



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

The **CVS Caremark<sup>®</sup> Advanced Control Specialty Formulary<sup>®</sup> - Chart** 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 and does not guarantee coverage. 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.

- 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 immediately upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary cost sharing 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 cost sharing, or if you have additional questions, 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 medically necessary, consider prescribing a brand name on this list.

- The member's prescription benefit plan design may alter coverage of certain products or vary cost sharing amounts based on the condition being treated.
- This drug list represents a summary of prescription 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 immediately upon release to the market.
- The member's prescription benefit plan may have different cost sharing 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 cost sharing information for a specific medicine.

## ANALGESICS

### VISCOSUPPLEMENTS

DUROLANE  
EUFLEXXA  
GELSYN-3  
SUPARTZ FX

## ANTI-INFECTIVES

### ANTIRETROVIRAL AGENTS

*abacavir*  
*atazanavir*  
*efavirenz*  
*lamivudine*  
*nevirapine*  
*nevirapine ext-rel*

*stavudine*  
*zidovudine*  
EDURANT  
EMTRIVA  
FUZEON  
INTELENCE  
ISENTRESS  
NORVIR  
PREZISTA  
TIVICAY

### ANTIRETROVIRAL COMBINATION AGENTS

*abacavir-lamivudine*  
*efavirenz-emtricitabine-tenofovir disoproxil fumarate*  
*efavirenz-lamivudine-tenofovir disoproxil fumarate*  
*emtricitabine-tenofovir disoproxil fumarate*  
*lamivudine-zidovudine*  
*lopinavir-ritonavir*  
BIKTARVY  
CIMDUO  
DESCOVY  
DOVATO  
EVOTAZ  
GENVOYA  
ODEFSEY  
PREZCOBIX  
SYM TUZA

### ANTIVIRALS

*entecavir*  
*lamivudine*  
BARACLUDE SOLUTION

VEMLIDY

### HEPATITIS B AGENTS

*tenofovir disoproxil fumarate*

### HEPATITIS C

*ribavirin*  
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)  
HARVONI (genotypes 1, 4, 5, 6)  
VOSEVI

### NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

*tenofovir disoproxil fumarate*

## ANTINEOPLASTIC AGENTS

### ALKYLATING AGENTS

*temozolomide*  
MATULANE

### ANTIMETABOLITES

*capecitabine*  
LONSURF

### BIOLOGIC RESPONSE MODIFIERS

ERIVEDGE  
REVLIMID  
THALOMID

### BIOSIMILARS

KANJINTI  
RUXIENCE  
TRAZIMERA  
ZIRABEV

### HORMONAL ANTINEOPLASTIC AGENTS

*abiraterone*  
*leuprolide acetate*  
ELIGARD  
ERLEADA  
FIRMAGON  
LYSODREN  
NUBEQA  
XTANDI  
YONSA

### KINASE INHIBITORS

*erlotinib*  
*everolimus*  
*gefitinib*

*imatinib mesylate*  
*lapatinib*  
*sunitinib*

AFINITOR  
AFINITOR DISPERZ  
ALECENSA  
ALUNBRIG  
BOSULIF  
CABOMETYX  
CALQUENCE  
COPIKTRA  
IBRANCE  
KISQALI  
KISQALI FEMARA CO-PACK  
KOSELUGO  
RYDAPT  
SPRYCEL  
STIVARGA  
TAGRISSO  
VOTRIENT  
XOSPATA

### MISCELLANEOUS

*bexarotene capsule*  
LYNPARZA  
ODOMZO  
RUBRACA  
VISTOGARD  
ZEJULA  
ZOLINZA

### MONOCLONAL ANTIBODIES

PERJETA  
PHESGO

### PROTEASOME INHIBITORS

NINLARO  
VELCADE

## CARDIOVASCULAR

### ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA

### PULMONARY ARTERIAL HYPERTENSION

*ambrisentan*  
*bosentan*  
*sildenafil*  
*tadalafil*  
*treprostinil*  
ADEMPAS  
OPSUMIT

