

# Value Formulary Quick Reference List for Kentucky Employees' Health Plan

The **Value Formulary Quick Reference List for Kentucky Employees' Health Plan** 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.

## ANALGESICS

### NSAIDS

*diclofenac potassium* 50mg  
*diclofenac sodium delayed-rel*  
*diclofenac sodium ext-rel*  
*diflunisal*  
*etodolac*  
*flurbiprofen*  
*ibuprofen*  
*ketoprofen* 50mg, 75mg  
*ketorolac tromethamine*  
*meloxicam* tabs  
*nabumetone*  
*naproxen* tabs  
*oxaprozin*  
*piroxicam*  
*sulindac*

### VISCOSUPPLEMENTS

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

## ANTI-INFECTIVES

### ANTHELMINTICS

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

### ANTIFUNGALS

*clotrimazole troches* **QL; PA\***  
*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*  
*cefepodoxime proxetil*  
*cefprozil*  
*cefuroxime axetil*  
*cephalexin*

## ERYTHROMYCINS/MACROLIDES

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

## 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  
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 **SP, PA, QL**  
REPATHA PUSHTRONEX  
SYSTEM **SP, PA, QL**  
REPATHA SURECLICK **SP, PA,**  
**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  
CORLANOR  
ENTRESTO

#### MISCELLANEOUS

hydralazine hcl  
midodrine hcl  
ranolazine ext-rel

#### NITRATES

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

### CENTRAL NERVOUS SYSTEM

#### ANTIANKXIETY

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-rel<sup>2</sup>  
paroxetine hcl tabs  
sertraline hcl  
trazodone hcl  
venlafaxine hcl  
venlafaxine hcl ext-rel

#### 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

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

**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

OCREVUS **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 INHIBITORS

JANUVIA **ST; PA\*\***

### ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS

JANUMET **ST; PA\*\***  
JANUMET XR **ST; PA\*\***

### ANTIDIABETICS, INCRETIN MIMETIC AGENTS

MOUNJARO **ST, QL; PA\*\***  
OZEMPIC **ST, QL; PA\*\***  
RYBELSUS **ST, QL; PA\*\***  
TRULICITY **ST, QL; PA\*\***  
VICTOZA **ST, QL; PA\*\***

### ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS

SOLIQUA **ST; PA\*\***

### ANTIDIABETICS, INSULIN

FIASP  
HUMULIN R U-500  
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-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR/BIGUANIDE COMBINATIONS

TRIJARDY XR **ST; PA\*\***

### ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS

SYNJARDY **ST; PA\*\***  
SYNJARDY XR **ST; PA\*\***  
XIGDUO XR **ST; PA\*\***

### ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS

GLYXAMBI **ST; PA\*\***

### ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITORS

FARXIGA **ST; PA\*\***  
JARDIANCE **ST; PA\*\***

### ANTIDIABETICS, SULFONYLUREA

*glimepiride*  
*glipizide*  
*glipizide ext-rel*  
*glipizide xl*

### CALCIUM REGULATORS, BISPHTHONATES

*alendronate sodium*  
*ibandronate sodium*  
*risedronate sodium*

### CALCIUM REGULATORS, MISCELLANEOUS

PROLIA **SP, PA, QL**

### CALCIUM REGULATORS, PARATHYROID HORMONES

*teriparatide (recombinant)* **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*  
*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  
NUVARING  
PARAGARD INTRAUTERINE  
COP  
PHEXXI  
SKYLA

### DIABETIC SUPPLIES

ACCU-CHEK AVIVA PLUS STRIPS AND KITS **1 OTC**  
ACCU-CHEK GUIDE STRIPS AND KITS **1 OTC**  
ACCU-CHEK SMARTVIEW STRIPS AND KITS **1 OTC**  
BD INSULIN SYRINGES AND NEEDLES **OTC**

DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM  
OMNIPOD 5 INSULIN INFUSION PUMP  
OMNIPOD DASH INSULIN INFUSION PUMP  
OMNIPOD INSULIN INFUSION PUMP  
ONETOUCH LANCETS / LANCING DEVICE **OTC**  
ONETOUCH ULTRA STRIPS AND KITS **1 OTC**  
ONETOUCH VERIO STRIPS AND KITS **1 OTC**  
V-GO INSULIN INFUSION PUMP

### ESTROGENS

*estradiol*  
*estradiol vaginal crm*  
*estradiol/norethindrone*  
CLIMARA PRO  
COMBIPATCH  
IMVEXXY  
VAGIFEM

