

Advanced Control Specialty Formulary[®]

The **CVS Caremark[®] Advanced Control Specialty Formulary[®]** is a guide within select therapeutic categories for clients, plan members and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

PLAN MEMBER

Your benefit plan provides you with a prescription benefit program administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

Please note:

- Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary copay¹ amounts based on the condition being treated.
- You may be responsible for the full cost of non-formulary products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and copay¹ information, please visit Caremark.com or contact a CVS Caremark Customer Care representative.
- CVS Caremark may contact your doctor after receiving your prescription to request consideration of a drug list product or generic equivalent. This may result in your doctor prescribing, when medically appropriate, a different brand-name product or generic equivalent in place of your original prescription.
- In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market.

HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by CVS Caremark. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is necessary, consider prescribing a brand name on this list.

Please note:

- Generics should be considered the first line of prescribing.
- The member's prescription benefit plan design may alter coverage of certain products or vary copay¹ amounts based on the condition being treated.
- This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. The member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the FDA may not be covered upon release to the market.
- The member's prescription benefit plan may have a different copay¹ for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to Caremark.com to check coverage and copay¹ information for a specific medicine.

ANALGESICS

VISCOSUPPLEMENTS

DUROLANE
GEL-ONE
GELSYN-3
SUPARTZ FX
VISCO-3

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

abacavir-lamivudine
lamivudine-zidovudine
ATRIPLA
BIKTARVY
CIMDUO
COMPLERA
DESCOVY
EVOTAZ
GENVOYA

ODEFSEY
PREZCOBIX
STRIBILD

SYMFI
SYMFI LO
TRIUMEQ
TRUVADA

FUSION INHIBITORS

FUZEON

INTEGRASE INHIBITORS

ISENTRESS
TIVICAY

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

efavirenz
nevirapine
nevirapine ext-rel
EDURANT
INTELENCE

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

abacavir tablet
didanosine
lamivudine
stavudine
zidovudine
EMTRIVA

NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

VIREAD

§ PROTEASE INHIBITORS

lopinavir-ritonavir solution
KALETRA TABLET
NORVIR
PREZISTA
REYATAZ

ANTIVIRALS

§ HEPATITIS B AGENTS

entecavir
lamivudine
tenofovir disoproxil fumarate
BARACLUDE SOLUTION

§ HEPATITIS C AGENTS

ribavirin
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)
HARVONI (genotypes 1, 4, 5, 6)
VOSEVI²

