

2019

MVP Federal Employee Health Benefits
(FEHB) Program

PRESCRIPTION DRUG FORMULARY



Effective August 1, 2019



2019 PRESCRIPTION DRUG FORMULARY

EFFECTIVE August 1, 2019

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 FEHB Program Brochure determines your benefits, limitations and exclusions.

While every effort has been made to insure accuracy, some information may be out of date.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. Medications with an over-the-counter equivalent are not a covered benefit. Under the Brand/Generic Difference Program, if there is an A-rated generic drug, and you receive the brand name drug, you will be responsible for the difference in cost between the generic and the brand name drug plus your generic copayment. 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.

Certain drugs are subject to prior authorization, step therapy or quantity limits. All new drugs require prior authorization for a minimum of six (6) months from when they become available on the market. To find out if the drug you take is subject to one of these management tools or if you must obtain your medication from a specialty pharmacy, check the formulary at www.mvphealthcare.com or call our Customer Care Center at 1-888-687-6277.

DRUG CATEGORY	TIER 1 Includes most generic drugs.	TIER 2 Includes preferred brand name drugs, select high cost generics drugs, and preferred specialty drugs.	TIER 3 Includes non-preferred brand name drugs.	TIER 4 Includes non-preferred specialty drugs.	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		

#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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

			Zestril Zestoretic ^{EX}		
Adrenal Hormones Oral**	cortisone dexamethasone Emflaza [#] fludrocortisone hydrocortisone methylprednisolone prednisolone prednisone	None	Cortef Dexpak Medrol Millipred Orapred ODT Prelone		Acthar HP [#]
Adrenergic Antagonists**	clonidine clonidine patch doxazosin guanfacine methyldopa/HCTZ midodrine prazosin reserpine terazosin	None	Cardura/XL Catapres/TTS ^{EX} Minipress Tenex		
Alzheimer's Agents**	donepezil ergoloid memantine/XR galantamine 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} * Xyosted [#]		Aveed [#] Testopel ^q
ARBs/Renin Inhibitors** (includes combination products)	aliskiren candesartan/HCTZ eprosartan/HCTZ irbesartan/HCTZ losartan/HCTZ olmesartan/HCTZ olmesartan/amlodipine 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 buspirona	None	Tranxene-T Valium		

[#]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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

	chlordiazepoxide clorazepate diazepam hydroxyzine pamoate lorazepam oxazepam		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 ceftriaxone vial 250mg, 500mg ^q cefuroxime cephalexin caps ciprofloxacin/ER clarithromycin/ER clindamycin demeclocycline dicloxacillin doxycycline IR doxycycline DR [#] Erythrocin erythromycin levofloxacin linezolid minocycline IR caps minocycline ER [#] moxifloxacin neomycin ofloxacin paromomycin penicillin sulfa/trimethoprim DS/SS tetracycline vancomycin	Cefaclor ER	Acticlate ^{EX} Adoxa Aemcolo [#] Arikayce [#] Augmentin/ES/XR Avelox Bactrim/DS Baxdela tabs Biaxin XL Cedax Ceftin Cipro Cleocin/Susp Cleocin Vaginal Dificid Doryx [#] E. E. S. Susp Eryped Ery-Tab Erythromycin Base Factive Firvanq Keflex Levaquin Minocin ^{EX} Monodox Moxatag Nuzyra tablets Oracea [#] PCE Rocephin [#] (for Lyme Disease) Seysara ^{EX} Sivextro tablets Solodyn [#] Spectracef Sulfadiazine Suprax Vancocin Vibramycin Xifaxan [#] Zithromax Z-Max Zyvox		Baxdela Inj [#] Dalvance Nuzyra IV Orbactiv Rocephin [#] (for Lyme Disease) Sivextro inj [#] Teflaro Vibativ Xerava Zyvox 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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

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 Epilex 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 Felbatol ^{EX} Fycompa Gabitril Keppra/XR Klonopin Lamictal/XR/ODT Lyrica IR Mysoline ^{EX} Neurontin Onfi Oxtellar XR Peganone Phenytek Potiga Qudexy XR Sympazan Tegretol/XR Topamax Trileptal Trokendi XR Zarontin Zonegran	Sabril* Diacomit ^{#,+} Epidiolex ^{#,+}	
Antidepressants**	amitriptyline amoxapine bupropion/SR/XL bupropion XL 450mg ^{EX} citalopram clomipramine desipramine desvenlafaxine ER (generic) doxepin duloxetine escitalopram fluoxetine fluvoxamine/CR imipramine HCl imipramine pamoate maprotiline mirtazapine nefazodone nortriptyline olanzapine/ fluoxetine paroxetine/ER phenelzine protriptyline	Pristiq ER	Anafranil Aplenzin ^{EX} Celexa Cymbalta Desvenlafaxine ER (brand) Duloxetine 40mg [#] Effexor/XR Emsam Fetzima Forfivo XL ^{EX} Khedezla Lexapro Marplan Nardil Norpramin Oleptro ER Pamelor ^{EX} Parnate Paxil/CR Pexeva Prozac/Weekly Remeron Sarafem Surmontil		Spravato ^{#,+} Zulresso [#]

