

2019

MVP Federal Employee Health Benefits  
(FEHB) Program

# **PRESCRIPTION DRUG FORMULARY**



Effective February 1, 2019



# 2019 PRESCRIPTION DRUG FORMULARY

## EFFECTIVE February 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While every effort has been made to insure accuracy, some information may be out of date.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](http://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)
<b>ACE Inhibitors** (blood pressure lowering, includes combination products)</b>	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 <sup>EX</sup>		

<sup>#</sup>Requires prior authorization

<sup>\*</sup>Drug is available through Mail Order

<sup>\*\*</sup>All drugs in the category are available through Mail Order

<sup>EX</sup> - Excluded drug-medical exception approval required

<sup>M</sup> 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

<sup>¶</sup> Subject to quantity limits

<sup>¶</sup> Step therapy edits apply

<sup>¶</sup> Obtain through CVS Specialty

<b>Adrenal Hormones Oral**</b>	cortisone dexamethasone Emflaza# fludrocortisone hydrocortisone methylprednisolone prednisolone prednisone	None	Cortef Dexpak Medrol Millipred Orapred ODT Prelone		Acthar HP#
<b>Adrenergic Antagonists**</b>	clonidine clonidine patch doxazosin guanfacine methyldopa/HCTZ midodrine prazosin reserpine terazosin	None	Cardura/XL Catapres/TTS <sup>EX</sup> Minipress Tenex		
<b>Alzheimer's Agents**</b>	donepezil ergoloid memantine/XR galantamine rivastigmine oral/patch		Aricept Exelon patch Namenda IR/XR Namzaric Razadyne ER		
<b>Androgens (male hormones)</b>	danazol oxandrolone <sup>q</sup> testosterone inj <sup>q</sup> testosterone gel <sup>q*</sup> testosterone TD soln <sup>q</sup>	AndroGel <sup>*,q</sup>	Anadrol-50 # Androderm <sup>#,q</sup> Android <sup>q#*</sup> Axiron <sup>*,q</sup> Delatestryl <sup>#,q</sup> Depo-Testosterone <sup>#,q</sup> Fortesta <sup>*,q</sup> Methitest <sup>q#*</sup> Natesto <sup>#,q</sup> Oxandrin <sup>q#</sup> Striant <sup>*,q</sup> Testim <sup>#,q</sup> Testred <sup>*,q</sup> Vogelxo <sup>#,q*</sup> Xyosted <sup>#</sup>		Aveed# Testopel <sup>q</sup>
<b>ARBs/Renin Inhibitors** (includes combination products)</b>	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 <sup>EX</sup> Benicar/HCT Byvalson Cozaar Diovan/HCT Edarbi Edarbyclor Entresto Exforge/HCT Hyzaar Micardis/HCT Tekturna Teveten Tribenzor Twynsta		
<b>Anti-Anxiety Agents**</b>	alprazolam/ER buspirone clordiazepoxide clorazepate diazepam hydroxyzine pamoate	None	Tranxene-T Valium Xanax/XR		

#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

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

\* Obtain through CVS Specialty

	lorazepam oxazepam				
<b>Antiarrhythmics** (heart rhythm)</b>	amiodarone disopyramide dofetilide flecainide mexiletine Pacerone propafenone/SR quinidine sotalol/AF	None	Betapace/AF Cordarone Multaq Norpace/CR Rythmol SR Sotylize Tikosyn		
<b>Antibiotics</b>	amoxicillin amoxicillin/ clavulanate amoxicillin/clavulanate XR ampicillin Avidoxy azithromycin cefaclor/ER cefadroxil cefdinir cefditoren cefepodoxime cefprozil ceftriaxone vial 250mg, 500mg <sup>q</sup> cefuroxime cephalexin caps ciprofloxacin/ER clarithromycin/ER clindamycin demeclocycline dicloxacillin doxycycline IR doxycycline DR <sup>#</sup> Erythrocin erythromycin levofloxacin linezolid minocycline IR caps minocycline ER <sup>#</sup> moxifloxacin neomycin ofloxacin paromomycin penicillin sulfa/trimeth DS/SS tetracycline vancomycin	Cefaclor ER	Acticlate <sup>EX</sup> Adoxa Aemcolo <sup>#</sup> Arikayce <sup>#</sup> Augmentin/ES/XR Avelox Bactrim/DS Baxdela tabs Biaxin XL Cedax Ceftin Cipro Cleocin/Susp Cleocin Vaginal Dificid Doryx <sup>#</sup> E. E. S. Susp Eryped Ery-Tab Erythromycin Base Factive Firvanq Keflex Levaquin Minocin <sup>EX</sup> Minolira <sup>#</sup> Monodox Moxatag Nuzyra tablets <sup>#</sup> Oracea <sup>#</sup> PCE Rocephin <sup>#</sup> (for Lyme Disease) Seysara <sup>#</sup> Sivextro tablets Solodyn <sup>#</sup> Spectracef Sulfadiazine Suprax Vancocin Vibramycin Xifaxan <sup>#</sup> Zithromax Z-Max Zyvox		Baxdela Inj <sup>#</sup> Dalvance Nuzyra IV <sup>#</sup> Orbactiv Rocephin <sup>#</sup> (for Lyme Disease) Sivextro inj <sup>#</sup> Teflaro Vibativ Xerava <sup>#</sup> Zyvox Inj <sup>#</sup> Zerbaxa
<b>Anticoagulants</b>	heparin enoxaparin fondaparinux Jantoven* warfarin*	Coumadin* Eliquis* Xarelto*	Arixtra Bevyxxa Fragmin Iprivask Lovenox		

<sup>#</sup>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

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

\* Obtain through CVS Specialty

			Pradaxa <sup>EX</sup> Savaysa <sup>EX</sup>		
<b>Anticonvulsants** (seizures)</b>	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 <sup>†</sup> zonisamide	Dilantin Vimpat	Aptiom Banzel Briviact Carbatrol Celontin Depakene Depakote/ER Diastat Epidiolex <sup>#</sup> Felbatol <sup>EX</sup> Fycompa Gabitril Keppra/XR Klonopin Lamictal/XR/ODT Lyrica IR Mysoline <sup>EX</sup> Neurontin Onfi Oxtellar XR Peganone Phenytek Potiga Qudexy XR Sympazan <sup>#</sup> Tegretol/XR Topamax Trileptal Trokendi XR Zarontin Zonegran	Sabril <sup>†</sup>	
<b>Antidepressants**</b>	amitriptyline amoxapine bupropion/SR/XL bupropion XL 450mg <sup>EX</sup> citalopram clomipramine desipramine desvenlafaxine ER (generic) doxepin duloxetine escitalopram fluoxetine fluvoxamine/CR imipramine HCl imipramine pamoate maprotiline mirtazapine nefazodone nortriptyline olanzepine/ fluoxetine paroxetine/ER phenelzine protriptyline sertraline tranylcypromine trazodone trimipramine venlafaxine/ER (generic)	Pristiq ER	Anafranil Aplenzin <sup>EX</sup> Celexa Cymbalta Desvenlafaxine ER (brand) Duloxetine 40mg <sup>#</sup> Effexor/XR Emsam Fetzima Forfivo XL <sup>EX</sup> Khedezla Lexapro Marplan Nardil Norpramin Oleptro ER Pamelor <sup>EX</sup> Parnate Paxil/CR Pexeva Prozac/Weekly Remeron Sarafem Surmontil Tofranil/PM Trintellix Venlafaxine ER (brand) Viibryd Wellbutrin/SR		

