

# Kentucky Employees' Health Plan

## Value Formulary Quick Reference List

The Kentucky Employees' Health Plan 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. 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 and does not guarantee coverage. Please visit [Caremark.com](http://Caremark.com) for a complete list.

### ANALGESICS

#### § NSAIDs

*diclofenac*  
*diflunisal*  
*etodolac*  
*fenoprofen*  
*flurbiprofen*  
*ibuprofen*  
*ketoprofen*  
*ketoprofen ext-rel*  
*ketorolac*  
*meloxicam*  
*nabumetone*  
*naproxen*  
*oxaprozin*  
*piroxicam*  
*sulindac*  
*tolmetin*

#### VISCOSUPPLEMENTS

GEL-ONE **PA, SP**  
VISCO-3 **PA, SP**

### ANTI-INFECTIVES

#### ANTIBACTERIALS

##### § CEPHALOSPORINS

*cefadroxil*  
*cefdinir*  
*cefepodoxime*  
*cefprozil*  
*cefuroxime*  
*cephalexin*

##### § ERYTHROMYCINS / MACROLIDES

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

#### § FLUOROQUINOLONES

*ciprofloxacin*  
*ciprofloxacin ext-rel*  
*levofloxacin*  
*moxifloxacin*

#### § PENICILLINS

*amoxicillin*  
*amoxicillin-clavulanate*  
*amoxicillin-clavulanate ext-rel*  
*ampicillin*  
*dicloxacillin*  
*penicillin VK*

#### § TETRACYCLINES

*doxycycline hyclate*  
*doxycycline monohydrate susp*  
*minocycline*  
*minocycline ext-rel*  
*tetracycline*

#### § ANTIFUNGALS

*clotrimazole troches*  
*fluconazole*  
*griseofulvin microsize*  
*itraconazole*  
*nystatin*  
*terbinafine tablet*  
*voriconazole*  
NOXAFIL

#### ANTIVIRALS

##### § HEPATITIS C AGENTS

*ribavirin* **PA, SP**  
EPCLUSA  
(genotypes 1, 2, 3, 4, 5, 6) **PA, SP, QL**  
HARVONI (genotypes 1, 4, 5, 6) **PA, SP, QL**  
REBETOL **PA, SP**  
VOSEVI \*, **PA, SP, QL**

#### § HERPES AGENTS

*acyclovir*  
*famciclovir*  
*valacyclovir*

#### § INFLUENZA AGENTS

*oseltamivir* **QL, PA**

#### § MISCELLANEOUS

*atovaquone*  
*clindamycin*  
*ivermectin*  
*linezolid* **PA**  
*linezolid inj* **PA**  
*metronidazole*  
*nitrofurantoin ext-rel*  
*nitrofurantoin macrocrystals*  
*praziquantel*  
*rifabutin*  
*sulfamethoxazole-trimethoprim*  
*vancomycin* **QL**  
EMVERM

### CARDIOVASCULAR

#### § ACE INHIBITORS

*captopril*  
*enalapril*  
*lisinopril*  
*perindopril*  
*ramipril*  
*trandolapril*

#### § ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS

*amlodipine-benazepril*

#### § ACE INHIBITOR / DIURETIC COMBINATIONS

*captopril-hydrochlorothiazide*  
*enalapril-hydrochlorothiazide*  
*lisinopril-hydrochlorothiazide*

#### § ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

*irbesartan / irbesartan-hydrochlorothiazide*  
*losartan / losartan-hydrochlorothiazide*  
*olmesartan / olmesartan-hydrochlorothiazide*  
*valsartan / valsartan-hydrochlorothiazide*

#### § ANTIARRHYTHMICS

*acebutolol*  
*amiodarone*  
*disopyramide*  
*dofetilide* **PA, SP**  
*flecainide*  
*ibutilide*  
*propafenone*  
*propafenone ext-rel*  
*sotalol*  
NORPACE CR

#### ANTILIPEMICS

##### § BILE ACID RESINS

*cholestyramine*  
*colestipol*

##### § FIBRATES

*fenofibrate*  
*gemfibrozil*

##### § HMG-CoA REDUCTASE INHIBITORS

*atorvastatin*  
*pravastatin*  
*rosuvastatin*  
*simvastatin*

##### § NIACINS

*niacin ext-rel*

**LEGEND** **PA**: Prior Authorization **PA, QL**: Quantity Limit is applied after Prior Authorization approval  
**QL**: Quantity Limit **QL, PA**: If Quantity Limit is exceeded, Prior Authorization may apply  
**SP**: Specialty Drug **ST**: Step Therapy **ST, PA**: If Step Therapy requirements are not met, Prior Authorization may apply



