

2017

MVP Commercial/CHPlus Formulary*

PRESCRIPTION DRUG FORMULARY

.....

Effective August 1, 2017

*Tier 3 drugs for CHPlus members require prior authorization





2017 PRESCRIPTION DRUG FORMULARY

EFFECTIVE August 1, 2017

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While every effort has been made to insure accuracy, some information may be out of date.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
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	methyldopa/HCTZ midodrine prazosin reserpine terazosin	None	Cardura/XL Catapres/TTS 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 Pharmacy

Alzheimer's Agents**	donepezil ergoloid galantamine memantine rivastigmine oral/patch	Namenda XR/ soln	Aricept Exelon patch Namenda IR Namzaric Razadyne ER		
Androgens (male hormones)	danazol oxandrolone ^q testosterone inj ^q testosterone gel ^{q,*}	AndroGel ^{*,q} Testim ^{*,q}	Anadrol-50 [#] Androderm ^{#,q} Android ^{q,#,*} Axiron ^{#,q} Delatestryl ^{#,q} Depo-Testosterone ^{#,q} Fortesta ^{#,*,q} Methitest ^{q,#,*} Natesto ^{#,q} Oxandrin ^{q,#} Striant ^{#,*,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 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 Norpac/CR	Rythmol SR Sotylize Tikosyn	
Antibiotics	amoxicillin amoxicillin/clavulanate amoxicillin/clavulanate XR ampicillin Avidoxy azithromycin cefaclor/ER cefadroxil cefdinir cefditoren cefpodoxime cefprozil cefuroxime cephalexin ciprofloxacin/ER clarithromycin/ER clindamycin	Cefaclor ER	Acticlate ^{EX} Adoxa Augmentin/ES/XR Avelox Bactrim/DS Biaxin XL Cedax Ceftin Cipro Cleocin/Susp Cleocin Vaginal Dificid Doryx [#] E.E.S. Susp Eryped Ery-Tab Erythromycin Base	Levaquin ^{EX} Minocin ^{EX} Monodox Moxatag Oracea [#] PCE Sivextro tabs Solodyn [#] Spectracef Sulfadiazine Suprax Vancocin Vibramycin Xifaxan [#] Zithromax Z-Max Zyvox ^q	Dalvance Orbactiv Rocephin [#] <i>(for Lyme Disease)</i> Teflaro Vibativ Zyvox Inj [#] Sivextro inj [#] 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 Pharmacy

	demeclocycline dicloxacillin doxycycline doxycycline hyclate dr [#] Erythrocin erythromycin levofloxacin linezolid ^q minocycline/XR moxifloxacin neomycin ofloxacin paromomycin penicillin sulfa/trimeth DS/SS tetracycline vancomycin		Factive Keflex			
Anticoagulants	heparin enoxaparin fondaparinux Jantoven* warfarin*	Coumadin* Eliquis* Xarelto*	Arixtra Fragmin Iprivask	Lovenox Pradaxa ^{EX} Savaysa ^{EX}		
Anticonvulsants** (seizures)	carbamazepine/XR clonazepam diazepam rectal divalproex/ER Epilex ethosuximide felbamate gabapentin lamotrigine/XR/ODT	levetiracetam/SR oxcarbazepine phenobarbital phenytoin primidone tiagabine topiramate valproic acid zonisamide	Dilantin Vimpat	Aptiom Banzel Briviact Carbatrol Celontin Depakene Depakote/ER Diastat Felbatol ^{EX} Fycompa Gabitril Keppra/XR Klonopin Lamictal/XR/ODT Lyrica 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 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 ^{EX} Aplenzin ^{EX} Celexa Cymbalta Desvenlafaxine ER (brand) Duloxetine 40mg Effexor/XR Emsam Fetzima Fluoxetine 60mg Forfivo XL 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 (nausea)	aprepitant ^q Compro dronabinol granisetron ^q	ondansetron ^q prochlorperazine promethazine trimethobenzamide		Akynzeo ^q Anzemet ^q Cesamet ^q Diclegis ^q Emend ^q	Sancuso ^q Syndros [#] Tigan Transderm-Scop Varubi ^q	Aloxi Inj [#] Emend Inj [#] Sustol Inj [#]

