

# Specialty Pharmacy Program Drug List for The Excelsior Plan Prescription Drug Program

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 reflects an organization's commitment to meet high standards of quality and safety.

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

## ACROMEGALY

octreotide acetate  
(SANDOSTATIN)<sup>1</sup>  
Somatuline Depot\*  
Somavert\*

## ALCOHOL/OPIOID DEPENDENCY

Vivitrol<sup>5</sup>

## ALOPECIA AREATA

Litfulo\*

## AMYLOIDOSIS

Onpatro\*<sup>†</sup>  
Vyndamax\*

## ANEMIA

Epogen  
Retacrit

## ANTICOAGULANTS

enoxaparin (LOVENOX)<sup>1,5</sup>

## ANTIEMETICS

Anzemet<sup>5</sup>  
granisetron (KYTRIL)<sup>1,5</sup>  
palonosetron (ALOXI)<sup>1,5</sup>

## ASTHMA

Cinqair\*  
Dupixent  
Fasenra\*  
Xolair\*

## ATOPIC DERMATITIS

Adbry\*  
Dupixent

## BONE DISORDERS – OTHER

Voxzogo\*

## CARDIAC DISORDERS

Camzyos\*  
dofetilide (TIKOSYN)<sup>1,4</sup>

## CRYOPYRIN- ASSOCIATED PERIODIC SYNDROMES

Ilaris\*

## CYSTIC FIBROSIS

Pulmozyme  
tobramycin nebulizer<sup>1</sup>

## DUPUYTREN'S CONTRACTURE

Xiaflex\*

## ELECTROLYTE DISORDER

tolvaptan\*  
(SAMSCA\*)<sup>1,4</sup>

## ENDOCRINE DISORDERS - OTHER

Acthar\*

## GASTROINTESTINAL DISORDERS – OTHER

Dupixent  
Gattex\*  
Ocaliva\*  
Solesta\*<sup>†</sup>

## GOUT

Ilaris\*  
Krystexxa\*

## GROWTH HORMONE & RELATED DISORDERS

### Growth Hormone Disorders

Humatrope  
Norditropin  
Serostim\*  
Sogroya\*

### IGF-1 Deficiency

Increlex\*

## HEMATOPOIETICS

plerixafor  
Mozobil\*

## HEMOPHILIA, VON WILLEBRAND DISEASE & RELATED BLEEDING DISORDERS

Advate  
Adynovate  
Afstyla  
Alphanate  
AlphaNine SD  
Alprolix  
Coagadex\*  
Corifact\*  
Eloctate  
Feiba NF  
Fibryga  
Hemlibra  
Hemofil M  
Humate-P  
Idelvion  
Jivi\*  
Koate  
Koate-DVI  
Kovaltry  
Monoclate-P  
Mononine

NovoEight\*

NovoSeven<sup>2</sup>

NovoSeven RT

Nuwiq

Obizur\*

Profilnine SD

Rebinyn

Recombinate

RiaSTAP

Sevenfact\*

Stimate

Tretten\*

Vonvendi\*

Wilate

Xyntha<sup>2</sup>

## HEPATITIS C

Epclusa  
Harvoni  
Pegasys<sup>2</sup>  
PegIntron<sup>2</sup>  
RibaPak  
RibaTab  
ribavirin caps  
ribavirin tabs  
Sovaldi  
Vosevi

## HEREDITARY ANGIOEDEMA

Cinryze\*  
icatibant acetate\*<sup>1</sup>  
Haegarda\*  
Kalbitor\*  
Ruconest\*  
Takhzyro\*

## HIV MEDICATIONS

Egrifta\*  
Fuzeon

## HORMONAL THERAPIES

Aveed\*  
Eligard  
Fensolvi\*  
leuprolide acetate  
(LUPRON)<sup>1</sup>  
Lupron Depot<sup>2</sup>  
Supprelin LA\*  
Trelstar<sup>2</sup>  
Zoladex

## IMMUNE DEFICIENCIES & RELATED DISORDERS

Bivigam\*  
Cutaquig\*  
Cuvitru\*  
Cytogam  
Flebogamma DIF  
GamaSTAN S/D  
Gammagard Liquid  
Gammagard S/D  
Gammaked  
Gammalex\*  
Gamunex C  
HepaGam B<sup>5</sup>  
Hizentra\*  
HyperHEP B<sup>5</sup>  
HyperRHO S/D<sup>5</sup>  
MICRhoGAM<sup>2,5</sup>  
Nabi-HB<sup>5</sup>  
Panzyga  
Privigen  
RhoGAM<sup>2,5</sup>  
Rhophylac<sup>5</sup>  
Varizig<sup>4,5</sup>  
WinRho SDF<sup>5</sup>

