

Specialty Drug List

Specialty drugs may require preauthorization and may need to be obtained from CVS Specialty. Contact CaremarkConnect[®] 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. Medical benefits, rather than prescription drug benefits, may apply in some situations, depending on how the medication is obtained and/or administered. For more information, please read the 2017 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 2017 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:

† Preauthorization, also referred to as Specialty Guideline Management (SGM), is required through CVS Caremark when using the prescription drug benefit. Please contact CaremarkConnect[®] at 1-800-237-2767.

‡ Medications require preauthorization by the MHBP/Aetna Clinical Department when obtained from a medical provider or outpatient clinic. Please contact MHBP at 1-800-410-7778.

* Specialty medication must be obtained through CVS Specialty. Please contact CaremarkConnect[®] at 1-800-237-2767 or visit www.cvscaremarkspecialtyrx.com.

§ Medication is only covered under the prescription drug benefit.

∞ Step Therapy for certain Advance Control Specialty Formulary drugs is required, and a specialty preferred drug trial must be completed before a non-formulary specialty drug will be authorized. Please contact CaremarkConnect[®] at 1-800-237-2767.

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	YES ‡			
Actemra	YES †‡	✓		✓
Acthar Gel	YES †	✓	✓	
Actimmune	YES †	✓	✓	
Adagen	YES †‡			
Adcetris	YES †‡			
Adcirca	YES †	✓	✓	✓
<i>adefovir</i>	NO	✓	✓	

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Medication Name	Preauthorization Required (SGM) † ‡	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞
Adempas	YES †	✓	✓	
Adriamycin PFS	YES ‡			
Adriamycin RDF	YES ‡			
Advate	YES †	✓	✓	
Adynovate	YES †‡	✓		
Afinitor	YES †	✓	✓	
Afstyla	YES †‡	✓	✓	
Aldurazyme	YES †‡	✓		
Alecensa	YES †‡	✓		
Alferon-N	YES ‡			
Alimta	YES ‡			
Alphanate	YES †	✓	✓	
Alphanine SD	YES †	✓	✓	
Alprolix	YES †	✓	✓	
Ampyra	YES †	✓	✓	
Apokyn	YES †	✓	✓	
Aptivus	NO	✓	✓	
Aralast	YES †‡	✓		
Aranesp	YES †‡	✓		
Arcalyst	NO	✓	✓	
Arixtra (<i>fondaparinux</i>)	NO			
Arzerra	YES †‡			
Astagraf XL	NO	✓	✓	
Atripla	NO	✓	✓	
Aubagio	YES †	✓	✓	
Avastin	YES †‡			
Aveed	YES †‡	✓		
Avonex	YES †	✓	✓	✓
<i>azacitidine</i>	YES †‡	✓		
Baraclude (<i>entecavir</i>)	NO	✓	✓	
Bebulin VH	YES †	✓	✓	
Beleodaq	YES †‡	✓		
Bendeka	YES †‡	✓		
Benefix	YES †	✓	✓	
Benlysta	YES †‡	✓		
Berinert	YES †‡	✓		

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Medication Name	Preauthorization Required (SGM) † ‡	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞
Betaseron	YES †	✓	✓	
Bethkis	YES †	✓	✓	
<i>bexarotene</i>	YES †	✓		
Bexxar	YES ‡			
Bivigam	YES †‡	✓		
Blincyto	YES †‡	✓		
Bosulif	YES †	✓	✓	
Botox	YES †‡	✓		
Bravelle	YES †	✓	✓	✓
Buphenyl (<i>sodium phenylbutyrate</i>)	YES †	✓	✓	
Cabometyx	YES †‡	✓		
<i>capecitabine</i>	YES †	✓	✓	
Caprelsa (<i>vandetanib</i>)	YES †‡			
Carbaglu	YES †‡			
Campath	YES ‡			
Camptosar	YES ‡			
Carimune NF	YES †‡	✓		
Cayston	YES †‡			
CellCept (<i>mycophenolate mofetil</i>)	NO	✓	✓	
Ceprotrin	YES ‡	✓		
Cerdelga	YES †‡	✓		
Cerezyme	YES †‡	✓		
Cetrotide	YES †‡	✓		
Cholbam	YES †	✓		
<i>chorionic gonadotropin</i>	YES †	✓	✓	
Cimzia	YES †	✓	✓	✓
Cinryze	YES †‡	✓		
Cinqair	YES †‡	✓		
Clolar	YES ‡			
Coagadex	YES †‡			
Combivir (<i>lamivudine/zidovudine</i>)	NO	✓	✓	
Cometriq	YES †‡			
Complera	NO	✓	✓	
Copaxone 20mg	YES †	✓	✓	✓
Copaxone 40mg	YES †	✓	✓	