[#]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 Pharmacy

				Marinol	Zofran/ODT ^q Zuplenz ^{EX,q}	
Antifungal Agents	clotrimazole oral fluconazole griseofulvin itraconazole [#] ketoconazole	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	
Antihistamines	azelastine chlorpheniramine* clemastine cyproheptadine*	desloratadine* hydroxyzine* levocetirizine* olopatadine nasal promethazine*	Astepro	Clarinet	Patanase Xyzal	
Antihistamine/Decongestant Combinations	Various generics		None	Various brands [#] Clarinet 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	Rifater Sirturo Trecator	
Antiparasitics	atovaquone [#] Dapsone metronidazole tabs	paromomycin tinidazole ivermectin	None	Albenza Alinia Biltricide Flagyl/ER	Mepron [#] Stromectol Tindamax	
Antiplatelet Agents**	Anagrelide aspirin-dipyridamole cilostazol	clopidogrel dipyridamole	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		Abilify Clozaril Equetro Fanapt FazaClo Geodon Invega Latuda Lithium solution Lithobid	Nuplazid [#] Orap Risperdal Rexulti Saphris Seroquel/XR Symbyax Versacloz Vraylar [#] Zyprexa	Abilify-Maintena Aristada Invega-Sustenna Invega Trinza Risperdal-Consta Zyprexa-Relprevv
Antiretrovirals/HIV	abacavir abacavir/lamiv/zidovudine didanosine lamivudine lamivudine soln lamivudine/zidovudine lopinavir/ritonavir nevirapine stavudine zidovudine		Aptivus Atripla Crixivan Emtriva Epzicom Fuzeon ⁺ Invirase Isentress Lexiva Norvir Prezista Rescriptor Reyataz	Combivir Complera Descovy Edurant Egrifta ⁺ Epivir tabs Epivir soln Epivir HBV soln Evotaz Genvoya Intelence Kaletra Odefsey	Reyataz powder Stribild Tivicay Triumeq Trizivir Tybost Videx-EC Viramune/XR Viread Powder Vitekta Zerit Ziagen	

[#] 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 Pharmacy

			Selzentry Sustiva Truvada Viracept Viread tabs	Prezcobix Retrovir		
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 codeine combinations hydrocodone combinations		None	Entex (all) Rezira [#]	Tussionex [#] Tuzistra XR [#]	
Antiviral Agents	acyclovir amantadine famciclovir	rimantadine oseltamivir caps ^q valacyclovir valgancyclovir	Relenza ^q Tamiflu ^q	Denavir Famvir Flumadine	Valtrex Zovirax	Rapivab
Arthritis Agents	azathioprine* hydroxychloroquine* leflunomide* methotrexate* sulfasalazine*		Enbrel ^{#,+} Humira ^{#,+} Ridaura*	Actemra SQ ^{#,+} Arava* Cimzia ^{#,+} Kevzara ^{#,+} Kineret [#] Orencia ^{#,+} Otezla ^{#,+}	Otrexup ^{#,+} Rasuvo ^{#,+} Rheumatrex* Simponi ^{#,+} Trexall* Xeljanz ^{#,+}	Actemra IV [#] Ilaris [#] Inflectra [#] Orencia IV [#] Remicade [#] Rituxan [#] Simponi Aria [#]
Benign Prostatic Hypertrophy (BPH) Agents (prostate)	alfuzosin* doxazosin* dutasteride dutasteride/tamsulosin	finasteride 5mg* tamsulosin* terazosin caps*	None	Avodart* Cardura/XL* Cialis 2.5 mg ^{#,q} Cialis 5 mg ^{#,q} Flomax*	Jalyn* Proscar* Rapaflo* Uroxatral*	
Beta-Blocking Agents** (blood pressure lowering)	acebutolol atenolol betaxolol bisoprolol carvedilol labetalol	metoprolol/XL nadolol pindolol propranolol/LA sotalol/AF timolol	None	Betapace/AF Bystolic Coreg/CR Corgard Dutoprol Inderal LA Innopran XL	Lopressor/HCT Sectral Tenormin Toprol XL Trandate Zebeta	
Blood Modifiers	None		Procrit	Aranesp Epogen Leukine ⁺ Mircera Mozobil ⁺	Neulasta Neupogen Promacta ⁺ 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	

