

2018

MVP Commercial/CHPlus Formulary*

PRESCRIPTION DRUG FORMULARY

.....

Effective December 1, 2018

*Tier 3 drugs for CHPlus members require prior authorization





2018 PRESCRIPTION DRUG FORMULARY

EFFECTIVE December 1, 2018

Your physician is the person best suited to help you make decisions about prescription drugs, and the prescription drug information below is intended for consumer guidance only. This information relates to the Prescription Drug Formulary, generally, and may not describe your particular coverage. Your Certificate of Coverage or Summary Plan Description determines your benefits, limitations and exclusions.

Drug coverage and copayment/coinsurance for each tier is based upon the specific rider chosen by the employer group.

While every effort has been made to insure accuracy, some information may be out of date. The Formulary is subject to change based on decisions made by the Pharmacy & Therapeutics (P&T) committee. New drugs are not covered until reviewed by the P&T committee. Medications with an over-the-counter equivalent are not a covered benefit. Brand name drugs may be subject to additional member costs when a generic equivalent is available. Generic drugs on the formulary may not have the equivalent brand name product listed.

Products are listed in their most represented tier. Certain drugs may have a generic name but are a brand drug and will process as tier 3 product. For example a drug may be listed in tier 1 but a certain strength, dosage form or manufacturer may be considered a brand drug and will process at tier 3.

Your employer may have limited your coverage of certain prescription drugs. In the case of some drugs, the Plan limits coverage to a specific quantity or a specific course of treatment. The Plan may also require prior authorization on some covered drugs. If you need more information about policies regarding a specific drug, consult your physician or contact the Customer Care Center. If the medication you take is not listed below, contact the CVS Caremark Customer Care Center at the phone number listed on your identification card. The Prescription Drug Formulary does not apply to members who receive coverage through an Indemnity plan. Some members have a three-tier prescription benefit for which copay levels are described below.

DRUG CATEGORY	TIER 1 The lowest copay choice and usually includes generic drugs.		TIER 2 The mid-range copay choice and includes covered brand name drugs because of their overall value.	TIER 3 The highest copay choice and includes all other covered brand name drugs. Prior authorization is required for 2 tier benefit designs.	MEDICAL (M)
ACE Inhibitors** (blood pressure lowering, includes combination products)	benazepril/HCTZ captopril/HCTZ enalapril/HCTZ fosinopril/HCTZ lisinopril/HCTZ	moexipril/HCTZ perindopril quinapril/HCTZ ramipril trandolapril trandolapril-verapamil	None	Accupril Accuretic Aceon Altace Epaned Lotensin Mavik	Prestalia Prinivil Qbrelis Vasotec Zestril Zestoretic ^{EX}
Adrenal Hormones Oral**	cortisone dexamethasone fludrocortisone hydrocortisone	methylprednisolone prednisolone prednisone	None	Cortef Dexpak Emflaza [#]	Medrol Millipred Orapred ODT Acthar HP [#]
Adrenergic Antagonists**	clonidine clonidine patch doxazosin guanfacine	methyl dopa/HCTZ midodrine prazosin reserpine terazosin	None	Cardura/XL Catapres/TTSE ^{EX} Minipress Tenex	

[#]Requires prior authorization

*Drug is available through Mail Order

**All drugs in the category are available through Mail Order

^{EX} Excluded drug-medical exception approval required

^M Does not require a prescription drug rider for coverage but may be subject to prior authorization or step therapy as indicated. If provider does not buy and bill drug must be obtained from CVS Specialty or other contracted Specialty provider

^q Subject to quantity limits

st Step therapy edits apply

⁺ Obtain through CVS Specialty

Alzheimer's Agents**	donepezil ergoloid galantamine memantine/XR rivastigmine oral/patch		Aricept Exelon patch Namenda IR/XR Namzaric Razadyne ER		
Androgens (male hormones)	danazol oxandrolone ^q testosterone inj ^q testosterone gel ^{q,*} testosterone TD soln ^q	Androgel ^{*,q}	Anadrol-50 # Androderm ^{#,q} Android ^{q,*} Axiron ^{#,q} Delatestryl ^{#,q} Depo-Testosterone ^{#,q} Fortesta ^{#,q} Methitest ^{q,#} Natesto ^{#q} Oxandrin ^{q,#} Striant ^{#,q} Testim ^{#,q} Testred ^{#,q} Vogelxo ^{#q*}	Aveed [#] Testopel ^q	
ARBs/Renin Inhibitors** (includes combination products)	candesartan/HCTZ eprosartan/HCTZ irbesartan/HCTZ losartan/HCTZ olmesartan/amlodipine olmesartan/HCTZ telmisartan/amlodipine valsartan valsartan/amlodipine valsartan/amlodipine/HCT	None	Atacand Avalide Avapro Azor ^{EX} Benicar/HCT Byvalson Cozaar Diovan/HCT Edarbi	Edarbyclor Entresto Exforge/HCT Hyzaar Micardis/HCT Tekturna Teveten Tribenzor Twynsta	
Anti-Anxiety Agents**	alprazolam/ER buspirone chlordiazepoxide clorazepate diazepam hydroxyzine pamoate lorazepam oxazepam	None	Ativan Tranxene-T Valium Xanax/XR		
Antiarrhythmics** (heart rhythm)	amiodarone disopyramide dofetilide flecainide mexiletine Pacerone propafenone/SR quinidine sotalol/AF	None	Betapace/AF Cordarone Multaq Norpace/CR	Rythmol SR Sotylize Tikosyn	
Antibiotics	amoxicillin amoxicillin/clavulanate amoxicillin/clavulanate XR ampicillin Avidoxy azithromycin cefaclor/ER cefadroxil cefdinir cefditoren cefpodoxime cefprozil cefuroxime cephalexin caps ciprofloxacin/ER clarithromycin/ER	Cefaclor ER Firvanq	Acticlate ^{EX} Adoxa Arikayce [#] Augmentin/ES/XR Avelox Bactrim/DS Baxdela tab Biaxin XL Cedax Ceftin Cipro Cleocin/Susp Cleocin Vaginal Dificid Doryx [#] E.E.S. Susp	Keflex Levaquin Minolira ^{EX} Minocin ^{EX} Monodox Moxatag Oracea [#] PCE Sivextro tabs Solodyn [#] Spectracef Sulfadiazine Suprax Vancocin Vibramycin Xifaxan [#]	Baxdela Inj [#] Dalvance Orbactiv Rocephin [#] (for Lyme Disease) Teflaro Vibativ Zyvox Inj [#] Sivextro inj [#] Xerava [#] Zerbaxa

[#]Requires prior authorization

*Drug is available through Mail Order

**All drugs in the category are available through Mail Order

^{EX} Excluded drug-medical exception approval required

^M Does not require a prescription drug rider for coverage but may be subject to prior authorization or step therapy as indicated. If provider does not buy and bill drug must be obtained from CVS Specialty or other contracted Specialty provider