### HUMAN GROWTH HORMONES

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

### PHOSPHATE BINDER AGENTS

*calcium acetate caps*  
*sevelamer carbonate*

### PROGESTINS

*medroxyprogesterone acetate*  
*norethindrone acetate*  
*progesterone, micronized*  
ENDOMETRIN

### SELECTIVE ESTROGEN RECEPTOR MODULATORS

*raloxifene hcl*

### THYROID AGENTS

*levothyroxine sodium*  
*liothyronine sodium*

## GASTROINTESTINAL

### H2-RECEPTOR ANTAGONISTS

*cimetidine*  
*famotidine*

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## 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*

### URINARY ANTISPASMODICS

*oxybutynin chloride*  
*oxybutynin ext-rel*  
*tolterodine tartrate*  
*tropium*

### VAGINAL ANTI-INFECTIVES

*clindamycin cream*  
*metronidazole vaginal gel*  
*terconazole vaginal*

## HEMATOLOGIC

### ANTICOAGULANTS

*enoxaparin sodium*  
*warfarin sodium*  
ELIQUIS  
ELIQUIS STARTER PACK  
XARELTO  
XARELTO STARTER PACK

### PLATELET AGGREGATION INHIBITORS

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

## IMMUNOLOGIC AGENTS

### AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)

AVSOLA **SP, PA, QL**  
ILUMYA **SP, PA, QL**  
REMICADE **SP, PA, QL**  
SIMPONI ARIA **SP, PA, QL**  
SKYRIZI **SP, PA, QL**  
STELARA 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 **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 **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 **SP, PA, QL**  
RINVOQ **SP, PA, QL**  
SKYRIZI **SP, PA, QL**  
STELARA SUBCUTANEOUS **SP, PA, QL**

### AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

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

### AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS

ADALIMUMAB-ADAZ **SP, PA, QL**  
HADLIMA **SP, PA, QL**  
HADLIMA PUSHTOUCH **SP, PA, QL**  
HYRIMOZ **SP, PA, QL**  
OTEZLA **SP, PA, QL**  
SKYRIZI **SP, PA, QL**  
SOTYKTU **SP, PA, QL**

### STELARA SUBCUTANEOUS

**SP, PA, QL**  
TALTZ **SP, PA, QL**  
TREMIFYA **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 **SP, PA, QL**  
OTEZLA **SP, PA, QL**  
RINVOQ **SP, PA, QL**  
SKYRIZI **SP, PA, QL**  
STELARA SUBCUTANEOUS **SP, PA, QL**  
TREMIFYA **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 **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 **SP, PA, QL**  
RINVOQ **SP, PA, QL**  
STELARA SUBCUTANEOUS **SP, PA, QL**  
XELJANZ **SP, PA, QL**  
XELJANZ XR **SP, PA, QL**  
ZEPOSIA **SP, PA, QL**  
ZEPOSIA STARTER KIT **SP, PA, QL**

## OPHTHALMIC

### ANTIGLAUCOMA

*betaxolol hcl (ophth)*  
*bimatoprost*  
*brimonidine 0.15%, 0.2%*  
*dorzolamide hcl*  
*dorzolamide hcl-timolol maleate*  
*latanoprost*  
*timolol maleate (ophth)*

### DRY EYE DISEASE

RESTASIS **PA, QL**  
XIIDRA **PA, QL**

## RESPIRATORY

### ANAPHYLAXIS TREATMENT AGENTS

*epinephrine (anaphylaxis)<sup>2</sup> QL; PA\**  
SYMJEPI **QL; PA\***

### ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

*ipratropium/albuterol inhalation soln QL*  
ANORO ELLIPTA **QL**  
BEVESPI AEROSPHERE **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<sup>2</sup> 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 spray*  
*fluticasone spray*

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**STEROID INHALANTS**

budesonide inh susp **QL; PA\***  
PULMICORT FLEXHALER<sup>3</sup> **QL**

**STEROID/BETA-AGONIST  
COMBINATIONS**

fluticasone-salmeterol<sup>2</sup> **QL**  
Wixela Inhub **QL**

AIRSUPRA **QL**  
SYMBICORT **QL**

**TOPICAL****DERMATOLOGY, ACNE**

clindamycin gel<sup>2</sup> **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)  
ADBRY **SP, PA, QL**  
CIBINQO **SP, PA, QL**  
DUPIXENT **SP, PA, QL**  
RINVOQ **SP, PA, QL**



**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.

- <sup>^</sup> 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).
- <sup>1</sup> An ACCU-CHEK or ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK or ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.
- <sup>2</sup> 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.
- <sup>3</sup> Fluticasone HFA or QVAR REDHALER covered for members 6 years of age and under.

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