

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. Preferred brand-name medications are listed to help identify product that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only.

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](https://www.caremark.com) for a complete list.

LEGEND

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

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 **SP, PA**
 EUFLEXXA **SP, PA**
 GELSYN-3 **SP, PA**
 ORTHOVISC **SP, PA**

ANTI-INFECTIVES

ANTHELMINTICS

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

ANTIFUNGALS

fluconazole

griseofulvin microsize
itraconazole
nystatin
terbinafine hcl tabs
voriconazole

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
fidaxomicin **PA**
 DIFICID **PA**
 ZITHROMAX

FLUOROQUINOLONES

ciprofloxacin hcl
levofloxacin

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

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/trimethopri
m
vancomycin hcl **QL**

PENICILLINS

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

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

VASCEPA

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
sacubitril-valsartan
CORLANOR

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

ANTI-ANXIETY

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

ANTIDEPRESSANTS

bupropion
bupropion hcl ext-rel
citalopram hydrobromide
desvenlafaxine succinate ext-
rel
doxepin
duloxetine delayed-rel
escitalopram oxalate
fluoxetine hcl caps; soln
fluoxetine hcl tabs 10mg,
20mg
mirtazapine
mirtazapine orally
disintegrating tabs
paroxetine hcl ext-rel²
paroxetine hcl tabs
sertraline hcl
trazodone hcl
venlafaxine hcl
venlafaxine hcl ext-rel
vilazodone hcl
ZURZUVAE **SP, PA, QL**

HYPNOTICS

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

**MIGRAINE -
MISCELLANEOUS**

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

**MIGRAINE - MONOCLONAL
ANTIBODIES**

AJOVY **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 **QL; PA***

zolmitriptan **QL; PA***

*zolmitriptan orally
disintegrating tabs* **QL; PA***

**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**

BETASERON **SP, PA, QL**

COPAXONE INJ 40MG/ML **SP,
PA, QL**

KESIMPTA **SP, PA, QL**

MAYZENT **SP, PA, QL**

MAYZENT STARTER PACK **SP,
PA, QL**

OCREVUS **SP, PA, QL**

REBIF **SP, PA, QL**

TYSABRI **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

HUMULIN R U-500

INSULIN GLARGINE-YFGN

LANTUS

LANTUS SOLOSTAR

NOVOLIN **OTC**

NOVOLOG

NOVOLOG MIX

TRESIBA

**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****

XIGDUO XR **ST; PA****

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

GLYXAMBI **ST; PA****

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

FARXIGA **ST; PA****

JARDIANCE **ST; PA****

**ANTIDIABETICS,
SULFONYLUREA**

glimepiride

glipizide

glipizide ext-rel

glipizide xl

**CALCIUM REGULATORS,
BISPHOSPHONATES**

alendronate sodium

ibandronate sodium

risedronate sodium

**CALCIUM REGULATORS,
MISCELLANEOUS**

OSENVELT **SP, PA, QL**

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

LO LOESTRIN FE

MIRENA

NEXPLANON

PARAGARD INTRAUTERINE

COP

SKYLA

DIABETIC SUPPLIES

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

DEXCOM G7 15 DAY SENSOR

EMBECTA ULTRAFINE

INSULIN SYRINGES

(EXCEPT CERTAIN NDCS)

OTC

EMBECTA ULTRAFINE

NEEDLES (EXCEPT

CERTAIN NDCS) **OTC**

OMNIPOD 5 INSULIN

INFUSION PUMP

OMNIPOD DASH INSULIN

INFUSION PUMP

TRUE METRIX STRIPS AND

KITS **1 OTC**

TWIIST REFILL KIT/INFUSIO

TWIIST STARTER KIT

**HUMAN GROWTH
HORMONES**

HUMATROPE **SP, PA**

NORDITROPIN **SP, PA**

SOGROYA **SP, PA, QL**

**MENOPAUSAL SYMPTOM
AGENTS**

estradiol

estradiol vaginal crm

estradiol/norethindrone

COMBIPATCH

IMVEXXY
VAGIFEM

MISCELLANEOUS

raloxifene hcl

PHOSPHATE BINDER AGENTS

calcium acetate caps
sevelamer carbonate

PROGESTINS

medroxyprogesterone acetate
norethindrone acetate
progesterone, micronized
CRINONE

THYROID AGENTS

levothyroxine sodium
liothyronine sodium

GASTROINTESTINAL

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
tropium

VAGINAL ANTI-INFECTIVES

clindamycin cream
metronidazole vaginal gel
terconazole vaginal

HEMATOLOGIC

ANTICOAGULANTS

dabigatran etexilate mesylate
enoxaparin sodium
rivaroxaban
warfarin sodium

ELIQUIS
ELIQUIS STARTER PACK
XARELTO
XARELTO STARTER PACK

PLATELET AGGREGATION INHIBITORS

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

IMMUNOLOGIC AGENTS

ALOPECIA AREATA

LITFULO **SP, PA, QL**
OLUMIANT **SP, PA, QL**

AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)

