

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. 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 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:

- † Preauthorization, also referred to as Specialty Guideline Management (SGM), is required through CVS Caremark when using the prescription drug benefit. Please contact CVS Specialty 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 CVS Specialty at 1-800-237-2767 or visit 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. Please contact CVS Specialty 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	✓	✓	
Adempas	YES †	✓	✓	

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Medication Name	Preauthorization Required (SGM) † ‡	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞♦
Adriamycin PFS	YES ‡			
Adriamycin RDF	YES ‡			
Advate	YES †	✓	✓	
Adynovate	YES †‡	✓	✓	
Afinitor	YES †	✓	✓	
Afstyla	YES †‡	✓	✓	
Aldurazyme	YES †‡	✓		
Alecensa	YES †‡	✓		
Alferon-N	YES ‡			
Alimta	YES ‡			
Aliqopa	YES †‡			
Alphanate	YES †	✓	✓	
Alphanine SD	YES †	✓	✓	
Alprolix	YES †	✓	✓	
Alunbrig	YES †‡	✓		
Ampyra	YES †	✓	✓	
Apokyn	YES †	✓	✓	
Aptivus	NO	✓		
Aralast	YES †‡	✓		
Aranesp	YES †‡	✓		
Arcalyst	NO	✓	✓	
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>azacitidine</i>	YES †‡	✓		
Baraclude (<i>entecavir</i>)	NO	✓	✓	
Bavencio	YES †‡	✓		
Bebulin VH	YES †	✓	✓	
Beleodaq	YES †‡	✓		

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Medication Name	Preauthorization Required (SGM) † ‡	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞◆
Bendeke	YES †‡	✓		
Benefix	YES †	✓	✓	
Benlysta	YES †‡	✓		
Berinert	YES †‡	✓		∞
Besponsa	YES †‡			
Betaseron	YES †	✓	✓	
Bethkis	YES †	✓	✓	
<i>bexarotene</i>	YES †	✓		
Bexxar	YES ‡			
Biktarvy	NO			
Bivigam	YES †‡	✓		
Blincyto	YES †‡	✓		
<i>bortezomib</i>	YES †‡			
Bosulif	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	YES ‡			
Camptosar	YES ‡			
Carimune NF	YES †‡	✓		
Cayston	YES †‡			
CellCept (<i>mycophenolate mofetil</i>)	NO	✓		
Ceprozin	YES ‡	✓		
Cerdelga	YES †‡	✓		
Cerezyme	YES †‡	✓		
Cetrotide	YES †‡	✓		
Cholbam	YES †			
<i>chorionic gonadotropin</i>	YES †	✓	✓	
Cimduo	NO			
Cimzia	YES †	✓	✓	◆
Cinryze	YES †‡	✓		

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Cinqair	YES ††	✓		
Clolar	YES †			
Coagadex	YES ††			
Combivir (lamivudine/zidovudine)	NO	✓		
Cometriq	YES ††			
Complera	NO	✓		
Copaxone 20mg	YES †	✓	✓	∞
Copaxone 40mg	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			
Dupixent	YES ††	✓		
Edurant	NO	✓		
<i>efavirenz</i>	NO	✓		
Egrifta	YES ††	✓		
Elaprase	YES ††	✓		

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Ellyso	YES ††	✓		∞
Eligard	YES ††	✓		
Eloctate	YES †	✓	✓	
Elspar	YES ‡			
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 ††	✓		♦
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>melfalan</i>)	YES ‡	✓		
Evotaz	NO	✓		
Exjade	YES †	✓	✓	
Exondys 51	YES ††			
Extavia	YES †	✓	✓	∞
Eylea	YES ††	✓		
Fabrazyme	YES ††	✓		
Farydak	YES ††	✓		
Fasenra	YES ††	✓		
Faslodex	YES ‡			
Feiba NF	YES †	✓	✓	

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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			
Fusilev (<i>levoleucovorin calcium</i>)	YES †‡			
Fuzeon	NO	✓	✓	
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	✓		
Gilenya	YES †	✓	✓	
Gilotrif	YES †‡			
Glassia	YES †‡	✓		
<i>glatiramer acetate 20mg and 40mg</i>	YES †‡	✓		
Glatopa (<i>glatiramer acetate</i>)	YES †‡	✓		
Gleevec	YES †	✓	✓	∞

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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 †	✓	✓	
HyperHep B	NO	✓		
HyperRho S/D	NO	✓		
HyQvia	YES †‡	✓		
Ibrance	YES †‡	✓		
Iclusig	YES †‡			
Idelvion	YES †‡	✓	✓	
Idhifa	YES †‡	✓		
Ilaris	YES †‡	✓		
Ilumya				
Iluvien	YES ‡	✓		
imatinib	YES †	✓		
Imbruvica	YES †‡			
Imfinzi	YES †‡	✓		
Imlygic	YES †‡			
Immune Globulins	YES †‡	✓		

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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 ††			
Juluca	NO	✓		
Juxtapid	YES ††			
Kadcyla	YES ††			
Kalbitor	YES ††	✓		
Kaletra	NO	✓		
Kalydeco	YES †		✓	
Kanuma	YES ††	✓		
Kepivance	YES †			
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 ††	✓		

