



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
emtricitabine
etravirine
lamivudine
maraviroc
nevirapine
nevirapine ext-rel
ritonavir
zidovudine
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
CABENUVA
CIMDUO
DESCOVY
DOVATO
GENVOYA
ODEFSEY
SYMTUZA
TRIUMEQ

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

NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

tenofovir disoproxil fumarate

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

temozolomide

ANTIMETABOLITES

capecitabine
LONSURF

BIOLOGIC RESPONSE MODIFIERS

BESREMI
ERIVEDGE
REVLIMID
THALOMID

BIOSIMILARS

HERZUMA
OGIVRI
RUXIENCE
ZIRABEV

HORMONAL ANTINEOPLASTIC AGENTS

abiraterone
leuprolide acetate
ELIGARD
ERLEADA
NUBEQA
XTANDI
YONSA

KINASE INHIBITORS

erlotinib
everolimus
gefitinib
imatinib mesylate
lapatinib
pazopanib

sorafenib

sunitinib
ALECENSA
ALUNBRIG
AUGTYRO
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

MONOCLONAL ANTIBODIES

PERJETA
PHESGO

PROTEASOME INHIBITORS

bortezomib
NINLARO

CARDIOVASCULAR

ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA

PULMONARY ARTERIAL HYPERTENSION

ambrisentan
bosentan
sildenafil
tadalafil
treprostinil
ADEMPAS
OPSUMIT
ORENITRAM
TADLIQ
UPTRAVI

CENTRAL NERVOUS SYSTEM

ANTIPARKINSONIAN AGENTS

INBRIJA

ANTISEIZURE AGENTS

vigabatrin

BOTULINUM TOXINS

DYSPORT
XEOMIN

MISCELLANEOUS

RADICAVA ORS

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

ANTIDIABETICS, MISCELLANEOUS

mifepristone

CALCIUM RECEPTOR AGONISTS

cinacalcet

CALCIUM REGULATORS, MISCELLANEOUS

PROLIA

CALCIUM REGULATORS, PARATHYROID HORMONES

teriparatide
TYMLOS

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
ELFABRIO
FABRAZYME
GALAFOLD
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

CYSTAGON

POLYNEUROPATHY

TEGSEDI

GENITOURINARY

MISCELLANEOUS

tiopronin
tiopronin delayed-rel

HEMATOLOGIC

BLEEDING DISORDERS AGENTS

NOVOSEVEN RT
SEVENFACT

HEMATOPOIETIC GROWTH FACTORS

ARANESP
FYLNETRA
NIVESTYM
NYVEPRIA
PROCRIT
RETACRIT

HEMOPHILIA A AGENTS

ADVATE
ADYNOVATE
AFSTYLA
ELOCTATE
ESPEROCT
JIVI
KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ

XYNTHA

HEMOPHILIA B AGENTS

ALPROLIX
REBINYN

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

EMPAVELI

SICKLE CELL DISEASE

ENDARI

THROMBOCYTOPENIA AGENTS

DOPTELET
PROMACTA
TAVALISSE

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
SKYRIZI SUBCUTANEOUS
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
AUGTYRO
AUSTEDO
AUSTEDO XR
AVONEX
AVSOLA

B

BESREMI
betaine
BETASERON
bexarotene
BIKTARVY
bortezomib
bosentan
BOSULIF
BRAFTOVI
BRUKINSA
BYOOVIZ

C

CABENUVA

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
DOPTELET
DOVATO
DUPIXENT
DUPIXENT
DUROLANE
DYSPORT

E

efavirenz

efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
ELFABRIO
ELIGARD
ELOCTATE
EMPAVELI
emtricitabine
emtricitabine-tenofovir disoproxil fumarate
ENBREL
ENDARI
ENSPRYNG
entecavir
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)
ERIVEDGE
ERLEADA
erlotinib
ESPEROCT
etravirine
EUFLEXXA
everolimus
everolimus

F

FABRAZYME
FASENRA
FENSOLVI
fingolimod
FOLLISTIM AQ
FYLNETRA

G

GALAFOLD
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

M

maraviroc
MAYZENT
MEKTOVI
MENOPUR
mifepristone
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
PROCRIT
PROLASTIN-C
PROLIA
PROMACTA

