

Advanced Control Specialty Formulary[®]

The **CVS Caremark[®] Advanced Control Specialty Formulary[®]** 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 copay¹ 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.

ANALGESICS

SYMTUZA
TRIUMEQ

VISCOSUPPLEMENTS

DUROLANE
EUFLEXA
GELSYN-3
SUPARTZ FX

§ FUSION INHIBITORS

maraviroc
FUZEON

INTEGRASE INHIBITORS

ISENTRESS
TIVICAY

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

abacavir-lamivudine
efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
emtricitabine-tenofovir disoproxil fumarate
lamivudine-zidovudine
BIKTARVY
CIMDUO
DESCOVY
DOVATO
EVOTAZ
GENVOYA
ODEFSEY
PREZCOBIX

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

efavirenz
nevirapine
nevirapine ext-rel
EDURANT
INTELENCE

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

abacavir
lamivudine
stavudine
zidovudine
EMTRIVA

§ NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

tenofovir disoproxil fumarate

§ PROTEASE INHIBITORS

atazanavir
lopinavir-ritonavir
NORVIR
PREZISTA

ANTIVIRALS

§ HEPATITIS B AGENTS

entecavir
lamivudine
tenofovir disoproxil fumarate

§ HEPATITIS C AGENTS

ribavirin
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)
HARVONI (genotypes 1, 4, 5, 6)
VOSEVI²

ANTINEOPLASTIC AGENTS

§ ALKYLATING AGENTS

temozolomide

§ ANTIMETABOLITES

capecitabine
LONSURF

BIOSIMILARS

KANJINTI
RUXIENCE
TRAZIMERA
ZIRABEV

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS

abiraterone
ERLEADA
NUBEQA
XTANDI
YONSA

§ KINASE INHIBITORS

erlotinib
everolimus
imatinib mesylate
lapatinib
sunitinib
ALECENSA
ALUNBRIG
BOSULIF
BRAFTOVI
BRUKINSA

CABOMETYX
CALQUENCE
COPIKTRA
COTELLIC
GAVRETO
IBRANCE
IMBRUVICA
INLYTA
IRESSA
KISQALI
KISQALI FEMARA
CO-PACK
KOSELUGO
LENVIMA
MEKTOVI
NEXAVAR
RETEVMO
ROZLYTREK
RYDAPT
SPRYCEL
STIVARGA
TAGRISSO
VITRAKVI
XOSPATA
ZELBORAF
ZYDELIG
ZYKADIA

MONOCLONAL ANTIBODIES

PERJETA
PHESGO

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**ANTILIPEMICS**

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

§ ANTISEIZURE AGENTS

vigabatrin

§ MOVEMENT DISORDERS

tetrabenazine
AUSTEDO
AUSTEDO XR
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
ZIENTENZO

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
RINVOQ
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
AUSTEDO XR
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
EPCLUSA
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*)
NUVIQ

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
SYM TUZA

T
tacrolimus
tadalafil
 TAGRISSO
 TAKHZYRO
 TALTZ
 TAVALISSE
 TEGSEDI
temozolomide
tenofovir disoproxil fumarate
teriflunomide
tetrabenazine
 TEZSPIRE

THALOMID
tiopronin
 TIVICAY
tobramycin
inhalation solution
 TRAZIMERA
 TREMFYA
treprostinil
trientine
 TRIPTODUR
 TRIUMEQ
 TYMLOS
 TYSABRI

U
 UPTRAVI

V
vigabatrin
 VISTOGARD
 VITRAKVI
 VOSEVI²
 VUMERITY

W
 WAKIX

X
 XELJANZ
 XELJANZ XR
 XOLAIR
 XOSPATA
 XTANDI
 XYNTHA
 XYWAV

Y
 YONSA

Z
 ZEJULA
 ZELBORAF
 ZEMAIRA
 ZEPOSIA
zidovudine
 ZIEXTENZO
 ZIRABEV
 ZOLINZA
 ZYDELIG
 ZYKADIA

PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS ³

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

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

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)	XENAZINE	<i>tetrabenazine</i> , AUSTEDO, AUSTEDO XR
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 RINVOQ 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.

¹ 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.

² 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).

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

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