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Krystexxa	YES †‡	✓		
Kuvan	YES †	✓	✓	
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	✓		
Lonsurf	YES †‡	✓		
Lovenox (<i>enoxaparin sodium</i>)	NO			
Lucentis	YES †‡	✓		
Lumizyme	YES †‡	✓		
Lupaneta	YES †‡	✓		
Lupron	YES †‡	✓		
Lupron Depot	YES †‡	✓		
Lutathera	YES †‡			
Lynparza	YES †‡			
Macugen	YES †	✓		
Makena	YES †‡	✓		
Marqibo	YES †			
Mavyret	YES †‡	✓		∞
Mekinist	YES †	✓	✓	
<i>melphalan</i>	YES †	✓		
Menopur	YES †	✓	✓	
Mepsevii	YES †‡			
<i>methotrexate injectable</i>	NO			
MicRhogam	NO	✓		
Mircera	YES †‡			
<i>mitoxantrone</i>	YES †‡			

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Moderiba	YES †	✓	✓	∞
Monoclate-P	YES †	✓	✓	
Mononine	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	✓		
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	✓		
Nexavar	YES †	✓	✓	
Ninlaro	YES †‡	✓		
Nityr	YES †‡			
Norditropin	YES †	✓	✓	∞
Northera	YES †‡	✓		
Norvir (<i>ritonavir</i>)	NO	✓		
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 †‡	✓	✓	

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Obizur	YES †‡	✓		
Ocaliva	YES †‡	✓		
Ocrevus	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 †‡	✓		♦
Orenitram	YES †	✓	✓	
Orfadin	YES †‡			
Orkambi	YES †‡			
Otezla	YES †	✓	✓	♦
Otrexup	YES †‡	✓		∞
Ovidrel	YES †‡	✓		
Ozurdex	NO	✓		
Paraplatin	YES ‡			
Parsabiv	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 †‡	✓		

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Medication Name	Preauthorization Required (SGM) † ‡	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞♦
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 ‡	✓		
Radicava	YES †‡			
Rapamune (<i>sirolimus</i>)	NO	✓		
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	✓		
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 †	✓	✓	
Ribatab	YES †	✓	✓	

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<i>ribavirin</i>	YES †	✓	✓	
<i>ritonavir</i> (Norvir)	NO	✓		
Rituxan	YES †‡			
Rituxan Hycela	YES †‡	✓		
Rixubis	YES †	✓	✓	
<i>romidepsin</i> (Istodax)	YES †‡			
Rubex	YES ‡			
Rubraca	YES †‡	✓		
Ruconest	YES †‡	✓	✓	
Rydapt	YES †‡	✓		
Sabril (vigabatrin powder)	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 †‡			
Signifor LAR	YES †‡			
Siklos	YES †‡			
<i>sildenafil 20mg</i>	YES †‡	✓		
Siliq	YES †‡	✓		
Simponi	YES †‡	✓		♦
Simponi Aria	YES †‡	✓		♦
<i>sirolimus</i>	NO	✓		
<i>sodium phenylbutyrate</i>	YES †	✓	✓	
Solesta	NO	✓		
Soliris	YES †‡	✓		
Somatuline Depot	YES †	✓	✓	
Somavert	YES †‡	✓		
Sovaldi	YES †	✓	✓	
Sprycel	YES †	✓	✓	
<i>stavudine</i>	NO	✓		

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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 †‡	✓		
Symfi Lo	NO			
Synagis	YES †‡	✓		
Synribo	YES †‡			
<i>tacrolimus</i>	NO	✓		
Tafinlar	YES †	✓	✓	
Tagrisso	YES †‡	✓		
Taltz	YES †‡	✓		
Tarceva	YES †	✓	✓	
Targretin (<i>bexarotene</i>)	YES †	✓	✓	
Tasigna	YES †	✓	✓	∞
Taxol	YES ‡			
Taxotere	YES ‡			
Tecentriq	YES †‡	✓		
Tecfidera	YES †	✓	✓	
Technivie	YES †‡	✓		∞
Temodar (<i>temozolomide</i>)	YES †	✓	✓	∞
<i>temozolomide</i>	YES †	✓	✓	
<i>tenofovir disoproxil fumarate</i>	NO	✓		
Tepadina	NO			
<i>tetrabenazine</i>	YES †	✓	✓	
Thalomid	YES †	✓	✓	
thiotepa	NO			
Thyrogen	NO	✓		

MHBP Specialty Drug List

Medication Name	Preauthorization Required (SGM) † ‡	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞◆
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 ††	✓		
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	YES ‡			
Uptravi	YES ††	✓		
Valchlor Gel	YES ††			
Valstar	YES ‡			
<i>vandetanib</i>	YES ††			
Vantas	YES ††	✓		
Varithena	NO			
Varizig	YES ‡			
Vectibix	YES ††			
Velcade (<i>bortezomib</i>)	YES ††			
Veletri	YES †	✓	✓	
Vemlidy	YES ‡	✓		
Venclexta	YES ††			
Ventavis	YES †	✓	✓	

MHBP Specialty Drug List

Medication Name	Preauthorization Required (SGM) + ‡	Medication Obtained through CVS Specialty *	Medication not covered under medical benefits §	Step Therapy ∞♦
Verzenio	YES ‡‡	✓		
Vidaza (<i>azacitidine</i>)	YES ‡‡			
Videx (<i>didanosine</i>)	NO	✓		
Videx EC	NO	✓		
<i>vigabatrin powder</i>	YES †	✓	✓	
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	YES †	✓		
Vivitrol	YES ‡‡	✓		
Vonvendi	YES ‡‡	✓	✓	
Voraxaze	YES †			
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 ‡‡			

MHBP Specialty Drug List

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