

# Value Formulary

## Brand Medicines Not Listed on Value Formulary

Below is a list of select brand medicines that are in the most commonly used categories and are not listed on Value Formulary plans. These medicines may not be covered at your plan's preferred brand copay or coinsurance without an authorization for medical necessity, depending on your plan. If you continue using one of these medicines without authorization, you may be required to pay up to the full cost of the medicine.

If you are currently using one of the medicines not listed on your plan, ask your doctor to consider one of the generic or brand options listed below.

Category* Drug Class	Brand Medicines Not Listed on Value Formulary Plans	Listed Medicines To Consider
Acne*	ABSORICA ACANYA ALTRENO ACZONE 7.5% AZELEX EPIDUO FORTE FABIOR <sup>^</sup> ONEXTON RIAX TAZORAC TRETIN-X VELTIN <sup>^</sup>	<i>isotretinoin, benzoyl peroxide, clindamycin gel (QL,PA), clindamycin lotion (QL,PA), clindamycin soln (except NDC<sup>^</sup>68682046275) (QL,PA), erythromycin gel 2% (QL,PA), erythromycin soln (QL,PA), erythromycin/benzoyl peroxide, sulfacetamide, tretinoin</i>
Allergies* Nasal Steroids/ Combinations'	BECONASE AQ <sup>†</sup> OMNARIS <sup>†</sup> QNASL <sup>†</sup> XHANCE ZETONNA <sup>†</sup>	<i>flunisolide spray, fluticasone spray, mometasone spray</i>
	DYMISTA	<i>flunisolide spray, or fluticasone spray WITH azelastine spray</i>
Allergies* Ophthalmic (Eye)	ALOCRIL ALOMIDE ALREX BEPREVE <sup>^</sup> EMADINE LASTACFT PAZEO	<i>azelastine, cromolyn sodium, olopatadine</i>
Anti-infectives Antibacterials*	AEMCOLO DORYX MPC <sup>†</sup> SOLODYN NUZYRA XIMINO	<i>doxycycline hyclate 20 mg, 100 mg, doxycycline hyclate capsule, doxycycline monohydrate susp, minocycline, tetracycline</i>
	BAXDELA SIVEXTRO	<i>ciprofloxacin, levofloxacin, moxifloxacin linezolid (PA)</i>
Anti-infectives Oral Nail Antifungals*	ONMEL	<i>griseofulvin microsize, terbinafine, itraconazole</i>
Anti-infectives Ophthalmic (Eye) Agents*	AZASITE <sup>^</sup> BESIVANCE CILOXAN OIN 0.3% OP MOXEZA	<i>bacitracin, ciprofloxacin, erythromycin, gentamicin, neomycin/polymyxin B/gramicidin, ofloxacin, polymyxin B/bacitracin, polymyxin B/trimethoprim, sulfacetamide, tobramycin</i>
Anti-infectives Topical Antifungals*	ECOZA <sup>^</sup> ERTACZO EXELDERM	<i>ciclopirox (QL, PA), clotrimazole (QL, PA), econazole (QL, PA), ketoconazole cream 2% (QL, PA)</i>