[#]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 Pharmacy

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 mercaptopurine* methotrexate* nilutamide tamoxifen* temozolomide tretinoin	Alkeran Emcyt Fareston* Gleevec Hexalen Leukeran Lomustine Lysodren Matulane Myleran Tabloid*	Afinitor Alecensa Alunbrig# Arimidex* Aromasin* Bosulif Caprelsa Cabometyx Casodex Cometriq# Cotellic cyclophosphamide Droxia Erivedge Farydak Femara* Gilotrif Gleostine Hycamtin Hydrea Iclusig Ibrance Imbruvica Inlyta Iressa Jakafi# Lenvima Lonsurf Lynparza Megace Megace ES*	Mekinist Mesnex Nexavar Nilandron Ninlaro Odomzo Pomalyst Purixan Rubraca# Rydapt# Kisqali# Soltamox* Sprycel Stivarga Sutent Sylatron+ Tafinlar Tarceva Tagrisso Targretin Tassigna Temodar Tykerb Venclexta Votrient Xalkori Xeloda Zejula# Zelboraf Zolanza# Zydelig Zykadia	Adcetris Bavencio# Beleodaq Bendeka Blinicyto Clolar# Cyramza Darzalex Empliciti Erwinaze Evomela Folotyng# Fusilev# Gazvya Halaven Imlygic Imfinzi# Ixempra Kadcyla Keytruda Kyprolis Lartruvo Marqibo Onivyde Opdivo Perjeta Portrazza Synribo Tecentriq Temodar IV Torisel+ Treanda Yervoy Yondelis Zaltrap
Cardiac Glycosides** (heart)	digoxin digoxin elixir	Lanoxin	None		
CNS Stimulants (ex: ADHD)	amphetamine combination IR* amphetamine combination XR* ^q armodafinil ^q atomoxetine ^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 		

#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 Pharmacy

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* Cryselle* Cyclafem Dasetta* Daysee* Delyla* drospir/estra drospir/ethin* 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*	Low-Ogestrel* Lutera* Lyza* Marlissa* medroxy-progesterone/inj Mibelas 24 FE* Microgestin/Fe* Mono-Linyah* Mononessa* Myzila* Necon* Nikki* Nora-Be* norelgest-EE* 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*	Nuvaring*	Beyaz* Brevicon* Cyclessa* Depo-Provera Depo-SQ Provera Desogen* Estrostep FE* Femcon Fe* Generess Fe* Loestrin/FE* Lomedia 24 FE** Lo Loestrin FE* LoSeasonique* Minastrin 24 FE* Mircette* 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*	Kyleena Liletta Mirena Nexplanon Skyla
Cough/Cold	Various generics		All brands required prior authorization	All brands require prior authorization	
Diabetic Agents: Insulin** • Subject to medical or pharmacy diabetic copay per contract/rider	None		Apidra/ Solostar Basaglar Humalog/Pen Humalog Mix Humulin/Pen	Adlyxin Afrezza Soliqua	

#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 Pharmacy

		Lantus /Solostar Levemir Novolin/Pen Novolog Mix Novolog/Pen Toujeo Tresiba			
Diabetic Agents: Other** • <i>Subject to medical or pharmacy diabetic copay per contract/rider</i>	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 Glumetza, Fortamet) miglitol nateglinide pioglitazone pioglitazone-metformin repaglinide repaglinide-metformin tolazamide tolbutamide	ActoplusMet XR Bydureon Byetta Farxiga Glucagen Glucagon Glyset Invokamet Invokana Janumet/XR Januvia Jentadueto/XR Proglycem Riomet Symlin Tradjenta Victoza Xigduo XR	Actoplus Met Actos Amaryl Cycloset Diabeta Duetact Fortamet [#] Glucophage/XR Glucotrol/XL Glucovance Glumetza [#] Glynase Glyxambi	Jardiance ^{EX} Kazano ^{EX} Kombiglyze XR ^{EX} Nesina ^{EX} Onglyza ^{EX} Oseni ^{EX} Prandin PrandiMet Precose Starlix Synjardy/XL Tanzeum Trulicity Xultophy [#]	
Diabetic Meters & Strips • <i>Subject to medical or pharmacy diabetic copay per contract/rider</i> • <i>All test strips are subject to quantity limits</i> • <i>Non-preferred test strips require prior authorization</i>	Preferred Meters: Freestyle Freedom/Lite Freestyle Insulinx One Touch Ultra Brand Meters One Touch Verio Brand Meters Precision Extra	Preferred Strips: Freestyle Freestyle Insulinx Freestyle Lite Precision Precision Extra One Touch UltraTest Strips One Touch Verio Test Strips	Non-preferred test strips require prior authorization		
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 Edecrin	Inspra Lasix Maxzide Microzide