^q Subject to quantity limits

st Step therapy edits apply

⁺ Obtain through CVS Specialty

	clindamycin demeclocycline dicloxacillin doxycycline IR doxycycline DR# Erythrocin erythromycin levofloxacin linezolid minocycline IR caps minocycline ER# moxifloxacin neomycin ofloxacin paromomycin penicillin sulfa/trimeth DS/SS tetracycline vancomycin		Eryped Ery-Tab Erythromycin Base Factive	Zithromax Z-Max Zyvox		
Anticoagulants	heparin enoxaparin fondaparinux Jantoven* warfarin*	Coumadin* Eliquis* Xarelto*	Arixtra Bevyxxa Fragmin Iprivask	Lovenox Pradaxa ^{EX} Savaysa ^{EX}		
Anticonvulsants** (seizures)	carbamazepine/XR clobazam clonazepam diazepam rectal divalproex/ER Epitol ethosuximide felbamate gabapentin lamotrigine/XR/ODT	levetiracetam/SR oxcarbazepine phenobarbital phenytoin primidone tiagabine topiramate valproic acid vigabatrin+ zonisamide	Dilantin Vimpat	Aptiom Banzel Briviact Carbatrol Celontin Depakene Depakote/ER Diastat Epidiolex# Felbatol ^{EX} Fycompa Gabitril Keppra/XR Klonopin Lamictal/XR/ODT Lyrica IR Mysoline ^{EX}	Neurontin Onfi Oxtellar XR Peganone Phenytek Potiga Qudexy XR Sabril* Spritam ^{EX} Tegretol/XR Topamax Trileptal Trokendi XR Zarontin Zonegran	
Antidepressants**	amitriptyline amoxapine bupropion/SR/XL bupropion ER 450mg ^{EX} citalopram clomipramine desipramine desvenlafaxine ER (generic) doxepin duloxetine escitalopram fluoxetine fluvoxamine/CR imipramine HCl imipramine pamoate maprotiline	mirtazapine nefazodone nortriptyline olanzepine/ fluoxetine paroxetine/ER phenelzine protriptyline sertraline tranylcypromine trazodone trimipramine venlafaxine/ER (generic)	Pristiq ER	Anafranil Aplenzin ^{EX} Celexa Cymbalta Desvenlafaxine ER (brand) Duloxetine 40mg Effexor/XR Emsam Fetzima Fluoxetine 60mg Forfivo XL ^{EX} Irenka Khedezla Lexapro Marplan Nardil	Norpramin Oleptro ER Pamelor Parnate Paxil/CR Pexeva Prozac/Weekly Remeron Sarafem Surmontil Tofranil/PM Trintellix Venlafaxine ER (brand) Viibryd Wellbutrin/SR/XL Zoloft	
Antiemetics	aprepitant ^q	ondansetron ^q		Akynzeo ^q	Sancuso ^q	Akynzeo inj [#]

#Requires prior authorization

^q Subject to quantity limits

*Drug is available through Mail Order

st Step therapy edits apply

**All drugs in the category are available through Mail Order

* Obtain through CVS Specialty

^{EX} Excluded drug-medical exception approval required

^M Does not require a prescription drug rider for coverage but may be subject to prior authorization or step therapy as indicated. If provider does not buy and bill drug must be obtained from CVS Specialty or other contracted Specialty provider

(nausea)	Compro dronabinol granisetron ^q	prochlorperazine promethazine scopolamine patch trimethobenzamide		Anzemet ^q Bonjesta ^q Cesamet Diclegis ^q Emend ^q Marinol	Syndros [#] Tigan Transderm-Scop Varubi ^q Zofran/ODT ^q Zuplenz ^{EX,q}	Aloxi Inj Cinvanti [#] Emend Inj [#] Sustol Inj [#] Varubi inj [#]
Antifungal Agents	clotrimazole oral fluconazole griseofulvin itraconazole [#] ketoconazole tabs	nystatin terbinafine ^q voriconazole	None	Ancobon Cresemba Diflucan Grifulvin V Gris-Peg Jublia [#] Kerydin [#] Lamisil Granules ^q	Lamisil ^q Nizoral Noxafil Onmel [#] Oravig Sporanox [#] Vfend	caspofungin
Antihistamines	azelastine chlorpheniramine* clemastine cyproheptadine*	desloratadine* hydroxyzine* levocetirizine* olopatadine nasal promethazine*	Astepro	Clarinetx	Patanase Xyzal	
Antihistamine/ Decongestant Combinations	Various generics		None	Various brands [#] Clarinetx D ^{EX}	Semprex-D ^{EX}	
Antihypertensive Combinations** (blood pressure lowering)	amlodipine/atorvastatin amlodipine/benazepril atenolol/chlorthalidone Clorpres nadolol/bendroflumethiazide		None	Bidil Caduet Corzide Lopressor HCT	Lotrel Tarka Tenoretic Ziac	
Antimalarials	atovaquone/proguanil ^q chloroquine ^q hydroxychloroquine* mefloquine ^q quinine sulfate ^q		None	Coartem ^q Daraprim ^q Malarone ^q	Plaquenil Primaquine ^q Qualaquin ^q	
Anti- mycobacterials** (TB)	ethambutol isoniazid	pyrazinamide rifampin	Priftin	Mycobutin Paser Rifamate	Rifatero Sirturo Trecator	
Antiparasitics	albendazole atovaquone ^q dapson metronidazole tabs	paromomycin praziquantel tinidazole ivermectin	None	Albenza Alinia Benznidazole [#] Biltricide	Flagyl/ER Mepron [#] SoloSec ^{EX} Stromectol Tindamax	
Antiplatelet Agents**	Anagrelide aspirin-dipyridamole cilostazol	clopidogrel dipyridamole pentoxifylline prasugrel	None	Aggrenox Agrylin Brilinta Effient	Persantine Plavix Pletal Zontivity	Praxbind
Antipsychotics**	Aripiprazole/ODT chlorpromazine clozapine/ODT fluphenazine haloperidol lithium loxapine olanzapine/ODT olanzapine/fluoxetine	paliperidone ER perphenazine pimozide quetiapine/XR risperidone/ODT thioridazine thiothixene trifluoperazine ziprasidone	Latuda	Abilify Clozaril Equetro Fanapt FazaClo Geodon Invega Lithium solution Lithobid	Nuplazid ^{##} Orap Risperdal Rexulti Saphris Seroquel/XR Symbyax Versacloz Vraylar [#] Zyprexa	Abilify- Maintena Aristada Invega- Sustenna Invega Trinza Perseris [#] Risperdal- Consta Zyprexa- Relprevv
Antiretrovirals/ HIV	abacavir abacavir/lamiv/zidovudine atazanavir didanosine efavirenz		Aptivus Atripla Biktarvy Cimduo Crixivan	Combivir Complera Delstrigo [#] Descovy Eduvant	Reyataz Stribild Symtuza [#] Tivicay Triumeq	Trogarzo

