

# 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 copay<sup>1</sup> 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 copay<sup>1</sup> information, please visit [www.caremark.com](http://www.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  
HYALGAN  
SUPARTZ FX

### ANTI-INFECTIVES

#### ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS  
*abacavir-lamivudine*  
*lamivudine-zidovudine*  
ATRIPLA  
COMPLERA  
DESCOVY  
EVOTAZ  
GENVOYA  
ODEFSEY  
PREZCOBIX

STRIBILD  
TRIUMEQ  
TRUVADA

FUSION INHIBITORS  
FUZEON

INTEGRASE INHIBITORS  
ISENTRESS  
TIVICAY

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS  
*nevirapine*  
*nevirapine ext-rel*  
EDURANT  
INTELENCE  
SUSTIVA

§ 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 tablet*  
*lamivudine*  
BARACLUDE SOLUTION  
VEMLIDY

§ HEPATITIS C AGENTS  
*ribavirin*  
EPCLUSA (genotypes 2, 3)  
HARVONI (genotypes 1, 4, 5, 6)

### ANTINEOPLASTIC AGENTS

§ ALKYLATING AGENTS  
*temozolomide*

§ ANTIMETABOLITES  
*capecitabine*

HORMONAL ANTINEOPLASTIC AGENTS  
ANTIANDROGENS  
ZYTIGA

§ LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS  
*leuprolide acetate*  
LUPRON DEPOT  
TRELSTAR  
ZOLADEX

IMMUNOMODULATORS  
REVLIMID  
THALOMID

## 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 copay<sup>1</sup> 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 copay<sup>1</sup> for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to [www.caremark.com](http://www.caremark.com) to check coverage and copay<sup>1</sup> information for a specific medicine.

**§ KINASE INHIBITORS**

*imatinib mesylate*  
AFINITOR  
BOSULIF  
CABOMETYX  
NEXAVAR  
SPRYCEL  
SUTENT  
TARCEVA  
TYKERB  
VOTRIENT

**§ MISCELLANEOUS**

*bexarotene capsule*  
ZOLINZA

**CARDIOVASCULAR**

ANTILIPEMICS  
MICROSOMAL  
TRIGLYCERIDE TRANSFER  
PROTEIN INHIBITORS  
JUXTAPID

PCSK9 INHIBITORS  
REPATHA

PULMONARY ARTERIAL  
HYPERTENSION

ENDOTHELIN RECEPTOR  
ANTAGONISTS  
LETAIRIS

TRACLEER

**§ PHOSPHODIESTERASE  
INHIBITORS**

*sildenafil*

PROSTAGLANDIN  
VASODILATORS

ORENITRAM

**CENTRAL NERVOUS  
SYSTEM****§ HUNTINGTON'S DISEASE  
AGENTS**

*tetrabenazine*

**§ MULTIPLE SCLEROSIS  
AGENTS**

*glatiramer*  
AUBAGIO  
BETASERON  
COPAXONE 40 MG  
GILENYA  
REBIF  
TECFIDERA

**ENDOCRINE AND  
METABOLIC**

ACROMEGALY  
SOMATULINE DEPOT  
SOMAVERT

CALCIUM REGULATORS

PARATHYROID HORMONES  
FORTEO

FERTILITY REGULATORS

GNRH / LHRH  
ANTAGONISTS  
CETROTIDE

**§ OVULATION STIMULANTS,  
GONADOTROPINS**

*chorionic gonadotropin -  
Novarel*  
FOLLISTIM AQ  
OVIDREL

HUMAN GROWTH  
HORMONES  
HUMATROPE

**HEMATOLOGIC****HEMATOPOIETIC GROWTH  
FACTORS**

ARANESP  
ZARXIO

**HEMOPHILIA AGENTS**

KOGENATE FS  
KOVALTRY  
NOVOEIGHT  
NUWIQ

HEREDITARY ANGIOEDEMA

RUCONEST

**IMMUNOLOGIC  
AGENTS**

ALLERGENIC EXTRACTS  
ORALAIR

BIOLOGIC DISEASE-  
MODIFYING AGENTS  
PSORIASIS

HUMIRA  
STELARA (after failure of HUMIRA)  
TALTZ (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 tablet*  
RAPAMUNE SOLUTION

**RESPIRATORY****§ CYSTIC FIBROSIS**

*tobramycin inhalation*  
*solution*  
BETHKIS

**PULMONARY FIBROSIS  
AGENTS**

ESBRIET  
OFEV

**TOPICAL****DERMATOLOGY**

ATOPIC DERMATITIS  
DUPIXENT

**MOUTH / THROAT /  
DENTAL AGENTS**

PROTECTANTS  
MUGARD

**QUICK REFERENCE DRUG LIST****A**

*abacavir tablet*  
*abacavir-lamivudine*  
AFINITOR  
ARANESP  
ATRIPLA  
AUBAGIO

**B**

BARACLUDE SOLUTION  
BETASERON  
BETHKIS  
*bexarotene capsule*  
BOSULIF

**C**

CABOMETYX  
*capecitabine*  
CETROTIDE  
*chorionic gonadotropin -  
Novarel*  
COMPLERA  
COPAXONE 40 MG  
*cyclosporine*  
*cyclosporine, modified*

**D**

DESCOVY  
*didanosine*  
DUPIXENT

**E**

EDURANT  
EMTRIVA  
ENBREL  
*entecavir tablet*  
EPCLUSA  
ESBRIET  
EVOTAZ

**F**

FOLLISTIM AQ  
FORTEO  
FUZEON

**G**

GEL-ONE  
GENVOYA  
GILENYA  
*glatiramer*

**H**

HARVONI  
HUMATROPE  
HUMIRA  
HYALGAN

**I**

*imatinib mesylate*  
INTELENCE  
ISENTRESS

**J**

JUXTAPID

**K**

KALETRA TABLET  
KOGENATE FS  
KOVALTRY

**L**

*lamivudine*  
*lamivudine-zidovudine*  
LETAIRIS  
*leuprolide acetate*  
*lopinavir-ritonavir solution*  
LUPRON DEPOT

