



# 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*  
*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*  
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

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*  
*pazopanib*  
*sorafenib*  
*sunitinib*  
ALECENSA  
ALUNBRIG  
BOSULIF  
BRAFTOVI  
BRUKINSA  
CABOMETYX  
CALQUENCE  
COPIKTRA  
COTELLIC  
GAVRETO  
IBRANCE  
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

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

## CENTRAL NERVOUS SYSTEM

### ANTIPARKINSONIAN AGENTS

INBRIJA

### ANTISEIZURE AGENTS

*vigabatrin*

### BOTULINUM TOXINS

DYSPORE  
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  
SOGROYA

#### **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  
HYRIMOZ

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

ADALIMUMAB-ADAZ  
COSENTYX  
ENBREL  
HYRIMOZ  
RINVOQ

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

ADALIMUMAB-ADAZ  
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  
HYRIMOZ  
OTEZLA  
SKYRIZI SUBCUTANEOUS  
SOTYKTU  
STELARA SUBCUTANEOUS  
TALTZ  
TREMIFYA

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

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

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

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

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

ADALIMUMAB-ADAZ  
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  
 DOPTLET  
 DOVATO  
 DUPIXENT  
 DUPIXENT  
 DUROLANE  
 DYSPOET

**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

**HYRIMOZ****I**

IBRANCE  
 icatibant  
 ILUMYA  
 imatinib mesylate  
 INBRIJA  
 INGREZZA  
 INLYTA  
 ISENTRESS

**J**

JIVI

**K**

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

**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*

**N**

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

**O**

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

**OVIDREL****P**

*pazopanib*  
*penicillamine*  
 PERJETA  
 PHEBURANE  
 PHESGO  
*pirfenidone*  
 PROCRT  
 PROLASTIN-C  
 PROLIA  
 PROMACTA

**R**

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

**S**

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

**SKYRIZI SUBCUTANEOUS**

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

**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****U**

UPTRAVI

**V**

VEMLIDY  
*vigabatrin*  
 VISTOGARD  
 VITRAKVI  
 VOSEVI  
 VUMERITY

**W**

WAKIX

**X**

XELJANZ  
 XELJANZ XR  
 XEOMIN  
 XOLAIR  
 XOSPATA  
 XTANDI  
 XYNTHA  
 XYWAV

**Y**

YONSA

**Z**

ZEJULA  
 ZELBORAF  
 ZEMAIRA  
 ZEPOSIA  
*zidovudine*  
 ZIRABEV  
 ZOLINZA  
 ZYDELIG  
 ZYKADIA

## PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS

The preferred options listed below are a broad representation 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	APOKYN	INBRIJA
ADCIRCA	<i>sildenafil</i> , <i>tadalafil</i> , TADLIQ	APTIVUS	Talk to your doctor
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>	ARALAST NP	PROLASTIN-C, ZEMAIRA
ALIQOPA	Talk to your doctor	ARCALYST	Talk to your doctor
		AUBAGIO	<i>dimethyl fumarate delayed-rel</i> , <i> fingolimod</i> , <i> glatiramer</i> , <i> teriflunomide</i> , AVONEX,

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX,</i> BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
AVASTIN	ZIRABEV	EYLEA	BYOOVIZ, CIMERLI
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, VEMLIDY</i>	FEIBA	NOVOSEVEN RT, SEVENFACT
BENEFIX	ALPROLIX, REBINYN	FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
BERINERT	<i>icatibant, RUCONEST</i>	FINTEPLA	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
BETHKIS	<i>tobramycin inhalation solution</i>	FIRAZYR	<i>icatibant, RUCONEST</i>
BORTEZOMIB	<i>bortezomib, NINLARO</i>	FIRMAGON	ELIGARD
BOTOX	DYSPORT, XEOMIN	FULPHILA	FYLNETRA, NYVEPRIA
BUPHENYL	<i>sodium phenylbutyrate, PHEBURANE</i>	<i>Fyremadel</i>	GANIRELIX ACETATE
CARBAGLU	<i>carglumic acid</i>	<i>ganirelix acetate</i>	GANIRELIX ACETATE
CAYSTON	<i>tobramycin inhalation solution</i>	GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
CETROTIDE	GANIRELIX ACETATE	GENOTROPIN	HUMATROPE, NORDITROPIN, SOGROYA
CHORIONIC GONADOTROPIN	OVIDREL	GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX,</i> BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
CIMZIA LYOPHILIZED POWDER	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	GLASSIA	PROLASTIN-C, ZEMAIRA
CINRYZE	ORLADEYO, TAKHZYRO	GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	GONAL-F	FOLLISTIM AQ
COPAXONE 20 MG/ML	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX,</i> BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	GRANIX	NIVESTYM
CUPRIMINE	<i>penicillamine</i>	HERCEPTIN, HERCEPTIN HYLECTA	HERZUMA, OGIVRI
CYSTADANE	<i>betaine</i>	HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>	HYQVIA	CUTAQUIG
DIACOMIT	Talk to your doctor	ICLUSIG	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
EDURANT	<i>efavirenz</i>	IMBRUVICA	BRUKINSA, CALQUENCE
ELELYSO	CERDELGA, CEREZYME	INFLECTRA	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
ENTYVIO INTRAVENOUS (For Crohn's Disease Only)	AVSOLA, REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	INTELENCE	<i>etravirine</i>
EPOGEN	ARANESP, PROCIT, RETACRIT	IRESSA	<i>erlotinib, gefitinib</i>
ESBRIET	<i>pirfenidone, OFEV</i>	IXINITY	ALPROLIX, REBINYN
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>	JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
		JAKAFI (For	BESREMI



DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
Polycythemia Vera Only)		NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA
JUXTAPID	REPATHA	OCTAGAM	Talk to your doctor
JYNARQUE	Talk to your doctor	OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA
KALETRA	<i>atazanavir, darunavir, lopinavir-ritonavir</i>	ORENCIA	AVSOLA, REMICADE, SIMPONI ARIA
KANJINTI	HERZUMA, OGIVRI	INTRAVENOUS	
KITABIS PAK	<i>tobramycin inhalation solution</i>	ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
KORLYM	Talk to your doctor	OTREXUP	RASUVO
KUVAN	<i>sapropterin</i>	PEGASYS	Talk to your doctor
KYPROLIS	<i>bortezomib, NINLARO</i>	PRALUENT	REPATHA
LEMTRADA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	PREGNYL	OVIDREL
LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>	PREZISTA	<i>atazanavir, darunavir</i>
LEUKINE	NIVESTYM	PROCYSBI	CYSTAGON
LEXIVA	<i>atazanavir, darunavir, lopinavir-ritonavir</i>	RAVICTI	<i>sodium phenylbutyrate, PHEBURANE</i>
LILETTA	KYLEENA, MIRENA, SKYLA	REMODULIN	<i>treprostinil</i>
LORBRENA	ALECENSA, ALUNBRIG	RENFLEXIS	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
LUCENTIS	BYOOVIZ, CIMERLI	REVATIO	<i>sildenafil, tadalafil, TADLIQ</i>
LUPRON DEPOT	ELIGARD	REYATAZ	<i>atazanavir, darunavir</i>
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI	RIABNI	RUXIENCE
MEKINIST	COTELLIC, MEKTOVI	RITUXAN	RUXIENCE
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	RIXUBIS	ALPROLIX, REBINYN
MYOBLOC	DYSPORT, XEOMIN	RUBRACA	LYNPARZA, ZEJULA
NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA	SABRIL	<i>vigabatrin</i>
NEUPOGEN	NIVESTYM	SAIZEN	HUMATROPE, NORDITROPIN, SOGROYA
NEXAVAR	<i>pazopanib, sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>	SANDOSTATIN LAR	SOMATULINE DEPOT
NEXTERONE	<i>amiodarone</i>	SELZENTRY	<i>maraviroc</i>
NITYR	ORFADIN	SIGNIFOR LAR	SOMATULINE DEPOT
NORTHERA	<i>midodrine</i>	SOMAVERT	SOMATULINE DEPOT
NORVIR	<i>ritonavir</i>	STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
NOVAREL	OVIDREL	SUTENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
NPLATE	DOPTELET, PROMACTA, TAVALLISSE	SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR	SYPRINE	<i>trientine</i>
		TAFINLAR	BRAFTOVI, ZELBORAF
		TARGRETIN	<i>bexarotene</i>
		TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	VIRACEPT VISCO-3	<i>atazanavir, darunavir, lopinavir-ritonavir</i> DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
THIOLA, THIOLA EC	<i>tiopronin</i>	VOTRIENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>	XENAZINE	<i>tetrabenazine, AUSTEDO, AUSTEDO XR</i>
TRAZIMERA	HERZUMA, OGIVRI	XYREM	LUMRYZ, WAKIX, XYWAV
TRELSTAR MIXJECT	ELIGARD	ZARXIO	NIVESTYM
TRIPTODUR	FENSOLVI, LUPRON DEPOT-PED, SUPPRELIN LA	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>	ZIEXTENZO ZOLADEX	FYLNETRA, NYVEPRIA ELIGARD, ORLISSA
TRUXIMA	RUXIENCE	ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, NUBEQA, XTANDI, YONSA</i>
TYVASO DPI	Talk to your doctor		
UDENYCA	FYLNETRA, NYVEPRIA		



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

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