Kentucky Employees' Health Plan

PCSK9 INHIBITORS  
REPATHA **PA, SP, QL**

§ BETA-BLOCKERS

atenolol  
bisoprolol  
carvedilol  
labetalol  
metoprolol succinate ext-rel  
metoprolol tartrate 25 mg,  
50 mg, 100 mg  
nadolol  
pindolol  
propranolol  
propranolol ext-rel

§ BETA-BLOCKER / DIURETIC  
COMBINATIONS

atenolol-chlorthalidone  
bisoprolol-hydrochlorothiazide  
metoprolol-hydrochlorothiazide  
nadolol-bendroflumethiazide  
propranolol-hydrochlorothiazide

§ CALCIUM CHANNEL BLOCKERS

amlodipine  
diltiazem ext-rel  
felodipine ext-rel  
isradipine  
nicardipine  
nifedipine ext-rel  
verapamil ext-rel

§ DIGITALIS GLYCOSIDES

digoxin  
digoxin ped elixir

§ DIURETICS

amiloride  
amiloride-hydrochlorothiazide  
bumetanide  
chlorthalidone  
furosemide  
hydrochlorothiazide  
indapamide  
metolazone  
spironolactone-hydrochlorothiazide  
torsemide  
triamterene-hydrochlorothiazide

HEART FAILURE

CORLANOR  
ENTRESTO

§ NITRATES

isosorbide dinitrate  
isosorbide dinitrate ext-rel tabs  
isosorbide mononitrate  
isosorbide mononitrate ext-rel  
nitroglycerin sublingual  
nitroglycerin transdermal

§ MISCELLANEOUS

hydralazine  
methyl dopa

midodrine  
RANEXA

**CENTRAL NERVOUS SYSTEM**

ANTI-ANXIETY

§ BENZODIAZEPINES

alprazolam **QL**  
alprazolam orally disintegrating  
tablet **QL**  
clorazepate **QL**  
diazepam **QL**  
lorazepam **QL**  
oxazepam **QL**

§ MISCELLANEOUS

buspirone  
flvoxamine

ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN  
REUPTAKE INHIBITORS (SSRIs)

citalopram  
escitalopram  
fluoxetine  
paroxetine HCl  
paroxetine HCl ext-rel  
sertraline

§ SEROTONIN NOREPINEPHRINE  
REUPTAKE INHIBITORS (SNRIs)

desvenlafaxine succinate ext-rel  
duloxetine  
venlafaxine  
venlafaxine ext-rel

§ MISCELLANEOUS AGENTS

bupropion  
bupropion ext-rel  
mirtazapine  
mirtazapine orally disintegrating tablet  
trazodone

HYPNOTICS

§ NONBENZODIAZEPINES

zaleplon **QL, PA**  
zolpidem **QL, PA**  
zolpidem ext-rel **QL, PA**

MIGRAINE

§ SELECTIVE SEROTONIN  
AGONISTS

naratriptan **QL, PA**  
rizatriptan **QL, PA**  
rizatriptan orally disintegrating  
tabs **QL, PA**  
sumatriptan **QL, PA**  
zolmitriptan orally disintegrating  
tabs **QL, PA**  
zolmitriptan tabs **QL, PA**

§ MULTIPLE SCLEROSIS AGENTS

glatiramer **PA, SP, QL**  
AUBAGIO **PA, SP, QL**  
AVONEX **PA, SP, QL**  
BETASERON **PA, SP, QL**  
COPAXONE **PA, SP, QL**  
GILENYA **PA, SP, QL**  
OCREVUS **PA, SP, QL**  
REBIF **PA, SP, QL**  
TECFIDERA **PA, SP, QL**  
TYSABRI **PA, SP, QL**

