



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 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

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
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
 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

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, TAVALISSE	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

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