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	LUZU MENTAX NAFTIN OXISTAT <sup>^</sup>	
	JUBLIA <sup>^</sup> KERYDIN <sup>^</sup>	<i>itraconazole, terbinafine</i>
	XOLEGEL	<i>ketconazole cream 2% (QL, PA), selenium sulfide</i>
<b>Anti-infectives Vaginal Agents*</b>	CLEOCIN suppository CLINDESSE	<i>clindamycin vaginal cream, metronidazole vaginal gel</i>
<b>Anti-infectives Topical Antivirals*</b>	DENAVIR SITAVIG XERESE <sup>^</sup> ZOVIRAX cream	<i>acyclovir (except acyclovir cream), valacyclovir, famciclovir</i>
<b>Asthma* Beta Agonists, Short-Acting</b>	PROAIR DIGIHALER PROAIR HFA PROVENTIL HFA <sup>†</sup> VENTOLIN HFA <sup>†</sup> XOPENEX HFA <sup>†</sup>	<i>albuterol inhalation solution (QL), levalbuterol tartrate (QL), albuterol sulfate, CFC-free aerosol (QL)</i>
<b>Asthma* Steroid Inhalants</b>	AEROSPAN <sup>†</sup> ALVESCO <sup>†</sup>  ASMANEX PULMICORT	<i>budesonide inhalation suspension (QL), ARNUITY ELLIPTA (QL), FLOVENT (QL)<sup>^</sup>, QVAR REDIHALER (QL)</i>
<b>Asthma* or Chronic Obstructive Pulmonary Disease (COPD)* Steroid/Beta Agonist Combinations</b>	AIRDUO DULERA <sup>†</sup>	<i>ADVAIR (QL), BREO ELLIPTA (QL), SYMBICORT (QL)</i>
<b>Attention Deficit Hyperactivity Disorder Agents*</b>	ADHANSIA XR ADZENYS XR <sup>^</sup> APTENSIO XR <sup>^</sup> COTEMPLA-XR DAYTRANA DYANAVEL XR EVEKEO EVEKEO ODTJORNAY PM MYDAYIS QUILLICHEW ER QUILLIVANT XR VYVANSE	<i>amphetamine-dextroamphetamine (QL, PA), amphetamine-dextroamphetamine ext-rel** (QL, PA), atomoxetine (QL), dexmethylphenidate (QL, PA), dextroamphetamine (QL, PA), dextroamphetamine ext-rel (QL, PA), methylphenidate (QL, PA), methylphenidate ext-re** (QL, PA)</i>
<b>Cardiovascular Antilipemics* HMG Co-A Reductase Inhibitors (HMGs or Statins)/ Combinations</b>	ALTOPREV <sup>†</sup> EZALLOR FLOLIPID LIVALO <sup>†</sup> NIKITA ZYPITAMAG	<i>atorvastatin, pravastatin, rosuvastatin, simvastatin</i>
<b>Cardiovascular Beta Blockers</b>	BYSTOLIC <sup>^</sup> INNOPRAN XL <sup>^</sup>	<i>atenolol, bisoprolol, carvedilol, labetalol, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel</i>
<b>Cardiovascular Calcium Channel Blockers</b>	CONSENSI <sup>^</sup>	<i>amlodipine PLUS celecoxib</i>
<b>Cardiovascular Heart Failure</b>	BIDIL	<i>CORLANOR, ENTRESTO</i>

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<i>Chronic Obstructive Pulmonary Disease (COPD)*</i> Anticholinergics, Long-Acting	LONHALA LONHALA MAGNAIR SEEBRI SPIRIVA TUDORZA†	INCRUSE (QL), YUPELRI (QL)
<i>Chronic Obstructive Pulmonary Disease (COPD)*</i> Anticholinergics, Short-Acting	ATROVENT HFA <sup>^</sup> COMBIVENT RESPIMAT	<i>ipratropium inhalation solution (QL)</i> <i>ipratropium/albuterol inhalation solution (QL)</i>
<i>Chronic Obstructive Pulmonary Disease (COPD)*</i> Anticholinergic Combinations	ANORO DUAKLIR PRESSAIR STIOLTO UTIBRON	BEVESPI (QL)
	TRELEGY	ADVAIR (QL) or SYMBICORT (QL) <b>WITH</b> INCRUSE (QL)
<i>Chronic Obstructive Pulmonary Disease (COPD)*</i> Beta Agonists, Long-Acting	BROVANA <sup>^</sup> ARCAPTA <sup>^</sup> , SEREVENT	PERFORMIST (QL) STRIVERDI (QL)
<i>Dementia*</i>	NAMZARIC	<i>donepezil, donepezil orally disintegrating, galantamine, galantamine ext-rel, memantine, rivastigmine</i>
<i>Depression*</i> Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	PAXIL PEXEVA <sup>^</sup> TRINTELLIX VIIBRYD	<i>citalopram, escitalopram, fluoxetine (except fluoxetine 60 mg), paroxetine, paroxetine ext-rel, sertraline</i>
<i>Depression*</i> Antidepressants, Serotonin- Norepinephrine Reuptake Inhibitors (SNRIs)	DESVENLAFAXINE ER <sup>^</sup> DRIZALMA SPRINKLE FETZIMA <sup>^</sup>	<i>duloxetine, venlafaxine, venlafaxine ext-rel</i>
<i>Depression*</i> Miscellaneous Antidepressants	APLENZIN FORFIVO XL	<i>bupropion, bupropion ext-rel (except bupropion ext-rel 450 mg), mirtazapine, trazodone</i>
<i>Depression,*</i> <i>Schizophrenia*</i> Antipsychotics, Atypicals	ABILIFY MYCITE FANAPT <sup>^</sup> LATUDA <sup>^</sup> REXULTI SAPHRIS VERSACLOZ VRAYLAR	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone</i>
	ABILIFY MAINTENA <sup>†</sup> INVEGA SUSTENNA INVEGA TRINZA RISPERDAL CONSTA ZYPREXA RELPREV	ARISTADA, ARISTADA INITIO
<i>Dermatology</i> Actinic Keratosis*	CARAC FLUOROPLEX LEVULAN KERASTICK PICATO ZYCLARA <sup>^</sup>	<i>fluorouracil 5% cream; fluorouracil solution; imiquimod, TOLAK</i>

