

## **Changes to the currently posted Formulary 1:** *Table last updated 1/1/19*

Any branded tier 2 medication with a generic equivalent may be moved to tier 3.

Name of Agent	Tier	Prior authorization required	A step edit applies to this drug	Specific quantity limits apply	Access restricted to a specialty pharmacy	
					CVS*	Accredo <sup>a</sup>
Aimovig	3	X		X		
Retacrit	3				X	
Vizimpro	3	X			X	X
Epidiolex	3	X			X	X
Xultophy	3			X		
Soliqua	3			X		
Xyosted	3	X				
Sympazan	3	X				
Lorbrena	3	X			X	
Orkambi granules	3	X		X		
vardeafil (generic Levitra)	1			X		
Talzenna	3	X			X	X
vardeafil ODT (generic Staxyn)	1			X		
Revcovi	3	X				
Fenofibrate (brand)	3					
azelaic acid 15% gel	1					
abiraterone acetate 250mg	1	X		X	X	X
Zytiga 250mg	3	X		X	X	X
silodosin	1					
Abilify Mycite	3	X		X		
Vitrakvi	3	X				
Xospata	3	X				
epinephrine auto-injector	1					
Epinephrine 0.15mg/0.3ml (Mylan)	2					
Epinephrine (Impax)	2					
buprenorphine TD patch	1					
Buprenorphine 7.5mg TD patch	2					
Trulicity	2			X		
Udenyca	3	X				
Daurismo	3	X				

\*Access restricted to CVS Specialty pharmacy for members with an exclusive CVS Specialty pharmacy network. Medications must be obtained through specialty pharmacy

<sup>a</sup> Access restricted to Accredo specialty pharmacy for members with an exclusive Accredo specialty pharmacy network.