[#]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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

	sertraline tranylcypromine trazodone trimipramine venlafaxine/ER (generic)		Tofranil/PM Trintellix Venlafaxine ER (brand) Viibryd Wellbutrin/SR Wellbutrin XL ^{EX} Zoloft		
Antiemetics (nausea)	aprepitant ^q Compro dronabinol granisetron ^q ondansetron ^q prochlorperazine promethazine trimethobenzamide scopolamine patch		Anzemet ^q Bonjesta ^q Cesamet Diclegis ^q Emend ^q Marinol Akynzeo ^q /Sancuso ^q Syndros [#] Tigan Transderm-Scop Varubi ^q Zofran/ODT ^q Zuplenz ^{EX,q}		Akynzeo inj [#] 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 [#] Tolsura [#] Vfend		caspofungin
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*	None	Arakoda ^{EX} Coartem ^q Daraprim ^{EX,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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

	mefloquine ^q quinine sulfate ^q		Krintafel [#] Malarone ^q Plaquenil* Primaquine ^q Qualaquin ^q		
Anti-mycobacterials** (TB)	ethambutol isoniazid pyrazinamide rifampin	Priftin	Mycobutin Paser Rifater Rifamate Sirturo Trecator		
Antiparasitics	albendazole atovaquone ^q dapson ivermectin metronidazole tabs paromomycin tinidazole	None	Albenza Alinia Benznidazole [#] Biltricide Flagyl/ER Mepron [#] SoloSec ^{EX} Stromectol Tindamax		
Antiplatelet Agents**	anagrelide aspirin-dipyridamole cilostazol clopidogrel dipyridamole pentoxifylline prasugrel	None	Aggrenox Agrilyn Brilinta Effient Persantine Plavix Pletal Zontivity		Praxbind
Antipsychotics**	Aripiprazole/ODT chlorpromazine clozapine/ODT fluphenazine haloperidol lithium loxapine olanzapine/ODT olanzapine/fluoxetine perphenazine paliperidone ER pimozide quetiapine/XR risperidone/ODT thioridazine thiothixene trifluoperazine ziprasidone	Latuda	Abilify Abilify Mycite ^{EX} Clozaril Equetro Fanapt FazaClo Geodon Invega Lithium solution Lithobid Orap Rexulti Risperdal Saphris Seroquel/XR Symbyax Vraylar [#] Versacloz Zyprexa	Nuplazid [#]	Abilify- Maintena Aristada Invega-Sustenna Invega Trinza Perseris Risperdal-Consta Zyprexa-Relprev
Antiretrovirals/ HIV	abacavir abacavir/lamiv/zidov atazanavir didanosine efavirenz fosamprenavir lamivudine lamivudine soln lamivudine/zidovudine lopinavir/ritonavir nevirapine ritonavir stavudine	Aptivus Atripla Biktarvy Cimduo Crixivan Emtriva Epzicom Fuzeon ⁺ Genvoya Invirase Isentress Norvir Prezista	Combivir Complera Delstrigo Descovy Dovato [#] Edurant Epivir tabs Epivir soln Epivir HBV soln Evotaz Intelence Lexiva Juluca	Egrifta ⁺	Trogarzo

[#]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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

	tenofovir zidovudine	Rescriptor Selzentry Symfi/Lo Truvada Viracept Viread tabs	Kaletra Odefsey Pifeltro Prezcobix Retrovir Reyataz Stribild Sustiva Symtuza Tivicay Triumeq Trizivir Tybost Videx-EC Viramune/XR Viread Powder Vitekta Zerit Ziagen		
Antispasmodic Agents**	bethanechol clidinium/chlordiazepoxide darifenacin dicyclomine flavoxate hyoscyamine oxybutynin/ER phenohydro tablets ^{EX} propantheline solifenacin tolterodine/ER trospium	Myrbetriq Toviaz	Anaspaz Belladonna/Opium suppositories ^{EX} Bentyl Cantil Detrol/LA Ditropan XL Donnatal elixir/tablets ^{EX} Enablex Gelnique Levbid Levsin/SL Pamine/Forte Robinul/Forte Symax/Duotab Vesicare		
Antitussives & Expectorants	Benzonatate 100mg, 200mg codeine combinations hydrocodone combinations	None	Entex (all) Rezira [#] Tussionex [#] Tuzistra XR [#]		
Antiviral Agents	acyclovir amantadine famciclovir oseltamivir ^q rimantadine valacyclovir valgancyclovir	Relenza ^q	Denavir Famvir Flumadine Prevymis tabs Tamiflu ^q Valcyte susp ^{EX} Valtrex Xofluza ^q Zovirax		Prevymis IV [#] Rapivab
Arthritis Agents (non-biological)	azathioprine* hydroxychloroquine* leflunomide* methotrexate* sulfasalazine*	Ridaura*	Arava* Rheumatrex* Trexall*		
Benign Prostatic Hypertrophy	alfuzosin* doxazosin*	None	Avodart* Cardura/XL*		

