



Advanced Control Specialty Formulary® - Chart

The **CVS Caremark® Advanced Control Specialty Formulary® - 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
GELSYN-3
ORTHOVISC

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

abacavir
atazanavir
efavirenz
lamivudine
nevirapine
nevirapine ext-rel
tenofovir disoproxil fumarate
zidovudine
ISENTRESS
NORVIR
PREZISTA
TIVICAY
YEZTUGO

ANTIRETROVIRAL COMBINATION AGENTS

abacavir-lamivudine
efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
emtricitabine- rilpivirine-tenofovir disoproxil fumarate
emtricitabine-tenofovir disoproxil fumarate
lamivudine-zidovudine
lopinavir-ritonavir
BIKTARVY
CIMDUO
DELSTRIGO
DESCOVY
DOVATO
EVOTAZ
GENVOYA
ODEFSEY
PREZCOBIX
SYMTUZA

HEPATITIS B

entecavir
lamivudine
tenofovir disoproxil fumarate
VELMIDY

HEPATITIS C

ribavirin
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)
HARVONI (genotypes 1, 4, 5, 6)
VOSEVI

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

temozolomide

ANTIMETABOLITES

capecitabine
LONSURF

BIOLOGIC RESPONSE MODIFIERS

lenalidomide
ERIVEDGE
THALOMID

BIOSIMILARS

KANJINTI
RUXIENCE
TRAZIMERA
ZIRABEV

HORMONAL ANTINEOPLASTIC AGENTS

abiraterone
leuprolide acetate
ELIGARD
ERLEADA
FIRMAGON
NUBEQA
XTANDI
YONSA

KINASE INHIBITORS

dasatinib
erlotinib
everolimus
gefitinib
imatinib mesylate
lapatinib
nilotinib
pazopanib
sunitinib
AFINITOR
AFINITOR DISPERZ
ALECENSA
BOSULIF
BRAFTOVI

BRUKINSA
CABOMETYX
CALQUENCE
IBRANCE
KISQALI
KISQALI FEMARA CO-PACK
KOSELUGO
MEKINIST
MEKTOVI
RYDAPT
SCEMBLIX
STIVARGA
TAFINLAR
TAGRISSO
XOSPATA

MISCELLANEOUS

bexarotene capsule
LYNPARZA
ODOMZO
VISTOGARD
ZEJULA

MONOCLONAL ANTIBODIES

PERJETA
PHESGO

PROTEASOME INHIBITORS

NINLARO
VELCADE

CARDIOVASCULAR

ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA

MISCELLANEOUS

VYNDAMAX
VYNDAQEL

PULMONARY ARTERIAL HYPERTENSION

ambrisentan
bosentan
sildenafil
tadalafil
treprostinil
ADEMPAS
OPSUMIT
UPTRAVI

CENTRAL NERVOUS SYSTEM

ANTIPARKINSONIAN AGENTS

INBRIJA

ANTISEIZURE AGENTS

vigabatrin

BOTULINUM TOXINS

DYSPORT
XEOMIN

MISCELLANEOUS

ENSPRYNG

MOVEMENT DISORDERS

tetrabenazine
AUSTEDO
INGREZZA

MULTIPLE SCLEROSIS AGENTS

dalfampridine ext-rel
dimethyl fumarate delayed-rel
ingolimod
glatiramer
teriflunomide
BETASERON
KESIMPTA
MAYZENT
OCREVUS
REBIF
TYSABRI
VUMERITY
ZEPOSIA