## IMMUNE (IDIOPATHIC) THROMBOCYTOPENIA PURPURA

Doptelet\*  
Promacta\*

**INFECTIOUS DISEASE**

Actimmune\*  
Alferon N<sup>4</sup>

**INFERTILITY**

Bravelle  
cetorelix acetate (CETROTIDE)  
chorionic gonadotropin (NOVAREL, PREGNYL)<sup>1</sup>  
Ganirelix **B4G**  
Follistim AQ  
Menopur  
Ovidrel

**INFLAMMATORY BOWEL DISEASE**

adalimumab-adaz  
Avsola\*  
Humira  
Hyrimoz  
Inflixtra\*  
Remicade  
Renflexis\*  
Skyrizi  
Stelara  
Tysabri\*  
Xeljanz  
Xeljanz XR  
Zeposia\*

**IRON OVERLOAD**

deferasirox\* (EXJADE\*/JADENU\*)<sup>1</sup>  
deferoxamine (DESFERAL)<sup>1</sup>

**LYSOSOMAL STORAGE DISORDERS**

Aldurazyme\*  
Cerdelga\*  
Cerezyme\*  
Cystagon\*  
Elaprase\*  
Fabrazyme\*  
Kanuma\*  
Lumizyme\*  
miglustat  
Naglazyme\*  
Vimizim\*  
VPRIV\*

**MENTAL HEALTH CONDITIONS**

Zulresso\*

**MOVEMENT DISORDERS**

Apokyn\*  
Austedo  
Austedo XR  
droxidopa\*(NORTHERA\*)  
Duopa\*  
Ingrezza\*  
Nuplazid\*  
Radicava\*<sup>†</sup>  
Radicava ORS\*  
tetrabenazine (XENAZINE\*)<sup>1</sup>

**MULTIPLE SCLEROSIS**

Acthar\*  
Ampyra\*  
Avonex<sup>2</sup>  
Betaseron  
dimethyl fumarate  
fingolimod (GILENYA)  
glatiramer acetate (COPAXONE 40mg, glatopa)<sup>1</sup>  
Kesimpta\*  
Mavenclad\*  
Mayzent\*  
Ocrevus\*  
Rebif<sup>2</sup>  
teriflunomide  
Tysabri\*  
Vumerity\*  
Zeposia\*

**NEUROMUSCULAR**

Soliris\*  
Vyvgart\*

**NEUTROPENIA**

Fylmetra\*  
Nivestym  
Nyvepria  
Udenyca

**ONCOLOGY – INJECTABLE<sup>3</sup>**

Adcetris\*<sup>4</sup>  
Avastin<sup>4</sup>  
zacytidine (VIDAZA)<sup>1,4</sup>  
Bavencio\*<sup>†</sup>  
Beleodaq\*  
bendamustine (BENDEKA\*)  
bendamustine lyophilized (TREANDA\*)  
Besponsa\*

Blincyto\*  
Bortezomib<sup>4</sup>  
Cyramza\*  
Darzalex\*  
decitabine (DACOGEN\*)<sup>1,4</sup>  
Empliciti\*  
Erbitux<sup>4</sup>  
Evomela\*<sup>5</sup>  
Gazyva\*<sup>4</sup>  
Halaven<sup>4</sup>  
Herceptin<sup>4</sup>  
Herceptin  
Herzuma  
Hylecta<sup>4</sup>  
Imfinzi\*  
Intron A\*<sup>4</sup>  
Istodax\*<sup>4</sup>  
Ixempra<sup>4</sup>  
Jevtana<sup>4</sup>  
Kadcyla<sup>4</sup>  
Keytruda\*  
Khapzory\*<sup>4</sup>  
Kyprolis\*  
Levoleucovorin<sup>4</sup>  
Mitoxantrone<sup>4,5</sup>  
Mylotarg\*  
Ogivri\*  
Oncaspar\*<sup>4</sup>  
Onivyde\*  
Opdivo\*  
Perjeta\*<sup>4</sup>  
Phesgo\*  
Polivy\*  
Portrazza\*  
Poteligeo\*  
pralatrexate (FOLOTYN)<sup>4</sup>  
Proleukin<sup>4</sup>  
Rituxan<sup>4</sup>  
Rituxan Hycela\*  
Romidepsin<sup>4</sup>  
Rylaze\*  
Sylatron<sup>4</sup>  
Sylvant\*  
Tecentriq\*  
Temodar<sup>4</sup>  
temsirolimus (TORISEL)<sup>4</sup>  
Tepadina\*<sup>5</sup>  
Thyrogen\*<sup>5</sup>  
valrubicin<sup>4,5</sup>  
Vectibix\*<sup>4</sup>  
Velcade<sup>4</sup>  
Vyxeos\*<sup>5</sup>  
Xgeva  
Yervoy<sup>4</sup>