[#]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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

(BPH) Agents (prostate)	dutasteride* dutasteride/tamsulosin finasteride* silodosin tadalafil 2.5mg# tadalafil 5mg# tamsulosin* terazosin caps*		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/XL ^{EX} Innopran XL ^{EX} Lopressor/HCT Sectral Tenormin ^{EX} Toprol XL Trandate Zebeta		
Biologic Disease-Modifying Agents		<u>Ankylosing Spondylitis:</u> Cosentyx ^{#+} Enbrel ^{#+} Humira ^{#+} <u>Crohn's Disease</u> Humira ^{#+} Stelara ^{#+} (after failure of Humira) <u>Psoriasis</u> Humira ^{#+} Otezla ^{#+} Stelara ^{#+} Taltz ^{#+} <u>Psoriatic Arthritis</u> Cosentyx ^{#+} Enbrel ^{#+} Humira ^{#+} Otezla ^{#+} <u>Rheumatoid Arthritis</u> Enbrel ^{#+} Humira ^{#+} Kevzara ^{#+} Orencia SC/Clickjet ^{#+} Xeljanz/XR ^{#+} <u>Ulcerative Colitis</u> Humira ^{#+} Simponi ^{#+} (after failure of Humira)		<u>Ankylosing Spondylitis:</u> Cimzia ^{#+} Simponi ^{#+} <u>Crohn's Disease</u> Cimzia ^{#+} <u>Psoriasis</u> Cimzia ^{#+} Cosentyx ^{#+} Enbrel ^{#+} Ilumya ^{EX,+} Siliq ^{#+} Skyrizi ^{#+} <u>Psoriatic Arthritis</u> Cimzia ^{#+} Orencia ^{#+} Simponi ^{#+} Stelara ^{#+} Taltz ^{#+} Xeljanz/XR ^{#+} <u>Rheumatoid Arthritis</u> Actemra ^{#+} Cimzia ^{#+} Kineret ^{#+} Olumiant ^{EX} Simponi ^{#+} <u>Ulcerative Colitis</u> Xeljanz/XR ^{#+}	Actemra IV# Ilaris# Inflextra# Orencia IV# Remicade# Renflexis# Rituxan# Simponi Aria#

#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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

		<u>All other conditions:</u> Enbrel ^{#+} Humira ^{#+}		<u>All other conditions:</u> Actemra SQ ^{#,+} Cimzia ^{#,+} Cosentyx ^{#,+} Kevzara ^{#,+} Kineret ^{#,+} Orencia SC/Clickjet ^{#,+} Otezla ^{#,+} Simponi ^{#,+} Stelara ^{#,+} Taltz ^{#,+} Xeljanz/XR ^{#,+}	
Blood Modifiers	None	Retacrit Nivestym Udenyca	Aranesp Epogen Fulphila Mircera Mulpleta [#] Neulasta Neupogen Procrit Tavalisse [#] Zarxio	Doptelet ^{#+} Leukine ⁺ Mozobil ⁺ Promacta ⁺	Granix NPlate Nivestym IV
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 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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

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+ erlotinib etoposide* exemestane* flutamide hydroxyurea imatinib letrozole* leucovorin megestrol melphalan mercaptopurine* methotrexate* nilutamide tamoxifen* temozolomide+ toremifene* tretinoin	Alkeran Cabometyx Emcyt Gleevec+ Hexalen Ibrance Kisqali Kisqali-Femara Co-pack Leukeran Lomustine Lysodren Matulane Myleran Tabloid*	Afinitor Alecensa Alunbrig Arimidex* Aromasin* Balversa# Bosulif Braftovi Calquence# Caprelsa Casodex Cometriq# Copiktra Cotellic cyclophosphamide Daurismo# Droxia Erivedge Erleada# Fareston* Farydak# Femara* Gilotrif Gleostine Hycamtin Hydrea Iclusig Idhifa Imbruvica Inlyta Iressa Jakafi# Lenvima Lonsurf Lorbrena Lynparza Megace Megace ES* Mekinist Mektovi Mesnex Nerlynx Nexavar Nilandron Ninlaro Odomzo Piqray# Pomalyst Purixan Rubraca Rydapt Soltamox* Sprycel Stivarga Sutent Sylatron Tafinlar Tagrisso Talzenna Tarceva		Adcetris Aliqopa Bavencio Beleodaq Bendeka Besponsa Blincyto Clolar# Cyramza Darzalex Elzonris# Empliciti Erwinaze Evomela Folotyng# Fusilev# Gazyva Halaven Imfinzi Imlygic Ixempra Kadcyla Keytruda Khapzory# Kyprolis Kymriah# Lartruvo Libtayo Lumoxiti+ Lutathera# Marqibo Mylotarg Onivyde Opdivo Perjeta Polivy# Portrazza Poteligeo#.+ Rituxan Hycela Synribo Tecentriq Temodar IV Torisel Treanda Vyxeos Yervoy Yescarta# Yondelis Zaltrap
--	--	---	--	--	---

