May 2017

Value Formulary Quick Reference List for Sprint

The Value Formulary Quick Reference List for Sprint 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 but represents a summary of prescribed medications for a complete list.

www.caremark.com
§ MISCELLANEOUS
buspirone
fluoxetine

ANTIDEPRESSANTS
§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)
citalopram
escitalopram
fluoxetine
paroxetine
paroxetine ext-rel
sertraline

§ MISCELLANEOUS AGENTS
bupropion
bupropion ext-rel
mirtazapine
mirtazapine orally
disintegrating tablet
trazodone

HYPNOTICS
§ NONBENZODIAZEPINES
zaleplon
zolpidem
zolpidem ext-rel

MIGRAINE
§ SELECTIVE SEROTONIN AGONISTS
naratriptan
rizatriptan
rizatriptan orally
disintegrating tabs
sumatriptan
zolmitriptan orally
disintegrating tabs
zolmitriptan tabs

§ MULTIPLE SCLEROSIS AGENTS
glatiramer
AUBAGIO
BETASERON
COPAXONE
GILENYA
REBIF
TECFIDERA

ENDOCRINE AND METABOLIC

ANTIDIABETICS
§ BIGUANIDES
metformin
metformin ext

ANTIDIABETICS
§ MULTIPLE SCLEROSIS
TANZEUM
VICTOZA

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
LANCETS
ONETOUGH STRIPS AND KITS

CALCIUM REGULATORS
§ BISPHOSPHONATES
alendronate
ibandronate
risedronate

CONTRACEPTIVES
§ MONOPHASIC
§ 20 mcg Estrogen
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-ethinodiol diacetate
ethinyl estradiol-norethindrone
ethinyl estradiol-norgestimate

§ 50 mcg Estrogen
ethinyl estradiol-ethinodiol 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

§ INJECTABLE
medroxyprogesterone acetate 150 mg/mL

§ TRANSDERMAL
norelgestromin/
ethinyl estradiol - Xulane

VAGINAL
NUVARING

ESTROGENS
§ ORAL
estriol
estropropane

§ TRANSDERMAL
estradiol

VAGINAL
ESTRACE

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

HUMAN GROWTH HORMONES
HUMATROPE

§ PHOSPHATE BINDER
calcium acetate

§ PROGESTINS
§ ORAL
medroxyprogesterone acetate
progesterone, micronized

VAGINAL
ENDOMETRIN

§ SELECTIVE ESTROGEN RECEPTOR MODULATORS
raloxifene

§ THYROID SUPPLEMENTS
levothyroxine

GASTROINTESTINAL

§ H2 RECEPTOR ANTAGONISTS
cimetidine
famotidine
ranitidine

§ PROTON PUMP INHIBITORS
lansoprazole
omeprazole
pantoprazole
PREVACID SOLUTAB

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA
alfuzosin ext-rel
doxazosin
finasteride
tamsulosin
terazosin

§ URINARY ANTISPASMODICS
oxybutynin
oxybutynin ext-rel
trospium

§ VAGINAL ANTI-INFECTIVES
clindamycin cream
metronidazole
tercanazole

HEMATOLOGIC

ANTICOAGULANTS
§ INJECTABLE
enoxaparin

§ ORAL
warfarin
XARELTO

§ PLATELET AGGREGATION INHIBITORS
clopidogrel
dipyridamole
dipyridamole ext-rel

IMMUNOLOGIC AGENTS

BIOLOGIC DISEASE-MODIFYING AGENTS
PSORIASIS
HUMIRA
STELARA
TALTZ

ALL OTHER CONDITIONS
ENBREL
HUMIRA

REPRODUCTIVE

§ ANAPHYLAXIS
TREATMENT AGENTS
epinephrine auto-injector
EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS
ipratropium inhalation solution
INCRUSE ELLIPTA

ANTICHOLINERGIC / BETA AGONIST COMBINATIONS
After failure of HUMIRA

ALL OTHER CONDITIONS
ENBREL
HUMIRA

RESPIRATORY

§ SHORT ACTING
ipratropium-albuterol inhalation solution
COMBIVENT RESPIMAT

LONG ACTING
ANORO ELLIPTA
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
PERFORMIST QL

§ LEUKOTRIENE RECEPTOR ANTAGONISTS
montelukast

§ NASAL STERIODS
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

§ STEROID INHALANTS
erythromycin gel 2%
erthyromycin solution
erthyromycin-benzoyl peroxide
sulfacetamide lotion 10%
tretinoin

OPHTHALMIC BETA-BLOCKERS
§ Nonselective
timol maleate

§ Selective
timolol solution

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.

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: 1-800-588-4456.

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. 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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