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Copegus	YES †	✓	✓	
Corifact	NO	✓	✓	
Cosentyx	YES †‡	✓	✓	
Cotellic	YES †‡	✓		
Crixivan	NO	✓	✓	
Cuvitru	YES †‡	✓		
<i>cyclosporine</i>	NO	✓	✓	
Cyramza	YES †‡			
Cystadane	NO			
Cystagon	YES †	✓	✓	
Cystaran	YES †‡			
Cytogam	YES ‡	✓		
Dacogen (<i>decitabine</i>)	YES †‡			
Daklinza	YES †‡	✓		✓
Darzalex	YES †‡	✓		
<i>decitabine</i>	YES †‡			
<i>deferoxamine</i>	YES †‡	✓		
Descovy	NO	✓		
Desferal (<i>deferoxamine</i>)	YES †‡	✓		
<i>didanosine</i>	NO	✓	✓	
<i>dofetilide</i>	YES †	✓	✓	
Doxil	YES ‡			
Duopa	NO	✓		
Dysport	YES †‡	✓		
Edurant	NO	✓	✓	
Egrifta	YES †‡	✓		
Elaprase	YES †‡	✓		
Ellyso	YES †‡			
Eligard	YES †‡	✓		
Eloctate	YES †	✓	✓	
Elspar	YES ‡			
Empliciti	YES †‡	✓		
Emtriva	NO	✓	✓	
Enbrel	YES †	✓	✓	
<i>enoxaparin sodium</i>	NO			
<i>entecavir</i>	NO	✓	✓	

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Entyvio	YES †‡	✓		
Envarsus XR	NO			
Epclusa	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 †	✓	✓	
Erwinaze	YES †‡			
Esbriet	YES †‡	✓		
Euflexxa	YES †	✓	✓	✓
Evomela (<i>melphalan</i>)	YES ‡	✓		
Evotaz	NO	✓		
Exjade	YES †	✓	✓	
Exondys 51	YES †‡			
Extavia	YES †	✓	✓	✓
Eylea	YES †‡	✓		
Fabrazyme	YES †‡	✓		
Farydak	YES †‡	✓		
Faslodex	YES ‡			
Feiba NF	YES †	✓	✓	
Feiba VH	YES †	✓	✓	
Ferriprox	YES †‡			
Firazyr	YES †	✓	✓	
Firmagon	YES †‡	✓		
Flebogamma	YES †‡	✓		
Flolan (<i>epoprostenol sodium</i>)	YES †		✓	
Follistim AQ	YES †	✓	✓	
Folotyn	YES †‡			
<i>fondaparinux</i>	NO			
Forteo	YES †	✓	✓	
Fragmin	NO			
Fusilev (<i>levoleucovorin calcium</i>)	YES †‡			