ANTINEOPLASTIC AGENTS

§ ALKYLATING AGENTS

temozolomide

§ ANTIMETABOLITES

capecitabine

HORMONAL

ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS

abiraterone
ERLEADA
XTANDI

§ LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS

leuprolide acetate
ELIGARD

IMMUNOMODULATORS

REVLIMID
THALOMID

§ KINASE INHIBITORS

imatinib mesylate
AFINITOR
BOSULIF
CABOMETYX

IBRANCE
IRESSA
KISQALI
KISQALI FEMARA
CO-PACK
NEXAVAR
RYDAPT
SPRYCEL
SUTENT
TARCEVA
TYKERB
VOTRIENT

§ MISCELLANEOUS

bexarotene capsule
ODOMZO
ZEJULA
ZOLINZA

CARDIOVASCULAR

ANTILIPEMICS
PCSK9 INHIBITORS
REPATHA

PULMONARY ARTERIAL
HYPERTENSION

ENDOTHELIN RECEPTOR
ANTAGONISTS

LETAIRIS
OPSUMIT
TRACLEER

§ PHOSPHODIESTERASE
INHIBITORS

sildenafil
tadalafil

PROSTACYCLIN RECEPTOR
AGONISTS
UPTRAVI

PROSTAGLANDIN
VASODILATORS
ORENITRAM

**CENTRAL NERVOUS
SYSTEM**

§ ANTICONVULSANTS
vigabatrin

§ HUNTINGTON'S DISEASE
AGENTS

tetrabenazine
AUSTEDO

§ MULTIPLE SCLEROSIS
AGENTS

glatiramer
AUBAGIO
BETASERON
COPAXONE
GILENYA
REBIF
TECFIDERA
TYSABRI

**ENDOCRINE AND
METABOLIC**

ACROMEGALY
SOMATULINE DEPOT
SOMAVERT

CALCIUM RECEPTOR
ANTAGONISTS
SENSIPAR

CALCIUM REGULATORS
PARATHYROID HORMONES

FORTEO
TYMLOS

MISCELLANEOUS
PROLIA

CONTRACEPTIVES
PROGESTIN INTRAUTERINE
DEVICES

KYLEENA
MIRENA
SKYLA

FERTILITY REGULATORS

GNRH / LHRH
ANTAGONISTS
CETROTIDE

OVULATION STIMULANTS,
GONADOTROPINS
GONAL-F
OVIDREL

GAUCHER DISEASE

CERDELGA
CEREZYME

HEREDITARY TYROSINEMIA
TYPE 1 AGENTS

ORFADIN

HUMAN GROWTH
HORMONES

HUMATROPE

§ UREA CYCLE DISORDERS

sodium phenylbutyrate

MISCELLANEOUS

CYSTAGON

HEMATOLOGIC

HEMATOPOIETIC GROWTH
FACTORS

ARANESP
NEULASTA
NIVESTYM
RETACRIT
UDENYCA

HEMOPHILIA A AGENTS

ADYNOVATE
JIVI
KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ

HEMOPHILIA B AGENTS

REBINYN

HEREDITARY ANGIOEDEMA

RUCONEST

THROMBOCYTOPENIA
AGENTS

MULPLETA

**IMMUNOLOGIC
AGENTS**

ALLERGENIC EXTRACTS
ORALAIR

AUTOIMMUNE AGENTS

See Table 1 for Indication Based
Coverage Details

ANKYLOSING SPONDYLITIS

COSENTYX
ENBREL
HUMIRA

CROHN'S DISEASE

HUMIRA
STELARA
SUBCUTANEOUS #

After failure of HUMIRA

PSORIASIS

HUMIRA
OTEZLA
SKYRIZI
STELARA
SUBCUTANEOUS
TALTZ

PSORIATIC ARTHRITIS

COSENTYX
ENBREL
HUMIRA
OTEZLA

RHEUMATOID ARTHRITIS

ENBREL
HUMIRA
KEVZARA
ORENCIA CLICKJECT
ORENCIA
SUBCUTANEOUS

XELJANZ
XELJANZ XR

ULCERATIVE COLITIS

HUMIRA
SIMPONI

ALL OTHER CONDITIONS

ENBREL
HUMIRA

DISEASE-MODIFYING
ANTIRHEUMATIC DRUGS
(DMARDs)

RASUVO

IMMUNOSUPPRESSANTS

§ ANTIMETABOLITES

mycophenolate mofetil
mycophenolate sodium

§ CALCINEURIN INHIBITORS

cyclosporine
cyclosporine, modified
tacrolimus

§ RAPAMYCIN DERIVATIVES

sirolimus

RESPIRATORY

ALPHA-1 ANTITRYPSIN
DEFICIENCY AGENTS

ARALAST NP
GLASSIA
PROLASTIN-C

§ CYSTIC FIBROSIS

tobramycin
inhalation solution
BETHKIS

PULMONARY FIBROSIS
AGENTS

ESBRIET
OFEV

SEVERE ASTHMA AGENTS

DUPIXENT
NUCALA

TOPICAL

DERMATOLOGY

ATOPIC DERMATITIS
DUPIXENT

MOUTH / THROAT /
DENTAL AGENTS

PROTECTANTS
MUGARD

OPHTHALMIC

RETINAL DISORDERS
EYLEA
LUCENTIS

QUICK REFERENCE DRUG LIST

A

abacavir tablet
abacavir-lamivudine
abiraterone
ADYNOVATE
AFINITOR
ARALAST NP
ARANESP
ATRIPLA
AUBAGIO
AUSTEDO

B

BARACLUDE SOLUTION
BETASERON
BETHKIS
bexarotene capsule
BIKTARVY
BOSULIF

C

CABOMETYX
capecitabine
CERDELGA
CEREZYME

CETROTIDE

CIMDUO
COMPLERA
COPAXONE
COSENTYX
cyclosporine
cyclosporine, modified
CYSTAGON

D

DESCOVY
didanosine
DUPIXENT
DUROLANE

E

EDURANT
efavirenz
ELIGARD
EMTRIVA
ENBREL
entecavir
EPCLUSA
ERLEADA
ESBRIET
EVOTAZ
EYLEA

F

FORTEO
FUZEON

G

GEL-ONE
GELSYN-3
GENVOYA
GILENYA
GLASSIA
glatiramer
GONAL-F

H	<i>leuprolide acetate</i> HARVONI HUMATROPE HUMIRA	ORENCIA SUBCUTANEOUS ORENITRAM ORFADIN OTEZLA OVIDREL	<i>sirolimus</i> SKYLA SKYRIZI <i>sodium phenylbutyrate</i> SOMATULINE DEPOT SOMAVERT SPRYCEL <i>stavudine</i> STELARA SUBCUTANEOUS STRIBILD SUPARTZ FX SUTENT SYMFI SYMFI LO	TRIUMEQ TRUVADA TYKERB TYMLOS TYSABRI
I	IBRANCE <i>imatinib mesylate</i> INTELLENCE IRESSA ISENTRESS	M MIRENA MUGARD MULPLETA <i>mycophenolate mofetil</i> <i>mycophenolate sodium</i>	P PREZCOBIX PREZISTA PROLASTIN-C PROLIA	U UDENYCA UPTRAIVI
J	JIVI	N NEULASTA <i>nevirapine</i> <i>nevirapine ext-rel</i> NEXAVAR NIVESTYM NORVIR NOVOEIGHT NUCALA NUWIQ	R RASUVO REBIF REBINYN REPATHA RETACRIT REVLIMID REYATAZ <i>ribavirin</i> RUCONEST RYDAPT	V <i>vigabatrin</i> VIREAD VISCO-3 VOSEVI ² VOTRIENT
K	KALETRA TABLET KEVZARA KISQALI KISQALI FEMARA CO-PACK KOGENATE FS KOVALTRY KYLEENA	O ODEFSEY ODOMZO OFEV OPSUMIT ORALAIR ORENCIA CLICKJECT	S SENSIPAR <i>sildenafil</i> SIMPONI	X XELJANZ XELJANZ XR XTANDI
L	<i>lamivudine</i> <i>lamivudine-zidovudine</i> LETAIRIS		T <i>tacrolimus</i> <i>tadalafil</i> TALTZ TARCEVA TECFIDERA <i>temozolomide</i> <i>tenofovir disoproxil fumarate</i> <i>tetrabenazine</i> THALOMID TIVICAY <i>tobramycin</i> <i>inhalation solution</i> TRACLEER	Z ZEJULA <i>zidovudine</i> ZOLINZA

PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS ³

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ADCIRCA	<i>sildenafil, tadalafil</i>	GENOTROPIN	HUMATROPE
ALPROLIX	Consult doctor	GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
ASTAGRAF XL	<i>cyclosporine; cyclosporine, modified; tacrolimus</i>	GRANIX	NIVESTYM
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION	HELIXATE FS	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
BERINERT	RUCONEST	HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION
BRAVELLE	GONAL-F	HYALGAN	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
BUPHENYL	<i>sodium phenylbutyrate</i>	LILETTA	KYLEENA, MIRENA, SKYLA
CELLCEPT	<i>mycophenolate mofetil, mycophenolate sodium</i>	LUPRON DEPOT (For Prostate Cancer Only)	ELIGARD
CHORIONIC GONADOTROPIN	OVIDREL	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
DAKLINZA	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)	MONOVISC	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
ELELYSO	CERDELGA, CERZYM	MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>
ELOCTATE	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ	NEUPOGEN	NIVESTYM
ENVARUSUS XR	<i>cyclosporine; cyclosporine, modified; tacrolimus</i>	NORDITROPIN	HUMATROPE
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION	NOVAREL	OVIDREL
EPOGEN	ARANESP, RETACRIT	NUTROPIN AQ	HUMATROPE
EUFLEXXA	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3	OMNITROPE	HUMATROPE
EXTAVIA	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA, TYSABRI	ORTHOVISC	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
FASENRA	DUPIXENT, NUCALA	OTREXUP	RASUVO
FOLLISTIM AQ	GONAL-F	PEGASYS	Consult doctor
FULPHILA	NEULASTA, UDENYCA	PRALUENT	REPATHA
		PREGNYL	OVIDREL

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
PROCRIT	ARANESP, RETACRIT	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
PROCYSBI	CYSTAGON	VEMLIDY	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION
PROGRAF	<i>tacrolimus</i>	VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
RAPAMUNE	<i>sirolimus</i>	XENAZINE	<i>tetrabenazine</i> , AUSTEDO
RAVICTI	<i>sodium phenylbutyrate</i>	ZARXIO	NIVESTYM
REVATIO	<i>sildenafil, tadalafil</i>	ZEMAIRA	ARALAST NP, GLASSIA, PROLASTIN-C
SABRIL	<i>vigabatrin</i>	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
SAIZEN	HUMATROPE	ZORTRESS	<i>sirolimus</i>
SANDOSTATIN LAR	SOMATULINE DEPOT, SOMAVERT	ZYTIGA	<i>abiraterone</i> , XTANDI
SYNVISC, SYNVISC-ONE	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3		
TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL		

TABLE 1 - PREFERRED OPTIONS FOR INDICATION BASED AUTOIMMUNE EXCLUDED MEDICATIONS

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
ANKYLOSING SPONDYLITIS	CIMZIA SIMPONI	COSENTYX ENBREL HUMIRA
CROHN'S DISEASE	CIMZIA ENTYVIO	HUMIRA STELARA SUBCUTANEOUS #
PSORIASIS	CIMZIA COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI STELARA SUBCUTANEOUS TALTZ
PSORIATIC ARTHRITIS	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA
RHEUMATOID ARTHRITIS	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS XELJANZ XELJANZ XR
ULCERATIVE COLITIS	ENTYVIO XELJANZ	HUMIRA SIMPONI
ALL OTHER CONDITIONS	ACTEMRA KINERET ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	ENBREL HUMIRA

After failure of HUMIRA

You may be responsible for the full cost of certain non-formulary products that are removed from coverage. Please check with your plan sponsor for more information.

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval. In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market. Specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. The member's prescription benefit plan may have a different copay¹ for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. Generics listed in therapeutic categories are for representational purposes only. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay¹ information for a specific medicine.

* The preferred options in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.

§ Generics are available in this class and should be considered the first line of prescribing.

¹ Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

² For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

³ An exception process is in place for specific clinical or regulatory circumstances that may require coverage of an excluded medication.

Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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