



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

lanreotide
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

Amvuttra*
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 & 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
Recombinate
RiaSTAP
Rixubis
Sevenfact*
Stimate
Tretten*
Vonvendi*
Wilate
Xyntha²

HEPATITIS C

Epclusa
Harvoni
RibaPak
RibaTab
ribavirin caps
ribavirin tabs
Sovaldi



Vosevi	Nabi-HB ⁴	deferoxamine (DEFERAL) ¹	glatiramer acetate (COPAXONE, glatopa) ¹	Bortezomib
HEREDITARY ANGIOEDEMA	Octaga	LYSOSOMAL STORAGE DISORDERS	Kesimpta*	Columvi*
Andemby*	Panzyga	Aldurazyme*	Lemtrada*	Cyramza*
Beriner*	Privigen	Cerdelga*	Mayzent*	Darzalex*
Cinryze*	RhoGAM ^{2,4}	Cerezyme*	Ocrevus*	Darzalex Faspro*
Ekterly*	Rhophylac ⁴	Cystagon*	Ocrevus Zunovo*	Datroway*
Haegarda*	Varizig ⁴	Elaprase*	Plegridy*	decitabine
icatibant acetate* (FIRAZYR*) ¹	WinRho SDF ⁴	Elelyso*	Rebif ²	Defitelio*
Kalbitor*	Xembify*	Elfabrio*	teriflunomide	Empliciti*
Ruconest*	Yimmugo*	Fabrazyme*	Tyruko*	Enhertu
Takhzyro*	IMMUNE (IDIOPATHIC) THROMBOCYTOPENIA PURPURA	Kanuma*	Tysabri*	Erbitux
HIV MEDICATIONS	Doptelet*	Lumizyme*	Vumerity*	eribulin (HALAVEN)
Apretude* ⁴	eltrombopag olamine	miglustat	Zeposia*	Evomela* ⁴
Cabenuva* ⁴	Nplate	Naglazyme*	MUSCULAR DYSTROPHY	Gazyva*
Egrifta SV*	INFECTIOUS DISEASE	Nexviazyme*	deflazacort	Herceptin
Egrifta WR*	Actimmune*	Opofold*	deflazacort suspension	Herceptin Hylecta
Fuzeon ⁴	Alferon N	Pombiliti*	NEUROMUSCULAR	Herzuma
Sunlenca* ⁴	INFERTILITY	Virimzim*	BKEMV*	Imdelltra*
Yeztugo* ⁴	cetorelix acetate	VPRIV*	Imaavy*	Imfinzi*
HORMONAL THERAPIES	chorionic gonadotropin (NOVAREL, PREGNYL) ¹	Xenpozyme*	Rystiggo*	Imjudo*
Aveed*	Ganirelix B4G	MOVEMENT DISORDERS	Soliris*	Istodax*
Eligard	Gonal-F	Apokyn*	Ultomiris*	Ivra
Fensolvi*	Gonal-F RFF	Austedo	Uplizna* [†]	Ixempra
Firmagon	Menopur	Austedo XR	Vyvgart*	Jemperli*
leuprolide acetate (LUPRON) ¹	Ovidrel	droxidopa*	Vyvgart Hytrulo*	Jevtana
Leuprolide Acetate Injection Depot	INFLAMMATORY BOWEL DISEASE	(NORTHERA*)	NEUTROPENIA	Kadcyla
Lupron Depot ²	adalimumab-adaz	Duopa*	Granix	Kanjinti*
Supprelin LA*	adalimumab-bwwd	edaravone	Fylmetra*	Keytruda*
Trelstar ²	Avsola*	(RADICAVA* [†])	Leukine	Keytruda Qlex*
Zoladex	Entyvio	Ingrezza*	Neulasta	Khapzory*
IMMUNE DEFICIENCIES & RELATED DISORDERS	Hadlima	Ingrezza Sprinkle*	Nivestym	Kyprolis*
Alyglo*	Humira	Nuplazid*	Nyvepria	Levoleucovorin
Asceniv*	Hyrimoz (Cordavis)	Onapgo*	Releuko	Loqtorzi*
Bivigam*	Inflectra*	Radicava ORS*	Rolvedon*	Lunsumio*
Cutaquig*	Infliximab*	tetrabenazine (XENAXINE*) ¹	Stimufend*	Margenza*
Cuvitru*	Omvo*	Vyalev*	Udenyca	Mitoxantrone ⁴
Cytogam	Pyzchiva (Cordavis)	MULTIPLE SCLEROSIS	ONCOLOGY – INJECTABLE³	Mvasi*
Flebogamma DIF	Remicade	Acthar*	Adcetris*	Mylotarg*
GamaSTAN S/D	Renflexis*	Ampyra*	Alymsys*	Niktimvo*
Gammagard Liquid	Simlandi	Avonex ²	Avastin	Ogivri*
Gammagard S/D	Skyrizi	Bafiertam*	azacitidine (VIDAZA) ¹	Oncaspar*
Gammaked	Tremfya	Betaseron	Beleodaq*	Onivyde*
Gammaplex*	Tyruko*	Briumvi*	Belrapzo*	Ontruzant*
Gamunex C	Tysabri*	cladribine (MAVENCLAD*)	bendamustine (BENDEKA*)	Opdualag*
HepaGam B ⁴	Yesintek	Cortrophin*	bendamustine lyophilized (TREANDA)	Opdivo*
Hizenra*	Zeposia*	dimethyl fumarate	Besponsa*	Opdivo Qvantig*
HyperHEP B ⁴	Zymfentra	fingolimod*	Bomyntra*	Osenvelt*
HyperRHO S/D ⁴	IRON OVERLOAD	deferasirox* (EXJADE*/JADENU*) ¹		Padcev*
HyQvia				Perjeta*
MICRhoGAM ^{2,4}				Phesgo*



