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Earn Life Points® for taking Healthy steps on Cafewell®	-	CDPHP members receive 20% off all purchases by using discount code CDPHPMEM19. So Get riding Sectors Sec classes					Prescription Drugs & Pharmacy Policies		
>> Start Here		>> Get riding		-> See classes		Taking (Care of Yourself		
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LifePoints allows you to earn "points" that equate to dollars. Click on the LifePoints logo to begin.

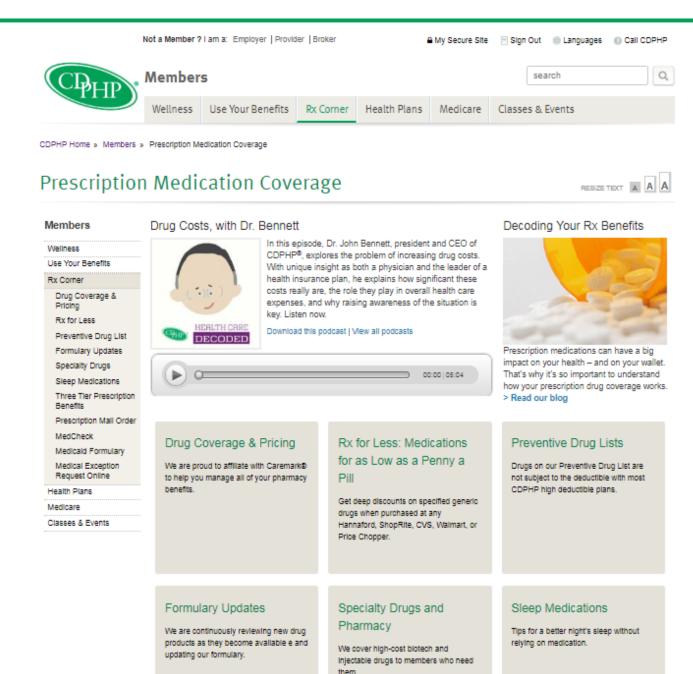
This is the CDPHP page where members can view their individual benefits, including their costs counted toward the plan deductible.

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Abor	ut Us Newsroom	Corporate Giving	Health Care Reform	Commit	ment to Qu	ality Customer Sup	port
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There are two tabs (see above) for **Medical** and **Prescription** plan coverage.

In addition, there are two tabs (see above) that show plan year maximum and total deductible met, and plan limit information.

The CHPHP website offers many tools to research prescription drug pricing, Rx for Less, Preventive Drugs that are not subject to the standard deductible, mail order tools, etc.



Three Tier Prescription Benefits

See the variety of plan options that keep premiums and copayments affordable.

Prescription Mail Order

Get Prescription Mail Service and have your medications delivered directly to you.

MedCheck

Talk to a CDPHP pharmacist and learn how to minimize medication side effects and keep track of your prescriptions.



CDPHP Home » Members » Prescription Medication Coverage » Drug Coverage & Pricing

Drug Coverage & Pricing

Members

Wellness Use Your Benefits Rx Corner Drug Coverage & Pricing Rx for Less Preventive Drug List Formulary Updates Specialty Drugs Sleep Medications Three Tier Prescription Benefits Prescription Mail Order MedCheck Medicald Formulary Medical Exception Request Online Health Plans Medicare

This is our formulary.

Classes & Events



Looking to join CDPHP?

If you do not have secure access to Caremark, review formulary details by using the database that matches the coverage you are researching:

- Formulary 1/Premier Network Large Group benefits (more than 100 employees eligible for coverage)
- Formulary 2/Premier Network Small Group benefits (100 or less employees eligible for coverage)
- Formulary 2/Value Network Individual benefits and Essential Plan

More on Our Visitor's Formularies

- Visitor's Formularies represent common plan types but are meant for illustration purposes only. Actual costs will depend on your specific benefit.
- Be aware that price variations can also occur based on where you fill your prescription.
- If searching for a drug that is part of our Rx for Less program, that discount price will display. (Read more about this program, which is only offered at certain pharmacy locations.)
- For the most specific results, members should always log into their own accounts to see coverage details.
- Visitor's Formularies are set up to represent the benefits for a female member. If
 researching a drug specifically for males, please contact Caremark for help.

