

# Advanced Control Specialty Formulary<sup>®</sup>

The **CVS Caremark<sup>®</sup> Advanced Control Specialty Formulary<sup>®</sup>** 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 prescription drug coverage that is administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list the next time you or a covered family member sees a doctor.

### Please note:

- Your specific prescription benefit plan design may not cover certain medications, products or categories, regardless of their appearance in this document. Medications and products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary copay<sup>1</sup> amounts based on the condition being treated.
- You may be responsible for the full cost of medications and products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and copay, please sign in or register on [Caremark.com](https://www.caremark.com) and click Plan Summary on the Plan & Benefits menu.
- When a generic medication that is equivalent to a brand-name drug is released to the market, in most instances, that brand-name drug will be designated as a non-preferred option.

## 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.
- The member's prescription benefit plan design may alter coverage of certain products or vary copay amounts based on the condition being treated.
- 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 [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific medicine.

<b>ANALGESICS</b>	§ FUSION INHIBITORS	§ PROTEASE INHIBITORS	BIOSIMILARS	GAVRETO
VISCOSUPPLEMENTS	<i>maraviroc</i>	<i>atazanavir</i>	KANJINTI	IBRANCE
DUROLANE	FUZEON	<i>lopinavir-ritonavir</i>	RUXIENCE	IMBRUVICA
EUFLEXXA	INTEGRASE INHIBITORS	NORVIR	TRAZIMERA	INLYTA
GELSYN-3	ISENTRESS	PREZISTA	ZIRABEV	IRESSA
SUPARTZ FX	TIVICAY	ANTIVIRALS	HORMONAL	KISQALI
<b>ANTI-INFECTIVES</b>	§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS	§ HEPATITIS B AGENTS	ANTINEOPLASTIC AGENTS	KISQALI FEMARA CO-PACK
ANTIRETROVIRAL AGENTS	<i>efavirenz</i>	<i>entecavir</i>	§ ANTIANDROGENS	KOSELUGO
§ ANTIRETROVIRAL COMBINATIONS	<i>nevirapine</i>	<i>lamivudine</i>	<i>abiraterone</i>	LENVIMA
<i>abacavir-lamivudine</i>	<i>nevirapine ext-rel</i>	<i>tenofovir disoproxil fumarate</i>	ERLEADA	MEKTOVI
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	EDURANT	§ HEPATITIS C AGENTS	NUBEQA	NEXAVAR
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	INTELENCE	<i>ribavirin</i>	XTANDI	RETEVMO
<i>emtricitabine-tenofovir disoproxil fumarate</i>	§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)	YONSA	ROZLYTREC
<i>lamivudine-zidovudine</i>	<i>abacavir</i>	HARVONI (genotypes 1, 4, 5, 6)	§ KINASE INHIBITORS	RYDAPT
BIKTARVY	<i>lamivudine</i>	VOSEVI <sup>2</sup>	<i>erlotinib</i>	SPRYCEL
CIMDUO	<i>stavudine</i>	<b>ANTINEOPLASTIC AGENTS</b>	<i>everolimus</i>	STIVARGA
DESCOVY	<i>zidovudine</i>	§ ALKYLATING AGENTS	<i>imatinib mesylate</i>	TAGRISSO
DOVATO	EMTRIVA	<i>temozolomide</i>	<i>lapatinib</i>	VITRAKVI
EVOTAZ	§ NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS	§ ANTIMETABOLITES	<i>sunitinib</i>	XOSPATA
GENVOYA	<i>tenofovir disoproxil fumarate</i>	<i>capecitabine</i>	ALECENSA	ZELBORAF
ODEFSEY		LONSURF	ALUNBRIG	ZYDELIG
PREZCOBIX			BOSULIF	ZYKADIA
SYM TUZA			BRAFTOVI	MONOCLONAL ANTIBODIES
TRIUMEQ			BRUKINSA	PERJETA
			CABOMETYX	PHEGSO
			CALQUENCE	
			COPIKTRA	
			COTELLIC	



