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 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 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 copay 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 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 copay information for a specific medicine.
Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit Caremark.com or contact a CVS Caremark Customer Care representative.
Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit Caremark.com or contact a CVS Caremark Customer Care representative.

**HARVONI**

leuprolide acetate

lopinavir-ritonavir solution

LUCENTIS

**MIRENA**

MUGARD

MULTPLETA

mycophenolate mofetil

mycophenolate sodium

**NEULASTA**

nevirapine

nevirapine ext-rel

**NEXAVAR**

NIVESTYM

NORVIR

NOVOOIGHT

NUCALA

NUWIQ

**ODEFSEY**

ODOMZO

OFEV

OPSUMIT

ORALAIR

ORENICA CLICKJECT

ORENICA

SUBCUTANEOUS

ORENITRAM

ORFADIN

OTEZLA

OVIDREL

sirolimus

SKYLA

SKYRIZI

sodium phenylbutyrate

SOMATULINE DEPOT

SOMAVERT

SPRYCEL

stavudine

STELARA

SUBCUTANEOUS

STRIBILD

SUPARTZ FX

SUTENT

SYMFI

SYMFI LO

tadalafil

TALTZ

tempreline

TEMPRISOLONE

tobramycin

inhalation solution

TRACLEER

TRIUMEQ

TRUVADA

TYKERB

TYMLOS

TYSABRI

UDENYCA

UPTRAVI

vigabatrin

VIREAD

VISCO-3

VOSEVI

VOTRIENT

XELJANZ

XELJANZ XR

XTANDI

ZEJULA

zidovudine

ZOLINZA

ADCIRCA

sildenafil, tadalafil

ALPROLIX

Consult doctor

ASTAGRAF XL

cyclosporine; cyclosporine, modified; tacrolimus

BARACLUDE TABLET

entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION

BERINERT

RUCONEST

BRAVEXIL

GONAL-F

BUPHENYL

sodium phenylbutyrate

CELLCEPT

mycophenolate mofetil, mycophenolate sodium

CHORIONIC GONADOTROPIN

OVIDREL

DAKUNZA

EPICLUSA (genotypes 1, 2, 3, 4, 5, 6), HAVRONI (genotypes 1, 4, 5, 6)

ELEYSO

CERDELGA, CEREZYM

ELOCTATE

ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOOIGHT, NUWIQ

ENVARSUX

cyclosporine; cyclosporine, modified; tacrolimus

EPIVIR HBV

entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION

EPOGEN

ARANESP, RETACRIT

EUFLEXZA

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

EXTAVIA

glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA, TYSABRI

FASENRA

DUPIXENT, NUCA

FOLLISTIM AQ

GONAL-F

FULPHILA

NEULASTA, UDENYCA

GENOTROPIN

HUMATROPE

GLEEVEC

imatinib mesylate, BOSULIF, SPRYCEL

GRANIX

NIVESTYM

HELIXATE FS

ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOOIGHT, NUWIQ

HEPSERA

entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION

HYALGAN

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

LILETTA

KYLEENA, MIRENA, SKYLA

LUPRON DEPOT

(For Prostate Cancer Only)

ELIGARD

MAVYRET

EPICLUSA (genotypes 1, 2, 3, 4, 5, 6), HAVRONI (genotypes 1, 4, 5, 6)

MONOVISC

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

MYFORTIC

mycophenolate mofetil, mycophenolate sodium

NEUPOGEN

NIVESTYM

NORDITROPIN

HUMATROPE

NOVAREL

OVIDREL

NUTROPIN AQ

HUMATROPE

OMNITROPE

HUMATROPE

ORTHOVISC

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

OTREXUP

RASUVO

PEGASYS

Consult doctor

PRLUENT

REPATHA

PREGNUL

OVIDREL

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit Caremark.com or contact a CVS Caremark Customer Care representative.
Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit Caremark.com or contact a CVS Caremark Customer Care representative.

### Table 1 - Preferred Options for Indication Based Autoimmune Excluded Medications

<table>
<thead>
<tr>
<th>Condition</th>
<th>Excluded Drug Name(s)</th>
<th>Preferred Option(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ankylosing Spondylitis</td>
<td>CIMZIA, SIMPONI</td>
<td>COSENTYX, ENBREL, HUMIRA</td>
</tr>
<tr>
<td>Crohn’s Disease</td>
<td>CIMZIA, ENTYVIO</td>
<td>HUMIRA, STELARA SUBCUTANEOUS #</td>
</tr>
<tr>
<td>Psoriasis</td>
<td>CIMZIA, COSENTYX, ENBREL</td>
<td>HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS TALT</td>
</tr>
<tr>
<td>Psoriatic Arthritis</td>
<td>CIMZIA, ORENCIA CLICKJECT, ORENCIA INTRAVENOUS SIMPONI, STELARA SUBCUTANEOUS TALT, XELJANZ, XELJANZ XR</td>
<td>COSENTYX, ENBREL, HUMIRA, OTEZLA</td>
</tr>
<tr>
<td>Rheumatoid Arthritis</td>
<td>ACTEMRA, CIMZIA, KINERET, ORENCIA INTRAVENOUS SIMPONI</td>
<td>ENBREL, HUMIRA, KEVZARA, ORENCIA CLICKJECT, ORENCIA SUBCUTANEOUS XELJANZ, XELJANZ XR</td>
</tr>
<tr>
<td>Ulcerative Colitis</td>
<td>ENTYVIO, XELJANZ</td>
<td>HUMIRA, SIMPONI</td>
</tr>
<tr>
<td>All Other Conditions</td>
<td>ACTEMRA, KINERET, ORENCIA CLICKJECT, ORENCIA INTRAVENOUS SIMPONI</td>
<td>ENBREL, HUMIRA</td>
</tr>
</tbody>
</table>

# 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 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 to check coverage and copay 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.

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.

©2019 CVS Caremark. All rights reserved. 106-31697C 100119 Caremark.com