NARCOLEPSY/CATAPLEXY

SODIUM OXYBATE
XYWAV

ENDOCRINE AND METABOLIC

ACROMEGALY

octreotide acetate kit
SOMATULINE DEPOT

CALCIUM RECEPTOR AGONISTS

cinacalcet

CALCIUM REGULATORS, BISPSPHONATES

zoledronic acid

**CALCIUM REGULATORS,
MISCELLANEOUS**

OSPOMYV
STOBOCLO

**CALCIUM REGULATORS,
PARATHYROID HORMONES**

teriparatide
TYMLOS

**CENTRAL PRECOCIOUS
PUBERTY**

LUPRON DEPOT-PED
SUPPRELIN LA

CHELATING AGENTS

deferasirox
deferiprone
deferoxamine
penicillamine
trientine

CONTRACEPTIVES

KYLEENA
MIRENA
SKYLA

FERTILITY REGULATORS

cetorelix acetate
GANIRELIX ACETATE
GONAL-F
OVIDREL

**HEREDITARY TYROSINEMIA
TYPE 1 AGENTS**

ORFADIN

**HUMAN GROWTH
HORMONES**

HUMATROPE
NORDITROPIN
SOGROYA

**LYSOSOMAL STORAGE
DISORDERS - FABRY
DISEASE**

ELFABRIO
FABRAZYME

**LYSOSOMAL STORAGE
DISORDERS - GAUCHER
DISEASE**

CERDELGA
CEREZYME

MISCELLANEOUS

sapropterin
CYSTAGON

UREA CYCLE DISORDER

sodium phenylbutyrate

PHEBURANE

GASTROINTESTINAL

MISCELLANEOUS

IQIRVO

GENITOURINARY

MISCELLANEOUS

tiopronin
tiopronin delayed-rel
FILSPARI
VANRAFIA

HEMATOLOGIC

**BLEEDING DISORDERS
AGENTS**

NOVOSEVEN RT
SEVENFACT

**HEMATOPOIETIC GROWTH
FACTORS**

ARANESP
FYLNETRA
NIVESTYM
NYVEPRIA
RETACRIT

HEMOPHILIA A AGENTS

ADVATE
ADYNOVATE
AFSTYLA
ALTUVIIIO
ELOCTATE
ESPEROCT
JIVI
KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ

HEMOPHILIA B AGENTS

ALPROLIX
BENEFIX
REBINYN

**PAROXYSMAL NOCTURNAL
HEMOGLOBINURIA (PNH)
AGENTS**

FABHALTA

**THROMBOCYTOPENIA
AGENTS**

eltrombopag
ALVAIZ
DOPTELET

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS

ORALAIR

ALOPECIA AREATA

LITFULO
OLUMIANT

**AUTOIMMUNE AGENTS
(PHYSICIAN-
ADMINISTERED)**

PYZCHIVA INTRAVENOUS
REMICADE
SIMPONI ARIA
SKYRIZI INTRAVENOUS
STELARA INTRAVENOUS
TREMFYA INTRAVENOUS
YESINTEK INTRAVENOUS

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED), ALL
OTHER CONDITIONS**

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
ENBREL
HYRIMOZ (except NDCs
61314-XXXX-XX)

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED),
ANKYLOSING SPONDYLITIS**

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
COSENTYX SUBCUTANEOUS
ENBREL
HYRIMOZ (except NDCs
61314-XXXX-XX)
RINVOQ

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED),
CROHN'S DISEASE**

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
HYRIMOZ (except NDCs
61314-XXXX-XX)
PYZCHIVA SUBCUTANEOUS
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS
TREMFYA SUBCUTANEOUS
YESINTEK SUBCUTANEOUS

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED),
HIDRADENITIS
SUPPURATIVA**

ADALIMUMAB-ADAZ

ADALIMUMAB-FKJP
COSENTYX SUBCUTANEOUS
HYRIMOZ (except NDCs
61314-XXXX-XX)

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED),
NON-RADIOGRAPHIC AXIAL
SPONDYLOARTHRITIS**

CIMZIA PREFILLED SYRINGE
COSENTYX SUBCUTANEOUS
RINVOQ

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED),
PSORIASIS**

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
HYRIMOZ (except NDCs
61314-XXXX-XX)

OTEZLA
OTEZLA XR
PYZCHIVA SUBCUTANEOUS
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS
TALTZ
TREMFYA SUBCUTANEOUS
YESINTEK SUBCUTANEOUS

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

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
COSENTYX SUBCUTANEOUS
ENBREL
HYRIMOZ (except NDCs
61314-XXXX-XX)
OTEZLA
OTEZLA XR
RINVOQ
SKYRIZI SUBCUTANEOUS
TREMFYA SUBCUTANEOUS

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

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
ENBREL
HYRIMOZ (except NDCs
61314-XXXX-XX)
KEVZARA
ORENCIA CLICKJECT
ORENCIA SUBCUTANEOUS
RINVOQ
XELJANZ
XELJANZ XR

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED),
ULCERATIVE COLITIS**

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
HYRIMOZ (except NDCs
61314-XXXX-XX)
PYZCHIVA SUBCUTANEOUS
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS
TREMFYA SUBCUTANEOUS
VELSIPITY
XELJANZ
XELJANZ XR
YESINTEK SUBCUTANEOUS

HEREDITARY ANGIOEDEMA

icatibant

RUCONEST
TAKHZYRO

IMMUNOGLOBULIN

CUTAQUIG

IMMUNOSUPPRESSANTS

cyclosporine
cyclosporine modified
everolimus
mycophenolate mofetil
mycophenolate sodium
sirolimus
tacrolimus