Rituxan
Rituxan
Hycela*
Romidepsin
Ruxience
Rybrevant*
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
Yervoy
Yondelis^{*,4}
Zaltrap*
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*)
Hycamtin*
Ibrance*
IDHIFA*
imatinib mesylate¹
Inlyta*
Inqovi*
Inrebic*
Itovebi*
Jakafi*
Kisqali*
lapatinib (TYKERB*)
lenalidomide*
Lenvima*
lomustine (GLEOSTINE^{*,4})
Lonsurf*
Lorbrena*
Lumakras*
Lynparza
Mekinist*
Mektovi*
mercaptopurine
(PURIXAN*)
metyrosine (DEMSER)
Mugard
Nerlynx*
nilotinib (TASIGNA)
Ninlaro*
Nubeqa
Odomzo*
Onureg*
pazopanib (VOTRIENT*)
Piqray*
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*
Soliris*
Piasky*
Ultomiris*

PHENYLKETONURIA

Palynziq*
sapropterin
dihydrochloride
(KUVAN*)¹

PSORIASIS

adalimumab-adaz
adalimumab-bwwd
Avsola*
Cosentyx*
Enbrel
Hadlima
Humira
Hyrimoz (Cordavis)
Inflectra*
Infliximab*
Otezla
Otrexup
Pyzchiva (Cordavis)
Rasuvo
Reditrex*
Remicade
Renflexis*
Skyrizi
Simlandi
Sotyktu
Tremfya
Yesintek

**PULMONARY
ARTERIAL
HYPERTENSION**

Adempas*
ambrisentan
(LETAIRIS*)¹
bosentan*
(TRACLEER*)¹
epoprostenol sodium
(FLOLAN*, VELETRI*)¹
Jascayd*

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*
Gamifant^{*,†}
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-bwwd
Avsola*
Avtozma
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 XL*⁴
cyclosporine (gengraf,
NEORAL,
SANDIMMUNE)^{1,4}
*Envarsus XR*⁴
*Nulojix*⁴
*Prograf Injectable*⁴
*Zortress*⁴

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.