<sup>#</sup>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

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

<sup>†</sup> Obtain through CVS Specialty

			Wellbutrin XL <sup>EX</sup> Zoloft		
<b>Antiemetics (nausea)</b>	aprepitant <sup>q</sup> Compro dronabinol granisetron <sup>q</sup> ondansetron <sup>q</sup> prochlorperazine promethazine trimethobenzamide scopolamine patch		Anzemet <sup>q</sup> Bonjesta <sup>q</sup> Cesamet Diclegis <sup>q</sup> Emend <sup>q</sup> Marinol Akynzeo <sup>q</sup> Sancuso <sup>q</sup> Syndros <sup>#</sup> Tigan Transderm-Scop Varubi <sup>q</sup> Zofran/ODT <sup>q</sup> Zuplenz <sup>EX,q</sup>		Akynzeo inj <sup>#</sup> Aloxi Inj Cinvanti <sup>#</sup> Emend Inj <sup>#</sup> Sustol Inj <sup>#</sup> Varubi inj <sup>#</sup>
<b>Antifungal Agents</b>	clotrimazole oral fluconazole griseofulvin itraconazole <sup>#</sup> ketoconazole tabs nystatin terbinafine <sup>q</sup> voriconazole	None	Ancobon Cresemba Diflucan Grifulvin V Gris-Peg Jublia <sup>#</sup> Kerydin <sup>#</sup> Lamisil Granules <sup>q</sup> Lamisil <sup>q</sup> Nizoral Noxafil Onmel <sup>#</sup> Oravig Sporanox <sup>#</sup> Tolsura <sup>#</sup> Vfend		caspofungin
<b>Antihistamines**</b>	azelastine chlorpheniramine clemastine cyproheptadine desloratadine hydroxyzine levocetirizine olopatadine nasal promethazine	Astepro	Clarinx Patanase Xyzal		
<b>Antihistamine/ Decongestant Combinations</b>	Various generics	None	Various brands <sup>#</sup> Clarinx D <sup>EX</sup> Semprex-D <sup>EX</sup>		
<b>Antihypertensive Combinations** (blood pressure lowering)</b>	amlodipine/atorvastatin amlodipine/benazepril atenolol/chlorthalidone Clorpres nadolol/bendroflumethiazide	None	Bidil Caduet Corzide Lopressor HCT Lotrel Tarka Tenoretic Ziac		
<b>Antimalarials</b>	atovaquone/proguanil <sup>q</sup> chloroquine <sup>q</sup> hydroxychloroquine* mefloquine <sup>q</sup> quinine sulfate <sup>q</sup>	None	Arakoda <sup>#</sup> Coartem <sup>q</sup> Daraprim <sup>q</sup> Malarone <sup>q</sup> Plaquenil* Primaquine <sup>q</sup> Qualaquin <sup>q</sup>		
<b>Anti- mycobacterials**</b>	ethambutol isoniazid	Priftin	Mycobutin Paser		

<sup>#</sup>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

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

\* Obtain through CVS Specialty

(TB)	pyrazinamide rifampin		Rifater Rifamate Sirturo Trecator		
Antiparasitics	albendazole atovaquone <sup>q</sup> dapsone ivermectin metronidazole tabs paromomycin tinidazole	None	Albenza Alinia Benznidazole# Biltricide Flagyl/ER Mepron# SoloSec <sup>EX</sup> Stromectol Tindamax		
Antiplatelet Agents**	anagrelide aspirin-dipyridamole cilostazol clopidogrel dipyridamole pentoxifylline prasugrel	None	Aggrenox Agrylin Brilinta Effient Persantine Plavix Pletal Zontivity		Praxbind
Antipsychotics**	Aripiprazole/ODT chlorpromazine clozapine/ODT fluphenazine haloperidol lithium loxapine olanzapine/ODT olanzapine/fluoxetine perphenazine paliperidone ER pimozide quetiapine/XR risperidone/ODT thioridazine thiothixene trifluoperazine ziprasidone	Latuda	Abilify Abilify Mycite# 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 tenofovir zidovudine	Aptivus Atripla Biktarvy Cimduo Crixivan Emtriva Epzicom Fuzeon <sup>+</sup> Genvoya Invirase Isentress Norvir Prezista Rescriptor Selzentry Symfi/Lo Truvada Viracept Viread tabs	Combivir Complera Delstrigo# Descovy Edurant Epivir tabs Epivir soln Epivir HBV soln Evotaz Intelence Lexiva Juluca Kaletra Odefsey Pifeltro# Prezcobix Retrovir Reyataz Stribild Sustiva Symtuza#	Egrifta <sup>+</sup>	Trogarzo

#Requires prior authorization

<sup>q</sup> Subject to quantity limits

\*Drug is available through Mail Order

<sup>st</sup> Step therapy edits apply

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

<sup>+</sup> Obtain through CVS Specialty

EX - Excluded drug-medical exception approval required

<sup>M</sup> 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

			Tivicay Triumeq Trizivir Tybost Videx-EC Viramune/XR Viread Powder Vitekta Zerit Ziagen		
<b>Antispasmodic Agents**</b>	bethanechol clidinium/chlordiazepoxide darifenacin dicyclomine flavoxate hyoscyamine oxybutynin/ER phenohydro tablets <sup>EX</sup> propantheline tolterodine/ER trospium	Myrbetriq Toviaz Vesicare	Anaspaz Belladonna/Opium suppositories <sup>EX</sup> Bentyl Cantil Detrol/LA Ditropan XL Donnatal elixir/tablets <sup>EX</sup> Enablex Gelnique Levbid Levsin/SL Pamine/Forte Robinul/Forte Symax/Duotab		
<b>Antitussives &amp; Expectorants</b>	Benzonate 100mg, 200mg codeine combinations hydrocodone combinations	None	Entex (all) Rezira <sup>#</sup> Tussionex <sup>#</sup> Tuzistra XR <sup>#</sup>		
<b>Antiviral Agents</b>	acyclovir amantadine famciclovir oseltamivir <sup>q</sup> rimantadine valacyclovir valgancyclovir	Relenza <sup>q</sup>	Denavir Famvir Flumadine Plevymis tabs Tamiflu <sup>q</sup> Valcyte susp <sup>EX</sup> Valtrex Xofluza <sup>#</sup> Zovirax		Plevymis IV <sup>#</sup> Rapivab
<b>Arthritis Agents (non-biological)</b>	azathioprine* hydroxychloroquine* leflunomide* methotrexate* sulfasalazine*	Ridaura*	Arava* Rheumatrex* Trexall*		
<b>Benign Prostatic Hypertrophy (BPH) Agents (prostate)</b>	alfuzosin* doxazosin* dutasteride* dutasteride/tamsulosin finasteride* silodosin tadalafil 2.5mg <sup>#</sup> tadalafil 5mg <sup>#</sup> tamsulosin* terazosin caps*	None	Avodart* Cardura/XL* Cialis 2.5 mg <sup>EX</sup> Cialis 5 mg <sup>EX</sup> Flomax* Jalyn* Proscar* Rapaflo* Uroxatral*		
<b>Beta-Blocking Agents** (blood pressure)</b>	acebutolol atenolol betaxolol	None	Betapace/AF Bystolic Coreg/CR		

