

Specialty Pharmacy Program Drug List for The Empire Plan Prescription Drug Program – Advanced Flexible Formulary

If you are an enrollee or health care provider, please contact CVS Specialty® at 1-855-264-3238 or visit Empireplanrxprogram.com

With more than 40 years of specialty pharmacy experience, CVS Specialty provides proactive quality care and service. We have a network of pharmacies that includes those with Joint Commission and URAC accreditation. The Joint Commission and URAC are nationally recognized symbols of quality that reflect an organization's commitment to meet high standards of quality and safety.

Coverage under The Empire Plan Prescription Drug Program requires that the following medications be ordered from CVS Specialty.

ACROMEGALY

Ilanreotide
octreotide acetate
(SANDOSTATIN)¹
octreotide LA
(SANDOSTATIN LAR)
Somatuline Depot*
Somavert*

ALCOHOL/OPIOID DEPENDENCY

Brixadi*⁴
Vivitrol⁴

ALLERGEN IMMUNOTHERAPY

Xolair*

ALOPECIA AREATA

Leqselvi*
Litfulo*

AMYLOIDOSIS

Amyvuttra*
Onpattro*[†]
Vyndamax*
Vyndaqel*

ALPHA-1 ANTITRYPSIN DEFICIENCY

Aralast NP*
Glassia*
Zemaira*

ANEMIA

Enjaymo*
Epogen
Procrit
Reblozyl*

Retacrit

ANTICOAGULANTS

enoxaparin (LOVENOX)^{1,4}

ANTIEMETICS

Anzemet⁴
granisetron (KYTRIL)^{1,4}
palonosetron (ALOXI)^{1,4}

ASTHMA

Dupixent
Fasenra*
Nucala*
Tezspire*
Xolair*

ATOPIC DERMATITIS

Adbry*
Dupixent
Nemludio*

BONE DISORDERS - OTHER

Sohonos*
Voxzogo*

CARDIAC DISORDERS

Arcalyst*
Camzyos*
dofetilide (TIKOSYN)¹

CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES

Arcalyst*
Ilaris*

CUSHING'S SYNDROME

mifepristone

CYSTIC FIBROSIS

Alyftrek*
Bethkis*
Bronchitol*
Cayston*
Kalydeco*
Kitabis Pak*
Orkambi*
Pulmozyme
Symdeko*
tobramycin nebulizer¹
Trikafta*

DERMATOLOGICAL DISORDERS – OTHER

Dupixent
Nemludio*

DUPUYTREN'S CONTRACTURE

Xiaflex*

ELECTROLYTE DISORDER

tolvaptan*
(SAMSCA*)¹

ENDOCRINE DISORDERS-OTHER

Acthar*
Cortrophin*

GASTROINTESTINAL DISORDERS – OTHER

Dupixent
Gattex*
Iqirvo*
Ocaliva*
Solesta*⁴

GOUT

Ilaris*
Krystexxa*

GROWTH HORMONE & RELATED DISORDERS

Growth Hormone Disorders

Genotropin
Ngenla*
Norditropin
Serostim*
Skytrofa*
Sogroya*

HEMATOPOIETICS

plerixafor
Mozobil*

HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS

Advate
Adynovate
Afstyla
Alhemo*
Alphanate
AlphaNine SD
Alprolix
Altuviiio*
BeneFIX
Coagadex*
Corifact*
Eloctate
Esperoct*
Feiba NF

Fesilty*

Fibryga
Hemlibra
Hemofil M
Humate-P
Hympavzi*
Idelvion
Ixinity
Jivi*
Koate
Koate-DVI
Kovaltry
Monoclate-P
Mononine
NovoEight*
NovoSeven²
NovoSeven RT
Nuwig
Obizur*
Profilnine SD
Rebinyn
Recombinate
RiaSTAP
Rixubis
Sevenfact*
Stimate
Tretten*
Vonvendi*
Wilate
Xyntha²