**MULTIPLE MYELOMA  
IMMUNOMODULATORS**

REVLIMID  
THALOMID

**§ PROTEASOME  
INHIBITORS**

*bortezomib*  
NINLARO

**PROSTATE CANCER**

**§ LUTEINIZING HORMONE-  
RELEASING HORMONE  
(LHRH) AGONISTS**

*leuprolide acetate*  
ELIGARD

**§ MISCELLANEOUS**

*bexarotene*  
ERIVEDGE  
LYNPARZA  
LYSODREN  
MATULANE  
ODOMZO  
VISTOGARD  
ZEJULA  
ZOLINZA

**CARDIOVASCULAR**

**ANTIPEMICS**

PCSK9 INHIBITORS  
REPATHA

**PULMONARY ARTERIAL  
HYPERTENSION**

**§ ENDOTHELIN RECEPTOR  
ANTAGONISTS**

*ambrisentan*  
*bosentan*  
OPSUMIT

**§ PHOSPHODIESTERASE  
INHIBITORS**

*sildenafil*  
*tadalafil*

**PROSTACYCLIN RECEPTOR  
AGONISTS**

UPTRAVI

**§ PROSTAGLANDIN  
VASODILATORS**

*treprostinil*  
ORENITRAM

**SOLUBLE GUANYLATE  
CYCLASE STIMULATORS**  
ADEMPAS

**CENTRAL NERVOUS  
SYSTEM**

**ANTIPARKINSONIAN  
AGENTS**

INBRIJA  
KYNMOBI

**§ ANTIEPILEPTIC AGENTS**

*vigabatrin*

**§ MOVEMENT DISORDERS**

*tetrabenazine*  
AUSTEDO  
INGREZZA

**§ MULTIPLE SCLEROSIS  
AGENTS**

*dimethyl fumarate*  
*delayed-rel*  
 *fingolimod*  
*glatiramer*  
*teriflunomide*  
AVONEX  
BETASERON  
COPAXONE  
KESIMPTA  
MAYZENT  
OCREVUS  
REBIF  
TYSABRI  
VUMERITY  
ZEPOSIA