<sup>#</sup>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

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

\* Obtain through CVS Specialty



lowering)	bisoprolol carvedilol/ER labetalol metoprolol/XL nadolol pindolol propranolol/LA sotalol/AF timolol		Corgard Dutoprol <sup>EX</sup> Inderal LA/XL <sup>EX</sup> Innopran XL <sup>EX</sup> Lopressor/HCT Sectral Tenormin <sup>EX</sup> Toprol XL Trandate Zebeta		
Biologic Disease- Modifying Agents		<p><u>Ankylosing Spondylitis:</u> Cosentyx<sup>#,+</sup> Enbrel<sup>#,+</sup> Humira<sup>#,+</sup></p> <p><u>Crohn's Disease</u> Humira<sup>#+</sup> Stelara<sup>#+</sup>(after failure of Humira)</p> <p><u>Psoriasis</u> Humira<sup>#+</sup> Otezla<sup>#+</sup> Stelara<sup>#+</sup> Taltz<sup>#+</sup></p> <p><u>Psoriatic Arthritis</u> Cosentyx<sup>#+</sup> Enbrel<sup>#+</sup> Humira<sup>#+</sup> Otezla<sup>#+</sup></p> <p><u>Rheumatoid Arthritis</u> Enbrel<sup>#+</sup> Humira<sup>#+</sup> Kevzara<sup>#+</sup> Orencia SC/Clickjet<sup>#,+</sup> Xeljanz/XR<sup>#+</sup></p> <p><u>Ulcerative Colitis</u> Humira<sup>#+</sup> Simponi<sup>#+</sup>(after failure of Humira)</p> <p><u>All other conditions:</u> Enbrel<sup>#+</sup> Humira<sup>#+</sup></p>		<p><u>Ankylosing Spondylitis:</u> Cimzia<sup>#+</sup> Simponi<sup>#+</sup></p> <p><u>Crohn's Disease</u> Cimzia<sup>#+</sup></p> <p><u>Psoriasis</u> Cimzia<sup>#+</sup> Cosentyx<sup>#+</sup> Enbrel<sup>#+</sup> Ilumya<sup>#,+</sup> Siliq<sup>#,+</sup></p> <p><u>Psoriatic Arthritis</u> Cimzia<sup>#+</sup> Orencia<sup>#+</sup> Simponi<sup>#+</sup> Stelara<sup>#+</sup> Taltz<sup>#+</sup> Xeljanz/XR<sup>#+</sup></p> <p><u>Rheumatoid Arthritis</u> Actemra<sup>#+</sup> Cimzia<sup>#+</sup> Kineret<sup>#+</sup> Olumiant<sup>EX</sup> Simponi<sup>#+</sup></p> <p><u>Ulcerative Colitis</u> Xeljanz/XR<sup>#+</sup></p> <p><u>All other conditions:</u> Actemra SQ<sup>#,+</sup> Cimzia<sup>#,+</sup> Cosentyx<sup>#,+</sup> Kevzara<sup>#,+</sup> Kineret<sup>#,+</sup> Orencia SC/Clickjet<sup>#,+</sup> Otezla<sup>#,+</sup> Simponi<sup>#,+</sup> Stelara<sup>#,+</sup> Taltz<sup>#,+</sup> Xeljanz/XR<sup>#+</sup></p>	Actemra IV <sup>#</sup> Ilaris <sup>#</sup> Inflectra <sup>#</sup> Orencia IV <sup>#</sup> Remicade <sup>#</sup> Renflexis <sup>#</sup> Rituxan <sup>#</sup> Simponi Aria <sup>#</sup>

<sup>#</sup>Requires prior authorization

<sup>\*</sup>Drug is available through Mail Order

<sup>\*\*</sup>All drugs in the category are available through Mail Order

<sup>EX</sup> - Excluded drug-medical exception approval required

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

<sup>+</sup> Obtain through CVS Specialty

<b>Blood Modifiers</b>	None	Procrit	Aranesp Epogen Fulphila# Mircera Mulpleta# Neulasta Neupogen Nivestym# Retacrit# Tavalisse# Udenyca# Zarxio	Doptelet## Leukine+ Mozobil+ Promacta+	Granix NPlate
<b>Botulinum Toxins</b>	None	None	None		Botox# Dysport# Myobloc# Xeomin##
<b>Calcium Channel Blocking Agents (CCB)** (blood pressure lowering)</b>	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		
<b>Cancer Drugs</b> <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 melphalan mercaptopurine* methotrexate* nilutamide tamoxifen* temozolomide+ tretinoin	Alkeran Cabometyx Emcyt Fareston* Gleevec+ Hexalen Ibrance Kisqali Kisqali-Femara Co-pack Leukeran Lomustine Lysodren Matulane Myleran Tabloid*	Afinitor Alecensa Alunbrig Arimidex* Aromasin* Bosulif Braftovi# Calquence# Caprelsa Casodex Cometriq# Copiktra# Cotellic cyclophosphamide Daurismo# Droxia Erivedge Erleada# Farydak# Femara* Gilotrif Gleostine Hycamtin Hydrea Iclusig Idhifa Imbruvica Inlyta Iressa Jakafi# Lenvima Lonsurf Lorbrena# Lynparza Megace		Adcetris Aliqopa Bavencio Beleodaq Bendeka Besponsa Blinicyto Clolar# Cynamza Darzalex Empliciti Erwinaze Evomela Folotyn# Fusilev# Gazyva Halaven Imfinzi Imlygic Ixempra Kadcyla Keytruda Khapzory# Kyprolis Kymriah# Lartruvo Libtayo# Lumoxiti# Lutathera# Marqibo Mylotarg Onivyde Opdivo Perjeta Portrazza

#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

¶ Subject to quantity limits

¶ Step therapy edits apply

\* Obtain through CVS Specialty

			Megace ES* Mekinist Mektovi# Mesnex Nerlynx Nexavar Nilandron Ninlaro Odomzo Pomalyst Purixan Rubraca Rydapt Soltamox* Sprycel Stivarga Sutent Sylatron Tafinlar Tagrisso Talzena# Tarceva Targretin Tasigna Temodar Tibsovo# Tykerb Venclexta Verzenio Viktrakvi# Vizimpro# Votrient Xalkori Xeloda Xospata# Zelboraf Zolinza# Zejula Zydelig		Poteligeo# Rituxan Hycela Synribo Tecentriq Temodar IV Torisel Treanda Vyxeos Yervoy Yescarta# Yondelis Zaltrap
<b>Cardiac Glycosides** (heart)</b>	digoxin digoxin elixir	Lanoxin <sup>EX</sup>	None		
<b>CNS Stimulants (ex: ADHD)</b>	amphetamine combination amphetamine combination/XR* <sup>q</sup> armodafinil <sup>q</sup> atomooxetine <sup>q</sup> clonidine ER* dexmethylphenidate* dexmethylphenidate XR* <sup>q</sup> dextroamphetamine* Metadate ER* <sup>q</sup> methylphenidate* methylphenidate CD* <sup>q</sup> methylphenidate chew* methylphenidate ER 24 hour* <sup>q</sup> modafinil <sup>q</sup> * guanfacine ER*	Vyvanse* <sup>q</sup>	Adderall Adderall XR* <sup>q</sup> Adzenys XR <sup>EX</sup> Aptensio XR <sup>q</sup> Concerta* <sup>q</sup> Daytrana* Dexedrine* <sup>q</sup> Evekeo <sup>EX</sup> Focalin Focalin XR* <sup>q</sup> Intuniv* Kapvay* Metadate CD* <sup>q</sup> Methylin* Nuvigil <sup>q</sup> * Provigil <sup>q</sup> * Quillivant XR* <sup>q</sup> Ritalin LA* <sup>q</sup> Strattera <sup>q</sup>		

