GEHA
Government Employees Health Association

July 2025

Value Formulary – Chart Quick Reference List for GEHA PSHB Elevate

This list only applies to PSHB Elevate members.

The **Value Formulary – Chart Quick Reference List for GEHA PSHB Elevate** 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 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 for a complete list.

ANALGESICS

NSAIDS

diclofenac potassium 50mg
diclofenac sodium delayed-rel
diclofenac sodium ext-rel
etodolac
flurbiprofen
ibuprofen
ketorolac tromethamine
meloxicam tabs
nabumetone
naproxen tabs
oxaprozin
piroxicam
sulindac

SALICYLATES

diflunisal

VISCOSUPPLEMENTS

DUROLANE **PA**
EUFLEXXA **PA**
GELSYN-3 **PA**
SUPARTZ FX **PA**

ANTI-INFECTIVES

ANTHELMINTICS

ivermectin
praziquantel **QL; PA***
EMVERM **QL; PA***

ANTIFUNGALS

fluconazole
griseofulvin microsize
itraconazole
nystatin
terbinafine hcl tabs
voriconazole **PA**

ANTITUBERCULAR AGENTS

rifabutin

ANTIVIRALS

acyclovir
famciclovir
oseltamivir phosphate **QL; PA***
valacyclovir hcl

CEPHALOSPORINS

cefadroxil
cefdinir
cefpodoxime proxetil
cefprozil
cefuroxime axetil
cephalexin

ERYTHROMYCINS/MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycin
erythromycin base
erythromycins
DIFICID **PA**
ZITHROMAX

FLUOROQUINOLONES

ciprofloxacin hcl
levofloxacin
moxifloxacin hcl
CIPRO

HEPATITIS C

ribavirin **SP, PA**
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6) **SP, PA, QL**
HARVONI (genotypes 1, 4, 5, 6) **SP, PA, QL**
VOSEVI **SP, PA, QL, ^**

MISCELLANEOUS

atovaquone
clindamycin hcl
linezolid **PA**
linezolid inj **PA**
metronidazole
nitrofurantoin ext-rel
nitrofurantoin macrocrystals
sulfamethoxazole/trimethoprim
vancomycin hcl **QL**

PENICILLINS

amoxicillin
amoxicillin & pot clavulanate
amoxicillin & pot clavulanate ext-rel
ampicillin

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

dicloxacillin sodium
penicillin v potassium

TETRACYCLINES

doxycycline hyclate caps; tabs 20mg, 100mg
doxycycline monohydrate susp
minocycline hcl
tetracycline hcl **QL; PA***

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

amlodipine besylate-benazepril hcl
enalapril maleate & hydrochlorothiazide
lisinopril & hydrochlorothiazide

ACE INHIBITORS

captopril
enalapril maleate
lisinopril
perindopril erbumine
ramipril
trandolapril

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

irbesartan-hydrochlorothiazide
losartan potassium & hydrochlorothiazide
olmesartan medoxomil-hydrochlorothiazide
valsartan-hydrochlorothiazide

ANGIOTENSIN II RECEPTOR ANTAGONISTS

irbesartan
losartan potassium
olmesartan medoxomil
valsartan

ANTIARRHYTHMICS

amiodarone
disopyramide phosphate
dofetilide **SP, PA**
flecainide acetate
ibutilide fumarate
propafenone ext-rel
propafenone hcl
sotalol
NORPACE CR

ANTILIPEMICS, BILE ACID RESINS

cholestyramine
colestipol hcl

ANTILIPEMICS, FIBRATES

fenofibrate (except fenofibrate capsule 30 mg, 50 mg, 90 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg)
gemfibrozil

ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS

atorvastatin calcium
pravastatin sodium
rosuvastatin calcium
simvastatin

ANTILIPEMICS, MISCELLANEOUS

niacin ext-rel

ANTILIPEMICS, OMEGA-3 FATTY ACIDS

icosapent ethyl

ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA **QL**
REPATHA PUSHTRONEX SYSTEM **QL**
REPATHA SURECLICK **QL**

BETA-BLOCKER/DIURETIC COMBINATIONS

atenolol & chlorthalidone
bisoprolol & hydrochlorothiazide
metoprolol & hydrochlorothiazide

BETA-BLOCKERS

acebutolol hcl
atenolol
bisoprolol fumarate
carvedilol
labetalol hcl
metoprolol succinate ext-rel
metoprolol tartrate 25mg, 50mg, 100mg
nadolol
pindolol
propranolol ext-rel
propranolol hcl

CALCIUM CHANNEL BLOCKERS

amlodipine besylate
diltiazem ext-rel
felodipine ext-rel
isradipine
nicardipine hcl
nifedipine ext-rel
verapamil ext-rel

DIGITALIS GLYCOSIDES

digoxin
digoxin ped elixir

DIURETICS

amiloride & hydrochlorothiazide
amiloride hcl
bumetanide
chlorthalidone
ethacrynic acid
furosemide
hydrochlorothiazide
indapamide
metolazone
spironolactone & hydrochlorothiazide
torsemide
triamterene & hydrochlorothiazide

HEART FAILURE

isosorbide dinitrate-hydralazine hcl
ivabradine hcl
CORLANOR
ENTRESTO
VERQUVO

MISCELLANEOUS

hydralazine hcl
midodrine hcl
ranolazine ext-rel

NITRATES

isosorbide dinitrate 5mg, 10mg, 20mg, 30mg
isosorbide mononitrate ext-rel
nitroglycerin sublingual
nitroglycerin transdermal

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

alprazolam **QL**
alprazolam orally disintegrating tabs **QL**
buspirone hcl
fluvoxamine ext-rel
fluvoxamine maleate
lorazepam **QL**
oxazepam **QL**
ALPRAZOLAM INTENSOL **QL**

ANTIDEPRESSANTS

bupropion hcl
bupropion hcl ext-rel
citalopram hydrobromide
desvenlafaxine succinate ext-rel
doxepin hcl
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
vilazodone hcl

ANTISEIZURE AGENTS

clorazepate dipotassium **QL**
diazepam **QL**

HYPNOTICS

ramelteon **QL; PA***
zaleplon **QL; PA***
zolpidem tartrate **QL; PA***
zolpidem tartrate ext-rel **QL; PA***

MIGRAINE - MISCELLANEOUS

QULIPTA **ST, QL; PA****
UBRELVY **ST, QL; PA****

MIGRAINE - MONOCLONAL ANTIBODIES

AIMOVIG **ST, QL; PA****
EMGALITY **ST, QL; PA****

MIGRAINE - TRIPTANS AND COMBINATIONS

naratriptan hcl **QL; PA***
rizatriptan benzoate **QL; PA***
rizatriptan orally disintegrating tabs **QL; PA***
sumatriptan succinate soaj; soct **QL; PA***
sumatriptan succinate tabs **QL; PA***
zolmitriptan **QL; PA***
zolmitriptan orally disintegrating tabs **QL; PA***

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

MULTIPLE SCLEROSIS AGENTS

dimethyl fumarate delayed-rel **SP, PA, QL**
fingolimod hcl **SP, PA, QL**
glatiramer acetate **SP, PA, QL**
teriflunomide **SP, PA, QL**
AVONEX **SP, PA, QL**
AVONEX PEN **SP, PA, QL**
BETASERON **SP, PA, QL**
KESIMPTA **SP, PA, QL**
MAYZENT **SP, PA, QL**
MAYZENT STARTER PACK **SP, PA, QL**
OCREVUS **SP, PA, QL**
PLEGRIDY **SP, PA, QL**
PLEGRIDY STARTER PACK **SP, PA, QL**
REBIF **SP, PA, QL**
TYSABRI **SP, PA, QL**
VUMERITY **SP, PA, QL**
ZEPOSIA **SP, PA, QL**
ZEPOSIA STARTER KIT **SP, PA, QL**