**NARCOLEPSY**

WAKIX  
XYWAV

**ENDOCRINE AND  
METABOLIC**

**ACROMEGALY  
SOMATULINE DEPOT**

**§ CALCIUM RECEPTOR  
AGONISTS**

*cinacalcet*

**CALCIUM REGULATORS  
PARATHYROID HORMONES**

FORTEO  
TYMLOS

**MISCELLANEOUS  
PROLIA**

**CENTRAL PRECOCIOUS  
PUBERTY**

FENSOLVI  
LUPRON DEPOT-PED  
SUPPRELIN LA  
TRIPTODUR

**CONTRACEPTIVES**

PROGESTIN INTRAUTERINE  
DEVICES  
KYLEENA  
MIRENA  
SKYLA

**FERTILITY REGULATORS**

GNRH / LHRH  
ANTAGONISTS  
CETROTIDE

**OVULATION STIMULANTS,  
GONADOTROPINS**

GONAL-F  
MENOPUR  
OVIDREL

**GAUCHER DISEASE**

CERDELGA  
CEREZYME

**HEREDITARY TYROSINEMIA  
TYPE 1 AGENTS**

ORFADIN

**HUMAN GROWTH  
HORMONES**

GENOTROPIN  
NORDITROPIN

**§ PHENYLKETONURIA  
TREATMENT AGENTS**

*sapropterin*

**POLYNEUROPATHY**  
TEGSEDI

**§ UREA CYCLE DISORDERS**

*sodium phenylbutyrate*

**§ MISCELLANEOUS**

*betaine*  
*carglumic acid*  
CYSTAGON

**GENITOURINARY**

**§ MISCELLANEOUS**

*tiopronin*

**HEMATOLOGIC**

**§ CHELATING AGENTS**

*deferasirox*  
*deferiprone*  
*deferoxamine*  
*penicillamine*  
*trientine*

**HEMATOPOIETIC GROWTH  
FACTORS**

ARANESP  
NIVESTYM  
PROCRIT  
RETACRIT  
ZIEXTENZO

**HEMOPHILIA A AGENTS**

ADVATE  
ADYNOVATE  
AFSTYLA  
ELOCTATE  
ESPEROCT  
JIVI  
KOGENATE FS  
KOVALTRY  
NOVOEIGHT  
NUWIQ  
XYNTHA

**HEMOPHILIA B AGENTS**

ALPROLIX  
REBINYN

**MISCELLANEOUS  
BLEEDING DISORDERS  
AGENTS**

NOVOSEVEN RT  
SEVENFACT

**PAROXYSMAL NOCTURNAL  
HEMOGLOBINURIA (PNH)  
AGENTS**

EMPAVELI

**SICKLE CELL DISEASE**

ENDARI

**THROMBOCYTOPENIA  
AGENTS**

DOPTELET  
PROMACTA  
TAVALISSE

**IMMUNOLOGIC  
AGENTS**

**ALLERGENIC EXTRACTS**  
ORALAIR

**AUTOIMMUNE AGENTS  
(PHYSICIAN-  
ADMINISTERED)**

ILUMYA  
REMICADE  
SIMPONI ARIA  
SKYRIZI INTRAVENOUS  
STELARA INTRAVENOUS

**AUTOIMMUNE AGENTS  
(SELF-ADMINISTERED)**

See Table 1 for Indication Based  
Coverage Details

**ANKYLOSING SPONDYLITIS**

COSENTYX  
ENBREL  
HUMIRA  
RINVOQ

**CROHN'S DISEASE**

HUMIRA  
SKYRIZI SUBCUTANEOUS  
STELARA  
SUBCUTANEOUS

**NON-RADIOGRAPHIC AXIAL  
SPONDYLOARTHRITIS**

CIMZIA  
PREFILLED SYRINGE  
COSENTYX  
RINVOQ

**PSORIASIS**

HUMIRA  
OTEZLA  
SKYRIZI SUBCUTANEOUS  
STELARA  
SUBCUTANEOUS

TALTZ  
TREMIFYA

**PSORIATIC ARTHRITIS**

COSENTYX  
ENBREL  
HUMIRA  
OTEZLA  
RINVOQ  
SKYRIZI SUBCUTANEOUS  
STELARA  
SUBCUTANEOUS  
TREMIFYA

**RHEUMATOID ARTHRITIS**

ENBREL  
HUMIRA  
KEVZARA  
ORENCIA CLICKJECT  
ORENCIA  
SUBCUTANEOUS  
RINVOQ  
XELJANZ  
XELJANZ XR

**ULCERATIVE COLITIS**

HUMIRA  
RINVOQ  
STELARA  
SUBCUTANEOUS  
XELJANZ  
XELJANZ XR  
ZEPOSIA

**ALL OTHER CONDITIONS**

ENBREL  
HUMIRA

**DISEASE-MODIFYING  
ANTIRHEUMATIC DRUGS  
(DMARDs)**

RASUVO

**§ HEREDITARY  
ANGIOEDEMA**

*icatibant*  
ORLADEYO  
RUCONEST  
TAKHZYRO

**IMMUNOMODULATORS**

IMMUNE GLOBULINS  
CUTAQUIG

**MISCELLANEOUS**

ILARIS

**IMMUNOSUPPRESSANTS**

**§ ANTIMETABOLITES**  
*mycophenolate mofetil*  
*mycophenolate sodium*

**§ CALCINEURIN INHIBITORS**

*cyclosporine*  
*cyclosporine, modified*  
*tacrolimus*

**MONOCLONAL ANTIBODIES**

ENSPRYNG

§ RAPAMYCIN DERIVATIVES

everolimus  
sirolimus

**RESPIRATORY**

ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS  
PROLASTIN-C  
ZEMAIRA

§ CYSTIC FIBROSIS

tobramycin  
inhalation solution

§ PULMONARY FIBROSIS AGENTS

pirfenidone  
OFEV

SEVERE ASTHMA AGENTS

DUPIXENT  
FASENRA  
NUCALA  
(except lyophilized powder)  
TEZSPIRE  
XOLAIR

**TOPICAL**

**DERMATOLOGY**  
ATOPIC DERMATITIS  
**Injectable**  
ADBRY  
DUPIXENT  
**Oral**  
CIBINQO  
RINVOQ

MOUTH / THROAT / DENTAL AGENTS  
PROTECTANTS  
MUGARD  
**OPHTHALMIC**  
RETINAL DISORDERS  
EYLEA  
LUCENTIS

**QUICK REFERENCE DRUG LIST**

**A**

abacavir  
abacavir-lamivudine  
abiraterone  
ADBRY  
ADEMPAS  
ADVATE  
ADYNOVATE  
AFSTYLA  
ALECENSA  
ALPROLIX  
ALUNBRIG  
ambrisentan  
ARANESP  
atazanavir  
AUSTEDO  
AVONEX