[#]Requires prior authorization

^q Subject to quantity limits

*Drug is available through Mail Order

st Step therapy edits apply

**All drugs in the category are available through Mail Order

⁺ Obtain through CVS Specialty

^{EX} Excluded drug-medical exception approval required

^M Does not require a prescription drug rider for coverage but may be subject to prior authorization or step therapy as indicated. If provider does not buy and bill drug must be obtained from CVS Specialty or other contracted Specialty provider

	fosamprenavir lamivudine lamivudine soln lamivudine/zidovudine lopinavir/ritonavir nevirapine ritonavir stavudine tenofovir zidovudine	Emtriva Epzicom Fuzeon [†] Invirase Isentress Norvir Prezista Rescriptor Selzentry Symfi/Lo Truvada Viracept Viread tabs	Egrifta [†] Epivir tabs Epivir soln Epivir HBV soln Evotaz Genvoia Intelence Juluca Kaletra Lexiva Odefsey Pifeltro [#] Prezcobix Sustiva Retrovir	Trizivir Tybost Videx-EC Viramune/XR Viread Powder Vitekta Zerit Ziagen	
Antispasmodic Agents**	bethanechol clidinium/chlordiazepoxide darifenacin dicyclomine flavoxate hyoscyamine oxybutynin/ER propantheline tolterodine/ER trospium	Myrbetriq Toviaz Vesicare	Anaspaz Bentyl Cantil Detrol/LA Ditropan XL Enablex	Gelnique Levbid Levsin/SL Pamine/Forte Robinul/Forte Symax/Duotab	
Antitussives & Expectorants	benzonatate 100mg, 200mg codeine combinations hydrocodone combinations	None	Entex (all) Rezira [#]	Tussionex [#] Tuzistra XR [#]	
Antiviral Agents	acyclovir amantadine famciclovir	rimantadine oseltamivir ^q valacyclovir valgancyclovir	Relenza ^q	Denavir Famvir Flumadine Prevymis tabs Zovirax	Prevymis IV [#] Rapivab
Arthritis Agents (non-biological)	azathioprine* hydroxychloroquine* leflunomide* methotrexate* sulfasalazine*		Ridaura*	Arava* Otrexup ^{#,†} Rasuvo ^{#,†} Rheumatrex* Trexall*	
Benign Prostatic Hypertrophy (BPH) Agents (prostate)	alfuzosin* doxazosin* dutasteride dutasteride/ tamsulosin	finasteride 5mg* tadalafil 2.5mg [#] tadalafil 5mg [#] tamsulosin* terazosin caps*	None	Avodart* Cardura/XL* Cialis 2.5 mg ^{EX} Cialis 5 mg ^{EX} Flomax*	Jalyn* Proscar* Rapaflo* Uroxatral*
Beta-Blocking Agents** (blood pressure lowering)	acebutolol atenolol betaxolol bisoprolol carvedilol/ER labetalol	metoprolol/XL nadolol pindolol propranolol/LA sotalol/AF timolol	None	Betapace/AF Bystolic Coreg/CR Corgard Dutoprol ^{EX} Inderal LA ^{EX} Innopran XL ^{EX}	Lopressor/HCT Sectral Tenormin ^{EX} Toprol XL Trandate Zebeta
Biologic Disease-Modifying Agents			<u>Psoriasis:</u> Humira ^{#,†} Stelara ^{#, †} (after failure of Humira) Taltz ^{#, †} (after failure of Humira) <u>All other</u>		Actemra IV [#] Ilaris [#] Inflixtra [#] Orencia IV [#] Remicade [#] Rituxan [#] Simponi Aria [#]

[#]Requires prior authorization

^q Subject to quantity limits

*Drug is available through Mail Order

st Step therapy edits apply

**All drugs in the category are available through Mail Order

[†] Obtain through CVS Specialty

^{EX} Excluded drug-medical exception approval required

^M Does not require a prescription drug rider for coverage but may be subject to prior authorization or step therapy as indicated. If provider does not buy and bill drug must be obtained from CVS Specialty or other contracted Specialty provider

			<i>conditions:</i> Enbrel #, + Humira #, +	Actemra SQ #,+ Cimzia#,+ Cosentyx #,+ Kevzara #,+ Kineret#,+ Olumiant#+ Orencia#,+ Otezla#,+ Simponi#,+ Stelara#,+ Taltz#,+ Xeljanz#,+		
Blood Modifiers	None		Procrit	Aranesp Doptelet# Epogen Fulphila# Leukine+ Mircera Mozobil+ Mulpleta#	Neulasta Neupogen Nivestym# Promacta+ Retacrit# Tavalisse# Zarxio	Granix+ NPlate+
Botulinum Toxins	None		None	None		Botox# Dysport# Myobloc# Xeomin#
Calcium Channel Blocking Agents (CCB)** (blood pressure lowering)	amlodipine diltiazem/ER/XT felodipine isradipine	nicardipine nifedipine/ER nimodipine nisoldipine verapamil/SR/PM	None	Adalat CC Calan/SR Cardizem/CD/LA Nimotop	Norvasc Nymalize Procardia/XL Sular Tiazac Verelan/PM	
Cancer Drugs <i>(oral drugs are covered under the chemotherapy benefit and may be subject to a copayment that differs from the pharmacy benefit)</i>	anastrozole* bexarotene bicalutamide* capecitabine etoposide* exemestane* flutamide hydroxyurea imatinib letrozole* leucovorin megestrol melphalen mercaptopurine* methotrexate* nilutamide tamoxifen* temozolomide tretinoin		Alkeran Cabometyx Emcyt Fareston* Gleevec Hexalen Ibrance Kisqali Kisqali- Femara Copack Leukeran Lomustine Lysodren Matulane Myleran Tabloid*	Afinitor Alecensa Alunbrig Arimidex* Aromasin* Braftovi# Bosulif Caprelsa Calquence# Casodex Cometriq# Copiktra# Cotellic cyclophosphamide Droxia Erivedge Erleada# Farydak Femara* Gilotrif Gleostine Hycamtin Hydrea Iclusig Idhifa Imbruvica Inlyta Iressa Jakafi# Lenvima Lonsurf	Mekinist Mesnex Nerlynx Nexavar Nilandron Ninlaro Odomzo Pomalyst Purixan Rubraca Rydapt Mektovi# Soltamox* Sprycel Stivarga Sutent Sylatron+ Tafinlar Talzenna# Tarceva Tagrisso Targretin Tasigna Temodar Tibsovo# Tykerb Venclexta Verzenio Vizimpro# Votrient Xalkori	Adcetris Aliqopa Bavencio Beleodaq Bendeka Besponsa Blincyto Clolar# Cyramza Darzalex Empliciti Erwinaze Evomela Foloty# Fusilev# Gazyva Halaven Imlygic Imfinzi Ixempra Kadcyla Keytruda Kyprolis Kymriah# Lartruvo Libtayo# Lumoxiti# Lutathera# Marqibo Mylotarg Onivyde