AVSOLA **SP, PA, QL**
ENTYVIO INTRAVENOUS **SP, PA, QL**
ILUMYA **SP, PA, QL**
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 SUBCUTANEOUS **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**
ENTYVIO PEN **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), HIDRADENITIS SUPPURATIVA

ADALIMUMAB-ADAZ **SP, PA, QL**
COSENTYX SUBCUTANEOUS **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), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

CIMZIA **SP, PA, QL**
COSENTYX SUBCUTANEOUS **SP, PA, QL**
RINVOQ **SP, PA, QL**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS

ADALIMUMAB-ADAZ **SP, PA, QL**
BIMZELX **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**
SOTYKTU **SP, PA, QL**
STELARA SUBCUTANEOUS **SP, PA, QL**
TREMFYA **SP, PA, QL**
YESINTEK **SP, PA, QL**

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS

ADALIMUMAB-ADAZ **SP, PA, QL**
COSENTYX SUBCUTANEOUS **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**
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), 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**ENTYVIO PEN **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, QLTREMIFYA **SP, PA, QL**VELSIPITY **SP, PA, QL**YESINTEK **SP, PA, QL**ZEPOSIA **SP, PA, QL**ZEPOSIA STARTER KIT **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 **PA, QL**VEVYE **PA, QL****PROSTAGLANDINS***bimatoprost**latanoprost***SYMPATHOMIMETICS***brimonidine 0.15%, 0.2%***RESPIRATORY****ANAPHYLAXIS TREATMENT
AGENTS***epinephrine (anaphylaxis)² QL;
PA****ANTICHOLINERGIC/BETA
AGONIST COMBINATIONS***ipratropium/albuterol**inhalation soln QL*ANORO ELLIPTA **QL**BEVESPI AEROSPHERE **QL****ANTICHOLINERGIC/BETA
AGONIST/STEROID
COMBINATIONS**TRELEGY ELLIPTA **QL****ANTICHOLINERGICS***ipratropium inhalation solution
QL*SPIRIVA **QL**SPIRIVA HANDHALER **QL**YUPELRI **QL****BETA AGONISTS***albuterol inhalation soln QL**albuterol sulfate, cfc-free
aerosol² QL**formoterol inhalation solution
QL**levalbuterol nebulizer soln
concentrate QL**levalbuterol, cfc-free aerosol
QL*STRIVERDI RESPIMAT **QL****CHRONIC OBSTRUCTIVE
PULMONARY DISEASE**DUPIXENT **SP, PA, QL**NUCALA **SP, PA, QL****CHRONIC RHINOSINUSITIS
WITH NASAL POLYPS**DUPIXENT **SP, PA, QL**NUCALA **SP, PA, QL**XOLAIR **SP, PA, QL****CHRONIC SPONTANEOUS
URTICARIA**DUPIXENT **SP, PA, QL**XOLAIR **SP, PA, QL****EOSINOPHILIC
ESOPHAGITIS**DUPIXENT **SP, PA, QL****LEUKOTRIENE RECEPTOR
ANTAGONISTS***montelukast sodium***NASAL STEROIDS***flunisolide spray**fluticasone spray***SEVERE ASTHMA AGENTS**DUPIXENT **SP, PA, QL**FASENRA **SP, PA, QL**FASENRA PEN **SP, PA, QL**NUCALA **SP, PA, QL**TEZSPIRE **SP, PA, QL**XOLAIR **SP, PA, QL****STEROID INHALANTS***budesonide inh susp QL; PA**ASMANEX HFA **QL**PULMICORT FLEXHALER **QL****STEROID/BETA-AGONIST
COMBINATIONS***breyana 80-4.5 mcg/act QL**breyana 160-4.5 mcg/act QL**budesonide-formoterol**fumarate dihydrate QL**fluticasone-salmeterol² QL**wixela inhub QL*AIRSUPRA **QL****TOPICAL****DERMATOLOGY, ACNE***clindamycin gel² 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)*CIBINQO **SP, PA, QL**DUPIXENT **SP, PA, QL**EBGLYSS **SP, PA, QL**NEMLUVIO **SP, PA, QL**RINVOQ **SP, PA, QL****DERMATOLOGY, PRURIGO
NODULARIS**DUPIXENT **SP, PA, QL**NEMLUVIO **SP, PA, QL****MOUTH/THROAT/DENTAL
AGENTS***clotrimazole troches QL; PA**

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](https://www.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 or TRUE METRIX blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK or TRUE METRIX. 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.

BD ULTRAFINE or EMBECTA ULTRAFINE (except certain NDCs) syringes and needles are the only preferred options.

ACCU-CHEK or TRUE METRIX (Trividia manufactured NDCs) brand test strips are the only preferred options.

ACCU-CHEK lancets and lancing devices are the only preferred options.

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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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