



# 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  
SYMTOZA

### HEPATITIS B

*entecavir*  
*lamivudine*  
*tenofovir disoproxil fumarate*  
VEMLIDY

### 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

DYSPORE  
XEOMIN

### MISCELLANEOUS

ENSPRYNG

### MOVEMENT DISORDERS

*tetrabenazine*  
AUSTEDO  
INGREZZA

### MULTIPLE SCLEROSIS AGENTS

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

### NARCOLEPSY/CATAPLEXY

XYWAV

## ENDOCRINE AND METABOLIC

### ACROMEGALY

*octreotide acetate kit*  
SOMATULINE DEPOT

### CALCIUM RECEPTOR AGONISTS

*cinacalcet*

**CALCIUM REGULATORS,  
BISPHOSPHONATES**

*zoledronic acid*

**CALCIUM REGULATORS,  
MISCELLANEOUS**

BILPREVDA  
OSENVELT  
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**

*cetrotrelx 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**

*glycerol phenylbutyrate*  
*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  
ALTUVIIIIO  
ELOCTATE  
ESPEROCT  
JIVI  
KOVALTRY  
NOVOEIGHT  
NUWIQ

**HEMOPHILIA B AGENTS**

ALPROLIX  
BENEFIX  
REBINYN

**PAROXYSMAL NOCTURNAL  
HEMOGLOBINURIA (PNH)  
AGENTS**

EPYSQLI

FABHALTA

**THROMBOCYTOPENIA  
AGENTS**

*eltrombopag*  
ALVAIZ  
DOPTELET

**IMMUNOLOGIC AGENTS**

**ALLERGENIC EXTRACTS**

ORALAIR

**ALOPECIA AREATA**

LITFULO  
OLUMIANT

**AUTOIMMUNE AGENTS  
(PHYSICIAN-  
ADMINISTERED)**

COSENTYX INTRAVENOUS  
PYZCHIVA INTRAVENOUS  
REMICADE  
SIMPONI ARIA  
SKYRIZI INTRAVENOUS  
TREMIFYA 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  
TREMIFYA 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  
TALTZ  
TREMIFYA 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  
TREMIFYA 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  
TREMIFYA 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  
ALTUVIIIIO  
ALVAIZ  
*ambrisentan*  
ARALAST NP  
ARANESP  
*atazanavir*  
AUSTEDO

**B**

BENEFIX  
BETASERON  
*bexarotene capsule*  
BIKTARVY  
BILPREVDA  
*bosentan*  
BOSULIF  
BRAFTOVI  
BRUKINSA

**C**

CABOMETYX  
CALQUENCE  
*capecitabine*  
CERDELGA  
CEREZYME  
*cetorelix acetate*  
CIMDUO  
CIMZIA PREFILLED SYRINGE  
*cinacalcet*  
COSENTYX INTRAVENOUS  
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  
DYSPORT

**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)  
EPYSQLI  
ERIVEDGE  
ERLEADA  
*erlotinib*  
ESPEROCT  
*everolimus*  
*everolimus*  
EVOTAZ  
EYLEA

**F**

FABHALTA  
FABRAZYME  
FASENRA  
FILSPARI  
*ingolimod*  
FIRMAGON  
FYLNETRA

**G**

GANIRELIX ACETATE  
*gefitinib*  
GELSYN-3  
GENVOYA  
GLASSIA  
*glatiramer*  
*glycerol phenylbutyrate*  
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  
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  
OSENVELT  
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 phenylbutyrate*  
SOGROYA  
SOMATULINE DEPOT  
STIVARGA  
STOBOCLO  
*sunitinib*  
SUPPRELIN LA  
SYMTOZA

**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  
TYRUKO  
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	APTIVUS	Talk to your doctor
ADCIRCA	<i>sildenafil, tadalafil</i>	ATTRUBY	VYNDAMAX, VYNDAQEL
AMPYRA	<i>dalfampridine ext-rel</i>	AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer,</i>
APOKYN	INBRIJA		

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

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

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
SUPARTZ FX	DUROLANE, GELSYN-3, ORTHOVISC	TRUXIMA	RUXIENCE
SYNVISC, SYNVISC-ONE	DUROLANE, GELSYN-3, ORTHOVISC	UDENYCA	FYLNETRA, NYVEPRIA
SYPRINE	<i>trientine</i>	VIRACEPT	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
TASIGNA	<i>dasatinib, imatinib mesylate, nilotinib, BOSULIF, SCEMBLIX</i>	VISCO-3	DUROLANE, GELSYN-3, ORTHOVISC
TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYRUKO, TYSABRI, VUMERITY, ZEPOSIA</i>	XENAZINE	<i>tetrabenazine, AUSTEDO, INGREZZA</i>
THIOLA	<i>tiopronin</i>	XGEVA	<i>zoledronic acid, BILPREVDA, OSENVELT</i>
THIOLA EC	<i>tiopronin delayed-rel</i>	XYREM	XYWAV
TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>	ZARXIO	NIVESTYM
TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>	ZEMAIRA	ARALAST NP, GLASSIA
TRELSTAR MIXJECT	ELIGARD, FIRMAGON	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, YEZTUGO</i>	ZIEXTENZO	FYLNETRA, NYVEPRIA
		ZOLADEX	ELIGARD, FIRMAGON, ORLISSA
		ZYDELIG	BRUKINSA, CALQUENCE
		ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, NUBEQA, XTANDI, YONSA</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 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
<b>CROHN'S DISEASE</b>	AMJEVITA CIMZIA PREFILLED SYRINGE HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) STELARA SUBCUTANEOUS	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP HYRIMOZ (except NDCs 61314-XXXX-XX) PYZCHIVA SUBCUTANEOUS RINVOQ SKYRIZI SUBCUTANEOUS TREMIFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
<b>HIDRADENITIS SUPPURATIVA</b>	AMJEVITA BIMZELX HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only)	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS HYRIMOZ (except NDCs 61314-XXXX-XX)
<b>NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS</b>	BIMZELX TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX SUBCUTANEOUS RINVOQ
<b>PSORIASIS</b>	AMJEVITA BIMZELX CIMZIA PREFILLED SYRINGE COSENTYX SUBCUTANEOUS ENBREL HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) STELARA SUBCUTANEOUS	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP HYRIMOZ (except NDCs 61314-XXXX-XX) OTEZLA OTEZLA XR PYZCHIVA SUBCUTANEOUS SKYRIZI SUBCUTANEOUS TALTZ

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
		TREMFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
<b>PSORIATIC ARTHRITIS</b>	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 TREMFYA SUBCUTANEOUS
<b>RHEUMATOID ARTHRITIS</b>	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
<b>ULCERATIVE COLITIS</b>	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) SIMPONI STELARA SUBCUTANEOUS	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP HYRIMOZ (except NDCs 61314-XXXX-XX) PYZCHIVA SUBCUTANEOUS RINVOQ SKYRIZI SUBCUTANEOUS TREMFYA SUBCUTANEOUS VELSIPITY XELJANZ XELJANZ XR YESINTEK SUBCUTANEOUS

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
<b>ALL OTHER CONDITIONS</b>	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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