

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
EUFLEXA
GELSYN-3
SUPARTZ FX

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

abacavir-lamivudine
lamivudine-zidovudine
ATRIPLA
BIKTARVY
CIMDUO
DESCOVY
DOVATO
EVOTAZ
GENVOYA
ODEFSEY
PREZCOBIX
SYMFI

SYMFI LO
SYMITUZA
TEMIXYS
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

tenofovir disoproxil fumarate

§ PROTEASE INHIBITORS

atazanavir
lopinavir-ritonavir solution
KALETRA TABLET
NORVIR
PREZISTA

ANTIVIRALS

§ HEPATITIS B AGENTS

entecavir
lamivudine
tenofovir disoproxil fumarate
BARACLUDE SOLUTION
VEMLIDY

§ 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
NUBEQA
XTANDI
YONSA

§ LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS

leuprolide acetate
ELIGARD

§ KINASE INHIBITORS

erlotinib
imatinib mesylate
AFINITOR
ALECENSA
ALUNBRIG
BOSULIF
CABOMETYX
COPIKTRA
IBRANCE

IRESSA
KISQALI
KISQALI FEMARA
CO-PACK
RYDAPT
SPRYCEL
SUTENT
TYKERB
VOTRIENT
XOSPATA

**MULTIPLE MYELOMA
IMMUNOMODULATORS**
REVLIMID
THALOMID

PROTEASOME INHIBITORS
NINLARO
VELCADE

§ MISCELLANEOUS
bexarotene capsule
ERIVEDGE
LYNPARZA
ODOMZO
PERJETA
PHESGO
RUBRACA
ZEJULA
ZOLINZA

CARDIOVASCULAR

ANTILIPEMICS
PCSK9 INHIBITORS
PRALUENT

**PULMONARY ARTERIAL
HYPERTENSION**
**§ ENDOTHELIN RECEPTOR
ANTAGONISTS**

ambrisentan
bosentan
OPSUMIT

**§ PHOSPHODIESTERASE
INHIBITORS**
sildenafil
tadalafil

**PROSTACYCLIN RECEPTOR
AGONISTS**
UPTRAVI

**PROSTAGLANDIN
VASODILATORS**
ORENITRAM

**SOLUBLE GUANYLATE
CYCLASE STIMULATORS**
ADEMPAS

CENTRAL NERVOUS SYSTEM

§ ANTICONSULSANTS
vigabatrin

**ANTIPARKINSONIAN
AGENTS**
INBRIJA

§ MOVEMENT DISORDERS
tetrabenazine
AUSTEDO
INGREZZA

**§ MULTIPLE SCLEROSIS
AGENTS**

dimethyl fumarate
delayed-rel
glatiramer
AUBAGIO
BETASERON
COPAXONE
GILENYA
KESIMPTA
MAYZENT
OCREVUS
REBIF
TYSABRI
VUMERITY
ZEPOSIA

ENDOCRINE AND METABOLIC

ACROMEGALY
SOMATULINE DEPOT

**§ CALCIUM RECEPTOR
ANTAGONISTS**
cinacalcet

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**
NORDITROPIN

POLYNEUROPATHY
TEGSEDI

§ UREA CYCLE DISORDERS
sodium phenylbutyrate

MISCELLANEOUS
CYSTAGON

HEMATOLOGIC

**HEMATOPOIETIC GROWTH
FACTORS**
ARANESP
NIVESTYM
RETACRIT
ZIEXTENZO

HEMOPHILIA A AGENTS
ADYNOVATE
JIVI
KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ

HEMOPHILIA B AGENTS
REBINYN

**THROMBOCYTOPENIA
AGENTS**
DOPTELET
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
TREMIFYA

PSORIATIC ARTHRITIS
COSENTYX
ENBREL
HUMIRA
OTEZLA

RHEUMATOID ARTHRITIS
ENBREL
HUMIRA
KEVZARA
ORENCIA CLICKJECT
ORENCIA
SUBCUTANEOUS
RINVOQ
XELJANZ
XELJANZ XR

ULCERATIVE COLITIS
HUMIRA
STELARA
SUBCUTANEOUS #
XELJANZ #
XELJANZ XR #
After failure of HUMIRA

ALL OTHER CONDITIONS
ENBREL
HUMIRA

**DISEASE-MODIFYING
ANTIRHEUMATIC DRUGS
(DMARDs)**
RASUVO

HEREDITARY ANGIOEDEMA
FIRAZYR
RUCONEST
TAKHZYRO

IMMUNOSUPPRESSANTS
§ ANTIMETABOLITES
mycophenolate mofetil
mycophenolate sodium

§ CALCINEURIN INHIBITORS
cyclosporine
cyclosporine, modified
tacrolimus

§ RAPAMYCIN DERIVATIVES
everolimus
sirolimus

RESPIRATORY

**ALPHA-1 ANTITRYPSIN
DEFICIENCY AGENTS**
PROLASTIN-C

§ CYSTIC FIBROSIS
tobramycin
inhalation solution
BETHKIS

**PULMONARY FIBROSIS
AGENTS**
ESBRIET
OFEV

SEVERE ASTHMA AGENTS
DUPIXENT
FASENRA
NUCALA
XOLAIR

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
ADEMPAS

ADYNOVATE
AFINITOR
ALECENSA

ALUNBRIG
ambrisentan
ARANESP

atazanavir
ATRIPLA

AUBAGIO
AUSTEDO

B

BARACLUE SOLUTION
BETASERON
BETHKIS
bexarotene capsule
BIKTARVY
bosentan
BOSULIF

C

CABOMETYX
capecitabine
CERDELGA
CEREZYME
CETROTIDE
CIMDUO
cinacalcet
COPAXONE
COPIKTRA
COSENTYX
cyclosporine
cyclosporine, modified
CYSTAGON

D

DESCOVY
didanosine
dimethyl fumarate
delayed-rel
DOPTELET
DOVATO
DUPIXENT
DUROLANE

E

EDURANT
efavirenz
ELIGARD
EMTRIVA
ENBREL
entecavir
EPCLUSA

ERIVEDGE
ERLEADA
erlotinib
ESBRIET
EUFLEXXA
everolimus
EVOTAZ
EYLEA

F

FASENRA
FIRAZYR
FORTEO
FUZEON

G

GELSYN-3
GENVOYA
GILENYA
glatiramer
GONAL-F

H

HARVONI
HUMIRA

I

IBRANCE
imatinib mesylate
INBRIJA
INGREZZA
INTELENCE
IRESSA
ISENTRESS

J

JIVI

K

KALETRA TABLET
KESIMPTA
KEVZARA
KISQALI
KISQALI FEMARA
CO-PACK

KOGENATE FS
KOVALTRY
KYLEENA

L

lamivudine
lamivudine-zidovudine
leuprolide acetate
lopinavir-ritonavir solution
LUCENTIS
LYNPARZA

M

MAYZENT
MIRENA
MUGARD
MULPLETA
mycophenolate mofetil
mycophenolate sodium

N

nevirapine
nevirapine ext-rel
NINLARO
NIVESTYM
NORDITROPIN
NORVIR
NOVOEIGHT
NUBEQA
NUCALA
NUWIQ

O

OCREVUS
ODEFSEY
ODOMZO
OFEV
OPSUMIT
ORALAIR
ORENCIA CLICKJECT
ORENCIA
SUBCUTANEOUS
ORENITRAM
ORFADIN

OTEZLA
OVIDREL

P

PERJETA
PHESGO
PRALUENT
PREZCOBIX
PREZISTA
PROLASTIN-C
PROLIA

R

RASUVO
REBIF
REBINYN
RETACRIT
REVLIMID
ribavirin
RINVOQ
RUBRACA
RUCONEST
RYDAPT

S

sildenafil
sirolimus
SKYLA
SKYRIZI
sodium phenylbutyrate
SOMATULINE DEPOT
SPRYCEL
stavudine
STELARA
SUBCUTANEOUS
SUPARTZ FX
SUTENT
SYMFI
SYMFI LO
SYMTUZA