ORENITRAM  
UPTRAVI

## CENTRAL NERVOUS SYSTEM

### ANTIPARKINSONIAN AGENTS

INBRIJA  
KYNMOBI

### ANTISEIZURE AGENTS

*vigabatrin*

### MOVEMENT DISORDERS

*tetrabenazine*  
AUSTEDO  
AUSTEDO XR  
INGREZZA

### MULTIPLE SCLEROSIS AGENTS

*dalfampridine ext-rel*  
*dimethyl fumarate delayed-rel*  
*fingolimod*  
*glatiramer*  
*teriflunomide*  
BETASERON  
COPAXONE 40 MG/ML  
KESIMPTA  
MAYZENT  
OCREVUS  
REBIF  
TYSABRI  
VUMERITY  
ZEPOSIA

### NARCOLEPSY/CATAPLEXY

SODIUM OXYBATE

## ENDOCRINE AND METABOLIC

### ACROMEGALY

SOMATULINE DEPOT

### CALCIUM RECEPTOR AGONISTS

*cinacalcet*

### CENTRAL PRECOCIOUS PUBERTY

SUPPRELIN LA  
TRIPTODUR

**CHELATING AGENTS**

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

**CONTRACEPTIVES**

KYLEENA  
 MIRENA  
 SKYLA

**ENZYME REPLACEMENTS**

*sapropterin*  
*sodium phenylbutyrate*  
 CYSTAGON

**FERTILITY REGULATORS**

CETROTIDE  
 GANIRELIX ACETATE  
 GONAL-F  
 OVIDREL

**GAUCHER DISEASE**

CERDELGA  
 CERZYME

**HEREDITARY TYROSINEMIA TYPE 1 AGENTS**

ORFADIN

**HUMAN GROWTH HORMONES**

GENOTROPIN  
 NORDITROPIN

**MISCELLANEOUS**

FORTEO  
 PROLIA  
 TYMLOS

**POLYNEUROPATHY**

TEGSEDI

**GENITOURINARY****MISCELLANEOUS**

*tiopronin*

**HEMATOLOGIC****BLEEDING DISORDERS AGENTS**

NOVOSEVEN RT  
 SEVENFACT

**HEMATOPOIETIC GROWTH FACTORS**

ARANESP  
 ARANESP ALBUMIN FREE  
 DOPTLET  
 FYLNETRA  
 NIVESTYM  
 NYVEPRIA  
 RETACRIT

**HEMOPHILIA A AGENTS**

ADVATE  
 ADYNOVATE  
 AFSTYLA  
 ELOCTATE  
 ESPEROCT  
 JIVI  
 KOGENATE FS  
 KOVALTRY  
 NOVOEIGHT  
 NUWIQ

**HEMOPHILIA B AGENTS**

ALPROLIX  
 REBINYN

**MISCELLANEOUS**

TAVALISSE

**IMMUNOLOGIC AGENTS****ALLERGENIC EXTRACTS**

ORALAIR

**AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)**

REMICADE  
 SIMPONI ARIA  
 SKYRIZI INTRAVENOUS  
 STELARA INTRAVENOUS

**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS**

ADALIMUMAB-ADAZ  
 ENBREL  
 HUMIRA  
 HYRIMOZ

**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS**

ADALIMUMAB-ADAZ  
 COSENTYX  
 ENBREL  
 HUMIRA

HYRIMOZ  
 RINVOQ

**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE**

ADALIMUMAB-ADAZ  
 HUMIRA  
 HYRIMOZ  
 RINVOQ  
 SKYRIZI SUBCUTANEOUS  
 STELARA SUBCUTANEOUS

**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS**

ADALIMUMAB-ADAZ  
 HUMIRA  
 HYRIMOZ  
 OTEZLA  
 SKYRIZI SUBCUTANEOUS  
 STELARA SUBCUTANEOUS  
 TALTZ  
 TREMFYA

**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS**

ADALIMUMAB-ADAZ  
 COSENTYX  
 ENBREL  
 HUMIRA  
 HYRIMOZ  
 OTEZLA  
 RINVOQ  
 SKYRIZI SUBCUTANEOUS

**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS**

ADALIMUMAB-ADAZ  
 ENBREL  
 HUMIRA  
 HYRIMOZ  
 KEVZARA  
 ORENCIA CLICKJECT  
 ORENCIA SUBCUTANEOUS  
 RINVOQ  
 XELJANZ  
 XELJANZ XR

