

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*⁵
Vivitrol⁵

ALLERGEN IMMUNOTHERAPY

Xolair*

ALOPECIA AREATA

Leqselvi*
Litfulo*

AMYLOIDOSIS

Amvuttra*
Onpattro*[†]
Vyndamax*
Vyndaqel*

ALPHA-1 ANTITRYPSIN DEFICIENCY

Aralast NP*
Glassia*
Zemaira*

ANEMIA

Aranesp²
Enjaymo*
Epogen
Reblozyl*

Retacrit

ANTICOAGULANTS

enoxaparin (LOVENOX)^{1,5}

ANTIEMETICS

Anzemet⁵
granisetron (KYTRIL)^{1,5}
palonosetron (ALOXI)^{1,5}

ASTHMA

Cinqair*
Dupixent
Fasenra*
Nucala*
Tezspire*
Xolair*

ATOPIC DERMATITIS

Adbry*
Dupixent
Ebglyss*
Nemludio*

BONE DISORDERS - OTHER

Sohonos*
Voxzogo*

CARDIAC DISORDERS

Arcalyst*
Camzyos*
dofetilide (TIKOSYN)^{1,4}

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

Nemludio*

DUPUYTREN'S CONTRACTURE

Xiaflex*

ELECTROLYTE DISORDER

tolvaptan*
(SAMSCA*)^{1,4}

ENDOCRINE DISORDERS-OTHER

Acthar*
Cortrophin*

GASTROINTESTINAL DISORDERS – OTHER

Dupixent
Gattex*
Iqirvo*

Ocaliva*

Solesta*⁵

GOUT

Ilaris*
Krystexxa*

GROWTH HORMONE & RELATED DISORDERS

Growth Hormone
Disorders
Humatrope
Ngenla*
Norditropin
Serostim*
Skytrofa*
Sogroya*

HEMATOPOIETICS

plerixafor
Mozobil*

HEMOPHILIA, VON WILLEBRAND DISEASE & ELATED BLEEDING DISORDERS

Advate
Adynovate
Afstyla
Alhemo*
Alphanate
AlphaNine SD

Alprolix
Altuviiiio*
BeneFIX
Coagadex*
Corifact*

Eloctate

Esperoct*

Feiba NF

Fibryga

Hemlibra

Hemofil M

Humate-P

Hympavzi*

Idelvion

Ixinity

Jivi*

Koate

Koate-DVI

Kovaltry

Monoclate-P

Mononine

NovoEight*

NovoSeven²

NovoSeven RT

Nuwiq

Obizur*

Profilnine SD

Rebinyn

Recombinant

RiaSTAP

Rixubis

Sevenfact*

Stimate

Tretten*

Vonvendi*

Wilate

Xyntha²

HEPATITIS C

Epclusa

Harvoni

RibaPak

RibaTab



ribavirin caps
ribavirin tabs
Sovaldi
Vosevi

HEREDITARY ANGIOEDEMA

Andembry*
Berinert*
Cinryze*
Haegarda*
icatibant acetate*
(FIRAZYR*)¹
Kalbitor*
Ruconest*
Takhzyro*

HIV MEDICATIONS

Apretude*⁵
Cabenuva*⁵
Egrifta SV*
Fuzeon*⁵
Sunlenca*⁵
Yeztugo*

HORMONAL THERAPIES

Aveed*
Eligard
Fensolvi*
Firmagon
leuprolide acetate (LUPRON)¹
Leuprolide Acetate
Injection Depot
Lupron Depot²
Supprelin LA*
Trelstar²
Zoladex

IMMUNE DEFICIENCIES & RELATED DISORDERS

Alyglo*
Asceniv*
Bivigam*
Cutaquig*
Cuvitru*
Cytogam
Flebogamma DIF
GamaSTAN S/D
Gammagard Liquid
Gammagard S/D
Gammaked
Gammaplex*
Gamunex C
HepaGam B⁵
Hizentra*
HyperHEP B⁵
HyperRHO S/D⁵
HyQvia

MICRhoGAM^{2,5}
Nabi-HB⁵
Octaga
Panzyga
Privigen
RhoGAM^{2,5}
Rhophylac⁵
Varizig^{4,5}
WinRho SDF⁵
Xembify*

IMMUNE (IDIOPATHIC) THROMBOCYTOPENIA PURPURA

Doptelet*
eltrombopag olamine
(PROMACTA*)
Nplate

INFECTIOUS DISEASE

Actimmune*
Alferon N⁴

INFERTILITY

cetorelix acetate
chorionic gonadotropin
(NOVAREL, PREGNYL)¹
Ganirelix **B4G**
Gonal-F
Gonal-F RFF
Menopur
Ovidrel