#Requires prior authorization

¶ Subject to quantity limits

*Drug is available through Mail Order

¶ 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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. If provider does not buy and bill drug must be obtained from CVS Specialty or other contracted Specialty provider

			Targretin Tasigna Temodar Tibsovo [#] Tykerb Venclexta Verzenio Vitrakvi [#] Vizimpro [#] Votrient Xalkori Xeloda Xospata [#] Zelboraf Zolinza [#] Zejula Zydelig Zykadia [#]		
Cardiac Glycosides** (heart)	digoxin digoxin elixir	Lanoxin ^{EX}	None		
CNS Stimulants (ex: ADHD)	amphetamine combination amphetamine combination/XR ^{*q} armodafinil ^q atomooxetine ^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 Adderall XR ^{*q} Adzenys XR ^{EX} Aptensio XR ^q Concerta ^{*q} Daytrana [*] Dexedrine ^{*q} Evekeo ^{EX} Focalin Focalin XR ^{*q} Intuniv [*] Jornay PM [#] 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		Ella		

[#]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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

	My Way Option 2				
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* drospir/ethin/levome* 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 ^q Microgestin/Fe* Mibelas 24 Fe*	Lo Loestrin FE* Nuvaring*	Balcoltra ^{EX} Beyaz* Brevicon* Cyclessa* Depo-Provera Depo-SQ Provera Desogen* Estrostep FE* Femcon Fe* Generess Fe* Loestrin/FE* Lomedia 24 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

[#]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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

	<p>Mono-Linyah* Mononessa* Myzilra* 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* Violele* Vyfemla* Wera* Wymzya Fe* Xulane* Zarah* Zenchent/Fe* Zovia*</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 diabetic copay outlined in the benefits section of the brochure 	None	<p>Basaglar Fiasp Humulin R U-500 Lantus /Solostar Levemir Novolin/Pen Novolog Mix Novolog/Pen Soliqua Toujeo Tresiba</p>	<p>Adlyxin^{EX} Admelog^{EX} Insulin Lispro[#] Xultophy^{EX}</p>		
Diabetic Agents: Other** <ul style="list-style-type: none"> • Subject to diabetic copay outlined in 	<p>acarbose alogliptan^{EX} alogliptan/metformin^{EX} alogliptan/pioglitazone^{EX}</p>	<p>ActoplusMet XR Bydureon Byetta Farxiga</p>	<p>Actoplus Met Amaryl Cycloset Diabeta</p>		

[#]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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

<i>the benefits section of the brochure</i>	<p>glimepiride glimepiride/pioglitazone glipizide ER/metformin glyburide glyburide, micronized glyburide/metformin metformin/ER^(generic) Glucophage/XR) metforminER^(generic) Glumetza, Fortamet)# miglitol nateglinide pioglitazone pioglitazone-metformin repaglinide repaglinide-metformin tolazamide tolbutamide</p>	<p>Glucagen Glucagon Glyset Glyxambi Janumet/XR Januvia Jardiance Ozempic Proglycem Qtern Riomet^{EX} Symlin Synjardy/XL Trulicity Victoza^q Xigduo XR</p>	<p>Duetact Fortamet# Glucophage/XR Glucotrol/ XL Glucovance Glumetza# Glynase Invokana^{EX} Invokamet/XR^{EX} Jentadueto^{EX} Jentadueto XR^{EX} Kazano^{EX} Kombiglyze XR^{EX} Nesina^{EX} Onglyza^{EX} Oseni^{EX} Precose Segluromet^{EX} Starlix Steglatro^{EX} Steglujan^{EX} Tanzeum Tradjenta^{EX}</p>		
<p>Diabetic Meters & Strips</p> <ul style="list-style-type: none"> • Subject to diabetic copay outlined in the benefits section of the brochure All test strips are subject to quantity limits • All other test strips are excluded 	<p>Preferred Meters: One Touch Ultra Brand Meters One Touch Verio Brand Meters</p>	<p>Preferred Strips: One Touch UltraTest Strips One Touch Verio Test Strips</p>			
Digestants/Enzymes**	pancrelipase	Creon	Pancrease Pertzeye Ultresa Viokace Zenpep		
Diuretics**	<p>acetazolamide amiloride/HCTZ bumetanide chlorthalidone chlorothiazide eplerenone ethacrynic acid furosemide hydrochlorothiazide indapamide methazolamide methyclothiazide metolazone spironolactone/HCTZ torsemide triamterene/HCTZ</p>	None	<p>Aldactone Demadex Diuril Dyazide Dyrenium Inspra^{EX} Lasix Maxzide Microzide</p>		
Enteral Therapy	All products not listed in the MVP policy	All products not listed in the MVP	All products not listed in the MVP policy		All products not listed in the MVP