R

RADICAVA ORS
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
SKYRIZI SUBCUTANEOUS
SKYRIZI SUBCUTANEOUS
sodium phenylbutyrate
SOGROYA
SOMATULINE DEPOT
sorafenib
SOTYKTU
SPRYCEL
STELARA INTRAVENOUS
STELARA SUBCUTANEOUS
STIVARGA
sunitinib
SUPARTZ FX
SUPPRELIN LA
SYM TUZA

T

tacrolimus
tadalafil
TADLIQ
TAGRISSO
TAKHZYRO
TALTZ
TAVALISSE
TEGSEDI
temozolomide
tenofovir disoproxil fumarate
teriflunomide
teriparatide
tetrabenazine
TEZSPIRE
THALOMID
tiopronin
tiopronin delayed-rel
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
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	ADCIRCA	sildenafil, tadalafil, TADLIQ
		AFINITOR, AFINITOR	everolimus

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
DISPERZ			ODEFSEY, SYMTUZA, TRIUMEQ
ALIQOPA	Talk to your doctor	COPAXONE 20 MG/ML	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
APOKYN	INBRIJA		
APTIVUS	Talk to your doctor		
ARALAST NP	PROLASTIN-C, ZEMAIRA	CUPRIMINE	<i>penicillamine</i>
ARCALYST	Talk to your doctor	CYSTADANE	<i>betaine</i>
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>
		DIACOMIT	Talk to your doctor
		EDURANT	<i>efavirenz</i>
AVASTIN	ZIRABEV	ELELYSO	CERDELGA, CEREZYME
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, VEMLDIDY</i>	ENTYVIO INTRAVENOUS (For Crohn's Disease Only)	AVSOLA, REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
BENEFIX	ALPROLIX, REBINYN		
BERINERT	<i>icatibant, RUCONEST</i>	EPOGEN	ARANESP, PROCRI, RETACRI
BETHKIS	<i>tobramycin inhalation solution</i>	ESBRIET	<i>pirfenidone, OFEV</i>
BORTEZOMIB	<i>bortezomib, NINLARO</i>	EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>
BOTOX	AJOVY, DYSPORT, EMGALITY, QULIPTA, XEOMIN	EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
BUPHENYL	<i>sodium phenylbutyrate, PHEBURANE</i>		
CARBAGLU	<i>carglumic acid</i>	EYLEA	BYOOVIZ, CIMERLI
CAYSTON	<i>tobramycin inhalation solution</i>	FEIBA	NOVOSEVEN RT, SEVENFACT
CETROTIDE	GANIRELIX ACETATE	FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
CHORIONIC GONADOTROPIN	OIDREL	FINTEPLA	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, topiramate ext-rel</i>
CIMZIA LYOPHILIZED POWDER	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	FIRAZYR	<i>icatibant, RUCONEST</i>
CINRYZE	ORLADEYO, TAKHZYRO	FIRMAGON	ELIGARD
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, CABENUVA, DOVATO, GENVOYA,</i>	FULPHILA	FYLNETRA, NYVEPRIA
		<i>Fyremadel</i>	GANIRELIX ACETATE
		<i>ganirelix acetate</i>	GANIRELIX ACETATE