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<i>Dermatology</i> Rosacea*	FINACEA MIRVASO NORITATE† RHOFAGE SOOLANTRA	<i>sulfacetamide/sulfur, metronidazole</i>
<i>Dermatology</i> Skin Inflammation and Hives* Corticosteroids	APEXICON E† HALOG^ PSORCON SERNIVO TOPICORT spray	<i>desoximetasone (QL, PA), fluocinonide (except fluocinonide cream 0.1%) (QL, PA)</i>
	BRYHALI	<i>halobetasol propionate 0.05% cream, ointment (QL, PA)</i>
	CAPEX XOLEGEL DUO	<i>ketoconazole shampoo 2%, selenium sulfide lotion 2.5%</i>
	CORDRAN^ tape	<i>clobetasol cream (QL, PA), clobetasol lotion (QL, PA), clobetasol ointment (QL, PA)</i>
	DESONATE EPIFOAM PRAMOSONE VERDESO^	<i>desonide (QL, PA), hydrocortisone (QL, PA)</i>
	IMPOYZ, ULTRAVATE lotion	<i>clobetasol propionate cream (QL, PA)</i>
	PANDEL TEXACORT TRIANEX	<i>hydrocortisone butyrate (QL, PA), mometasone (QL, PA), triamcinolone (QL, PA)</i>
<i>Dermatology</i> Topical Antipsoriatics*	ENSTILAR SORILUX TACLONEX suspension TAZORAC	<i>calcipotriene oint, soln 0.005%, tazarotene</i>
<i>Diabetes*</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA† ONGLYZA† TRADJENTA†	JANUVIA (ST, PA)
<i>Diabetes*</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO† JENTADUETO XR† KAZANO† KOMBIGLYZE XR† OSENI†	<i>alogliptin/metformin (ST), JANUMET (ST, PA), JANUMET XR (ST, PA)</i>
<i>Diabetes*</i> Injectable Incretin Mimetics	ADLYXIN BYDUREON† BYETTA† TANZEUM†	OZEMPIC (ST, PA), RYBELSUS (ST, PA), TRULICITY (ST, PA), VICTOZA (ST, PA)
<i>Diabetes*</i> Insulins	ADMELOG APIDRA† HUMALOG†	FIASP, NOVOLOG
	HUMALOG MIX 50/50† HUMALOG MIX 75/25†	NOVOLOG MIX 70/30
	HUMULIN 70/30†	NOVOLIN 70/30
	HUMULIN N†	NOVOLIN N
	AFREZZA HUMULIN R U-100†	NOVOLIN R
	LANTUS† TOUJEO† TOUJEO MAX SOLOSTAR TRESIBA	BASAGLAR, LEVEMIR