#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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. If provider does not buy and bill drug must be obtained from CVS Specialty or other contracted Specialty provider

	require prior authorization	policy require prior authorization	require prior authorization		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 vardenafil ^q (generic Levitra) yohimbine		Caverject ^q Cialis 10 & 20mg ^{q,EX} Edex ^q Levitra ^{q,EX} Muse ^q Staxyn ^{q,EX} Stendra ^{q,EX} Viagra ^{q,EX}		
Fertility Agents	clomiphene Leuprolide SQ ^{# +}	Follistim AQ ^{# +}		Bravelle ^{# +} Cetrotide ^{# +} Ganirelix ^{#+} Gonal-F ^{# +} HCG ⁺ Lutrepulse ^{# +} Menopur ^{# +} Novarel ⁺ Ovidrel ⁺ Pregnyl ⁺ Repronex ^{# +}	
Gaucher's Disease	miglustat [#]	None	Zavesca [#]	Cerdelga ^{# +}	Cerezyme [#] Elelyso [#] Vpriv [#]
GI: Ulcer/Heartburn Agents**	cimetidine esomeprazole mag ^q famotidine 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 [#] Nexium ^{#,q} Omeclamox [#] Pepcid Prevacac Prevacid ODT ^q Prevacid Cap ^{q,#} Prilosec ^{q,#} Protonix ^{q,#} Pylera Zantac Zegerid ^{#,q}		
GI: Inflammatory Bowel & GI Misc.	Alosetron ^{# *} balsalazide* budesonide hemmorex-HC ^{EX} lactulose soln mesalamine/suppositories mesalamine DR/ HD metoclopramide IR metoclopramide ODT ^{EX} misoprostol* sulfasalazine/EN* ursodiol*	Apriso* Amitiza Linzess Movantik Pentasa*	Actigall* Analpram- E/HC Asacol HD* Azulfidine/EN* Canasa* Chenodal Colazal* Cortifoam Cytotec* Delzicol ^{*, EX} Dipentum ^{*, EX} Entocort EC* Gattex ⁺ Giazo Lialda ^{EX} Lotronex [#]	Ocaliva ^{#+} Cimzia ^{#,+}	Entyvio [#] Stelara IV vial [#]

[#]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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

			Metozolv ODT ^{EX+} Motegrity [#] Plenvu ^{EX} Prepopik Proctofoam HC Relistor ^{EX} Rowasa* Suprep Symproic Trulance Uceris Urso/Forte* Viberzi [#] Xermelo		
Gout	allopurinol colchicine ^q probenecid/colchicine	None	Colcrys ^q Mitigare ^q Uloric [#] Zylprim		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 estrogen & methyltestosterone estradiol vaginal crm estropipate Jinteli medroxyprogesterone Mimvey/Lo norethindrone progesterone oral Yuvafem	Climara Pro Crinone Estring Premarin Premphase Prempro	Activella Alora Angeliq Bijuva [#] Climara Combipatch Divigel Duavee Elestrin Gel Endometrin Enjuvia Estrace/Vaginal Estrogel Evamist FemHRT Femring Imvexxy ^{EX} Intrarosa Menest Menostar Minivelle Ospheña Prefest Prometrium Provera Vagifem Viville-Dot		Makena
Immunoglobulin Therapy <i>Obtain through specialty pharmacy</i>	None	None	None		Carimune [#] Cutaquig [#] Cuvitru [#] Flebogamma [#] GamaSTAN [#] Gammagard [#]

[#]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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

					Gamunex C [#] Hizentra [#] Jivi [#] Panzyga [#] 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 Prograf Gran [#] Rapamune Sandimmune Zortress		Nulojix
Interferons/Other for Hepatitis	adefovir dipivoxil ⁺ entecavir ⁺ lamivudine ⁺ Moderiba ^{#,+} Ribasphere ^{#,+} ribavirin ^{#,+}	Epclusa ^{#,+} Harvoni ^{#,+} Mavyret ^{#,+} Pegasys ^{#,+} Ribapak ^{#,+} Vosevi ^{#,+}		Baraclude ⁺ Copegus ^{#,+} Epivir-HBV ⁺ Hepsera ⁺ Intron-A ⁺ Moderiba Pak ^{#,+} Peg-Intron ^{#,+} Rebetol ^{#,+} Ribatab ^{#,+} Sovaldi ^{#,+} Tyzeka ⁺ Vemlidy ⁺	
Intranasal Corticosteroids**	budesonide flunisolide mometasone		Beconase AQ [#] Dymista [#] Nasonex [#] Omnaris [#] Qnasl [#] Rhinocort AQ [#] Xhance [#] Zetonna [#]		Propel Imp Sinuva
Iron Toxicity Agents	deferasirox ^{#,+} deferoxamine ⁺		Ferriprox	Desferal ⁺ Exjade ^{#,+} 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*	Welchol*	Altacor* Antara* Colestid* Crestor* Fibricor* Juxtapid ^{#,+} Lescol/XL* Lipitor* Lipofen* Livalo* Lofibra* Lopid* Lovaza* Niaspan*	Kynamro ^{#,+}	

