradiol-
norethindrone acetate

§ HUMAN GROWTH HORMONES
HUMATROPE PA, SP

§ PHOSPHATE BINDER
calcium acetate

§ PROGESTINS
oral
medroxyprogesterone acetate

§ VAGINAL
norethindrone acetate

§ BIPHASIC
ethinyl estradiol-
norethindrone acetate

§ EXTENDED CYCLE
ethinyl estradiol-
levonorgestrel

§ PROGESTIN ONLY
norethindrone

§ EMERGENCY CONTRACEPTION
levonorgestrel 0.75 mg
levonorgestrel - Next Choice One Dose
ELLA

§ INJECTABLES
medroxyprogesterone acetate 150 mg/mL

§ TRANSDERMAL
norelgestromin/ethinyl estradiol - Xulane

§ VAGINAL
NUVARING

LEGEND PA: Prior Authorization PA, QL: Quantity Limit is applied after Prior Authorization approval QL: Quantity Limit PA, 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
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
PERFOROMIST 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
ARNUNITY ELLIPTA QL
FLOVENT DISKUS QL
FLOVENT HFA QL
QVAR QL

TOPICAL
DERMATOLOGY
§ ACNE
benzoyl peroxide cream, lotion
clindamycin gel, lotion, solution
erthyromycin gel 2%
erthyromycin solution
erythromycin-benzoyl peroxide
sulfacetamide lotion 10%
tretinoin

OPHTHALMIC
BETA-BLOCKERS
§ Nonselective
timolol maleate
§ Selective
tertilol 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.

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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