OPHTHALMIC

RETINAL DISORDERS

EYLEA

RESPIRATORY

**ALPHA-1 ANTITRYPSIN
DEFICIENCY AGENTS**

ARALAST NP
GLASSIA

CYSTIC FIBROSIS

tobramycin inhalation solution

**PULMONARY FIBROSIS
AGENTS**

pirfenidone
OFEV

SEVERE ASTHMA AGENTS

DUPIXENT
FASENRA

NUCALA (except lyophilized
powder)
XOLAIR

TOPICAL

**DERMATOLOGY, ATOPIC
DERMATITIS**

DUPIXENT
EBGLYSS
RINVOQ

**MOUTH/THROAT/DENTAL
AGENTS**

MUGARD

QUICK REFERENCE DRUG LIST

A

abacavir
abacavir-lamivudine
abiraterone
ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
ADEMPAS
ADVATE
ADYNOVATE
AFINITOR
AFINITOR DISPERZ
AFSTYLA
ALECENSA
ALPROLIX
ALTUVIIIO
ALVAIZ
ambrisentan
ARALAST NP
ARANESP
atazanavir
AUSTEDO

B

BENEFIX
BETASERON
bexarotene capsule
BIKTARVY
bosentan
BOSULIF
BRAFTOVI
BRUKINSA

C

CABOMETYX

CALQUENCE
capecitabine
CERDELGA
CEREZYME
cetorelix acetate
CIMDUO
CIMZIA PREFILLED SYRINGE
cinacalcet
COSENTYX SUBCUTANEOUS
CUTAQUIG
cyclosporine
cyclosporine modified
CYSTAGON

D

dalfampridine ext-rel
dasatinib
deferasirox
deferiprone
deferoxamine
DELSTRIGO
DESCOVY
*dimethyl fumarate delayed-
rel*
DOPTELET
DOVATO
DUPIXENT
DUROLANE
DYSPOET

E

EBGLYSS
efavirenz

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

F

FABHALTA
FABRAZYME
FASENRA
FILSPARI
 fingolimod

FIRMAGON
FYLNETRA

G

GANIRELIX ACETATE
gefitinib
GELSYN-3
GENVOYA
GLASSIA
glatiramer
GONAL-F

H

HARVONI (genotypes 1, 4, 5,
6)
HUMATROPE
HYRIMOZ (except NDCs
61314-XXXX-XX)

I

IBRANCE
icatibant
imatinib mesylate
INBRIJA
INGREZZA
IQIRVO
ISENTRESS

J

JIVI

K

KANJINTI
KESIMPTA
KEVZARA
KISQALI

KISQALI FEMARA CO-PACK
KOGENATE FS
KOSELUGO
KOVALTRY
KYLEENA

L

lamivudine
lamivudine
lamivudine-zidovudine
lapatinib
lenalidomide
leuprolide acetate
LITFULO
LONSURF
lopinavir-ritonavir
LUPRON DEPOT-PED
LYNPARZA

M

MAYZENT
MEKINIST
MEKTOVI
MIRENA
MUGARD
mycophenolate mofetil
mycophenolate sodium

N

nevirapine
nevirapine ext-rel
nilotinib
NINLARO
NIVESTYM
NORDITROPIN
NORVIR
NOVOEIGHT
NOVOSEVEN RT
NUBEQA
NUCALA (except lyophilized powder)
NUWIQ
NYVEPRIA

O

OCREVUS
octreotide acetate kit
ODEFSEY
ODOMZO
OFEV
OLUMIANT
OPSUMIT
ORALAIR
ORENCIA CLICKJECT
ORENCIA SUBCUTANEOUS
ORFADIN
ORTHOVISC
OSPOMYV
OTEZLA
OTEZLA XR
OVIDREL

P

pazopanib
penicillamine
PERJETA
PHEBURANE
PHESGO
pirfenidone
PREZCOBIX
PREZISTA
PYZCHIVA INTRAVENOUS
PYZCHIVA SUBCUTANEOUS

R

REBIF
REBINYN
REMICADE
REPATHA
RETACRIT
ribavirin
RINVOQ
RUCONEST
RUXIENCE
RYDAPT

S

sapropterin
SCEMBLIX
SEVENFACT
sildenafil
SIMPONI ARIA
sirolimus
SKYLA
SKYRIZI INTRAVENOUS
SKYRIZI SUBCUTANEOUS
SODIUM OXYBATE
sodium phenylbutyrate
SOGROYA
SOMATULINE DEPOT
STELARA INTRAVENOUS
STELARA SUBCUTANEOUS
STIVARGA
STOBOCLO
sunitinib
SUPPRELIN LA
SYMITUZA