T

tacrolimus
tadalafil
TAKHZYRO

TALTZ
TEGSEDI
TEMIXYS
temozolomide
tenofovir disoproxil fumarate
tetrabenazine
THALOMID
TIVICAY
tobramycin
inhalation solution
TREMIFYA
TRIUMEQ
TRUVADA
TYKERB
TYMLOS
TYSABRI

U

UPTRAVI

V

VELCADE
VEMLIDY
vigabatrin
VOSEVI²
VOTRIENT
VUMERITY

X

XELJANZ
XELJANZ XR
XOLAIR
XOSPATA
XTANDI

Y

YONSA

Z

ZEJULA
ZEPOSIA
zidovudine
ZIEXTENZO
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>	BUPHENYL	<i>sodium phenylbutyrate</i>
ALIQOPA	COPIKTRA	CELLCEPT	<i>mycophenolate mofetil, mycophenolate sodium</i>
ALPROLIX	Consult doctor	CHORIONIC GONADOTROPIN	OVIDREL
APOKYN	INBRIJA	COMPLERA	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
ARALAST NP	PROLASTIN-C	ELELYSO	CERDELGA, CEREZYME
ASTAGRAF XL	<i>tacrolimus</i>	ELOCTATE	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
AVONEX	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	ENVARUS XR	<i>tacrolimus</i>
BARACLUE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUE SOLUTION, VEMLIDY</i>	EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUE SOLUTION, VEMLIDY</i>
BERINERT	FIRAZYR, RUCONEST	EPOGEN	ARANESP, RETACRIT
BORTEZOMIB	NINLARO, VELCADE		

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
EXTAVIA	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	PROCRIT	ARANESP, RETACRIT
FOLLISTIM AQ	GONAL-F	PROCYSBI	CYSTAGON
FULPHILA	ZIEXTENZO	PROGRAF	<i>tacrolimus</i>
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	RAPAMUNE	<i>everolimus, sirolimus</i>
GENOTROPIN	NORDITROPIN	RAVICTI	<i>sodium phenylbutyrate</i>
GLASSIA	PROLASTIN-C	REPATHA	PRALUENT
GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL	REVATIO	<i>sildenafil, tadalafil</i>
GRANIX	NIVESTYM	SABRIL	<i>vigabatrin</i>
HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY	SAIZEN	NORDITROPIN
HUMATROPE	NORDITROPIN	SANDOSTATIN LAR	SOMATULINE DEPOT
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	SIGNIFOR LAR	SOMATULINE DEPOT
KYPROLIS	NINLARO, VELCADE	SOMAVERT	SOMATULINE DEPOT
LETAIRIS	<i>ambrisentan, bosentan</i> , OPSUMIT	STRIBILD	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
LILETTA	KYLEENA, MIRENA, SKYLA	SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
LUPRON DEPOT (For Prostate Cancer Only)	ELIGARD	TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²	TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>	TRACLEER	<i>ambrisentan, bosentan</i> , OPSUMIT
NEULASTA, NEULASTA ONPRO	ZIEXTENZO	UDENYCA	ZIEXTENZO
NEUPOGEN	NIVESTYM	VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
NOVAREL	OVIDREL	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
NUTROPIN AQ	NORDITROPIN	XENAZINE	<i>tetrabenazine</i> , AUSTEDO
OMNITROPE	NORDITROPIN	ZARXIO	NIVESTYM
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	ZEMAIRA	PROLASTIN-C
OTREXUP	RASUVO	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
PEGASYS	Consult doctor	ZORTRESS	<i>everolimus, sirolimus</i>
PLEGRIDY	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	ZYDELIG	COPIKTRA
PREGNYL	OVIDREL	ZYTIGA	<i>abiraterone</i> , XTANDI, YONSA

TABLE 1 - PREFERRED OPTIONS FOR INDICATION BASED AUTOIMMUNE EXCLUDED MEDICATIONS

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

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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