[#]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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

	pravastatin * Prevalite* rosuvastatin* simvastatin *		Praluent# Pravachol* Questran/Light* Repatha# Tricor* Triglide* TriLipix* Vascepa Vytorin* Zetia* Zocor* Zypitamag*		
Migraine Agents	almotriptan ^q apap/isometh/dichloral butalbit/apap/caff 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 Zebutal ^{EX} Zembrace# ^q Zomig/ZMT# ^q		
Miscellaneous Agents (in various classes)	cabergoline cinacalcet+ desmopressin fluorouracil crm paroxetine 7.5mg penicillamine caps# phytonadione riluzole tetrabenazine# ⁺ tranexamic acid trientine#	Austedo# ⁺ Somavert+ Stimate+	Addyi# Brisdelle Carbaglu# Cholbam# Corlanor Cuprimine## Cuvposa DDAVP Depen Endari Firdapse# Galafold# Gralise# Horizant # Impavido# Ingrezza# Jynarque# Korlym# Lokelma Lyrica CR ^{EX} Lysteda Methergine ^q	Actimmune+ Arcalyst## Benlysta SQ# ⁺ Cystagon+ Firazyr# ⁺ Haegarda# ⁺ Kuvan# ⁺ Lupaneta Pack+ Natpara+ Nityr# Orfadin# Ravicti# ⁺ Samsca ^{q+} Sensipar+ Vyndaqel# ⁺ Vyndamax# ⁺ Takhzyro# ⁺ Xenazine# ⁺	Adagen# Aldurazyme# Andexxa# Aralast-NP Benlysta# Berinert# Brineura# Cablivi# Ceprotrin# Cinryze# Crysvita# Defitelio Elaprase# Exondys 51# Eskata# Fabrazyme Feraheme Gamifant# ⁺ Glassia Gleolan# Goprelto ^{EX} Injectafer

#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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

			Myalept [#] Nocdurna ^{EX} Noctiva ^{EX} Northera ⁺ Nuedexta [#] Orilissa Palynziq ^{# +} Procysbi [#] Ruzurgi [#] Savella Siklos ^{EX} Strensiq [#] Syprine [#] Tegsedi [#] Tiglutik [#] Veltassa Xuriden [#] Zutripro [#]		Kalbitor [#] Kanuma [#] Kcentra [#] Lumizyme [#] Macrilen Mepsevii [#] Myozyme [#] Naglazyme [#] Omegaven ^{EX} Onpatro [#] Parsabiv [#] Prolastin-C Radicava [#] Revcovi [#] Ruconest [#] Soliris [#] Spinraza [#] Supprelin-LA Sylvant [#] Triferic Triptodur Ultomiris ^{#,+} Vimizim [#] Vistogard Voraxaze Xiaflex Zemaira Zilretta ^{EX} Zinplava [#] Zolgensma [#]
MS Agents	baclofen 5mg dalfampridine ER [#] glatiramer ⁺	Aubagio ⁺ Avonex ⁺ Copaxone 20mg ⁺ Copaxone 40mg ⁺ Gilenya ⁺ Tecfidera ⁺		Ampyra ^{#+} Betaseron ^{#+} Mavenclad ^{#+} Mayzent ^{#+} Plegridy ^{#+} Rebif ^{#+} Zinbryta ^{#+}	Ocrevus Tysabri [#] Lemtrada [#]
Muscle Relaxants	baclofen carisoprodol chlorzoxazone 500mg cyclobenzaprine dantrolene meprobamate metaxalone methocarbamol orphenadrine tizanidine tablets	None	Amrix ^{EX} Dantrium Fexmid Parafon Forte DSC Robaxin Skelaxin ^{EX} Soma Zanaflex		
Nitrates/Angina Others** (heart)	isosorbide dinitrate isosorbide mononitrate nitroglycerin SL nitroglycerin patches ranolazine	Nitrostat	Dilatrate-SR Gonitro ^{EX} Isordil/SL Minitran Nitrobid topical Nitro-Dur Ranexa		
NSAIDs (pain & inflammation, arthritis)	celecoxib ⁺ diclofenac tabs ⁺ diclofenac 1% gel diclofenac patches etodolac/XL ⁺ flurbiprofen ⁺	Voltaren Gel	Anaprox DS ⁺ Arthrotec ^{EX} Daypro ⁺ Duexis ^{EX} Feldene ⁺ Flector		

