



# 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 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*  
*efavirenz*  
*lamivudine*  
*nevirapine*  
*nevirapine ext-rel*  
*zidovudine*  
EDURANT  
EMTRIVA  
FUZEON  
INTELENCE  
ISENTRESS  
NORVIR  
PREZISTA  
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  
EVOTAZ  
GENVOYA  
ODEFSEY  
PREZCOBIX  
SYM TUZA

### HEPATITIS B

*entecavir*  
*lamivudine*  
*tenofovir disoproxil fumarate*  
BARACLUDE SOLUTION

VEMLIDY

### 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

ERIVEDGE  
REVLIMID  
THALOMID

### BIOSIMILARS

KANJINTI  
RUXIENCE  
TRAZIMERA  
ZIRABEV

### HORMONAL ANTINEOPLASTIC AGENTS

*abiraterone*  
*leuprolide acetate*  
ELIGARD  
ERLEADA  
FIRMAGON  
LYSODREN  
NUBEQA  
XTANDI  
YONSA

### KINASE INHIBITORS

*erlotinib*  
*everolimus*  
*gefitinib*  
*imatinib mesylate*  
*lapatinib*  
*pazopanib*

*sunitinib*

AFINITOR  
AFINITOR DISPERZ  
ALECENSA  
ALUNBRIG  
BOSULIF  
CABOMETYX  
CALQUENCE  
COPIKTRA  
IBRANCE  
KISQALI  
KISQALI FEMARA CO-PACK  
KOSELUGO  
RYDAPT  
SPRYCEL  
STIVARGA  
TAGRISSO  
XOSPATA

### MISCELLANEOUS

*bexarotene capsule*  
LYNPARZA  
ODOMZO  
RUBRACA  
VISTOGARD  
ZEJULA  
ZOLINZA

### MONOCLONAL ANTIBODIES

PERJETA  
PHESGO

### PROTEASOME INHIBITORS

NINLARO  
VELCADE

## CARDIOVASCULAR

### ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA

### PULMONARY ARTERIAL HYPERTENSION

*ambrisentan*  
*bosentan*  
*sildenafil*  
*tadalafil*  
*treprostinil*  
ADEMPAS  
OPSUMIT  
ORENITRAM  
UPTRAVI

## CENTRAL NERVOUS SYSTEM

### ANTIPARKINSONIAN AGENTS

INBRIJA

### ANTISEIZURE AGENTS

*vigabatrin*

### MOVEMENT DISORDERS

*tetrabenazine*  
AUSTEDO  
AUSTEDO XR  
INGREZZA

### MULTIPLE SCLEROSIS AGENTS

*dalfampridine ext-rel*  
*dimethyl fumarate delayed-rel*  
*ingolimod*  
*glatiramer*  
*teriflunomide*  
BETASERON  
COPAXONE 40 MG/ML  
KESIMPTA  
MAYZENT  
OCREVUS  
REBIF  
TYSABRI  
VUMERITY  
ZEPOSIA

### NARCOLEPSY/CATAPLEXY

SODIUM OXYBATE

## ENDOCRINE AND METABOLIC

### ACROMEGALY

SOMATULINE DEPOT

### CALCIUM RECEPTOR AGONISTS

*cinacalcet*

### CALCIUM REGULATORS, MISCELLANEOUS

PROLIA

### CALCIUM REGULATORS, PARATHYROID HORMONES

*teriparatide*  
TYMLOS

**CENTRAL PRECOCIOUS PUBERTY**

SUPPRELIN LA  
TRIPTODUR

**CHELATING AGENTS**

*deferasirox*  
*deferiprone*  
*deferoxamine*  
*penicillamine*  
*trientine*

**CONTRACEPTIVES**

KYLEENA  
MIRENA  
SKYLA

**ENZYME REPLACEMENTS**

*sapropterin*  
*sodium phenylbutyrate*

**FERTILITY REGULATORS**

CETROTIDE  
GANIRELIX ACETATE  
GONAL-F  
OVIDREL

**GAUCHER DISEASE**

CERDELGA  
CEREZYME

**HEREDITARY TYROSINEMIA TYPE 1 AGENTS**

ORFADIN

**HUMAN GROWTH HORMONES**

HUMATROPE  
NORDITROPIN  
SOGROYA

**MISCELLANEOUS**

CYSTAGON

**POLYNEUROPATHY**

TEGSEDI

**GENITOURINARY**

**MISCELLANEOUS**

*tiopronin*

**HEMATOLOGIC**

**BLEEDING DISORDERS AGENTS**

NOVOSEVEN RT

SEVENFACT

**HEMATOPOIETIC GROWTH FACTORS**

ARANESP  
FYLNETRA  
NIVESTYM  
NYVEPRIA  
RETACRIT

**HEMOPHILIA A AGENTS**

ADVATE  
ADYNOVATE  
AFSTYLA  
ELOCTATE  
ESPEROCT  
JIVI  
KOGENATE FS  
KOVALTRY  
NOVOEIGHT  
NUWIQ

**HEMOPHILIA B AGENTS**

ALPROLIX  
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), 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), PSORIASIS**

