

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.
- 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 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.

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.
- 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 www.caremark.com to check coverage and copay information for a specific medicine.

ANALGESICS

VISCOSUPPLEMENTS

GEL-ONE
HYALGAN
SUPARTZ FX

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

lamivudine-zidovudine
ATRIPLA
COMPLERA
EPZICOM
EVOTAZ
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
didanosine
lamivudine
stavudine
zidovudine
EMTRIVA

NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

VIREAD

PROTEASE INHIBITORS

KALETRA
NORVIR
PREZISTA
REYATAZ

ANTIVIRALS

§ HEPATITIS B AGENTS
entecavir tablet
lamivudine
BARACLUDE SOLUTION

§ HEPATITIS C AGENTS

ribavirin
HARVONI
SOVALDI

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

§ KINASE INHIBITORS

imatinib mesylate
AFINITOR
BOSULIF
NEXAVAR
SPRYCEL
SUTENT
TARCEVA
TYKERB
VOTRIENT

§ MISCELLANEOUS

bexarotene capsule
ZOLINZA

CARDIOVASCULAR

ANTILIPEMICS

PCSK9 INHIBITORS
REPATHA

PULMONARY ARTERIAL HYPERTENSION

ENDOTHELIN RECEPTOR ANTAGONISTS

LETAIRIS
TRACLEER

§ PHOSPHODIESTERASE INHIBITORS

sildenafil

PROSTAGLANDIN VASODILATORS

TYVASO
VENTAVIS

CENTRAL NERVOUS SYSTEM

§ HUNTINGTON'S DISEASE AGENTS

tetrabenazine

§ MULTIPLE SCLEROSIS AGENTS

glatiramer
AUBAGIO
BETASERON
COPAXONE 40 MG
GILENYA
REBIF
TECFIDERA

ENDOCRINE AND METABOLIC

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
NEULASTA

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS
ORALAIR

BIOLOGIC DISEASE-MODIFYING AGENTS

ENBREL
HUMIRA

§ DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)
RASUVO

IMMUNOSUPPRESSANTS

§ ANTIMETABOLITES
mycophenolate mofetil
MYFORTIC

§ CALCINEURIN INHIBITORS
cyclosporine
cyclosporine, modified
tacrolimus

§ RAPAMYCIN DERIVATIVES
sirolimus tablet
RAPAMUNE SOLUTION

TOPICAL

MOUTH / THROAT / DENTAL AGENTS
PROTECTANTS
MUGARD

QUICK REFERENCE DRUG LIST

A <i>abacavir</i> AFINITOR ARANESP ATRIPLA AUBAGIO	E EDURANT EMTRIVA ENBREL <i>entecavir tablet</i> EPZICOM EVOTAZ	I <i>imatinib mesylate</i> INTELENCE ISENTRESS	O ORALAIR OVIDREL	T <i>tacrolimus</i> TARCEVA TECFIDERA <i>temozolomide</i> <i>tetrabenazine</i> THALOMID TIVICAY TRACLEER TRELSTAR TRIUMEQ TRUVADA TYKERB TYVASO
B BARACLUDE SOLUTION BETASERON <i>bexarotene capsule</i> BOSULIF	F FOLLISTIM AQ FORTEO FUZEON	K KALETRA	P PREZCOBIX PREZISTA	V VENTAVIS VIREAD VOTRIENT
C <i>capecitabine</i> CETROTIDE <i>chorionic gonadotropin - Novarel</i> COMPLERA COPAXONE 40 MG <i>cyclosporine</i> <i>cyclosporine, modified</i>	G GEL-ONE GILENYA <i>glatiramer</i>	L <i>lamivudine</i> <i>lamivudine-zidovudine</i> LETAIRIS <i>leuprolide acetate</i> LUPRON DEPOT	R RAPAMUNE SOLUTION RASUVO REBIF REPATHA REVLIMID REYATAZ <i>ribavirin</i>	Z <i>zidovudine</i> ZOLADEX ZOLINZA ZYTIGA
D <i>didanosine</i>	H HARVONI HUMATROPE HUMIRA HYALGAN	M MUGARD <i>mycophenolate mofetil</i> MYFORTIC	S <i>sildenafil</i> <i>sirolimus tablet</i> SOVALDI SPRYCEL <i>stavudine</i> STRIBILD SUPARTZ FX SUSTIVA SUTENT	
		N NEULASTA <i>nevirapine</i> <i>nevirapine ext-rel</i> NEXAVAR NORVIR		

PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS ²

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ACTEMRA	ENBREL, HUMIRA	EXTAVIA	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA
ADCIRCA	<i>sildenafil</i>	GENOTROPIN	HUMATROPE
AVONEX	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA	GONAL-F	FOLLISTIM AQ
BRAVELLE	FOLLISTIM AQ	KINERET	ENBREL, HUMIRA
CIMZIA	ENBREL, HUMIRA	MONOVISC	GEL-ONE, HYALGAN, SUPARTZ FX
EUFLEXXA	GEL-ONE, HYALGAN, SUPARTZ FX	NORDITROPIN	HUMATROPE
		NUTROPIN AQ	HUMATROPE

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DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
OMNITROPE	HUMATROPE	REPRONEX	CETROTIDE, FOLLISTIM AQ
OPSUMIT	LETAIRIS, TRACLEER	REVATIO	<i>sildenafil</i>
ORENCIA	ENBREL, HUMIRA	SAIZEN	HUMATROPE
ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ FX	SIMPONI	ENBREL, HUMIRA
OTEZLA	ENBREL, HUMIRA	STELARA	ENBREL, HUMIRA
PEGASYS	Consult doctor	SYNVISC, SYNVISC-ONE	GEL-ONE, HYALGAN, SUPARTZ FX
PLEGRIDY	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA	TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
PRALUENT	REPATHA	VIEKIRA PAK	HARVONI
PROCRIT	ARANESP	XELJANZ	ENBREL, HUMIRA
PROGRAF	<i>tacrolimus</i>	XENAZINE	<i>tetrabenazine</i>
PROLIA	<i>alendronate</i> , <i>calcitonin-salmon</i> , <i>ibandronate</i> , <i>risedronate</i> , ATELVIA, FORTEO	XTANDI	ZYTIGA
REMICADE	ENBREL, 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 until the product has been evaluated, determined to be clinically appropriate and cost-effective, and approved by the CVS Caremark Pharmacy and Therapeutics Committee (or other appropriate reviewing body). 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 www.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 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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