

# 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.

## 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** = Drug subject to Specialty Guideline Management

**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  
moxifloxacin hcl  
CIPRO

## HEPATITIS C

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

### 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-rel<sup>2</sup>  
paroxetine hcl tabs

sertraline hcl  
trazodone hcl  
venlafaxine hcl  
venlafaxine hcl ext-rel  
vilazodone hcl  
SPRAVATO 56MG DOSE **SP, PA**  
SPRAVATO 84MG DOSE **SP, PA**  
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**  
BRIUMVI **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**  
TYRUKO **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

#### **ANTIOBESITY**

liraglutide (weight management) **PA, QL**  
orlistat **PA, QL**  
phentermine hcl-topiramate **PA, QL**  
WEGOVY **PA, QL**

#### **CALCIUM REGULATORS, BISPSPHONATES**

alendronate sodium

ibandronate sodium  
risedronate sodium  
zoledronic acid

#### **CALCIUM REGULATORS, MISCELLANEOUS**

OSENVELT **SP, PA, QL**  
OSPOMYV **SP, PA, QL**  
STOBOCLO **SP, PA, QL**

#### **CALCIUM REGULATORS, PARATHYROID HORMONES**

teriparatide **SP, PA, QL**  
BONSITY **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  
ELLA  
KYLEENA  
LO LOESTRIN FE  
MIRENA  
NEXPLANON  
PARAGARD INTRAUTERINE COP  
SKYLA

#### **DIABETIC SUPPLIES**

ACCU-CHEK AVIVA PLUS STRIPS AND KITS<sup>1</sup> **OTC**  
ACCU-CHEK GUIDE STRIPS AND KITS<sup>1</sup> **OTC**

ACCU-CHEK LANCETS / LANCING DEVICE **OTC**  
 ACCU-CHEK SMARTVIEW STRIPS AND KITS **1 OTC**  
 BD INSULIN SYRINGES AND NEEDLES  
 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**  
 KETO-DIASTIX **OTC**  
 KETONE TEST STRIPS **OTC**  
 MULTISTIX 10 SG **OTC**  
 OMNIPOD 5 INSULIN INFUSION PUMP  
 OMNIPOD DASH INSULIN INFUSION PUMP  
 TRUE METRIX STRIPS AND KITS **1 OTC**  
 TRUEPLUS LANCETS **OTC**  
 TWIST REFILL KIT/INFUSIO  
 TWIST 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  
 trospium

#### 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 PUSH TOUCH **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 PUSH TOUCH **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 PUSH TOUCH **SP, PA, QL**  
 HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) **\* SP, PA, QL**  
 PYZCHIVA (EXCEPT NDCS 61314-XXXX-XX) **\* SP, PA, QL**  
 RINVOQ **SP, PA, QL**  
 SKYRIZI **SP, PA, QL**  
 TREMFYA **SP, PA, QL**  
 TREMFYA PEN **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 PUSH TOUCH **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 PUSH TOUCH **SP, PA, QL**  
 HYRIMOZ (EXCEPT NDCS 61314-XXXX-XX) **\* SP, PA, QL**  
 OTEZLA **SP, PA, QL**  
 OTEZLA XR **SP, PA, QL**

PYZCHIVA (EXCEPT NDCS  
61314-XXXX-XX) # **SP, PA,**  
**QL**

SKYRIZI **SP, PA, QL**  
SOTYKTU **SP, PA, QL**  
TREMIFYA **SP, PA, QL**  
TREMIFYA PEN **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 PUSH TOUCH **SP,**  
**PA, QL**  
HYRIMOZ (EXCEPT NDCS  
61314-XXXX-XX) # **SP, PA,**  
**QL**  
OTEZLA **SP, PA, QL**  
OTEZLA XR **SP, PA, QL**

PYZCHIVA (EXCEPT NDCS  
61314-XXXX-XX) # **SP, PA,**  
**QL**

RINVOQ **SP, PA, QL**  
SKYRIZI **SP, PA, QL**  
TREMIFYA **SP, PA, QL**  
TREMIFYA PEN **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 PUSH TOUCH **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 PUSH TOUCH **SP,**  
**PA, QL**  
HYRIMOZ (EXCEPT NDCS  
61314-XXXX-XX) # **SP, PA,**  
**QL**  
PYZCHIVA (EXCEPT NDCS  
61314-XXXX-XX) # **SP, PA,**  
**QL**  
RINVOQ **SP, PA, QL**  
SKYRIZI **SP, PA, QL**  
TREMIFYA **SP, PA, QL**  
TREMIFYA PEN **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)<sup>2</sup>*  
**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 HANDIHALER **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**

**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**

*Breyna 80-4.5 mcg/act* **QL**  
*Breyna 160-4.5 mcg/act* **QL**  
*budesonide-formoterol  
fumarate dihydrate* **QL**  
*fluticasone-salmeterol<sup>2</sup>* **QL**  
*Wixela Inhub* **QL**  
AIRSUPRA **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)*  
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.

- <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>#</sup> Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.
- <sup>1</sup> 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.
- <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.

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 lancing devices are the only preferred options.

ACCU-CHEK or TRUEPLUS (only certain NDCs) lancets are the only preferred options.

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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