[#] 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 Pharmacy

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	yohimbine	Viagra ^q	Caverject ^q Cialis 10 & 20mg ^{q, EX} Edex ^q	Levitra ^{q, EX} Muse ^q Staxyn ^{q, EX} Stendra ^{q, EX}	
Fertility Agents	clomiphene HCG ⁺ Leuprolide SQ ^{#, +} Novarel ⁺ Pregnyl ⁺	Follistim AQ ^{#, +}	Bravelle ^{#, +} Cetrotide ^{#, +} Ganirelix ^{#, +} Gonal-F ^{#, +} Lutrepulse ^{#, +}	Menopur ^{#, +} Ovidrel ⁺ Repronex ^{#, +}	
Gaucher's Disease	None	None	Cerdelga ^{#, +} Zavesca [#]	Cerezyme [#] Elelyso [#] Vpriv [#]	
GI: Ulcer/Heartburn Agents**	cimetidine famotidine esomeprazole ^q lansoprazole ^q nizatidine omeprazole ^q omeprazole/sod bicarb ^{q, #}	pantoprazole ^q rabeprazole ^q ranitidine 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 mesalamine* mesalamine HD ⁺ metoclopramide 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 Metozolv ODT ^{EX*} Ocaliva ^{#, +} Prepopik Proctofoam HC Relistor ^{EX} Rowasa* Suprep Trulance [#] Uceris Urso/Forte* Viberzi [#] Xermelo [#]	Entyvio [#] Stelara IV vial [#]
Gout**	allopurinol colchicine ^q probenecid/colchicine	None	Colcrys ^q 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 estradiol/norethindrone estradiol patch estrogen & methyltestosterone estropipate Jinteli	Climara Pro Crinone Estring Premarin Premphase Prempro	Activella Alora Angeliq Climara Combipatch Divigel Duavee	Evamist FemHRT Femring Intrarosa [#] Menest Menostar Minivelle	Makena ⁺

[#] 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 Pharmacy

	medroxyprogesterone Mimvey/Lo norethindrone progesterone oral Yuvafem		Elestrin Gel Endometrin Enjuvia Estrace/Vaginal Estrogel	Osphena Prefest Prometrium Provera Vagifem Vivelle-Dot		
Immunoglobulin Therapy <i>Obtain through specialty pharmacy</i>	None	None	None		Carimune [#] Cuvitru [#] Flebogamma [#] GamaSTAN [#] Gammagard [#] Gamunex C [#] Hizentra [#] Privigen [#] HyQvia [#]	
Immuno-modulators	None	None	Thalomid 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 ^{#,+} Pegasis ^{#,+} Ribapak ^{#,+} Sovaldi ^{#,+} Viread	Baraclude ⁺ Copegus ^{#,+} Epivir-HBV ⁺ Hepsera ⁺ Intron-A ⁺ Moderiba Pak ^{#,+}	Peg-Intron ^{#,+} Rebetol ^{#,+} Ribatab ^{#,+} Tyzeka ⁺ Vemlidy ⁺ Viread Powder	
Intranasal Corticosteroids**	flunisolide mometasone			Beconase AQ [#] Dymista [#] Omnaris [#] Nasonex [#]	Qnasl [#] Rhinocort AQ [#] Zetonna [#]	Propel Imp
Iron Toxicity Agents	deferoxamine ⁺			Desferal ⁺ Exjade ^{#,+}	Ferriprox Jadenu ⁺	
Lipid/Cholesterol-Lowering Agents**	atorvastatin cholestyramine colestipol 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	Advicor Altacor Antara Colestid Crestor Fibricor Juxtapid [#] Kynamro ^{#,+} Lescol/XL Lipitor Lipofen Livalo Lofibra Lopid	Lovaza [#] Niaspan Praluent ^{#,+} Pravachol Questran/Light Repatha ^{#,+} Simcor Tricor Triglide TriLipix Vascepa [#] Vytorin Zetia Zocor	
Migraine Agents	almotriptan ^q apap/isometh/dichloral butalbital/apap/caffeine dihydroergotamine [#] ergotamine w/caff frovatriptan ^q Migergot supp naratriptan ^q rizatriptan ^q sumatriptan ^q zolmitriptan ^q		Relpax ^q	Allzital ^{EX} Alsuma ^{q, #} Amerge ^{q, #} Axert ^{#, q} Cafergot Cambia ^q DHEA-45 [#] Ergomar Esgic Fioricet Fiorinal Frova ^{#, q}	Imitrex ^{q, #} Imitrex Inj ^{q, #} Imitrex Nasal ^{q, #} Maxalt/MLT ^{q, #} Migranal ^{q, #} Onzetra ^{#, q} Sumavel- DosePro ^{#, q} Treximet ^{#, q} Zembrace ^{#, q} Zomig/ZMT ^{#, q}	

