

2017

MVP Health Insurance

# MARKETPLACE FORMULARY

New York-Vermont

---

Effective August 1, 2017





# 2017 MARKETPLACE FORMULARY

## EFFECTIVE August 1, 2017

This information relates to the Marketplace Formulary, generally, and may not describe your particular coverage. Your specific Plan documents determine your benefits, including copays, coinsurance, deductibles, out-of-pocket maximums and any limitations and exclusions. 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.

While every effort has been made to insure accuracy, some information may be out of date. The Marketplace 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. 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. 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 Marketplace Formulary.

In the case of some drugs, the Plan limits coverage to a specific quantity or a specific course of treatment. The Plan may also require prior authorization on some covered drugs. If you need more information about policies regarding a specific drug, consult your physician or contact the MVP Customer Care Center. If the medication you take is not listed below, contact the CVS/caremark Customer Care Center at the phone number listed on the back of your MVP ID card.

DRUG CATEGORY	TIER 1 The lowest copay choice and usually includes generic drugs.	TIER 2 The mid range copay choice and includes covered brand name drugs because of their overall value. Also includes high cost generic drugs.	TIER 3 The highest copay choice and includes all other covered brand name 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	Accupril Accuretic Aceon Altace Lotensin Epaned Mavik	Prestalia Prinivil Qbrelis Vasotec Zestril Zestoretic
<b>Adrenal Hormones Oral**</b>	cortisone dexamethasone fludrocortisone hydrocortisone methylprednisolone prednisolone prednisone		Prednisolone- dose pack	Acthar-HP <sup>#,†</sup> Cortef Dexpak Emflaza <sup>#</sup> Medrol Medrol 2mg	Millipred Orapred ODT Prelone
<b>Adrenergic Antagonists**</b>	clonidine doxazosin guanfacine	methyl/opa/HCTZ prazosin reserpine terazosin	clonidine patch midodrine	Cardura Cardura XL Catapres/TTS Minipress Tenex	

<sup>#</sup> Requires prior authorization

\*Drug is available through Mail Order if your benefit allows

\*\*All drugs in the category are available through MailOrder  
<sup>NFNC</sup> -Non formulary, not covered-Must be approved by MVP

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

<sup>M</sup> 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 Caremark Specialty or other contracted Specialty provider

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

<sup>st</sup> Step therapy edits apply (must have failed on a specific drug per policy)

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

<b>Alzheimer's Agents**</b>	galantamine	donepezil ergoloid memantine Namenda XR rivastigmine	Aricept Exelon Exelon patch Namenda IR Namzaric Razadyne ER		
<b>Androgens (male hormones)</b>	danazol testosterone inj <sup>q</sup>	AndroGel <sup>q</sup> oxandrolone <sup>q</sup> Testim <sup>q</sup> testosterone gel <sup>q,*</sup>	Anadrol-50 <sup>#</sup> Androderm <sup>#,*q</sup> Android <sup>q,#*</sup> Axiron <sup>#q</sup> Delatestryl <sup>q,#</sup> Depo-Testosterone <sup>q,#</sup> Depo-Testosterone 100mg <sup>q,#</sup> Fortesta <sup>q,#</sup> Oxandrin <sup>q,#</sup> Methitest <sup>q,#*</sup> Natesto <sup>#q</sup> Striant <sup>q,#</sup> Testred <sup>q,#</sup> testosterone inj 250mg/ml <sup>#,q</sup> Vogelxo <sup>#q,*</sup>	Aveed <sup>#</sup> Testopel <sup>q</sup>	
<b>ARBs/Renin Inhibitors** (includes combination products)</b>	candesartan eprosartan irbesartan losartan telmisartan/amlodipine valsartan	amlodipine/valsartan amlodipine/valsartan/ HCT olmesartan/HCTZ olmesartan/amlodipine	Atacand Avalide Avapro Azor Benicar/HCT Byvalson Cozaar Diovan/HCT Edarbi Edarbyclor	Entresto Exforge Hyzaar Micardis/HCT Tekturna/HCT Teveten Teveten HCT Tribenzor Twynsta	
<b>Anti-Anxiety Agents**</b>	alprazolam/ER buspirone chlordiazepoxide clorazepate diazepam lorazepam oxazepam	alprazolam Intensol diazepam Intensol	Ativan Tranxene-T Valium Xanax/XR		
<b>Antiarrhythmics** (heart rhythm)</b>	amiodarone disopyramide flecainide mexiletine Pacerone propafenone quinidine sotalol/AF	dofetilide propafenone SR	Betapace/AF Cordarone Multaq Norpace Norpace CR	Rythmol/SR Sotylize Tikosyn	
<b>Antibiotics</b>	amoxicillin amoxicillin/clavulanate amoxicillin/clavulanate XR ampicillin azithromycin cefaclor cefadroxil cefdinir cefditoren cefepime cefprozil cefuroxime tabs cephalexin ciprofloxacin/ER	Avidoxy Baci-IM inj bacitracin inj Cefaclor ER cefepime inj cefixime ceftriaxone inj <sup>#</sup> cefuroxime susp Clindess clindamycin palmitate demeclocycline doxycycline doxycycline hyclate dr <sup>#</sup> erythromycin susp	Adoxa Acticlate <sup>EX</sup> Augmen/ES/XR Avelox Bactrim/DS Biaxin XL Cedax Ceftin Ceftin susp Cipro/XR Cleocin Cleocin 75mg Cleocin Vaginal Dificid	Keflex Ketek Levaquin Minocin <sup>EX</sup> Morgidox Monodox Moxatag Oracea <sup>#</sup> Rocephin <sup>#</sup> PCE Sivextro tabs Solodyn <sup>#</sup> Spectracef Sulfadiazine	Dalvance Orbactiv Sivextro inj <sup>#</sup> Teflaro Zyvox Inj <sup>#</sup> Zerbaxa

<sup>#</sup>Requires prior authorization

\*Drug is available through Mail Order if your benefit allows

\*\*All drugs in the category are available through MailOrder  
NFNC -Non formulary, not covered-Must be approved by MVP

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

<sup>M</sup> 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 Caremark Specialty or other contracted Specialty provider

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

<sup>st</sup> Step therapy edits apply (must have failed on a specific drug per policy)

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

	clarithromycin/ER clindamycin dicloxacillin Erythrocin Erythromycin tabs levofloxacin minocycline IR moxifloxacin neomycin ofloxacin penicillin sulfa/trimeth DS/SS		linezolid <sup>q</sup> minocycline XR tetracycline Vancomycin cap	Doryx 50mg <sup>#</sup> Doryx 150mg <sup>#</sup> Doryx 200mg <sup>#</sup> E.E.S. Susp Eryped Ery-Tab Erythromycin Base Factive	Suprax Tygacil inj Vancocin Vibativ Vibramycin Vibramycin syrup Xifaxan <sup>#</sup> Zithromax Z-Max Zyvox <sup>q</sup>	
<b>Anticoagulants</b>	Jantoven* warfarin*		Eliquis* enoxaparin fondaparinux heparin Xarelto*	Arixtra Coumadin* Fragmin Heparin Lock Flush <sup>NFNC</sup>	Iprivask Lovenox Pradaxa <sup>EX*</sup> Savaysa <sup>EX</sup>	
<b>Anticonvulsants** (seizures)</b>	carbamazepine clonazepam diazepam rectal divalproex sprink Epitol ethosuximide gabapentin lamotrigine IR levetiracetam/SR	oxcarbazepine phenobarbital phenytoin primidone Topiragen topiramate valproic acid zonisamide	carbamazepine ER Celontin divalproex ER/DR felbamate lamotrigine ER/ODT Peganone tiagabine	Aptiom Banzel Briviact Carbatrol Depakene Depakote/ER Diastat Dilantin Felbatol <sup>EX</sup> Fycompa Gabitril Keppra/XR Klonopin Lamictal/XR Lamictal ODT Lyrica	Mysoline <sup>EX</sup> Neurontin Onfi Oxtellar XR Phenytek Potiga Sabril <sup>+</sup> Spritam <sup>EX</sup> Tegretol/ XR Topamax Trileptal Trokendi XR Vimpat Zarontin Zonegran	
<b>Antidepressants**</b>	amitriptyline amoxapine bupropion/SR/XL citalopram desipramine doxepin escitalopram fluoxetine fluvoxamine IR hydroxyzine pamoate imipramine HCl imipramine pamoate	maprotiline mirtazapine nefazodone nortriptyline paroxetine/ER phenelzine protriptyline sertraline trazodone tranylcypromine venlafaxine IR venlafaxine ER caps (generic)	clomipramine desvenlafaxine ER (generic) duloxetine fluvoxamine ER Irenka venlafaxine ER tabs (generic) olanzepine/ fluoxetine trimipramine	Anafranil Aplenzin <sup>EX</sup> Trintellix Celexa Cymbalta Desvenlafaxine ER (brand) Duloxetine 40mg Effexor XR Emsam Fetzima Fluoxetine 60mg Forfivo XL Khedezla Lexapro Marplan Nardil Norpramin	Oleptro ER Pamelor Parnate Paxil susp Paxil/CR Pexeva Pristiq ER Prozac/Week Remeron Sarafem <sup>NFNC</sup> Surmontil Tofranil/PM Venlafaxine ER (brand) Viibryd Wellbutrin/SR/XL Zoloft	
<b>Antiemetics (nausea)</b>	Compro ondansetron <sup>q</sup> prochlorperazine promethazine	trimethobenzamid	aprepitant <sup>q</sup> dronabinol granisetron <sup>q</sup>	Akynzeo <sup>q</sup> Anzemet <sup>q</sup> Cesamet Diclegis <sup>q</sup> Emend <sup>q</sup> Marinol	Sancuso <sup>q</sup> Syndros <sup>#</sup> Tigan Transderm-Scop Varubi <sup>q</sup> Zofran/ODT <sup>q</sup>	Aloxi Inj <sup>#</sup> Emend Inj <sup>#</sup> Sustol Inj <sup>#</sup>

<sup>#</sup>Requires prior authorization

\*Drug is available through Mail Order if your benefit allows

\*\*All drugs in the category are available through MailOrder  
<sup>NFNC</sup>-Non formulary, not covered-Must be approved by MVP

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

<sup>M</sup> 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 Caremark Specialty or other contracted Specialty provider

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

<sup>st</sup> Step therapy edits apply (must have failed on a specific drug per policy)

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

<b>Antifungal Agents</b>	fluconazole griseofulvin griseofulvin ultra ketoconazole nystatin terbinafine <sup>q</sup>		clotrimazole oral itraconazole <sup>#</sup> voriconazole	Ancobon Cancidas Cresemba Diflucan Grifulvin V Gris-Peg Jublia <sup>#</sup> Kerydin <sup>#</sup> Lamisil Granules <sup>q</sup> Mycamine inj	Lamisil <sup>q</sup> Nizoral Noxafil Onmel <sup>#</sup> Oravig Sporanox <sup>#</sup> Sporanox soln <sup>#</sup> Vfend	
<b>Antihistamines</b>	azelastine clemastine cyproheptadine* chlorpheniramine*	desloratadine hydroxyzine* levocetirizine* olopatadine nasal promethazine*		Astepro Clarinet Clarinet syrup	Patanase Xyzal	
<b>Antihistamine/ Decongestant Combinations</b>	Various generics		None	Various brands <sup>#</sup> Clarinet 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			Bidil Caduet Corzide Demser Lopressor HCT	Lotrel Tarka Tenoretic Ziac	
<b>Antimalarials</b>	chloroquine <sup>q</sup> hydroxychloroquine* mefloquine <sup>q</sup> quinine sulfate <sup>q</sup>		atovaquone/ proguanil <sup>q</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** (TB)</b>	ethambutol isoniazid pyrazinamide	rifampin		Mycobutin Paser Priftin	Rifamate Rifater Sirturo Trecator	
<b>Antiparasitics</b>	Dapsone ivermectin metronidazole tabs tinidazole		atovaquone <sup>#</sup> paromomycin	Albenza Alinia Biltricide Flagyl	Flagyl ER Mepron <sup>#</sup> Stromectol Tindamax	
<b>Antiplatelet Agents**</b>	anagrelide cilostazol clopidogrel	dipyridamole	aspirin- dipyridamole	Aggrenox Agrylin Brilinta Effient	Persantine Plavix Pletal Zontivity	Praxbind
<b>Antipsychotics**</b>	chlorpromazine fluphenazine haloperidol lithium loxapine	perphenazine quetiapine IR risperidone/ODT thioridazine thiothixene trifluoperazine	Aripiprazole/ODT clozapine/ODT olanzapine/ODT olanzapine/ fluoxetine paliperidone ER pimozide quetiapine XR ziprasidone	Abilify Clozaril Equetro Fanapt FazaClo Geodon Invega Latuda Lithium solution Lithobid	Nuplazid <sup>#</sup> Orap Rexulti Risperdal Saphris Seroquel Seroquel XR Symbyax Versacloz Vraylar <sup>#</sup> Zyprexa	Abilify- Maintena Aristada Invega- Sustenna Invega Trinz Risperdal- Consta Zyprexa- Relprevv
<b>Antiretrovirals/ HIV</b>	None		abacavir abacavir/lamiv/ zidovudine Aptivus Atripla Crixivan didanosine Emtriva Epzicom	Combivir Complera Descovy Edurant Egrifta <sup>+</sup> Epivir tabs Epivir soln Epivir HBV soln Evotaz	Trizivir Tybost Videx Videx EC Viramune Viramune XR Viread Powder Zerit Ziagen	

<sup>#</sup>Requires prior authorization

\*Drug is available through Mail Order if your benefit allows

\*\*All drugs in the category are available through MailOrder  
NFNC -Non formulary, not covered-Must be approved by MVP

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

<sup>M</sup> 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 Caremark Specialty or other contracted Specialty provider

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

<sup>st</sup> Step therapy edits apply (must have failed on a specific drug per policy)

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

			Invirase Isentress lamivudine lamivudine soln lamivudi/zidov lopinavir/ritonavir Lexiva nevirapine Norvir Prezista Rescriptor Reyataz Selzentry stavudine Sustiva Truvada Viracept Viread tabs zidovudine	Fuzeon <sup>+</sup> Genvoya Intelence Kaletra Odefsey Prezcobix Retrovir Reyataz powder Stribild Tivicay Triumeq	Ziagen soln Vitekta	
<b>Antispasmodic Agents**</b>	bethanechol dicyclomine flavoxate oxybutynin/ER propantheline Symax/SL/SR		darifenacin methscopolamine Myrbetriq tolterodine/ER trospium	Anaspaz Bentyl Cantil Detrol LA Ditropan XL Enablex Gelnique	Levbid Levsin/SL Pamine/Forte Robinul/Forte Symax Duotab Toviaz Vesicare	
<b>Antitussives &amp; Expectorants</b>	benzonatate codeine combinations hydrocodone combinations		Benzonatate 150mg	All brands <sup>#</sup> Entex <sup>#</sup> (all) Rezira <sup>#</sup>	Tussionex <sup>#</sup> Tuzistra XR <sup>#</sup>	
<b>Antiviral Agents</b>	Acyclovir caps/tabs amantadine rimantadine valacyclovir		acyclovir oint famciclovir Tamiflu <sup>q</sup> oseltamivir caps <sup>q</sup> valgancyclovir	Denavir Famvir Flumadine Relenza <sup>q</sup>	Valtrex Zovirax Zovirax cr	Rapivab
<b>Arthritis Agents</b>	azathioprine* hydroxychloroquine* leflunomide* methotrexate tablet* sulfasalazine*		Enbrel <sup>#+</sup> Humira <sup>#+</sup> Ridaura* methotrexate inj	Actemra SQ <sup>#+</sup> Arava* Cimzia <sup>#+</sup> Ilaris <sup>#+</sup> Kevzara <sup>#+</sup> Kineret <sup>#+</sup> Orencia <sup>#+</sup> Otezla <sup>#+</sup>	Otrexup <sup>#+</sup> Rasuvo <sup>#+</sup> Rheumatrex* Rituxan <sup>#+</sup> Simponi <sup>#+</sup> Trexall* Xeljanz <sup>#+</sup>	Actemra IV <sup>#</sup> Inflectra <sup>#</sup> Orencia IV <sup>#</sup> Simponi Aria <sup>#</sup> Remicade <sup>#</sup>
<b>Benign Prostatic Hypertrophy (BPH) Agents (prostate)</b>	alfuzosin* doxazosin* finasteride 5mg*	tamsulosin* terazosin caps*	dutasteride dutasteride- tamsulosin	Avodart* Cardura XL* Cialis 2.5 mg <sup>#,q</sup> Cialis 5 mg <sup>#,q</sup> Flomax	Jalyn* Proscar* Rapaflo* Uroxatral	
<b>Beta-Blocking Agents** (blood pressure Lowering, includes HCTZ combination products)</b>	acebutolol atenolol betaxolol bisoprolol carvedilol labetalol	metoprolol/XL nadolol pindolol propranolol/LA sotalol/AF timolol	None	Betapace/AF Bystolic Coreg Coreg CR Corgard Dutoprol Inderal LA	Innopran XL Lopressor/HCT Sectral Tenormin Toprol XL Trandate Zebeta	
<b>Blood Modifiers</b>	None		Procrit	Aranesp Epogen Leukine <sup>+</sup> Mircera Mozobil <sup>+</sup>	Neulasta Neupogen NPlate <sup>+</sup> Promacta <sup>+</sup> Zarxio	Granix

<sup>#</sup>Requires prior authorization

\*Drug is available through Mail Order if your benefit allows

\*\*All drugs in the category are available through MailOrder  
NFNC -Non formulary, not covered-Must be approved by MVP

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

<sup>M</sup> 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 Caremark Specialty or other contracted Specialty provider

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

<sup>st</sup> Step therapy edits apply (must have failed on a specific drug per policy)

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

<b>Botulinum Toxins</b>	None	None		Botox <sup>#</sup> Dysport <sup>#</sup> Myobloc <sup>#</sup> Xeomin <sup>#</sup>	
<b>Calcium Channel Blocking Agents (CCB)** (blood pressure lowering)</b>	amlodipine diltiazem/ER/XT felodipine isradipine	nicardipine nifedipine/ER verapamil/ER/PM	nimodipine nisoldipine	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* bicalutamide* flutamide hydroxyurea letrozole* leucovorin mercaptopurine* methotrexate* tamoxifen*	Alkeran bexarotene capecitabine etoposide exemestane* imatinib Lomustine megestrol nilutamide temozolomide tretinoin oral	Afinitor Alecensa Allunbrig <sup>#</sup> Arimidex* Aromasin* Bosulif Caprelsa Cabometyx Casodex* Cometriq <sup>#</sup> Cotellic cyclophosphamide Droxia Emcyt Erivedge Fareston* Farydak Femara* Gilotrif Gleevec Gleostine Hexalen Hycamtin Hydrea Iclusig Ibrance Imbruvica Inlyta Iressa Jakafi <sup>#</sup> Lenvima Leukeran* Lonsurf Lynparza Lysodren Matulane Megace	Megace ES* Mekinist Mesnex Myleran Nexavar Nilandron* Kisqali <sup>#</sup> Ninlaro Odomzo Pomalyst Purixan Rubraca <sup>#</sup> Rydapt <sup>#</sup> Soltamox Sprycel Stivarga Sutent Synribo <sup>+</sup> Sylatron <sup>+</sup> Tabloid Tafinlar Tarceva Targretin Tagrisso Tasigna Temodar Torisel <sup>+</sup> Tykerb Venclexta Votrient Xalkori Xeloda Zejula <sup>#</sup> Zelboraf Zolanza <sup>#</sup> Zydelig Zykadia	Adcetris Bavencio <sup>#</sup> Beleodaq Bendeka Blinicyto <sup>+</sup> Clolar <sup>#</sup> Cyramza Darzalex Empliciti Erwinaze Evomela Folotyng <sup>#</sup> Fusilev <sup>#</sup> Gazyva Halaven Imfinzi <sup>#</sup> Imlygic Ixempra Kadcyla Keytruda Kyprolis Lartruvo Marqibo Onivyde Opdivo Perjeta Portrazza Tecentriq Temodar IV Treanda Yervoy Yondelis Zaltrap
<b>Cardiac Glycosides** (heart)</b>	digoxin digoxin elixir	None	Lanoxin		
<b>CNS Stimulants (ADHD)</b>	amphetamine combination IR methylphenidate IR	amphetamine combination XR* <sup>q</sup> armodafinil <sup>q</sup> atomoextine <sup>q</sup> clonidine ER* dexmethylphenidate/ SR* <sup>q</sup> dextroamphetamine* <sup>q</sup> Metadate ER* <sup>q</sup>	Adderal <sup>q</sup> 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 <sup>q</sup>	Methylin <sup>q</sup> Nuvigil <sup>q</sup> Provigil <sup>q</sup> Quillivant XR* <sup>q</sup> Ritalin LA <sup>q</sup> Strattera <sup>q</sup> Vyvanse* <sup>q</sup> Xyrem <sup>#</sup>	

<sup>#</sup>Requires prior authorization

\*Drug is available through Mail Order if your benefit allows

\*\*All drugs in the category are available through MailOrder  
NFNC -Non formulary, not covered-Must be approved by MVP

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

<sup>M</sup> 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 Caremark Specialty or other contracted Specialty provider

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

<sup>st</sup> Step therapy edits apply (must have failed on a specific drug per policy)

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

			Methylphen ER/CD <sup>q</sup> modafinil <sup>q</sup> guanfacine ER*	Focalin/XR* <sup>q</sup> Intuniv* Kapvay* Metadate CD <sup>q</sup>	
<b>Compounds</b> <i>coverage for compounded medications is subject to criteria listed in the Compounded (extemporaneous) 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* Aviane* Azurette* Balziva* Briellyn* Camila* Camrese/Lo* Caziant* Cryelle* Cyclafem Dasetta* drospir-EE-levomefolate Elinest* Emoquette* Enpresse* Enskyce* Errin* ethinyl est-norgest LO Falmina* Gianvi* Gildess/Fe* Heather* Introvale* Jencycla* Jolessa* Jolivette* Junel/Fe* Kariva* Kelnor* Kurvelo* Larin Fe* Leena* Lessina* Levonest* levonorgestrel Levora* Loryna* Low-Ogestrel* Lutera*	Marlissa* medroxy-progest/inj Microgestin/Fe* Mono-Linyah* Mononessa* Myzitra* Necon* Nora-Be* norelgest-EE* Mibelas 24 FE* noreth-EE-FF Nortrel* Ocella* Ogestrel* Orsythia* Philith* Pirmella* Portia* Previfem* Quasense* Reclipsen* Rivelsa Solia* Sprintec* Sronyx* Syeda* Tilia Fe* Trinessa* Tri-Legest Fe* Tri-Linyah* Tri-Lo Sprintec* Tri-Previfem* Tri-Sprintec* Trivora* Velivet* Vyfemla* Viorele* Wera* Wymzya Fe* Xulane* Zarah* Zenchent/Fe*	Mirena* Skyla*	Beyaz* Brevicon* Cyclesa* Depo-Provera Depo-SQ Provera Desogen* Estrostep FE* Femcon Fe* Generess Fe* Loestrin/FE* Lo Loestrin FE* Lomedia 24 FE* <sup>#</sup> Lo Minastrin FE LoSeasonique* Minastrin 24 FE Mircette* Modicon* Natazia* Nexplanon* Norinyl* Nor-QD* Nuvaring* Ortho Novum* Ortho Tri-Cyclen Lo* Ortho Tri-Cyclen* Ortho-Cyclen* Ovcon* Plan B OneStep Quartette* Safyral* Seasonique* Taytulla Tri-Norinyl* Yasmin* Yaz*	Kyleena Liletta

<sup>#</sup>Requires prior authorization

\*Drug is available through Mail Order if your benefit allows

\*\*All drugs in the category are available through MailOrder  
<sup>NFNC</sup>-Non formulary, not covered-Must be approved by MVP

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

<sup>M</sup> 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 Caremark Specialty or other contracted Specialty provider

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

<sup>st</sup> Step therapy edits apply (must have failed on a specific drug per policy)

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

	Zovia*			
<b>Cough/Cold</b>	Various generics	All brands PA	All brands require PA	
<b>Diabetic Agents: Insulin**</b> <i>Subject to your medical (NY) OR prescription drug (VT) benefit. See your plan materials for applicable deductible, coinsurance and/or copayment.</i>	None	Basaglar Humalog/Mix Humulin Mix Humulin N/R Lantus/Solostar Levemir Novolin Mix Novolin N/R Novolog/Mix Toujeo Tresiba	Adlyxin Apidra/Solostar Afrezza Soliqua	
<b>Diabetic Agents: Other**</b> <i>Subject to your medical (NY) OR prescription drug (VT) benefit. See your plan materials for applicable deductible, coinsurance and/or copayment.</i>	acarbose glimepiride glipizide ER/metformin glyburide glyburide, micronized glyburide/metformin metformin/ER <sup>(generic Glucophage/XR)</sup>  nateglinide tolazamide tolbutamide	alogliptan <sup>EX</sup> aloglip/metformin <sup>EX</sup> aloglip/pioglitazone <sup>EX</sup> Farxiga Glucagen Glucagon Invokamet Invokana Janumet/XR Januvia Jentadueto/XR metformin ER <sup>#</sup> (generic Glumetza, and Fortamet)  miglitol pioglitazone pioglitazone-metformin pioglitazone/glimepiride repaglinide repaglinide-metformin Tradjenta Victoza Xigduo XR	Actoplus Met XR Actos Amaryl Avandamet <sup>NFNC</sup> Avandaryl <sup>NFNC</sup> Avandia <sup>NFNC</sup> Bydureon Byetta Cycloset Diabeta Duetact Fortamet <sup>#</sup> Glucophage/XR Glucotrol/XL Glucovance Glumetza <sup>#</sup> Glyxambi	Glyset Glynase Jardiance Kazano <sup>EX</sup> Kombiglyze XR <sup>EX</sup> Nesina <sup>EX</sup> Onglyza <sup>EX</sup> Oseni <sup>EX</sup> Prandin PrandiMet Proglycem Precose Riomet <sup>NFNC</sup> Starlix Symlin Synjardy/XR Tanzeum Trulicity Xultophy <sup>#</sup>
<b>Diabetic Meters &amp; Strips</b> <ul style="list-style-type: none"><li>• Subject to your medical (NY) OR prescription drug (VT) benefit. See your plan materials for applicable deductible, coinsurance and/or copayment.</li><li>• All test strips are subject to quantity limits</li><li>• Non-preferred test strips require prior authorization</li></ul>	Preferred Meters: Freestyle Freedom/Lite Freestyle Insulinx One Touch Ultra Brand Meters One Touch Verio Brand Meters Precision Extra	Preferred Strips: Freestyle Freestyle Insulinx Freestyle Lite Precision Precision Extra One Touch Ultra Test Strips One Touch Verio Test Strips	Non-preferred test strips require prior authorization	
<b>Digestants/ Enzymes**</b>	None	Creon pancrelipase	Pancreaze Pertzye Ultresa	Viokace Zenpep

#Requires prior authorization

\*Drug is available through Mail Order if your benefit allows

\*\*All drugs in the category are available through MailOrder  
NFNC -Non formulary, not covered-Must be approved by MVP

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 Caremark Specialty or other contracted Specialty provider

q Subject to quantity limits

st Step therapy edits apply (must have failed on a specific drug per policy)

+ Obtain through CVS Caremark Specialty Pharmacy

<b>Diuretics**</b>	acetazolamide amiloride/HCTZ bumetanide chlorothiazide furosemide hydrochlorothiazide indapamide methyclothiazide metolazone spironolactone/HCTZ torsemide triamterene/HCTZ	eplerenone ethacrynic acid methazolamide	Aldactone Demadex Diuril Dyazide Dyrenium Edecrin	Inspra Lasix Maxzide Microzide	
<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	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>	Adrenaclik <sup>q#</sup>		
<b>Erectile Dysfunction</b>	yohimbine	Viagra <sup>q</sup>	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>	
<b>Fertility Agents</b>	clomiphene	HCG <sup>+</sup> leuprolide SQ <sup>#+</sup> Novarel <sup>+</sup> Follistim AQ <sup>#+</sup> Pregnyl <sup>+</sup>	Bravelle <sup>#+</sup> Cetrotide <sup>#+</sup> Ganirelix <sup>#+</sup> Gonal-F <sup>#+</sup>	Lutrepulse <sup>#+</sup> Menopur <sup>#+</sup> Ovidrel <sup>+</sup> Repronex <sup>#+</sup>	
<b>Gaucher's Disease</b>	None	None	Cerdelga <sup>#+</sup> Zavesca <sup>#</sup>		Cerezyme <sup>#</sup> Elelyso <sup>#</sup> Vpriv <sup>#</sup>
<b>GI: Ulcer/Heartburn Agents**</b>	cimetidine famotidine lansoprazole <sup>q</sup> nizatidine	omeprazole <sup>q</sup> pantoprazole <sup>q</sup> ranitidine	lanso/amox/clarit omeprazole/ sod bicarb <sup>q#</sup> rabeprazole <sup>q</sup> sucralfate esomeprazole <sup>q</sup>	Aciphex <sup>q,#</sup> Carafate susp Carafate tab Dexilant <sup>q,#</sup> First-Lansoprazole <sup>#</sup> First-Omeprazole <sup>#</sup> Nexium <sup>#q</sup> Omeclamox <sup>#</sup> Pepcid Prevpac	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>	balsalazide* metoclopramide misoprostol* sulfasalazine/EN*	alosetron* budesonide cevimeline cromolyn Kristalose Mesalamine/HD Pentasa* ursodiol*	Actigall* Amitiza Apriso* Asacol HD* Azulfidine/EN* Canasa* Chenodal Cimzia <sup>#,+</sup> Colazal* Cortenema Cortifoam Cytotec* Delzicol* Dipentum* Entocort EC* Evoxac Fulyzaq	Gastrocrom Gattex <sup>+</sup> Giazio* Linzess Lialda Movantik Ocaliva <sup>+</sup> Prepopik Proctofoam/HC Relistor Rowasa* Suprep Trulance <sup>#</sup> Uceris Urso/Forte* Viberzi <sup>#</sup> Xermelo <sup>#</sup>	Entyvio <sup>#</sup> Stelara IV vial <sup>#</sup>

<sup>#</sup>Requires prior authorization

\*Drug is available through Mail Order if your benefit allows

\*\*All drugs in the category are available through MailOrder  
NFNC - Non formulary, not covered-Must be approved by MVP

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

<sup>M</sup> 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 Caremark Specialty or other contracted Specialty provider

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

<sup>st</sup> Step therapy edits apply (must have failed on a specific drug per policy)

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

<b>Gout**</b>	allopurinol probenecid/colchicine	colchicine <sup>q</sup>	Colcrys <sup>q</sup> Mitigare <sup>q</sup> Uloric <sup>#</sup>	Zurampic <sup>#</sup> Zyloprim	Krystexxa <sup>#</sup>
<b>Growth Failure Agents</b>	None	Nutropin AQ/ Nuspina <sup>#+</sup>	Genotropin <sup>#+</sup> Humatrope <sup>#+</sup> Increlex <sup>#+</sup> Norditropin <sup>#+</sup>	Omnitrope <sup>#+</sup> Saizen <sup>#+</sup> Serostim <sup>#+</sup> Zorbitive <sup>+</sup>	
<b>Hormone Replacement Therapy**</b>	estradiol estradiol/norethindrone estradiol patch estropipate Jinteli medroxyprogesterone Mimvey/Lo norethindrone progesterone oral	Estring Yuvaferm	Activella Alora Angeliq Climara Climara Pro Combipatch Crinone Divigel Duavee Elestrin Gel Endometrin Enjuvia Estrace Estrace Vaginal EstroGel Evamist FemHRT	Femring Intrarosa <sup>#</sup> Menest Menostar Minivelle Osphena Prefest Premarin Premphase Promepro Prometrium Provera Vagifem Vivelle-Dot	Makena
<b>Immunoglobulin Therapy</b> <i>Obtain through specialty pharmacy</i>	None	None	Hizentra <sup>#+</sup>		Carimune <sup>#</sup> Cuvitru <sup>#</sup> Flebogamma <sup>#</sup> Gamastan <sup>#</sup> Gammagard <sup>#</sup> Gamunex C <sup>#</sup> Privigen <sup>#</sup> HyQvia <sup>#</sup>
<b>Immuno-modulators</b>	None	None	Thalomid Revlimid		
<b>Immuno-suppressants</b>	azathioprine	cyclosporine/ modified Gengraf mycophenolate mycophenolic acid sirolimus tacrolimus	Astagraf XL Azasan Cellcept Envarsus XR Imuran Myfortic	Neoral Prograf Rapamune Sandimmune Zortress	Nulojix
<b>Interferons/ Others for Hepatitis</b>	adefovir dipivoxil <sup>+</sup>	Entecavir <sup>+</sup> lamivudine HBV <sup>+</sup> Moderiba <sup>#+</sup> Pegasys <sup>#+</sup> Ribasphere <sup>#+</sup> ribavirin <sup>#+</sup> Viread <sup>+</sup>	Baraclude <sup>+</sup> Copegus <sup>#+</sup> Epclusa <sup>#+</sup> Epivir-HBV <sup>+</sup> Harvoni <sup>#+</sup> Hepsera <sup>+</sup> Intron-A <sup>+</sup> Moderiba <sup>#+</sup>	Peg-Intron <sup>#+</sup> Rebetol <sup>#+</sup> Ribatab <sup>#+</sup> Ribapak <sup>#+</sup> Sovaldi <sup>#+</sup> Tyzeka <sup>+</sup> Vemlidy <sup>+</sup> Viread Powder <sup>*</sup>	
<b>Intranasal Corticosteroids**</b>	flunisolide	mometasone	Beconase AQ <sup>#</sup> Dymista <sup>#</sup> Nasonex <sup>#</sup> Omnaris <sup>#</sup>	Qnasl <sup>#</sup> Rhinocort AQ <sup>#</sup> Veramyst <sup>#</sup> Zetonna <sup>#</sup>	Propel Imp
<b>Iron Toxicity Agents</b>	deferoxamine <sup>+</sup>		Desferal <sup>+</sup> Exjade <sup>#+</sup>	Ferriprox Jadenu <sup>+</sup>	
<b>Lipid/Cholesterol-Lowering Agents**</b>	atorvastatin cholestyramine colestipol	gemfibrozil lovastatin niacin	ezetimibe ezetimibe- simvastatin	Advicor Antara Colestid	Niacor Niaspan Praluent <sup>#+</sup>

<sup>#</sup>Requires prior authorization

<sup>\*</sup>Drug is available through Mail Order if your benefit allows

<sup>\*\*</sup>All drugs in the category are available through MailOrder  
NFNC -Non formulary, not covered-Must be approved by MVP

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

<sup>M</sup> 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 Caremark Specialty or other contracted Specialty provider

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

<sup>st</sup> Step therapy edits apply (must have failed on a specific drug per policy)

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

	fenofibrate fenofibrate 40mg, 120mg <sup>EX</sup> fenofibric acid	pravastatin Prevalite simvastatin	fluvastatin/XL niacin ER omega-3 acid ethyl est <sup>#</sup> rosuvastatin	Crestor Fibricor Juxtapid <sup>#</sup> Kynamro <sup>#,+</sup> Lescol Lescol XL Lipitor Lipofen Livalo Lofibra Lopid Lovaza <sup>#</sup>	Pravachol Questran/Light Repatha <sup>#,†</sup> Simcor Tricor Triglide TriLipix Vascepa <sup>#</sup> Vytorin Welchol Zetia Zocor	
<b>Migraine Agents</b>	butalbit/apap/caff/cod Migergot supp naratriptan <sup>q</sup> zolmitriptan <sup>q</sup>		almotriptan <sup>q</sup> dihydroergotamine <sup>#</sup> ergotamine w/caff frovatriptan <sup>q</sup> rizatriptan <sup>q</sup> sumatriptan <sup>q</sup>	Allzital <sup>EX</sup> Alsuma <sup>#,q</sup> Amerge <sup>#,q</sup> Axert <sup>#,q</sup> Cafergot Cambia <sup>q</sup> DHEA-45 <sup>#</sup> Ergomar Esgic Fioricet Fiorinal Frova <sup>#,q</sup> Imitrex <sup>#,q</sup>	Imitrex Inj <sup>#,q</sup> Imitrex <sup>q</sup> 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> Zembrace <sup>#,q</sup> Zomig/ZMT <sup>#,q</sup>	
<b>Miscellaneous Agents (in various classes)</b>	riluzole tranexamic acid vitamin K inj		aminocaproic acid ammonium Cl cabergoline calcitriol chromic Cl desmopressin K-Phos/No 2 levocarnitine manganese Cl manganese sul phytonadione pilocarpine tab Stimate <sup>+</sup> tetrabenazine <sup>+</sup>	Acetic acid <sup>NFNC</sup> Actimmune Adagen <sup>#</sup> Addyi <sup>#</sup> aminocaproic 1gm Arcalyst <sup>#+</sup> Austedo <sup>#</sup> Brisdelle Cafcit Cancidas vial Carbaglu <sup>#</sup> Cholbam <sup>#</sup> Corlanor Cuprimine <sup>#+</sup> Cuvposa Cystagon <sup>+</sup> DDAVP Depen Firazyr <sup>#+</sup> Formaldehyde <sup>NFNC</sup> Gralise <sup>#</sup> Horizant Impavido <sup>#</sup> Ingrezza <sup>#</sup> Kalbitor <sup>#+</sup> Korlym <sup>#</sup> Kuvan <sup>#+</sup>	Lupaneta Pack <sup>+</sup> Lysteda Mephyton Myalept <sup>#</sup> Mycamine vial Nascobal Natpara <sup>+</sup> Nebupent Northera <sup>+</sup> Nuedexta Orfadin <sup>#</sup> Procysbi <sup>#</sup> Ravicti <sup>#+</sup> Renacidin <sup>NFNC</sup> Samsca <sup>q+</sup> Savella Sensipar <sup>+</sup> Somavert <sup>+</sup> Strensiq <sup>#</sup> Synarel Syprine <sup>#</sup> Veltassa Xenazine <sup>+</sup> Xuriden <sup>#</sup> Zutripro <sup>#</sup>	Aldurazyme <sup>#</sup> Aralast NP Benlysta <sup>#</sup> Berinert <sup>#</sup> Brineura <sup>#</sup> Ceprotrin <sup>#</sup> Cinryze <sup>#</sup> Defitello Elaprase <sup>#</sup> Exondys 51 <sup>#</sup> Fabrazyme Feraheme Glassia Injectafer Kanuma <sup>#</sup> Kcentra <sup>#</sup> Lumizyme <sup>#</sup> Myozyme <sup>#</sup> Naglazyme <sup>#</sup> Prolastin-C Radicava <sup>#</sup> Soliris <sup>#</sup> Spinraza <sup>#</sup> Supprelin-LA Sylvant <sup>#</sup> Triferic <sup>#</sup> Vimizim <sup>#</sup> Vistogard Voraxaze Xiaflex Zemaira <sup>#</sup> Zinplava <sup>#</sup>
<b>MS Agents</b>	None		Avonex <sup>+</sup> Copaxone 20mg <sup>+</sup> Copaxone 40mg <sup>+</sup>	Ampyra <sup>#,+</sup> Aubagio <sup>#,+</sup> Betaseron <sup>+,#</sup>	Gilenya <sup>#,+</sup> Plegridy <sup>#,+</sup> Rebit <sup>#,+</sup>	Ocrevus <sup>#</sup> Tysabri <sup>#</sup> Lemtrada <sup>#</sup>

<sup>#</sup>Requires prior authorization

\*Drug is available through Mail Order if your benefit allows

\*\*All drugs in the category are available through MailOrder  
<sup>NFNC</sup>-Non formulary, not covered-Must be approved by MVP

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

<sup>M</sup> 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 Caremark Specialty or other contracted Specialty provider

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

<sup>st</sup> Step therapy edits apply (must have failed on a specific drug per policy)

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

			glatiramer <sup>+</sup> Tecfidera <sup>+</sup>	Extavia <sup>#,+</sup>	Zinbryta <sup>##</sup>	
<b>Muscle Relaxants</b>	baclofen chlorzoxazone cyclobenzaprine IR	meprobamate methocarbamol tizanidine	carisoprodol/cmpd carisoprodol cmpd w cod cyclobenzaprine ER dantrolene metaxalone orphenadrine/cmp	Amrix <sup>NFNC</sup> Dantrium Fexmid Parafon Forte DSC Lorzone	Robaxin Skelaxin Soma Zanaflex	
<b>Nitrates/Angina Others** (heart)</b>	isosorbide dinitrate isosorbide mononitrate nitroglycerin patch		nitroglycerin spr Nitrostat	Dilatrate-SR Isordil Titradoso Isordil 40mg Minitran	Nitro-Dur Nitromist Nitrolingual Spray Ranexa	
<b>NSAIDS (pain &amp; inflammation, arthritis)</b>	diclofenac tabs etodolac/XL* flurbiprofen* ibuprofen* indomethacin* ketoprofen* meloxicam*	nabumetone* naproxen* oxaprozin* piroxicam* salsalate* sulindac* tolmetin*	diclofenac 1%gel diclofenac/misoprostol fenoprofen* celecoxib* ketoprofen ER* ketorolac meclofenamate* mefenamic acid* naproxen DR naproxen CR/ER <sup>EX</sup>	Anaprox/DS * Arthrotec* Celebrex* Daypro* Feldene* Flecto <sup>NFNC</sup> Mobic Nalfon*	Naprelan* Naprosyn* Pennsaid <sup>EX</sup> Ponstel Sprix <sup>#</sup> Vimovo* Voltaren Gel Voltaren XR*	
<b>Ophthalmic: Anti- Infective Agents</b>	bac/neo/polym/HC bacitracin ciprofloxacin gentamicin levofloxacin	Ocudox ofloxacin polym/trimeth sulfacetamide tobramycin trifluridine	erythromycin gatifloxacin Vigamox	AzaSite Besivance Bleph-10 Blephamide Ciloxan Ciloxan oint Moxeza Natacyn	Ocuflox Polytrim Tobrex Tobrex oint Viroptic Zirgan Zymaxid	
<b>Ophthalmic: Glaucoma Agents**</b>	apraclonidine betaxolol brimonidine carteolol dorzolamide latanoprost levobunolol	metipranolol pilocarpine timolol/XE timolol/ dorzolamide	Lumigan Phospholine Iodide	Alphagan P.1% Azopt Betagan Betimol Betoptic-S Combigan Cosopt Cosopt PF Iopidine	Isopto Carpine Istalol Simbrinza Timoptic/XE Travatan Z Trusopt Xalatan Zioptan	
<b>Ophthalmic: Steroids, Antiinflammatory &amp; Misc. Agents</b>	azelastine bromfenac cromolyn dexamethasone diclofenac epinastine fluorometholone flurbiprofen naphazoline olopatadine prednisolone tobramycin/dexamethasone		ketorolac	Acular/LS Acuvail Alocril Alomide Alrex Bepreve Betadine Cystaran <sup>#,+</sup> Durezol Elestat Emadine Flarex FML FML Forte/SOP Ilevro Lastacaft Lotemax Nevanac	Ocufen Omnipred Pataday Maxidex Maxitrol Patanol Pred Forte Pred Mild Pred-G Prolensa Restasis Tobradex Susp Tobradex oint Tobradex ST Vexol Xiidra Zylet	Eylea Jetrea Lucentis Retisert <sup>#</sup>
<b>Osteoporosis/ Paget's Agents</b>	alendronate* etidronate*		calcitonin spray* Fortical*	Actonel* Atelvia*	Fosamax* Fosamax + D*	Boniva IV Prolia

<sup>#</sup>Requires prior authorization

\*Drug is available through Mail Order if your benefit allows

\*\*All drugs in the category are available through MailOrder  
<sup>NFNC</sup>-Non formulary, not covered-Must be approved by MVP

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

<sup>M</sup> 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 Caremark Specialty or other contracted Specialty provider

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

<sup>st</sup> Step therapy edits apply (must have failed on a specific drug per policy)

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

	ibandronate*		risedronate	Binosto* Boniva Tabs* Evista* Forteo <sup>+</sup>	Miacalcin Nasal* Tymlos <sup>#,+</sup> Xgeva <sup>+</sup>	Reclast zoledronic acid
<b>Otic Preparations (ear)</b>	acetic acid/ hydrocortisone antipyrine/benzo/ glycerin benzocaine carbamide peroxide	ciprofloxacin neo/polym/HC ofloxacin	fluocinolone	Cetraxal Ciprodex Cipro HC Coly-Mycin S	Cortisporin-TC Dermotic Otovel Trioxin	Otiprio
<b>Pain Relievers (narcotic)</b>	apap/codeine codeine hydrocodone/apap hydrocodone/ibuprofen hydromorphone levorphanol Lortab meperidine morphine IR oxycodone/APAP oxycodone/aspirin oxycodone IR oxycodone/ibuprofen pentazocine/naloxone Roxicet tabs tramadol tramadol ER tablets <sup>q</sup> Vicodin/ES/HP		Buprenorphine- patch <sup>q, st</sup> butorphanol <sup>q</sup> fentanyl patch <sup>q, st</sup> fentanyl oral <sup>q, #</sup> hydromorphone ER <sup>st</sup> methadone <sup>PA</sup> morphine ER <sup>q, st</sup> morphine 24HR <sup>q, st</sup> morphine rectal oxycodone ER <sup>q, st</sup> oxymorphone/ER <sup>q, st</sup> tramadol ER caps <sup>q</sup>	All brands Abstral <sup>q, #</sup> Actiq <sup>q, #</sup> Arymo ER <sup>#</sup> Belbuca <sup>q</sup> Butrans <sup>q, st</sup> Codeine sulf soln Conzip <sup>q</sup> Demerol Dilaudid Dolophine Duragesic <sup>q, st</sup> Embeda <sup>st, q</sup> Exalgo <sup>q, st</sup> Fentanyl ptch 37.5 <sup>st, q</sup> Fentanyl ptch 62.5 <sup>st, q</sup> Fentanyl ptch 87.5 <sup>st, q</sup> Fentora <sup>q, #</sup> Fiorinal/w cod hydromorphone supp Hysingla ER <sup>st, q</sup>	Ibudone 5/200 Kadian <sup>q, st</sup> Lazanda <sup>#</sup> Morphabond <sup>#</sup> MS Contin <sup>q, st</sup> Norco Nucynta Nucynta ER <sup>q</sup> Opana Opana ER <sup>q, st</sup> Oxycontin <sup>q, st</sup> Primlev Prepexain Roxicodone Subsys <sup>#</sup> Synalgos-DC Tylenol w cod Tramadol 150 Ultracet Ultram/ER <sup>q</sup> Vicoprofen Xartemis XR <sup>st, q</sup> Xtampza ER <sup>st, q</sup> Zohydro ER <sup>st</sup>	
<b>Pain Relievers: Miscellaneous**</b>	choline mag trisalicylat diflunisal salsalate		None	All brands		
<b>Parkinson's Agents</b>	amantadine* benztropine* bromocriptine* carbidopa* carbidopa/levodopa/ER* selegiline* trihexyphenidyl*		carbidopa/ levodopa/ entacapone* pramipexole/SR* rasagiline ropinirole/XL* tolcapone*	Apokyn <sup>#</sup> Azilect* Comtan* Duopa* Eldepryl* Lodosyn* Mirapex* Mirapex ER* Neupro*	Parlodel* Requip/XL* Rytary* Sinemet/CR* Stalevo* Tasmar* Xadago <sup>#</sup> Zelapar*	
<b>Phosphate Binders</b>	sevelamer			Eliphos Fosrenol* Phoslo Phoslyra	Renagel* Renvela* Velphoro	
<b>Potassium Supplements**</b>	Various generics		None	All brands K-Tab		
<b>Prostate Cancer</b>	None			Xtandi Zytiga'		Eligard Firmagon Jevtana Lupron Depot Provence <sup>#</sup> Trelstar Vantas Xofigo

<sup>#</sup>Requires prior authorization

\*Drug is available through Mail Order if your benefit allows

\*\*All drugs in the category are available through MailOrder  
NFNC -Non formulary, not covered-Must be approved by MVP

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

<sup>M</sup> 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 Caremark Specialty or other contracted Specialty provider

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

<sup>st</sup> Step therapy edits apply (must have failed on a specific drug per policy)

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

					Zoladex	
<b>Respiratory: Beta Agonists (Oral, Inhaled)</b>	albuterol ipratropium/albuterol metaproterenol terbutaline*		Anoro Ellipta levalbuterol Foradil* ProAir HFA ProAir Respiclick Ventolin HFA	Arcapta Brovana* Perforomist Proventil HFA	Serevent* Vospire ER* Xopenex Neb Xopenex HFA	
<b>Respiratory: Inhaled Corticosteroids**</b>	None		Advair/HFA Asmanex/HFA budesonide Breo Ellipta Flovent/HFA Pulmicort Flexhaler Qvar Symbicort	Aerospan <sup>EX</sup> Alvesco <sup>EX</sup> Arnuity Ellipta Dulera	Pulmicort Neb Striverdi Respimat	
<b>Respiratory: Leukotriene Modifiers**</b>	montelukast zafirlukast		None	Accolate Singulair	Zyflo CR <sup>EX</sup>	
<b>Respiratory: Miscellaneous</b>	aminophylline* ipratropium soln* theophylline*		Atrovent HFA* Combivent Respimat* cromolyn* Elixophyllin* epoprostenol <sup>#+</sup> sildenafil <sup>#+</sup> Spiriva* tobramycin inh <sup>#+</sup>	Adcirca <sup>#,+</sup> Adempas <sup>#,+</sup> Bethkis <sup>#,+</sup> Bevespi Aerosphere Cayston <sup>#</sup> Daliresp* Esbriet <sup>#+</sup> Flolan <sup>#+</sup> Grastek <sup>#</sup> Incruse Ellipta <sup>EX</sup> Kalydeco <sup>#,+</sup> Letairis <sup>#,+</sup> Lufyllin* Orenitram XR <sup>#+</sup> Ofev <sup>#+</sup> Opsumit <sup>#,+</sup>	Oralair <sup>#+</sup> Orkambi <sup>#+</sup> Pulmozyme <sup>#,+</sup> Ragwitek <sup>#</sup> Revatio <sup>#,+</sup> Seebri Neohaler Stiolto Respimat Theo-24* TOBI <sup>#,+</sup> TOBI Podhaler <sup>#,+</sup> Tracleer <sup>#,+</sup> Tudorza <sup>EX</sup> Tyvaso <sup>#,+</sup> Upravi <sup>#+</sup> Utibron Neohaler Ventavis <sup>#,+</sup>	Cinqair <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>	Ambien/CR <sup>q,st</sup> Butisol Doral <sup>q</sup> Edluar <sup>q,st</sup> Halcion <sup>q</sup> Hetlioz <sup>#,+</sup> Belsomra <sup>st</sup>	Intermezzo <sup>q,st</sup> Lunesta <sup>q,st</sup> Restoril <sup>q</sup> Rozerem <sup>q,st</sup> Silenor <sup>#</sup> Sonata <sup>q,st</sup> Zolpimist <sup>q,st</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 Analogs</b>			octreotide <sup>+</sup>	Sandostatin <sup>+</sup> Signifor <sup>#</sup> Somatuline Depot <sup>+</sup>		Sandostatin LAR Signifor LAR
<b>Substance Use Disorder</b>	naltrexone		acamprosate buprenorphine buprenor/naloxone disulfiram Narcan Nasal <sup>q</sup>	Antabuse Evzio <sup>q</sup> Revia	Suboxone Film Zubsolv	Probuphine Vivitrol
<b>Thyroid**</b>	levothyroxine Levoxyl liothyronine	methimazole propylthiouracil Unithroid	None	Armour Thyroid Cytomel Nature-Throid Synthroid Tapazole	Thyrolar Tirosint Westhroid WP Thyroid	

<sup>#</sup>Requires prior authorization

\*Drug is available through Mail Order if your benefit allows

\*\*All drugs in the category are available through MailOrder  
NFNC -Non formulary, not covered-Must be approved by MVP

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

<sup>M</sup> 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 Caremark Specialty or other contracted Specialty provider

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

<sup>st</sup> Step therapy edits apply (must have failed on a specific drug per policy)

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

<b>Topical Antifungals</b>	ciclopirox soln <sup>#</sup> ketoconazole nystatin	econazole naftifine crm	Ecoza Ertaczo Exelderm Lotrisone Naftin	Luzu Nizoral Oxistat Penlac <sup>#</sup>	
<b>Topical Anti-Infectives</b>	erythromycin gentamicin mupirocin	metronidazole	Altabax Bactroban Nasal Centany Cortisporin oint/cr	Gynazole-1 Klaron PhisoHex Rhofade <sup>#</sup>	
<b>Topical/Oral/Injectable Antipsoriatic &amp; Antiseborrheic</b>	anthralin selenium sulfide	acitretin calcipotriene calcipotriene/ betamethasone calcitrene selenium sulfide- pyrithione zinc Enbrel <sup>#,+</sup> Humira <sup>#,+</sup>	Cosentyx <sup>#,+</sup> Dovonex EpiFoam Soriatane Siliq <sup>#,+</sup>	Stelara <sup>#,+</sup> Taclonex Taltz <sup>#,+</sup> Vectical	Inflectra <sup>#</sup> Remicade <sup>#</sup>
<b>Topical Miscellaneous</b>	aluminum chloride soln lidocaine cream, gel	diclofenac 3% gel <sup>#</sup> doxepin cream fluorouracil crm imiquimod lidocaine oint, lotion lidocaine patch lidocaine/prilocaine lidocaine/tetra crm lidocaine visco podofilox urea/lactic ac/ salicylic tacrolimus oint urea/lactic ac/ zn undecylenat urea/hyaluronic acid	Aldara Condylox gel Condylox soln Drysol Dupixent <sup>#,+</sup> Eucrisa <sup>#</sup> Efudex Elidel Lidoderm Metrocream Metrogel Metro lotion Mirvaso	Protopic Rectiv Picato Podocon-25 Prudoxin Regranex <sup>NFNC</sup> Santyl <sup>NFNC</sup> Solaraze <sup>#</sup> Sulfamylon Tolak cream Umecta/PD Valchlor <sup>#</sup> Veregen Xerac AC Zonalon Zyclara	
<b>Topical Scabicides/ Pediculicides</b>	lindane permethrin	malathion spinosad	Eurax Natroba Ovide	Sklice Ulesfia	
<b>Topical Steroids</b> 1 Low Potency 2 Medium Potency 3 High Potency 4 Very High Potency	alclometasone <sup>1</sup> betamethasone dip/aug <sup>2,4</sup> betamethasone valerate <sup>3,4</sup> Cormax <sup>4</sup> fluocinolone <sup>1,2</sup> fluocinonide <sup>3</sup>	fluticasone <sup>2</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>	amcinonide <sup>3</sup> clobetasol <sup>4</sup> desonide <sup>1</sup> desoximetasone <sup>2,3</sup> diflorasone <sup>3,4</sup> fluocinolone oil flurandrenolide <sup>2</sup> halobetasol <sup>4</sup> triamcinolone aerosol triamcinolone dental	Kenalog Spray Luxiq <sup>2</sup> Pandel <sup>2</sup> Temovate <sup>4</sup> Texacort <sup>1</sup> Topicort Ultravate <sup>4</sup> Ultravate-X Verdeso <sup>1</sup> estcort <sup>2</sup>	
<b>Topical/Oral Acne Products</b>	clindamycin erythromycin sulfacetamide	adapalene Amnesteem Claravis clindamycin/benzoyl peroxide Myorisan Nuox	Acanya Aczone Atralin Avar/E/LS Avita <sup>NFNC</sup> Azelex Benzaclin	Epiduo Evoclin Fabior Finacea Klaron Panretin Tazorac	

<sup>#</sup>Requires prior authorization

\*Drug is available through Mail Order if your benefit allows

\*\*All drugs in the category are available through MailOrder  
<sup>NFNC</sup>-Non formulary, not covered-Must be approved by MVP

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

<sup>M</sup> 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 Caremark Specialty or other contracted Specialty provider

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

<sup>st</sup> Step therapy edits apply (must have failed on a specific drug per policy)

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

		sulfaceta/urea/sulfur tazarotene cr 0.1% tretinoin cream tretinoin micro	Clarifoam EF Cleocin-T Differin	Vanoxide HC Veltin Ziana	
<b>Urinary Tract Agents</b>	methenamine nitrofurantoin trimethoprim potassium citrate	potassium citrate ER	Elmiron Furadantin Hiprex Macrobid	Macrodantin Monurol Primsol Urocit-K	
<b>Vitamin D Analogs</b>		doxercalciferol paricalcitol	Hectorol Rayaldee	Zemplar	
<b>Weight Management Agents</b>	benzphetamine diethylpropion phendimetrazine phentermine	None	Adipex-P <sup>#</sup> Belviq <sup>#</sup> Bontril-PDM <sup>#</sup> Qsymia <sup>#</sup>	Regimex <sup>#</sup> Saxenda <sup>#</sup> Suprenza <sup>#</sup> Xenical <sup>#</sup> Contrave <sup>#</sup>	

2015010v3

<sup>#</sup>Requires prior authorization

\*Drug is available through Mail Order if your benefit allows

\*\*All drugs in the category are available through MailOrder  
NFNC-Non formulary, not covered-Must be approved by MVP

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

<sup>M</sup> 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 Caremark Specialty or other contracted Specialty provider

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

<sup>st</sup> Step therapy edits apply (must have failed on a specific drug per policy)

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