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](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. This may result in your doctor prescribing, when medically appropriate, a different brand-name product or generic equivalent in place of your original prescription.
- If there is no generic available, there may be a brand-name product necessary, consider prescribing a name drug for which a generic equivalent in place of your original prescription.
- In most instances, a brand-name drug for which a generic equivalent 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](http://www.caremark.com) to check coverage and copay information for a specific medicine.

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**ANALGESICS**

- VISCOSUPPLEMENTS
  - GEL-ONE
  - HYALGAN
  - SUPARTZ

**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
  - EDURANT
  - INTELENCE
  - RESCRIPTOR
  - SUSTIVA
  - VIRAMUNE XR

- § NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS
  - abacavir
  - didanosine
  - lamivudine
  - stavudine
  - zidovudine
  - EMTRIVA

- NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS
  - VIREAD

- PROTEASE INHIBITORS
  - KALETRA
  - NORVIR
  - PREZISTA
  - REYATAZ

- ANTVIRALS
  - § HEPATITIS B AGENTS
    - entecavir tablet
    - lamivudine
  - BARAACLE SOLUTION

- § HEPATITIS C AGENTS
  - ribavirin

- HARVONI
  - SOVALDI

- ZOLADEX

**ANTINEOPLASTIC AGENTS**

- § ALKYLATING AGENTS
  - temozolomide

- § ANTIMITOBILITES
  - capcitabine

- HORMONAL ANTINEOPLASTIC AGENTS
  - § ANTIANDROGENS
  - ZYTIGA

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

- KINASE INHIBITORS
  - AFINITOR
  - BOSULIF
  - GLEEVEC
  - NEXAVAR
  - SPRYCEL
  - SUTEN
  - TARCEVA
  - TYKERB
  - VOTRIENT

- § MISCELLANEOUS
  - TARGRETIN CAPSULE
  - ZOLINZA

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### CARDIOVASCULAR
- **ANTILIPEMICS**
  - PCSK9 INHIBITORS
  - REPATHA
- **PULMONARY ARTERIAL HYPERTENSION**
  - ENDOTHELIN RECEPTOR ANTAGONISTS
  - LETAIRIS
  - TRACLEER
- **§ PHOSPHODIESTERASE INHIBITORS**
  - sildenafil

### CENTRAL NERVOUS SYSTEM
- **MULTIPLE SCLEROSIS AGENTS**
  - AUBAGIO
  - BETASERON
  - COPAXONE
  - GILENYA
  - REBIF
  - TECFIDERA

### ENDOCRINE AND METABOLIC
- **CALCIUM REGULATORS**
  - FORTEO
- **PARATHYROID HORMONES**
  - HUMATROPE

### FERTILITY REGULATORS
- **GNRH / LH RH ANTAGONISTS**
  - CETROTIDE

### IMMUNOLOGIC AGENTS
- **ALLERGENIC EXTRACTS ORALAIR**
- **BIOLOGIC DISEASE-MODIFYING AGENTS**
  - ENBREL
  - HUMIRA
- **§ DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDS)**
  - RASUVO
- **IMMUNOMODULATORS**
  - PEGINTRON

### IMMUNOSUPPRESSANTS
- **§ ANTIMETABOLITES**
  - mycophenolate mofetil
  - MYFORTIC
- **§ CALCINEURIN INHIBITORS**
  - cyclosporine
  - cyclosporine, modified
- **§ RAPAMYCIN DERIVATIVES**
  - sirolimus tablet
  - RAPAMUNE SOLUTION

### TOPICAL
- **MOUTH / THROAT / DENTAL AGENTS**
  - PROTECTANTS
  - MUGARD

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**QUICK REFERENCE DRUG LIST**

