



# 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 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*  
*darunavir*  
*efavirenz*  
*etravirine*  
*lamivudine*  
*maraviroc*  
*nevirapine*  
*nevirapine ext-rel*  
*ritonavir*  
*stavudine*  
*zidovudine*  
EMTRIVA  
FUZEON  
ISENTRESS  
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  
GENVOYA  
ODEFSEY  
SYMTUZA  
TRIUMEQ

### ANTIVIRALS

*entecavir*  
*lamivudine*

### 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

BESREMI  
ERIVEDGE  
REVLIMID  
THALOMID

### BIOSIMILARS

HERZUMA  
OGIVRI  
RUXIENCE  
ZIRABEV

### HORMONAL ANTINEOPLASTIC AGENTS

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

### KINASE INHIBITORS

*erlotinib*  
*everolimus*  
*gefitinib*  
*imatinib mesylate*

*lapatinib*  
*sorafenib*  
*sunitinib*  
ALECENSA  
ALUNBRIG  
BOSULIF  
BRAFTOVI  
BRUKINSA  
CABOMETYX  
CALQUENCE  
COPIKTRA  
COTELLIC  
GAVRETO  
IBRANCE  
IMBRUVICA  
INLYTA  
KISQALI  
KISQALI FEMARA CO-PACK  
KOSELUGO  
LENVIMA  
MEKTOVI  
RETEVMO  
ROZLYTREK  
RYDAPT  
SPRYCEL  
STIVARGA  
TAGRISSO  
VITRAKVI  
XOSPATA  
ZELBORAF  
ZYDELIG  
ZYKADIA

### MISCELLANEOUS

*bexarotene*  
KRAZATI  
LUMAKRAS  
LYNPARZA  
ODOMZO  
VISTOGARD  
ZEJULA  
ZOLINZA

### MONOCLONAL ANTIBODIES

PERJETA  
PHESGO

### PROTEASOME INHIBITORS

*bortezomib*  
NINLARO

## CARDIOVASCULAR

### ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA

### PULMONARY ARTERIAL HYPERTENSION

*ambriesentan*  
*bosentan*  
*sildenafil*  
*tadalafil*  
*treprostinil*  
ADEMPAS  
OPSUMIT  
ORENITRAM  
TADLIQ  
UPTRAVI

## CENTRAL NERVOUS SYSTEM

### ANTIPARKINSONIAN AGENTS

INBRIJA  
KYNMOBI

### ANTISEIZURE AGENTS

*vigabatrin*

### BOTULINUM TOXINS

DYSPORT  
XEOMIN

### MOVEMENT DISORDERS

*tetrabenazine*  
AUSTEDO  
AUSTEDO XR  
INGREZZA

### MULTIPLE SCLEROSIS AGENTS

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

**NARCOLEPSY/CATAPLEXY**

LUMRYZ  
WAKIX  
XYWAV

**ENDOCRINE AND  
METABOLIC**
**ACROMEGALY**

SOMATULINE DEPOT

**CALCIUM RECEPTOR AGONISTS**

*cinacalcet*

**CENTRAL PRECOCIOUS PUBERTY**

FENSOLVI  
LUPRON DEPOT-PED  
SUPPRELIN LA

**CHELATING AGENTS**

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

**CONTRACEPTIVES**

KYLEENA  
MIRENA  
SKYLA

**ENZYME REPLACEMENTS**

*betaine*  
*carglumic acid*  
*sapropterin*  
*sodium phenylbutyrate*  
CYSTAGON  
PHEBURANE

**FERTILITY REGULATORS**

FOLLISTIM AQ  
GANIRELIX ACETATE  
MENOPUR  
OVIDREL

**GAUCHER DISEASE**

CERDELGA  
CEREZYME

**HEREDITARY TYROSINEMIA TYPE 1 AGENTS**

ORFADIN

**HUMAN GROWTH HORMONES**

HUMATROPE  
NORDITROPIN

**MISCELLANEOUS**

FORTEO  
PROLIA  
TYMLOS

**POLYNEUROPATHY**

TEGSEDI

**GENITOURINARY**
**MISCELLANEOUS**

*tiopronin*

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

NOVOSEVEN RT  
SEVENFACT

**HEMATOPOIETIC GROWTH FACTORS**

ARANESP  
DOPTELET  
FYLNETRA  
NIVESTYM  
NYVEPRIA  
PROCRIT  
PROMACTA  
RETACRIT

**HEMOPHILIA A AGENTS**

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

**HEMOPHILIA B AGENTS**

ALPROLIX  
REBINYN

**MISCELLANEOUS**

TAVALISSE

**PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS**

EMPAVELI

**SICKLE CELL DISEASE**

ENDARI

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

ORALAIR

**AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)**

AVSOLA  
ILUMYA  
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), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS**

