

# 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. 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 copay<sup>1</sup> 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.

<b>ANALGESICS</b>	<b>FUSION INHIBITORS</b>	<b>§ PROTEASE INHIBITORS</b>	<b>BIOSIMILARS</b>	KISQALI FEMARA CO-PACK
<b>VISCOSUPPLEMENTS</b>	FUZEON	<i>atazanavir</i>	KANJINTI	KOSELUGO
DUROLANE	<b>INTEGRASE INHIBITORS</b>	<i>lopinavir-ritonavir</i>	RUXIENCE	RYDAPT
EUFLEXXA	ISENTRESS	NORVIR	TRAZIMERA	SPRYCEL
GELSYN-3	TIVICAY	PREZISTA	ZIRABEV	STIVARGA
SUPARTZ FX	<b>§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS</b>	<b>ANTIVIRALS</b>	<b>HORMONAL ANTINEOPLASTIC AGENTS</b>	TAGRISSO
<b>ANTI-INFECTIVES</b>	<i>efavirenz</i>	<b>§ HEPATITIS B AGENTS</b>	<b>§ ANTIANDROGENS</b>	VOTRIENT
<b>ANTIRETROVIRAL AGENTS</b>	<i>nevirapine</i>	<i>entecavir</i>	<i>abiraterone</i>	XOSPATA
<b>§ ANTIRETROVIRAL COMBINATIONS</b>	<i>nevirapine ext-rel</i>	<i>lamivudine</i>	ERLEADA	<b>MONOCLONAL ANTIBODIES</b>
<i>abacavir-lamivudine</i>	EDURANT	<i>tenofovir disoproxil fumarate</i>	NUBEQA	PERJETA
<i>efavirenz-emtricitabine- tenofovir disoproxil fumarate</i>	INTELENCE	BARACLUDE SOLUTION	XTANDI	PHESGO
<i>efavirenz-lamivudine- tenofovir disoproxil fumarate</i>	<b>§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS</b>	VEMLIDY	YONSA	<b>MULTIPLE MYELOMA IMMUNOMODULATORS</b>
<i>emtricitabine-tenofovir disoproxil fumarate</i>	<i>abacavir</i>	<b>§ HEPATITIS C AGENTS</b>	<b>§ KINASE INHIBITORS</b>	REVLIMID
<i>lamivudine-zidovudine</i>	<i>lamivudine</i>	<i>ribavirin</i>	<i>erlotinib</i>	THALOMID
BIKTARVY	<i>stavudine</i>	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)	<i>imatinib mesylate</i>	<b>PROTEASOME INHIBITORS</b>
CIMDUO	<i>zidovudine</i>	HARVONI (genotypes 1, 4, 5, 6)	<i>lapatinib</i>	NINLARO
DESCOVY	EMTRIVA	VOSEVI <sup>2</sup>	<i>sunitinib</i>	VELCADE
DOVATO	<b>§ NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS</b>	<b>ANTINEOPLASTIC AGENTS</b>	AFINITOR	<b>PROSTATE CANCER</b>
EVOTAZ	<i>tenofovir disoproxil fumarate</i>	<b>§ ALKYLATING AGENTS</b>	AFINITOR DISPERZ	<b>§ LUTEINIZING HORMONE- RELEASING HORMONE (LHRH) AGONISTS</b>
GENVOYA		<i>temozolomide</i>	ALECENSA	<i>leuprolide acetate</i>
ODEFSEY		<b>§ ANTIMETABOLITES</b>	ALUNBRIG	ELIGARD
PREZCOBIX		<i>capecitabine</i>	BOSULIF	
SYM TUZA		LONSURF	CABOMETYX	
			CALQUENCE	
			COPIKTRA	
			IBRANCE	
			IRESSA	
			KISQALI	

LUTEINIZING HORMONE-  
RELEASING HORMONE  
(LHRH) ANTAGONISTS  
FIRMAGON

§ MISCELLANEOUS

*bexarotene capsule*  
ERIVEDGE  
LYNPARZA  
LYSODREN  
MATULANE  
ODOMZO  
RUBRACA  
VISTOGARD  
ZEJULA  
ZOLINZA