#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

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

\* Obtain through CVS Specialty

			Xyrem <sup>#</sup>		
<b>Compounds</b> <i>coverage for compounded medications is subject to criteria listed in the Compounded Medications policy.</i>	None	None	<ul style="list-style-type: none"> <li>All compounds &gt; \$100 require prior authorization</li> <li>All compounds are Tier 3</li> </ul>		
<b>Contraceptives (Emergency)</b>	Aftera Econtra EZ Fallback Levonorgestrel My Way Option 2		Ella		
<b>Contraceptives (Prevention -- Oral/Topical/ Other)</b> <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*	Lo Loestrin FE* Nuvaring*	Balcoltra <sup>EX</sup> Beyaz* Brevicon* Cyclessa* Depo-Provera Depo-SQ Provera Desogen* Eloststep FE* Femcon Fe* Generness Fe* Loestrin/FE* Lomedia 24 FE <sup>#</sup> 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

<sup>#</sup>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

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

\* Obtain through CVS Specialty

	Loryna* Low-Ogestrel* Lutera* Lyza* Marlissa* medroxy- progesterone/inj <sup>q</sup> Microgestin/Fe* Mibelas 24 Fe* 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* Viorele* Vyfemla* Wera* Wymzya Fe* Xulane* Zarah* Zenchent/Fe* Zovia*				
<b>Cough/Cold</b>	Various generics	All brands required prior authorization	All brands require prior authorization		
<b>Diabetic Agents: Insulin**</b> • Subject to diabetic copay outlined in the benefits section of the brochure	None	Basaglar Fiasp Humulin R U-500 Lantus /Solostar Levemir Novolin/Pen Novolog Mix	Adlyxin <sup>EX</sup> Admelog <sup>EX</sup> Xultophy <sup>EX</sup>		

<sup>#</sup>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

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

\* Obtain through CVS Specialty

		Novolog/Pen Soliqua Toujeo Tresiba			
<b>Diabetic Agents: Other**</b> • <i>Subject to diabetic copay outlined in the benefits section of the brochure</i>	acarbose alogliptan <sup>EX</sup> alogliptan/metformin <sup>EX</sup> alogliptan/pioglitazone <sup>EX</sup> glimepiride glimepiride/pioglitazone glipizide ER/metformin glyburide glyburide, micronized glyburide/metformin metformin/ER <sup>(generic)</sup> Glucoophage/XR) metforminER <sup>(generic)</sup> Glumetza, Fortamet)# miglitol nateglinide pioglitazone pioglitazone-metformin repaglinide repaglinide-metformin tolazamide tolbutamide	ActoplusMet XR Bydureon Byetta Farxiga Glucagen Glucagon Glyset Glyxambi Janumet/XR Januvia Jardiance Ozempic Proglycem Qtern Riomet Symlin Synjardy/XR Trulicity Victoza <sup>q</sup> Xigduo XR	Actoplus Met Amaryl Cycloset Diabeta Duetact Fortamet# Glucoophage/XR Glucotrol/ XL Glucovance Glumetza# Glynase Invokana <sup>EX</sup> Invokamet/XR <sup>EX</sup> Jentadueto <sup>EX</sup> Jentadueto XR <sup>EX</sup> Kazano <sup>EX</sup> Kombiglyze XR <sup>EX</sup> Nesina <sup>EX</sup> Onglyza <sup>EX</sup> Oseni <sup>EX</sup> Precose Segluromet <sup>EX</sup> Starlix Steglatro <sup>EX</sup> Steglujan <sup>EX</sup> Tanzeum Tradjenta <sup>EX</sup>		
<b>Diabetic Meters &amp; Strips</b> • <i>Subject to diabetic copay outlined in the benefits section of the brochure All test strips are subject to quantity limits</i> • <i>All other test strips are excluded</i>	Preferred Meters: One Touch Ultra Brand Meters One Touch Verio Brand Meters	Preferred Strips: One Touch UltraTest Strips One Touch Verio Test Strips			
<b>Digestants/ Enzymes**</b>	pancrelipase	Creon	Pancreaze Pertzye Ultresa Viokace Zenpep		
<b>Diuretics**</b>	acetazolamide amiloride/HCTZ bumetanide chlorthalidone chlorothiazide eplerenone ethacrynic acid furosemide hydrochlorothiazide indapamide methazolamide	None	Aldactone Demadex Diuril Dyazide Dyrenium Inspra <sup>EX</sup> Lasix Maxzide Microzide		

