



Advanced Control Specialty Formulary[®] for Clients with Standard Control Choice

The **CVS Caremark[®] Advanced Control Specialty Formulary[®] for Clients with Standard Control Choice** 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 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
SYMITUZA
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

ambriesentan
bosentan
sildenafil
tadalafil
treprostinil
ADEMPAS
OPSUMIT
ORENITRAM
TADLIQ
UPTRAVI

CENTRAL NERVOUS SYSTEM

ANTIPARKINSONIAN AGENTS

INBRIJA

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
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
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
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
HUMIRA
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)
ACTEMRA INTRAVENOUS	AVSOLA, REMICADE, SIMPONI ARIA
ADCIRCA	<i>sildenafil</i> , <i>tadalafil</i> , TADLIQ
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>

DRUG NAME(S)	PREFERRED OPTION(S)
ALIQOPA	Talk to your doctor
APOKYN	INBRIJA
APTIVUS	Talk to your doctor
ARALAST NP	PROLASTIN-C, ZEMAIRA
ARCALYST	Talk to your doctor

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

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

DRUG NAME(S)	PREFERRED OPTION(S)
	ODEFSEY, SYMTUZA, TRIUMEQ
SUTENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
SYPRINE	<i>trientine</i>
TAFINLAR	BRAFTOVI, ZELBORAF
TARGRETIN	<i>bexarotene</i>
TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
THIOLA, THIOLA EC	<i>tiopronin</i>
TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>
TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
TRAZIMERA	HERZUMA, OGIVRI
TRELSTAR MIXJECT	ELIGARD
TRIPTODUR	FENSOLVI, LUPRON DEPOT-PED, SUPPRELIN LA

DRUG NAME(S)	PREFERRED OPTION(S)
TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>
TRUXIMA	RUXIENCE
TYVASO DPI	Talk to your doctor
UDENYCA	FYLNETRA, NYVEPRIA
VIRACEPT	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
VOTRIENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
XENAZINE	<i>tetrabenazine, AUSTEDO, AUSTEDO XR</i>
XYREM	LUMRYZ, WAKIX, XYWAV
ZARXIO	NIVESTYM
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
ZIEXTENZO	FYLNETRA, NYVEPRIA
ZOLADEX	ELIGARD, ORLISSA
ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, NUBEQA, XTANDI, YONSA</i>

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

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
ANKYLOSING SPONDYLITIS	AMJEVITA SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HUMIRA HYRIMOZ RINVOQ
CROHN'S DISEASE	AMJEVITA	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX RINVOQ
PSORIASIS	AMJEVITA COSENTYX ENBREL	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ OTEZLA SKYRIZI SUBCUTANEOUS SOTYKTU STELARA SUBCUTANEOUS TALTZ TREMIFYA
PSORIATIC ARTHRITIS	AMJEVITA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HUMIRA HYRIMOZ OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS

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