ENDOCRINE AND METABOLIC

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN **ST; PA****

ANTIDIABETICS, BIGUANIDE

metformin ext-rel (except generics for FORTAMET and GLUMETZA)
metformin hcl

ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS

glipizide-metformin hcl

ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS

saxagliptin-metformin hcl **ST; PA****
TRIJARDY XR **ST; PA****
ZITUVIMET **ST; PA****
ZITUVIMET XR **ST; PA****

ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

saxagliptin hcl **ST; PA****
ZITUVIO **ST; PA****

ANTIDIABETICS, INCRETIN MIMETIC AGENTS

liraglutide **ST, QL; PA****
MOUNJARO **ST, QL; PA****
OZEMPIC **ST, QL; PA****
RYBELSUS **ST, QL; PA****
TRULICITY **ST, QL; PA****

ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS

SOLIQUA **ST; PA****

ANTIDIABETICS, INSULIN

FIASP
FIASP PUMPCART
HUMULIN R U-500
INSULIN GLARGINE-YFGN
NOVOLIN **OTC**
NOVOLOG
NOVOLOG MIX
TRESIBA
TRESIBA FLEXTOUCH

ANTIDIABETICS, INSULIN SENSITIZER

pioglitazone hcl

ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION

pioglitazone hcl-metformin hcl

ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION

pioglitazone hcl-glimepiride

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS

SYNJARDY **ST; PA****
SYNJARDY XR **ST; PA****

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS

GLYXAMBI **ST; PA****

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS

JARDIANCE **ST; PA****

ANTIDIABETICS, SULFONYLUREA

glimepiride
glipizide
glipizide ext-rel
glipizide xl

CALCIUM REGULATORS, BISPHOSPHONATES

alendronate sodium
ibandronate sodium
risedronate sodium

CALCIUM REGULATORS, MISCELLANEOUS

PROLIA **SP, PA, QL**

CALCIUM REGULATORS, PARATHYROID HORMONES

teriparatide **SP, PA, QL**
TYMLOS **SP, PA, QL**

CONTRACEPTIVES

desogestrel & ethinyl estradiol
desogestrel-ethinyl estradiol (biphasic)
desogestrel-ethinyl estradiol (triphasic)
drospirenone-ethinyl estradiol
ethynodiol diacet & eth estrad
etonogestrel-ethinyl estradiol
levonorgestrel & eth estradiol
levonorgestrel-eth estradiol (triphasic)
levonorgestrel-ethinyl estradiol (91-day)
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)
norgestrel & ethinyl estradiol
ANNOVERA
ELLA
KYLEENA
MIRENA
NEXPLANON
PARAGARD INTRAUTERINE COP
SKYLA

DIABETIC SUPPLIES

ACCU-CHEK AVIVA **OTC**
ACCU-CHEK AVIVA PLUS STRIPS AND KITS[1] **OTC**
ACCU-CHEK GUIDE STRIPS AND KITS[1] **OTC**
ACCU-CHEK LANCETS / LANCING DEVICE **OTC**
ACCU-CHEK SMARTVIEW STRIPS AND KITS[1] **OTC**
BD INSULIN SYRINGES AND NEEDLES **OTC**
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM **PA, QL**
OMNIPOD 5 INSULIN INFUSION PUMP
OMNIPOD DASH INSULIN INFUSION PUMP

HUMAN GROWTH HORMONES

HUMATROPE **SP, PA**
NORDITROPIN **SP, PA**
SOGROYA **SP, PA, QL**

MENOPAUSAL SYMPTOM AGENTS

estradiol
estradiol vaginal crm
estradiol/norethindrone
CLIMARA PRO
IMVEXXY
VAGIFEM

MISCELLANEOUS

raloxifene hcl

PHOSPHATE BINDER AGENTS

calcium acetate caps
sevelamer carbonate

PROGESTINS

medroxyprogesterone acetate
norethindrone acetate
progesterone, micronized
ENDOMETRIN