[#]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 Pharmacy

Miscellaneous Agents (in various classes)	cabergoline desmopressin riluzole tetrabenazine ⁺ tranexamic acid	Somavert ⁺ Stimate ⁺	Actimmune ⁺ Addyi [#] Arcalyst ^{##} Austedo [#] Brisdelle Carbaglu [#] Cholbam [#] Corlanor Cuprimine ^{##} Cuvposa Cystagon ⁺ DDAVP Depen Firazyr [#] + Gralise [#] Horizant Impavido [#] Ingrezza [#] Korlym [#] Kuvan ^{##} Lupaneta Pack ⁺ Lysteda Myalept [#]	Natpara ⁺ Northera ⁺ Nuedexta Orfadin [#] Procysbi [#] Ravicti ^{##} + Samsca ^{qt} Savella Sensipar ⁺ Strensiq [#] Syprine [#] Veltassa Xenazine ⁺ Xuriden [#] Zutripro [#]	Adagen [#] Aldurazyme [#] Aralast-NP Benlysta [#] Berinert [#] Brineura [#] Ceprotrin [#] Cinryze [#] Defitelio Elaprase [#] Exondys51 [#] Fabrazyme Feraheme Glassia Injectafer Kalbitor [#] Kanuma [#] Kcentra [#] Lumizyme [#] Myozyme [#] Naglazyme [#] Prolastin-C Radicava [#] Soliris [#] Spinraza [#] Supprelin-LA Sylvant [#] Triferic [#] Vimizim [#] Vistogard [#] Voraxaze Xiaflex Zemaira Zinplava [#]
MS Agents	glatiramer ⁺	Avonex ⁺ Copaxone 20mg ⁺ Copaxone 40mg ⁺ Tecfidera ⁺	Ampyra ^{##} + Aubagio ^{##} + Betaseron ^{##} + Extavia ^{##} + Zinbryta ^{##}	Gilenya ^{##} + Plegridy ^{##} + Rebif ^{##} + Zinbryta ^{##}	Tysabri [#] Lemtrada [#] Ocrevus [#]
Muscle Relaxants	baclofen carisoprodol chlorzoxazone cyclobenzaprine dantrolene	meprobamate metaxalone methocarbamol orphenadrine tizanidine	None	Amrix ^{EX} Dantrium Fexmid Parafon Forte DSC	Robaxin Skelaxin Soma Zanaflex
Nitrates/Angina Others** (heart)	isosorbide dinitrate isosorbide mononitrate Nitrobid topical nitroglycerin SL nitroglycerin patches nitroglycerin spray		Nitrostat	Dilatrate-SR Gonitro ^{EX} Isordil/SL Minitran	Nitro-Dur Nitromist Nitrolingual Spray Ranexa
NSAIDs (pain & inflammation, arthritis)	celecoxib diclofenac tabs diclofenac 1% gel etodolac/XL fenoprofen flurbiprofen ibuprofen indomethacin ketoprofen/ER ketorolac meclofenamate	mefenamic acid meloxicam nabumetone naproxen naproxen DR naproxen CR/ER ^{EX} oxaprozin piroxicam salsalate sulindac tolmetin	Voltaren Gel	Anaprox DS Arthrotec ^{EX} Daypro Duexis ^{EX} Feldene Flector Mobic Nalfon Celebrex	Naprelan ^{EX} Naprosyn ^{EX} Pennsaid ^{EX} Ponstel Sprix [#] Vimovo ^{EX} Voltaren XR ⁺
Ophthalmic: Anti-Infective Agents	bac/neo/polym/HC bacitracin	levofloxacin ofloxacin	Vigamox	AzaSite Besivance	Natacyn Ocuflax