#Requires prior authorization

*Drug is available through Mail Order

**All drugs in the category are available through Mail Order

EX Excluded drug-medical exception approval required

M Does not require a prescription drug rider for coverage but may be subject to prior authorization or step therapy as indicated. If provider does not buy and bill drug must be obtained from CVS Specialty or other contracted Specialty provider

q Subject to quantity limits

st Step therapy edits apply

+ Obtain through CVS Specialty

			Lynparza Megace Megace ES*	Xeloda Zejula Zelboraf Zolanza# Zydelig Zykadia	Opdivo Perjeta Portrazza Poteligeo# Rituxan Hycela Synribo Tecentriq Temodar IV Torisel+ Trenda Vyxeos Yescarta# Yervoy Yondelis Zaltrap
Cardiac Glycosides** (heart)	digoxin digoxin elixir	Lanoxin ^{EX}	None		
CNS Stimulants (ex: ADHD)	amphetamine combination IR* amphetamine combination XR* ^q armodafinil ^q atomoextine ^q clonidine ER* dexmethylphenidate* dexmethylphenidate XR* ^q dextroamphetamine* Metadate ER* ^q methylphenidate* methylphenidate CD* ^q methylphenidate chew* methylphenidate ER 24 hour* ^q modafinil ^q guanfacine ER*	Vyvanse ^{q*}	Adderall IR* Adderall XR* ^q Adzenys XR ^{EX} Aptensio XR ^q Concerta* ^q Daytrana* Dexedrine* ^q Evekeo ^{EX} Focalin IR* Focalin XR* ^q Intuniv* Kapvay*	Metadate CD* ^q Methylin* Nuvigil ^{q*} Provigil ^{q*} Quillivant XR* ^q Ritalin LA* ^q Strattera ^{q*} Xyrem#	
Compounds <i>coverage for compounded medications is subject to criteria listed in the Compounded Medications policy.</i>	None	None		<ul style="list-style-type: none"> All compounds > \$100 require prior authorization All compounds are Tier 3 	
Contraceptives (Emergency)	Aftera Econtra EZ Fallback	levonorgestrel My Way Option 2		Ella	
Contraceptives (Prevention -- Oral/Topical/ Other) <i>For plans following Affordable Care Act (ACA) coverage, copays are subject to standard ACA rules. Brand products with a generic available will not be covered at no cost share, unless prior authorization has been obtained.</i>	Altavera* Alyacen* Amethia/Lo* Amethyst* Apri* Aranelle* Aubra* Aviane* Azurette* Balziva* Briellyn* Camila* Camrese/Lo* Caziant* Chateal*	Low-Ogestrel* Lutera* Lyza* Marlissa* medroxy-progesterone/inj ^q Mibelas 24 FE* Microgestin/Fe* Mono-Linyah* Mononessa* Myzilra* Necon* Nikki* Nora-Be* norelgest-EE*	Lo Loestrin FE* Nuvaring*	Balcoltra ^{EX} Beyaz* Brevicon* Cyclessa* Depo-Provera Depo-SQ Provera Desogen* Erostep FE* Femcon Fe* Generess Fe* Loestrin/FE* Lomedina 24 FE* [#] LoSeasonique* Minastrin 24 FE* Mircette*	Kyleena Liletta Mirena Nexplanon Skyla

#Requires prior authorization

^q Subject to quantity limits

*Drug is available through Mail Order

st Step therapy edits apply

**All drugs in the category are available through Mail Order

+ Obtain through CVS Specialty

^{EX} Excluded drug-medical exception approval required

^M Does not require a prescription drug rider for coverage but may be subject to prior authorization or step therapy as indicated. If provider does not buy and bill drug must be obtained from CVS Specialty or other contracted Specialty provider

	<p>Cryselle* Cyclafem Dasetta* Daysee* Delyla* drospir/estra drospir/ethin* drospi/ethi/levomef* Elinest* Emoquette* Enpresse* Enskyce* Errin* Estarylla* ethinyl est-norgest LO Falmina* Gianvi* Gildagia* Heather* Introvale* Jencycla* Jolessa* Jolivette* Junel/Fe* Kariva* Kelnor* Kurvelo* Larin/Fe* Leena* Lessina* Levonest* levonorgestrel/EE* Levora* Lomedia* Loryna*</p>	<p>noreth-EE-FF Norlyroc* Nortrel* Ocella* Ogestrel* Orsythia* Philith* Pirmella* Portia* Previfem* Quasense* Reclipsen* Rivelsa Solia* Sprintec* Sronyx* Syeda* Take Action Tilia Fe* Trinessa* Tri-Legest Fe* Tri-Linyah* Tri-Lo Sprintec* Tri-Previfem* Tri-Sprintec* Trivora* Velivet* Viorele* Vyfemla* Wera* Wymzya Fe* Xulane* Zarah* Zenchent/Fe* Zovia*</p>		<p>Modicon* Natazia* Norinyl* Nor-QD* Ortho Novum* Ortho Tri-Cyclen* Ortho Tri-Cyclen Lo* Ortho-Cyclen* Ovcon* Quartette* Plan B One Step Safyral* Seasonique* Taytulla Tri-Norinyl* Yasmin* Yaz*</p>	
Cough/Cold	Various generics		All brands required prior authorization	All brands require prior authorization	
Diabetic Agents: Insulin** <ul style="list-style-type: none"> • Subject to medical or pharmacy diabetic copay per contract/rider 	None		<p>Basaglar Fiasp Humulin R U-500 Lantus /Solostar Levemir Novolin/Pen Novolog Mix Novolog/Pen Toujeo Tresiba</p>	<p>Admelog# Adlyxin Soliqua</p>	
Diabetic Agents: Other** <ul style="list-style-type: none"> • Subject to medical or pharmacy diabetic copay per contract/rider 	<p>acarbose alogliptan^{EX} alogliptan/metformin^{EX} alogliptan/pioglitazone^{EX} glimepiride glimepiride/pioglitazone glipizide ER/metformin glyburide glyburide, micronized glyburide/metformin metformin/ER^(generic) Glucophage/XR) metformin ER[#] (generic</p>	<p>ActoplusMet XR Bydureon Byetta Farxiga Glucagen Glucagon Glyset Invokamet/XR Invokana Janumet/XR Januvia Jentadueto/XR Ozempic</p>	<p>Actoplus Met Amaryl Cycloset Diabeta Duetact Fortamet# Glucophage/XR Glucotrol/XL Glucovance Glumetza# Glynase Glyxambi</p>	<p>Jardiance Kazano^{EX} Kombiglyze XR^{EX} Nesina^{EX} Onglyza^{EX} Oseni^{EX} Precose Starlix Synjardy/XL Tanzeum Trulicity Xultophy</p>	

#Requires prior authorization

¶ Subject to quantity limits

*Drug is available through Mail Order

st Step therapy edits apply

**All drugs in the category are available through Mail Order

+ Obtain through CVS Specialty

^{EX} Excluded drug-medical exception approval required

^M Does not require a prescription drug rider for coverage but may be subject to prior authorization or step therapy as indicated. If provider does not buy and bill drug must be obtained from CVS Specialty or other contracted Specialty provider