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	KITABIS PAK	<i>tobramycin inhalation solution</i>
GENOTROPIN	HUMATROPE, NORDITROPIN, SOGROYA	KORLYM	<i>mifepristone</i>
GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	KUVAN	<i>sapropterin</i>
GLASSIA	PROLASTIN-C, ZEMAIRA	KYPROLIS	<i>bortezomib, NINLARO</i>
GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>	LEMTRADA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
GONAL-F	FOLLISTIM AQ	LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>
GRANIX	NIVESTYM	LEUKINE	NIVESTYM
HERCEPTIN, HERCEPTIN HYLECTA	HERZUMA, OGIVRI	LILETTA	KYLEENA, MIRENA, SKYLA
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	LORBRENA	ALECENSA, ALUNBRIG
HYQVIA	CUTAQUIG	LUCENTIS	BYOOVIZ, CIMERLI
ICLUSIG	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>	LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG	ELIGARD
IMBRUVICA	BRUKINSA, CALQUENCE	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI
INFLECTRA	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	MEKINIST TABLET	COTELLIC, MEKTOVI
INTELENCE	<i>etravirine</i>	MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
IRESSA	<i>erlotinib, gefitinib</i>	MYOBLOC	DYSPORE, XEOMIN
IXINITY	ALPROLIX, REBINYN	NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA
JADENU	<i>deferasirox, deferiprone, deferoxamine</i>	NEUPOGEN	NIVESTYM
JAKAFI (For Polycythemia Vera Only)	BESREMI	NEXAVAR	<i>pazopanib, sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
JUXTAPID	REPATHA	NEXTERONE	<i>amiodarone</i>
JYNARQUE	Talk to your doctor	NITYR	ORFADIN
KALETRA	<i>atazanavir, darunavir, lopinavir-ritonavir</i>	NORTHERA	<i>midodrine</i>
KANJINTI	HERZUMA, OGIVRI	NORVIR	<i>ritonavir</i>
		NOVAREL	OVIDREL

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
NPLATE	DOPTELET, PROMACTA, TAVALISSE	SELZENTRY	<i>maraviroc</i>
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR	SIGNIFOR LAR	SOMATULINE DEPOT
NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA	SOMAVERT	SOMATULINE DEPOT
OCTAGAM	Talk to your doctor	STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, CABENUVA, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA	SUTENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
ORENCIA INTRAVENOUS	AVSOLA, REMICADE, SIMPONI ARIA	SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	SYPRINE	<i>trientine</i>
OTREXUP	RASUVO	TAFINLAR CAPSULE	BRAFTOVI, ZELBORAF
PEGASYS	Talk to your doctor	TARGRETIN	<i>bexarotene</i>
PRALUENT	REPATHA	TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
PREGNYL	OVIDREL	TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
PREZISTA	<i>atazanavir, darunavir</i>	THIOLA	<i>tiopronin</i>
PROCYSBI	CYSTAGON	THIOLA EC	<i>tiopronin delayed-rel</i>
RAVICTI	<i>sodium phenylbutyrate, PHEBURANE</i>	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>
REMODULIN	<i>treprostinil</i>	TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
RENFLEXIS	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	TRAZIMERA	HERZUMA, OGIVRI
REVATIO	<i>sildenafil, tadalafil, TADLIQ</i>	TRELSTAR MIXJECT	ELIGARD
REYATAZ	<i>atazanavir, darunavir</i>	TRIPTODUR	FENSOLVI, LUPRON DEPOT-PED, SUPPRELIN LA
RIABNI	RUXIENCE	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>
RITUXAN	RUXIENCE	TRUXIMA	RUXIENCE
RIXUBIS	ALPROLIX, REBINYN	TYVASO DPI	Talk to your doctor
RUBRACA	LYNPARZA, ZEJULA		
SABRIL	<i>vigabatrin</i>		
SAIZEN	HUMATROPE, NORDITROPIN, SOGROYA		
SANDOSTATIN LAR	SOMATULINE DEPOT		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
UDENYCA	FYLNETRA, NYVEPRIA	XYREM	LUMRYZ, WAKIX, XYWAV
VIRACEPT	<i>atazanavir, darunavir, lopinavir-ritonavir</i>	ZARXIO	NIVESTYM
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
VOTRIENT	<i>pazopanib, sunitinib</i> , CABOMETYX, INLYTA, LENVIMA	ZIEXTENZO	FYLNETRA, NYVEPRIA
VPRIV	CERDELGA, CEREZYME	ZOLADEX	ELIGARD, ORILISSA
XALKORI CAPSULE	ALECENSA, ALUNBRIG, AUGTYRO, ZYKADIA	ZYTIGA	<i>abiraterone, bicalutamide</i> , ERLEADA, NUBEQA, XTANDI, YONSA
XENAZINE	<i>tetrabenazine</i> , AUSTEDO, AUSTEDO XR, INGREZZA		

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 SKYRIZI SUBCUTANEOUS 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.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.

©2024 CVS Health and/or one of its affiliates. All rights reserved. 106-31697C 100124