INFLAMMATORY BOWEL DISEASE

adalimumab-adaz
Avsola*
Entyvio
Hadlima
Humira
Hyrimoz (Cordavis)
Inflixtra*
Infliximab*
OmvoH*
Remicade
Renflexis*
Selarsdi
Simlandi
Skyrizi
Stelara
Steqeyma
Tremfya
Tysabri*
ustekinumab
Velsipity*
Yesintek
Zeposia*
Zymfentra

IRON OVERLOAD

deferiasirox*
(EXJADE*/JADENU*)¹
deferroxamine
(DESFERAL)¹

LYSOSOMAL STORAGE DISORDERS

Aldurazyme*
Cerdelga*
Cerezyme*
Cystagon*
Elaprase*
Elelyso*
Elfabrio*
Fabrazyme*
Kanuma*
Lumizyme*
miglustat
Naglazyme*
Nexviazyme*
Opfoda*
Pombiliti*
Vimizim*
VPRIV*
Xenpozyme*

MOVEMENT DISORDERS

Apokyn*
Austedo
Austedo XR
droxidopa*
(NORTHERA*)
Duopa*
edaravone
(RADICAVA*)[†]
Ingrezza*
Ingrezza Sprinkle*
Nuplazid*
Onapgo*
Radicava ORS*
tetrabenazine
(XENAXINE*)¹
Vyalev*

MULTIPLE SCLEROSIS

Acthar*
Ampyra*
Avonex²
Betaseron
Briumvi*
Cortrophin*
dimethyl fumarate
fingolimod* (GILENYA)

glatiramer acetate
(COPAXONE,
glatopa)¹
Kesimta*
Lemtrada*
Mavenclad*
Mayzent*
Ocrevus*
Ocrevus Zunovo*
Plegridy*
Rebif²
teriflunomide
(AUBAGIO*)
Tysabri*
Vumerity*
Zeposia*

MUSCULAR DYSTROPHY

deflazacort

NEUROMUSCULAR

Imaavy*
Rystiggo*
Soliris*
Ultomiris*
Vyvgart*
Vyvgart Hytrulo*

NEUTROPENIA

Granix
Fylmetra*
Leukine
Neulasta
Nivestym
Nyvepria
Releuko
Rolvedon*
Stimufend*
Udenyca

ONCOLOGY – INJECTABLE³

Adcetris*⁴
Alymsys*
Avastin⁴
azacitidine
(VIDAZA)^{1,4}
Beleodaq*
Belrapzo*
bendamustine
(BENDEKA*)
bendamustine lyophilized
(TREANDA*)
Besponsa*
Bortezomib⁴
Columvi*
Cyramza*

Darzalex*
Darzalex Faspro*
Datroway*
decitabine
Defitelio*
Empliciti*
Enhertu
Erbixux⁴
eribulin (HALAVEN⁴)
Evomela*⁵
Gazyva*⁴
Herceptin⁴
Herceptin
Hylecta⁴
Herzuma
Imdelltra*
Imfinzi*
Imjudo*
Istodax*⁴
Ivra
Ixempra⁴
Jemperli*
Jevtana⁴
Kadcycla⁴
Kanjinti*
Keytruda*
Khapzory*⁴
Kyprolis*
Levoleucovorin⁴
Loqtorzi*
Lunsumio*
Margenza*
Mitoxantrone^{4,5}
Mvasi*
Mylotarg*
Niktimvo*
Ogivri*
Oncaspar*⁴
Onivyde*
Ontruzant*
Opdualag*
Opdivo*
Opdivo Qvantig*
Padcev*
Perjeta*⁴
Phesgo*
Polivy*
Poteligeo*
pralatrexate (FOLOTYN⁴)
Proleukin⁴
Riabni*
Rituxan⁴
Rituxan Hycela*
Romidepsin⁴



Ruxience
 Rybrent*
 Rylaze*
 Sarclisa*
 Sylatron⁴
 Sylvant*
 Tecentriq*
 Tecentriq Hybreza*
 Temodar⁴
 temsirolimus
 (TORISEL)⁴
 Tepadina⁵
 Thyrogen^{*,5}
 Tivdak*
 Trazimera
 Truxima*
 valrubicin^{4,5}
 Vectibix^{*,4}
 Vegzelma*
 Velcade⁴
 Vivimusta*
 Vyxeos^{*,5}
 Xgeva
 Yervoy⁴
 Yondelis^{*,5}
 Zaltrap^{*,4}
 Zepzelca*
 Ziihera*
 Zirabev*
 zoledronic acid¹
 Zynyz