**M**

MUGARD  
*mycophenolate mofetil*  
*mycophenolate sodium*

**N**

*nevirapine*  
*nevirapine ext-rel*  
NEXAVAR  
NORVIR  
NOVOEIGHT  
NUWIQ

**O**

ODEFSEY  
OFEV  
ORALAIR  
ORENITRAM  
OVIDREL

**P**

PREZCOBIX  
PREZISTA

**R**

RAPAMUNE SOLUTION  
RASUVO  
REBIF  
REPATHA  
REVLIMID  
REYATAZ  
*ribavirin*  
RUCONEST

**S**

*sildenafil*  
*sirolimus tablet*  
SOMATULINE DEPOT  
SOMAVERT  
SPRYCEL  
*stavudine*  
STELARA  
STRIBILD  
SUPARTZ FX

SUSTIVA  
SUTENT

**T**

*tacrolimus*  
TALTZ  
TARCEVA  
TECFIDERA  
*temozolomide*  
*tetrabenazine*  
THALOMID  
TIVICAY  
*tobramycin inhalation*  
*solution*  
TRACLEER  
TRELSTAR  
TRIUMEQ  
TRUVADA  
TYKERB

**V**

VEMLIDY  
VIREAD  
VOTRIENT

**Z**

ZARXIO  
*zidovudine*  
ZOLADEX  
ZOLINZA  
ZYTIGA

## PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS <sup>2</sup>

| DRUG NAME(S) | PREFERRED OPTION(S)*  | DRUG NAME(S)         | PREFERRED OPTION(S)*  |
|--------------|---|----------------------|---|
| ACTEMRA      | ENBREL, HUMIRA  | OTREXUP              | RASUVO  |
| ADCIRCA      | <i>sildenafil</i>   | PEGASYS              | Consult doctor  |
| AVONEX       | <i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA   | PLEGRIDY             | <i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA   |
| BERINERT     | RUCONEST  | PRALUENT             | REPATHA   |
| BRAVELLE     | FOLLISTIM AQ  | PROCRIT              | ARANESP   |
| CIMZIA       | ENBREL, HUMIRA  | PROGRAF              | <i>tacrolimus</i>   |
| COSENTYX     | ENBREL (for non-psoriasis conditions), HUMIRA, STELARA (psoriasis, after failure of HUMIRA), TALTZ (psoriasis, after failure of HUMIRA) | PROLIA               | <i>alendronate</i> , <i>calcitonin-salmon</i> , <i>ibandronate</i> , <i>risedronate</i> , ATELVIA, FORTEO                               |
| DAKLINZA     | EPCLUSA (genotypes 2, 3), HARVONI (genotypes 1, 4, 5, 6)  | REMICADE             | ENBREL (for non-psoriasis conditions), HUMIRA, STELARA (psoriasis, after failure of HUMIRA), TALTZ (psoriasis, after failure of HUMIRA) |
| EUFLEXXA     | GEL-ONE, HYALGAN, SUPARTZ FX  | REVATIO              | <i>sildenafil</i>   |
| EXTAVIA      | <i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA   | SAIZEN               | HUMATROPE   |
| GENOTROPIN   | HUMATROPE   | SANDOSTATIN LAR      | SOMATULINE DEPOT, SOMAVERT  |
| GLEEVEC      | <i>imatinib mesylate</i> , BOSULIF, SPRYCEL   | SIMPONI              | ENBREL, HUMIRA  |
| GONAL-F      | FOLLISTIM AQ  | SYNVISC, SYNVISC-ONE | GEL-ONE, HYALGAN, SUPARTZ FX  |
| HELIXATE FS  | KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ   | TASIGNA              | <i>imatinib mesylate</i> , BOSULIF, SPRYCEL   |
| KINERET      | ENBREL, HUMIRA  | TECHNIVIE            | HARVONI (genotypes 1, 4, 5, 6)  |
| MONOVISC     | GEL-ONE, HYALGAN, SUPARTZ FX  | TOBI                 | <i>tobramycin inhalation solution</i> , BETHKIS   |
| NEUPOGEN     | ZARXIO  | TOBI PODHALER        | <i>tobramycin inhalation solution</i> , BETHKIS   |
| NORDITROPIN  | HUMATROPE   | VIEKIRA PAK          | HARVONI (genotypes 1, 4, 5, 6)  |
| NUTROPIN AQ  | HUMATROPE   | VIEKIRA XR           | HARVONI (genotypes 1, 4, 5, 6)  |
| OLYSIO       | HARVONI (genotypes 1, 4, 5, 6)  | XELJANZ              | ENBREL, HUMIRA  |
| OMNITROPE    | HUMATROPE   | XENAZINE             | <i>tetrabenazine</i>  |
| OPSUMIT      | LETAIRIS, TRACLEER  | XTANDI               | ZYTIGA  |
| ORENCIA      | ENBREL, HUMIRA  | ZEPATIER             | HARVONI (genotypes 1, 4, 5, 6)  |
| ORTHOVISC    | GEL-ONE, HYALGAN, SUPARTZ FX  |                      |   |
| OTEZLA       | ENBREL (for non-psoriasis conditions), HUMIRA, STELARA (psoriasis, after failure of HUMIRA), TALTZ (psoriasis, 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 copay<sup>1</sup> 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 [www.caremark.com](http://www.caremark.com) to check coverage and copay<sup>1</sup> 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.

<sup>1</sup> 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.

<sup>2</sup> 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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