THYROID AGENTS

levothyroxine sodium
liothyronine sodium

GASTROINTESTINAL

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

H2-RECEPTOR ANTAGONISTS

cimetidine
famotidine

PROTON PUMP INHIBITORS

lansoprazole delayed-rel
omeprazole delayed-rel
pantoprazole delayed-rel tabs

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

alfuzosin ext-rel
doxazosin mesylate
finasteride
tamsulosin hcl
terazosin hcl

CONTRACEPTIVES

PHEXXI

URINARY ANTISPASMODICS

mirabegron
oxybutynin chloride
oxybutynin ext-rel
tolterodine tartrate
trospium chloride

VAGINAL ANTI-INFECTIVES

clindamycin cream
metronidazole vaginal gel
terconazole vaginal

HEMATOLOGIC

ANTICOAGULANTS

dabigatran etexilate mesylate
enoxaparin sodium
warfarin sodium
XARELTO
XARELTO STARTER PACK

PLATELET AGGREGATION INHIBITORS

clopidogrel bisulfate
dipyridamole
dipyridamole ext-rel/aspirin
prasugrel hcl
BRILINTA

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)

PYZCHIVA INTRAVENOUS **SP, PA, QL**
REMICADE **SP, PA, QL**
SIMPONI ARIA **SP, PA, QL**
SKYRIZI INTRAVENOUS **SP, PA, QL**
STELARA INTRAVENOUS **SP, PA, QL**
TREMFYA INTRAVENOUS **SP, PA, QL**
YESINTEK INTRAVENOUS **SP, PA, QL**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS

ADALIMUMAB-ADAZ **SP, PA, QL**
ENBREL **SP, PA, QL**
HADLIMA **SP, PA, QL**
HADLIMA PUSHTOUCH **SP, PA, QL**
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) **# SP, PA, QL**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS

ADALIMUMAB-ADAZ **SP, PA, QL**
COSENTYX **SP, PA, QL**
ENBREL **SP, PA, QL**
HADLIMA **SP, PA, QL**
HADLIMA PUSHTOUCH **SP, PA, QL**
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) **# SP, PA, QL**
RINVOQ **SP, PA, QL**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE

ADALIMUMAB-ADAZ **SP, PA, QL**
HADLIMA **SP, PA, QL**
HADLIMA PUSHTOUCH **SP, PA, QL**
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) **# SP, PA, QL**
PYZCHIVA **SP, PA, QL**
RINVOQ **SP, PA, QL**
SKYRIZI **SP, PA, QL**
STELARA SUBCUTANEOUS **SP, PA, QL**
TREMFYA **SP, PA, QL**
YESINTEK **SP, PA, QL**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS

ADALIMUMAB-ADAZ **SP, PA, QL**
HADLIMA **SP, PA, QL**
HADLIMA PUSHTOUCH **SP, PA, QL**
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) **# SP, PA, QL**
OTEZLA **SP, PA, QL**
PYZCHIVA **SP, PA, QL**
SKYRIZI **SP, PA, QL**
STELARA SUBCUTANEOUS **SP, PA, QL**
TALTZ **SP, PA, QL**
TREMFYA **SP, PA, QL**
YESINTEK **SP, PA, QL**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS

ADALIMUMAB-ADAZ **SP, PA, QL**
COSENTYX **SP, PA, QL**
ENBREL **SP, PA, QL**
HADLIMA **SP, PA, QL**
HADLIMA PUSHTOUCH **SP, PA, QL**
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) **# SP, PA, QL**
OTEZLA **SP, PA, QL**
RINVOQ **SP, PA, QL**
SKYRIZI **SP, PA, QL**
TREMFYA **SP, PA, QL**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS

ADALIMUMAB-ADAZ **SP, PA, QL**
ENBREL **SP, PA, QL**
HADLIMA **SP, PA, QL**
HADLIMA PUSHTOUCH **SP, PA, QL**
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) **# SP, PA, QL**
KEVZARA **SP, PA, QL**
ORENCIA CLICKJECT **SP, PA, QL**
ORENCIA SUBCUTANEOUS **SP, PA, QL**
RINVOQ **SP, PA, QL**
XELJANZ **SP, PA, QL**
XELJANZ XR **SP, PA, QL**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS

ADALIMUMAB-ADAZ **SP, PA, QL**
HADLIMA **SP, PA, QL**
HADLIMA PUSHTOUCH **SP, PA, QL**
HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) **# SP, PA, QL**
PYZCHIVA **SP, PA, QL**
RINVOQ **SP, PA, QL**
SKYRIZI **SP, PA, QL**
STELARA SUBCUTANEOUS **SP, PA, QL**
TREMFYA **SP, PA, QL**
VELSIPITY **SP, PA, QL**
XELJANZ **SP, PA, QL**
XELJANZ XR **SP, PA, QL**
YESINTEK **SP, PA, QL**

OPHTHALMIC

ANTIGLAUCOMA BETA-BLOCKERS

betaxolol hcl (ophth)
timolol maleate (ophth)

ANTIGLAUCOMA COMBINATION AGENTS

dorzolamide hcl-timolol maleate

CARBONIC ANHYDRASE INHIBITORS

dorzolamide hcl

DRY EYE DISEASE

RESTASIS MULTIDOSE **PA, QL**
RESTASIS SINGLE DOSE **PA, QL**
XIIDRA **PA, QL**

PROSTAGLANDINS

bimatoprost
latanoprost

SYMPATHOMIMETICS

brimonidine 0.15%, 0.2%

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

epinephrine (anaphylaxis) **QL; PA***
EPIPEN **QL; PA***

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ipratropium/albuterol inhalation soln **QL**
BEVESPI AEROSPHERE **QL**

ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS

BREZTRI AEROSPHERE **QL**
TRELEGY ELLIPTA **QL**

ANTICHOLINERGICS

ipratropium inhalation solution **QL**
tiotropium bromide monohydrate **QL**
SPIRIVA **QL**
YUPELRI **QL**

BETA AGONISTS

albuterol inhalation soln **QL**
albuterol sulfate, cfc-free aerosol[2] **QL**
formoterol inhalation solution **QL**
levalbuterol nebulizer soln concentrate **QL**
levalbuterol, cfc-free aerosol **QL**
STRIVERDI RESPIMAT **QL**

LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast sodium

NASAL STEROIDS

flunisolide (nasal)
fluticasone propionate (nasal)

SEVERE ASTHMA AGENTS

DUPIXENT **SP, PA, QL**
FASENRA **SP, PA, QL**
FASENRA PEN **SP, PA, QL**
NUCALA **SP, PA, QL**
XOLAIR **SP, PA, QL**

STEROID INHALANTS

budesonide inh susp **QL; PA***
ARNUITY ELLIPTA **QL**
ASMANEX HFA **QL**

STEROID/BETA-AGONIST COMBINATIONS

Breyna 80-4.5 mcg/act **QL**
Breyna 160-4.5 mcg/act **QL**
budesonide-formoterol fumarate dihydrate **QL**
fluticasone-salmeterol[2] **QL**
Wixela Inhub **QL**
AIRSUPRA **QL**
BREO ELLIPTA[2] **QL**
DULERA **QL**

TOPICAL

DERMATOLOGY, ACNE

clindamycin gel[2] **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

pimecrolimus
tacrolimus (topical)
DUPIXENT **SP, PA, QL**
EBGLYSS **SP, PA, QL**
RINVOQ **SP, PA, QL**

MOUTH/THROAT/DENTAL AGENTS

clotrimazole troches **QL; PA***

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

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.

^ 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).

Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.

1 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.

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.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. 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.

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA**** - If Step Therapy requirements are not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy