

# Specialty Drug List

**Specialty drugs may require preauthorization and may need to be obtained from CVS Specialty. Contact CVS Specialty toll-free at 1-800-237-2767 for Specialty Pharmacy service.**

**For Your Information:** This is a summary of specialty medications for MHBP. It does not guarantee coverage. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. Due to the large number of available medicines, this list may not be all inclusive and may change without notice. Dispensing Limits, Specialty Pharmacy dispensing and/or preauthorization requirements apply to all brand and generic equivalents listed below. Products distributed and therapies covered by CVS Caremark may change or expand from time to time. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

Some medications may not be covered, or may be covered only under certain circumstances, regardless of their appearance on this document. For more information, please read the 2018 official Plan brochure, RI 71-007 (Standard Option and Value Plan) or RI 71-016 (Consumer Option). All benefits are subject to the definitions, limitations, and exclusions set forth in the 2018 official Plan brochure.

Medications listed may be FDA (Food & Drug Administration) approved for more than one indication. Please check with your prescriber regarding specific questions for your indication.

Generic products are listed in lowercase *italics*.

Legend of symbols used in the chart below and on the following pages:

\* Specialty medication must be obtained through CVS Specialty. Please visit [www.cvscaremarkspecialtyrx.com](http://www.cvscaremarkspecialtyrx.com).

§ Medication is only covered under the prescription drug benefit.

∞ Step Therapy for certain Advanced Control Specialty Formulary drugs is required, and the use of a specialty preferred drug must be completed before a non-preferred specialty drug will be authorized. ♦ Indications for certain Hepatitis C and Autoimmune drugs may require step therapy and the use of a specialty preferred drug must be completed before a non-preferred specialty drug will be authorized.

Medication Name	Preauthorization Required (SGM)	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞♦
<i>abacavir</i>	NO	✓		
<i>abacavir/lamivudine</i>	NO	✓		
Abraxane	NO			
Actemra	YES	✓		♦
Acthar Gel	YES	✓	✓	
Actimmune	YES	✓	✓	
Adagen	YES			
Adcetris	YES			
Adcirca ( <i>tadalafil</i> )	YES	✓	✓	∞
<i>adefovir</i>	NO	✓	✓	
Adempas	NO	✓	✓	
Adriamycin PFS	NO			
Adriamycin RDF	NO			
Advate	YES	✓	✓	
Adynovate	YES	✓	✓	

## MHBP Specialty Drug List

Medication Name	Preauthorization Required (SGM)	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞♦
Afinitor	YES	✓	✓	
Afstyla	YES	✓	✓	
Aldurazyme	YES	✓		
Alecensa	YES	✓		
Alferon-N	NO			
Alimta	NO			
Aliqopa	YES			
Alphanate	YES	✓	✓	
Alphanine SD	YES	✓	✓	
Alprolix	YES	✓	✓	
Alunbrig	YES	✓		
Ampyra ( <i>dalfampridine</i> )	YES	✓	✓	
Apokyn	YES	✓	✓	
Aptivus	NO	✓		
Aralast	YES	✓		
Aranesp	YES	✓		
Arcalyst	NO	✓	✓	
Arikayce	YES			
Arixtra ( <i>fondaparinux</i> )	NO			
Arzerra	YES			
Astagraf XL	NO	✓		
<i>atazanavir sulfate</i>	NO	✓		
Atripla	NO	✓		
Aubagio	YES	✓	✓	
Austedo	YES	✓		
Avastin	YES			
Aveed	YES	✓		
Avonex	YES	✓	✓	∞
<i>atazanavir</i>	NO	✓		
<i>azacitidine</i>	YES	✓		
Azedra	NO			
Baraclude ( <i>entecavir</i> )	NO	✓	✓	
Bavencio	YES	✓		
Bebulin VH	YES	✓	✓	
Beleodaq	YES	✓		
Bendeka	YES	✓		

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Medication Name	Preauthorization Required (SGM)	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞♦
Benefix	YES	✓	✓	
Benlysta	YES	✓		
Berinert	YES	✓		∞
Besponsa	YES			
Betaseron	YES	✓	✓	
Bethkis	YES	✓	✓	
<i>bexarotene</i>	YES	✓		
Bexxar	NO			
Biktarvy	NO			
Bivigam	YES	✓		
Blincyto	YES	✓		
<i>bortezomib</i>	YES			
Bosulif	YES	✓	✓	
Braftovi	YES			
Bravelle	YES	✓	✓	∞
Buphenyl ( <i>sodium phenylbutyrate</i> )	YES	✓	✓	∞
Cabometyx	YES	✓		
Calquence	YES			
<i>capecitabine</i>	YES	✓	✓	
Caprelsa ( <i>vandetanib</i> )	YES			
Carbaglu	YES			
Campath	NO			
Camptosar	NO			
Cayston	YES			
CellCept ( <i>mycophenolate mofetil</i> )	NO	✓		
Ceprotrin	NO	✓		
Cerdelga	YES	✓		
Cerezyme	YES	✓		
Cetrotide	YES	✓		
Cholbam	YES			
<i>chorionic gonadotropin</i>	YES	✓	✓	
Cimduo	NO			
Cimzia	YES	✓	✓	♦
Cinryze	YES	✓		
Cinqair	YES	✓		

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Medication Name	Preauthorization Required (SGM)	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞♦
Clolar	NO			
Coagadex	YES	✓	✓	
Combivir ( <i>lamivudine/zidovudine</i> )	NO	✓		
Cometriq	YES			
Complera	NO	✓		
Copaxone 20mg	YES	✓	✓	
Copaxone 40mg	YES	✓	✓	
Copiktra	YES			
Corifact	NO	✓	✓	
Cosentyx	YES	✓	✓	♦
Cotellic	YES	✓		
Crixivan	NO	✓		
Crysvita	YES	✓		
Cuvitru	YES	✓		
<i>cyclosporine</i>	NO	✓		
Cyramza	YES	✓		
Cystadane	NO			
Cystagon	YES	✓	✓	
Cystaran	YES			
Cytogam	NO	✓		
Dacogen ( <i>decitabine</i> )	YES			
<i>Dalfampridine ER</i>	YES	✓	✓	
Daklinza	YES	✓		∞
Darzalex	YES	✓		
<i>decitabine</i>	YES			
<i>deferoxamine</i>	YES	✓		
Delstrigo	NO	✓		
Descovy	NO	✓		
Desferal ( <i>deferoxamine</i> )	YES	✓		
<i>didanosine</i>	NO	✓		
<i>dofetilide</i>	YES		✓	
Doptelet	NO	✓		
Doxil	NO			
Duopa	NO			
Dupixent	YES	✓		

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Medication Name	Preauthorization Required (SGM)	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞♦
Edurant	NO	✓		
<i>efavirenz</i>	NO	✓		
Egrifta	YES	✓		
Elaprase	YES	✓		
Elelyso	YES	✓		∞
Eligard	YES	✓		
Eloctate	YES	✓	✓	
Elspar	NO			
Emflaza	YES			
Empliciti	YES	✓		
Emtriva	NO	✓		
Enbrel	YES	✓	✓	♦
Endari	YES			
<i>enoxaparin sodium</i>	NO			
<i>entecavir</i>	NO	✓	✓	
Entyvio	YES	✓		♦
Envarsus XR	NO			
Epclusa	YES	✓		♦
Epidiolex	YES	✓		
Epivir ( <i>lamivudine</i> )	NO	✓		
Epivir HBV ( <i>lamivudine</i> )	NO	✓		
Epogen	YES	✓		
<i>epoprostenol sodium</i>	YES	✓	✓	
Epzicom ( <i>abacavir/lamivudine</i> )	NO	✓		
Erbitux	YES			
Erivedge	YES	✓	✓	
Erleada	YES	✓		
Erwinaze	YES			
Esbriet	YES	✓		
Evomela ( <i>melphalan</i> )	NO	✓		
Evotaz	NO	✓		
Exjade	YES	✓	✓	
Exondys 51	YES			
Extavia	YES	✓	✓	∞
Eylea	YES	✓		

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Fabrazyme	YES	✓		
Farydak	YES	✓		
Fasenra	YES	✓		
Faslodex	NO			
Feiba	YES	✓	✓	
Ferriprox	YES			
Fibryna	YES	✓		
fingolimod	YES	✓		
Firazyr	YES	✓	✓	
Firmagon	YES	✓		
Flolan ( <i>epoprostenol sodium</i> )	YES		✓	
Follistim AQ	YES	✓	✓	
Folotyn	YES			
<i>fondaparinux</i>	NO			
Forteo	YES	✓	✓	
fosamprenavir	NO	✓		
Fragmin	NO			
Fulphilia	YES	✓		
Fusilev ( <i>levoleucovorin calcium</i> )	YES			
Fuzeon	NO	✓	✓	
Galafold	YES			
Gamastan S/D	YES	✓		
Gammagard	YES	✓		
Gammagard SD	YES	✓		
Gammaked	YES	✓		
Gammaplex	YES	✓		
Gamunex	YES	✓		
Gamunex-C	YES	✓		
<i>ganirelix</i>	YES	✓	✓	
Gattex	YES	✓		
Gazyva	YES			
Gemzar	YES			
Gengraf ( <i>cyclosporine</i> )	NO	✓		
Genotropin	YES	✓	✓	∞
Genvoya	NO	✓		

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Medication Name	Preauthorization Required (SGM)	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞♦
Gilenya (strengths other than 0.25mg)	YES	✓	✓	
Gilenya 0.25mg	YES			
Gilotrif	YES			
Glassia	YES	✓		
<i>glatiramer acetate 20mg and 40mg</i>	YES	✓		
Glatopa ( <i>glatiramer acetate</i> )	YES	✓		
Gleevec	YES	✓	✓	∞
Gonal-F	YES	✓	✓	
Gonal-F RFF	YES	✓	✓	
Gonal-F RFF Pen	YES	✓	✓	
Granix	YES	✓		
Haegarda	YES	✓	✓	
Halaven	YES			
Harvoni	YES	✓		♦
Hecoria ( <i>tacrolimus</i> )	NO	✓		
Helixate FS	YES	✓	✓	∞
Hemlibra	YES	✓	✓	
Hemofil M	YES	✓	✓	
HepaGam B	NO	✓		
Hepsera ( <i>adefovir</i> )	NO	✓	✓	
Herceptin	YES			
Hetlioz	YES		✓	
Hizentra	YES	✓		
HP Acthar Gel	YES	✓	✓	
Humate-P	YES	✓	✓	
Humatrope	YES	✓	✓	
Humira	YES	✓	✓	
Hycamtin	YES	✓	✓	
<i>hydroxyprogesterone caproate (Makena)</i>	YES	✓		
HyperHep B	NO	✓		
HyperRho S/D	NO	✓		
HyQvia	YES	✓		
Ibrance	YES	✓		
Iclusig	YES			

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Idelvion	YES	✓	✓	
Idhifa	YES	✓		
Ilaris	YES	✓		
Ilumya	YES	✓		
Iluvien	NO	✓		
imatinib	YES	✓		
Imbruvica	YES			
Imfinzi	YES	✓		
Imlygic	YES			
Immune Globulins	YES	✓		
Increlex	YES	✓	✓	
Inflectra	YES			
Ingrezza	YES			
Inlyta	YES	✓	✓	
Intelence	NO	✓		
Intron A	YES			
Invirase	NO	✓		
Iprivask	NO			
Iressa	YES	✓	✓	
Isentress	NO	✓		
Istodax	YES			
Ixempra	YES			
Ixinity	YES	✓		
Jadenu	YES	✓		
Jakafi	YES	✓	✓	
Jetrea	NO			
Jevtana	YES			
Jivi	YES	✓		
Juluca	NO	✓		
Juxtapid	YES			
Jynarque	YES			
Kadcyla	YES			
Kalbitor	YES	✓		
Kaletra	NO	✓		
Kalydeco	YES		✓	
Kanuma	YES	✓		



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Kepivance	NO			
Keveyis	NO			
Kevzara	YES	✓		
Keytruda	YES	✓		
Kitabis Pak	YES	✓	✓	
Kineret	YES			♦
Kisqali	YES	✓		
Kisqali Femara	YES	✓		
Koate-DVI	YES	✓	✓	
Kogenate FS	YES	✓	✓	
Korlym	YES			
Kovaltry	YES	✓		
Krystexxa	YES	✓		
Kuvan	YES	✓	✓	
Kyprolis	YES	✓		
<i>lamivudine</i>	NO	✓		
<i>lamivudine/zidovudine</i>	NO	✓		
Lartruvo	YES			
Lemtrada	YES	✓		
Lenvima	YES			
Letairis	YES	✓	✓	
Leukine	YES	✓		
Leuprolide	YES	✓		
<i>levoleucovorin calcium</i>	YES			
Lexiva	NO	✓		
Libtayo	YES			
Lonsurf	YES	✓		
Lovenox ( <i>enoxaparin sodium</i> )	NO			
Lucentis	YES	✓		
Lumizyme	YES	✓		
Lumoxiti	YES	✓		
Lupaneta	YES	✓		
Lupron	YES	✓		
Lupron Depot	YES	✓		
Lynparza	YES			

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Medication Name	Preauthorization Required (SGM)	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞♦
Macrilen	YES			
Macugen	NO	✓		
Makena (hydroxyprogesterone caproate)	YES	✓		
Marqibo	NO			
Mavyret	YES	✓		∞
Mekinist	YES	✓	✓	
Mektovi	YES			
<i>melphalan</i>	NO	✓		
Menopur	YES	✓	✓	
Mepsevii	YES			
<i>methotrexate injectable</i>	NO			
MicRhogam	NO	✓		
Mircera	YES			
<i>miglustat</i>	YES	✓		
<i>mitoxantrone</i>	YES			
Moderiba	YES	✓	✓	∞
Monoclate-P	YES	✓	✓	
Mononine	YES	✓	✓	
Mozobil	YES	✓		
MuGard	NO	✓		
Mulpleta	NO	✓		
Myalept	YES			
<i>mycophenolate</i>	NO	✓		
<i>mycophenolate mofetil</i>	NO	✓		
<i>mycophenolic acid</i>	NO	✓		
Myfortic ( <i>mycophenolate</i> )	NO	✓		
Mylotarg	YES			
Nabi HB	NO	✓		
Naglazyme	YES	✓		
Natpara	YES	✓		
Neoral ( <i>cyclosporine</i> )	NO	✓		
Nerlynx	YES	✓		
Neulasta	YES	✓		
Neupogen	YES	✓		∞
<i>nevirapine/ER</i>	NO	✓		

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Medication Name	Preauthorization Required (SGM)	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞♦
Nexavar	YES	✓	✓	
Ninlaro	YES	✓		
Nityr	YES			
Nivestym	YES	✓		
Norditropin	YES	✓	✓	∞
Northera	YES	✓		
Norvir ( <i>ritonavir</i> )	NO	✓		
Novarel	YES	✓	✓	
Novoeight	YES	✓	✓	
Nov-Onxol	NO			
Novoseven RT	YES	✓	✓	
Nplate	YES	✓		
Nucala	YES	✓		
Nulojix	NO	✓		
Nuplazid	YES	✓		
Nutropin	YES	✓	✓	∞
Nutropin AQ	YES	✓	✓	∞
Nuwiq	YES	✓	✓	
Obizur	YES	✓		
Ocaliva	YES	✓		
Ocrevus	YES	✓		
Octagam	YES	✓		
<i>octreotide acetate</i>	YES	✓		
Odefsey	NO	✓		
Odomzo	YES	✓		
Ofev	YES	✓		
Olumiant	YES	✓		
Omnitrope	YES	✓	✓	∞
Oncaspar	YES			
Onivyde	NO			
Onpattro	YES			
Opdivo	YES	✓		
Opsumit	YES	✓	✓	
Orencia	YES	✓		♦
Orenitram	YES	✓	✓	
Orfadin	YES			

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Medication Name	Preauthorization Required (SGM)	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞♦
Orkambi	YES			
Otezla	YES	✓	✓	♦
Otrexup	YES	✓		∞
Ovidrel	YES	✓		
Ozurdex	NO	✓		
Palynziq	YES			
Panzyga	YES	✓		
Paraplatin	NO			
Parsabiv	YES	✓		
Pegasys	YES	✓	✓	∞
Pegasys Proclick	YES	✓	✓	∞
Perjeta	YES			
Pifeltro	NO			
Plegridy	YES	✓		
Pomalyst	YES	✓	✓	
Poteligeo	YES	✓		
Portrazza	YES	✓		
Praluent	YES	✓		∞
Pregnyl	YES	✓	✓	
Prezcobix	NO	✓		
Prezista	NO	✓		
Prialt	NO			
Privigen	YES	✓		
Procrit	YES	✓		
Procysbi	YES			
Profilnine SD	YES	✓	✓	
Prograf ( <i>tacrolimus</i> )	NO	✓		∞
Prolastin C	YES			
Proleukin	YES			
Prolia	YES	✓		
Promacta	YES	✓	✓	
Provenge	NO			
Pulmozyme	YES	✓	✓	
Purixan	NO	✓		
Radicava	YES	✓ through Coram		
Rapamune ( <i>sirolimus</i> )	NO	✓		

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Medication Name	Preauthorization Required (SGM)	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞♦
Rasuvo	YES	✓		
Ravicti	YES	✓	✓	∞
Rebetol	YES	✓	✓	
Rebif	YES	✓	✓	
Rebinyn	YES	✓	✓	
Reclast ( <i>zoledronic acid</i> )	YES	✓		
Recombinate	YES	✓	✓	
Remicade	YES	✓		∞
Remodulin	YES	✓	✓	
Renflexis	YES	✓		
Repatha	YES	✓		
Rescriptor	NO	✓		
Retacrit	YES			
Retisert	NO	✓		
Retrovir ( <i>zidovudine</i> )	NO	✓		
Revatio ( <i>sildenafil 20mg</i> )	YES	✓	✓	∞
Revlimid	YES	✓	✓	
Reyataz ( <i>atazanavir sulfate</i> )	NO	✓		
Rhogam	NO	✓		
Rhophylac	NO	✓		
RiaSTAP	NO	✓	✓	
Ribasphere	YES	✓	✓	
RibaPak	YES	✓		∞
Ribatab	YES	✓	✓	
<i>ribavirin</i>	YES	✓	✓	
<i>ritonavir</i> (Norvir)	NO	✓		
Rituxan	YES			
Rituxan Hycela	YES	✓		
Rixubis	YES	✓	✓	
<i>romidepsin</i> (Istodax)	YES			
Rubex	NO			
Rubraca	YES	✓		
Ruconest	YES	✓	✓	
Rydapt	YES	✓		
Sabril ( <i>vigabatrin powder</i> )	YES	✓	✓	∞

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Saizen	YES	✓	✓	∞
Samsca	YES	✓	✓	
Sandimmune (cyclosporine)	NO	✓		
Sandostatin (octreotide acetate)	YES	✓		
Sandostatin LAR	YES	✓		∞
Selzentry	NO	✓		
Sensipar	YES	✓	✓	
Serostim	YES	✓	✓	
Signifor	YES			
Signifor LAR	YES			
sildenafil 20mg	YES	✓		
Siliq	YES	✓		
Simponi	YES	✓		♦
Simponi Aria	YES	✓		♦
sirolimus	NO	✓		
sodium phenylbutyrate	YES	✓	✓	
Solesta	NO	✓		
Soliris	YES	✓		
Somatuline Depot	YES	✓	✓	
Somavert	YES	✓		
Sovaldi	YES	✓	✓	
Sprycel	YES	✓	✓	
stavudine	NO	✓		
Stelara	YES	✓	✓	♦
Stimate	YES	✓		
Stivarga	YES	✓	✓	
Strensiq	YES			
Stribild	NO	✓		
Sublocade	NO			
Supprelin LA	YES	✓		
Sustiva (efavirenz)	NO	✓		
Sutent	YES	✓	✓	
Sylatron	YES			
Sylvant	YES			
Symdeko	YES	✓		

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Medication Name	Preauthorization Required (SGM)	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞♦
Symfi Lo	NO			
Symtuza	NO			
Synagis	YES	✓		
Synribo	YES			
<i>tacrolimus</i>	NO	✓		
<i>tadalafil</i>	YES	✓	✓	∞
Tafinlar	YES	✓	✓	
Tagrisso	YES	✓		
Takhzyro	YES	✓		
Taltz	YES	✓		♦
Tarceva	YES	✓	✓	
Targretin ( <i>bexarotene</i> )	YES	✓	✓	
Tasigna	YES	✓	✓	∞
Tavalisse	YES			
Taxol	NO			
Taxotere	NO			
Tecentriq	YES	✓		
Tecfidera	YES	✓	✓	
Technivie	YES	✓		∞
Temodar ( <i>temozolomide</i> )	YES	✓	✓	∞
<i>temozolomide</i>	YES	✓	✓	
<i>temsirolimus</i> (Torisel)	YES			
<i>tenofovir disoproxil fumarate</i>	NO	✓		
Tepadina	NO			
<i>tetrabenazine</i>	YES	✓	✓	
Thalomid	YES	✓	✓	
thiotepa	NO			
Thyrogen	NO	✓		
Tibsovo	YES			
Tikosyn ( <i>dofetilide</i> )	YES		✓	∞
Tivicay	NO	✓		
Tobi ( <i>tobramycin inh soln</i> )	YES	✓	✓	∞
Tobi Podhaler	YES	✓	✓	∞
<i>tobramycin inh soln</i>	YES	✓	✓	
Torisel ( <i>temsirolimus</i> )	YES			

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Medication Name	Preauthorization Required (SGM)	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞♦
Tracleer	YES	✓	✓	
Treanda	YES			
Trelstar	YES	✓		
Tremfya	YES	✓	✓	
Tretten	NO	✓	✓	
Triptodur	YES			
Triumeq	NO	✓		
Trizivir	NO	✓		
Trogarzo	NO			
Truvada	NO	✓		
Tybost	NO	✓		
Tykerb	YES	✓	✓	
Tymlos	YES	✓		
Tysabri	YES	✓		
Tyvaso	YES	✓	✓	
Tyzeka	NO	✓	✓	
Unituxin	NO			
Uptravi	YES	✓		
Valchlor Gel	YES			
Valstar	NO			
<i>vandetanib</i>	YES			
Vantas	YES	✓		
Varithena	NO			
Varizig	NO			
Vectibix	YES			
Velcade ( <i>bortezomib</i> )	YES			
Veletri	YES	✓	✓	
Vemlidy	NO	✓		
Venclexta	YES			
Ventavis	YES	✓	✓	
Verzenio	YES	✓		
Vidaza ( <i>azacitidine</i> )	YES			
Videx ( <i>didanosine</i> )	NO	✓		
Videx EC	NO	✓		
<i>vigabatrin powder</i>	YES	✓	✓	
<i>Vigadrone (Sabril)</i>	YES	✓		



## MHBP Specialty Drug List

Medication Name	Preauthorization Required (SGM)	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞♦
Viekira Pak/XR	YES	✓	✓	∞
Vimizim	YES	✓		
Viracept	NO	✓		
Viramune ( <i>nevirapine</i> )	NO	✓		
Viramune XR ( <i>nevirapine XR</i> )	NO	✓		
Viread ( <i>tenofovir disoproxil fumarate</i> )	NO	✓		
Vistogard	NO			
Visudyne	NO	✓		
Vivitrol	YES	✓		
Vizimpro	YES	✓		
Vonvendi	YES	✓	✓	
Voraxaze	NO			
Vosevi	YES	✓		
Votrient	YES	✓	✓	
VPRIV	YES	✓		
Vyxeos	NO			
Wilate	YES	✓	✓	
WinRho SDF	NO	✓		
Xalkori	YES	✓	✓	
Xeljanz	YES	✓	✓	♦
Xeljanz XR	YES	✓	✓	♦
Xeloda ( <i>capecitabine</i> )	YES	✓	✓	∞
Xenazine ( <i>tetrabenazine</i> )	YES	✓	✓	∞
Xermelo	YES			
Xgeva	YES	✓		
Xolair	YES	✓		
Xtandi	YES	✓	✓	
Xuriden	NO			
Xyntha	YES	✓	✓	
Xyrem	NO			
Yervoy	YES			
Yondelis	NO	✓		
Yonsa	YES	✓		
Zaltrap	YES			
Zarxio	YES	✓		

## MHBP Specialty Drug List

Medication Name	Preauthorization Required (SGM)	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞♦
Zavesca ( <i>miglustat</i> )	YES			
Zelboraf	YES	✓	✓	
Zejula	YES			
Zemaira	YES	✓		
Zemplar	NO			
Zepatier	YES	✓		∞
Zerit ( <i>stavudine</i> )	NO	✓		
Zevalin	NO			
Ziagen ( <i>abacavir</i> )	NO	✓		
<i>zidovudine</i>	NO	✓		
Zoladex	YES	✓		
<i>zoledronic acid</i>	YES	✓		
Zolinza	YES	✓	✓	
Zomacton	YES	✓		
Zometa ( <i>zoledronic acid</i> )	YES	✓		
Zorbtive	YES	✓	✓	
Zortress	NO	✓		
Zydelig	YES	✓		
Zykadia	YES	✓	✓	
Zytiga	YES	✓	✓	