	Glumetza, Fortamet) miglitol nateglinide pioglitazone pioglitazone-metformin repaglinide repaglinide-metformin tolazamide tolbutamide	Proglycem Riomet Symlin Tradjenta Victoza Xigduo XR		
Diabetic Meters & Strips • Subject to medical or pharmacy diabetic copay per contract/rider • All test strips are subject to quantity limits • All other test strips are excluded	Preferred Meters: One Touch Ultra Brand Meters One Touch Verio Brand Meters	Preferred Strips: One Touch UltraTest Strips One Touch Verio Test Strips		
Digestants/ Enzymes**	pancrelipase	Creon	Pancreaze Pertzye Ultresa	Viokace Zenpep
Diuretics**	acetazolamide amiloride/HCTZ bumetanide chlorthalidone chlorothiazide eplerenone ethacrynic acid furosemide hydrochlorothiazide indapamide methazolamide methyclothiazide metolazone spironolactone/HCTZ torsemide	triamterene/HCTZ None	Aldactone Demadex Diuril Dyazide Dyrenium	Inspra# Lasix Maxzide Microzide
Enteral Therapy	All products not listed in the MVP policy require prior authorization	All products not listed in the MVP policy require prior authorization	All products not listed in the MVP policy require prior authorization	All products not listed in the MVP policy require prior authorization
Epinephrine Products	epinephrine auto-injector ^q	Epipen ^q	Adrenaclick ^q #	
Erectile Dysfunction	sildenafil 25mg, 50mg, 100mg ^q tadalafil 10mg, 20mg ^q yohimbine		Caverject ^q Cialis 10 & 20mg ^{q,EX} Edex ^q	Levitra ^{q,EX} Muse ^q Staxyn ^{q,EX} Stendra ^{q,EX} Viagra ^q
Fertility Agents	clomiphene Leuprolide SQ [#] +	Follistim AQ [#] +	Bravelle [#] + Cetrotide [#] + Ganirelix [#] + Gonal-F [#] + HCG ⁺ Lutrepulse [#] +	Menopur [#] + Novarel ⁺ Ovidrel ⁺ Pregnyl ⁺ Repronex [#] +

#Requires prior authorization

^q Subject to quantity limits

*Drug is available through Mail Order

st Step therapy edits apply

**All drugs in the category are available through Mail Order

⁺ Obtain through CVS Specialty

^{EX} Excluded drug-medical exception approval required

^M Does not require a prescription drug rider for coverage but may be subject to prior authorization or step therapy as indicated. If provider does not buy and bill drug must be obtained from CVS Specialty or other contracted Specialty provider

Gaucher's Disease	miglustat [#]	None	Cerdelga [#] + Zavesca [#]	Cerezyme [#] Elelyso [#] Vpriv [#]	
GI: Ulcer/Heartburn Agents**	cimetidine famotidine esomeprazole mag ^q lansoprazole ^q lansoprazole STB ^q nizatidine omeprazole omeprazole/sod bicarb ^q #	pantoprazole ^q rabeprazole ^q ranitidine tabs sucralfate tabs	Carafate susp	Aciphex ^q .# Carafate Tabs Dexilant ^q .# First-Lansoprazole# First-Omeprazole# Omeclamox# Nexium [#] . ^q Pepcid Prevpac Prevacid ODT ^q Prevacid Cap ^q .# Prilosec ^q .# Protonix ^q .# Pylera Zantac Zegerid [#] . ^q	
GI: Inflammatory Bowel & GI Misc.	Alosetron [#] * balsalazide* budesonide lactulose soln mesalamine* mesalamine DR/HD* metoclopramide IR misoprostol* sulfasalazine/EN* ursodiol*	Canasa* Delzicol* Movantik Pentasa*	Actigall* Amitiza Analpram- E/HC Apriso* Asacol HD* Azulfidine/EN* Chenodal Cimzia [#] .+ Colazal* Cortifoam Cytotec* Dipentum* Entocort EC* Gattex*	Giazo Lialda Linzess Lotronex# Metozolv ODT ^{EX} * Ocaliva [#] + Plenvu# Prepopik Proctofoam HC Relistor ^{EX} Rowasa* Suprep Symproic Trulance Uceris Urso/Forte* Viberzi# Xermelo	Entyvio# Stelara IV vial#
Gout	allopurinol colchicine ^q probenecid/colchicine	None	Colcrys ^q Duzallo# Mitigare ^q	Uloric# Zurampic# Zyloprim	Krystexxa#
Growth Failure Agents	None	Nutropin AQ [#] .+ Nutropin Nuspin [#] .+	Genotropin [#] .+ Humatrope [#] .+ Increlex [#] .+ Norditropin [#] .+ Omnitrope [#] .+	Saizen [#] .+ Serostim [#] .+ Zorbtive ⁺	
Hormone Replacement Therapy**	Covaryx/HS estradiol tabs estradiol/norethindrone estradiol patch estradiol vaginal crm estrogen & methyltestosterone estropipate Jinteli medroxyprogesterone Mimvey/Lo norethindrone progesterone oral Yuvaferm	Climara Pro Crinone Estring Premarin Prempase Prempo	Activella Alora Angeliq Climara Combipatch Divigel Duavee Elestrin Gel Endometrin Enjuvia Estrace/Vaginal Estrogel	Evamist FemHRT Femring Intrarosa Menest Menostar Minivelle Osphena Prefest Prometrium Provera Vagifem Vivelle-Dot	Makena ⁺ Supprelin-LA Triptodur
Immunoglobulin Therapy <i>Obtain through specialty pharmacy</i>	None	None	None	Carimune# Cuvitru# Flebogamma# GamaSTAN# Gammagard# Gamunex C# Hizentra# Panzyga# Privigen# HyQvia#	
Immuno-	None	None	Thalomid		

[#]Requires prior authorization

*Drug is available through Mail Order

**All drugs in the category are available through Mail Order

^{EX} Excluded drug-medical exception approval required

^M Does not require a prescription drug rider for coverage but may be subject to prior authorization or step therapy as indicated. If provider does not buy and bill drug must be obtained from CVS Specialty or other contracted Specialty provider