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Fuzeon	NO	✓	✓	
Gamastan S/D	YES †‡	✓		
Gammagard	YES †‡	✓		
Gammagard SD	YES †‡	✓		
Gammaked	YES †‡	✓		
Gammplex	YES †‡	✓		
Gamunex	YES †‡	✓		
Gamunex-C	YES †‡	✓		
<i>ganirelix</i>	YES †	✓	✓	
Gattex	YES †‡	✓		
Gazyva	YES †‡			
Gel-One	YES †‡	✓		
Gel-Syn	YES †‡	✓		
Gemzar	YES ‡			
Gengraf (<i>cyclosporine</i>)	NO	✓	✓	
Genotropin	YES †	✓	✓	✓
GenVisc	YES †‡	✓		
Genvoya	NO	✓		
Gilenya	YES †	✓	✓	
Gilotrif	YES †‡			
Glassia	YES †‡	✓		
<i>glatiramer acetate</i>	YES †	✓		
Glatopa (<i>glatiramer acetate</i>)	YES †‡	✓		
Gleevec	YES †	✓	✓	✓
Gonal-F	YES †	✓	✓	✓
Gonal-F RFF	YES †	✓	✓	✓
Gonal-F RFF Pen	YES †	✓	✓	✓
Granix	YES †‡	✓		
Halaven	YES †‡			
Harvoni	YES †‡	✓		
Hecoria (<i>tacrolimus</i>)	NO	✓	✓	✓
Helixate FS	YES †	✓	✓	✓
Hemofil M	YES †	✓	✓	
HepaGam B	NO	✓		
Hepsera (<i>adefovir</i>)	NO	✓	✓	

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Herceptin	YES †‡			
Hetlioz	YES †		✓	
Hizentra	YES †‡	✓		
HP Acthar Gel	YES †	✓	✓	
Humate-P	YES †	✓	✓	
Humatrope	YES †	✓	✓	
Humira	YES †	✓	✓	
Hyalgan	YES †‡	✓		
Hycamtin	YES †	✓	✓	
Hymovis	YES †‡	✓		
HyperHep B	NO	✓		
HyperRho S/D	NO	✓		
HyQvia	YES †‡	✓		
Ibrance	YES †‡	✓		
Iclusig	YES †‡			
Idelvion	YES †‡	✓		
Ilaris	YES †‡	✓		
Iluvien	YES †	✓		
imatinib	YES †	✓		
Imbruvica	YES †‡			
Immune Globulins	YES †‡	✓		
Implanon	NO	✓		
Imlygic	YES †‡	✓		
Increlex	YES †	✓	✓	
Inflectra	YES †‡			
Inlyta	YES †	✓	✓	
Intelence	NO	✓	✓	
Intron A	YES †‡			
Invirase	NO	✓	✓	
Iprivask	NO			
Iressa	YES †‡	✓		
Isentress	NO	✓	✓	
Istodax	YES †‡			
Ixempra	YES †‡			
Ixinity	YES †‡	✓		
Jadenu	YES †‡	✓		

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Jakafi	YES †	✓	✓	
Jetrea	NO			
Jevtana	YES †‡			
Juxtapid	YES †‡			
Kadcyla	YES †‡			
Kalbitor	YES †‡	✓		
Kaletra	NO	✓	✓	
Kalydeco	YES †	✓	✓	
Kanuma	YES †‡			
Kepivance	YES ‡			
Keveyis	NO			
Keytruda	YES †‡	✓		
Kitabis Pak	YES †‡	✓		
Kineret	YES †‡			✓
Koate-DVI	YES †	✓	✓	
Kogenate FS	YES †	✓	✓	
Korlym	YES †‡			
Kovaltry	YES †‡	✓		
Krystexxa	YES †‡	✓		
Kuvan	YES †	✓	✓	
Kyleena	NO	✓		
Kynamro	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	✓	✓	
Liletta	NO			
Lonsurf	YES†‡	✓		