[#] 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 Pharmacy

	ciprofloxacin erythromycin gatifloxacin gentamicin	polym/trimeth sulfacetamide tobramycin trifluridine		Bleph-10 Blephamide Ciloxan Moxeza	Polytrim Tobrex 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 lopidine	Isopto Carpine Istalol Simbrinza Timoptic/XE Trusopt Xalatan Zioptan	
Ophthalmic: Steroids, Antiinflammatory & Misc. Agents	azelastine bromfenac cromolyn dexamethasone diclofenac epinastine fluorometholone flurbiprofen ketorolac naphazoline olopatadine prednisolone tobramycin/dexamethasone		Lotemax Tobradex Oint	Acular/LS Acuvail Alocril Alomide Alrex Bepreve Cystaran ^{#,+} Durezol Elestat Emadine Flarex FML/Forte/SOP Ilevro Lastacaft Maxidex	Maxitrol Nevanac Omnipred Pataday Patanol Pred Forte Pred Mild Pred-G Prolensa Restasis Tobradex Susp Tobradex ST Xiidra Zylet	Eylea Jetrea Lucentis Retisert [#]
Osteoporosis/ Paget's Agents	alendronate* calcitonin nasal spray* etidronate* ibandronate* raloxifene* risedronate		Fortical*	Actonel* Atelvia* Binosto* Boniva Tabs* Evista* Forteo ⁺	Fosamax/D* Fosamax Weekly* Miacalcin Nasal* Tymlos ^{#,+}	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 ^{q,st} butorphanol ^q codeine fentanyl patch ^{q,st} fentanyl oral ^{q,#} hydrocodone/apap hydrocodone/ibuprofen hydromorphone hydromorphone ER st levorphanol Lortab meperidine methadone [#] morphine ER/24HR ^{q,st} morphine IR/rectal oxycodone/APAP oxycodone/aspirin oxycodone/ER ^{q,st} oxycodone/ibuprofen oxymorphone ER ^{q, st} pentazocine/naloxone Roxicet tabs			All brands Abstral ^{q,#} Actiq ^{q,#} Arymo ER [#] Belbuca ^q Butrans ^{q,st} Conzip ^q Demerol Dilaudid Dolophine Duragesic ^{q,st} Embeda ^{st,q} Exalgo ^{q,st} Fentanyl ptch 37.5 ^{st,q} Fentanyl ptch 62.5 ^{st,q} Fentanyl ptch 87.5 ^{st,q} Fentora ^{q,#} Fiorinal/w cod hydromorphone supp Hysingla ER ^{st,q}	Kadian ^{q,st} Lazanda [#] Morphabond [#] MS Contin ^{q,st} Norco Nucynta Nucynta ER ^q Opana Opana ER ^{q,st} Oxycontin ^{q,st} Primlev Reprexain Roxicodone Subsys [#] Synalgos-DC Tylenol w cod Ultracet Ultram/ER ^q Vicoprofen Xartemis XR ^{st,q} Xtampza ER ^{st,q} Zohydro ER st	

[#]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 Pharmacy

	tramadol tramadol ER ^q Vicodin/ES/HP					
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*	Parlodel* Requip/XL* Rytary* Sinemet/CR* Stalevo* Tasmar* Xadago [#] Zelapar*	
Phosphate Binders	sevelamer		Velphoro	Eliphos Fosrenol* Phoslo	Phoslyra Renagel* Renvela*	
Potassium Supplements**	Various generics		None	All brands K-Tab		
Prostate Cancer	None		None	Xtandi 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 Symbicort	Aerospan ^{EX} Alvesco ^{EX} Arnuity Ellipta Dulera Pulmicort Respules Striverdi Respimat		
Respiratory: Leukotriene Modifiers**	montelukast zafirlukast			Accolate Singulair	Zyflo CR ^{EX}	
Respiratory: Miscellaneous	aminophylline* cromolyn* ipratropium soln* sildenafil ^{#,†} theophylline* tobramycin inh ^{#,†}		Combivent Respimat* Pulmozyme ^{#,†} Spiriva*	Adcirca ^{#,†} Adempas ^{#,†} Atrovent HFA* Bethkis ^{#,†} Bevespi Aerosphere Cayston [#] Daliresp* Esbriet ^{#,†} Grastek [#] Incruse Ellipta ^{EX} Kalydeco ^{#,†} Letairis ^{#,†} Ofev ^{#,†}	Oralair ^{#,†} Orkambi ^{#,†} Ragwitek [#] Revatio ^{#,†} Seebri Neohaler Stiolto Respimat Theo-24* TOBI ^{#,†} TOBI Podhaler ^{#,†} Tracleer ^{#,†} Tudorza ^{EX} Tyvaso ^{#,†} Uptravi ^{#,†}	Cinqair [#] epoprostenol [#] Flolan [#] Nucala [#] Remodulin [#] Revatio Inj [#] Xolair [#] Veletri [#]

