

# 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 a prescription benefit program administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

### Please note:

- Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. 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 non-formulary products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and copay information, please visit [Caremark.com](http://Caremark.com) or contact a CVS Caremark Customer Care representative.
- CVS Caremark may contact your doctor after receiving your prescription to request consideration of a drug list product or generic equivalent. This may result in your doctor prescribing, when medically appropriate, a different brand-name product or generic equivalent in place of your original prescription.
- 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.

## 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](http://Caremark.com) to check coverage and copay information for a specific medicine.

## ANALGESICS

### VISCOSUPPLEMENTS

DUROLANE  
EUFLEXXA  
GELSYN-3  
SUPARTZ FX

EVOTAZ  
GENVOYA  
ODEFSEY  
PREZCOBIX  
SYM TUZA  
TEMIXYS  
TRIUMEQ

## 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  
DESCOVO  
DOVATO

### FUSION INHIBITORS

FUZEON

### INTEGRASE INHIBITORS

ISENTRESS  
TIVICAY

### § 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*

BARACLUDE SOLUTION  
VEMLIDY

### § HEPATITIS C AGENTS

*ribavirin*  
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)  
HARVONI (genotypes 1, 4, 5, 6)  
VOSEVI<sup>2</sup>

## 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*  
*imatinib mesylate*  
*lapatinib*  
AFINITOR  
AFINITOR DISPERZ  
ALECENSA  
ALUNBRIG  
BOSULIF  
CABOMETYX  
CALQUENCE  
COPIKTRA  
IBRANCE  
IRESSA  
KISQALI

KISQALI FEMARA  
CO-PACK  
KOSELUGO  
RYDAPT  
SPRYCEL  
STIVARGA  
SUTENT  
TAGRISSO  
VOTRIENT  
XOSPATA

**MONOCLONAL ANTIBODIES**

PERJETA  
PHESGO

**MULTIPLE MYELOMA  
IMMUNOMODULATORS**

REVLIMID  
THALOMID

**PROTEASOME INHIBITORS**

NINLARO  
VELCADE

**PROSTATE CANCER**

**§ LUTEINIZING HORMONE-  
RELEASING HORMONE  
(LHRH) AGONISTS**

*leuprolide acetate*  
ELIGARD

**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**

**§ ANTICONVULSANTS**  
*vigabatrin*

**ANTIPARKINSONIAN  
AGENTS**  
INBRIJA  
KYNMOBI

**§ MOVEMENT DISORDERS**  
*tetrabenazine*  
AUSTEDO  
INGREZZA

**§ MULTIPLE SCLEROSIS  
AGENTS**

*dimethyl fumarate*  
*delayed-rel*  
*glatiramer*  
AUBAGIO  
BETASERON  
COPAXONE  
GILENYA  
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**  
NORDITROPIN

**§ PHENYLKETONURIA  
TREATMENT AGENTS**  
*sapropterin*

**POLYNEUROPATHY**  
TEGSEDI

**§ UREA CYCLE DISORDERS**  
*sodium phenylbutyrate*

**MISCELLANEOUS**  
CYSTAGON

**GENITOURINARY**

**§ MISCELLANEOUS**  
*tiopronin*

**HEMATOLOGIC**

**§ CHELATING AGENTS**  
*deferasirox*  
*deferiprone*  
*deferoxamine*  
*penicillamine*  
*trientine*

**HEMATOPOIETIC GROWTH  
FACTORS**

ARANESP  
NIVESTYM  
RETACRIT  
ZIENTENZO

**HEMOPHILIA A AGENTS**

ADVATE  
ADYNOVATE  
AFSTYLA  
ELOCTATE  
ESPEROCT  
JIVI

**KOGENATE FS**  
KOVALTRY  
NOVOEIGHT  
NUWIQ

**HEMOPHILIA B AGENTS**  
REBINYN

**THROMBOCYTOPENIA  
AGENTS**  
DOPTELET  
MULPLETA

**IMMUNOLOGIC  
AGENTS**

**ALLERGENIC EXTRACTS**  
ORALAIR

**AUTOIMMUNE AGENTS  
(PHYSICIAN-  
ADMINISTERED)**  
REMICADE  
SIMPONI ARIA  
STELARA INTRAVENOUS

**AUTOIMMUNE AGENTS  
(SELF-ADMINISTERED)**  
See Table 1 for Indication Based  
Coverage Details

**ANKYLOSING SPONDYLITIS**  
COSENTYX  
ENBREL  
HUMIRA

**CROHN'S DISEASE**  
HUMIRA  
STELARA  
SUBCUTANEOUS #

# After failure of HUMIRA

**PSORIASIS**

HUMIRA  
OTEZLA  
SKYRIZI  
STELARA  
SUBCUTANEOUS  
TALTZ  
TREMIFYA

**PSORIATIC ARTHRITIS**  
COSENTYX  
ENBREL  
HUMIRA  
OTEZLA  
RINVOQ  
SKYRIZI

**RHEUMATOID ARTHRITIS**  
ENBREL  
HUMIRA

KEVZARA  
ORENCIA CLICKJECT  
ORENCIA  
SUBCUTANEOUS  
RINVOQ  
XELJANZ  
XELJANZ XR

**ULCERATIVE COLITIS**  
HUMIRA  
RINVOQ #  
STELARA  
SUBCUTANEOUS #  
XELJANZ #  
XELJANZ XR #

# After failure of HUMIRA

**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*

**§ 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  
*ambriksent*  
 ARANESP  
*atazanavir*  
 AUBAGIO  
 AUSTEDO  
  
**B**  
 BARACLUDGE 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**  
*deferasirox*  
*deferiprone*  
*deferoxamine*  
 DESCOVY  
*dimethyl fumarate*  
*delayed-rel*  
 DOPTLET  
 DOVATO