**CARDIOVASCULAR**

ANTILIPEMICS  
PCSK9 INHIBITORS  
PRALUENT

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  
INGREZZA

§ MULTIPLE SCLEROSIS  
AGENTS

*dimethyl fumarate*  
*delayed-rel*  
 *fingolimod*  
 *glatiramer*  
AUBAGIO  
BETASERON  
COPAXONE  
KESIMPTA  
MAYZENT  
OCREVUS  
REBIF  
TYSABRI  
VUMERITY  
ZEPOSIA

**ENDOCRINE AND  
METABOLIC**

ACROMEGALY  
SOMATULINE DEPOT

§ CALCIUM RECEPTOR  
AGONISTS

*cinacalcet*

CALCIUM REGULATORS  
PARATHYROID HORMONES

FORTEO  
TYMLOS

MISCELLANEOUS

PROLIA

CENTRAL PRECOCIOUS  
PUBERTY

SUPPRELIN LA  
TRIPTODUR

CONTRACEPTIVES

PROGESTIN INTRAUTERINE  
DEVICES

KYLEENA  
MIRENA  
SKYLA

FERTILITY REGULATORS

GNRH / LHRH  
ANTAGONISTS  
CETROTIDE

OVULATION STIMULANTS,  
GONADOTROPINS

GONAL-F  
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

CYSTAGON

**GENITOURINARY**

§ MISCELLANEOUS

*tiopronin*

**HEMATOLOGIC**

§ CHELATING AGENTS

*deferiasirox*  
*deferiprone*  
*deferoxamine*  
*penicillamine*  
*trientine*

HEMATOPOIETIC GROWTH  
FACTORS

ARANESP  
NIVESTYM  
RETACRIT  
ZIEXTENZO

HEMOPHILIA A AGENTS

ADVATE  
ADYNOVATE  
AFSTYLA  
ELOCTATE  
ESPEROCT  
JIVI  
KOGENATE FS  
KOVALTRY  
NOVOEIGHT  
NUWIQ

HEMOPHILIA B AGENTS

REBINYN

THROMBOCYTOPENIA  
AGENTS

DOPTELET  
TAVALISSE

**IMMUNOLOGIC  
AGENTS**

ALLERGENIC EXTRACTS  
ORALAIR

AUTOIMMUNE AGENTS  
(PHYSICIAN-  
ADMINISTERED)

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  
SKYRIZI SUBCUTANEOUS  
STELARA  
SUBCUTANEOUS

PSORIASIS

HUMIRA  
OTEZLA  
SKYRIZI SUBCUTANEOUS  
STELARA  
SUBCUTANEOUS  
TALTZ  
TREMIFYA

PSORIATIC ARTHRITIS

COSENTYX  
ENBREL  
HUMIRA  
OTEZLA  
RINVOQ  
SKYRIZI SUBCUTANEOUS

RHEUMATOID ARTHRITIS

ENBREL  
HUMIRA  
KEVZARA  
ORENCIA CLICKJECT  
ORENCIA  
SUBCUTANEOUS  
RINVOQ  
XELJANZ  
XELJANZ XR

ULCERATIVE COLITIS

HUMIRA  
RINVOQ  
STELARA  
SUBCUTANEOUS  
XELJANZ  
XELJANZ XR

ALL OTHER CONDITIONS

ENBREL  
HUMIRA

DISEASE-MODIFYING  
ANTIRHEUMATIC DRUGS  
(DMARDs)  
RASUVO

§ HEREDITARY  
ANGIOEDEMA

*icatibant*  
RUCONEST  
TAKHZYRO

IMMUNOMODULATORS

IMMUNE GLOBULINS

CUTAQUIG

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

§ CYSTIC FIBROSIS

*tobramycin*  
*inhalation solution*  
BETHKIS

PULMONARY FIBROSIS  
AGENTS

ESBRIET  
OFEV

SEVERE ASTHMA AGENTS

DUPIXENT  
FASENRA  
NUCALA  
XOLAIR

**TOPICAL**

DERMATOLOGY

ATOPIC DERMATITIS

**Injectable**

DUPIXENT

**Oral**

RINVOQ

MOUTH / THROAT /  
DENTAL AGENTS

PROTECTANTS

MUGARD

OPHTHALMIC

RETINAL DISORDERS

EYLEA  
LUCENTIS

# QUICK REFERENCE DRUG LIST

## A

abacavir  
 abacavir-lamivudine  
 abiraterone  
 ADEMPAS  
 ADVATE  
 ADYNOVATE  
 AFINITOR  
 AFINITOR DISPERZ  
 AFSTYLA  
 ALECENSA  
 ALUNBRIG  
*ambrisentan*  
 ARANESP  
*atazanavir*  
 AUBAGIO  
 AUSTEDO