ONCOLOGY – ORAL/TOPICAL

Alecensa*
 Balversa*
 bexarotene
 (TARGRETIN)¹
 Bosulif
 Braftovi*
 Cabometyx*
 capecitabine
 (XELODA)¹
 Cometriq*
 Copiktra*
 Cotellic*
 dasatinib (SPRYCEL)
 Daurismo*
 Erivedge*
 Erleada*
 erlotinib hydrochloride^{*,†}
 everolimus
 (AFINITOR)²
 gefitinib (IRESSA*)
 Gleostine^{*,5}
 Hycamtin*
 Ibrance*

IDHIFA*
 imatinib mesylate¹
 Imkeldi*
 Inlyta*
 Inqovi*
 Inrebic*
 Itovebi*
 Jakafi*
 Jaypirca*
 Kisqali
 lapatinib (TYKERB*)
 lenalidomide*
 (REVLIMID)*
 Lenvima*
 Lonsurf*
 Lorbrina*
 Lumakras*
 Lynparza
 Mekinist*
 Mektovi*
 mercaptopurine
 (PURIXAN*)
 metyrosine (DEMSE)
 Mugard⁴
 Nerlynx*
 nilotinib (TASIGNA)
 Ninlaro*
 Nubeqa
 Odomzo*
 Onureg*
 pazopanib (VOTRIENT*)
 Pomalyst*
 Retevmo*
 Rozlytrek*
 Rubraca*
 Rydapt
 sorafenib (NEXAVAR*)
 Stivarga*
 sunitinib
 (SUTENT)
 Tabrecta
 Tafinlar*
 Tagrisso*
 Talzena*
 temozolomide
 Thalomid
 Verzenio*
 Vitakvi*
 Vizimpro*
 Xalkori*
 Xospata*
 Xtandi*
 Yonsa*
 Zejula*
 Zelboraf*
 Zolinz
 Zydelig*

Zykadia*

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA

Soliris*
 Plasky*
 Ultomiris*

PHENYLKETONURIA

Palynziq*
 sapropterin
 dihydrochloride
 (KUVAN*)¹

PSORIASIS

adalimumab-adaz
 Avsola*
 Bimzelx*
 Cosentyx*
 Enbrel
 Hadlima
 Humira
 Hyrimoz (Cordavis)
 Inflectra*
 Infliximab*

Otezla

Otrexup

Rasuvo

Reditrex*

Remicade

Renflexis*

Selarsdi

Skyrizi

Simlandi

Sotyktu

Stelara

Steqeyma

Tremfya

ustekinumab

Yesintek

PULMONARY ARTERIAL HYPERTENSION

Adempas*
 ambrisentan
 (LETAIRIS*)¹
 bosentan*
 (TRACLEER*)¹
 epoprostenol sodium
 (FLOLAN*, VELETRI*)¹
 Opsumit*
 Opsynvi*
 Orenitram*
 tadalafil (ADCIRCA)¹
 Tadliq*

treprostinil sodium*
 (REMODULIN*)¹

Tyvaso*

Tyvaso DPI*

Uptravi*

Ventavis*

Winrevair*

Yutrepia*

PULMONARY DISORDERS – OTHER

Ofev*
 pirfenidone (ESBRIET*)

RARE DISORDERS – OTHER

betaine anhydrous
 Crysvita*
 Dojolvi*
 Enspryng*
 Gamifant^{*,†}
 nitisinone*
 Ryplazim*
 Uplizna^{*,†}

RENAL DISEASE

Filspari*
 Parsabiv*
 Rivfloza*

RESPIRATORY SYNCYTIAL VIRUS

Synagis

RETINAL/OCULAR DISORDERS

Beovu*
 Byooviz
 Cimerli*
 Durysta*
 Eylea*
 Iluvien*
 Lucentis*
 Macugen*
 Ozurdex*
 Retisert*
 Susvimo*
 Tepezza^{*,†}
 Vabysmo*
 Visudyne*
 Xdemvy*
 Yutiq^{*,5}

RHEUMATOID ARTHRITIS

adalimumab-adaz

Actemra IV*
 Avsola*
 Enbrel
 Hadlima
 Humira
 Hyrimoz (Cordavis)
 Inflectra*
 Infliximab*
 Orencia
 Otrexup
 Rasuvo
 Reditrex*
 Remicade
 Renflexis*
 Riabni*
 Simlandi
 Truxima*
 Tyenne
 Xeljanz

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

Astagraf XL⁵
 cyclosporine
 (gengraf,
 NEORAL,
 SANDIMMUNE)^{1,5}
 Envarsus XR⁵
 Nulojix⁵
 Prograf Injectable⁵
 Zortress⁵



**UREA
CYCLE
DISORDERS**

*Buphenyl**

*Pheburane**

*Ravicti**

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 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) 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.