HEPATITIS C

Epclusa
Harvoni
RibaPak
RibaTab
ribavirin caps
ribavirin tabs
Sovaldi

Vosevi	MICRhoGAM ^{2,4}	Zymfentra	Cortrophin*	bendamustine lyophilized (TREANDA)
HEREDITARY ANGIOEDEMA	Nabi-HB ⁴	IRON OVERLOAD	dimethyl fumarate	Besponsa*
Andembry*	Octaga	deferasirox*	fingolimod*	Bilprevda*
Beriner*	Panzyga	(EXJADE*/JADENU*) ¹	glatiramer acetate (COPAXONE, glatopa) ¹	Bomyntra*
Cinryze*	Privigen	deferoxamine (DEFERAL) ¹	Kesimpta*	Bortezomib
Ekterly*	Qivigy*	LYSOSOMAL STORAGE DISORDERS	Lemtrada*	Columvi*
Haegarda*	RhoGAM ^{2,4}	Aldurazyme*	Mayzent*	Cyramza*
icatibant acetate* (FIRAZYR*) ¹	Rhophylac ⁴	Cerdelga*	Ocrevus*	Darzalex*
Kalbitor*	Varizig ⁴	Cerezyme*	Ocrevus Zunovo*	Darzalex Faspro*
Ruconest*	WinRho SDF ⁴	Cystagon*	Plegridy*	Datroway*
Takhzyro*	Xembify*	Elaprase*	Rebif ²	decitabine
	Yimmugo*	Elelyso*	teriflunomide	Defitelio*
	IMMUNE (IDIOPATHIC) THROMBOCYTOPENIA PURPURA	Elfabrio*	Tyruko*	Empliciti*
	Doptelet*	Fabrazyme*	Tysabri*	Enhertu
	eltrombopag olamine	Kanuma*	Vumerity*	Erbitux
	Nplate	Lumizyme*	Zeposia*	eribulin (HALAVEN)
	INFECTIOUS DISEASE	miglustat		Evomela*, ⁴
	Actimmune*	Naglazyme*	MUSCULAR DYSTROPHY	Gazyva*
	Alferon N	Nexvzyme*	deflazacort	Herceptin
	INFERTILITY	Opfolda*	deflazacort suspension	Herceptin Hylecta
	cetorelix acetate	Pombiliti*		Hercessi
	chorionic gonadotropin (NOVAREL, PREGNLY) ¹	Vimizim*	NEUROMUSCULAR	Herzuma
	Ganirelix B4G	VPRIV*	BKEMV*	Imdelltra*
	Gonal-F	Xenpozzyme*	Imaavy*	Imfinzi*
	Gonal-F RFF		Rystiggo*	Imjudo*
	Menopur	MOVEMENT DISORDERS	Soliris*	Istodax*
	Ovidrel	Apokyn*	Ultomiris*	Ivra
	INFLAMMATORY BOWEL DISEASE	Austedo	Uplizna [†]	Ixempra
	adalimumab-adaz	Austedo XR	Vyvgart*	Jemperli*
	adalimumab-bwwd	droxidopa* (NORTHERA*)	Vyvgart Hytrulo*	Jevtana
	Avsola*	Duopa*		Jubereq
	Entyvio	edaravone (RADICAVA*) [†]	NEUTROPENIA	Kadcyla
	Hadlima	Ingrezza*	Granix	Kanjinti*
	Humira	Ingrezza Sprinkle*	Fylintra*	Keytruda*
	Hyrmoz (Cordavis)	Nuplazid*	Leukine	Keytruda Qlex*
	Inflectra*	Onapgo*	Neulasta	Khapzory*
	Infliximab*	Radicava ORS*	Nivestym	Kyprolis*
	Omvo*	tetrabenazine (XENAXINE*) ¹	Nyvepria	Levoleucovorin
	Pyzchiva (Cordavis)	Vyalev*	Releuko	Loqtorzi*
	Remicade		Rolvedon*	Lunsumio*
	Renflexis*	MULTIPLE SCLEROSIS	Udenyca	Lunsumio Velo*
	Simlandi	Acthar*	ONCOLOGY – INJECTABLE³	Margenza*
	Skyrizi	Ampyra*	Adcetris*	Mitoxantrone ⁴
	tofacitinib (XELJANZ)	Avonex ²	Alymsys*	Mvasi*
	tofacitinib ext-rel (XELJANZ XR)	Bafiertam*	Aukelso*	Mylotarg*
	Tremfya	Betaseron	Avastin	Niktimvo*
	Tyruko*	Briumvi*	azacitidine (VIDAZA) ¹	Ogivri*
	Tysabri*	cladribine (MAVENCLAD*)	Beleodaq*	Oncaspar*
	Yesintek		Belrapzo*	Onivyde*
	Zeposia*		bendamustine (BENDEKA*)	Ontruzant*
				Opdualag*
				Opdivo*
				Opdivo Qvantig*
				Osenvelt*
				Padcev*
				Perjeta*
				Phesgo*
				Polivy*
				Poteligeo*