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	XULTOPHY	BASAGLAR or LEVEMIR <b>WITH</b> TRULICITY (ST, PA) or VICTOZA injection (ST, PA) or SOLIQUA (ST, PA)
<b>Diabetes*</b> <b>Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors</b>	INVOKANA† STEGLATRO	FARXIGA (ST, PA), JARDIANCE (ST, PA)
<b>Diabetes*</b> <b>Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor Combinations</b>	INVOKAMET† INVOKAMET XR† QTERN QTERNMENT XR SEGLUROMET STEGLUJAN	<i>metformin</i> (generic of GLUCOPHAGE) <b>WITH</b> FARXIGA (ST, PA) or XIGDUO XR (ST, PA) or GLYXAMBI (ST, PA), SYNJARDY (ST, PA) or SYNJARDY XR (ST, PA)
<b>Diabetes*</b> <b>Supplies<sup>1</sup></b>	ONETOUCH STRIPS AND KITS BREEZE 2 STRIPS AND KITS† CONTOUR STRIPS AND KITS† CONTOUR NEXT STRIPS AND KITS† FREESTYLE STRIPS AND KITS† All other test strips that are not AccuChek brand†	ACCU-CHEK STRIPS AND KITS <sup>1</sup> .
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<b>Diabetes*</b> <b>Syringes and Needles</b>	NOVO NORDISK PEN NEEDLES† All other syringes and pen needles that are not BECTON DICKINSON brand†	BD syringes and pen needles
<b>Estrogen Replacement*</b> <b>Oral Estrogens</b>	MENEST ^ PREMARIN	<i>estradiol</i>
<b>Estrogen Replacement*</b> <b>Transdermal Estrogens</b>	ALORA^ DIVIGEL ELESTRIN ESTROGEL^ EVAMIST MENOSTAR^ MINIVELLE	<i>estradiol transdermal</i>
<b>Estrogen Replacement*</b> <b>Vaginal Estrogens</b>	ESTRING FEMRING IMVEXY PREMARIN cream	<i>estradiol vaginal cream</i>
<b>Estrogen Replacement Combinations*</b> <b>Oral Estrogen Combinations</b>	ANGELIQ BIJUVA DUAVEE PREFEST PREMPHASE PREMPRO	<i>ethinyl estradiol/norethindrone acetate 0.5 mg/2.5 mcg, ethinyl estradiol/norethindrone acetate 1 mg/5 mcg (JINTELI tablets), estradiol/norethindrone</i>
<b>Estrogen Replacement Combinations*</b> <b>Transdermal Estrogen Combinations</b>	COMBIPATCH	CLIMARA PRO
<b>Fibromyalgia*</b>	LYRICA	<i>duloxetine</i> , SAVELLA (PA)