[#] 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 Pharmacy

			Opsumit ^{#,+} Orenitram XR ^{#,+}	Utibron Neohaler Ventavis ^{#,+}	
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 Butisol Doral ^q Edluar ^{q,st} Halcion ^q Hetlio ^{#,+}	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 naltrexone		Narcan Nasal ^q Suboxone Film	Antabuse Bunavail Evzio ^q	Revia Zubsolv ^{EX} Probuphine 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 [#] econazole	ketoconazole naftifine nystatin	None	Ecoza Ertaczo Exelderm Lotrisone Luzu	Naftin Nizoral Oxistat Penlac [#]
Topical Anti- Infectives	erythromycin gentamicin metronidazole mupirocin			Altanax Bactroban Centany Cortisporin	Gynazole-1 Klaron Rhofade [#]
Topical/Oral/ Injectable Antipsoriatic & Antiseborrheic	acitretin anthralin calcipotriene calcipotriene/ betamethasone selenium sulfide		Enbrel ^{#,+} Humira ^{##}	Cosentyx ^{#,+} Dovonex EpiFoam Pramosone/E Siliq ^{#,+} Soriatane	Stelara ^{#,+} Taclonex Taltz ^{#,+} Vectical Inflectra [#] Remicade [#]
Topical Miscellaneous	aluminum chloride soln imiquimod diclofenac gel 3% [#] doxepin cream fluorouracil crm lidocaine/patch lidocaine/tetracaine cream podofilox		Condylox gel tacrolimus oint.	Aldara Condylox soln Dupixent ^{#,+} Drysol Efudex Elidel Eucrisa [#] Lidoderm Metrocream Metrogel Metro lotion Mirvaso Picato Podocon-25	Protopic Rectiv Prudoxin Santyl ^q Solaraze [#] Sulfamylon Tolak Umecta/PD Valchlor [#] Veregen Xerac ACZonalon Zyclara
Topical Scabicides/ Pediculicides	lindane malathion	permethrin spinosad	None	Eurax Natroba Ovide	Sklice Ulesfia
Topical Steroids 1 Low Potency 2 Medium Potency 3 High Potency 4 Very High Potency	alclometasone ¹ amcinonide ³ betamethasone dip/aug ^{2,4} betamethasone valerate ^{3,4} clobetasol ⁴		Amcinonide oint ³	Apexicon E Capex Shampoo ¹ Clobex ⁴ Cloderm ² Cordran/SP ² Cutivate ²	Kenalog ^{2,3} Luxiq ² Pandel ² Temovate ⁴ Texacort ¹ Topicort ³

[#]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 Pharmacy

	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		Derma-Smoothe/FS ¹ Dermatop ² Desonate ¹ Desowen ¹ Diprolene/AF ^{3,4} Elocon ²	Ultravate ⁴ Verdeso ¹ Westcort ²		
Topical/Oral Acne Products	adapalene Amnesteem Claravis clindamycin clindamycin/benzoyl peroxide	erythromycin isotretinoin Myorisan sulfacetamide tazarotene cream tretinoin Zenatane	Differin Lotion	Acanya Aczone Atralin Avita Azelex Benzaclin Clarifoam EF Cleocin-T Epiduo	Evoclin Differin Fabior Finacea Klaron Tazorac Vanoxide HC Veltin Ziana	
Urinary Tract Agents	methenamine nitrofurantoin phenazopyridine/plus trimethoprim potassium citrate		None	Elmiron Furadantin Hiprex Macrobid	Macrochantin Monurol Primsol	
Vitamin D Analogs	doxercalciferol paricalcitol			Hectorol Rayaldee	Zemplar	
Weight Management Agents	benzphetamine diethylpropion phendimetrazine phentermine		None	Adipex-P [#] Belviq [#] Bontril-PDM [#] Melfiat [#] Qsymia [#]	Regimex [#] Saxenda [#] Suprenza [#] Xenical [#] Contrave [#]	

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 Pharmacy