^q Subject to quantity limits

st Step therapy edits apply

⁺ Obtain through CVS Specialty

modulators				Revlimid		
Immuno-suppressants	azathioprine cyclosporine/modified Gengraf	mycophenolate mycophenolic acid sirolimus tacrolimus	None	Astagraf XL Azasan Cellcept Envarsus XR Imuran Myfortic	Neoral Prograf Rapamune Sandimmune Zortress	Nulojix
Interferons/Other for Hepatitis	adefovir dipivoxil ⁺ entecavir ⁺ lamivudine ⁺ Moderiba ^{#,+} Ribasphere ^{#,+} ribavirin ^{#,+}		Epclusa ^{#,+} Harvoni ^{#,+} Mavyret ^{#,+} Pegasys ^{#,+} Ribapak ^{#,+} Viread Vosevi ^{#,+}	Baraclude ⁺ Copegus ^{#,+} Epivir-HBV ⁺ Hepsera ⁺ Intron-A ⁺ Moderiba Pak ^{#,+}	Peg-Intron ^{#,+} Rebeto ^{#,+} Ribatab ^{#,+} Sovaldi ^{#,+} Tyzeka ⁺ Vemlidy ⁺ Viread Powder	
Intranasal Corticosteroids**	flunisolide mometasone			Beconase AQ [#] Dymista [#] Omnaris [#] Nasonex [#]	Qnasl [#] Rhinocort AQ [#] Xhance [#] Zetonna [#]	Propel Imp Sinuva
Iron Toxicity Agents	deferoxamine ⁺			Desferal ⁺ Exjade ^{#,+}	Ferriprox Jadenu ⁺	
Lipid/Cholesterol-Lowering Agents**	atorvastatin cholestyramine colestipol colesevlam ezetimibe ezetimibe-simvastatin fenofibrate fenofibrate 40mg, 120mg ^{EX} fenofibric acid fluvastatin/XL gemfibrozil	lovastatin niacin/ext-release Niacor omega-3 acid ethyl est [#] pravastatin Prevalite rosuvastatin simvastatin	Welchol	Altacor Antara Colestid Crestor Fibricor Juxtapid [#] Kynamro ^{#,+} Lescol/XL Lipitor Lipofen Livalo Lofibra Lopid	Lovaza [#] Niaspan Praluent ^{+,+} Pravachol Questran/Light Repatha ^{#,+} Tricor Triglide TriLipix Vascepa [#] Vytorin Zetia Zocor Zypitamag	
Migraine Agents	almotriptan ^q apap/isometh/dichloral butalbital/apap/caffeine dihydroergotamine [#] eletriptan ^q ergotamine w/caff frovatriptan ^q Migergot supp naratriptan ^q rizatriptan ^q sumatriptan ^q sumatriptan-naproxen ^{#,q} zolmitriptan ^q			Aimovig [#] Ajovy [#] Allzital ^{EX} Alsuma ^{q, #} Amerge ^{q, #} Axert ^{#,q} Cambia ^q DHEA-45 [#] Emgality [#] Ergomar Esgic Fioricet ^{EX} Fiorinal ^{EX} Frova ^{#,q}	Imitrex ^{#,q} Imitrex Inj ^{#,q} Imitrex Nasal ^{#,q} Maxalt/MLT ^{#,q} Migranal ^{#,q} Onzetra ^{#,q} Relpax ^{#,q} Sumavel- DosePro ^{#,q} Treximet ^{#,q} Zembrace ^{#,q} Zomig/ZMT ^{#,q}	
Miscellaneous Agents (in various classes)	cabergoline desmopressin paroxetine 7.5mg capsule phytonadione riluzole tetrabenazine ^{#, +} tranexamic acid trientine [#]		Austedo ^{#,+} Somavert ⁺ Stimate ⁺	Actimmune ⁺ Addyi [#] Arcalyst ^{#,+} Benlysta SQ ^{#,+} Brisdelle Carbaglu [#] Cholbam [#] Corlanor Cuprimine ^{#,+} Cuvposa Cystagon ⁺ DDAVP Depen	Natpara ⁺ Nityr [#] Nocdurna [#] Noctiva ^{EX} Northera ⁺ Nuedexta [#] Orfadin [#] Orilissa [#] Palynziq [#] Procysbi [#] Ravicti ^{+,+} Samsca ^{q,+} Savella	Adagen [#] Aldurazyme [#] Aralast-NP Benlysta [#] Berinert [#] Brineura [#] Ceprotrin [#] Cinryze [#] Crysvita [#] Defitelio Elaprase [#] Eskata [#] Exondys51 [#]

[#]Requires prior authorization

^q Subject to quantity limits

*Drug is available through Mail Order

st Step therapy edits apply

**All drugs in the category are available through Mail Order

⁺ Obtain through CVS Specialty

^{EX} Excluded drug-medical exception approval required

^M Does not require a prescription drug rider for coverage but may be subject to prior authorization or step therapy as indicated. If provider does not buy and bill drug must be obtained from CVS Specialty or other contracted Specialty provider

				Endari Firazyr [#] + Galafold [#] Gralise [#] Haegarda ^{#,+} Horizant [#] Impavido [#] Ingrezza [#] Jynarque [#] Korlym [#] Kuvan ^{#,+} Lokelma [#] Lupaneta Pack ⁺ Lyrica CR ^{EX} Lysteda Methergine ^q Myalept [#]	Sensipar ⁺ Siklos [#] Strensiq [#] Syprine [#] Takhzyro ^{#,+} Tegsedi [#] Tiglutik [#] Veltassa Xenazine ^{#,+} Xuriden [#] Zutripro [#]	Fabrazyme Feraheme Goprelto ^{EX} Glassia Injectafer Kalbitor [#] Kanuma [#] Kcentra [#] Lumizyme [#] Macrilen [#] Mepsevii [#] Myozyme [#] Onpattro [#] Naglazyme [#] Parsabiv [#] Prolastin-C Radicava [#] Ruconest [#] Soliris [#] Spinraza [#] Sylvant [#] Triferic Vimizim [#] Vistogard [#] Voraxaze Xiaflex Zemaira Zilretta ^{EX} Zinplava [#]
MS Agents	baclofen 5mg dalfampridine ER [#] glatiramer ⁺		Aubagio ⁺ Avonex ⁺ Copaxone 20mg ⁺ Copaxone 40mg ⁺ Gilenya ⁺ Tecfidera ⁺	Ampyra ^{#,+} # Betaseron ⁺ #	Plegridy [#] + Rebif [#] # Zinbryta ^{#,+}	Tysabri [#] Lemtrada [#] Ocrevus
Muscle Relaxants	baclofen 10mg, 20mg carisoprodol chlorzoxazone cyclobenzaprine dantrolene	meprobamate metaxalone methocarbamol orphenadrine tizanidine tablets	None	Amrix ^{EX} Dantrium Fexmid Parafon Forte DSC	Robaxin Skelaxin Soma Zanaflex	
Nitrates/Angina Others** (heart)	isosorbide dinitrate isosorbide mononitrate nitroglycerin SL nitroglycerin patches		Nitrostat	Dilatrate-SR Gonitro ^{EX} Isordil/SL Minitran Nitrobid topical	Nitro-Dur Ranexa	
NSAIDs (pain & inflammation, arthritis)	celecoxib ⁺ diclofenac tabs ⁺ diclofenac 1% gel etodolac/XL ⁺ flurbiprofen ⁺ ibuprofen ⁺ indomethacin ⁺ ketoprofen/ER ⁺ ketorolac ⁺ meclofenamate ⁺	mefenamic acid ⁺ meloxicam ⁺ nabumetone ⁺ naproxen ⁺ naproxen DR naproxen CR/ER ^{EX} naproxen suspension ^{EX} oxaprozin ⁺ piroxicam ⁺ salsalate ⁺ sulindac ⁺ tolmetin ⁺	Voltaren Gel	Anaprox DS ⁺ Arthrotec ^{EX} Daypro ⁺ Duexis ^{EX} Feldene ⁺ Flector Mobic ⁺ Nalfon ⁺ Celebrex ⁺	Naprelan ^{EX} Naprosyn ⁺ Pennsaid ^{EX} Ponstel ⁺ Sprix [#] Vimovo ^{EX} Voltaren XR ⁺	
Ophthalmic: Anti- Infective Agents	bac/neo/polym/HC bacitracin ciprofloxacin	Levofloxacin moxifloxacin ofloxacin		AzaSite Besivance Bleph-10	Natacyn Ocuflox Polytrim	