DUPIXENT  
 DUROLANE  
  
**E**  
 EDURANT  
*efavirenz*  
*efavirenz-emtricitabine-tenofovir disoproxil fumarate*  
*efavirenz-lamivudine-tenofovir disoproxil fumarate*  
 ELIGARD  
 ELOCTATE  
*emtricitabine-tenofovir disoproxil fumarate*  
 EMTRIVA  
 ENBREL  
*entecavir*  
 EPCLUSA  
 ERIVEDGE  
 ERLEADA  
*erlotinib*  
 ESBRIET  
 ESPEROCT  
 EUFLEXXA  
*everolimus*  
 EVOTAZ  
 EYLEA  
  
**F**  
 FASENRA  
 FIRMAGON  
 FORTEO  
 FUZEON  
  
**G**  
 GELSYN-3  
 GENVOYA  
 GILENYA  
*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  
 MULPLETA  
*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  
 PHESGO  
 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  
*sodium phenylbutyrate*  
 SOMATULINE DEPOT  
 SPRYCEL  
*stavudine*  
 STELARA INTRAVENOUS  
 STELARA  
 SUBCUTANEOUS  
 STIVARGA  
 SUPARTZ FX  
 SUPPRELIN LA  
 SUTENT  
 SYMTUZA

**T**  
*tacrolimus*  
*tadalafil*  
 TAGRISSO  
 TAKHZYRO  
 TALTZ  
 TEGSEDI  
 TEMIXYS  
*temozolomide*  
*tenofovir disoproxil fumarate*  
*tetrabenazine*  
 THALOMID  
*tiopronin*  
 TIVICAY  
*tobramycin*  
*inhalation solution*  
 TRAZIMERA  
 TREMFYA  
*treprostinil*  
*trientine*  
 TRIPTODUR  
 TRIUMEQ  
 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	FULPHILA	ZIEXTENZO
ADCIRCA	<i>sildenafil, tadalafil</i>	GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
ALIQOPA	COPIKTRA	GENOTROPIN	NORDITROPIN
ALPROLIX	Consult doctor	GLASSIA	PROLASTIN-C
APOKYN	INBRIJA, KYNMOBI	GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
APTIVUS	Consult doctor	GRANIX	NIVESTYM
ARALAST NP	PROLASTIN-C	HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY
ASTAGRAF XL	<i>tacrolimus</i>	HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
ATRIPLA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ	HUMATROPE	NORDITROPIN
AVASTIN	ZIRABEV	HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
AVONEX	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	ILUMYA	REMICADE
AVSOLA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS	INFLECTRA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY	INVIRASE	<i>atazanavir, lopinavir-ritonavir</i> , EVOTAZ, PREZCOBIX, PREZISTA
BERINERT	<i>icatibant</i> , RUCONEST	JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
BORTEZOMIB	NINLARO, VELCADE	KUVAN	<i>sapropterin</i>
BUPHENYL	<i>sodium phenylbutyrate</i>	KYPROLIS	NINLARO, VELCADE
CELLCEPT	<i>mycophenolate mofetil, mycophenolate sodium</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, STELARA INTRAVENOUS	LILETTA	KYLEENA, MIRENA, SKYLA
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ	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, STELARA INTRAVENOUS	MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>
ENVARUSUS XR	<i>tacrolimus</i>	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	NORDITROPIN
EXTAVIA	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	OMNITROPE	NORDITROPIN
FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>	ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
FOLLISTIM AQ	GONAL-F	ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
		OTREXUP	RASUVO
		PEGASYS	Consult doctor
		PLEGRIDY	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA

DRUG NAME(S)	PREFERRED OPTION(S) <sup>†</sup>	DRUG NAME(S)	PREFERRED OPTION(S) <sup>†</sup>
PREGNYL	OVIDREL	TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
PROCRIT	ARANESP, RETACRIT	THIOLA, THIOLA EC	<i>tiopronin</i>
PROCYSBI	CYSTAGON	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
PROGRAF	<i>tacrolimus</i>	TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
RAPAMUNE	<i>everolimus, sirolimus</i>	TRELSTAR MIXJECT	ELIGARD, FIRMAGON
RAVICTI	<i>sodium phenylbutyrate</i>	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY, TEMIXYS</i>
REMODULIN	<i>treprostinil</i>	TRUXIMA	RUXIENCE
RENFLEXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS	UDENYCA	ZIEXTENZO
REPATHA	PRALUENT	VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
REVATIO	<i>sildenafil, tadalafil</i>	VIRACEPT	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
RIABNI	RUXIENCE	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
RITUXAN	RUXIENCE	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
SABRIL	<i>vigabatrin</i>	ZARXIO	NIVESTYM
SAIZEN	NORDITROPIN	ZEMAIRA	PROLASTIN-C
SANDOSTATIN LAR	SOMATULINE DEPOT	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
SIGNIFOR LAR	SOMATULINE DEPOT	ZOLADEX	ELIGARD, FIRMAGON, ORILISSA
SOMAVERT	SOMATULINE DEPOT	ZORTRESS	<i>everolimus, sirolimus</i>
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</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>		

**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
CROHN'S DISEASE	CIMZIA PREFILLED SYRINGE	HUMIRA STELARA SUBCUTANEOUS #
PSORIASIS	CIMZIA PREFILLED SYRINGE COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI 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
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

# After failure of 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.

<sup>†</sup> 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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