**B**

betaine  
BETASERON  
bexarotene  
BIKTARVY  
bortezomib  
bosentan  
BOSULIF  
BRAFTOVI  
BRUKINSA

**C**

CABOMETYX  
CALQUENCE  
capecitabine  
carglumic acid  
CERDELGA  
CEREZYME  
CETROTIDE  
CIBINQO  
CIMDUO  
CIMZIA  
PREFILLED SYRINGE  
cinacalcet  
COPAXONE  
COPIKTRA  
COSENTYX  
COTELLIC  
CUTAQUIG  
cyclosporine  
cyclosporine, modified  
CYSTAGON

**D**

deferasirox  
deferiprone  
deferoxamine  
DESCOVY  
dimethyl fumarate  
delayed-rel  
DOPTELET  
DOVATO  
DUPIXENT  
DUROLANE

**E**

EDURANT  
efavirenz  
efavirenz-emtricitabine-tenofovir disoproxil fumarate  
efavirenz-lamivudine-tenofovir disoproxil fumarate  
ELIGARD  
ELOCTATE  
EMPAVELI  
emtricitabine-tenofovir disoproxil fumarate  
EMTRIVA  
ENBREL  
ENDARI  
ENSPRYNG  
entecavir  
EPLUSA  
ERIVEDGE  
ERLEADA  
ertotinib  
ESPEROCT  
EUFLEXXA  
everolimus  
EVOTAZ  
EYLEA

**F**

FASENRA  
FENSOLVI  
fingolimod  
FORTEO  
FUZEON

**G**

GAVRETO  
GELSYN-3  
GENOTROPIN  
GENVOYA

glatiramer  
GONAL-F

**H**  
HARVONI  
HUMIRA

**I**

IBRANCE  
icatibant  
ILARIS  
ILUMYA  
imatinib mesylate  
IMBRUVICA  
INBRIJA  
INGREZZA  
INLYTA  
INTELENCE  
IRESSA  
ISENTRESS

**J**

JIVI

**K**

KANJINTI  
KESIMPTA  
KEVZARA  
KISQALI  
KISQALI FEMARA  
CO-PACK  
KOGENATE FS  
KOSELUGO  
KOVALTRY  
KYLEENA  
KYNMOBI

**L**

lamivudine  
lamivudine-zidovudine  
lapatinib  
LENVIMA  
leuprolide acetate  
LONSURF  
lopinavir-ritonavir  
LUCENTIS  
LUPRON DEPOT-PED  
LYNPARZA  
LYSODREN

**M**

maraviroc  
MATULANE  
MAYZENT  
MEKTOVI  
MENOPUR  
MIRENA  
MUGARD  
mycophenolate mofetil  
mycophenolate sodium

**N**

nevirapine  
nevirapine ext-rel  
NEXAVAR  
NINLARO  
NIVESTYM  
NORDITROPIN  
NORVIR  
NOVOEIGHT  
NOVOSEVEN RT  
NUBEQA  
NUCALA (except lyophilized powder)  
NUWIQ

**O**

OCREVUS  
ODEFSEY  
ODOMZO  
OFEV  
OPSUMIT  
ORALAIR  
ORENCIA CLICKJECT  
ORENCIA  
SUBCUTANEOUS  
ORENITRAM  
ORFADIN  
ORLADEYO  
OTEZLA  
OVIDREL

**P**

penicillamine  
PERJETA  
PHESGO  
pirfenidone  
PREZCOBIX  
PREZISTA  
PROCRIT  
PROLASTIN-C

PROLIA  
PROMACTA

**R**

RASUVO  
REBIF  
REBINYN  
REMICADE  
REPATHA  
RETACRIT  
RETEVMO  
REVLIMID  
ribavirin  
RINVOQ  
ROZLYTREK  
RUCONEST  
RUXIENCE  
RYDAPT