[#]Requires prior authorization

^q Subject to quantity limits

*Drug is available through Mail Order

st Step therapy edits apply

**All drugs in the category are available through Mail Order

⁺ Obtain through CVS Specialty

^{EX} Excluded drug-medical exception approval required

^M Does not require a prescription drug rider for coverage but may be subject to prior authorization or step therapy as indicated. If provider does not buy and bill drug must be obtained from CVS Specialty or other contracted Specialty provider

	erythromycin gatifloxacin gentamicin	polym/trimeth sulfacetamide tobramycin trifluridine		Blephamide Ciloxan Moxeza	Tobrex Vigamox Viroptic Zirgan Zymaxid	
Ophthalmic: Glaucoma Agents**	apraclonidine betaxolol bimatoprost brimonidine carteolol dipivefrin dorzolamide	latanoprost levobunolol metipranolol pilocarpine timolol/XE timolol/ dorzolamide	Alphagan-P Lumigan Travatan Z	Azopt Betagan Betimol Betoptic-S Combigan Cosopt/PF Iopidine	Isopto Carpine Istalol Rhopressa Simbrinza Timoptic/XE Trusopt Vyzulta ^{EX} Xalatan Zioptan	
Ophthalmic: Steroids, Antiinflammatory & Misc. Agents	azelastine bromfenac cromolyn dexamethasone diclofenac epinastine fluorometholone flurbiprofen ketorolac naphazoline olopatadine prednisolone tobramycin/dexamethasone		Lotemax Tobradex Oint Xiidra	Acular/LS Acuvail Alocril Alomide Alrex Bepreve Cystaran ^{#,*} Durezol Elestat Emadine Flarex FML/Forte/SOP Ilevro Inveltys [#] Lastacft Maxidex	Maxitrol Nevanac Omnipred Pataday Patanol Pred Forte Pred Mild Pred-G Prolensa Tobradex Susp Tobradex ST Zylet	Dexycu ^{EX} Eylea Jetrea Lucentis Luxtorna [#] Retisert [#]
Osteoporosis/ Paget's Agents	alendronate* calcitonin nasal spray* etidronate* ibandronate* raloxifene* risedronate		Forteo ⁺ Fortical* Tymlos ⁺	Actonel* Atelvia* Binosto* Boniva Tabs* Evista*	Fosamax/D* Fosamax Weekly* Miacalcin Nasal*	Boniva IV Prolia ⁺ Reclast ⁺ Xgeva ⁺ zoledronic acid ⁺
Otic Preparations (ear)	acetic acid/ hydrocortisone antipyrine/benzo/ glycerin benzocaine	carbamide peroxide ciprofloxacin fluocinolone neo/polym/HC ofloxacin	Ciprodex	Cetraxal Cipro HC Coly-Mycin S Cortane-B	Cortisporin/TC Dermotic Otovel	Otiprio
Pain Relievers (narcotic)	apap/codeine buprenorphine TD patch st butorphanol ^q codeine fentanyl patch ^{q, st} (12mcg, 25mcg, 50mcg, 75mcg, 100mcg) ^{q, st} fentanyl oral ^{q, #} hydrocodone/apap hydrocodone/ibuprofen hydromorphone Lortab meperidine methadone [#] morphine ER/24HR ^{q, st} morphine IR/rectal oxycodone/APAP oxycodone/aspirin oxycodone/ER ^{q, st}			All brands Abstral ^{q, #} Actiq ^{q, #} Arymo ER st Belbuca ^q Butrans ^{q, st} Conzip ^q Demerol Dilaudid Dolophine Duragesic ^{q, st} Embeda ^{st, q} Exalgo ^{q, st} Fentora ^{q, #} Fiorinal/w cod ^{EX} hydromorphone supp Hysingla ER ^{st, q}	Kadian ^{q, st} Lazanda [#] Morphabond ^{st, q} MS Contin ^{q, st} Norco Nucynta Nucynta ER ^q Opana Opana ER ^{q, st} Oxycontin ^{q, st} Primlev Reprexain Roxicodone Roxybond [#] Subsys [#] Synalgos-DC Tylenol w cod Ultracet Ultram/ER ^q Vicoprofen	

[#]Requires prior authorization

*Drug is available through Mail Order

**All drugs in the category are available through Mail Order

^{EX} Excluded drug-medical exception approval required

^M Does not require a prescription drug rider for coverage but may be subject to prior authorization or step therapy as indicated. If provider does not buy and bill drug must be obtained from CVS Specialty or other contracted Specialty provider

^q Subject to quantity limits

st Step therapy edits apply

⁺ Obtain through CVS Specialty

	oxycodone/ibuprofen oxymorphone ER ^{q, st} pentazocine/naloxone Roxicet tabs tramadol tramadol ER ^q Vicodin/ES/HP			Xartemis XR ^{st, q} Xtampza ER ^{st, q} Zohydro ER st		
Pain Relievers: Miscellaneous**	Various generics choline mag trisalicylate	diflunisal salsalate	None	All brands		
Parkinson's Agents	amantadine* benztropine* bromocriptine* carbidopa* carbidopa/levodopa/ER* carbidopa/levodopa/entacapone* entacapone* pramipexole/SR* rasagiline ropinirole/XL* selegiline* tolcapone* trihexyphenidyl*		None	Apokyn# + Azilect* Comtan* Duopa* Eldepryl* Lodosyn* Mirapex/ER* Neupro*	Osmolex ER ^{EX} Parlodel* Requip/XL* Rytary* Sinemet/CR* Stalevo* Tasmar* Xadago Zelapar*	
Phosphate Binders	Calcium acetate lanthanum carbonate chew sevelamer		Velphoro	Eliphos Fosrenol* Phoslo	Phoslyra Renagel* Renvela*	
Potassium Supplements**	Various generics		None	All brands K-Tab		
Prostate Cancer	None		None	Xtandi Yonsa# Zytiga	Eligard Firmagon Jevtana Lupron Depot Provenge# Trelstar Vantas Xofigo Zoladex	
Respiratory: Beta Agonists (Oral, Inhaled)	albuterol ipratropium/albuterol levalbuterol metaproterenol terbutaline*		Anoro Ellipta Serevent* Ventolin HFA*	Arcapta Brovana* Perforomist ProAir HFA ^{EX}	ProAir- Respiclick ^{EX} Proventil HFA ^{EX} Vospire ER* Xopenex HFA ^{EX}	
Respiratory: Inhaled Corticosteroids**	Budesonide Fluticasone/salmeterol		Advair/HFA Asmanex/HFA Breo Ellipta Flovent/HFA Pulmicort Flexhaler Qvar Qvar Redihaler Symbicort	Aerospan ^{EX} Alvesco ^{EX} Armonair Arnuity Ellipta Dulera Striverdi Respimat		
Respiratory: Leukotriene Modifiers**	montelukast zafirlukast			Accolate Singulair	Zyflo CR ^{EX}	
Respiratory: Miscellaneous	aminophylline* cromolyn* ipratropium soln* sildenafil 20mg# + tadalafil (PAH)# ⁺ theophylline* tobramycin inh#.+		Combivent Respimat* Pulmozyme#.+ Spiriva* Trelegy Ellipta	Adcirca#.+ Adempas#.+ Atrovent HFA* Bethkis#.+ Bevespi Aerosphere Cayston# Daliresp*	Odactra# Oralair# Orkambi# Ragwitek# Revatio#.+ Seebri Neohaler Stiolto Respimat	Cinqair# epoprostenol# Fasenra# Flolan# Nucala# Remodulin#