<sup>#</sup>Requires prior authorization

<sup>\*</sup>Drug is available through Mail Order

<sup>\*\*</sup>All drugs in the category are available through Mail Order

EX - Excluded drug-medical exception approval required

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

<sup>\*</sup> Obtain through CVS Specialty

	methyclothiazide metolazone spironolactone/HCTZ torsemide triamterene/HCTZ				
<b>Enteral Therapy</b>	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
<b>Epinephrine Products</b>	epinephrine auto-injector <sup>q</sup>	Epipen <sup>q</sup>	Adrenaclick <sup>q</sup> #		
<b>Erectile Dysfunction</b>	sildenafil 25mg, 50mg, 100mg <sup>q</sup> tadalafil 10mg, 20mg <sup>q</sup> vardenafil <sup>EX</sup> yohimbine		Caverject <sup>q</sup> Cialis 10 & 20mg <sup>q,EX</sup> Edex <sup>q</sup> Levitra <sup>q,EX</sup> Muse <sup>q</sup> Staxyn <sup>q,EX</sup> Stendra <sup>q,EX</sup> Viagra <sup>q,EX</sup>		
<b>Fertility Agents</b>	clomiphene Leuprolide SQ <sup># +</sup>	Follistim AQ <sup># +</sup>		Bravelle <sup># +</sup> Cetrotide <sup># +</sup> Ganirelix <sup>#+</sup> Gonal-F <sup># +</sup> HCG <sup>+</sup> Lutrepulse <sup># +</sup> Menopur <sup># +</sup> Novarel <sup>+</sup> Ovidrel <sup>+</sup> Pregnyl <sup>+</sup> Repronex <sup># +</sup>	
<b>Gaucher's Disease</b>	miglustat <sup>#</sup>	None	Zavesca <sup>#</sup>	Cerdelga <sup># +</sup>	Cerezyme <sup>#</sup> Elelyso <sup>#</sup> Vpriv <sup>#</sup>
<b>GI: Ulcer/Heartburn Agents**</b>	cimetidine esomeprazole mag <sup>q</sup> famotidine lansoprazole <sup>q</sup> lansoprazole STB <sup>q</sup> nizatidine omeprazole omeprazole/sod bicarb <sup>q,#</sup> pantoprazole <sup>q</sup> rabeprazole <sup>q</sup> ranitidine tabs sucralfate tabs	Carafate susp	Aciphex <sup>q,#</sup> Carafate Tabs Dexilant <sup>q,#</sup> First-Lansoprazole <sup>#</sup> First-Omeprazole <sup>#</sup> Nexium <sup>#,q</sup> Omeclamox <sup>#</sup> Pepcid Prevacid Prevacid ODT <sup>q</sup> Prevacid Cap <sup>q,#</sup> Prilosec <sup>q,#</sup> Protonix <sup>q,#</sup> Pylera Zantac Zegerid <sup>#,q</sup>		
<b>GI: Inflammatory Bowel &amp; GI Misc.</b>	Alosetron <sup># *</sup> balsalazide <sup>*</sup> budesonide hemmorex-HC <sup>EX</sup> lactulose soln mesalamine/suppositories mesalamine DR/ HD metoclopramide IR metoclopramide ODT <sup>EX</sup> misoprostol <sup>*</sup>	Apriso <sup>*</sup> Amitiza Canasa <sup>*</sup> Linzess Movantik Pentasa <sup>*</sup>	Actigall <sup>*</sup> Analpram- E/HC Asacol HD <sup>*</sup> Azulfidine/EN <sup>*</sup> Chenodal Colazal <sup>*</sup> Cortifoam Cytotec <sup>*</sup> Delzicol <sup>*, EX</sup> Dipentum <sup>*, EX</sup>	Ocaliva <sup>#+</sup> Cimzia <sup>#,+</sup>	Entyvio <sup>#</sup> Stelara IV vial <sup>#</sup>

<sup>#</sup>Requires prior authorization

<sup>\*</sup>Drug is available through Mail Order

<sup>\*\*</sup>All drugs in the category are available through Mail Order

EX - Excluded drug-medical exception approval required

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

<sup>+</sup> Obtain through CVS Specialty

	sulfasalazine/EN* ursodiol*		Entocort EC* Gattex+ Giazo Lialda <sup>EX</sup> Lotronex# Metozolv ODT <sup>EX*</sup> Plenvu# Prepopik Proctofoam HC Relistor <sup>EX</sup> Rowasa*. Suprep Symproic Trulance Uceris Urso/Forte* Viberzi# Xermelo		
<b>Gout</b>	allopurinol colchicine <sup>q</sup> probenecid/colchicine	None	Colcrys <sup>q</sup> Duzallo# Mitigare <sup>q</sup> Uloric# Zurampic# Zyloprim		Krystexxa#
<b>Growth Failure Agents</b>	None	Nutropin AQ <sup>#,+</sup> Nutropin Nuspin <sup>#,+</sup>		Genotropin <sup>#,+</sup> Humatrope <sup>#,+</sup> Increlex <sup>#,+</sup> Norditropin <sup>#,+</sup> Omnitrope <sup>#,+</sup> Saizen <sup>#,+</sup> Serostim <sup>#,+</sup> Zorbtive+	
<b>Hormone Replacement Therapy**</b>	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 Climara Combipatch Divigel Duavee Elestrin Gel Endometrin Enjuvia Estrace/Vaginal Estrogel Evamist FemHRT Femring Imvexxy <sup>EX</sup> Intrarosa Menest Menostar Minivelle Osphena Prefest Prometrium Provera Vagifem Vivelle-Dot		Makena
<b>Immunoglobulin Therapy</b>	None	None	None		Carimune <sup>#</sup> Cuvitru <sup>#</sup> Flebogamma <sup>#</sup>

#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

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

+ Obtain through CVS Specialty



Obtain through specialty pharmacy					GamaSTAN# Gammagard# Gamunex C# Hizentra# Panzyga# Privigen# HyQvia#
<b>Immuno-modulators</b>	None	None		Thalomid+ Revlimid+	
<b>Immuno-suppressants</b>	azathioprine cyclosporine/modified Gengraf mycophenolate mycophenolic acid sirolimus tacrolimus	None	Astagraf XL Azasan Cellcept Envarsus XR Imuran Myfortic Neoral Prograf Rapamune Sandimmune Zortress		Nulojix
<b>Interferons/Other for Hepatitis</b>	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#.+ Sovaldj#.+ Tyzeka+ Vemlidy+	
<b>Intranasal Corticosteroids**</b>	budesonide flunisolide mometasone		Beconase AQ# Dymista# Nasonex# Omnaris# Qnasl# Rhinocort AQ# Xhance# Zetonna#		Propel Imp Sinuva
<b>Iron Toxicity Agents</b>	deferoxamine+		Ferriprox	Desferal + Exjade# + Jadenu+	
<b>Lipid/Cholesterol-Lowering Agents**</b>	atorvastatin cholestyramine colestipol ezetimibe ezetimibe-simvastatin fenofibrate fenofibrate 40mg, 120mg <sup>EX</sup> fenofibric acid fluvastatin/XL gemfibrozil lovastatin niacin/ext-release Niacor omega-3 acid ethyl est# pravastatin	Welchol	Altacor Antara Colestid Crestor Fibricor Juxtapid# Lescol/XL Lipitor Lipofen Livalo Lofibra Lopid Lovaza# Niaspan Praluent#	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

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

+ Obtain through CVS Specialty

	Prevalite rosuvastatin simvastatin		Pravachol Questran/Light Repatha# Tricor Triglide TriLipix Vascepa# Vytorin Zetia Zocor Zypitamag		
<b>Migraine Agents</b>	almotriptan <sup>q</sup> apap/isometh/dichloral butalbit/apap/caff dihydroergotamine# eletriptan <sup>q</sup> ergotamine w/caff frovatriptan <sup>q</sup> Migergot supp naratriptan <sup>q</sup> rizatriptan <sup>q</sup> sumatriptan <sup>q</sup> sumatriptan-naproxen <sup>#,q</sup> zolmitriptan <sup>q</sup>		Aimovig# Ajovy# Allzital <sup>EX</sup> Alsuma <sup>q</sup> # Amerge <sup>q</sup> # Axert <sup>#,q</sup> Cambia <sup>q</sup> DHEA-45# Emgality# Ergomar Esgic Fioricet <sup>EX</sup> Fiorinal <sup>EX</sup> Frova <sup>#,q</sup> Imitrex <sup>q</sup> # Imitrex Inj <sup>q</sup> # Imitrex Nasal <sup>#,q</sup> Maxalt/MLT <sup>q</sup> # Migranal <sup>#,q</sup> Onzetra <sup>#,q</sup> Relpax <sup>#,q</sup> Sumavel DosePro <sup>#,q</sup> Treximet <sup>#,q</sup> Zebutal <sup>EX</sup> Zembrace <sup>#,q</sup> Zomig/ZMT <sup>#,q</sup>		
<b>Miscellaneous Agents (in various classes)</b>	cabergoline desmopressin fluorouracil crm paroxetine 7.5mg phytonadione riluzole tetrabenazine <sup>#, +</sup> tranexamic acid trientine <sup>#</sup>	Austedo <sup>#,+</sup> Somavert <sup>+</sup> Stimate <sup>+</sup>	Addy# Brisdelle Carbaglu# Cholbam# Corlanor Cuprimine <sup>**</sup> Cuvposa DDAVP Depen Endari Firdapse# Galafold# Gralise# Horizant # Impavido# Ingrezza# Jynarque# Korlym# Lokelma# Lyrica CR <sup>EX</sup> Lysteda Methergine <sup>q</sup> Myalept# NocduRNA#	Actimmune <sup>+</sup> Arcalyst <sup>**</sup> Benlysta SQ <sup>#,+</sup> Cystagon <sup>+</sup> Firazyr <sup>#,+</sup> Haegarda <sup>#,+</sup> Kuvan <sup>#,+</sup> Lupaneta Pack <sup>+</sup> Natpara <sup>+</sup> Nityr# Orfadin# Ravicti <sup>#,+</sup> Samsca <sup>q+</sup> Sensipar <sup>+</sup> Takhzyro# Xenazine <sup>#,+</sup>	Adagen# Aldurazyme# Aralast-NP Benlysta# Beriner# Brineura# Ceprotrin# Cinryze# Crysvita# Defitelio Elaprased <sup>#</sup> Exondys 51# Eskata# Fabrazyme Feraheme Gamifant# Glassia Goprelto <sup>EX</sup> Injectafer Kalbitor# Kanuma# Kcentra# Lumizyme# Macrilen#