T

tacrolimus
tadalafil
TAFINLAR
TAGRISSO
TAKHZYRO
TALTZ
temozolomide
tenofovir disoproxil fumarate
teriflunomide
teriparatide
tetrabenazine
THALOMID
tiopronin
tiopronin delayed-rel
TIVICAY
tobramycin inhalation solution
TRAZIMERA
TREMIFYA INTRAVENOUS
TREMIFYA SUBCUTANEOUS

treprostinil
trientine
TYMLOS
TYSABRI

U

UPTRAVI

V

VANRAFIA
VELCADE
VELSIPITY
VEMLIDY
vigabatrin
VISTOGARD
VOSEVI
VUMERITY
VYNDAMAX
VYNDAQEL

X

XELJANZ
XELJANZ XR
XEOMIN
XOLAIR
XOSPATA
XTANDI
XYWAV

Y

YESINTEK INTRAVENOUS
YESINTEK SUBCUTANEOUS
YEZTUGO
YONSA

Z

ZEJULA
ZEPOSIA
zidovudine
ZIRABEV
zoledronic acid

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	AMPYRA	<i>dalfampridine ext-rel</i>
ADCIRCA	<i>sildenafil, tadalafil</i>	APOKYN	INBRIJA
		APTIVUS	Talk to your doctor