pralatrexate
(FOLOTYN)
 Proleukin
 Riabni*
 Rituxan
 Rituxan Hycela*
 Romidepsin
 Ruxience
 Rybrevant*
 Rybrevant Faspro*
 Rylaze*
 Sarclisa*
 Sylatron
 Sylvant*
 Tecentriq*
 Tecentriq Hybreza*
 Temodar
 temsirolimus
(TORISEL)
 Tepadina⁴
 Thyrogen*⁴
 Tivdak*
 Trazimera
 Truxima*
 valrubicin⁴
 Vectibix*
 Vegzelma*
 Velcade
 Vivimusta*
 Vyxeos*⁴
 Wyost*
 Xgeva
 Xtrenbo
 Yervoy
 Yondelis*,⁴
 Zaltrap*
 Zepzelca*
 Ziihera*
 Zirabev*
 zoledronic acid¹
 Zynyz

**ONCOLOGY –
ORAL/TOPICAL**

Alecensa*
 Balversa*
 bexarotene
(TARGRETIN)¹
 Bosutinib (BOSULIF*)
 Braftovi*
 Cabometyx*
 capecitabine
(XELODA)¹
 Cometriq*
 Copiktra*
 Cotellic*
 dasatinib (SPRYCEL)
 Daurismo*

Erivedge*
 Erleada*
 erlotinib hydrochloride*¹
 everolimus, yulithira
(AFINITOR)²
 gefitinib (IRESSA*)
 Hycamtin*
 Ibrance*
 IDHIFA*
 imatinib mesylate¹
 Inlyta*
 Inqovi*
 Inrebic*
 Itovebi*
 Jakafi*
 Jakafi XR*
 Kisqali*
 lapatinib (TYKERB*)
 lenalidomide*
 Lenvima*
 lomustine (GLEOSTINE*,⁴)
 Lonsurf*
 Lorbreina*
 Lumakras*
 Lynparza
 Mekinist*
 Mektovi*
 mercaptopurine
(PURIXAN*)
 metyrosine (DEMSER)
 Mugard
 Nerlynx*
 nilotinib (TASIGNA)
 Ninlaro*
 Nubeqa
 Odomzo*
 Onureg*
 pazopanib (VOTRIENT*)
 Piqray*
 pomalidomide*
(POMALYST*)
 Retevmo*
 Rozlytrek*
 Rubraca*
 Rydapt
 sorafenib (NEXAVAR*)
 Stivarga*
 sunitinib
(SUTENT)
 Tabrecta
 Tafinlar*
 Tagrisso*
 Talzenna*
 temozolomide
 Thalomid
 Verzenio*
 Vitrakvi*
 Vizimpro*

Xalkori*
 Xospata*
 Xtandi*
 Yonsa*
 Zejula*
 Zelboraf*
 Zolinz
 Zydelig*
 Zykadia*

**PAROXYSMAL
NOCTURNAL
HEMOGLOBINURIA**

BKEMV*
 Epysqli*
 Soliris*
 Piasky*
 Ultomiris*

PHENYLKETONURIA

Palynziq*
 sapropterin
dihydrochloride
(KUVAN*)¹

PSORIASIS

adalimumab-adaz
 adalimumab-bwwwd
 Avsola*
 Cosentyx*
 Enbrel
 Hadlima
 Humira
 Hyrimoz (Cordavis)
 Icotyde*
 Inflectra*
 Infliximab*
 Otezla
 Otrexup
 Pyzchiva (Cordavis)
 Rasuvo
 Reditrex*
 Remicade
 Renflexis*
 Skyrizi
 Simlandi
 Sotyktu
 tofacitinib (XELJANZ)
 tofacitinib ext-rel
(XELJANZ XR)
 Tremfya
 Yesintek