#Requires prior authorization

^q Subject to quantity limits

*Drug is available through Mail Order

st Step therapy edits apply

**All drugs in the category are available through Mail Order

+ Obtain through CVS Specialty

^{EX} Excluded drug-medical exception approval required

^M Does not require a prescription drug rider for coverage but may be subject to prior authorization or step therapy as indicated. If provider does not buy and bill drug must be obtained from CVS Specialty or other contracted Specialty provider

				Esbriet [#] + Grastek [#] Increase Ellipta ^{EX} Kalydeco [#] Kitabis Pak ^{#,+} Letairis ^{#,+} Lonhala Magnair ^{EX} Ofev ^{#,+} Opsumit ^{#,+} Orenitram XR [#] +	Symdeko [#] , Theo-24* TOBI ^{#,+} TOBI Podhale ^{#,+} Tracleer ^{#,+} Tudorza ^{EX} Tyvaso ^{#,+} Upravi ^{#,+} Utibron Neohaler Ventavis ^{#,+}	Revatio Inj [#] Xolair [#] Veletri [#]
RSV	None	None	None	None	Synagis [#]	
Sedative/ Hypnotics (sleep aids)	estazolam ^q eszopiclone ^q flurazepam ^q temazepam ^q	triazolam ^q zaleplon ^q zolpidem/CR ^q zolpidem SL ^{st,q}	Rozerem ^{q,st}	Ambien/CR ^{q,st} Belsomra st Doral ^q Edluar ^{q,st} Halcion ^q Hetlioz ^{#,+}	Intermezzo ^{q,st} Lunesta ^{q,st} Restoril ^q Silenor [#] Sonata ^{q,st} Zolpimist ^{q,st}	
Smoking Cessation Agents	bupropion SR ^q		Chantix ^q	Nicotrol ^q Zyban ^q		
Somatostatin Analog	octreotide ⁺			Sandostatin ⁺ Signifor [#]	Somatuline Depot ⁺	SandostatinLAR Signifor LAR
Substance Use Disorder	acamprosate buprenorphine/naloxone naloxone naltrexone		Narcan Nasal Suboxone Film	Antabuse Bunavail Evzio ^{EX}	Lucemyra ^q Revia Zubsolv ^{EX}	Probuphine Sublocade Vivitrol
Thyroid**	levothyroxine Levoxyl liothyronine methimazole	NP Thyroid propylthiouracil Unithroid	Synthroid	Armour Thyroid Cytomel Nature-Throid Tapazole	Thyrolar Tirosint Westhroid WP Thyroid	
Topical Antifungals	ciclopirox soln ^q econazole	ketoconazole crm/shampoo naftifine nystatin	None	Ecoza Ertaczo Exelderm Lotrisone Luzu	Naftin Nizoral Oxistat Penlac [#]	
Topical Anti- Infectives	erythromycin gentamicin metronidazole mupirocin			Altabax Bactroban Centany Cortisporin	Gynazole-1 Klaron Rhofade Xepi [#]	
Topical/Oral/ Injectable Antipsoriatic & Antiseborrheic (non-biological)	acitretin anthralin calcipotriene calcipotriene/ betamethasone selenium sulfide			Dovonex EpiFoam Pramosone/E Soriatane Taclonex		
Topical Miscellaneous	aluminum chloride soln imiquimod diclofenac gel 3% [#] doxepin cream [#] fluorouracil crm lidocaine/patch lidocaine/tetracaine cream mafenide packet podofilox tacrolimus oint.		Condylox gel	Aldara Condylox soln Dupixent ^{#,+} Drysol Efudex Elidel Eucrisa [#] Lidoderm Metrocream Metrogel Metro lotion Mirvaso Picato Podocon-25	Protopic Qbrexza [#] Rectiv Prudoxin [#] Santyl ^q Solaraze [#] Sulfamylon Tolak Umecta/PD Valchlor [#] Veregen Xerac AC Zonalon [#] Zyclara	
Topical	crotamiton lotion	permethrin	None	Eurax	Sklice	

[#]Requires prior authorization

*Drug is available through Mail Order

**All drugs in the category are available through Mail Order

^{EX} Excluded drug-medical exception approval required

^M Does not require a prescription drug rider for coverage but may be subject to prior authorization or step therapy as indicated. If provider does not buy and bill drug must be obtained from CVS Specialty or other contracted Specialty provider

^q Subject to quantity limits

st Step therapy edits apply

⁺ Obtain through CVS Specialty

Scabicides/ Pediculicides	lindane malathion	spinosad		Natroba Ovide	Ulesfia	
Topical Steroids 1 Low Potency 2 Medium Potency 3 High Potency 4 Very High Potency	alclometasone ¹ amcinonide crm/lotion ³ betamethasone dip/aug ^{2,4} betamethasone valerate ^{3,4} clobetasol ⁴ Cormax ⁴ desonide ¹ desoximetasone ^{2,3} diflorasone ^{3,4} fluocinolone ^{1,2} fluocinonide ³ flurandrenolide ² fluticasone ² halobetasol ⁴ hydrocortisone ¹ hydrocortisone butyrate ² hydrocortisone valerate ² mometasone ² prednicarbate ² triamcinolone ^{2,3} triamcinolone aerosol triamcinolone dental		Amcinonide oint ³	Apexicon E Clobex ⁴ Cutivate ² Derma-Smoother/FS ¹ Dermatop ² Desonate ¹ Desowen ¹ Diprolene/AF ^{3,4} Elocon ²	Kenalog ^{2,3} Luxiq ² Pandel ² Temovate ⁴ Texacort ¹ Ultravate ⁴ Verdeso ¹ Westcort ²	
Topical/Oral Acne Products	adapalene adapalene/benzoyl peroxide Amnesteem Claravis clindamycin gel clindamycin/benzoyl peroxide dapsone gel 5%	erythromycin isotretinoin Myorisan sulfacetamide tazarotene cream tretinoin crm/gel Zenatane		Altreno [#] Avita Clarifoam EF Cleocin-T Evoclin Finacea Klaron Tazorac	Vanoxide HC Veltin	
Urinary Tract Agents	methenamine nitrofurantoin phenazopyridine/plus trimethoprim potassium citrate		None	Elmiron Furadantin Hiprex Macrobid	Macrodantin Monurol Primsol	Zemdri [#]
Vitamin D Analogues	doxercalciferol paricalcitol			Hectorol Rayaldee	Zemplar	
Weight Management Agents	benzphetamine ^q diethylpropion ^q phendimetrazine ^q phentermine ^q		None	Adipex-P ^{#, q} Belviq ^{#, q} Bontril-PDM ^{#, q} Lomaira ^{#, q} Qsymia ^{#, q}	Regimex ^{#, q} Saxenda ^{#, q} Suprenza ^{#, q} Xenical ^{#, q} Contrave ^{#, q}	

2015010v3

[#]Requires prior authorization

*Drug is available through Mail Order

**All drugs in the category are available through Mail Order

^{EX} Excluded drug-medical exception approval required

^M Does not require a prescription drug rider for coverage but may be subject to prior authorization or step therapy as indicated. If provider does not buy and bill drug must be obtained from CVS Specialty or other contracted Specialty provider

^q Subject to quantity limits

st Step therapy edits apply

⁺ Obtain through CVS Specialty