

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. 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.

Please note:

- 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 upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary copay¹ 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 copay, 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 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](https://www.caremark.com) to check coverage and copay information for a specific medicine.

ANALGESICS

VISCOSUPPLEMENTS

DUROLANE
EUFLEXA
GELSYN-3
SUPARTZ FX

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
DESCOVY
DOVATO
EVOTAZ
GENVOYA
ODEFSEY
PREZCOBIX
SYM TUZA
TRIUMEQ

§ FUSION INHIBITORS

maraviroc
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
VELMIDY

§ HEPATITIS C AGENTS

ribavirin
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)
HARVONI (genotypes 1, 4, 5, 6)
VOSEVI²

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
everolimus
imatinib mesylate
lapatinib
sunitinib
ALECENSA
ALUNBRIG
BOSULIF
BRAFTOVI
BRUKINSA
CABOMETYX
CALQUENCE
COPIKTRA
COTELLIC

GAVRETO

IBRANCE
IMBRUVICA
INLYTA
IRESSA
KISQALI
KISQALI FEMARA
CO-PACK
KOSELUGO
LENVIMA
MEKTOVI
NEXAVAR
RETEVMO
ROZLYTREK
RYDAPT
SPRYCEL
STIVARGA
TAGRISSO
VITRAKVI
XOSPATA
ZELBORAF
ZYDELIG
ZYKADIA

MONOCLONAL ANTIBODIES

PERJETA
PHESGO

**MULTIPLE MYELOMA
IMMUNOMODULATORS**
REVLIMID
THALOMID

§ **PROTEASOME
INHIBITORS**

bortezomib
NINLARO

PROSTATE CANCER
§ **LUTEINIZING HORMONE-
RELEASING HORMONE
(LHRH) AGONISTS**
leuprolide acetate
ELIGARD

**LUTEINIZING HORMONE-
RELEASING HORMONE
(LHRH) ANTAGONISTS**
FIRMAGON

§ **MISCELLANEOUS**

bexarotene
ERIVEDGE
LYNPARZA
LYSODREN
MATULANE
ODOMZO
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

**ANTIPARKINSONIAN
AGENTS**
INBRIJA
KYNMOBI

§ **ANTISEIZURE AGENTS**
vigabatrin

§ **MOVEMENT DISORDERS**
tetrabenazine
AUSTEDO
INGREZZA

§ **MULTIPLE SCLEROSIS
AGENTS**

dimethyl fumarate
delayed-rel
 fingolimod
 glatiramer
AUBAGIO
AVONEX
BETASERON
COPAXONE
KESIMPTA
MAYZENT
OCREVUS
REBIF
TYSABRI
VUMERITY
ZEPOSIA