ADALIMUMAB-ADAZ  
HYRIMOZ  
OTEZLA  
SKYRIZI SUBCUTANEOUS  
STELARA SUBCUTANEOUS  
TALTZ  
TREMIFYA

**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS**

ADALIMUMAB-ADAZ  
COSENTYX  
ENBREL  
HYRIMOZ  
OTEZLA  
RINVOQ  
SKYRIZI SUBCUTANEOUS

**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  
SKYRIZI SUBCUTANEOUS  
STELARA SUBCUTANEOUS  
XELJANZ  
XELJANZ XR

**HEREDITARY ANGIOEDEMA**

*icatibant*  
RUCONEST

**IMMUNOGLOBULIN**

CUTAQUIG

**IMMUNOSUPPRESSANTS**

*cyclosporine*  
*cyclosporine modified*  
*everolimus*  
*mycophenolate mofetil*  
*mycophenolate sodium*  
*sirolimus*  
*tacrolimus*  
ENSPRYNG

**OPHTHALMIC**

**RETINAL DISORDERS**

EYLEA

**RESPIRATORY**

**ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS**

PROLASTIN-C

**CYSTIC FIBROSIS**

*tobramycin inhalation solution*

**PULMONARY FIBROSIS AGENTS**

*pirfenidone*  
OFEV

**SEVERE ASTHMA AGENTS**

DUPIXENT  
FASENRA  
NUCALA  
XOLAIR

**TOPICAL**

**DERMATOLOGY, ATOPIC DERMATITIS**

DUPIXENT  
RINVOQ

**MOUTH/THROAT/DENTAL AGENTS**

MUGARD

# QUICK REFERENCE DRUG LIST

## A

abacavir  
abacavir-lamivudine  
abiraterone  
ADALIMUMAB-ADAZ  
ADEMPAS  
ADVATE  
ADYNOVATE  
AFINITOR  
AFINITOR DISPERZ  
AFSTYLA  
ALECENSA  
ALPROLIX  
ALUNBRIG  
ambrisentan  
ARANESP  
atazanavir  
AUSTEDO  
AUSTEDO XR

## B

BARACLUE SOLUTION  
BETASERON  
bexarotene capsule  
BIKTARVY  
bosentan  
BOSULIF

## C

CABOMETYX  
CALQUENCE  
capecitabine  
CERDELGA  
CEREZYME  
CETROTIDE  
CIMDUO  
cinacalcet  
COPAXONE 40 MG/ML  
COPIKTRA  
COSENTYX  
CUTAQUIG  
cyclosporine  
cyclosporine modified  
CYSTAGON

## D

dalfampridine ext-rel  
deferasirox  
deferiprone  
deferoxamine  
DESCOVY  
dimethyl fumarate delayed-rel  
DOPTELET

DOVATO  
DUPIXENT  
DUPIXENT  
DUROLANE

## E

EDURANT  
efavirenz  
efavirenz-emtricitabine-tenofovir disoproxil fumarate  
efavirenz-lamivudine-tenofovir disoproxil fumarate  
ELIGARD  
ELOCTATE  
emtricitabine-tenofovir disoproxil fumarate  
EMTRIVA  
ENBREL  
ENSPRYNG  
entecavir  
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)  
ERIVEDGE  
ERLEADA  
erlotinib  
ESPEROCT  
EUFLEXXA  
everolimus  
everolimus  
EVOTAZ  
EYLEA

## F

FASENRA  
fingolimod  
FIRMAGON  
FUZEON  
FYLNETRA

## G

GANIRELIX ACETATE  
gefitinib  
GELSYN-3  
GENVOYA  
glatiramer  
GONAL-F

## H

HARVONI (genotypes 1, 4, 5, 6)  
HUMATROPE  
HYRIMOZ

## I

IBRANCE

icatibant  
imatinib mesylate  
INBRIJA  
INGREZZA  
INTELENCE  
ISENTRESS

## J

JIVI

## K

KANJINTI  
KESIMPTA  
KEVZARA  
KISQALI  
KISQALI FEMARA CO-PACK  
KOGENATE FS  
KOSELUGO  
KOVALTRY  
KYLEENA

## L

lamivudine  
lamivudine  
lamivudine-zidovudine  
lapatinib  
leuprolide acetate  
LONSURF  
lopinavir-ritonavir  
LYNPARZA  
LYSODREN