**S**

sapropterin  
SEVENFACT  
sildenafil  
SIMPONI ARIA  
sirolimus  
SKYLA  
SKYRIZI INTRAVENOUS  
SKYRIZI SUBCUTANEOUS  
sodium phenylbutyrate  
SOMATULINE DEPOT  
SPRYCEL  
stavudine  
STELARA INTRAVENOUS  
STELARA  
SUBCUTANEOUS  
STIVARGA  
sunitinib  
SUPARTZ FX  
SUPPRELIN LA  
SYMTUZA

**T**

tacrolimus  
tadalafil  
TAGRISSEO  
TAKHZYRO  
TALTZ  
TAVALISSE  
TEGSEDI  
temozolomide  
tenofovir disoproxil fumarate  
teriflunomide  
tetrabenazine



TEZSPIRE THALOMID <i>tiopronin</i> TIVICAY <i>tobramycin</i> <i>inhalation solution</i> TRAZIMERA TREMFYA <i>treprostinil</i> <i>trientine</i> TRIPOTDUR	TRIUMEQ TYMLOS TYSABRI  <b>U</b> UPTRAVI  <b>V</b> <i>vigabatrin</i> VISTOGARD VITRAKVI	VOSEVI <sup>2</sup> VUMERITY  <b>W</b> WAKIX  <b>X</b> XELJANZ XELJANZ XR XOLAIR XOSPATA	XTANDI XYNTHA XYWAV  <b>Y</b> YONSA  <b>Z</b> ZEJULA ZELBORAF ZEMAIRA	ZEPOSIA <i>zidovudine</i> ZIENTENZO ZIRABEV ZOLINZA ZYDELIG ZYKADIA
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### PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS<sup>3</sup>

DRUG NAME(S)	PREFERRED OPTION(S) <sup>1</sup>	DRUG NAME(S)	PREFERRED OPTION(S) <sup>1</sup>
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA	DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>
ADCIRCA	<i>sildenafil, tadalafil</i>	DIACOMIT	Talk to your doctor
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>	ELELYSO	CERDELGA, CEREZYME
ALIQOPA	Talk to your doctor	ENTYVIO (For Crohn's Disease Only)	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
APOKYN	INBRIJA, KYNMOBI	EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>
APTIVUS	Talk to your doctor	EPOGEN	ARANESP, PROCRIT, RETACRIT
ARALAST NP	PROLASTIN-C, ZEMAIRA	ESBRIET	<i>pirfenidone, OFEV</i>
ARCALYST	ILARIS	EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
AVASTIN	ZIRABEV	FEIBA	NOVOSEVEN RT, SEVENFACT
AVSOLA	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>	FINTEPLA	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
BENEFIX	ALPROLIX, REBINYN	FIRAZYR	<i>icatibant, RUCONEST</i>
BERINERT	<i>icatibant, RUCONEST</i>	FIRMAGON	ELIGARD
BETHKIS	<i>tobramycin inhalation solution</i>	FOLLISTIM AQ	GONAL-F
BORTEZOMIB	<i>bortezomib, NINLARO</i>	FULPHILA	ZIENTENZO
BOTOX	Talk to your doctor	GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
BUPHENYL	<i>sodium phenylbutyrate</i>	GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
CARBAGLU	<i>carglumic acid</i>	GLASSIA	PROLASTIN-C, ZEMAIRA
CAYSTON	<i>tobramycin inhalation solution</i>	GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
CHORIONIC GONADOTROPIN	OVIDREL	GRANIX	NIVESTYM
CIMZIA LYOPHILIZED POWDER	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
CINRYZE	ORLADEYO, TAKHZYRO	HUMATROPE	GENOTROPIN, NORDITROPIN
COMPLERA	<i>efavirenz-ertricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
CUPRIMINE	<i>penicillamine</i>	ICLUSIG	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
CYSTADANE	<i>betaine</i>		