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<b>Gastrointestinal Agents* Anti-Nausea Agents</b>	AKYNZEO ANZEMET BONJESTA CESAMET DICLEGIS SANCUSO SYNDROS VARUBI ZUPLENZ	<i>aprepitant (QL, PA), dronabinol, granisetron, meclizine, metoclopramide, ondansetron, prochlorperazine, promethazine, trimethobenzamide</i>
<b>Gastrointestinal Agents* Laxatives</b>	CLENPIQ KRISTALOSE MOVIPREP OSMOPREP PLENVU PREPOPIK	<i>lactulose soln, peg 3350-electrolytes, SUPREP</i>
<b>Gastrointestinal Agents* Opioid-induced Constipation</b>	AMITIZA RELISTOR†, SYMPROIC	LINZESS, TRULANCE MOVANTIK
<b>Gastrointestinal Agents* Pancreatic Enzymes</b>	PANCREAZE PERTZYE ZENPEP	CREON, VIOKACE
<b>Gastrointestinal Agents* Proton Pump Inhibitors (PPIs)</b>	ACIPHEX SPRINKLE DEXILANT NEXIUM† PROTONIX†	<i>lansoprazole, omeprazole, pantoprazole, PRILOSEC granules</i>
<b>Gastrointestinal Agents* Rectal Steroids</b>	CORTIFOAM PROCTOFOAM HC UCERIS	<i>hydrocortisone enema, mesalamine rectal suspension</i>
<b>Head Lice*</b>	SKLICE ULESFIA	<i>malathion, permethrin shampoo</i>
<b>Hematologic* Anticoagulants, Oral Agents</b>	BEVYXXA ELIQUIS PRADAXA† SAVAYSA	<i>warfarin, XARELTO</i>
<b>Hematologic* Anticoagulants, Injectable Agents</b>	FRAGMIN^ IPRIVASK	<i>enoxaparin, fondaparinux</i>
<b>High Blood Pressure* Angiotensin II Receptor Antagonists/Direct Renin Inhibitors</b>	EDARBI† PREXXARTAN TEKTURNA	<i>candesartan, irbesartan, losartan, valsartan</i>
<b>High Blood Pressure* Angiotensin II Receptor Antagonist/Direct Renin Inhibitor/Diuretic Combinations</b>	EDARBYCLOR† TEKTURNA HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
<b>Inflammatory Bowel Disease (IBD), Ulcerative Colitis* Oral Agents</b>	DELZICOL† DIPENTUM GIAZO PENTASA UCERIS	<i>balsalazide, budesonide, mesalamine, mesalamine ext-rel, sulfasalazine, sulfasalazine ext-rel</i>

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<i>Inflammatory Bowel Disease (IBD), Ulcerative Colitis* Aminosalicylates Rectal Agents</i>	CANASA SFROWASA <sup>^</sup>	<i>mesalamine rectal suspension</i>
<i>Influenza Agents</i>	RELENZA RAPIVAB XOFLUZA	<i>oseltamivir (QL, PA)</i>
<i>Kidney Disease* Phosphorus Binders</i>	AURYXIA FOSRENOL† PHOSLYRA RENAGEL VELPHORO	<i>calcium acetate, sevelamer carbonate</i>
<i>Migraine*</i>	ONZETRA XSAIL SUMAVEL DOSEPRO† TOSYMRA TREXIMET 10 mg/60 mg <sup>^</sup> and 85-500mg <sup>^</sup> ZEMBRACE SYMTOUCH ZOMIG nasal spray	<i>naratriptan (QL, PA), rizatriptan (QL, PA), sumatriptan (QL, PA), zolmitriptan (QL, PA)</i>
	AJOVY AIMOVIG† EMGALITY	<i>antidepressants (e.g., amitriptyline, venlafaxine), antiepileptic drugs (e.g., divalproex sodium, topiramate, valproate sodium), beta-adrenergic blocking agents (e.g., metoprolol, propranolol, timolol, atenolol, nadolol)</i>
<i>Ocular (Eye) High Blood Pressure*</i>	ALPHAGAN P	<i>brimonidine</i>
	AZOPT	<i>dorzolamide</i>
	BETIMOL BETOPTIC S TIMOPTIC OCUDOSE	<i>timolol maleate</i>
	COSOPT PF <sup>^</sup> SIMBRINZA	<i>dorzolamide/timolol maleate, COMBIGAN</i>
	LUMIGAN TRAVATAN Z RESCULA VYZULTA XELPROS ZIOPTAN	<i>latanoprost</i>
<i>Opioid Dependence Agents*</i>	BUNAVAIL CASSIPA PROBUPHINE SUBLUCADE VIVITROL ZUBSOLV†	<i>buprenorphine (PA), buprenorphine/naloxone (QL)</i>
	EVZIO†	<i>naloxone injection, NARCAN NASAL SPRAY (QL, PA)</i>
<i>Osteoarthritis* Viscosupplements</i>	HYALGAN	<i>GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3</i>
<i>Osteoporosis*</i>	BINOSTO DUAVEE EVENTY FORTEO FORTICAL FOSAMAX PLUS D TYMLOS	<i>alendronate, calcitonin-salmon, ibandronate, risedronate</i>