CIMZIA PREFILLED SYRINGE  
COSENTYX  
RINVOQ

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

ADALIMUMAB-ADAZ  
HUMIRA  
HYRIMOZ  
OTEZLA  
SKYRIZI SUBCUTANEOUS

SOTYKTU  
STELARA SUBCUTANEOUS  
TALTZ  
TREMIFYA

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

ADALIMUMAB-ADAZ  
COSENTYX  
ENBREL  
HUMIRA  
HYRIMOZ  
OTEZLA  
RINVOQ  
SKYRIZI SUBCUTANEOUS  
STELARA SUBCUTANEOUS  
TREMIFYA

**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  
ZEPOSIA

**DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)**

RASUVO

**HEREDITARY ANGIOEDEMA**

*icatibant*  
ORLADEYO  
RUCONEST  
TAKHZYRO

**IMMUNOGLOBULIN**

CUTAQUIG

**IMMUNOSUPPRESSANTS**

cyclosporine  
 cyclosporine modified  
 everolimus  
 mycophenolate mofetil  
 mycophenolate sodium  
 sirolimus  
 tacrolimus  
 ENSPRYNG

**OPHTHALMIC****RETINAL DISORDERS**

BYOOVIZ  
 CIMERLI

**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**

ADBRY  
 CIBINQO  
 DUPIXENT  
 RINVOQ

**MOUTH/THROAT/DENTAL AGENTS**

MUGARD

**QUICK REFERENCE DRUG LIST****A**

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

**B**

BESREMI  
*betaine*  
 BETASERON  
*bexarotene*  
 BIKTARVY  
*bortezomib*  
 bosentan  
 BOSULIF  
 BRAFTOVI  
 BRUKINSA  
 BYOOVIZ

**C**

CABOMETYX  
 CALQUENCE  
*capecitabine*  
*carglumic acid*  
 CERDELGA

CEREZYME  
 CIBINQO  
 CIMDUO  
 CIMERLI  
 CIMZIA PREFILLED SYRINGE  
*cinacalcet*  
 COPAXONE 40 MG/ML  
 COPIKTRA  
 COSENTYX  
 COTELLIC  
 CUTAQUIG  
*cyclosporine*  
*cyclosporine modified*  
 CYSTAGON

**D**

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

**E**

*efavirenz*  
*efavirenz-emtricitabine-tenofovir disoproxil fumarate*  
*efavirenz-lamivudine-tenofovir disoproxil fumarate*  
 ELIGARD  
 ELOCTATE  
 EMPAVELI

*emtricitabine-tenofovir disoproxil fumarate*  
 EMTRIVA  
 ENBREL  
 ENDARI  
 ENSPRYNG  
*entecavir*  
 EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)  
 ERIVEDGE  
 ERLEADA  
*erlotinib*  
 ESPEROCT  
*etravirine*  
 EUFLEXXA  
*everolimus*  
*everolimus*

**F**

FASENRA  
 FENSOLVI  
*fingolimod*  
 FOLLISTIM AQ  
 FORTEO  
 FUZEON  
 FYLNETRA

**G**

GANIRELIX ACETATE  
 GAVRETO  
*gefitinib*  
 GELSYN-3  
 GENVOYA  
*glatiramer*

**H**

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

**I**

IBRANCE  
*icatibant*  
 ILUMYA  
*imatinib mesylate*  
 IMBRUVICA  
 INBRIJA  
 INGREZZA  
 INLYTA  
 ISENTRESS

**J**

JIVI

**K**

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

**L**

*lamivudine*  
*lamivudine*  
*lamivudine-zidovudine*  
*lapatinib*  
 LENVIMA  
*leuprolide acetate*  
 LONSURF  
*lopinavir-ritonavir*  
 LUMAKRAS  
 LUMRYZ  
 LUPRON DEPOT-PED  
 LYNPARZA  
 LYSODREN

**M**

maraviroc  
 MATULANE  
 MAYZENT  
 MEKTOVI  
 MENOPUR  
 MIRENA  
 MUGARD  
*mycophenolate mofetil*  
*mycophenolate sodium*

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**N**

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

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**O**

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

**OVIDREL****P**

*penicillamine*  
 PERJETA  
 PHEBURANE  
 PHESGO  
*pirfenidone*  
 PROCIT  
 PROLASTIN-C  
 PROLIA  
 PROMACTA

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**R**

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

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**S**

*sapropterin*  
 SEVENFACT  
*sildenafil*  
 SIMPONI ARIA  
*sirolimus*  
 SKYLA  
 SKYRIZI INTRAVENOUS