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Medication Name	Preauthorization Required (SGM) † ‡	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞
Lovenox (<i>enoxaparin sodium</i>)	NO			
Lucentis	YES †‡	✓		
Lumizyme	YES †‡	✓		
Lupaneta	YES †‡	✓		
Lupron	YES †‡	✓		
Lupron Depot	YES †‡	✓		
Lynparza	YES †‡			
Macugen	YES ‡	✓		
Makena	YES †‡	✓		
Marqibo	YES ‡			
Mekinist	YES †	✓	✓	
<i>melphalan</i>	YES ‡	✓		
Menopur	YES †	✓	✓	
<i>methotrexate injectable</i>	NO			
MicRhogam	NO	✓		
Mircera	YES †‡			
Mirena	NO	✓		
<i>mitoxantrone</i>	YES †‡			
Moderiba	YES †	✓	✓	✓
Monoclate-P	YES †	✓	✓	
Mononine	YES †	✓	✓	
Monovisc	YES †‡	✓		✓
Mozobil	YES †‡	✓		
MuGard	YES ‡	✓		
Myalept	YES †‡			
<i>mycophenolate</i>	NO	✓	✓	
<i>mycophenolate mofetil</i>	NO	✓	✓	
<i>mycophenolic acid</i>	NO	✓	✓	
Myfortic (<i>mycophenolate</i>)	NO	✓	✓	
Myobloc	YES †‡	✓		
Myozyme	YES †‡	✓		
Nabi HB	NO	✓		
Naglazyme	YES †‡	✓		
Natpara	YES †	✓		
Neoral (<i>cyclosporine</i>)	NO	✓	✓	

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Neulasta	YES †‡	✓		
Neupogen	YES †‡	✓		✓
<i>nevirapine/ER</i>	NO	✓	✓	
Nexavar	YES †	✓	✓	
Nexplanon	NO	✓		
Ninlaro	YES †‡	✓		
Norditropin	YES †	✓	✓	✓
Northera	YES †‡	✓		
Norvir	NO	✓	✓	
Novantrone (<i>mitoxantrone</i>)	YES ‡			
Novarel	YES †	✓	✓	
Novoeight	YES †‡	✓	✓	
Nov-Onxol	YES ‡			
Novoseven RT	YES †	✓	✓	
Nplate	YES †‡	✓		
Nucala	YES †‡	✓		
Nulojix	NO	✓		
Nuplazid	YES †‡	✓		
Nutropin	YES †	✓	✓	✓
Nutropin AQ	YES †	✓	✓	✓
Nuwiq	YES †‡	✓		
Obizur	YES †‡	✓	✓	
Ocaliva	YES †‡	✓		
Octagam	YES †‡	✓		
<i>octreotide acetate</i>	YES †‡	✓		
Odefsey	NO	✓		
Odomzo	YES †‡	✓		
Ofev	YES †‡	✓		
Olysio	YES †	✓	✓	✓
Omnitrope	YES †	✓	✓	✓
Oncaspar	YES †‡			
Onivyde	YES‡			
Opdivo	YES †‡	✓		
Opsumit	YES †	✓	✓	✓
Orencia	YES †‡	✓		✓

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Medication Name	Preauthorization Required (SGM) † ‡	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞
Orenitram	YES †	✓	✓	
Orfadin	YES †‡			
Orkambi	YES †‡	✓		
Orthovisc	YES †	✓	✓	✓
Otezla	YES †	✓	✓	✓
Otrexup	YES †‡	✓		
Ovidrel	YES †‡	✓		
Ozurdex	NO	✓		
Paraplatin	YES ‡			
Pegasys	YES †	✓	✓	✓
Pegasys Proclick	YES †	✓	✓	✓
Perjeta	YES †‡			
Plegridy	YES †‡	✓		✓
Pomalyst	YES †	✓	✓	
Portrazza	YES †‡	✓		
Praluent	YES †‡	✓		✓
Pregnyl	YES †	✓	✓	
Prezcobix	NO	✓		
Prezista	NO	✓	✓	
Prialt	YES ‡			
Privigen	YES †‡	✓		
Procrit	YES †‡	✓		✓
Procysbi	YES †‡			
Profilnine SD	YES †	✓	✓	
Prograf (<i>tacrolimus</i>)	NO	✓	✓	✓
Prolastin C	YES †‡			
Proleukin	YES †‡			
Prolia	YES †‡	✓		✓
Promacta	YES †	✓	✓	
Provenge	YES ‡			
Pulmozyme	YES †	✓	✓	
Purixan	YES ‡	✓		
Rapamune (<i>sirolimus</i>)	NO	✓	✓	
Rasuvo	YES †‡	✓		
Ravicti	YES †	✓	✓	
Rebetol	YES †	✓	✓	