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<i>Overactive Bladder/ Incontinence*</i> Urinary Antispasmodics	GELNIQUE† MYRBETRIQ OXYTROL† TOVIAZ VESICARE	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel</i>
<i>Pain and Inflammation*</i> Corticosteroids	DEXPAK MILLIPRED† RAYOS† ZONACORT	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone, prednisone</i>
<i>Pain and Inflammation*</i> Gout Agents	ULORIC^	<i>allopurinol, colchicine</i>
	ZURAMPIC	<i>probenecid</i>
	DUZALLO	<i>allopurinol/WITH probenecid</i>
<i>Pain and Inflammation*</i> Nonsteroidal Anti-inflammatory Drugs (NSAIDs)/Combinations	CAMBIA DUEXIS DYLOJECT FLECTOR† INDOCIN† NAPRELAN† OMIZ ODT PENNSAID† SPRIX† TIVORBEX^ VIMOVO VIVLODEX^ ZIPSOR† ZORVOLEX^	<i>celecoxib, diclofenac sodium, diflunisal, etodolac, fenoprofen tabs, flurbiprofen, ibuprofen, ketoprofen, meloxicam, nabumetone, naproxen (except CR and suspension), oxaprozin, piroxicam, sulindac, tolmetin</i>
<i>Pain and Inflammation*</i> Ophthalmic (Eye) Nonsteroidal Anti- inflammatory Agents	ACUVAIL ^ BROMSITE ILEVRO^ NEVANAC^ PROLENSA	<i>bromfenac, diclofenac, ketorolac</i>
<i>Pain and Inflammation*</i> Ophthalmic (Eye) Steroids	DUREZOL ^ FLAREX FML S.O.P. FML FORTE INVELTYS LOTEMAX 0.5% gel/ointment LOTEMAX SM MAXIDEX PRED MILD	<i>dexamethasone, prednisolone acetate 1%, prednisolone phosphate 1%,</i>
<i>Pain and Inflammation*</i> Opioid Agents, Long-Acting	ARYMO ER HYSINGLA ER MORPHABOND ER NUCYNTA ER OXYCONTIN TROXYCA ER VANTRELA ER XARTEMIS XR ZOHYDRO ER^	<i>fentanyl transdermal (ST, QL, PA), morphine ext-rel (ST, QL, PA), XTAMPZA ER (ST, QL, PA)</i>
<i>Pain and Inflammation*</i> Opioid Agents, Short-Acting	APADAZ LORTAB NUCYNTA OXAYDO ROXYBOND	<i>codeine (QL, PA), codeine/acetaminophen (QL), hydrocodone/acetaminophen (QL), hydromorphone (QL, PA), methadone (QL, PA), morphine (QL, PA), oxycodone (QL, PA), oxycodone/acetaminophen (QL), tramadol 50 mg (QL, PA)</i>
<i>Pain and Inflammation*</i> Postherpetic Neuralgia	GRALISE HORIZANT LYRICA	<i>gabapentin</i>