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ATTRUBY	VYNDAMAX, VYNDAQEL	ENTYVIO INTRAVENOUS (For Crohn's Disease Only)	PYZCHIVA INTRAVENOUS, REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	EPOGEN	ARANESP, RETACRIT
AUSTEDO XR	<i>tetrabenazine</i> , AUSTEDO, INGREZZA	ESBRIET	<i>pirfenidone</i> , OFEV
AVASTIN	ZIRABEV	EUFLEXXA	DUROLANE, GELSYN-3, ORTHOVISC
AVSOLA	PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS	EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>
BARACLUDGE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , VEMLIDY	FEIBA	NOVOSEVEN RT, SEVENFACT
BERINERT	<i>icatibant</i> , RUCONEST	FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
BORTEZOMIB	NINLARO, VELCADE	FOLLISTIM AQ	GONAL-F
BUPHENYL	<i>sodium phenylbutyrate</i> , PHEBURANE	FORTEO	<i>teriparatide, zoledronic acid</i> , OSPOMYV, STOBOCLO, TYMLOS
CHORIONIC GONADOTROPIN	OVIDREL	FULPHILA	FYLNETRA, NYVEPRIA
CIMZIA LYOPHILIZED POWDER	PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS	<i>Fyremadel</i>	<i>cetorelix acetate</i> , GANIRELIX ACETATE
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, emtricitabine- rilpivirine-tenofovir disoproxil fumarate</i> , BIKTARVY, DELSTRIGO, DOVATO, GENVOYA, ODEFSEY, SYMTUZA	GAMMAGARD	CUTAQUIG
COPAXONE	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	<i>ganirelix acetate</i>	<i>cetorelix acetate</i> , GANIRELIX ACETATE
COPIKTRA	BRUKINSA, CALQUENCE	GEL-ONE	DUROLANE, GELSYN-3, ORTHOVISC
CUPRIMINE	<i>penicillamine</i>	GENOTROPIN	HUMATROPE, NORDITROPIN, SOGROYA
CUVITRU	CUTAQUIG	GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>	GLEEVEC	<i>dasatinib, imatinib mesylate, nilotinib, BOSULIF, SCEMBLIX</i>
ELELYSO	CERDELGA, CEREZYME	GRANIX	NIVESTYM
		HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
		HYALGAN	DUROLANE, GELSYN-3, ORTHOVISC
		HYQVIA	CUTAQUIG
		ICLUSIG	<i>dasatinib, imatinib mesylate, nilotinib, BOSULIF, SCEMBLIX</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ILUMYA	REMICADE	PRALUENT	REPATHA
INFLECTRA	PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS	PREGNYL	OVIDREL
JADENU	<i>deferasirox, deferiprone, deferoxamine</i>	PROCRIT	ARANESP, RETACRIT
KUVAN	<i>sapropterin</i>	PROCYSBI	CYSTAGON
KYPROLIS	NINLARO, VELCADE	PROLASTIN-C	ARALAST NP, GLASSIA
LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>	PROLIA	<i>teriparatide, zoledronic acid, OSPOMYV, STOBOCLO, TYMLOS</i>
LILETTA	KYLEENA, MIRENA, SKYLA	PROMACTA	<i>eltrombopag, ALVAIZ, DOPTELET</i>
LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG	ELIGARD, FIRMAGON	RAVICTI	<i>sodium phenylbutyrate, PHEBURANE</i>
LUPRON DEPOT 3.75 MG, 11.25 MG	ORIAHNN, ORLISSA	REMODULIN	<i>treprostinil</i>
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI	RENFLEXIS	PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS
MONOVISC	DUROLANE, GELSYN-3, ORTHOVISC	REVATIO	<i>sildenafil, tadalafil</i>
NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA	REVLIMID	<i>lenalidomide</i>
NEUPOGEN	NIVESTYM	RIABNI	RUXIENCE
NOVAREL	OVIDREL	RITUXAN	RUXIENCE
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), XOLAIR	RUBRACA	LYNPARZA, ZEJULA
NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA	SABRIL	<i>vigabatrin</i>
OCALIVA	IQIRVO	SANDOSTATIN LAR	<i>octreotide acetate kit, SOMATULINE DEPOT</i>
OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA	SIGNIFOR LAR	<i>octreotide acetate kit, SOMATULINE DEPOT</i>
ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA	SOMAVERT	<i>octreotide acetate kit, SOMATULINE DEPOT</i>
ORENITRAM	UPTRAVI	SPRYCEL	<i>dasatinib, imatinib mesylate, nilotinib, BOSULIF, SCEMBLIX</i>
OTREXUP	<i>methotrexate</i>		
PEGASYS	Talk to your doctor		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, emtricitabine-rilpivirine-tenofovir disoproxil fumarate, BIKTARVY, DELSTRIGO, DOVATO, GENVOYA, ODEFSEY, SYMTUZA</i>	VIRACEPT	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
SUPARTZ FX	DUROLANE, GELSYN-3, ORTHOVISC	VISCO-3	DUROLANE, GELSYN-3, ORTHOVISC
SYNVISC, SYNVISC-ONE	DUROLANE, GELSYN-3, ORTHOVISC	XENAZINE	<i>tetrabenazine, AUSTEDO, INGREZZA</i>
SYPRINE	<i>trientine</i>	XYREM	SODIUM OXYBATE, XYWAV
TASIGNA	<i>dasatinib, imatinib mesylate, nilotinib, BOSULIF, SCEMBLIX</i>	ZARXIO	NIVESTYM
TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	ZEMAIRA	ARALAST NP, GLASSIA
THIOLA	<i>tiopronin</i>	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
THIOLA EC	<i>tiopronin delayed-rel</i>	ZIEXTENZO	FYLNETRA, NYVEPRIA
TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>	ZOLADEX	ELIGARD, FIRMAGON, ORLISSA
TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>	ZYDELIG	BRUKINSA, CALQUENCE
TRELSTAR MIXJECT	ELIGARD, FIRMAGON	ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, NUBEQA, XTANDI, YONSA</i>
TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY, YEZTUGO</i>		
TRUXIMA	RUXIENCE		
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 BIMZELX CIMZIA PREFILLED SYRINGE HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) RINVOQ
CROHN'S DISEASE	AMJEVITA CIMZIA PREFILLED SYRINGE HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only)	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP HYRIMOZ (except NDCs 61314-XXXX-XX) PYZCHIVA SUBCUTANEOUS RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMIFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
HIDRADENITIS SUPPURATIVA	AMJEVITA BIMZELX HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only)	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS HYRIMOZ (except NDCs 61314-XXXX-XX)
NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	BIMZELX TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX SUBCUTANEOUS RINVOQ
PSORIASIS	AMJEVITA BIMZELX CIMZIA PREFILLED SYRINGE COSENTYX SUBCUTANEOUS ENBREL HUMIRA HYRIMOZ (NDCs 61314-XXXX-	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP HYRIMOZ (except NDCs 61314-XXXX-XX) OTEZLA OTEZLA XR PYZCHIVA SUBCUTANEOUS SKYRIZI SUBCUTANEOUS

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
	XX only)	STELARA SUBCUTANEOUS TALTZ TREMIFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
PSORIATIC ARTHRITIS	AMJEVITA BIMZELX CIMZIA PREFILLED SYRINGE HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS PYZCHIVA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR YESINTEK SUBCUTANEOUS	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) OTEZLA OTEZLA XR RINVOQ SKYRIZI SUBCUTANEOUS TREMIFYA SUBCUTANEOUS
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA CIMZIA PREFILLED SYRINGE HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) KINERET OLUMIANT SIMPONI	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) SIMPONI	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP HYRIMOZ (except NDCs 61314-XXXX-XX) PYZCHIVA SUBCUTANEOUS RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMIFYA SUBCUTANEOUS VELSIPITY XELJANZ

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
		XELJANZ XR YESINTEK SUBCUTANEOUS
ALL OTHER CONDITIONS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX)

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).

For HYRIMOZ listing above: Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.

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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