

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.

ANALGESICS

VISCOSUPPLEMENTS

GEL-ONE
GELSYN-3
SUPARTZ FX
VISCO-3

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

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

SYMFI

SYMFI LO
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

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.

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

IMMUNOMODULATORS

REVLIMID
THALOMID

§ KINASE INHIBITORS

erlotinib
imatinib mesylate
AFINITOR

BOSULIF
CABOMETYX
IBRANCE
IRESSA
KISQALI
KISQALI FEMARA
CO-PACK
RYDAPT
SPRYCEL
SUTENT
TYKERB
VOTRIENT

§ MISCELLANEOUS

bexarotene capsule
LYNPARZA
ODOMZO
RUBRACA
ZEJULA
ZOLINZA

CARDIOVASCULAR

ANTILIPEMICS
PCSK9 INHIBITORS
REPATHA

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

§ MOVEMENT DISORDERS

tetrabenazine
AUSTEDO
INGREZZA

§ MULTIPLE SCLEROSIS
AGENTS

glatiramer
AUBAGIO
BETASERON
COPAXONE
GILENYA
MAYZENT
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

FIRAZYR
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
TREMIFYA

PSORIATIC ARTHRITIS

COSENTYX
ENBREL
HUMIRA
OTEZLA

RHEUMATOID ARTHRITIS

ENBREL
HUMIRA
ORENCIA CLICKJECT
ORENCIA
SUBCUTANEOUS
RINVOQ
XELJANZ
XELJANZ XR

ULCERATIVE COLITIS

HUMIRA
XELJANZ #

After failure of HUMIRA

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

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
ambrisentan
ARANESP
atazanavir

ATRIPLA
AUBAGIO
AUSTEDO

B

BARACLUDE SOLUTION
BETASERON
BETHKIS
bexarotene capsule
BIKTARVY

bosentan
BOSULIF

C

CABOMETYX
capecitabine
CERDELGA
CEREZYME
CETROTIDE
CIMDUO

COPAXONE
COSENTYX
cyclosporine
cyclosporine, modified
CYSTAGON

D

DESCOVY
didanosine
DUPIXENT

E

EDURANT
efavirenz
ELIGARD
EMTRIVA
ENBREL
entecavir
EPCLUSA
ERLEADA
erlotinib

ESBRIET EVOTAZ EYLEA	K KALETRA TABLET KISQALI KISQALI FEMARA CO-PACK KOGENATE FS KOVALTRY KYLEENA	NUCALA NUWIQ	RUCONEST RYDAPT	TREMFYA TRIUMEQ TRUVADA TYKERB TYMLOS TYSABRI
F FASENRA FIRAZYR FORTEO FUZEON	L <i>lamivudine</i> <i>lamivudine-zidovudine</i> <i>leuprolide acetate</i> <i>lopinavir-ritonavir solution</i> LUCENTIS LYNPARZA	O ODEFSEY ODOMZO OFEV OPSUMIT ORALAIR ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS ORENITRAM ORFADIN OTEZLA OVIDREL	S SENSIPAR <i>sildenafil</i> <i>sirolimus</i> SKYLA SKYRIZI <i>sodium phenylbutyrate</i> SOMATULINE DEPOT SOMAVERT SPRYCEL <i>stavudine</i> STELARA SUBCUTANEOUS SUPARTZ FX SUTENT SYMFI SYMFI LO	U UDENYCA UPTRAVI
G GEL-ONE GELSYN-3 GENVOYA GILENYA <i>glatiramer</i> GONAL-F	M MAYZENT MIRENA MUGARD MULPLETA <i>mycophenolate mofetil</i> <i>mycophenolate sodium</i>	P PREZCOBIX PREZISTA PROLASTIN-C PROLIA	T <i>tacrolimus</i> <i>tadalafil</i> TALTZ TECFIDERA TEMIXYS <i>temozolomide</i> <i>tenofovir disoproxil fumarate</i> <i>tetrabenazine</i> THALOMID TIVICAY <i>tobramycin</i> <i>inhalation solution</i>	V VEMLIDY <i>vigabatrin</i> VISCO-3 VOSEVI ² VOTRIENT
H HARVONI HUMATROPE HUMIRA	N NEULASTA <i>nevirapine</i> <i>nevirapine ext-rel</i> NIVESTYM NORVIR NOVOEIGHT NUBEQA	R RASUVO REBIF REBINYN REPATHA RETACRIT REVLIMID <i>ribavirin</i> RINVOQ RUBRACA		X XELJANZ XELJANZ XR XOLAIR XTANDI
I IBRANCE <i>imatinib mesylate</i> INGREZZA INTELENCE IRESSA ISENTRESS				Y YONSA
J JIVI				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>	EXTAVIA	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI
ALPROLIX	Consult doctor	FOLLISTIM AQ	GONAL-F
ASTAGRAF XL	<i>cyclosporine; cyclosporine, modified; tacrolimus</i>	FULPHILA	NEULASTA, UDENYCA
AVONEX	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI	GENOTROPIN	HUMATROPE
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY	GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
BERINERT	FIRAZYR, RUCONEST	GRANIX	NIVESTYM
BUPHENYL	<i>sodium phenylbutyrate</i>	HELIXATE FS	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
CELLCEPT	<i>mycophenolate mofetil, mycophenolate sodium</i>	HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY
CHORIONIC GONADOTROPIN	OVIDREL	HYALGAN	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
COMPLERA	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, TRIUMEQ	LILETTA	KYLEENA, MIRENA, SKYLA
DUROLANE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3	LUPRON DEPOT (For Prostate Cancer Only)	ELIGARD
ELELYSO	CERDELGA, CEREZYME	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
ELOCTATE	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ	MONOVISC	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
ENVARUSUS XR	<i>cyclosporine; cyclosporine, modified; tacrolimus</i>	MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY	NEUPOGEN	NIVESTYM
EPOGEN	ARANESP, RETACRIT	NORDITROPIN	HUMATROPE
EUFLEXXA	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3	NOVAREL	OVIDREL

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
NUTROPIN AQ	HUMATROPE	SAIZEN	HUMATROPE
OMNITROPE	HUMATROPE	SANDOSTATIN LAR	SOMATULINE DEPOT, SOMAVERT
ORTHOVISC	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3	STRIBILD	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, TRIUMEQ
OTREXUP	RASUVO	SYNVISC, SYNVISC-ONE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
PEGASYS	Consult doctor	TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
PLEGRIDY	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
PRALUENT	REPATHA	VERZENIO	IBRANCE, KISQALI
PREGNYL	OVIDREL	VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
PROCRIT	ARANESP, RETACRIT	XENAZINE	<i>tetrabenazine</i> , AUSTEDO
PROCYSBI	CYSTAGON	ZARXIO	NIVESTYM
PROGRAF	<i>tacrolimus</i>	ZEMAIRA	PROLASTIN-C
RAPAMUNE	<i>sirolimus</i>	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
RAVICTI	<i>sodium phenylbutyrate</i>	ZORTRESS	<i>sirolimus</i>
REVATIO	<i>sildenafil, tadalafil</i>	ZYTIGA	<i>abiraterone</i> , XTANDI, YONSA
SABRIL	<i>vigabatrin</i>		

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 XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA
RHEUMATOID ARTHRITIS	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI	ENBREL HUMIRA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	ENTYVIO SIMPONI	HUMIRA XELJANZ #
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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