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	LYRICA CR QUTENZA	
<b>Pain and Inflammation* Transmucosal Immediate- release Fentanyl</b>	ABSTRAL† FENTORA LAZANDA^ SUBSYS	<i>fentanyl lozenges (PA, QL)</i>
<b>Parkinson's Disease*</b>	DUOPA GOCOVRI INBRIJA NEUPRO OSMOLEX ER RYTARY XADAGO ZELAPAR	<i>carbidopa/levodopa, carbidopa/levodopa ext-rel, carbidopa/levodopa orally disintegrating, carbidopa/levodopa/entacapone, entacapone, rasagiline, selegiline</i>
<b>Progestin Replacement* Vaginal Agents</b>	CRINONE	ENDOMETRIN
<b>Prostate Condition* Benign Prostatic Hyperplasia Agents/ Combinations</b>	CARDURA XL CIALIS 5 mg RAPAFLO	<i>alfuzosin ext-rel, doxazosin, finasteride, tamsulosin, terazosin</i>
<b>Seizure* Anticonvulsants</b>	APTIOM^ BANZEL BRIVIACT CELONTIN ELEPSIA XR FYCOMPA LYRICA NAYZILAM OXTELLAR XR PEGANONE SPRITAM SYMPAZAN TROKENDI XR VIMPAT	<i>carbamazepine, carbamazepine ext-rel, clobazam (PA), clonazepam, divalproex sodium, divalproex sodium ext-rel, ethosuximide, felbamate, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, primidone, tiagabine, topiramate, valproic acid, zonisamide</i>
<b>Severe Dry Eyes* Ophthalmic (Eye) Agents</b>	RESTASIS^ CEQUA	XIIDRA
<b>Sleep* Hypnotics, Non-benzodiazepines</b>	BELSOMRA EDLUAR ROZEREM† SILENOR ZOLPIMIST^	<i>zaleplon, zolpidem, zolpidem ext-rel, zolpidem sublingual</i>
<b>Testosterone Replacement* Androgens</b>	ANDRODERM ANDROGEL 1.62%† AVEED JATENZO METHITEST NATESTO† STRIANT TESTOPEL XYOSTED	<i>testosterone 1% gel (generic of ANDROGEL 1%); testosterone 2% gel (generic of FORTESTA 2%), testosterone solution</i>
<b>Thyroid Supplements*</b>	THYROLAR TIROSINT All other thyroid hormones that are not <i>levothyroxine</i>	<i>levothyroxine</i>
<b>Transplant* Immunosuppressants,</b>	ASTAGRAF XL ENVARUSUS XR	<i>cyclosporine, cyclosporine modified, tacrolimus</i>

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Calcineurin Inhibitors	PROGRAF GRANULES	