| A | abacavir
| AFINITOR
| ARANESP
| ATRIPLA
| AUBAGIO |
| B | BARACLUDE SOLUTION
| BETASERON
| BOSULIF |
| C | capcitabine
| CETROTIDE
| choriionic gonadotropin - Novarel
| COMPLERA
| COPAXONE
| cyclosporine
| cyclosporine, modified |
| D | didanosine |
| E | EDURANT
| EMTRIVA
| ENBREL
| entecavir tablet
| EPZICOM
| EVOTAZ |
| F | FOLLISTIM AQ
| FORTEO
| FUZEON |
| G | GEL-ONE
| GILENYA
| GLEEVEC |
| H | HARVONI
| HUMATROPE
| HUMIRA
| HYALGAN |
| I | INTELENCE |
| J | ISENTRESS |
| K | KALETRA |
| L | lamivudine
| lamivudine-zidovudine
| LEVITRA
| leuprolide acetate
| LUFRON DEPOT |
| M | MUGARD
| mycophenolate mofetil
| MYFORTIC |
| N | NEULASTA
| nevirapine
| NEXAVAR
| NORVIR |
| O | ORALAIR
| OVIDREL |
| P | PEGINTRON
| PREZOCOBIX
| PREZISTA |
| R | RAPAMUNE SOLUTION
| RASUVO
| REBIF
| REPATHA
| RESEPTOR
| REVILIMID
| REYATAZ
| ribavirin |
| S | sildenafil
| sirolimus tablet
| SOVALDI
| SPRYCE
| stavudine
| STRIBILD
| SUPARTZ
| SUSTIVA
| SUTENT |
| T | tacrolimus
| TARCEVA
| TARGRETIN CAPSULE
| TECFIDERA
| temozolomide
| THALOMID
| TIVACAY
| TRACLEER
| TRELSTAR
| TRIUMEQ
| TRUVADA
| TYKERB
| TVASO |
| U | VENTAVIS
| VIRAMUNE XR
| VIREAD
| VOTRIENT |
| Z | zidovudine
| ZOLADEX
| ZOLINZA
| ZYTIGA |

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**PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS**

<table>
<thead>
<tr>
<th>DRUG NAME(S)</th>
<th>PREFERRED OPTION(S)*</th>
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<tbody>
<tr>
<td>ACTEMRA</td>
<td>ENBREL, HUMIRA</td>
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<tr>
<td>ADCIRCA</td>
<td>sildenafil</td>
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<tr>
<td>AVONEX</td>
<td>AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA</td>
</tr>
<tr>
<td>BRAVELLE</td>
<td>FOLLISTIM AQ</td>
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<tr>
<td>CIMZIA</td>
<td>ENBREL, HUMIRA</td>
</tr>
<tr>
<td>EUFLEXXIA</td>
<td>GEL-ONE, HYALGAN, SUPARTZ</td>
</tr>
<tr>
<td>EXTAVIA</td>
<td>AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>OPSUMIT</td>
<td>LETAIRIS, TRACLEER</td>
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<tr>
<td>ORENCIA</td>
<td>ENBREL, HUMIRA</td>
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<td>ORTHOVISC</td>
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<td>OTEZLA</td>
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<td>PEGASYS</td>
<td>PEGINTRON</td>
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<td>PLEGIRIDY</td>
<td>AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA</td>
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<td>PRAEVENT</td>
<td>REPATHA</td>
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<td>PROCRT</td>
<td>ARANESP</td>
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<tr>
<td>PROGRAF</td>
<td>tacrolimus</td>
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<tr>
<td>PROLIA</td>
<td>alendronate, calcitonin-salmon, ibandronate, ACTONEL, ATELVIA, FORTEO</td>
</tr>
<tr>
<td>REMICADE</td>
<td>ENBREL, HUMIRA</td>
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</tbody>
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<tbody>
<tr>
<td>REPRONEX</td>
<td>CETROTIDE, FOLLISTIM AQ</td>
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<td>REVATIO</td>
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<td>SAIZEN</td>
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<td>SIMPONI</td>
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<td>STELARA</td>
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<td>SYNVIS, SYNVIS-ONE</td>
<td>GEL-ONE, HYALGAN, SUPARTZ</td>
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<tr>
<td>TASIGNA</td>
<td>BOSULIF, GLEEVEC, SPRYCEL</td>
</tr>
<tr>
<td>TEV-TROPIN</td>
<td>HUMATROPE</td>
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<td>VIEKIRA PAK</td>
<td>HARVONI</td>
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<tr>
<td>XTANDI</td>
<td>ZYTIGA</td>
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</tbody>
</table>

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](http://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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