[#]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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

	ibuprofen* indomethacin* ketoprofen/ER* ketorolac* meclofenamate* mefenamic acid* meloxicam* nabumetone* naproxen* naproxen DR naproxen CR/ER ^{EX} oxaprozin* piroxicam* salsalate* sulindac* tolmetin*		Mobic* Nalfon* Celebrex* Naprosyn* Naprelan ^{EX} Pennsaid ^{EX} Ponstel* Sprix# Vimovo ^{EX} Voltaren XR*		
Ophthalmic: Anti-Infective Agents	bac/neo/polym/HC bacitracin ciprofloxacin erythromycin gatifloxacin gentamicin levofloxacin moxifloxacin ofloxacin polym/trimeth sulfacetamide tobramycin trifluridine		AzaSite Besivance Bleph-10 Blephamide Ciloxan Moxeza Natacyn Ocuflax Polytrim 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 Rocklatan# Simbrinza Timoptic/XE Trusopt Vyzulta ^{EX} Xalatan Xelpros Zioptan		
Ophthalmic: Steroids, Antiinflammatory & Misc. Agents	azelastine bromfenac cromolyn dexamethasone diclofenac epinastine fluorometholone flurbiprofen ketorolac lotepredol	Tobradex Oint Xiidra	Acular/LS Acuvail Alocril Alomide Alrex Bepreve Cequa ^{EX} Durezol Elestat Emadine	Cystaran ^{#,+}	Dextenza# Eylea Dexycu ^{EX} Jetrea Lucentis Luxturna# Retisert# Yutiq

#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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

	naphazoline prednisolone olopatadine tobramycin/dexamethasone		Flarex FML/Forte/SOP Ilevro Inveltys Lastacraft Lotemax Maxidex Maxitrol Nevanac Omnipred Oxervate [#] Pataday Patanol Pred Forte Pred Mild Pred-G Prolensa Tobradex Susp Tobradex ST Zylet		
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 Evenity [#] 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 patch ^{q,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} oxycodone/ibuprofen oxymorphone ER ^{q,st}		All brands Abstral ^{q,#} Actiq ^{q,#} Apadaz [#] 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 [#] MS Contin ^{q,st} Morphabond ^{st,q}		Dsuvia [#]

[#]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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

	pentazocine/naloxone Roxicet tabs tramadol tramadol ER ^q Vicodin/ES/HP		Norco Nucynta Nucynta ER ^q Opana Opana ER ^{q,st} Oxycontin ^{q,st} Primlev Reprexain Roxicodone Roxybond ^{EX} Subsys [#] Synalgos-DC Tylenol w cod Ultracet Ultram/ER ^q Vicoprofen Xartemis XR ^{st,q} Xtampza ER ^{st,q} Zohydro ER ^{st,q}		
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* rasigiline ropinirole/XL* selegiline* tolcapone* trihexyphenidyl*	None	Azilect* Comtan* Duopa* Eldepryl* Lodosyn* Mirapex/ER* Neupro* Osmolex ER ^{EX} Parlodel* Requip/XL* Rytary* Sinemet/CR* Stalevo* Tasmar* Xadago Zelapar*	Apokyn ^{#,+} Inbrija ^{#,+}	
Phosphate Binders	Calcium acetate lanthanum carb chew sevelamer	Velphoro	Eliphos Fosrenol* Phoslo Phoslyra Renagel* Renvela*		
Potassium Supplements**	Various generics	None	All brands K-Tab		
Prostate Cancer	abiraterone	None	Yonsa [#]	Xtandi ⁺ Zytiga ⁺	Eligard Firmagon Jevtana Lupron Depot Provenge [#] Trelstar Vantas Xofigo Zoladex
Respiratory: Beta Agonists (Oral, Inhaled)	albuterol/HFA ipratropium/albuterol levalbuterol	Anoro Ellipta Serevent*	Arcapta Brovana* Perforomist		

[#]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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