NARCOLEPSY

WAKIX
XYWAV

ENDOCRINE AND METABOLIC

ACROMEGALY
SOMATULINE DEPOT

§ **CALCIUM RECEPTOR
AGONISTS**
cinacalcet

CALCIUM REGULATORS
PARATHYROID HORMONES
FORTEO
TYMLOS

MISCELLANEOUS
PROLIA

**CENTRAL PRECOCIOUS
PUBERTY**
FENSOLVI
LUPRON DEPOT-PED
SUPPRELIN LA
TRIPTODUR

CONTRACEPTIVES
**PROGESTIN INTRAUTERINE
DEVICES**
KYLEENA
MIRENA
SKYLA

FERTILITY REGULATORS
GNRH / LHRH
ANTAGONISTS
CETROTIDE

**OVULATION STIMULANTS,
GONADOTROPINS**
GONAL-F
MENOPUR
OVIDREL

GAUCHER DISEASE
CERDELGA
CEREZYME

**HEREDITARY TYROSINEMIA
TYPE 1 AGENTS**
ORFADIN

**HUMAN GROWTH
HORMONES**
GENOTROPIN
NORDITROPIN

§ **PHENYLKETONURIA
TREATMENT AGENTS**
sapropterin

POLYNEUROPATHY
TEGSEDI

§ **UREA CYCLE DISORDERS**
sodium phenylbutyrate

§ **MISCELLANEOUS**
betaine
carglumic acid
CYSTAGON

GENITOURINARY

§ **MISCELLANEOUS**
tiopronin

HEMATOLOGIC

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

**HEMATOPOIETIC GROWTH
FACTORS**
NIVESTYM
RETACRIT
ZIENTENZO

HEMOPHILIA A AGENTS
ADVATE
ADYNOVATE
AFSTYLA
ELOCTATE
ESPEROCT
JIVI
KOGENATE FS
KOVALTRY
NOVOEIGHT

NUWIQ
XYNTHA

HEMOPHILIA B AGENTS
ALPROLIX
REBINYN

**MISCELLANEOUS
BLEEDING DISORDERS
AGENTS**
NOVOSEVEN RT
SEVENFACT

**PAROXYSMAL NOCTURNAL
HEMOGLOBINURIA (PNH)
AGENTS**
EMPAVELI

SICKLE CELL DISEASE
ENDARI

**THROMBOCYTOPENIA
AGENTS**
DOPTELET
PROMACTA
TAVALISSE

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS
ORALAIR

**AUTOIMMUNE AGENTS
(PHYSICIAN-
ADMINISTERED)**

ILUMYA
REMICADE
SIMPONI ARIA
SKYRIZI INTRAVENOUS
STELARA INTRAVENOUS

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

ANKYLOSING SPONDYLITIS
COSENTYX
ENBREL
HUMIRA
RINVOQ

CROHN'S DISEASE
HUMIRA
SKYRIZI SUBCUTANEOUS
STELARA
SUBCUTANEOUS

**NON-RADIOGRAPHIC AXIAL
SPONDYLOARTHRITIS**
CIMZIA
PREFILLED SYRINGE
COSENTYX
RINVOQ

PSORIASIS
HUMIRA
OTEZLA
SKYRIZI SUBCUTANEOUS

STELARA
SUBCUTANEOUS
TALTZ
TREMIFYA

PSORIATIC ARTHRITIS
COSENTYX
ENBREL
HUMIRA
OTEZLA
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA
SUBCUTANEOUS
TREMIFYA

RHEUMATOID ARTHRITIS
ENBREL
HUMIRA
KEVZARA
ORENCIA CLICKJECT
ORENCIA
SUBCUTANEOUS
RINVOQ
XELJANZ
XELJANZ XR

ULCERATIVE COLITIS
HUMIRA
RINVOQ
STELARA
SUBCUTANEOUS
XELJANZ
XELJANZ XR
ZEPOSIA

ALL OTHER CONDITIONS
ENBREL
HUMIRA

**DISEASE-MODIFYING
ANTIRHEUMATIC DRUGS
(DMARDs)**
RASUVO

§ **HEREDITARY
ANGIOEDEMA**
icatibant
ORLADEYO
RUCONEST
TAKHZYRO

IMMUNOMODULATORS
IMMUNE GLOBULINS
CUTAQUIG

MISCELLANEOUS
ILARIS

IMMUNOSUPPRESSANTS
§ **ANTIMETABOLITES**
mycophenolate mofetil
mycophenolate sodium

§ **CALCINEURIN INHIBITORS**
cyclosporine
cyclosporine, modified
tacrolimus

MONOCLONAL ANTIBODIES
ENSPRYNG

§ RAPAMYCIN DERIVATIVES
everolimus
sirolimus

RESPIRATORY

ALPHA-1 ANTITRYPSIN
DEFICIENCY AGENTS
PROLASTIN-C

§ CYSTIC FIBROSIS
tobramycin
inhalation solution
BETHKIS

§ PULMONARY FIBROSIS
AGENTS
pirfenidone
OFEV

SEVERE ASTHMA AGENTS
DUPIXENT
FASENRA
NUCALA (*except*
lyophilized powder)
TEZSPIRE
XOLAIR

TOPICAL

DERMATOLOGY
ATOPIC DERMATITIS

Injectable
ADBRY
DUPIXENT

Oral
CIBINQO
RINVOQ

MOUTH / THROAT /
DENTAL AGENTS
PROTECTANTS
MUGARD

OPHTHALMIC
RETINAL DISORDERS
EYLEA
LUCENTIS

QUICK REFERENCE DRUG LIST

A

abacavir
abacavir-lamivudine
abiraterone
ADBRY
ADEMPAS
ADVATE
ADYNOVATE
AFSTYLA
ALECENSA
ALPROLIX
ALUNBRIG
ambrisentan
atazanavir
AUBAGIO
AUSTEDO
AVONEX

B

BARACLUE SOLUTION
betaine
BETASERON
BETHKIS
bexarotene
BIKTARVY
bortezomib
bosentan
BOSULIF
BRAFTOVI
BRUKINSA

C

CABOMETYX
CALQUENCE
capecitabine
carglumic acid
CERDELGA
CEREZYME
CETROTIDE
CIBINQO
CIMDUO
CIMZIA
 PREFILLED SYRINGE
cinacalcet
COPAXONE
COPIKTRA
COSENTYX
COTELLIC
CUTAQUIG
cyclosporine
cyclosporine, modified
CYSTAGON

D

deferasirox
deferiprone
deferoxamine
DESCOXY
dimethyl fumarate
delayed-rel
DOPTELET
DOVATO
DUPIXENT
DUROLANE