## Index of Non-Listed Brand Medicines (Requiring Authorization for Medical Necessity)

<p>                     ABILIFY<sup>†</sup>, 3                      ABSORICA, 1                      ABSTRAL, 8                      ACANYA, 1                      ACCU-CHEK STRIPS AND KITS, 5                      ACIPHEX SPRINKLE, 6                      ACUVAIL<sup>^</sup>, 8                      ACZONE 7.5%, 1                      ADLYXIN, 4                      ADMELGO, 4                      ADZENYS XR<sup>^</sup>, 2                      AEROSPAN<sup>†</sup>, 2                      AFREZZA, 4                      AIMOVIG, 7                      AIRDUO, 2                      AKYNZEO, 5                      ALOCRIL, 1                      ALOMIDE, 1                      ALORA<sup>^</sup>, 5                      ALPHAGAN P, 7                      ALREX, 1                      ALTOPREV<sup>†</sup>, 3                      ALVESCO<sup>†</sup>, 2                      ANDRODERM, 9                      ANDROGEL 1.62%, 9                      ANGELIQ, 5                      ANORO, 3          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ONZETRA XSAIL, 7	SAPHRIS, 3	TRINTELLIX, 3
OSENIT, 4	SAVAYSA, 6	TROKENDI XR, 9
OSMOLEX ER, 9	SEEBRI, 3	TROXYCA ER, 8
OSMOPREP, 6	SEGLUROMET, 5	TUDORZA†, 3
OXAYDO, 8	STEGLUJAN, 5	TYMLOS, 7
OXISTAT <sup>^</sup> , 2	SEREVENT, 3	UCERIS, 6
OXTELLAR XR, 9	SERNIVO, 4	ULESFIA, 6
OXYCONTIN, 8	SILENOR <sup>^</sup> , 9	ULORIC <sup>^</sup> , 8
OXYTROL†, 7	SIMBRINZA, 7	ULTRAVATE lotion, 4
PANCREAZE, 6	SITAVIG, 2	UTIBRON, 3
PANDEL, 4	SIVEXTRO, 1	VANTRELA ER, 8
PAXIL, 3	SKLICE, 6	VARUBI, 5
PAZEO, 1	SOLIQUA, 4	VELPHORO, 7
PEGANONE, 9	SOLODYN, 1	VELTIN <sup>^</sup> , 1
PENNSAID†, 8	SOOLANTRA, 4	VENTOLIN HFA†, 2
PENTASA, 6	SORILUX, 4	VERDESOP <sup>^</sup> , 4
PERTZYE, 6	SPIRIVA, 3	VERSACLOZ, 3
PEXEVA <sup>^</sup> , 3	SPRITAM, 9	VESICARE, 7
PHOSLYRA, 7	SPRIX†, 8	VIIBRYD, 3
PICATO, 3	STEGLATRO, 5	VIMOVO, 8
PRADAXA†, 6	STIOLTO, 3	VIMPAT, 9
PRAMOSONE, 4	STRIANT, 9	VIVITROL, 7
PRED MILD, 8	SUBSYS, 8	VIMLODEX, 8
PREFEST, 5	SUBLOCADE, 7	VRAYLAR, 3
PREMARIN, 5	SUMAVEL DOSEPRO†, 7	VYVANSE, 2
PREMARIN cream, 5	SYMPROIC, 6	VYZULTA, 7
PREMPHASE, 5	SYNDROS, 5	XADAGO, 9
PREMPRO, 5	TACLONEX suspension, 4	XARTEMIS XR, 8
PREPOPIK, 6	TANZEMU†, 4	XERESE <sup>^</sup> , 2
PROBUPHINE, 7	TAZORAC 1,4	XHANCE, 1
PROCTOFOAM, 6	TEKURNA, 6	XIMINO, 1
PROLENSA, 8	TEKURNA HCT, 6	XOLEGEL, 2
PROTONIX†, 6	TESTOPEL, 9	XOPENEX HFA†, 2
PROVENTIL HFA†, 2	TEXACORT, 4	XULTOPHY, 4
PULMICORT <sup>^</sup> , 2	THYROLAR, 9	ZELAPAR, 9
QNASL†, 1	TIMOPTIC OCUDOSE, 7	ZEMBRACE SYMTOUCH, 7
QTERN, 5	TIROSINT, 9	ZETONNA†, 1
QUILLICHEW ER, 2	TIVORBEX, 8	ZIOPTAN, 7
QUILLIVANT XR, 2	TOLAK, 3	ZIPSOR <sup>^</sup> , 8
QUTENZA, 8	TOPICORT, 4	ZOHYDRO ER <sup>^</sup> , 8
RAPAFLO, 9	TOUJEO†, 4	ZOLPIMIST <sup>^</sup> , 9
RAYOS†, 7	TOVIAZ, 7	ZOMIG nasal spray, 7
RELENZA, 6	TRADJENTA†, 4	ZONACORT, 7
RELISTOR†, 6	TRAVATAN Z, 7	ZORVOLEX <sup>^</sup> , 8
RENAGEL, 7	TRELEGY, 3	ZOVIRAX cream, 2
RESCULA, 7	TRESIBA, 4	ZUBSOLV, 7
RESTASIS <sup>^</sup> , 9	TRETIN-X, 1	ZUPLENZ, 5
REXULTI, 3	TREXIMET <sup>^</sup> , 7	ZURAMPIC, 8
RHOFADE, 4	TRIANEX, 4	ZYCLARA <sup>^</sup> , 3
RIAX, 1		ZYPREXXA RELPREVV, 3
RISPERDAL CONSTA, 3		
ROWASA SF <sup>^</sup> , 6		
ROXYBOND, 8		
ROZEREM†, 9		
RYTARY, 9		
SABRIL tablets, 9		
SANCUSO, 5		

There may be additional drugs subject to prior authorization or other plan design restrictions. Please consult your plan for further information.

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. Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific drug. 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.

\*\* Listing does not include certain NDCs.

† This drug is excluded on the CVS Caremark Standard Control and Advanced Control Formularies.

^ This drug is excluded on the CVS Caremark Advanced Control Formulary®.

1 An Accu-Chek blood glucose meter will 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 1-800-588-4456. Plan members must have CVS Caremark Mail Service Pharmacy benefits to qualify.

Key abbreviations: (PA) = prior authorization; (ST; PA) = step therapy with post-step prior authorization; (QL) = quantity limit; (QL; PA) = quantity limit with post-limit prior authorization; (OTC) = over-the-counter medicine, not covered by the pharmacy benefit plan.

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