## B

BARACLUE SOLUTION  
 BETASERON  
 BETHKIS  
*bexarotene capsule*  
 BIKTARVY  
*bosentan*  
 BOSULIF

## C

CABOMETYX  
 CALQUENCE  
*capecitabine*  
 CERDELGA  
 CEREZYME  
 CETROTIDE  
 CIMDUO  
*cinacalcet*  
 COPAXONE  
 COPIKTRA  
 COSENTYX  
 CUTAQUIG  
*cyclosporine*  
*cyclosporine, modified*  
 CYSTAGON

## D

*deferiasirox*  
*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  
*emtricitabine-tenofovir*  
*disoproxil fumarate*  
 EMTRIVA  
 ENBREL  
 ENSPRYN  
*entecavir*  
 EPCLUSA  
 ERIVEDGE  
 ERLEADA  
*erlotinib*  
 ESBRIET  
 ESPEROCT  
 EUFLEXXA  
*everolimus*  
 EVOTAZ  
 EYLEA

## F

FASENRA  
 *fingolimod*  
 FIRMAGON  
 FORTEO  
 FUZEON

## G

GELSYN-3  
 GENOTROPIN  
 GENVOYA  
*glatiramer*  
 GONAL-F

## H

HARVONI  
 HUMIRA

## I

IBRANCE  
*icatibant*  
*imatinib mesylate*  
 INBRIJA  
 INGREZZA  
 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*  
*leuprolide acetate*  
 LONSURF  
*lopinavir-ritonavir*  
 LUCENTIS  
 LYNPARZA  
 LYSODREN

## M

MATULANE  
 MAYZENT  
 MIRENA  
 MUGARD  
*mycophenolate mofetil*  
*mycophenolate sodium*

## N

*nevirapine*  
*nevirapine ext-rel*  
 NINLARO  
 NIVESTYM  
 NORDITROPIN  
 NORVIR  
 NOVOEIGHT  
 NUBEQA  
 NUCALA  
 NUWIQ

## O

OCREVUS  
 ODEFSEY  
 ODOMZO  
 OFEV  
 OPSUMIT  
 ORALAIR  
 ORENCIA CLICKJECT

ORENCIA  
 SUBCUTANEOUS  
 ORENITRAM  
 ORFADIN  
 OTEZLA  
 OVIDREL

## P

*penicillamine*  
 PERJETA  
 PHEGO  
 PRALUENT  
 PREZCOBIX  
 PREZISTA  
 PROLASTIN-C  
 PROLIA

## R

RASUVO  
 REBIF  
 REBINYN  
 REMICADE  
 RETACRIT  
 REVLIMID  
*ribavirin*  
 RINVOQ  
 RUBRACA  
 RUCONEST  
 RUXIENCE  
 RYDAPT

## S

*sapropterin*  
*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  
 SYMTUZA

## T

*tacrolimus*  
*tadalafil*  
 TAGRISSO  
 TAKHZYRO  
 TALTZ  
 TAVALISSE  
 TEGSEDI  
*temozolomide*  
*tenofovir disoproxil fumarate*  
*tetrabenazine*  
 THALOMID  
*tiopronin*  
 TIVICAY  
*tobramycin*  
*inhalation solution*  
 TRAZIMERA  
 TREMFYA  
*treprostinil*  
*trientine*  
 TRIPTODUR  
 TYMLOS  
 TYSABRI

## U

UPTRAVI

## V

VELCADE  
 VEMLIDY  
*vigabatrin*  
 VISTOGARD  
 VOSEVI<sup>2</sup>  
 VOTRIENT  
 VUMERITY