E

EDURANT
efavirenz
efavirenz-emtricitabine-
tenofovir disoproxil fumarate
efavirenz-lamivudine-
tenofovir disoproxil fumarate
ELIGARD
ELOCTATE
EMPAVELI
emtricitabine-tenofovir
disoproxil fumarate
EMTRIVA
ENBREL
ENDARI
ENSPRYNG
entecavir
EPCLUSA
ERIVEDGE
ERLEADA
ertotinib
ESPEROCT
EUFLEXXA
everolimus
EVOTAZ
EYLEA

F

FASENRA
FENSOLVI
 fingolimod
FIRMAGON
FORTEO
FUZEON

G

GAVRETO
GELSYN-3
GENOTROPIN
GENVOYA

glatiramer
GONAL-F

H

HARVONI
HUMIRA

I

IBRANCE
icatibant
ILARIS
ILUMYA
imatinib mesylate
IMBRUVICA
INBRIJA
INGREZZA
INLYTA
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
LENVIMA
leuprolide acetate
LONSURF
lopinavir-ritonavir
LUCENTIS
LUPRON DEPOT-PED
LYNPARZA
LYSODREN

M

maraviroc
MATULANE

MAYZENT
MEKTOVI
MENOPUR
MIRENA
MUGARD
mycophenolate mofetil
mycophenolate sodium

N

nevirapine
nevirapine ext-rel
NEXAVAR
NINLARO
NIVESTYM
NORDITROPIN
NORVIR
NOVOEIGHT
NOVOSEVEN RT
NUBEQA
NUCALA (*except*
lyophilized powder)
NUVIQ

O

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

P

penicillamine
PERJETA
PHESGO
pirfenidone
PRALUENT
PREZCOBIX
PREZISTA
PROLASTIN-C
PROLIA
PROMACTA

R

RASUVO
REBIF
REBINYN
REMICADE
RETACRIT
RETEVMO
REVLIMID
ribavirin
RINVOQ
ROZLYTREK
RUCONEST
RUXIENCE
RYDAPT

S

sapropterin
SEVENFACT
sildenafil
SIMPONI ARIA
sirolimus
SKYLA
SKYRIZI INTRAVENOUS
SKYRIZI SUBCUTANEOUS
sodium phenylbutyrate
SOMATULINE DEPOT
SPRYCEL
stavudine
STELARA INTRAVENOUS
STELARA
 SUBCUTANEOUS
STIVARGA
sunitinib
SUPARTZ FX
SUPPRELIN LA
SYMTUZA

T

tacrolimus
tadalafil
TAGRISSO
TAKHZYRO
TALTZ
TAVALISSE
TEGSEDI
temozolomide
tenofovir disoproxil fumarate
tetrabenazine
TEZSPIRE
THALOMID
tiopronin
TIVICAY

tobramycin
inhalation solution
TRAZIMERA
TREMIFYA
treprostinil
trientine
TRIPTODUR
TRIUMEQ
TYMLOS
TYSABRI

U

UPTRAVI

V

VEMLIDY
vigabatrin
VISTOGARD
VITRAKVI

VOSEVI²
VUMERITY

W

WAKIX

X

XELJANZ
XELJANZ XR
XOLAIR

XOSPATA
XTANDI
XYNTHA
XYWAV

Y

YONSA

Z

ZEJULA
ZELBORAF
ZEPOSIA
zidovudine
ZIEXTENZO
ZIRABEV
ZOLINZA
ZYDELIG
ZYKADIA

PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS³

DRUG NAME(S)	PREFERRED OPTION(S) ¹	DRUG NAME(S)	PREFERRED OPTION(S) ¹
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA	EPOGEN	RETACRIT
ADCIRCA	<i>sildenafil, tadalafil</i>	ESBRIET	<i>pirfenidone, OFEV</i>
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>	EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>
ALIQOPA	Talk to your doctor	EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
APOKYN	INBRIJA, KYNMOBI	FEIBA	NOVOSEVEN RT, SEVENFACT
APTIVUS	Talk to your doctor	FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
ARALAST NP	PROLASTIN-C	FIRAZYR	<i>icatibant, RUCONEST</i>
ARANESP	RETACRIT	FOLLISTIM AQ	GONAL-F
ARCALYST	ILARIS	FULPHILA	ZIEXTENZO
AVASTIN	ZIRABEV	GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
AVSOLA	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
BARACLUDGE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDGE SOLUTION, VEMLIDY</i>	GLASSIA	PROLASTIN-C
BENEFIX	ALPROLIX, REBINYN	GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
BERINERT	<i>icatibant, RUCONEST</i>	GRANIX	NIVESTYM
BORTEZOMIB	<i>bortezomib, NINLARO</i>	HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDGE SOLUTION, VEMLIDY</i>
BOTOX	Talk to your doctor	HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
BUPHENYL	<i>sodium phenylbutyrate</i>	HUMATROPE	GENOTROPIN, NORDITROPIN
CARBAGLU	<i>carglumic acid</i>	HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
CAYSTON	<i>tobramycin inhalation solution, BETHKIS</i>	ICLUSIG	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
CHORIONIC GONADOTROPIN	OVIDREL	INFLECTRA	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
CIMZIA LYOPHILIZED POWDER	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	IXINITY	ALPROLIX, REBINYN
CINRYZE	ORLADEYO, TAKHZYRO	JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	JUXTAPID	PRALUENT
CUPRIMINE	<i>penicillamine</i>	KORLYM	Talk to your doctor
CYSTADANE	<i>betaine</i>	KUVAN	<i>sapropterin</i>
DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>	KYPROLIS	<i>bortezomib, NINLARO</i>
ELELYSO	CERDELGA, CEREZYME	LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>
ENTYVIO (For Crohn's Disease Only)	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	LEUKINE	NIVESTYM
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDGE SOLUTION, VEMLIDY</i>		

