

2019

MVP Medicaid

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 Member Handbook 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While every effort has been made to insure accuracy, some information may be out of date.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. New drugs are not covered until reviewed by the P&T committee. Medications with an over-the-counter equivalent are not a covered benefit. Drugs entering the market between 1938 and 1962 that were approved for safety but not effectiveness are called "DESI" drugs. DESI drugs are not covered on the Medicaid Formulary.

Coverage is limited to a 30-day supply of medication at a participating retail pharmacy. The Plan may limit coverage to a specific quantity or a specific course of treatment. The Plan may also require prior authorization on some covered drugs. If you need more information about policies regarding a specific drug, consult your physician or contact the Customer Care Center. If the medication you take is not listed below, contact the CVSCaremark Customer Care Center at the phone number listed on your identification card.

DRUG CATEGORY	TIER 1	TIER 2	TIER 3 (NON-FORMULARY) Prior authorization is required for drugs listed in this column.	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	None	Accupril Accuretic Aceon Altace Epaned Lotensin Mavik Prestalia Prinivil Qbrelis Vasotec Zestril Zestoretic ^{EX}	
Adrenal Hormones Oral	cortisone dexamethasone fludrocortisone hydrocortisone methylprednisolone prednisolone prednisone	None	Cortef Dexpak Emflaza [#] Medrol Millipred Orapred ODT	Acthar HP [#]	
Adrenergic Antagonists	clonidine IR clonidine patch doxazosin guanfacine methyldopa/HCTZ	midodrine prazosin reserpine terazosin	None	Cardura/XL Minipress Tenex	
Alzheimer's Agents	donepezil ergoloid galantamine memantine IR/XR/soln rivastigmine oral	Namenda XR/soln	Aricept Exelon patch Namenda IR/XR/soln Namzaric Razadyne ER		
Androgens (male hormones)	danazol oxandrolone ^{# q} testosterone inj ^{# q} testosterone gel ^{#q} testosterone TD soln ^{# q}		Anadrol-50 [#] Androderm ^{# q} AndroGel ^{# q} Android ^{# q} Axiron ^{# q}	Aveed [#] Testopel ^{q #}	

[#]Requires prior authorization

st Step therapy edits apply

^{EX} Excluded drug-medical exception approval required

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

^q Subject to quantity limits

⁺ Obtain through CVS Specialty

			Delatestry/# ^q Depo-Testosterone ^q # Fortesta # ^q Oxandrin# ^q Methitest# ^q Natesto# ^q Striant ^q # Testim# ^q Testred # ^q Vogelxo# ^q Xyosted#		
ARBs/Renin Inhibitors	candesartan irbesartan losartan telmisartan olmesartan valsartan	None	Atacand Avalide Avapro Benicar/HCT Byvalson Cozaar Diovan/HCT Edarbi Edarbyclor	Entresto Exforge Hyzaar Micardis/HCT Tekturna/HCT Teveten/HCT Tribenzor Twynsta	
Anti-Anxiety Agents	alprazolam IR buspirone chlordiazepoxide diazepam lorazepam tabs oxazepam	None	Ativan Tranxene-T Valium Xanax/XR		
Antiarrhythmics (heart rhythm)	amiodarone disopyramide dofetilide flecainide mexiletine Pacerone Propafenone IR Quinidine IR sotalol/AF	None	Betapace/AF Cordarone Multaq Norpace/CR	Rythmol SR Sotylize Tikosyn	
Antibiotics	amoxicillin amoxicillin/clavulanate ampicillin Avidoxy azithromycin cefaclor caps cefaclor susp 125mg, 250mg cefadroxil cefdinir cefpodoxime cefprozil ceftriaxone inj#(for Lyme Disease) ceftriaxone 250mg, 500mg vial ^q cefuroxime cephalexin caps 250mg, 500mg ciprofloxacin 250mg, 500mg clarithromycin/ER clindamycin demeclocycline dicloxacillin doxycycline monohydrate tab 75mg, 150mg doxycycline hyclate tab 100mg doxycycline monohydrate cap 50mg doxycycline DR# Erythrocin cap erythromycin levofloxacin	Cefaclor ER Sulfadiazine Xifaxan#	Adoxa Aemcolo# Arikayce# Augmentin/ES/XR Avelox Bactrim/DS Baxdela tabs Biaxin XL Cedax Ceftin Cipro Ciproflox Susp 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# <i>(for Lyme Disease)</i> Seysara# Sivextro tabs Solodyn# Spectracef Suprax Vancocin Vibramycin Xerava# Zithromax Z-Max Zyvox	Baxdela Inj# Dalvance Nuzyra IV# Orbactiv Sivextro inj# Teflaro Vibativ Zyvox Inj# Zerbaxa

#Requires prior authorization

st Step therapy edits apply

^{EX} Excluded drug-medical exception approval required

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

^q Subject to quantity limits

⁺ Obtain through CVS Specialty

	linezolid minocycline IR caps minocycline DR/ER [#] moxifloxacin neomycin ofloxacin penicillin sulfa/trimeth DS/SS tetracycline vancomycin caps vancomycin injection 500mg, 750mg					
Anticoagulants	heparin enoxaparin fondaparinux Jantoven warfarin		Coumadin Eliquis Xarelto	Arixtra Bevyxxa Fragmin Iprivask	Lovenox Pradaxa ^{EX} Savaysa ^{EX}	
Anticonvulsants (seizures)	carbamazepine/XR clobazam [#] clonazepam diazepam rectal divalproex/ER Epitol ethosuximide felbamate gabapentin lamotrigine/XR/ODT	levetiracetam/SR oxcarbazepine phenobarbital phenytoin primidone tiagabine topiramate IR valproic acid vigabatrin ⁺ zonisamide	Lyrica IR ^q	Aptiom Banzel Briviact Carbatrol Celontin Depakene Depakote/ER Diastat Dilantin Epidiolex [#] Felbatol ^{EX} Fycompa Gabitril Keppra/XR Klonopin Lamictal/XR/ODT Mysoline ^{EX}	Neurontin Onfi Oxtellar XR Peganone Phenytek Potiga Qudexy XR Sabril ⁺ Sympazan [#] Tegretol/XR Topamax Trileptal Trokendi XR Vimpat Zarontin Zonegran	
Antidepressants	amitriptyline amoxapine bupropion/SR/XL bupropion XL 450mg ^{EX} citalopram desipramine desvenlafaxine ER (generic Pristiq) doxepin duloxetine escitalopram fluoxetine 10mg, 20mg 40mg caps (generic Prozac) fluvoxamine IR hydroxyzine pamoate Irenka maprotiline	mirtazapine nortriptyline paroxetine 10mg, 20mg, 30mg, 40mg IR tabs phenelzine protriptyline sertraline tranylcypromine trazodone 50mg, 100mg, 150mg venlafaxine/ER caps (generic)	Viibryd	Anafranil Aplenzin ^{EX} Trintellix Celexa Cymbalta Desvenlafaxine ER (brand) Duloxetine 40mg [#] Effexor/XR Emsam Fetzima Fluoxetine 60mg Forfivo XL ^{EX} Khedezla Lexapro Marplan Nardil	Norpramin Oleptro ER Pamelor ^{EX} Parnate Paxil/CR Pexeva Pristiq ER Prozac/Weekly Remeron Sarafem Surmontil Tofranil/PM Venlafaxine- ER (brand) Wellbutrin/SR Wellbutrin XL ^{EX} Zoloft	
Antiemetics (nausea)	aprepitant caps ^q Compro dronabinol granisetron ^q ondansetron oral ^q prochlorperazine promethazine scopolamine patch trimethobenzamide			Anzemet ^q Akynzeo ^q Bonjesta ^q Cesamet Diclegis ^q Emend ^q Marinol	Sancuso ^q Syndros [#] Tigan Transderm-Scop Varubi ^q Zofran/ODT ^q Zuplenz ^{EX, q}	Akynzeo IV [#] Aloxi Inj Cinvanti Inj [#] Emend Inj [#] Sustol Inj [#] Varubi [#]
Antifungal Agents	clotrimazole oral fluconazole	nystatin terbinafine ^q	None	Ancobon Cresemba	Lamisil ^q Nizoral	

[#]Requires prior authorization

st Step therapy edits apply

^{EX} Excluded drug-medical exception approval required

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

^q Subject to quantity limits

⁺ Obtain through CVS Specialty

	griseofulvin itraconazole# ketoconazole tabs	voriconazole		Diflucan Grifulvin V Gris-Peg Jublia# Kerydin# Lamisil Granules ^q	Noxafil Onmel# Oravig Sporanox# Tolsura# Vfend	
Antihistamines	azelastine 0.1% NS carbinoxamine 4mg cetirizine (OTC) IR tabs cetirizine (OTC) syrup chlorpheniramine cyproheptadine	desloratadine IR hydroxyzine levocetirizine loratadine (OTC) olopatadine NS promethazine	None	Various brands Astepro Brovex	Clarinex Patanase Xyzal	
Antihistamine/ Decongestant Combinations	loratadine-D (OTC)		None	None		
Antihypertensive Combinations (blood pressure lowering)	amlodipine/benazepril atenolol/chlorthalidone metoprolol/HCTZ		None	Azor ^{EX} Bidil Dutoprol ^{EX} Lopressor HCT	Lotrel	
Antimalarials	atovaquone/proguanil ^q chloroquine ^q hydroxychloroquine mefloquine ^q quinine sulfate ^q		None	Arakoda# Coartem ^q Daraprim ^q Malarone ^q	Plaquenil Primaquine ^q Qualaquin ^q	
Anti- mycobacterials (TB)	ethambutol isoniazid	pyrazinamide rifampin	Priftin	Mycobutin Paser Rifamate	Rifater Sirturo Trecator	
Antiparasitics	Atovaquone ^q Dapsone metronidazole 250mg, 500mg tabs	praziquantel tinidazole ivermectin	None	Albenza Alinia Benznidazole# Biltricide Flagyl/ER	Mepron# SoloSec ^{EX} Stromectol Tindamax	
Antiplatelet Agents	anagrelide aspirin-dipyridamole cilostazol	clopidogrel dipyridamole prasugrel	None	Aggrenox Agrylin Brilinta Effient	Persantine Plavix Pletal Zontivity	Praxbind
Antipsychotics	aripiprazole IR/soln clozapine/ODT fluphenazine haloperidol lithium loxapine olanzapine IR	paliperidone ER perphenazine pimozide quetiapine/XR risperidone tabs/soln thioridazine thiothixene trifluoperazine ziprasidone	Fanapt Latuda	Abilify Abilify Mycite# Clozaril Equetro FazaClo Geodon Invega Lithobid Nuplazid ⁺⁺	Orap Rexulti Risperdal Saphris Seroquel/XR Symbyax Versacloz Vraylar# Zyprexa	Abilify Maintena Aristada Geodon IM Invega Sustenna Invega Trinza Perseris# Risperdal Consta Zyprexa Relprevv
Antiretrovirals/ HIV	abacavir abacavir/lamiv/zidovudine atazanavir didanosine efavirenz fosamprenavir lamivudine lamivudine soln lamivudine/zidovudine lopinavir/ritonavir nevirapine stavudine tenofovir 300mg zidovudine		Aptivus Atripla Biktarvy Combivir Complera Crixivan Cimduo Descovy Edurant Emtriva Epivir Epzicom Evotaz Fuzeon+ Genvoya	Delstrigo# Pifeltro# Symtuza# Tybost	Videx-EC Viramune/XR Zerit Vitekta	Trogarzo

#Requires prior authorization

^q Subject to quantity limits

st Step therapy edits apply

+ Obtain through CVS Specialty

^{EX} Excluded drug-medical exception approval required

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

			Intence Invirase Isentress Juluca Kaletra Lexiva Norvir Odefsey Prezcobix Prezista Rescriptor Retrovir Reyataz Selzentry Stribild Sustiva Symfi/Lo Tivicay Triumeq Trizivir Truvada Videx soln Viracept Viread Ziagen			
Antispasmodic Agents	bethanechol dicyclomine flavoxate oxybutynin/ER phenohydro tablets ^{EX} tolterodine/ER trospium		Myrbetriq	Anaspaz Belladonna/Opium suppositories ^{EX} Bentyl Cantil Detrol/LA Ditropan XL Donnatal elixir/tablets ^{EX} Enblex Gelnique Levbid Levsin/SL	Pamine/Forte Robinul/Forte Symax/Duotab Toviaz Vesicare	
Antiviral Agents	Abreva OTC acyclovir tabs/susp amantadine famciclovir	oseltamivir ^q valacyclovir valgancyclovir	Relenza ^q	Denavir Famvir Flumadine Prevymis tabs	Tamiflu ^q Valtrex Xofluza [#] Zovirax	Prevymis Inj [#] Rapivab
Arthritis Agents	azathioprine hydroxychloroquine leflunomide methotrexate sulfasalazine		Enbrel ^{#+} Humira ^{#+} Kevzara ^{#+} Orencia ^{#+} Otezla ^{#+} Ridaura Xeljanz/XR ^{#+}	Actemra SQ ^{# +} Arava Cimzia ^{#+} Ilaris ^{#+} Kineret ^{#+} Olumiant ^{EX}	Otrexup ^{#+} Rasuvo ^{#+} Rheumatrex Simponi ^{#+} Trexall	Actemra IV [#] Inflectra [#] Orencia IV [#] Remicade [#] Renflexis [#] Rituxan [#] Simponi Aria [#]
Benign Prostatic Hypertrophy (BPH) Agents (prostate)	alfuzosin doxazosin dutasteride dutasteride-tamsulosin	finasteride 5mg silodosin tamsulosin terazosin caps	None	Avodart Cardura/XL Flomax	Jalyn Proscar Rapaflo Uroxatral	
Beta-Blocking Agents (blood pressure lowering)	acebutolol atenolol betaxolol bisoprolol carvedilol IR labetalol	metoprolol/XL nadolol pindolol propranolol/LA sotalol/AF timolol	None	Betapace/AF Bystolic Coreg/CR Corgard Inderal LA/XL ^{EX}	Lopressor/HCT Sectral Tenormin ^{EX} Toprol XL Trandate Zebeta	

[#]Requires prior authorization

st Step therapy edits apply

^{EX} Excluded drug-medical exception approval required

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

^q Subject to quantity limits

⁺ Obtain through CVS Specialty

Blood Modifiers	None	Neupogen Procrit Zarxio	Aranesp Doptelet [#] Epogen Fulphila [#] Leukine ⁺ Mircera	Mozobil ⁺ Mulpleta [#] Neulasta Nivestym [#] Promacta ⁺ Retacrit [#] Tavalisse [#] Udenyca [#]	Granix NPlate
Botulinum Toxins	None	None	None		Botox [#] Dysport [#] Myobloc [#] Xeomin [#]
Calcium Channel Blocking Agents (CCB) (blood pressure lowering)	amlodipine diltiazem/ER/XT felodipine isradipine	nifedipine/ER nimodipine verapamil/ER/PM	None	Adalat CC Calan/SR Cardizem/CD/LA Norvasc	Nymalize Procardia/XL Sular Tiazac Verelan/PM
Cancer Drugs	anastrozole bexarotene bicalutamide capecitabine etoposide exemestane flutamide hydroxyurea imatinib letrozole leucovorin megestrol melphalan mercaptopurine methotrexate nilutamide tamoxifen temozolomide tretinoin	Alkeran Cyclophosph -amide Emcyt Fareston Gleevec Hexalen Leukeran Lomustine Lysodren Matulane Myleran Nilandron Tabloid	Afinitor Alecensa Alunbrig Arimidex Aromasin Bosulif Braftovi [#] Calquence [#] Caprelsa Carbometyx Casodex Cometriq [#] Copiktra [#] Cotellic Daurismo [#] Droxia Erivedge Erleada [#] Farydak Femara Gilotrif Gleostine Hycamtin Hydrea Ibrance Iclusig Idhifa Imbruvica Inlyta Iressa Jakafi [#] Kisqali Lenvima Lorbrena [#] Lynparza Lynparza tab Lonsurf Mektovi [#] Megace/ES Mesnex Mekinist Nerlynx Ninlaro	Nexavar Odomzo Pomalyst Purixan Rubraca Rydapt Siklos ^{EX} Soltamox Sprycel Stivarga Sutent Sylatron Tafinlar Tagrisso Talzenna [#] Tarceva Targretin Tasigna Temodar Tibsovo [#] Tykerb Venclexta Verzenio Vitrakvi [#] Vizimpro [#] Votrient Xalkori Xeloda Xospata [#] Zejula Zelboraf Zolanza [#] Zydelig Zykadia	Adcetris Aliqopa Bavencio Beleodaq Bendecka Besponsa Blincyto Clolar [#] Cynamza Darzalex Empliciti Erwinaze Evomela Foloty [#] Fusilev [#] Gazyva Halaven Imfinzi Imlygic Ixempra Kadcyla Keytruda Khapzory [#] Kymriah [#] Kyprolis Lartruvo Libtayo [#] Lumoxiti [#] Marqibo Mylotarg Onivyde Opdivo Perjeta Portrazza Poteligeo [#] Rituxan Hycela Synribo Tecentriq Temodar IV Torisel Treanda Vyxeos Yervoy Yescarta [#] Yondelis Zaltrap

[#]Requires prior authorization

^q Subject to quantity limits

st Step therapy edits apply

⁺ Obtain through CVS Specialty

^{EX} Excluded drug-medical exception approval required

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

Cardiac Glycosides (heart)	digoxin digoxin elixir	Lanoxin ^{EX}	None		
CNS Stimulants (ex. ADHD)	amphetamine combination/XR ^q armodafinil ^q atomoxetine ^q dexamethylphenidate/XR ^q dextroamphetamine ^q guanfacine ER Metadate ER ^q methylphenidate/CD ^q methylphenidate chew ^q methylphenidate ER 24 hour ^q modafinil ^q	Vyvanse ^q	Adderall/XR ^q Aptenso XR ^q Concerta ^q Daytrana Dexedrine ^q Focalin/XR ^q Intuniv Kapvay	Metadate CD ^q Methylin ^q Methylin chew ^q Nuvigil ^q Provigil ^q Quillivant XR 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	All compounds require prior authorization		
Contraceptives (Emergency)	Aftera ^q Econtra EZ ^q Fallback ^q	levonorgestrel ^q My Way ^q Option 2 ^q	Plan B ^q Plan B One Step ^q	Ella	
Contraceptives (Prevention -- Oral/Topical/ Other)	Altavera Alyacen Amethia/Lo Amethyst Apri Aranelle Aubra Aviane Azurette Balziva Briellyn Camila Camrese/Lo Caziant Chateal Cryselle Cyclafem Dasetta Daysee Delyla drospir/ethin drospier-EE-levomefolate Elinest Emoquette Enpresse Enskyce Errin Estarylla Ethinyl est-norgest LO Falmina Gianvi Gildagia Heather Introvale Jencycla Jolessa Jolivette Junel/Fe Kariva Kelnor	Lyza Marlissa medroxy- progesterone/inj Mibelas 24 FE Microgestin/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 Tri-Legest Fe Tri-Linyah Tri-Lo Sprintec Trinessa Tri-Previfem Tri-Sprintec Trivora Velivet	Lo Loestrin Natazia 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 Norinyl Nor-QD Ortho Novum Ortho Tri-Cyclen Ortho Tri-Cyclen Lo Ortho-Cyclen Ovcon Quartette Safyral Seasonique Taytulla Tri-Norinyl Yasmin Yaz	Kyleena Liletta Mirena Nexplanon Skyla

[#]Requires prior authorization

^q Subject to quantity limits

st Step therapy edits apply

⁺ Obtain through CVS Specialty

^{EX} Excluded drug-medical exception approval required

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

	Kurvelo Larin/Fe Leena Lessina Levonest levonorgestrel/EE Levora Lomedia Loryna Low-Ogestrel Lutera	Viorele Vyfemla Wera Wymzya Fe Xulane Zarah Zenchent/Fe Zovia			
•Diabetic Agents: Insulin <i>All insulins are subject to quantity limits</i>	None		Apidra/ Solostar Basaglar Fiasp Humalog/Mix Humalog Pen Humulin Humulin Pen Novolin Novolin Pen Novolog/Mix Novolog Pen	Adlyxin Admelog ^{EX} Afrezza Lantus Lantus Solostar Levemir Levemir Flextouch Soliqua Toujeo Tresiba	
Diabetic Agents: Other	acarbose alogliptan ^{EX} alogliptan/metformin ^{EX} alogliptan/pioglitazone ^{EX} glimepiride glipizide ER/metformin glyburide glyburide, micronized glyburide/metformin metformin/ER (generic Glucophage) metforminER [#] (generic Glumetza, Fortamet)	nateglinide pioglitazone repaglinide tolbutamide	Farxiga Glucagen Glucagon Glucophage/XR Invokamet/XR Invokana Januvia Janumet/XR Jentadueto/XR Proglycem Ozempic Riomet Symlin Tanzeum Tradjenta Trulicity Victoza ^q Xigduo XR	Actoplus Met Actoplus Met XR Actos ^{EX} Amaryl Bydureon Byetta Cycloset Diabeta Duetact Fortamet [#] Glucotrol/XL Glucovance Glumetza [#] Glynase Glyset Glyxambi	Jardiance Kazano ^{EX} Kombiglyze ^{EX} Nesina ^{EX} Onglyza ^{EX} Osenj ^{EX} Prandin ^{EX} Precose Starlix Synjardy/XR Xultophy
Diabetic Meters & Strips <ul style="list-style-type: none"> •All test strips are subject to quantity limits •test strips not listed are excluded 	Meters: One Touch Ultra Brand Meters One Touch Verio Brand Meters		TestStrips: One Touch UltraTest Strips One Touch Verio Test Strips		
Digestants/ Enzymes			Creon Ultrase	Pancreaze Pertzye Ultresa	Viokace Zenpep
Diuretics	acetazolamide tab/cap amiloride/HCTZ bumetanide chlorthalidone chlorothiazide eplerenone furosemide hydrochlorothiazide		None	Aldactone Demadex Diuril Dyazide Dyrenium	Lasix Maxzide Microzide

[#]Requires prior authorization

st Step therapy edits apply

^{EX} Excluded drug-medical exception approval required

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

^q Subject to quantity limits

⁺ Obtain through CVS Specialty

	indapamide methyclothiazide metolazone spironolactone/HCTZ torsemide triamterene/HCTZ					
Enteral Therapy	All products not listed in the MVP policy require prior authorization	All products not listed in the MVP policy require prior authorization	All products not listed in the MVP policy require prior authorization	All products not listed in the MVP policy require prior authorization		
Epinephrine Products	epinephrine auto-injector ^q	Epipen ^q	AdrenaClick ^q #			
Gaucher's Disease	miglustat [#]	None	Cerdelga ^{#+} Zavesca [#]	Cerezyme [#] Elelyso [#] Vpriv [#]		
GI: Ulcer/ Heartburn Agents	cimetidine esomeprazole OTC ^q famotidine lansoprazole caps ^q nizatidine omeprazole omeprazole/sod bicarb ^q #	pantoprazole ^q rabeprazole ^q ranitidine tabs sucralfate tabs	Carafate Susp Sucralfate Susp	Aciphex ^q # Carafate Tabs Dexilant ^q # First-Lansoprazole [#] First-Omeprazole [#] Nexium ^q # Omeclamox [#] Pepcid Prevpac Prevacid ODT ^q Prevacid Caps ^q #	Prilosec ^q # Protonix ^q # Pylera Zantac Zegerid [#] q	
GI: Inflammatory Bowel & GI Misc.	alosetron [#] balsalazide budesonide hemmorex-HC ^{EX} lactulose soln mesalamine/HD mesalamine enema mesalamine suppositories metoclopramide IR metoclopramide ODT ^{EX} misoprostol sulfasalazine/EN ursodiol		Delzicol Pentasa	Actigall Amitiza Apriso Asacol HD Azulfidine/EN Canasa Chenodal Cimzia [#] + Colazal Cortifoam Cytotec Dipentum Entocort EC Gattex ⁺	Giazo Lialda Linzess Lotronex [#] Movantik Ocaliva ^{#+} Plenvu [#] Prepopik Proctofoam HC Relistor Rowasa Suprep Symproic Trulance Uceris Urso/Forte Viberzi [#] Xermelo	Entyvio [#] Stelara IV vial [#]
Gout	allopurinol probenecid/colchicine	colchicine ^q	Colcrys ^q	Duzallo [#] Mitigare ^q Uloric [#]	Zurampic [#] Zyloprim	Krystexxa [#]
Growth Failure Agents	None		Nutropin AQ/ Nuspip [#] +	Genotropin [#] + Humatrope [#] + Increlex [#] + Norditropin [#] +	Omnitrope [#] + Saizen [#] + Serostim [#] + Zorbitive ⁺	
Hormone Replacement Therapy	estradiol tabs estradiol/norethindrone estradiol patch estradiol vaginal cream estropipate Jinteli medroxyprogesterone Mimvey/Lo norethindrone		None	Activella Alora Angeliq Climara Climara Pro Combipatch Divigel Duavee Elestrin Gel	Evamist FemHRT Femring Imvexxy ^{EX} Menest Menostar Minivelle Prefest Premarin	Makena

[#]Requires prior authorization

st Step therapy edits apply

^{EX} Excluded drug-medical exception approval required

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

^q Subject to quantity limits

⁺ Obtain through CVS Specialty

	progesterone caps Yuvaferm		Enjuvia Estrace/Vaginal Estring Estrogel	Premphase Prempro Prometrium Provera Vagifem Vivelle-Dot		
Immunoglobulin Therapy • Obtain through specialty pharmacy	None	None	None		Carimune# Cuvitru# Flebogamma# GamaSTAN# Gammagard# Gamunex C# Hizentra# HyQvia# Panzyga# Privigen#	
Immuno-modulators	None	None	Thalomid Revlimid			
Immuno-suppressants	azathioprine cyclosporine/modified Gengraf mycophenolate	mycophenolic acid sirolimus tacrolimus	None	Astagraf XL Azasan Cellcept Envarsus XR Imuran	Myfortic Neoral Prograf Rapamune Sandimmune Zortress+	Nulojix
Interferons/Other for Hepatitis	adefovir dipivoxil+ entecavir+ lamivudine+ Moderiba#+ Ribasphere# + ribavirin# +		Mavyret#.+ Pegasis#.+ Ribapak# + Viread	Baraclude+ Copegus#.+ Epivir-HBV+ Hepsera+ Intron-A+ Moderiba Pak#+	Peg-Intron# + Rebetol# + Ribatab# + Tyzeka+ Vemlidy+ Viread Powder	
Intranasal Corticosteroids	budesonide flunisolide mometasone ^{EX}		None	Beconase AQ# Dymista# Nasonex#	Omnaris# Qnasl# Rhinocort AQ# Xhance# Zetonna#	Propel Imp Sinuva
Iron Toxicity Agents	deferoxamine+			Desferal+ Exjade# +	Ferriprox Jadenu+	
Lipid/Cholesterol-Lowering Agents	atorvastatin cholestyramine colestipol colesevelam ezetimibe ezetimibe-simvastatin fenofibrate tab 48mg, 54mg, 145mg, 160mg fenofibrate cap 134mg gemfibrozil lovastatin niacin/ext-release omega-3 acid ethyl est#	Niacor pravastatin Prevalite rosuvastatin simvastatin	None	Antara Colestid Crestor Fibricor Juxtapid# Kynamro# + Lescol/XL Lipitor Lipofen Livalo Lofibra Lopid Lovaza#	Niaspan Praluent# Pravachol Questran/Light Repatha#. Tricor Triglide TriLipix Vascepa# Vytorin Welchol Zetia Zocor Zypitamig	

#Requires prior authorization

st Step therapy edits apply

^{EX} Excluded drug-medical exception approval required

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

^q Subject to quantity limits

+ Obtain through CVS Specialty

Migraine Agents	almotriptan ^q butalbit/apap/caff 50-325-40mg dihydroergotamine [#] eletriptan ^q frovatriptan ^q naratriptan ^q rizatriptan ^q sumatriptan ^q sumatriptan-naproxen ^{#,q} zolmitriptan ^q	None	Aimovig [#] Ajovy [#] Alsuma ^{#,q} Amerge ^{#,q} Axert ^{#,q} Cambia ^q [#] DHEA-45 [#] Emgality [#] Ergomar Esgic Fioricet ^{EX} Fiorinal ^{EX} Frova ^{#,q} Imitrex ^{#,q}	Imitrex Inj/ Nasa ^{#,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)	benzonatate 100mg, 200mg cabergoline desmopressin tabs riluzole tetrabenazine [#] + tranexamic acid trientine [#]	Austedo [#] Cystagon ⁺ Methergine ^q Somavert ⁺ Stimate ⁺	Actimmune ⁺ Arcalyst [#] + Benlysta SQ ^{#,+} Brisdelle Carbaglu [#] Cholbam [#] Corlanor Cuprimine [#] Cuvposa DDAVP Depen Endari Firazyr [#] + Firdapse [#] Galafold [#] Gralise [#] Haegarda ^{#,+} Hemangeol Horizant [#] Impavido [#] Ingrezza [#] Jynarque [#] Korlym [#] Kuvan ^{#,+} Lokelma [#] Lupaneta Pack ⁺	Lyrica CR ^{EX} Lysteda Myalept [#] Natpara ⁺ Nityr [#] Nocdurna [#] Noctiva ^{EX} Northera ⁺ Nuedexta [#] Orfadin ^{#+} Orilissa [#] Palynziq [#] Procysbi [#] Ravicti [#] + Samsca ^{q+} Savella Sensipar ⁺ Strensiq [#] Syprine [#] Takhzyro [#] Tegsedi [#] Tiglutik [#] Veltassa Xenazine [#] + Xuriden [#]	Adagen [#] Aldurazyme [#] Aralast NP Benlysta [#] Berinert [#] Brineura [#] Ceprotrin [#] Cinryze [#] Crysvita [#] Defitello Elaprase [#] Exondys 51 [#] Fabrazyme Feraheme Gamifant [#] Goprelto ^{EX} Glassia Injectafer Kalbitor [#] Kanuma [#] Kcentra [#] Lumizyme [#] Macrilen [#] Mepsevii [#] Myozyme [#] Naglazyme [#] Omegaven ^{EX} Onpattro [#] Parsabiv [#] Prolastin-C Radicava [#] Revcovi [#] Ruconest [#] Soliris [#] Spinraza [#] Supprelin-LA Sylvant [#] Triferic Triptodur Ultomiris [#] Vimizim [#] Vistogard Voraxaze Xiaflex Zemaira Zinplava [#]
MS Agents	baclofen 5mg dalfampridine ER [#] glatiramer ⁺	Avonex ⁺ Copaxone 20mg ⁺	Ampyra ^{#,+} Aubagio [#] + Betaseron ⁺ #	Gilenya ^{#,+} Plegridy [#] + Rebif ⁺ #	Tysabri [#] Lemtrada [#] Ocrevus

[#]Requires prior authorization

st Step therapy edits apply

^{EX} Excluded drug-medical exception approval required

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

^q Subject to quantity limits

⁺ Obtain through CVS Specialty

			Copaxone 40mg ⁺ Tecfidera ⁺	Extavia ^{#,+}	Zinbryta ^{#,+}	
Muscle Relaxants	baclofen 10mg, 20mg carisoprodol 350mg chlorzoxazone cyclobenzaprine 5mg, 10mg dantrolene	methocarbamol orphenadrine tizanidine tabs	None	Amrix Dantrium Fexmid Parafon Forte DSC	Robaxin Skelaxin ^{EX} Soma Zanaflex	
Nitrates/Angina Others (heart)	isosorbide dinitrate isosorbide mononitrate nitroglycerin SL nitroglycerin patches		Nitrostat	Dilatrate-SR Gonitro ^{EX} Isordil/SL Minitran Nitro-Dur	Ranexa	
NSAIDS (pain & inflammation, arthritis)	celecoxib diclofenac tablets diclofenac drops [#] diclofenac gel 1% ^q etodolac/XL flurbiprofen ibuprofen indomethacin IR ketoprofen IR ketorolac tabs	meloxicam tabs nabumetone naproxen naproxen DR naproxen CR/ER ^{EX} oxaprozin piroxicam salsalate sulindac	None	Anaprox DS Arthrotec Celebrex Daypro Feldene Flector [#] Mobic Nalfon Naprelan Naprosyn Pennsaid ^{EX}	Ponstel Sprix [#] Vimovo Voltaren Gel [#] Voltaren XR	
Ophthalmic: Anti- Infective Agents	bac/neo/polym/HC bacitracin ciprofloxacin erythromycin gatifloxacin gentamicin	levofloxacin moxifloxacin ofloxacin polym/trimeth sulfacetamide tobramycin trifluridine	Vigamox	AzaSite Besivance Bleph-10 Blephamide Ciloxan Moxeza Natacyn	Ocuflox Polytrim Tobrex Viroptic Zirgan Zymaxid	
Ophthalmic: Glaucoma Agents	apraclonidine betaxolol bimatoprost brimonidine carteolol dipivefrin dorzolamide	latanoprost levobunolol metipranolol pilocarpine timolol/XE (generic Timoptic) timolol/ dorzolamide	Alphagan P Lumigan Travatan Z	Azopt Betagan Betimol Betoptic-S Combigan Cosopt/PF Iopidine	Isopto Carpine Istalol Rhopressa Simbrinza Timoptic/XE Trusopt Xalatan Xelpros [#] Zioptan	
Ophthalmic: Steroids, Antiinflammatory & Misc. Agents	azelastine bromfenac cromolyn dexamethasone diclofenac epinastine fluorometholone flurbiprofen ketorolac naphazoline prednisolone olopatadine 0.1% soln tobramycin/dexamethasone		Lotemax Tobradex Oint Xiidra [#]	Acular/LS Acuvail Alocril Alomide Alrex Bepreve Cequa [#] Cystaran ^{#,+} Durezol Elestat Emadine Flarex FML/Forte/SOP Ilevro [#] Inveltys [#] Lastacraft Maxidex	Maxitrol Nevanac Omnipred Oxervate [#] Pataday Patanol Pred Forte Pred Mild Pred-G Prolensa Restasis Tobradex Susp Tobradex ST Zylet	Dexycu ^{EX} Eylea Jetrea Lucentis Luxturna [#] Retisert [#] Yutiq [#]
Osteoporosis/ Paget's Agents	alendronate tabs calcitonin nasal spray ibandronate tabs		Fortical	Actonel Atelvia Binosto	Fosamax/D Fosamax- Weekly	Boniva IV Prolia Reclast

[#]Requires prior authorization

st Step therapy edits apply

^{EX} Excluded drug-medical exception approval required

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

^q Subject to quantity limits

⁺ Obtain through CVS Specialty

	raloxifene		Boniva Tabs Evista Forteo ⁺	Miacalcin Nasal Tymlos ⁺	Xgeva zoledronic acid
Otic Preparations (ear)	acetic acid soln antipyrine/benzo/glycerin benzocaine carbamide peroxide ciprofloxacin fluocinolone neo/polym/HC ofloxacin	Ciprodex	Cetralax Cipro HC Coly-Mycin S	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 IR Lortab tablet meperidine methadone [#] morphine ER tabs ^{q,st} morphine IR/rectal oxycodone tabs oxycodone/APAP oxycodone/aspirin oxycodone/ER ^{q,st} oxycodone/ibuprofen oxymorphone/ER ^{q,st} pentazocine/naloxone Roxicet tabs tramadol tramadol ER tabs ^q Vicodin/ES/HP	Methadone conc [#]	All brands Abstral ^{q,#} Actiq ^{q,#} Arymo ER st Belbuca ^q Butrans ^{q,st} Conzip ^q Demerol Dilaudid Dolophine [#] Duragesic ^{q,st} Embeda ^{st,q} Exalgo ^{q,st} Fentora ^{q,#} Fioricet/w cod ^{EX} Fiorinal/w cod ^{EX} hydromorphone supp Hysingla ER ^{st,q} Kadian ^{q,st}	Lazanda [#] Morphabond ^{st q} MS Contin ^{q,st} Norco Nucynta Nucynta ER ^q Opana Opana ER ^{q,st} Oxycontin ^{q,st} Primlev Reprexain Roxybond ^{EX} Roxicodone Subsys [#] Synalgos-DC Tylenol w cod Ultracet Ultram/ER ^q Vicoprofen Xartemis XR ^{st,q} Xtampza ER ^{st,q} Zohydro ER st	
Pain Relievers: Miscellaneous	choline mag trisalicylate diflunisal salsalate	None	All brands		
Parkinson's Agents	amantadine benztropine tabs bromocriptine carbidopa/levodopa/ER carbidopa/levodopa/entacapone entacapone pramipexole IR rasagiline ropinirole IR selegiline trihexyphenidyl	None	Apokyn ^{# +} Azilect Comtan Duopa Eldepryl Lodosyn Mirapex/ER Neupro	Parlodel Requip/XL Rytary Sinemet/CR Stalevo Tasmar Xadago Zelapar	
Phosphate Binders	Calcium acetate lanthanum carbonate chew sevelamer	Renagel	Eliphos Fosrenol Phoslo	Phoslyra Renvela Velphoro	
Potassium Supplements	Various generics	None	All brands K-Tab		
Prostate Cancer	abiraterone	None	Xtandi Yonsa [#] Zytiga		Eligard Firmagon Jevtana Lupron Depot Provenge [#] Trelstar

[#]Requires prior authorization

st Step therapy edits apply

^{EX} Excluded drug-medical exception approval required

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

^q Subject to quantity limits

⁺ Obtain through CVS Specialty

					Vantas Viadur Xofigo Zoladex	
Respiratory: Beta Agonists (Oral, Inhaled)	albuterol ipratropium/albuterol levalbuterol metaproterenol terbutaline	ProAir HFA ^q ProAir-Respiclick ^q Ventolin HFA ^q	Anoro Ellipta ^q Arcapta ^q Brovana Perforomist	Proventil HFA ^q Serevent ^q Vospire ER Xopenex HFA ^q		
Respiratory: Inhaled Corticosteroids	Budesonide fluticasone-salmeterol	Advair/HFA ^q Dulera ^q Flovent/HFA ^q Pulmicort Flexhaler ^q Symbicort ^q	Aerospan ^q Alvesco ^q Armonair Arnuity Ellipta ^q Breo Ellipta ^q Asmanex/HFA ^q	Qvar ^q Qvar Redihaler ^q Striverdi Respimat		
Respiratory: Leukotriene Modifiers	montelukast tabs zafirlukast	None	Accolate Singulair	Zyflo CR ^{EX}		
Respiratory: Miscellaneous	aminophylline cromolyn ipratropium soln sildenafil [#] + tadalafil (PAH) [#] + theophylline tobramycin inh [#] +	Atrovent HFA ^q Combivent Respimat ^q Incruse Ellipta ^q Pulmozyme [#] + Trelegy Ellipta	Adcirca [#] + Adempas [#] + Bethkis [#] + Bevespi Aerosphere Cayston [#] Daliresp Esbriet [#] + Grastek [#] Kalydeco [#] Letairis [#] + Lonhala Magnair ^{EX} Lufyllin Odactra [#] Opsumit [#] + Ofev [#] + Oralair [#]	Orenitram XR [#] + Orkambi [#] Ragwitek [#] Revatio [#] + Seebri Neohaler Spiriva Handihaler Spiriva Respimat Stiolto Respimat Symdeko [#] Theo-Dur TOBI [#] + TOBI Podhaler [#] + Tracleer [#] + Tudorza Tyvaso [#] + Uptravi [#] + Utibron Neohaler Ventavis [#] + Yupelri [#]	epoprostenol [#] Cinqair [#] Fasenra [#] Flolan [#] Nucala [#] Remodulin [#] Revatio Inj [#] Xolair [#] Veletri [#]	
RSV	None	None	None		Synagis [#]	
Sedative/ Hypnotics (sleep aids)	estazolam ^q eszopiclone ^q flurazepam ^q temazepam 15mg, 30mg ^q	triazolam ^q zaleplon ^q zolpidem IR ^q	None	Ambien/CR ^q , st Belsomra st Butisol Doral ^q Edluar ^q , st Halcion ^q Hetlioz [#] , +	Intermezzo ^q , st Lunesta ^q , st Restoril ^q Rozerem ^q , st Silenor [#] Sonata ^q , st Zolpimist ^q , st	
Smoking Cessation Agents	bupropion SR nicotine (OTC)		Chantix Nicotrol	Zyban		
Somatostatin Analogs	octreotide ⁺			Sandostatin ⁺ Signifor [#]	Somatuline Depot ⁺ Lutathera [#] Sandostatin LAR Signifor LAR	
Substance Use Disorder	acamprosate buprenorphine ^q buprenor/naloxone ^q	naloxone inj. naltrexone	Narcan Nasal Suboxone Film ^q	Antabuse Evzio ^{EX} Lucemyra ^q	Revia Zubsolv ^q Probuphine Sublocade Vivitrol	
Thyroid	levothyroxine Levoxyl liothyronine methimazole	NP Thyroid propylthiouracil Unithroid	Nature-Throid Synthroid Westhroid	Armour Thyroid Cytomel Tapazole	Thyrolar Tirosint WP Thyroid	
Topical Antifungals	ciclopirox soln ^q clotrimazole OTC econazole	ketoconazole crm/shampoo nystatin	None	Ecoza Ertaczo Exelderm Lotrisone	Naftin Nizoral Oxistat Penlac [#]	

[#]Requires prior authorization

^q Subject to quantity limits

st Step therapy edits apply

⁺ Obtain through CVS Specialty

^{EX} Excluded drug-medical exception approval required

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

			Luzu		
Topical Anti-Infectives	erythromycin gentamicin metronidazole mupirocin	None	Altabax Bactroban Centany	Cortisporin Gynazole-1 Klaron Rhofade Xepi [#]	
Topical/Oral/Injectable Antipsoriatic & Antiseborrheic	acitretin anthralin calcipotriene ointment	Cosentyx ^{#,+} Enbrel ^{#,+} Humira ^{#,+} Stelara ^{#,+} Taltz ^{#,+}	Dovonex EpiFoam Ilumya [#] Siliq ^{#,+} Soriatane	Taclonex Tremfya ^{#,+}	Inflectra [#] Remicade [#]
Topical Miscellaneous	aluminum chloride soln capsaicin 0.025% cream ^q capsaicin 0.1% cream ^q imiquimod diclofenac gel 3% [#] doxepin cream [#] lidocaine [#] lidocaine 4% OTC patch ^q lidocaine patch 5% [#] lidocaine/prilocaine crm ^q lidocaine/tetracaine crm ^q pimecrolimus podofilox tacrolimus oint.	None	Aldara Condylox Drysol Dupixent ^{#,+} Eucrisa [#] Efudex Elidel Lidoderm [#] Metrocream Metrogel Metro lotion Mirvaso Picato Podocon-25	Protopic Prudoxin [#] Qbrexza [#] Rectiv Santyl Solaraze [#] Sulfamylon Tolak Umecta/PD Valchlor [#] Veregen Zonalon [#] Zyclara	Eskata [#]
Topical Scabicides/Pediculicides	crotamiton lot 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 betamethasone dip/aug oint, gel ^{2,4} betamethasone valerate crm/lotion ^{3,4} clobetasol E cream ⁴ Cormax ⁴ desonide crm, oint ¹ fluocinolone ^{1,2} fluocinonide oint ³ fluticasone crm ² halobetasol ⁴ hydrocortisone ¹ hydrocortisone valerate ² mometasone ² prednicarbate ² triamcinolone crm, oint ^{2,3} triamcinolone dental		Apexicon-E Bryhali ^{4, EX} Capex Shampoo ¹ Clobex ⁴ Clobex Spray ^{EX} Cloderm ² Cordran/SP ² Cutivate ² Derma-Smoother/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 Topicort ³ Ultravate ⁴ Verdeso ¹ Westcort ²	
Topical/Oral Acne Products	Amnesteem Benzoyl peroxide 5%, 10% OTC clindamycin gel 1%; soln 1% Differin gel OTC erythromycin gel 2% isotretinoin Myorisan Sodium/sulfacetamide 9-4.5% liquid Tretinoin cream 0.05%, 0.1% zenatane	Finacea	Acanya Aczone Altreno [#] Benzaclin Cleocin-T Evoclin Tazorac		
Urinary Tract Agents	methenamine nitrofurantoin phenazopyridine/plus trimethoprim	Elmiron	Furadantin Hiprex Macrobid Macrochantin	Monurol Primsol	Zemdri [#]
Vitamin D Analogs	Calcitriol caps paricalcitol		Hectorol Rayaldee	Zemplar	

20150101v3

[#]Requires prior authorization

st Step therapy edits apply

^{EX} Excluded drug-medical exception approval required

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

^q Subject to quantity limits

⁺ Obtain through CVS Specialty