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Rebif	YES †	✓	✓	
Reclast (<i>zoledronic acid</i>)	YES †‡	✓		
Recombinate	YES †	✓	✓	
Remicade	YES †‡	✓		✓
Remodulin	YES †	✓	✓	
Repatha	YES †‡	✓		
Repronex	YES †	✓	✓	✓
Rescriptor	NO	✓	✓	
Retisert	NO	✓		
Retrovir (<i>zidovudine</i>)	NO	✓	✓	
Revatio (<i>sildenafil 20mg</i>)	YES †	✓	✓	✓
Revlimid	YES †	✓	✓	
Reyataz	NO	✓	✓	
Rhogam	NO	✓		
Rhophylac	NO	✓		
RiaSTAP	NO	✓	✓	
Ribapak	YES †	✓	✓	✓
Ribasphere	YES †	✓	✓	
Ribatab	YES †	✓	✓	
<i>ribavirin</i>	YES †	✓	✓	
Rituxan	YES †‡			
Rixubis	YES †	✓	✓	
Rubex	YES ‡			
Rubraca	YES †‡	✓		
Ruconest	YES †‡	✓	✓	
Sabril	YES †	✓	✓	
Saizen	YES †	✓	✓	✓
Samsca	YES †	✓	✓	
Sandimmune (<i>cyclosporine</i>)	NO	✓	✓	
Sandostatin (<i>octreotide acetate</i>)	YES †‡	✓		
Sandostatin LAR	YES †‡	✓		
Selzentry	NO	✓	✓	
Sensipar	YES †	✓	✓	
Serostim	YES †	✓	✓	
Signifor	YES †‡			

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Signifor LAR	YES †‡			
<i>sildenafil 20mg</i>	YES †‡	✓		
Simponi	YES †‡	✓		✓
Simponi Aria	YES †‡	✓		✓
<i>sirolimus</i>	NO	✓	✓	
Skyla	NO	✓		
<i>sodium phenylbutyrate</i>	YES †	✓	✓	
Solesta	NO	✓		
Soliris	YES †‡	✓		
Somatuline Depot	YES †	✓	✓	
Somavert	YES †‡	✓		
Sovaldi	YES †	✓	✓	
Spinraza	YES †‡	✓		
Sprycel	YES †	✓	✓	
<i>stavudine</i>	NO	✓	✓	
Stelara	YES †‡	✓		✓
Stimate	YES †‡	✓		
Stivarga	YES †	✓	✓	
Strensiq	YES †‡			
Stribild	NO	✓	✓	
Supartz	YES †‡	✓		
Supprelin LA	YES †‡	✓		
Sustiva	NO	✓	✓	
Sutent	YES †	✓	✓	
Sylatron	YES †‡			
Sylvant	YES †‡			
Synagis	YES †‡	✓		
Synribo	YES †‡	✓		
Synvisc	YES †‡	✓		✓
<i>tacrolimus</i>	NO	✓	✓	
Tafinlar	YES †	✓	✓	
Tagrisso	YES †‡	✓		
Taltz	YES †‡	✓		
Tarceva	YES †	✓	✓	
Targretin (<i>bexarotene</i>)	YES †	✓	✓	
Tasigna	YES †	✓	✓	✓

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Taxol	YES ‡			
Taxotere	YES ‡			
Tecentriq	YES ‡‡	✓		
Tecfidera	YES †	✓	✓	
Technivie	YES ‡‡	✓		✓
Temodar (<i>temozolomide</i>)	YES †	✓	✓	✓
<i>temozolomide</i>	YES †	✓	✓	
<i>tetrabenazine</i>	YES †	✓	✓	
Thalomid	YES †	✓	✓	
Thyrogen	NO	✓		
Tikosyn (<i>dofetilide</i>)	YES †	✓	✓	✓
Tivicay	NO	✓	✓	
Tobi (<i>tobramycin inh soln</i>)	YES †	✓	✓	✓
Tobi Podhaler	YES †	✓	✓	✓
<i>tobramycin inh soln</i>	YES †	✓	✓	
Torisel	YES ‡‡			
Tracleer	YES †	✓	✓	
Treanda	YES ‡‡			
Trelstar	YES ‡‡	✓		
Tretten	NO	✓	✓	
Triumeq	NO	✓		
Trizivir	NO	✓	✓	
Truvada	NO	✓	✓	
Tybost	NO	✓		
Tykerb	YES †	✓	✓	
Tysabri	YES ‡‡	✓		
Tyvaso	YES †	✓	✓	
Tyzeka	NO	✓	✓	
Unituxin	YES ‡	✓		
Uptravi	YES ‡‡	✓		
Valchlor Gel	YES ‡‡			
Valstar	YES ‡			
<i>vandetanib</i>	YES ‡‡			
Vantas	YES ‡‡	✓		
Varithena	NO			
Varizig	YES ‡			

MHBP Specialty Drug List

Medication Name	Preauthorization Required (SGM) + ‡	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞
Vectibix	YES ††			
Velcade	YES ††			
Veletri	YES †	✓	✓	
Vemlidy	YES ‡	✓		
Venclexta	YES ††			
Ventavis	YES †	✓	✓	
Vidaza (<i>azacitidine</i>)	YES ††			
Videx (<i>didanosine</i>)	NO	✓	✓	
Videx EC	NO	✓	✓	
Viekira/XR	YES †	✓	✓	✓
Vimizim	YES ††	✓		
Viracept	NO	✓	✓	
Viramune (<i>nevirapine</i>)	NO	✓	✓	
Viramune XR (<i>nevirapine XR</i>)	NO	✓	✓	
Viread	NO	✓	✓	
Vistogard	NO	✓		
Visudyne	YES ‡	✓		
Vitekta	NO	✓		
Vivitrol	YES ††	✓		
Vonvendi	YES ††	✓	✓	
Voraxaze	YES ‡			
Votrient	YES †	✓	✓	
VPRIV	YES ††	✓		
Wilate	YES †	✓	✓	
WinRho SDF	NO	✓		
Xalkori	YES †	✓	✓	
Xeljanz	YES †	✓	✓	✓
Xeljanz XR	YES ††	✓	✓	✓
Xeloda (<i>capecitabine</i>)	YES †	✓	✓	✓
Xenazine (<i>tetrabenazine</i>)	YES †	✓	✓	✓
Xeomin	YES ††	✓		
Xgeva	YES ††	✓		
Xiaflex	NO	✓		
Xolair	YES ††	✓		
Xtandi	YES †	✓	✓	✓

MHBP Specialty Drug List

Medication Name	Preauthorization Required (SGM) † ‡	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞
Xuriden	NO	✓		
Xyntha	YES †	✓	✓	
Yervoy	YES ††			
Yondelis	YES ‡	✓		
Zaltrap	YES ††			
Zarxio	YES ††	✓		
Zavesca	YES ††			
Zelboraf	YES †	✓	✓	
Zemaira	YES ††	✓		
Zemplar	YES ‡			
Zepatier	YES ††	✓		✓
Zerit (<i>stavudine</i>)	NO	✓	✓	
Zevalin	YES ‡			
Ziagen (<i>abacavir</i>)	NO	✓	✓	
<i>zidovudine</i>	NO	✓	✓	
Zinbryta	YES ††	✓		
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 †	✓	✓	