DRUG NAME(S)	PREFERRED OPTION(S) <sup>1</sup>	DRUG NAME(S)	PREFERRED OPTION(S) <sup>1</sup>
INFLECTRA	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	RAVICTI	<i>sodium phenylbutyrate</i>
IXINITY	ALPROLIX, REBINYN	REMODULIN	<i>treprostinil</i>
JADENU	<i>deferasirox, deferiprone, deferoxamine</i>	RENFLEXIS	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
JUXTAPID	REPATHA	REVATIO	<i>sildenafil, tadalafil</i>
JYNARQUE	Talk to your doctor	RIABNI	RUXIENCE
KITABIS PAK	<i>tobramycin inhalation solution</i>	RITUXAN	RUXIENCE
KORLYM	Talk to your doctor	RIXUBIS	ALPROLIX, REBINYN
KUVAN	<i>sapropterin</i>	RUBRACA	LYNPARZA, ZEJULA
KYPROLIS	<i>bortezomib, NINLARO</i>	SABRIL	<i>vigabatrin</i>
LEMTRADA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	SAIZEN	GENOTROPIN, NORDITROPIN
LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>	SANDOSTATIN LAR	SOMATULINE DEPOT
LEUKINE	NIVESTYM	SELZENTRY	<i>maraviroc</i>
LEXIVA	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>	SIGNIFOR LAR	SOMATULINE DEPOT
LILETTA	KYLEENA, MIRENA, SKYLA	SOMAVERT	SOMATULINE DEPOT
LUPRON DEPOT	ELIGARD	STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>	SUTENT	<i>sunitinib, CABOMETYX, INLYTA, LENVIMA, NEXAVAR</i>
MEKINIST	COTELLIC, MEKTOVI	SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	SYPRINE	<i>trientine</i>
NEULASTA, NEULASTA ONPRO	ZIEXTENZO	TAFINLAR	BRAFTOVI, ZELBORAF
NEUPOGEN	NIVESTYM	TARGRETIN	<i>bexarotene</i>
NEXTERONE	<i>amiodarone</i>	TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
NITYR	ORFADIN	TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
NORTHERA	<i>midodrine</i>	THIOLA, THIOLA EC	<i>tiopronin</i>
NOVAREL	OVIDREL	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>
NPLATE	DOPTELET, PROMACTA, TAVALISSE	TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR	TRELSTAR MIXJECT	ELIGARD
NUTROPIN AQ	GENOTROPIN, NORDITROPIN	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>
OMNITROPE	GENOTROPIN, NORDITROPIN	TRUXIMA	RUXIENCE
ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA	TYVASO DPI	Talk to your doctor
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	UDENYCA	ZIEXTENZO
OTREXUP	RASUVO	VEMLIDY	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>
PEGASYS	Talk to your doctor		
PRALUENT	REPATHA		
PREGNYL	OVIDREL		
PROCYSBI	CYSTAGON		

DRUG NAME(S)	PREFERRED OPTION(S) <sup>1</sup>	DRUG NAME(S)	PREFERRED OPTION(S) <sup>1</sup>
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)	XENAZINE	<i>tetrabenazine</i> , AUSTEDO
VIRACEPT	<i>atazanavir</i> , <i>lopinavir-ritonavir</i> , EVOTAZ, PREZCOBIX, PREZISTA	ZARXIO	NIVESTYM
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
VOTRIENT	<i>sunitinib</i> , CABOMETYX, INLYTA, LENVIMA, NEXAVAR	ZOLADEX	ELIGARD, ORLISSA
XALKORI	ALECENSA, ALUNBRIG, ZYKADIA	ZYTIGA	<i>abiraterone</i> , <i>bicalutamide</i> , ERLEADA, XTANDI, YONSA



**TABLE 1 - PREFERRED OPTIONS FOR INDICATION BASED SELF-ADMINISTERED AUTOIMMUNE EXCLUDED MEDICATIONS**

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
ANKYLOSING SPONDYLITIS	SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA RINVOQ
CROHN'S DISEASE	None	HUMIRA SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX RINVOQ
PSORIASIS	COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TALTZ TREMIFYA
PSORIATIC ARTHRITIS	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMIFYA
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	SIMPONI	HUMIRA RINVOQ STELARA SUBCUTANEOUS XELJANZ XELJANZ XR ZEPOSIA
ALL OTHER CONDITIONS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL HUMIRA

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 immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval. 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 [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific medicine.

§ Generics are available in this class and should be considered the first line of prescribing.

† The preferred options in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.

<sup>1</sup> 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.

<sup>2</sup> For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

<sup>3</sup> An exception process is in place for specific clinical or regulatory circumstances that may require coverage of an excluded medication.

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