## X

XELJANZ  
 XELJANZ XR  
 XOLAIR  
 XOSPATA  
 XTANDI

## Y

YONSA

## Z

ZEJULA  
 ZEPOSIA  
*zidovudine*  
 ZIEXTENZO  
 ZIRABEV  
 ZOLINZA

## PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS <sup>3</sup>

DRUG NAME(S)	PREFERRED OPTION(S) <sup>1</sup>	DRUG NAME(S)	PREFERRED OPTION(S) <sup>1</sup>
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA	GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
ADCIRCA	<i>sildenafil, tadalafil</i>	GLASSIA	PROLASTIN-C
ALIQOPA	Talk to your doctor	GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
ALPROLIX	REBINYN	GRANIX	NIVESTYM
APOKYN	INBRIJA, KYNMOBI	HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY
APTIVUS	Talk to your doctor	HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
ARALAST NP	PROLASTIN-C	HUMATROPE	GENOTROPIN, NORDITROPIN
AVASTIN	ZIRABEV	HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
AVONEX	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	ILUMYA	REMICADE
AVSOLA	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	INFLECTRA	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY	JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
BERINERT	<i>icatibant</i> , RUCONEST	KUVAN	<i>sapropterin</i>
BORTEZOMIB	NINLARO, VELCADE	KYPROLIS	NINLARO, VELCADE
BUPHENYL	<i>sodium phenylbutyrate</i>	LETAIRIS	<i>ambrisentan, bosentan</i> , OPSUMIT
CHORIONIC GONADOTROPIN	OVIDREL	LEXIVA	<i>atazanavir, lopinavir-ritonavir</i> , EVOTAZ, PREZCOBIX, PREZISTA
CIMZIA LYOPHILIZED POWDER	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	LILETTA	KYLEENA, MIRENA, SKYLA
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA	LUPRON DEPOT	ELIGARD, FIRMAGON, ORIAHNN, ORLISSA
CUPRIMINE	<i>penicillamine</i>	LUPRON DEPOT-PED	SUPPRELIN LA, TRIPTODUR
DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>
ELELYSO	CERDELGA, CEREZYME	MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
ENTYVIO (For Crohn's Disease Only)	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	NEULASTA, NEULASTA ONPRO	ZIEXTENZO
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY	NEUPOGEN	NIVESTYM
EPOGEN	ARANESP, RETACRIT	NOVAREL	OVIDREL
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>	NUTROPIN AQ	GENOTROPIN, NORDITROPIN
EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	OMNITROPE	GENOTROPIN, NORDITROPIN
FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>	ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
FOLLISTIM AQ	GONAL-F	ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
FULPHILA	ZIEXTENZO	OTREXUP	RASUVO
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	PEGASYS	Talk to your doctor
		PLEGRIDY	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
		PREGNYL	OVIDREL
		PROCRIT	ARANESP, RETACRIT
		PROCYSBI	CYSTAGON

DRUG NAME(S)	PREFERRED OPTION(S)†	DRUG NAME(S)	PREFERRED OPTION(S)†
PROMACTA	DOPTELET, TAVALISSE	TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
RAVICTI	<i>sodium phenylbutyrate</i>	TRELSTAR MIXJECT	ELIGARD, FIRMAGON
REMODULIN	<i>treprostinil</i>	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>
RENFLEXIS	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	TRUXIMA	RUXIENCE
REPATHA	PRALUENT	UDENYCA	ZIEXTENZO
REVATIO	<i>sildenafil, tadalafil</i>	VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
RIABNI	RUXIENCE	VIRACEPT	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
RITUXAN	RUXIENCE	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
SABRIL	<i>vigabatrin</i>	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
SAIZEN	GENOTROPIN, NORDITROPIN	ZARXIO	NIVESTYM
SANDOSTATIN LAR	SOMATULINE DEPOT	ZEMAIRA	PROLASTIN-C
SIGNIFOR LAR	SOMATULINE DEPOT	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
SOMAVERT	SOMATULINE DEPOT	ZOLADEX	ELIGARD, FIRMAGON, ORILISSA
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA</i>	ZYDELIG	COPIKTRA
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
SYPRINE	<i>trientine</i>		
TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>		
TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, AUBAGIO, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>		
THIOLA, THIOLA EC	<i>tiopronin</i>		
TOBI, TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>		

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

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
ANKYLOSING SPONDYLITIS	CIMZIA PREFILLED SYRINGE SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA RINVOQ
CROHN'S DISEASE	CIMZIA PREFILLED SYRINGE	HUMIRA SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
PSORIASIS	CIMZIA PREFILLED SYRINGE COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TALTZ TREMIFYA
PSORIATIC ARTHRITIS	CIMZIA PREFILLED SYRINGE ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ TREMIFYA XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS CIMZIA PREFILLED SYRINGE KINERET SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	SIMPONI	HUMIRA RINVOQ STELARA SUBCUTANEOUS XELJANZ XELJANZ XR
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.

<sup>1</sup> 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.

<sup>2</sup> 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).

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

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