**PULMONARY
ARTERIAL
HYPERTENSION**

Adempas*
 ambrisentan
(LETAIRIS*)¹

bosentan*
(TRACLEER*)¹
 epoprostenol sodium
(FLOLAN*, VELETRI*)¹
 Jascayd*
 macitentan
(OPSUMIT*)
 Opsynvi*
 Orenitram*
 tadalafil (ADCIRCA)¹
 Tadliq*
 treprostinil sodium*
(REMODULIN*)¹
 Uptravi*
 Winrevair*
 Yutrepia*

**PULMONARY
DISORDERS –
OTHER**

Ofev*
 pirfenidone (ESBRIET*)

**RARE DISORDERS –
OTHER**

betaine anhydrous
 Crysvita*
 Dojolvi*
 Enspryng*
 Givlaari*
 nitisinone*
 Ryplazim*
 Uplizna*[†]

RENAL DISEASE

Filspari*
 Oxlumo*
 Parsabiv*
 Rivfloza*
 tolvaptan*

**RESPIRATORY
SYNCYTIAL
VIRUS**

Synagis

**RETINAL/OCULAR
DISORDERS**

Beovu*
 Cimerli*
 Durysta*
 Eylea*
 Iluvien*
 Lucentis*
 Macugen*
 Ozurdex*
 Retisert*
 Susvimo*

Tepezza*[†]
 Vabysmo*
 Visudyne*
 Xdemvy*
 Yutiq*⁴

**RHEUMATOID
ARTHRITIS**

adalimumab-adaz
 adalimumab-bwwwd
 Avsola*
 Avtozma
 Enbrel
 Hadlima
 Humira
 Hyrimoz (Cordavis)
 Inflectra*
 Infliximab*
 Orencia
 Otrexup
 Rasuvo
 Reditrex*
 Remicade
 Renflexis*
 Riabni*
 Simlandi
 tofacitinib (XELJANZ)
 tofacitinib ext-rel
(XELJANZ XR)
 Tofidence
 Truxima*
 Tyenene

**SEIZURE
DISORDERS**

Epidiolex*
 Acthar*
 vigabatrin powder
(SABRIL POWDER*)¹
 vigabatrin tabs
(SABRIL TABS*)¹

**SICKLE CELL
DISEASE**

Adakveo
 L-glutamine*
(ENDARI*)

SLEEP DISORDER

Lumryz*
 Wakix*

**SYSTEMIC LUPUS
ERYTHEMATOSUS**

Benlysta
 Saphnelo*



THROMBOCYTOPENIA

Adzynma^{*†}

Alvaiz

TRANSPLANT

cyclosporine (engraf,

NEORAL,

SANDIMMUNE)^{1,4}

Envarsus XR⁴

Nulojix⁴

Prograf Injectable⁴

tacrolimus er

(ASTAGRAF XL⁴)

Zortress⁴

UREA CYCLE DISORDERS

Buphenyl^{*}

glycerol phenylbutyrate liquid^{*}

(RAVICTI^{*})

Pheburane^{*}

sodium phenylbutyrate

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1. Lowercase type indicates generic name and availability; lowercase type within parentheses indicates trademark generics listed only when no brand is available; products in all capital letters within parentheses indicate brand names of generic products.

2. Multiple dosage formulations and/or injectable devices are available.

3. Call CVS Specialty at 1-855-264-3238 for specific medications available through CVS Specialty. Listing is subject to change.

4. Certain products do not require approval through Specialty Guideline Management (SGM) and do not have Specialty Quantity Limits applied.

B4G Brand for generic medication. Brand-name product is dispensed at the generic copayment. 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.

* Indicates Limited Distribution products distributed by CVS Specialty.

† Indicates products exclusively distributed by Coram CVS Specialty Infusion Services.

Most specialty drugs must be approved through Specialty Guideline Management (SGM), a clinical prior authorization review required to determine coverage under the prescription benefit to promote their safe, appropriate, and cost-effective use.

The first fill ("Grace Fill") of a specialty prescription medication may be dispensed from a pharmacy other than the CVS Specialty Pharmacy.

Subsequent fills must be dispensed through the CVS Specialty Pharmacy.

Products distributed by CVS Specialty, as well as products covered by a plan member's prescription and medical benefit plan, may change from time to time. In addition, a member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance on this document at any time. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Specialty.