**ENDOCRINE AND  
METABOLIC**

ANTI-DIABETICS

§ BIGUANIDES

metformin  
metformin ext-rel

§ BIGUANIDE / SULFONYLUREA  
COMBINATIONS

glipizide-metformin

DIPEPTIDYL PEPTIDASE-4 (DPP-4)  
INHIBITORS

JANUVIA **ST, PA**

DIPEPTIDYL PEPTIDASE-4 (DPP-4)  
INHIBITOR / BIGUANIDE  
COMBINATIONS

JANUMET **ST, PA**  
JANUMET XR **ST, PA**

INCRETIN MIMETIC AGENTS

OZEMPIC **ST, PA**  
TRULICITY **ST, PA**  
VICTOZA **ST, PA**

INCRETIN MIMETIC AGENT /  
INSULIN COMBINATIONS

SOLIQUA **ST, PA**

INSULINS

BASAGLAR  
FIASP  
HUMULIN R U-500  
LEVEMIR  
NOVOLIN  
NOVOLOG  
NOVOLOG MIX

§ INSULIN SENSITIZERS

pioglitazone

§ INSULIN SENSITIZER / BIGUANIDE  
COMBINATIONS

pioglitazone-metformin

§ INSULIN SENSITIZER /  
SULFONYLUREA COMBINATIONS

pioglitazone-glimepiride

SODIUM-GLUCOSE  
CO-TRANSPORTER 2 (SGLT2)  
INHIBITORS

FARXIGA **ST, PA**

JARDIANCE **ST, PA**

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

SYNJARDY **ST, PA**  
SYNJARDY XR **ST, PA**  
XIGDUO XR **ST, PA**

§ SULFONYLUREAS

glimepiride  
glipizide  
glipizide ext-rel  
glyburide  
glyburide, micronized

SUPPLIES

ACCU-CHEK AVIVA PLUS STRIPS  
AND KITS <sup>1</sup>  
ACCU-CHEK COMPACT PLUS  
STRIPS AND KITS <sup>1</sup>  
ACCU-CHEK GUIDE STRIPS AND  
KITS <sup>1</sup>  
ACCU-CHEK SMARTVIEW STRIPS  
AND KITS <sup>1</sup>  
BD INSULIN SYRINGES AND  
NEEDLES  
LANCETS

CALCIUM REGULATORS

§ BISPHOSPHONATES

alendronate  
ibandronate  
risedronate

CONTRACEPTIVES  
MONOPHASIC

§ 20 mcg Estrogen

ethinyl estradiol-drospirenone  
ethinyl estradiol-levonorgestrel  
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-ethynodiol diacetate  
ethinyl estradiol-norethindrone  
ethinyl estradiol-norgestimate

**LEGEND** **PA:** Prior Authorization **PA, QL:** Quantity Limit is applied after Prior Authorization approval  
**QL:** Quantity Limit **QL, PA:** If Quantity Limit is exceeded, Prior Authorization may apply  
**SP:** Specialty Drug **ST:** Step Therapy **ST, PA:** If Step Therapy requirements are not met, Prior Authorization may apply



Kentucky Employees'  
Health Plan

**§ 50 mcg Estrogen**  
ethinyl estradiol-ethynodiol diacetate

**§ 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**  
ELLA

**§ INJECTABLE**  
medroxyprogesterone acetate  
150 mg/mL

**§ TRANSDERMAL**  
norelgestromin/ethinyl estradiol -  
Xulane

**VAGINAL**  
NUVARING

**ESTROGENS**

**§ ORAL**  
estradiol

**§ TRANSDERMAL**  
estradiol

**§ VAGINAL**  
estradiol vaginal crm

**ESTROGEN / PROGESTINS**

**§ ORAL**  
estradiol-norethindrone  
ethinyl estradiol-norethindrone  
acetate

**HUMAN GROWTH HORMONES**  
HUMATROPE **PA, SP**

**§ PHOSPHATE BINDER AGENTS**  
calcium acetate  
sevelamer carbonate

**§ PROGESTINS**

**§ ORAL**  
medroxyprogesterone  
norethindrone acetate  
progesterone, micronized

**VAGINAL**  
ENDOMETRIN

**§ SELECTIVE ESTROGEN RECEPTOR MODULATORS**

raloxifene  
OSPHENA

**§ THYROID SUPPLEMENTS**

levothyroxine  
liothyronine

**GASTROINTESTINAL**

**§ H<sub>2</sub> RECEPTOR ANTAGONISTS**

cimetidine  
famotidine  
ranitidine

**§ PROTON PUMP INHIBITORS**

lansoprazole  
lansoprazole soluble tabs  
omeprazole  
pantoprazole

**GENITOURINARY**

**§ BENIGN PROSTATIC HYPERPLASIA**

alfuzosin ext-rel  
doxazosin  
finasteride  
tamsulosin  
terazosin

**§ URINARY ANTISPASMODICS**

oxybutynin  
oxybutynin ext-rel  
tolterodine  
trospium

**§ VAGINAL ANTI-INFECTIVES**

clindamycin cream  
metronidazole  
terconazole

**HEMATOLOGIC**

**ANTICOAGULANTS**

**§ INJECTABLE**

enoxaparin

**§ ORAL**

warfarin  
XARELTO

**§ PLATELET AGGREGATION INHIBITORS**

clopidogrel  
dipyridamole  
dipyridamole ext-rel/aspirin  
prasugrel  
BRILINTA  
ZONTIVITY