**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS**

ADALIMUMAB-ADAZ  
 HUMIRA  
 HYRIMOZ  
 RINVOQ

STELARA SUBCUTANEOUS  
 XELJANZ  
 XELJANZ XR

**HEREDITARY ANGIOEDEMA**

*icatibant*  
 RUCONEST

**IMMUNOGLOBULIN**

CUTAQUIG

**IMMUNOSUPPRESSANTS**

*cyclosporine*  
*cyclosporine modified*  
*everolimus*  
*mycophenolate mofetil*  
*mycophenolate sodium*  
*sirolimus*  
*tacrolimus*  
 ENSPRYNG

**OPHTHALMIC****RETINAL DISORDERS**

EYLEA

**RESPIRATORY****ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS**

PROLASTIN-C

**CYSTIC FIBROSIS**

*tobramycin inhalation solution*

**PULMONARY FIBROSIS AGENTS**

*pirfenidone*  
 OFEV

**SEVERE ASTHMA AGENTS**

DUPIXENT  
 FASENRA  
 NUCALA  
 XOLAIR

**TOPICAL****ATOPIC DERMATITIS, ORAL**

RINVOQ

**DERMATOLOGY, ATOPIC DERMATITIS**

DUPIXENT

**MOUTH/THROAT/DENTAL AGENTS**

MUGARD

# QUICK REFERENCE DRUG LIST

## A

abacavir  
 abacavir-lamivudine  
 abiraterone  
 ADALIMUMAB-ADAZ  
 ADEMPAS  
 ADVATE  
 ADYNOVATE  
 AFINITOR  
 AFINITOR DISPERZ  
 AFSTYLA  
 ALECENSA  
 ALPROLIX  
 ALUNBRIG  
 ambrisentan  
 ARANESP  
 ARANESP ALBUMIN FREE  
 atazanavir  
 AUSTEDO  
 AUSTEDO XR

## B

BARACLUDE SOLUTION  
 BETASERON  
 bexarotene capsule  
 BIKTARVY  
 bosentan  
 BOSULIF

## C

CABOMETYX  
 CALQUENCE  
 capecitabine  
 CERDELGA  
 CEREZYME  
 CETROTIDE  
 CIMDUO  
 cinacalcet  
 COPAXONE 40 MG/ML  
 COPIKTRA  
 COSENTYX  
 CUTAQUIG  
 cyclosporine  
 cyclosporine modified  
 CYSTAGON

## D

dalfampridine ext-rel  
 deferasirox  
 deferiprone  
 deferoxamine  
 DESCOVY  
 dimethyl fumarate delayed-rel  
 DOPTLET

DOVATO  
 DUPIXENT  
 DUPIXENT  
 DUROLANE

## E

EDURANT  
 efavirenz  
 efavirenz-emtricitabine-tenofovir disoproxil fumarate  
 efavirenz-lamivudine-tenofovir disoproxil fumarate  
 ELIGARD  
 ELOCTATE  
 emtricitabine-tenofovir disoproxil fumarate  
 EMTRIVA  
 ENBREL  
 ENSPRYNG  
 entecavir  
 EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)  
 ERIVEDGE  
 ERLEADA  
 erlotinib  
 ESPEROCT  
 EUFLEXXA  
 everolimus  
 everolimus  
 EVOTAZ  
 EYLEA

## F

FASENRA  
 fingolimod  
 FIRMAGON  
 FORTEO  
 FUZEON  
 FYLNETRA

## G

GANIRELIX ACETATE  
 gefitinib  
 GELSYN-3  
 GENOTROPIN  
 GENVOYA  
 glatiramer  
 GONAL-F

## H

HARVONI (genotypes 1, 4, 5, 6)  
 HUMIRA  
 HYRIMOZ

## I

IBRANCE  
 icatibant  
 imatinib mesylate  
 INBRIJA  
 INGREZZA  
 INTELENCE  
 ISENTRESS

## J

JIVI

## K

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

## L

lamivudine  
 lamivudine  
 lamivudine-zidovudine  
 lapatinib  
 leuprolide acetate  
 LONSURF  
 lopinavir-ritonavir  
 LYNPARZA  
 LYSODREN

## M

MATULANE  
 MAYZENT  
 MIRENA  
 MUGARD  
 mycophenolate mofetil  
 mycophenolate sodium

## N

nevirapine  
 nevirapine ext-rel  
 NINLARO  
 NIVESTYM  
 NORDITROPIN  
 NORVIR  
 NOVOEIGHT  
 NOVOSEVEN RT  
 NUBEQA  
 NUCALA  
 NUWIQ  
 NYVEPRIA