#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

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

<sup>+</sup> Obtain through CVS Specialty

			Noctiva <sup>EX</sup> Northera <sup>+</sup> Nuedexta <sup>#</sup> Orilissa <sup>#</sup> Palynziq <sup>#</sup> Procysbi <sup>#</sup> Savella Siklos <sup>EX</sup> Strensiq <sup>#</sup> Syprine <sup>#</sup> Tegsedi <sup>#</sup> Tiglutik <sup>#</sup> Veltassa Xuriden <sup>#</sup> Zutripro <sup>#</sup>		Mepsevii <sup>#</sup> Myozyme <sup>#</sup> Naglazyme <sup>#</sup> Omegaven <sup>EX</sup> Onpattro <sup>#</sup> Parsabiv <sup>#</sup> Prolastin-C Radicava <sup>#</sup> Revcovi <sup>#</sup> Ruconest <sup>#</sup> Soliris <sup>#</sup> Spinraza <sup>#</sup> Supprelin-LA Sylvant <sup>#</sup> Triferic Triptodur Ultomiris <sup>#</sup> Vimizim <sup>#</sup> Vistogard Voraxaze Xiaflex Zemaira Zilretta <sup>EX</sup> Zinplava <sup>#</sup>
<b>MS Agents</b>	baclofen 5mg dalfampridine ER <sup>#</sup> glatiramer <sup>+</sup>	Aubagio <sup>+</sup> Avonex <sup>+</sup> Copaxone 20mg <sup>+</sup> Copaxone 40mg <sup>+</sup> Gilenya <sup>+</sup> Tecfidera <sup>+</sup>		Ampyra <sup>#+</sup> Betaseron <sup>++</sup> Plegridy <sup>++</sup> Rebif <sup>++</sup> Zinbrya <sup>++</sup>	Ocrevus Tysabri <sup>#</sup> Lemtrada <sup>#</sup>
<b>Muscle Relaxants</b>	baclofen carisoprodol chlorzoxazone cyclobenzaprine dantrolene meprobamate metaxalone methocarbamol orphenadrine tizanidine tablets	None	Amrix <sup>EX</sup> Dantrium Fexmid Parafon Forte DSC Robaxin Skelaxin <sup>EX</sup> Soma Zanaflex		
<b>Nitrates/Angina Others** (heart)</b>	isosorbide dinitrate isosorbide mononitrate nitroglycerin SL nitroglycerin patches	Nitrostat	Dilatrate-SR Gonitro <sup>EX</sup> Isordil/SL Minitran Nitrobid topical Nitro-Dur Ranexa		
<b>NSAIDS (pain &amp; inflammation, arthritis)</b>	celecoxib <sup>+</sup> diclofenac tabs <sup>+</sup> diclofenac 1% gel etodolac/XL <sup>+</sup>  flurbiprofen <sup>+</sup> ibuprofen <sup>+</sup> indomethacin <sup>+</sup> ketoprofen/ER <sup>+</sup> ketorolac <sup>+</sup> meclofenamate <sup>+</sup> mefenamic acid <sup>+</sup> meloxicam <sup>+</sup> nabumetone <sup>+</sup>	Voltaren Gel	Anaprox DS <sup>+</sup> Arthrotec <sup>EX</sup> Daypro <sup>+</sup> Duexis <sup>EX</sup> Feldene <sup>+</sup> Flector Mobic <sup>+</sup> Nalfon <sup>+</sup> Celebrex <sup>+</sup> Naprosyn <sup>+</sup> Naprelan <sup>EX</sup> Pennsaid <sup>EX</sup> Ponstel <sup>+</sup> Sprix <sup>#</sup>		

<sup>#</sup>Requires prior authorization

<sup>\*</sup>Drug is available through Mail Order

<sup>\*\*</sup>All drugs in the category are available through Mail Order

<sup>EX</sup> - Excluded drug-medical exception approval required

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

<sup>+</sup> Obtain through CVS Specialty

	naproxen* naproxen DR naproxen CR/ER <sup>EX</sup> oxaprozin* piroxicam* salsalate* sulindac* tolmetin*		Vimovo <sup>EX</sup> Voltaren XR*		
<b>Ophthalmic: Anti-Infective Agents</b>	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 Ocuflox Polytrim Tobrex Vigamox Viroptic Zirgan Zymaxid		
<b>Ophthalmic: Glaucoma Agents**</b>	apraclonidine betaxolol bimatoprost brimonidine carteolol dipivefrin dorzolamide latanoprost levobunolol metipranolol pilocarpine timolol/XE timolol/dorzolamide	Alphagan-P Lumigan Travatan Z	Azopt Betagan Betimol Betoptic-S Combigan Cosopt/PF Iopidine Isopto Carpine Istalol Rhopressa Simbrinza Timoptic/XE Trusopt Vyzulta <sup>EX</sup> Xalatan Xelpros <sup>#</sup> Zioptan		
<b>Ophthalmic: Steroids, Antiinflammatory &amp; Misc. Agents</b>	azelastine bromfenac cromolyn dexamethasone diclofenac epinastine fluorometholone flurbiprofen ketorolac naphazoline prednisolone olopatadine tobramycin/dexamethasone	Lotemax Tobradex Oint Xiidra	Acular/LS Acuvail Alocril Alomide Alrex Bepreve Cequa <sup>#</sup> Durezol Elestat Emadine Flarex FML/Forte/SOP Ilevro Invelty <sup>#</sup> Lastacaft Maxidex Maxitrol Nevanac Omnipred Oxervate <sup>#</sup>	Cystaran <sup>#,+</sup>	Eylea Dexycu <sup>EX</sup> Jetrea Lucentis Luxtorna <sup>#</sup> Retisert <sup>#</sup> Yutiq <sup>#</sup>

<sup>#</sup>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

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

<sup>+</sup> Obtain through CVS Specialty

			Pataday Patanol Pred Forte Pred Mild Pred-G Prolensa Tobradex Susp Tobradex ST Zylet		
<b>Osteoporosis/ Paget's Agents</b>	alendronate* calcitonin nasal spray* etidronate* ibandronate* raloxifene* risedronate	Forteo+ Fortical* Tymlos+	Actonel* Atelvia* Binosto* Boniva Tabs* Evista* Fosamax/D* Fosamax Weekly* Miacalcin Nasal*		Boniva IV Prolia Reclast Xgeva zoledronic acid
<b>Otic Preparations (ear)</b>	acetic acid/ hydrocortisone antipyrine/benzo/   glycerin benzocaine carbamide peroxide ciprofloxacin fluocinolone neo/polym/HC ofloxacin	Ciprodex	Cetralax Cipro HC Coly-Mycin S Cortane-B Cortisporin/TC Dermotic Otovel		Otiprio
<b>Pain Relievers (narcotic)</b>	apap/codeine buprenorphine patch <sup>q, st</sup> butorphanol <sup>q</sup> codeine fentanyl patch <sup>q, st</sup> (12mcg, 25mcg, 50mcg, 75mcg, 100mcg <sup>q, st</sup> ) fentanyl oral <sup>q, #</sup> hydrocodone/apap hydrocodone/ibuprofen hydromorphone Lortab meperidine methadone <sup>#</sup> morphine ER/24HR <sup>q, st</sup> morphine IR/rectal oxycodone/APAP oxycodone/aspirin oxycodone/ER <sup>q, st</sup> oxycodone/ibuprofen oxymorphone ER <sup>q, st</sup> pentazocine/naloxone Roxicet tabs tramadol tramadol ER <sup>q</sup> Vicodin/ES/HP		All brands Abstral <sup>q, #</sup> Actiq <sup>q, #</sup> Arymo ER <sup>st</sup> Belbuca <sup>q</sup> Butrans <sup>q, st</sup> Conzip <sup>q</sup> Demerol Dilaudid Dolophine Duragesic <sup>q, st</sup> Embeda <sup>st, q</sup> Exalgo <sup>q, st</sup> Fentora <sup>q, #</sup> Fiorinal/w cod <sup>EX</sup> hydromorphone supp Hysingla ER <sup>st, q</sup> Kadian <sup>q, st</sup> Lazanda <sup>#</sup> MS Contin <sup>q, st</sup> Morphabond <sup>st, q</sup> Norco Nucynta Nucynta ER <sup>q</sup> Opana Opana ER <sup>q, st</sup> Oxycontin <sup>q, st</sup> Primlev Reprexain Roxicodone Roxybond <sup>EX</sup> Subsys <sup>#</sup> Synalgos-DC Tylenol w cod		

<sup>#</sup>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

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

\* Obtain through CVS Specialty

			Ultracet Ultram/ER <sup>q</sup> Vicoprofen Xartemis XR <sup>st,q</sup> Xtampza ER <sup>st,q</sup> Zohydro ER <sup>st,q</sup>		
<b>Pain Relievers: Miscellaneous**</b>	Various generics choline mag trisalicylate diflunisal salsalate	None	All brands		
<b>Parkinson's Agents</b>	amantadine* benztropine* bromocriptine* carbidopa* carbidopa/levodopa/ER* carbidopa/levodopa/ entacapone* entacapone* pramipexole/SR* rasagiline ropinirole/XL* selegiline* tolcapone* trihexyphenidyl*	None	Azilect* Comtan* Duopa* Eldepryl* Lodosyn* Mirapex/ER* Neupro* Osmolex ER <sup>EX</sup> Parlodel* Requip/XL* Rytary* Sinemet/CR* Stalevo* Tasmar* Xadago Zelapar*	Apokyn <sup># +</sup>	
<b>Phosphate Binders</b>	Calcium acetate lanthanum carb chew sevelamer	Velphoro	Eliphos Fosrenol* Phoslo Phoslyra Renagel* Renvela*		
<b>Potassium Supplements**</b>	Various generics	None	All brands K-Tab		
<b>Prostate Cancer</b>	abiraterone	None	Yonsa <sup>#</sup>	Xtandi <sup>+</sup> Zytiga <sup>+</sup>	Eligard Firmagon Jevtana Lupron Depot Provence <sup>#</sup> Trelstar Vantas Xofigo Zoladex
<b>Respiratory: Beta Agonists (Oral, Inhaled)</b>	albuterol ipratropium/albuterol levalbuterol metaproterenol terbutaline*	Anoro Ellipta Serevent* Ventolin HFA	Arcapta Brovana* Perforomist ProAir HFA <sup>EX</sup> ProAir Respiclick <sup>EX</sup> Proventil HFA <sup>EX</sup> Vospire ER* Xopenex HFA <sup>EX</sup>		
<b>Respiratory: Inhaled Corticosteroids**</b>	budesonide fluticasone-salmeterol	Advair/HFA Asmanex/HFA Breo Ellipta Flovent/HFA Pulmicort Flexhaler Qvar Qvar Redihaler Symbicort	Aerospan <sup>EX</sup> Alvesco <sup>EX</sup> Armonair Arnuity Ellipta Dulera <sup>EX</sup> Striverdi Respimat		