## M

MATULANE  
MAYZENT  
MIRENA  
MUGARD  
mycophenolate mofetil  
mycophenolate sodium

## N

nevirapine  
nevirapine ext-rel  
NINLARO  
NIVESTYM  
NORDITROPIN  
NORVIR  
NOVOEIGHT  
NOVOSEVEN RT  
NUBEQA  
NUCALA  
NUWIQ  
NYVEPRIA

## O

OCREVUS  
ODEFSEY  
ODOMZO  
OFEV  
OPSUMIT  
ORALAIR  
ORENCIA CLICKJECT  
ORENCIA SUBCUTANEOUS  
ORENITRAM  
ORFADIN  
OTEZLA  
OVIDREL

## P

pazopanib  
penicillamine  
PERJETA  
PHESGO  
pirfenidone  
PREZCOBIX  
PREZISTA  
PROLASTIN-C  
PROLIA

## R

REBIF  
REBINYN  
REMICADE  
REPATHA  
RETACRIT  
REVLIMID  
ribavirin  
RINVOQ  
RUBRACA  
RUCONEST  
RUXIENCE  
RYDAPT

## S

sapropterin  
SEVENFACT  
sildenafil  
SIMPONI ARIA  
sirolimus  
SKYLA  
SKYRIZI INTRAVENOUS  
SKYRIZI SUBCUTANEOUS  
SODIUM OXYBATE  
sodium phenylbutyrate  
SOGROYA  
SOMATULINE DEPOT  
SPRYCEL  
STELARA INTRAVENOUS  
STELARA SUBCUTANEOUS

STIVARGA  
sunitinib  
SUPARTZ FX  
SUPPRELIN LA  
SYMTUZA

**T**

tacrolimus  
tadalafil  
TAGRISSO  
TALTZ  
TAVALISSE  
TEGSEDI  
temozolomide  
tenofovir disoproxil fumarate

teriflunomide  
teriparatide  
tetrabenazine  
THALOMID  
tiopronin  
TIVICAY  
tobramycin inhalation  
solution  
TRAZIMERA  
TREMIFYA  
treprostinil  
trientine  
TRIPTODUR  
TYMLOS  
TYSABRI

**U**

UPTRAVI

**V**

VELCADE  
VEMLIDY  
vigabatrin  
VISTOGARD  
VOSEVI  
VUMERITY

**X**

XELJANZ  
XELJANZ XR

XOLAIR  
XOSPATA  
XTANDI

**Y**

YONSA

**Z**

ZEJULA  
ZEPOSIA  
zidovudine  
ZIRABEV  
ZOLINZA

## 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	REMICADE, SIMPONI ARIA	BORTEZOMIB	NINLARO, VELCADE
ADCIRCA	sildenafil, tadalafil	BUPHENYL	sodium phenylbutyrate
ALIQOPA	Talk to your doctor	CHORIONIC GONADOTROPIN	OVIDREL
AMPYRA	dalfampridine ext-rel	CIMZIA LYOPHILIZED POWDER	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
APOKYN	INBRIJA	COMPLERA	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA
APTIVUS	Talk to your doctor	COPAXONE 20 MG/ML	dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
ARALAST NP	PROLASTIN-C	CUPRIMINE	penicillamine
AUBAGIO	dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	CUVITRU	CUTAQUIG
AVASTIN	ZIRABEV	DESFERAL	deferasirox, deferiprone, deferoxamine
AVSOLA	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	ELELYSO	CERDELGA, CEREZYME
BARACLUDGE TABLET	entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDGE SOLUTION, VEMLIDY	ENTYVIO INTRAVENOUS	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
BERINERT	icatibant, RUCONEST		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
(For Crohn's Disease Only)		ICLUSIG	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
EPOGEN	ARANESP, RETACRIT	ILUMYA	REMICADE
ESBRIET	<i>pirfenidone</i> , OFEV	INFLECTRA	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
EXJADE	<i>deferasirox</i> , <i>deferiprone</i> , <i>deferoxamine</i>	JADENU	<i>deferasirox</i> , <i>deferiprone</i> , <i>deferoxamine</i>
EXTAVIA	<i>dimethyl fumarate delayed-rel</i> , <i>fingolimod</i> , <i>glatiramer</i> , <i>teriflunomide</i> , BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	KUVAN	<i>sapropterin</i>
FEIBA	NOVOSEVEN RT, SEVENFACT	KYPROLIS	NINLARO, VELCADE
FERRIPROX	<i>deferasirox</i> , <i>deferiprone</i> , <i>deferoxamine</i>	LETAIRIS	<i>ambrisentan</i> , <i>bosentan</i> , OPSUMIT
FOLLISTIM AQ	GONAL-F	LILETTA	KYLEENA, MIRENA, SKYLA
FULPHILA	FYLNETRA, NYVEPRIA	LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG	ELIGARD, FIRMAGON
<i>Fyremadel</i>	CETROTIDE, GANIRELIX ACETATE	LUPRON DEPOT 3.75 MG, 11.25 MG	ORIAHNN, ORLISSA
GAMMAGARD	CUTAQUIG	LUPRON DEPOT- PED	SUPPRELIN LA, TRIPTODUR
<i>ganirelix acetate</i>	CETROTIDE, GANIRELIX ACETATE	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
GENOTROPIN	HUMATROPE, NORDITROPIN, SOGROYA	NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA
GILENYA	<i>dimethyl fumarate delayed-rel</i> , <i>fingolimod</i> , <i>glatiramer</i> , <i>teriflunomide</i> , BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	NEUPOGEN	NIVESTYM
GLASSIA	PROLASTIN-C	NOVAREL	OVIDREL
GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL	NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA
GRANIX	NIVESTYM	OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA
HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA	ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
HYQVIA	CUTAQUIG	OTREXUP	<i>methotrexate</i>
		PEGASYS	Talk to your doctor