SKYRIZI SUBCUTANEOUS  
*sodium phenylbutyrate*  
 SOMATULINE DEPOT  
*sorafenib*  
 SOTYKTU  
 SPRYCEL  
*stavudine*  
 STELARA INTRAVENOUS  
 STELARA SUBCUTANEOUS  
 STIVARGA  
*sunitinib*  
 SUPARTZ FX  
 SUPPRELIN LA  
 SYMTUZA

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**T**

*tacrolimus*  
*tadalafil*  
 TADLIQ  
 TAGRISSO  
 TAKHZYRO  
 TALTZ  
 TAVALISSE  
 TEGSEDI  
*temozolomide*  
*tenofovir disoproxil fumarate*  
*teriflunomide*  
*tetrabenazine*  
 TEZSPIRE  
 THALOMID  
*tiopronin*  
 TIVICAY  
*tobramycin inhalation  
 solution*  
 TREMFYA  
*treprostinil*  
*trientine*  
 TRIUMEQ

TYMLOS  
 TYSABRI

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**U**

UPTRAVI

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**V**

*vigabatrin*  
 VISTOGARD  
 VITRAKVI  
 VOSEVI  
 VUMERITY

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**W**

WAKIX

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**X**

XELJANZ  
 XELJANZ XR  
 XEOMIN  
 XOLAIR  
 XOSPATA  
 XTANDI  
 XYNTHA  
 XYWAV

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**Y**

YONSA

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**Z**

ZEJULA  
 ZELBORAF  
 ZEMAIRA  
 ZEPOSIA  
*zidovudine*  
 ZIRABEV  
 ZOLINZA  
 ZYDELIG  
 ZYKADIA

## PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS

The preferred options in this list are a broad representation 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	AVSOLA, REMICADE, SIMPONI ARIA		SYMTUZA, TRIUMEQ
ADCIRCA	<i>sildenafil, tadalafil, TADLIQ</i>	COPAXONE 20 MG/ML	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>	CUPRIMINE	<i>penicillamine</i>
ALIQOPA	Talk to your doctor	CYSTADANE	<i>betaine</i>
APOKYN	INBRIJA, KYNMOBI	DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>
APTIVUS	Talk to your doctor	DIACOMIT	Talk to your doctor
ARALAST NP	PROLASTIN-C, ZEMAIRA	EDURANT	<i>efavirenz</i>
ARCALYST	Talk to your doctor	ELELYSO	CERDELGA, CEREZYME
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	ENTYVIO (For Crohn's Disease Only)	AVSOLA, REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
AVASTIN	ZIRABEV	EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>	EPOGEN	ARANESP, PROCRT, RETACRIT
BENEFIX	ALPROLIX, REBINYN	ESBRIET	<i>pirfenidone, OFEV</i>
BERINERT	<i>icatibant, RUCONEST</i>	EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>
BETHKIS	<i>tobramycin inhalation solution</i>	EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
BORTEZOMIB	<i>bortezomib, NINLARO</i>	EYLEA	BYOOVIZ, CIMERLI
BOTOX	DYSPORT, XEOMIN	FEIBA	NOVOSEVEN RT, SEVENFACT
BUPHENYL	<i>sodium phenylbutyrate, PHEBURANE</i>	FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
CARBAGLU	<i>carglumic acid</i>	FINTEPLA	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
CAYSTON	<i>tobramycin inhalation solution</i>	FIRAZYR	<i>icatibant, RUCONEST</i>
CETROTIDE	GANIRELIX ACETATE	FIRMAGON	ELIGARD
CHORIONIC GONADOTROPIN	OVIDREL	FULPHILA	FYLNETRA, NYVEPRIA
CIMZIA LYOPHILIZED POWDER	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	<i>Fyremadel</i>	GANIRELIX ACETATE
CINRYZE	ORLADEYO, TAKHZYRO	<i>ganirelix acetate</i>	GANIRELIX ACETATE
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine- tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY,</i>	GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
		GENOTROPIN	HUMATROPE, NORDITROPIN