Pamela,

You are signed in

- » Return to the secure site
- » To end your secure session, Sign Out now

RESIZE TEXT A A A

Related Programs

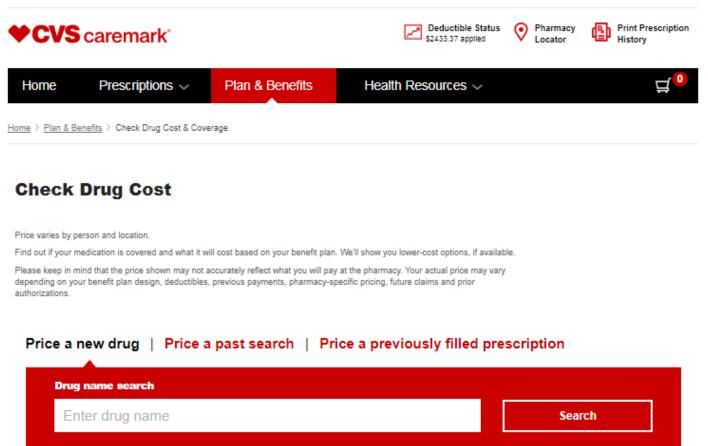
- Specialty Rx
- 3 Tier Prescription Benefits
- Mail-Order Rx
- Drug Coverage

CDPHP Commercial Formulary -1 2019

Drug Name		Requirements/Limits
VENCLEXTA TAB START PK	3	PA
ZEJULA CAP 100MG	3	PA; SP
ZOLINZA CAP 100MG	2	SP, PA; SPC
MITOTIC INHIBITORS		
etoposide cap 50 mg	1	
OPOISOMERASE INHIBITORS		
HYCAMTIN CAP 0.25MG	2	SP, PA; SPC
HYCAMTIN CAP 1MG	2	SP, PA; SPC
ONIVYDE INJ 4.3MG/ML	3	^
RDIOVASCULAR	-	
ACE INHIBITOR/CALCIUM CHANNEL I		COMPINATIONS
amlodipine besylate-benazepril hcl cap 2.5		PD
10 mg	.1	PD
amlodipine besylate-benazepril hcl cap 5-	1	PD
10 mg (generic of LOTREL)	1	FD
amlodipine besylate-benazepril hcl cap 5-	1	PD
20 mg (generic of LOTREL)	-	10
amlodipine besylate-benazepril hcl cap 5-	1	PD
40 mg		
amlodipine besylate-benazepril hcl cap 10-	1	PD
20 mg (generic of LOTREL)		
amlodipine besylate-benazepril hcl cap 10-	1	PD
40 mg (generic of LOTREL)		
trandolapril-verapamil hcl tab er 1-240 mg		PD
trandolapril-verapamil hcl tab er 2-180 mg	3	PD
(generic of TARKA)	_	
trandolapril-verapamil hcl tab er 2-240 mg	3	PD
(generic of TARKA)	2	00
trandolapril-verapamil hcl tab er 4-240 mg	3	PD
(generic of TARKA)		
ACE INHIBITOR/DIURETIC COMBINA	-	00
benazepril & hydrochlorothiazide tab 5-	1	PD
6.25 mg benazepril & hydrochlorothiazide tab 10-	1	PD
12.5 mg (generic of LOTENSIN HCT)	1	FU
benazepril & hydrochlorothiazide tab 20-	1	PD
12.5 mg (generic of LOTENSIN HCT)	-	
benazepril & hydrochlorothiazide tab 20-25	1	PD
mg (generic of LOTENSIN HCT)	-	
captopril & hydrochlorothiazide tab 25-15	1	PD
mg	_	

PA - Prior Authorization; refer to Prior Authorization section, **QL** - Quantity Limitations; refer to Prescription Quantity Management section, **ST** - - Step Therapy; refer to Step Therapy section, **SP** - - Available through CVS Specialty Pharmacy, toll-free at 1-800-237-2767, **^** - Covered under the medical benefit, **PD** - Preventive Drug, **OTC** - Over the counter, **SPC** - Required to fill through CVS Specialty Pharmacy, toll-free at 1-800-237-2767, **ACA** - Covered under the Affordable Care Act; no member cost share,

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Patient	Selected Pharmacy CVS Pharmacy 00134 16 New Scotland Avenue Albany, NY 12208 (518) 434-0677	
	(518) 434-0677	
	Change my pharmacy	

Estimated usage, costs and savings are calculated through the current benefit plan year or the end of current calendar year.