Yondelis\*<sup>5</sup>  
Zaltrap\*<sup>4</sup>  
zoledronic acid<sup>1</sup>

**ONCOLOGY – ORAL/TOPICAL**

Alecensa\*  
Balversa\*  
bexarotene  
Bosulif  
Braftovi\*  
Cabometyx\*  
capecitabine (XELODA)<sup>1</sup>  
Cometriq\*  
Copiktra\*  
Cotellic\*  
Daurismo\*  
Erivedge\*  
Erleada\*  
erlotinib hydrochloride\*<sup>1</sup>  
everolimus  
Gavreto\*  
gefitinib  
Gleostine\*<sup>5</sup>  
Hycamtin\*  
Ibrance\*  
IDHIFA\*  
imatinib mesylate<sup>1</sup>  
Inlyta\*  
Jakafi\*  
Kisqali  
Kisqali Femara Co-Pack  
lapatinib (TYKERB\*)<sup>1</sup>  
lenalidomide\* (REVLIMID)\*  
Lenvima\*  
Lonsurf\*  
Lumakras\*  
Lynparza\*  
Mektovi\*  
Mugard<sup>4</sup>  
Nerlynx\*  
Ninlaro\*  
Nubeqa\*  
Odomzo\*  
pazopanib  
Pomalyst\*  
Purixan\*  
Retevmo\*  
Rozlytrek\*  
Rydapt  
sorafenib  
Sprycel  
Stivarga\*  
sunitinib

Tafinlar\*  
Tagrisso\*  
Talzenna\*  
temozolomide (TEMODAR)<sup>1</sup>  
Thalomid  
Verzenio\*  
Vitrakvi\*  
Vizimpro\*  
Xeloda  
Xospata\*  
Xtandi\*  
Yonsa\*  
Zejula\*  
Zelboraf\*  
Zolinza  
Zydelig\*  
Zykadia\*  
Zytiga\*

**PAROXYSMAL NOCTURNAL HEMOGLOBINURIA**

Soliris\*  
Ultomiris\*

**PHENYLKETONURIA**

Palynziq\*  
sapropterin dihydrochloride (KUVAN\*)<sup>1</sup>

**PSORIASIS**

Avsola\*  
Cosentyx\*  
Enbrel  
Humira  
Inflixtra\*  
Otezla  
Otrexup  
Rasuvo  
Remicade  
Renflexis\*  
Silig  
Skyrizi  
Stelara  
Tremfya  
Xeljanz  
Xeljanz XR

**PULMONARY ARTERIAL HYPERTENSION**

Adempas\*  
ambrisentan (LETAIRIS\*)<sup>1</sup>  
bosentan\*  
(TRACLEER\*)<sup>1</sup>



epoprostenol sodium\*  
(FLOLAN\*,  
VELETRI\*)<sup>1</sup>

Opsumit\*

Orenitram\*

tadalafil (ADCIRCA)

<sup>1</sup>treprostinil sodium\*<sup>1</sup>

Tyvaso\*

Uptravi\*

Ventavis

**PULMONARY  
DISORDERS –  
OTHER**

Ofev\*

pirfenidone

**RARE DISORDERS –  
OTHER**

betaine anhydrous

Crysvita\*

Enspryng\*

Gamifant\*<sup>†</sup>

nitisinone\*

Zokinvy\*

**RENAL DISEASE**

Parsabiv

Sensipar

**RESPIRATORY  
SYNCYTIAL  
VIRUS**

Synagis

**RETINAL/OCULAR  
DISORDERS**

Byooviz\*

Cimerli\*

Iluvien\*

Macugen\*

Ozurdex\*

Retisert\*

Tepezza\*<sup>†</sup>

Visudyne\*

**RHEUMATOID  
ARTHRITIS**

Avsola\*

Enbrel

Humira

Inflectra\*

Kevzara\*

Otrexup

Rasuvo

Remicade

Renflexis\*

Simponi ARIA

Xeljanz

Xeljanz XR

**SICKLE CELL  
DISEASE**

Adakveo

Endari\*

Oxbryta\*

**SEIZURE DISORDERS**

Epidiolex\*

Acthar\*

vigabatrin powder

(SABRIL  
POWDER\*)<sup>1</sup>

vigabatrin tabs

(SABRIL TABS\*)<sup>1</sup>

**SLEEP DISORDER**

Wakix\*

Lumryz\*

**SYSTEMIC LUPUS  
ERYTHEMATOSUS**

Benlysta\*

Saphnelo\*

**THROMBOCYTOPENIA**

Doptelet

**TRANSPLANT**

Astagraf XL<sup>5</sup>

cyclosporine

(gengraf,

NEORAL,

SANDIMMUNE)<sup>1,5</sup>

Envarsus XR<sup>5</sup>

Nulojixv<sup>5</sup>

Prograf Injectable<sup>5</sup>

Zortress<sup>5</sup>

**UREA  
CYCLE  
DISORDERS**

sodium phenylbutarate

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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 specialty drugs may be obtained at your local retail network pharmacy or through CVS Specialty.
5. Certain products do not require approval through Specialty Guideline Management (SGM).

**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.

<sup>†</sup> 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.

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