## O

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

## P

penicillamine  
 PERJETA  
 PHESGO  
 pirfenidone  
 PREZCOBIX  
 PREZISTA  
 PROLASTIN-C  
 PROLIA

## R

REBIF  
 REBINYN  
 REMICADE  
 REPATHA  
 RETACRIT  
 REVLIMID  
 ribavirin  
 RINVOQ  
 RUBRACA  
 RUCONEST  
 RUXIENCE  
 RYDAPT

## S

sapropterin  
 SEVENFACT  
 sildenafil  
 SIMPONI ARIA  
 sirolimus  
 SKYLA  
 SKYRIZI INTRAVENOUS  
 SKYRIZI SUBCUTANEOUS  
 SODIUM OXYBATE  
 sodium phenylbutyrate  
 SOMATULINE DEPOT  
 SPRYCEL  
 stavudine  
 STELARA INTRAVENOUS  
 STELARA SUBCUTANEOUS  
 STIVARGA

*sunitinib*  
SUPARTZ FX  
SUPPRELIN LA  
SYMTUZA

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**T**  
*tacrolimus*  
*tadalafil*  
TAGRISSO  
TALTZ  
TAVALISSE  
TEGSEDI  
*temozolomide*  
*tenofovir disoproxil fumarate*

*teriflunomide*  
*tetrabenazine*  
THALOMID  
*tiopronin*  
TIVICAY  
*tobramycin inhalation  
solution*  
TRAZIMERA  
TREMFYA  
*treprostinil*  
*trientine*  
TRIPTODUR  
TYMLOS  
TYSABRI

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**U**  
UPTRAVI

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**V**  
VELCADE  
VEMLIDY  
*vigabatrin*  
VISTOGARD  
VOSEVI  
VOTRIENT  
VUMERITY

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**X**  
XELJANZ

XELJANZ XR  
XOLAIR  
XOSPATA  
XTANDI

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**Y**  
YONSA

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**Z**  
ZEJULA  
ZEPOSIA  
*zidovudine*  
ZIRABEV  
ZOLINZA

## PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS

The preferred options listed below is a broad presentation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA	ELELYSO	CERDELGA, CEREZYME
ADCIRCA	<i>sildenafil, tadalafil</i>	ENTYVIO (For Crohn's Disease Only)	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
ALIQOPA	Talk to your doctor	EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMOLIDY
AMPYRA	<i>dalfampridine ext-rel</i>	EPOGEN	ARANESP, RETACRIT
APOKYN	INBRIJA, KYNMOBI	ESBRIET	<i>pirfenidone</i> , OFEV
APTIVUS	Talk to your doctor	EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>
ARALAST NP	PROLASTIN-C	EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	FEIBA	NOVOSEVEN RT, SEVENFACT
AVASTIN	ZIRABEV	FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
AVSOLA	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	FOLLISTIM AQ	GONAL-F
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMOLIDY	FULPHILA	FYLNETRA, NYVEPRIA
BERINERT	<i>icatibant</i> , RUCONEST	<i>Fyremadel</i>	CETROTIDE, GANIRELIX ACETATE
BORTEZOMIB	NINLARO, VELCADE	GAMMAGARD	CUTAQUIG
BUPHENYL	<i>sodium phenylbutyrate</i>	<i>ganirelix acetate</i>	CETROTIDE, GANIRELIX ACETATE
CHORIONIC GONADOTROPIN	OVIDREL	GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
CIMZIA LYOPHILIZED POWDER	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA	GLASSIA	PROLASTIN-C
COPAXONE 20 MG/ML	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
CUPRIMINE	<i>penicillamine</i>	GRANIX	NIVESTYM
CUVITRU	CUTAQUIG	HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>	HUMATROPE	GENOTROPIN, NORDITROPIN
		HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
HYQVIA	CUTAQUIG	RIABNI	RUXIENCE
ICLUSIG	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL	RITUXAN	RUXIENCE
ILUMYA	REMICADE	SABRIL	<i>vigabatrin</i>
INFLECTRA	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS,STELARA INTRAVENOUS	SAIZEN	GENOTROPIN, NORDITROPIN
JADENU	<i>deferasirox, deferiprone, deferoxamine</i>	SANDOSTATIN LAR	SOMATULINE DEPOT
KUVAN	<i>sapropterin</i>	SIGNIFOR LAR	SOMATULINE DEPOT
KYPROLIS	NINLARO, VELCADE	SOMAVERT	SOMATULINE DEPOT
LETAIRIS	<i>ambrisentan, bosentan</i> , OPSUMIT	STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA
LEXIVA	<i>atazanavir, lopinavir-ritonavir</i> , EVOTAZ, PREZCOBIX, PREZISTA	SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
LILETTA	KYLEENA, MIRENA, SKYLA	SYPRINE	<i>trientine</i>
LUPRON DEPOT	ELIGARD, FIRMAGON, ORIAHNN, ORLISSA	TAKHZYRO	Talk to your doctor
LUPRON DEPOT- PED	SUPPRELIN LA, TRIPTODUR	TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>	TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	THIOLA, THIOLA EC	<i>tiopronin</i>
NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>
NEUPOGEN	NIVESTYM	TRACLEER	<i>ambrisentan, bosentan</i> , OPSUMIT
NOVAREL	OVIDREL	TRELSTAR	ELIGARD, FIRMAGON
NUTROPIN AQ	GENOTROPIN, NORDITROPIN	MIXJECT	
OMNITROPE	GENOTROPIN, NORDITROPIN	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine</i> , CIMDUO, DESCOVY
ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA	TRUXIMA	RUXIENCE
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	UDENYCA	FYLNETRA, NYVEPRIA
OTREXUP	<i>methotrexate</i>	VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
PEGASYS	Talk to your doctor	VIRACEPT	<i>atazanavir, lopinavir-ritonavir</i> , EVOTAZ, PREZCOBIX, PREZISTA
PRALUENT	REPATHA	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
PREGNYL	OVIDREL	XENAZINE	<i>tetrabenazine</i> , AUSTEDO, AUSTEDO XR
PROCRIT	ARANESP, RETACRIT	XYREM	SODIUM OXYBATE
PROCYSBI	CYSTAGON	ZARXIO	NIVESTYM
PROMACTA	DOPTELET, TAVALISSE		
RASUVO	<i>methotrexate</i>		
RAVICTI	<i>sodium phenylbutyrate</i>		
REMODULIN	<i>treprostinil</i>		
RENFLEXIS	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS		
REVATIO	<i>sildenafil, tadalafil</i>		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ZEMAIRA	PROLASTIN-C	ZOLADEX	ELIGARD, FIRMAGON, ORLISSA
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)	ZYDELIG	COPIKTRA
ZIEXTENZO	FYLNETRA, NYVEPRIA	ZYTIGA	<i>abiraterone, bicalutamide</i> , ERLEADA, XTANDI, YONSA



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

<b>CONDITION</b>	<b>EXCLUDED DRUG NAME(S)</b>	<b>PREFERRED OPTION(S)</b>
<b>ANKYLOSING SPONDYLITIS</b>	AMJEVITA CIMZIA PREFILLED SYRINGE SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HUMIRA HYRIMOZ RINVOQ
<b>CROHN'S DISEASE</b>	AMJEVITA CIMZIA PREFILLED SYRINGE	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
<b>PSORIASIS</b>	AMJEVITA CIMZIA PREFILLED SYRINGE COSENTYX ENBREL	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ OTEZLA SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TALTZ TREMIFYA
<b>PSORIATIC ARTHRITIS</b>	AMJEVITA CIMZIA PREFILLED SYRINGE ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ TREMIFYA XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HUMIRA HYRIMOZ OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS
<b>RHEUMATOID ARTHRITIS</b>	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA	ADALIMUMAB-ADAZ ENBREL HUMIRA

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
	CIMZIA PREFILLED SYRINGE KINERET SIMPONI	HYRIMOZ KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
<b>ULCERATIVE COLITIS</b>	AMJEVITA SIMPONI	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ RINVOQ STELARA SUBCUTANEOUS XELJANZ XELJANZ XR
<b>ALL OTHER CONDITIONS</b>	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ADALIMUMAB-ADAZ ENBREL HUMIRA HYRIMOZ

**FOR YOUR INFORMATION:** 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. 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.

For VOSEVI listing above: 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).

An exception process is in place for specific clinical or regulatory circumstances that may require coverage of an excluded medication. For more information, please sign in or register on [Caremark.com](https://www.caremark.com) and click Plan Summary on the Plan & Benefits menu.

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