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	LORBRENA	ALECENSA, ALUNBRIG
GLASSIA	PROLASTIN-C, ZEMAIRA	LUCENTIS	BYOOVIZ, CIMERLI
GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL	LUPRON DEPOT	ELIGARD
GONAL-F	FOLLISTIM AQ	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI
GRANIX	NIVESTYM	MEKINIST	COTELLIC, MEKTOVI
HERCEPTIN, HERCEPTIN HYLECTA	HERZUMA, OGI VRI	MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	MYOBLOC	DYSPORT, XEOMIN
HYQVIA	CUTAQUIG	NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA
ICLUSIG	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL	NEUPOGEN	NIVESTYM
INFLECTRA	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	NEXAVAR	<i>sorafenib, sunitinib</i> , CABOMETYX, INLYTA, LENVIMA
INTELENCE	<i>etravirine</i>	NEXTERONE	<i>amiodarone</i>
IRESSA	<i>erlotinib, gefitinib</i>	NITYR	ORFADIN
IXINITY	ALPROLIX, REBINYN	NORTHERA	<i>midodrine</i>
JADENU	<i>deferasirox, deferiprone, deferoxamine</i>	NORVIR	<i>ritonavir</i>
JAKAFI (For Polycythemia Vera Only)	BESREMI	NOVAREL	OVIDREL
JUXTAPID	REPATHA	NPLATE	DOPTELET, PROMACTA, TAVALISSE
JYNARQUE	Talk to your doctor	NUCALA	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR
KALETRA	<i>atazanavir, darunavir, lopinavir-ritonavir</i>	LYOPHILIZED POWDER	
KANJINTI	HERZUMA, OGI VRI	NUTROPIN AQ	HUMATROPE, NORDITROPIN
KITABIS PAK	<i>tobramycin inhalation solution</i>	OCTAGAM	Talk to your doctor
KORLYM	Talk to your doctor	OMNITROPE	HUMATROPE, NORDITROPIN
KUVAN	<i>sapropterin</i>	ORENCIA	AVSOLA, REMICADE, SIMPONI ARIA
KYPROLIS	<i>bortezomib</i> , NINLARO	INTRAVENOUS	
LEMTRADA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
LETAIRIS	<i>ambrisentan, bosentan</i> , OPSUMIT	OTREXUP	RASUVO
LEUKINE	NIVESTYM	PEGASYS	Talk to your doctor
LEXIVA	<i>atazanavir, darunavir, lopinavir-ritonavir</i>	PRALUENT	REPATHA
LILETTA	KYLEENA, MIRENA, SKYLA	PREGNYL	OVIDREL
		PREZISTA	<i>atazanavir, darunavir</i>
		PROCYSBI	CYSTAGON
		RAVICTI	<i>sodium phenylbutyrate</i> , PHEBURANE
		REMODULIN	<i>treprostinil</i>
		RENFLEXIS	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
		REVATIO	<i>sildenafil, tadalafil</i> , TADLIQ

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
REYATAZ	<i>atazanavir, darunavir</i>	TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
RIABNI	RUXIENCE	TRAZIMERA	HERZUMA, OGIVRI
RITUXAN	RUXIENCE	TRELSTAR MIXJECT	ELIGARD
RIXUBIS	ALPROLIX, REBINYN	TRIPTODUR	FENSOLVI, LUPRON DEPOT-PED, SUPPRELIN LA
RUBRACA	LYNPARZA, ZEJULA	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>
SABRIL	<i>vigabatrin</i>	TRUXIMA	RUXIENCE
SAIZEN	HUMATROPE, NORDITROPIN	TYVASO DPI	Talk to your doctor
SANDOSTATIN LAR	SOMATULINE DEPOT	UDENYCA	FYLNETRA, NYVEPRIA
SELZENTRY	<i>maraviroc</i>	VEMLIDY	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>
SIGNIFOR LAR	SOMATULINE DEPOT	VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
SOMAVERT	SOMATULINE DEPOT	VIRACEPT	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
SUTENT	<i>sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>	VOTRIENT	<i>sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
SYPRINE	<i>trientine</i>	XENAZINE	<i>tetrabenazine, AUSTEDO, AUSTEDO XR</i>
TAFINLAR	BRAFTOVI, ZELBORAF	XYREM	LUMRYZ, WAKIX, XYWAV
TARGRETIN	<i>bexarotene</i>	ZARXIO	NIVESTYM
TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	ZIEXTENZO	FYLNETRA, NYVEPRIA
THIOLA, THIOLA EC	<i>tiopronin</i>	ZOLADEX	ELIGARD, ORLISSA
TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>	ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>



**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 SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HUMIRA HYRIMOZ RINVOQ
<b>CROHN'S DISEASE</b>	AMJEVITA	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
<b>NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS</b>	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX RINVOQ
<b>PSORIASIS</b>	AMJEVITA COSENTYX ENBREL	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ OTEZLA SKYRIZI SUBCUTANEOUS SOTYKTU STELARA SUBCUTANEOUS TALTZ TREMIFYA
<b>PSORIATIC ARTHRITIS</b>	AMJEVITA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HUMIRA HYRIMOZ OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS

<b>CONDITION</b>	<b>EXCLUDED DRUG NAME(S)</b>	<b>PREFERRED OPTION(S)</b>
		TREMFYA
<b>RHEUMATOID ARTHRITIS</b>	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA KINERET SIMPONI	ADALIMUMAB-ADAZ ENBREL HUMIRA 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 ZEPOSIA
<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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