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
PRALUENT	REPATHA	THIOLA, THIOLA EC	<i>tiopronin</i>
PREGNYL	OVIDREL	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>
PROCRIT	ARANESP, RETACRIT	TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
PROCYSBI	CYSTAGON	TRELSTAR MIXJECT	ELIGARD, FIRMAGON
PROMACTA	DOPTELET, TAVALISSE	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>
RASUVO	<i>methotrexate</i>	TRUXIMA	RUXIENCE
RAVICTI	<i>sodium phenylbutyrate</i>	UDENYCA	FYLNETRA, NYVEPRIA
REMODULIN	<i>treprostinil</i>	VIRACEPT	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
RENFLXIS	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
REVATIO	<i>sildenafil, tadalafil</i>	XENAZINE	<i>tetrabenazine, AUSTEDO, AUSTEDO XR, INGREZZA</i>
RIABNI	RUXIENCE	XYREM	SODIUM OXYBATE
RITUXAN	RUXIENCE	ZARXIO	NIVESTYM
SABRIL	<i>vigabatrin</i>	ZEMAIRA	PROLASTIN-C
SAIZEN	HUMATROPE, NORDITROPIN, SOGROYA	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
SANDOSTATIN LAR	SOMATULINE DEPOT	ZIEXTENZO	FYLNETRA, NYVEPRIA
SIGNIFOR LAR	SOMATULINE DEPOT	ZOLADEX	ELIGARD, FIRMAGON, ORLISSA
SOMAVERT	SOMATULINE DEPOT	ZYDELIG	COPIKTRA
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA</i>	ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, NUBEQA, XTANDI, YONSA</i>
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX		
SYPRINE	<i>trientine</i>		
TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>		
TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>		

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

<b>CONDITION</b>	<b>EXCLUDED DRUG NAME(S)</b>	<b>PREFERRED OPTION(S)</b>
<b>ANKYLOSING SPONDYLITIS</b>	AMJEVITA CIMZIA PREFILLED SYRINGE HUMIRA SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HYRIMOZ RINVOQ
<b>CROHN'S DISEASE</b>	AMJEVITA CIMZIA PREFILLED SYRINGE HUMIRA	ADALIMUMAB-ADAZ HYRIMOZ RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
<b>PSORIASIS</b>	AMJEVITA CIMZIA PREFILLED SYRINGE COSENTYX ENBREL HUMIRA	ADALIMUMAB-ADAZ HYRIMOZ OTEZLA SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TALTZ TREMIFYA
<b>PSORIATIC ARTHRITIS</b>	AMJEVITA CIMZIA PREFILLED SYRINGE HUMIRA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ TREMIFYA XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HYRIMOZ OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS
<b>RHEUMATOID ARTHRITIS</b>	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA	ADALIMUMAB-ADAZ ENBREL HYRIMOZ



CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
	CIMZIA PREFILLED SYRINGE HUMIRA KINERET SIMPONI	KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
<b>ULCERATIVE COLITIS</b>	AMJEVITA HUMIRA SIMPONI	ADALIMUMAB-ADAZ HYRIMOZ RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS XELJANZ XELJANZ XR
<b>ALL OTHER CONDITIONS</b>	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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