

Kentucky Employees' Health Plan Value Formulary Quick Reference List

The Kentucky Employees' Health Plan 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 for a complete list.

ANALGESICS

§ NSAIDs

diclofenac
diffunisal
etodolac
flurbiprofen
ibuprofen
ketoprofen 50 mg, 75 mg
ketorolac
meloxicam
nabumetone
naproxen tabs
oxaprozin
piroxicam
sulindac
tolmetin

VISCOSUPPLEMENTS

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

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefadroxil
cefdinir
cefepodoxime
cefprozil
cefuroxime
cephalexin

§ ERYTHROMYCINS / MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins
DIFICID **PA**

§ FLUOROQUINOLONES

ciprofloxacin
levofloxacin
moxifloxacin

§ PENICILLINS

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

§ TETRACYCLINES

doxycycline hyclate caps
doxycycline hyclate tabs 20 mg, 100 mg
doxycycline monohydrate susp
minocycline
tetracycline

§ ANTIFUNGALS

clotrimazole troches
fluconazole
griseofulvin microsize
itraconazole
nystatin
terbinafine tablet
voriconazole PA

ANTIVIRALS

§ HEPATITIS C AGENTS

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

§ HERPES AGENTS

acyclovir
famciclovir
valacyclovir

§ INFLUENZA AGENTS

oseltamivir QL, PA

§ MISCELLANEOUS

atovaquone
clindamycin
ivermectin
linezolid PA
linezolid inj PA
metronidazole
nitrofurantoin ext-rel
nitrofurantoin macrocrystals
praziquantel
rifabutin
sulfamethoxazole-trimethoprim
vancomycin QL
EMVERM

CARDIOVASCULAR

§ ACE INHIBITORS

captopril
enalapril
lisinopril
perindopril
ramipril
trandolapril

§ ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine-benazepril

§ ACE INHIBITOR / DIURETIC COMBINATIONS

captopril-hydrochlorothiazide
enalapril-hydrochlorothiazide
lisinopril-hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

irbesartan / irbesartan-hydrochlorothiazide
losartan / losartan-hydrochlorothiazide
olmesartan / olmesartan-hydrochlorothiazide
valsartan / valsartan-hydrochlorothiazide

§ ANTIARRHYTHMICS

acebutolol
amiodarone
disopyramide
dofetilide PA, SP
flecainide
ibutilide
propafenone
propafenone ext-rel
sotalol
NORPACE CR

ANTILIPEMICS

§ BILE ACID RESINS

cholestyramine
colestipol

§ FIBRATES

fenofibrate
gemfibrozil

§ HMG-CoA REDUCTASE INHIBITORS

atorvastatin
pravastatin
rosuvastatin
simvastatin

§ NIACINS

niacin ext-rel

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



OMEGA-3 FATTY ACIDS
VASCEPA **PA**

PCSK9 INHIBITORS
PRALUENT **PA, SP, QL**

§ BETA-BLOCKERS

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

§ BETA-BLOCKER / DIURETIC COMBINATIONS

atenolol-chlorthalidone
bisoprolol-hydrochlorothiazide
metoprolol-hydrochlorothiazide
propranolol-hydrochlorothiazide

§ CALCIUM CHANNEL BLOCKERS

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

§ DIGITALIS GLYCOSIDES

digoxin
digoxin ped elixir

§ DIURETICS

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

HEART FAILURE

CORLANOR
ENTRESTO

§ NITRATES

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

§ MISCELLANEOUS

hydralazine
methyldopa
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**
EMGALITY **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

dimethyl fumarate delayed-re/**PA, SP, QL**
glatiramer **PA, SP, QL**
AUBAGIO **PA, SP, QL**
BETASERON **PA, SP, QL**
COPAXONE **PA, SP, QL**
GILENYA **PA, SP, QL**
KESIMPTA **PA, SP, QL**
MAYZENT **PA, SP, QL**
OCREVUS **PA, SP, QL**
REBIF **PA, SP, QL**
TYSABRI **PA, SP, QL**
VUMERITY **PA, SP, QL**
ZEPOSIA **PA, SP, QL**

ENDOCRINE AND METABOLIC

ANTIDIABETICS

AMYLIN ANALOGS
SYMLINPEN **ST, PA**

§ BIGUANIDES

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

§ 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

BD INSULIN SYRINGES AND NEEDLES
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
LANCETS
ONETOUCH ULTRA STRIPS AND KITS ¹
ONETOUCH VERIO STRIPS AND KITS ¹
V-GO INSULIN INFUSION PUMP

CALCIUM REGULATORS

§ BISPHOSPHONATES

alendronate
ibandronate
risedronate

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



Kentucky Employees' Health Plan

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

§ INJECTABLE

medroxyprogesterone acetate 150 mg/mL

PROGESTIN INTRAUTERINE DEVICES

KYLEENA
MIRENA
SKYLA

§ TRANSDERMAL

norelgestromin/ethinyl estradiol - Xulane

§ VAGINAL

etonogestrel/ethinyl estradiol
ANNOVERA

HUMAN GROWTH HORMONES

NORDITROPIN PA, SP

MENOPAUSAL SYMPTOM AGENTS

§ ORAL

estradiol
estradiol-norethindrone
ethinyl estradiol-norethindrone acetate

§ TRANSDERMAL

estradiol
CLIMARA PRO

§ VAGINAL

estradiol vaginal crm
IMVEXXY

§ PHOSPHATE BINDER AGENTS

calcium acetate
sevelamer carbonate

PROGESTINS

§ ORAL

medroxyprogesterone norethindrone acetate
progesterone, micronized

VAGINAL

ENDOMETRIN

§ SELECTIVE ESTROGEN RECEPTOR MODULATORS

raloxifene

§ THYROID SUPPLEMENTS

levothyroxine
liothyronine

GASTROINTESTINAL

§ H₂ 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
tropium

§ 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
KEVZARA PA, SP, QL
ORENCIA CLICKJECT PA, SP, QL
ORENCIA SUBCUTANEOUS PA, SP, QL
RINVOO 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
SPIRIVA 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

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



Kentucky Employees' Health Plan

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

ARNUIITY ELLIPTA **QL**

FLOVENT DISKUS **QL**

FLOVENT HFA **QL**

QVAR REDHALER **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



**Kentucky Employees'
Health Plan**

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 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).

¹ 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: 1-877-418-4746.

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.

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.

©2020. All rights reserved. 106-1059501C3 010121

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



Kentucky Employees'
Health Plan