DRUG NAME(S)	PREFERRED OPTION(S) ¹	DRUG NAME(S)	PREFERRED OPTION(S) ¹
LEXIVA	atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA	SOMAVERT	SOMATULINE DEPOT
LILETTA	KYLEENA, MIRENA, SKYLA	STRIBILD	efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
LUPRON DEPOT	ELIGARD, FIRMAGON	SUTENT	sunitinib, CABOMETYX, INLYTA, LENVIMA, NEXAVAR
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²	SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
MEKINIST	COTELLIC, MEKTOVI	SYPRINE	trientine
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	TAFINLAR	BRAFTOVI, ZELBORAF
NEULASTA, NEULASTA ONPRO	ZIEXTENZO	TARGRETIN	bexarotene
NEUPOGEN	NIVESTYM	TASIGNA	imatinib mesylate, BOSULIF, SPRYCEL
NEXTERONE	amiodarone	TECFIDERA	dimethyl fumarate delayed-rel, fingolimod, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
NITYR	ORFADIN	THIOLA, THIOLA EC	tiopronin
NORTHERA	midodrine	TOBI, TOBI PODHALER	tobramycin inhalation solution, BETHKIS
NOVAREL	OVIDREL	TRACLEER	ambrisentan, bosentan, OPSUMIT
NPLATE	DOPTELET, PROMACTA, TAVALISSE	TRELSTAR MIXJECT	ELIGARD, FIRMAGON
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR	TRUVADA	abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY
NUTROPIN AQ	GENOTROPIN, NORDITROPIN	TRUXIMA	RUXIENCE
OMNITROPE	GENOTROPIN, NORDITROPIN	TYVASO DPI	Talk to your doctor
ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA	UDENYCA	ZIEXTENZO
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	VIKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
OTREXUP	RASUVO	VIRACEPT	atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA
PEGASYS	Talk to your doctor	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
PREGNYL	OVIDREL	VOTRIENT	sunitinib, CABOMETYX, INLYTA, LENVIMA, NEXAVAR
PROCRIT	RETACRIT	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
PROCYSBI	CYSTAGON	XENAZINE	tetrabenazine, AUSTEDO
RAVICTI	sodium phenylbutyrate	ZARXIO	NIVESTYM
REMODULIN	treprostinil	ZEMAIRA	PROLASTIN-C
RENFLEXIS	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
REPATHA	PRALUENT	ZOLADEX	ELIGARD, FIRMAGON, ORLISSA
REVATIO	sildenafil, tadalafil	ZYTIGA	abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA
RIABNI	RUXIENCE		
RITUXAN	RUXIENCE		
RIXUBIS	ALPROLIX, REBINYN		
RUBRACA	LYNPARZA, ZEJULA		
SABRIL	vigabatrin		
SAIZEN	GENOTROPIN, NORDITROPIN		
SANDOSTATIN LAR	SOMATULINE DEPOT		
SELZENTRY	maraviroc		
SIGNIFOR LAR	SOMATULINE DEPOT		

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

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
ANKYLOSING SPONDYLITIS	SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA RINVOQ
CROHN'S DISEASE	None	HUMIRA SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX RINVOQ
PSORIASIS	COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TALTZ TREMIFYA
PSORIATIC ARTHRITIS	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMIFYA
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	SIMPONI	HUMIRA RINVOQ STELARA SUBCUTANEOUS XELJANZ XELJANZ XR ZEPOSIA
ALL OTHER CONDITIONS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL 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.

† The preferred options in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.

¹ 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.

² 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).

³ An exception process is in place for specific clinical or regulatory circumstances that may require coverage of an excluded medication.

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