**IMMUNOLOGIC AGENTS**

**AUTOIMMUNE AGENTS**

**ANKYLOSING SPONDYLITIS**

COSENTYX **PA, SP, QL**  
ENBREL **PA, SP, QL**  
HUMIRA **PA, SP, QL**

**CROHN'S DISEASE**

HUMIRA **PA, SP, QL**  
STELARA  
SUBCUTANEOUS **#, PA, SP, QL**

**#** After failure of HUMIRA

**PSORIASIS**

HUMIRA **PA, SP, QL**  
OTEZLA **PA, SP, QL**  
STELARA  
SUBCUTANEOUS **PA, SP, QL**  
TALTZ **PA, SP, QL**

**PSORIATIC ARTHRITIS**

COSENTYX **PA, SP, QL**  
ENBREL **PA, SP, QL**  
HUMIRA **PA, SP, QL**  
OTEZLA **PA, SP, QL**

**RHEUMATOID ARTHRITIS**

ENBREL **PA, SP, QL**  
HUMIRA **PA, SP, QL**  
KEVZARA **PA, SP, QL**  
ORENCIA CLICKJECT **PA, SP, QL**  
ORENCIA  
SUBCUTANEOUS **PA, SP, QL**  
XELJANZ 5 MG **PA, SP, QL**  
XELJANZ XR **PA, SP, QL**

**ULCERATIVE COLITIS**

HUMIRA **PA, SP, QL**  
SIMPONI **#, PA, SP, QL**

**#** After failure of HUMIRA

**ALL OTHER CONDITIONS**

ENBREL **PA, SP, QL**  
HUMIRA **PA, SP, QL**

**RESPIRATORY**

**§ ANAPHYLAXIS TREATMENT AGENTS**

epinephrine auto-injector  
EPIPEN  
EPIPEN JR

**§ ANTICHOLINERGICS**

ipratropium inhalation solution  
INCRUSE ELLIPTA **QL**

**ANTICHOLINERGIC / BETA AGONIST COMBINATIONS**

**§ SHORT ACTING**  
ipratropium-albuterol inhalation solution  
COMBIVENT RESPIMAT

**LONG ACTING**

BEVESPI AEROSPHERE **QL**

**BETA AGONISTS, INHALANTS**

**§ SHORT ACTING**

albuterol inhalation solution  
levalbuterol nebulizer solution concentrate  
PROAIR HFA **QL**  
PROAIR RESPICLICK **QL**

**LONG ACTING**

**Hand-held Active Inhalation**  
STRIVERDI RESPIMAT **QL**

**Nebulized Passive Inhalation**

PERFOROMIST **QL**

**§ LEUKOTRIENE RECEPTOR ANTAGONISTS**

montelukast

**§ NASAL STEROIDS**

flunisolide  
fluticasone

**STEROID / BETA AGONIST COMBINATIONS**

ADVAIR **QL**  
ADVAIR HFA **QL**  
BREEZIVA **QL**  
SYMBICORT **QL**

**§ STEROID INHALANTS**

budesonide inhalation suspension **QL, PA**  
ARNUITY ELLIPTA **QL**  
FLOVENT DISKUS **QL**  
FLOVENT HFA **QL**  
QVAR REDHALER **QL**

**TOPICAL**

**DERMATOLOGY**

**§ ACNE**

benzoyl peroxide cream, lotion  
clindamycin gel, lotion, solution  
erythromycin gel 2%  
erythromycin solution  
erythromycin-benzoyl peroxide  
sulfacetamide lotion 10%  
tretinoin

**OPHTHALMIC**

**BETA-BLOCKERS**

**§ Nonselective**

timolol maleate

**§ Selective**

betaxolol solution

**LEGEND** **PA:** Prior Authorization **PA, QL:** Quantity Limit is applied after Prior Authorization approval  
**QL:** Quantity Limit **QL, PA:** If Quantity Limit is exceeded, Prior Authorization may apply  
**SP:** Specialty Drug **ST:** Step Therapy **ST, PA:** If Step Therapy requirements are not met, Prior Authorization may apply



Kentucky Employees' Health Plan

§ CARBONIC ANHYDRASE  
INHIBITORS  
*dorzolamide*

§ CARBONIC ANHYDRASE  
INHIBITOR / BETA-BLOCKER  
COMBINATIONS  
*dorzolamide-timolol maleate*

§ PROSTAGLANDINS  
*latanoprost*

§ SYMPATHOMIMETICS  
*brimonidine 0.15%, 0.2%*

**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 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, 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 [Caremark.com](http://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.

\* 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 blood glucose meter may 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: 1-877-418-4746.

**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.

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.

©2019. All rights reserved. 106-1059501C3 040119

[Caremark.com](http://Caremark.com)

**LEGEND** PA: Prior Authorization PA, QL: Quantity Limit is applied after Prior Authorization approval  
QL: Quantity Limit QL, PA: If Quantity Limit is exceeded, Prior Authorization may apply  
SP: Specialty Drug ST: Step Therapy ST, PA: If Step Therapy requirements are not met, Prior Authorization may apply



Kentucky Employees'  
Health Plan