

# Advanced Control Specialty Formulary<sup>®</sup>

The **CVS Caremark<sup>®</sup> Advanced Control Specialty Formulary<sup>®</sup>** 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 copay<sup>1</sup> 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

SYMTUZA  
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*

##### § HEPATITIS C AGENTS

*ribavirin*  
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)  
HARVONI (genotypes 1, 4, 5, 6)  
VOSEVI<sup>2</sup>

### 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

**§ MISCELLANEOUS**

*bexarotene*  
ERIVEDGE  
LYNPARZA  
LYSODREN  
MATULANE  
ODOMZO  
VISTOGARD  
ZEJULA  
ZOLINZA

**CARDIOVASCULAR****ANTILIPEMICS**

PCSK9 INHIBITORS  
REPATHA

**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  
AUSTEDO XR  
INGREZZA

**§ MULTIPLE SCLEROSIS AGENTS**

*dimethyl fumarate*  
*delayed-rel*

*fingolimod*  
 *glatiramer*  
 *teriflunomide*

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**

ARANESP  
NIVESTYM  
PROCRIT  
RETACRIT  
ZIEXTENZO

**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  
RINVOQ  
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  
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  
**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*  
ARANESP  
*atazanavir*  
AUSTEDO  
AUSTEDO XR  
AVONEX

### B

*betaine*  
BETASERON  
*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*  
DESCOVY  
*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  
*figolimod*  
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*  
PREZCOBIX  
PREZISTA  
PROCRIT  
PROLASTIN-C  
PROLIA  
PROMACTA

### R

RASUVO  
REBIF  
REBINYN  
REMICADE  
REPATHA  
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  
SYM TUZA

**T**  
*tacrolimus*  
*tadalafil*  
 TAGRISSO  
 TAKHZYRO  
 TALTZ  
 TAVALISSE  
 TEGSEDI  
*temozolomide*  
*tenofovir disoproxil fumarate*  
*teriflunomide*  
*tetrabenazine*  
 TEZSPIRE

THALOMID  
*tiopronin*  
 TIVICAY  
*tobramycin*  
*inhalation solution*  
 TRAZIMERA  
 TREMFYA  
*treprostinil*  
*trientine*  
 TRIPTODUR  
 TRIUMEQ  
 TYMLOS  
 TYSABRI

**U**  
 UPTRAVI  


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**V**  
*vigabatrin*  
 VISTOGARD  
 VITRAKVI  
 VOSEVI<sup>2</sup>  
 VUMERITY  


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**W**  
 WAKIX

**X**  
 XELJANZ  
 XELJANZ XR  
 XOLAIR  
 XOSPATA  
 XTANDI  
 XYNTHA  
 XYWAV  


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**Y**  
 YONSA

**Z**  
 ZEJULA  
 ZELBORAF  
 ZEMAIRA  
 ZEPOSIA  
*zidovudine*  
 ZIEXTENZO  
 ZIRABEV  
 ZOLINZA  
 ZYDELIG  
 ZYKADIA

**PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS <sup>3</sup>**

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

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DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
IXINITY	ALPROLIX, REBINYN	RENFLEXIS	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
JADENU	<i>deferiasirox, deferiprone, deferoxamine</i>	REVIATIO	<i>sildenafil, tadalafil</i>
JUXTAPID	REPATHA	RIABNI	RUXIENCE
JYNARQUE	Talk to your doctor	RITUXAN	RUXIENCE
KITABIS PAK	<i>tobramycin inhalation solution</i>	RIXUBIS	ALPROLIX, REBINYN
KORLYM	Talk to your doctor	RUBRACA	LYNPARZA, ZEJULA
KUVAN	<i>sapropterin</i>	SABRIL	<i>vigabatrin</i>
KYPROLIS	<i>bortezomib, NINLARO</i>	SAIZEN	GENOTROPIN, NORDITROPIN
LEMTRADA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	SANDOSTATIN LAR	SOMATULINE DEPOT
LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>	SELZENTRY	<i>maraviroc</i>
LEUKINE	NIVESTYM	SIGNIFOR LAR	SOMATULINE DEPOT
LEXIVA	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>	SOMAVERT	SOMATULINE DEPOT
LILETTA	KYLEENA, MIRENA, SKYLA	STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
LUPRON DEPOT	ELIGARD	SUTENT	<i>unitinib, CABOMETYX, INLYTA, LENVIMA, NEXAVAR</i>
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>	SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
MEKINIST	COTELLIC, MEKTOVI	SYPRINE	<i>trientine</i>
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	TAFINLAR	BRAFTOVI, ZELBORAF
NEULASTA, NEULASTA ONPRO	ZIEXTENZO	TARGRETIN	<i>bexarotene</i>
NEUPOGEN	NIVESTYM	TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
NEXTERONE	<i>amiodarone</i>	TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
NITYR	ORFADIN	THIOLA, THIOLA EC	<i>tiopronin</i>
NORTHERA	<i>midodrine</i>	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>
NOVAREL	OVIDREL	TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
NPLATE	DOPTELET, PROMACTA, TAVALISSE	TRELSTAR MIXJECT	ELIGARD
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>
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	VEMLIDY	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>
OTREXUP	RASUVO		
PEGASYS	Talk to your doctor		
PRALUENT	REPATHA		
PREGNYL	OVIDREL		
PROCYSBI	CYSTAGON		
RAVICTI	<i>sodium phenylbutyrate</i>		
REMODULIN	<i>treprostinil</i>		

DRUG NAME(S)	PREFERRED OPTION(S):	DRUG NAME(S)	PREFERRED OPTION(S):
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)	XENAZINE	<i>tetrabenazine</i> , AUSTEDO, AUSTEDO XR
VIRACEPT	<i>atazanavir</i> , <i>lopinavir-ritonavir</i> , EVOTAZ, PREZCOBIX, PREZISTA	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>sunitinib</i> , CABOMETYX, INLYTA, LENVIMA, NEXAVAR	ZOLADEX	ELIGARD, ORLISSA
XALKORI	ALECENSA, ALUNBRIG, ZYKADIA	ZYTIGA	<i>abiraterone</i> , <i>bicalutamide</i> , ERLEADA, XTANDI, YONSA

**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 RINVOQ 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.

<sup>1</sup> 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.

<sup>2</sup> 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).

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

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