	metaproterenol terbutaline*		ProAir HFA ^{EX} ProAir Respiclick ^{EX} Proventil HFA ^{EX} Ventolin HFA Vospire ER* Xopenex HFA ^{EX}		
Respiratory: Inhaled Corticosteroids**	budesonide fluticasone/salmeterol- (55-14mcg, 113-14mcg, 232-14mcg- generic Airduo) fluticasone/salmeterol diskus (generic Advair Diskus) Wixela	Advair HFA Asmanex/HFA Breo Ellipta Flovent/HFA Pulmicort Flexhaler Qvar Qvar Redihaler Symbicort	Advair Diskus Aerospan ^{EX} Alvesco ^{EX} Armonair Arnuity Ellipta Dulera ^{EX} Striverdi Respimat		
Respiratory: Leukotriene Modifiers**	montelukast zafirlukast		Accolate Singular Zyflo CR ^{EX}		
Respiratory: Miscellaneous	ambrisentan ^{#+} aminophylline* bosentan ^{#+} cromolyn* ipratropium soln* sildenafil 20mg ^{#+} tadalafil (PAH) ^{#+} theophylline* tobramycin inh ^{#+}	Bevespi Aerosphere Combivent Respimat* Pulmozyme ^{#+} Spiriva* Trelegy Ellipta	Atrovent HFA* Cayston [#] Daliresp* Grastek [#] Incruse Ellipta ^{EX} Lonhala Magnair ^{EX} Oductra [#] Ragwitek [#] Seebri Neohaler Stiolto Respimat ^{EX} Theo-24* Tudorza ^{EX} Utibron Neohaler ^{EX} Yupelri	Adcirca ^{#+} Adempas ^{#+} Bethkis ^{#+} Esbriet ^{#+} Kalydeco [#] Kitabis Pak ^{#+} Letairis ^{#+} Nucala SQ ^{#+} Ofev ^{#+} Opsumit ^{#+} Oralair ^{#+} Orenitram XR ^{#+} Orkambi [#] Revatio ^{#+} Symdeko [#] TOBI ^{#+} TOBI Podhaler ^{#+} Tracleer ^{#+} Tyvaso ^{#+} Uptravi ^{#+} Ventavis ^{#+}	Cinqair [#] epoprostenol [#] Fasenra [#] Flolan [#] Nucala ^{#+} Remodulin [#] Revatio Inj [#] Xolair [#] Veletri [#]
RSV	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} Butisol Doral ^q Edluar ^{q,st} Halcion ^q Belsomra st Intermezzo ^{q,st} Lunesta ^{q,st} Restoril ^q Silenor [#] Sonata ^{q,st} Zolpimist ^{q,st}	Hetlioz ^{#+}	
Smoking Cessation Agents	bupropion SR ^q	Chantix ^q	Nicotrol ^q Zyban ^q		
Somatostatin Analog	octreotide ⁺		Signifor [#]	Sandostatin ⁺ Somatuline Depot ⁺	Sandostatin LAR ⁺ Signifor LAR ⁺
Substance Use Disorder	acamprosate buprenorphine/naloxone buprenorphine/naloxone film naltrexone	Narcan Nasal	Antabuse Bunavail Evzio ^{EX} Lucemyra ^q Revia		Probuthine Sublocade Vivitrol

[#]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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

			Zubsolv ^{EX}		
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 Penlac [#]		
Topical Anti-Infectives	erythromycin gentamicin metronidazole mupirocin		Altabax Bactroban Centany oint Cortisporin Gynazole-1 Klaron Rhofade Xepi ^{EX}		
Topical/Oral/Injectable Antipsoriatic & Antiseborrheic (non-biological)	acitretin anthralin calcipotriene calcipotriene/ betamethasone selenium sulfide		Dovonex EpiFoam Pramosone/E Soriatane		
Topical Miscellaneous	aluminum chloride soln doxepin cream [#] imiquimod diclofenac gel 3% [#] lidocaine/patch lidocaine/tetracaine cream mafenide packet pimecrolimus podofilox	Condylox gel tacrolimus oint.	Aldara Condylox soln Drysol Efudex Elidel Eucrisa Lidoderm Metrocream Metrogel Metro lotion Mirvaso Picato Podocon-25 Protopic Prudoxin [#] Qbrexza ^{EX} Rectiv Santyl ^q Solaraze [#] Sulfamylon Tolak Umecta/PD Valchlor [#] Veregen Zonalon [#] Zyclara	Dupixent ^{#+}	

[#]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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

Topical Scabicides/ Pediculicides	crotamiton lotion 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 crm/gel/oint 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 Bryhali ⁴ EX Cutivate ² Derma-Smoothe/FS ¹ Dermatop ² Desonate ¹ Desowen ¹ Diprolene/AF ^{3,4} Elocon ² Kenalog ^{2,3} Lexette ⁴ EX 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 erythromycin isotretinoin Myorisan sulfacetamide tretinoin crm/gel tazarotene 0.1% cr Zenatane		Altreno ^{EX} Avita Clarifoam EF Cleocin-T Evoclin Finacea Klaron Tazorac Vanoxide HC ^{EX}		
Urinary Tract Agents	methenamine nitrofurantoin phenazopyridine/plus trimethoprim potassium citrate	None	Elmiron Furadantin Hiprex Macrobid Macrochantin Monurol Primsol		Zemdri
Vitamin D Analogs	doxercalciferol paricalcitol		Hectorol Rayaldee Zemplar		

#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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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

Weight Management Agents	benzphetamine ^q diethylpropion ^q phendimetrazine ^q phentermine ^q	None	Adipex-P ^{#, q} Belviq ^{#, q} Bontril-PDM ^{#, q} Contrave ^{#, q} Lomaira ^{#, q} Qsymia ^{#, q} Regimex ^{#, q} Saxenda ^{#, q} Suprenza ^{#, q} Xenical ^{#, 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 These drugs are not covered under the pharmacy benefit. For more information regarding coverage of these agents, please see the benefits section of the brochure. 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