<sup>#</sup>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

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

<sup>+</sup> Obtain through CVS Specialty

<b>Respiratory: Leukotriene Modifiers**</b>	montelukast zafirlukast		Accolate Singulair Zyflo CR <sup>EX</sup>		
<b>Respiratory: Miscellaneous</b>	aminophylline* cromolyn* ipratropium soln* sildenafil 20mg <sup>#,+</sup> tadalafil (PAH) <sup>#,+</sup> theophylline* tobramycin inh <sup>#,+</sup>	Bevespi Aerosphere Combivent Respimat* Pulmozyme <sup>#,+</sup> Spiriva* Trelegy Ellipta	Atrovent HFA* Cayston <sup>#</sup> Daliresp* Grastek <sup>#</sup> Incruse Ellipta <sup>EX</sup> Lonhala Magnair <sup>EX</sup> Odactra <sup>#</sup> Ragwitek <sup>#</sup> Seebri Neohaler Stiolto Respimat <sup>EX</sup> Theo-24* Tudorza <sup>EX</sup> Utibron Neohaler <sup>EX</sup> Yupelri <sup>#</sup>	Adcirca <sup>#,+</sup> Adempas <sup>#,+</sup> Bethkis <sup>#,+</sup> Esbriet <sup>#,+</sup> Kalydeco <sup>#</sup> Kitabis Pak <sup>#,+</sup> Letairis <sup>#,+</sup> Ofev <sup>#,+</sup> Opsumit <sup>#,+</sup> Oralair <sup>#,+</sup> Orenitram XR <sup>#,+</sup> Orkambi <sup>#</sup> Revatio <sup>#,+</sup> Symdeko <sup>#</sup> TOBI <sup>#,+</sup> TOBI Podhaler <sup>#,+</sup> Tracleer <sup>#,+</sup> Tyvaso <sup>#,+</sup> Uptravi <sup>#,+</sup> Ventavis <sup>#,+</sup>	Cinqair <sup>#</sup> epoprostenol <sup>#</sup> Fasenra <sup>#</sup> Flolan <sup>#</sup> Nucala <sup>#</sup> Remodulin <sup>#</sup> Revatio Inj <sup>#</sup> Xolair <sup>#</sup> Veletri <sup>#</sup>
<b>RSV</b>	None	None	None		Synagis <sup>#</sup>
<b>Sedative/ Hypnotics (sleep aids)</b>	estazolam <sup>q</sup> eszopiclone <sup>q</sup> flurazepam <sup>q</sup> temazepam <sup>q</sup> triazolam <sup>q</sup> zaleplon <sup>q</sup> zolpidem/CR <sup>q</sup> zolpidem SL <sup>st,q</sup>	Rozerem <sup>q,st</sup>	Ambien/CR <sup>q,st</sup> Butisol Doral <sup>q</sup> Edluar <sup>q,st</sup> Halcion <sup>q</sup> Belsomra <sup>st</sup> Intermezzo <sup>q,st</sup> Lunesta <sup>q,st</sup> Restoril <sup>q</sup> Silenor <sup>#</sup> Sonata <sup>q,st</sup> Zolpimist <sup>q,st</sup>	Hetlioz <sup>#,+</sup>	
<b>Smoking Cessation Agents</b>	bupropion SR <sup>q</sup>	Chantix <sup>q</sup>	Nicotrol <sup>q</sup> Zyban <sup>q</sup>		
<b>Somatostatin Analogues</b>	octreotide <sup>+</sup>		Signifor <sup>#</sup>	Sandostatin <sup>+</sup> Somatuline Depot <sup>+</sup>	Sandostatin LAR <sup>+</sup> Signifor LAR <sup>+</sup>
<b>Substance Use Disorder</b>	acamprosate buprenorphine/naloxone naltrexone	Narcan Nasal Suboxone Film	Antabuse Bunavail Evzio <sup>EX</sup> Lucemyra <sup>q</sup> Revia Zubsolv <sup>EX</sup>		Probuphine Sublocade Vivitrol
<b>Thyroid**</b>	levothyroxine Levoxyl liothyronine methimazole NP Thyroid propylthiouracil Unithroid	Synthroid	Armour Thyroid Cytomel Nature-Throid Tapazole Thyrolar Tirosint Westhroid WP Thyroid		
<b>Topical Antifungals</b>	ciclopirox soln <sup>q</sup> econazole ketoconazole crm/shampoo naftifine nystatin	None	Ecoza Ertaczo Exelderm Lotrisone Luzu Naftin		

<sup>#</sup>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

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

<sup>+</sup> Obtain through CVS Specialty

			Nizoral Oxistat Penlac <sup>#</sup>		
<b>Topical Anti-Infectives</b>	erythromycin gentamicin metronidazole mupirocin		Altanax Bactroban Centany Cortisporin Gynazole-1 Klaron Rhofade Xepi <sup>#</sup>		
<b>Topical/Oral/Injectable Antipsoriatic &amp; Antiseborrheic (non-biological)</b>	acitretin anthralin calcipotriene calcipotriene/ betamethasone selenium sulfide		Dovonex EpiFoam Pramosone/E Soriatane		
<b>Topical Miscellaneous</b>	aluminum chloride soln doxepin cream <sup>#</sup> imiquimod diclofenac gel 3% <sup>#</sup> lidocaine/patch lidocaine/tetracaine cream mafenide packet pimecrolimus podofilox	Condylox gel tacrolimus oint.	Aldara Condylox soln Drysol Efudex Elidel Eucrisa <sup>#</sup> Lidoderm Metrocream Metrogel Metrotion Mirvaso Picato Podocon-25 Protopic Prudoxin <sup>#</sup> Qbrexza <sup>#</sup> Rectiv Santyl <sup>q</sup> Solaraze <sup>#</sup> Sulfamylon Tolak Umecta/PD Valchlor <sup>#</sup> Veregen Zonalon <sup>#</sup> Zyclara	Dupixent <sup>#,+</sup>	
<b>Topical Scabicides/ Pediculicides</b>	crotamiton lotion lindane malathion permethrin spinosad	None	Eurax Natroba Ovide Sklice Ulesfia		
<b>Topical Steroids</b> <sup>1</sup> Low Potency <sup>2</sup> Medium Potency <sup>3</sup> High Potency <sup>4</sup> Very High Potency	alclometasone <sup>1</sup> amcinonide <sup>3</sup> betamethasone dip/aug <sup>2,4</sup> betamethasone valerate <sup>3,4</sup> clobetasol crm/gel/oint <sup>4</sup> Cormax <sup>4</sup> desonide <sup>1</sup> desoximetasone <sup>2,3</sup> diflorasone <sup>3,4</sup>	Amcinonide oint <sup>3</sup>	Apexicon E Bryhali <sup>4</sup> EX Cutivate <sup>2</sup> Derma-Smoothe/FS <sup>1</sup> Dermatop <sup>2</sup> Desonate <sup>1</sup> Desowen <sup>1</sup> Diprolene/AF <sup>3,4</sup> Elocon <sup>2</sup> Kenalog <sup>2,3</sup> Lexette <sup>4</sup> EX		

<sup>#</sup>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

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

<sup>+</sup> Obtain through CVS Specialty



	fluocinolone <sup>1,2</sup> fluocinonide <sup>3</sup> flurandrenolide <sup>2</sup> fluticasone <sup>2</sup> halobetasol <sup>4</sup> hydrocortisone <sup>1</sup> hydrocortisone butyrate <sup>2</sup> hydrocortisone valerate <sup>2</sup> mometasone <sup>2</sup> prednicarbate <sup>2</sup> triamcinolone <sup>2,3</sup> triamcinolone aerosol triamcinolone dental		Luxiq <sup>2</sup> Pandel <sup>2</sup> Temovate <sup>4</sup> Texacort <sup>1</sup> Ultravate <sup>4</sup> Verdeso <sup>1</sup> Westcort <sup>2</sup>		
<b>Topical/Oral Acne Products</b>	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 <sup>#</sup> Avita Clarifoam EF Cleocin-T Evoclin Finacea Klaron Tazorac Vanoxide HC		
<b>Urinary Tract Agents</b>	methenamine nitrofurantoin phenazopyridine/plus trimethoprim potassium citrate	None	Elmiron Furadantin Hiprex Macrobid Macrochantin Monurol Primsol		Zemdri <sup>#</sup>
<b>Vitamin D Analogs</b>	doxercalciferol paricalcitol		Hectorol Rayaldee Zemplar		
<b>Weight Management Agents</b>	benzphetamine <sup>q</sup> diethylpropion <sup>q</sup> phendimetrazine <sup>q</sup> phentermine <sup>q</sup>	None	Adipex-P <sup>#, q</sup> Belviq <sup>#, q</sup> Bontril-PDM <sup>#, q</sup> Contrave <sup>#, q</sup> Lomaira <sup>#, q</sup> Qsymia <sup>#, q</sup> Regimex <sup>#, q</sup> Saxenda <sup>#, q</sup> Suprenza <sup>#, q</sup> Xenical <sup>#, q</sup>		

2015010v3

<sup>#</sup>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

<sup>M</sup> 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

<sup>q</sup> Subject to quantity limits

<sup>st</sup> Step therapy edits apply

<sup>+</sup> Obtain through CVS Specialty