



# 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 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  
EUFLEXA  
GELSYN-3  
SUPARTZ FX

## ANTI-INFECTIVES

### ANTIRETROVIRAL AGENTS

*abacavir*  
*atazanavir*  
*darunavir*  
*efavirenz*  
*emtricitabine*  
*etravirine*  
*lamivudine*  
*maraviroc*  
*nevirapine*  
*nevirapine ext-rel*  
*ritonavir*  
*tenofovir disoproxil fumarate*  
*zidovudine*  
APRETUDE  
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

## ANTINEOPLASTIC AGENTS

### ALKYLATING AGENTS

*temozolomide*

### ANTIMETABOLITES

*capecitabine*  
LONSURF

### BIOLOGIC RESPONSE MODIFIERS

BESREMI  
ERIVEDGE  
REVLIMID  
THALOMID

### BIOSIMILARS

KANJINTI  
RUXIENCE  
TRAZIMERA  
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  
OPSYNVI  
ORENITRAM  
TADLIQ  
TYVASO  
TYVASO DPI  
UPTRAVI

## CENTRAL NERVOUS SYSTEM

### AMYOTROPHIC LATERAL SCLEROSIS (ALS)

RADICAVA ORS

### ANTIDEPRESSANTS

ZURZUVAE

### ANTIPARKINSONIAN AGENTS

INBRIJA

### ANTISEIZURE AGENTS

*vigabatrin*

### BOTULINUM TOXINS

DAXXIFY  
XEOMIN

### MISCELLANEOUS

ENSPRYNG  
VYVGART  
VYVGART HYTRULO

### MOVEMENT DISORDERS

*tetrabenazine*  
AUSTEDO  
AUSTEDO XR  
INGREZZA

### MULTIPLE SCLEROSIS AGENTS

*dimethyl fumarate delayed-rel*  
*fingolimod*  
*glatiramer*

*teriflunomide*  
AVONEX  
BAFIERTAM  
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  
TRIPTODUR

#### **CHELATING AGENTS**

*deferasirox*  
*deferiprone*  
*deferoxamine*  
*penicillamine*  
*trientine*

#### **CONTRACEPTIVES**

KYLEENA  
MIRENA  
SKYLA

#### **FERTILITY REGULATORS**

*cetrotrelax acetate*  
FOLLISTIM AQ  
GANIRELIX ACETATE  
MENOPUR  
PREGNYL

#### **HEREDITARY TYROSINEMIA TYPE 1 AGENTS**

ORFADIN

#### **HUMAN GROWTH HORMONES**

HUMATROPE  
NORDITROPIN  
SOGROYA

#### **LYSOSOMAL STORAGE DISORDERS**

NEXVIAZYME

#### **LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE**

ELFABRIO  
FABRAZYME  
GALAFOLD

#### **LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE**

CERDELGA  
CEREZYME

#### **MISCELLANEOUS**

*betaine*  
*sapropterin*  
CYSTAGON

#### **POLYNEUROPATHY**

TEGSEDI

#### **UREA CYCLE DISORDER**

*carglumic acid*  
*sodium phenylbutyrate*  
PHEBURANE

### **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  
ALTUVIIIQ  
ELOCTATE  
ESPEROCT  
JIVI  
KOGENATE FS  
KOVALTRY  
NOVOEIGHT  
NUWIQ  
XYNTHA

#### **HEMOPHILIA B AGENTS**

ALPROLIX  
BENEFIX  
REBINYN

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

EMPAVELI

#### **SICKLE CELL DISEASE**

ENDARI

#### **THROMBOCYTOPENIA AGENTS**

ALVAIZ  
DOPTELET

### **IMMUNOLOGIC AGENTS**

#### **ALLERGENIC EXTRACTS**

ORALAIR

#### **ALOPECIA AREATA**

LITFULO

#### **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  
BIMZELX  
HYRIMOZ  
OTEZLA  
SKYRIZI SUBCUTANEOUS  
SOTYKTU  
STELARA SUBCUTANEOUS  
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  
TREMIFYA  
VELSIPITY

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*

**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  
ALTUVIIIIO  
ALUNBRIG  
ALVAIZ  
*ambrisentan*  
APRETUDE  
ARANESP  
*atazanavir*  
AUGTYRO  
AUSTEDO  
AUSTEDO XR  
AVONEX  
AVSOLA

**B**

BAFIERTAM  
BENEFIX  
BESREMI  
*betaine*

BETASERON  
*bexarotene*  
BIKTARVY  
BIMZELX  
*bortezomib*  
*bosentan*  
BOSULIF  
BRAFTOVI  
BRUKINSA  
BYOOVIZ

**C**

CABENUVA  
CABOMETYX  
CALQUENCE  
*capecitabine*  
*carglumic acid*  
CERDELGA  
CEREZYME  
*cetorelix acetate*  
CIBINQO  
CIMDUO  
CIMERLI  
CIMZIA PREFILLED SYRINGE  
*cinacalcet*  
COPAXONE 40 MG/ML  
COPIKTRA  
COSENTYX  
COTELLIC  
CUTAQUIG  
*cyclosporine*

*cyclosporine modified*  
CYSTAGON

**D**

*darunavir*  
DAXXIFY  
*deferasirox*  
*deferiprone*  
*deferoxamine*  
DESCOVY  
*dimethyl fumarate delayed-  
rel*  
DOPTELET  
DOVATO  
DUPIXENT  
DUPIXENT  
DUROLANE

**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*

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**H**

HARVONI (genotypes 1, 4, 5, 6)  
HUMATROPE  
HYRIMOZ

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**I**

IBRANCE  
*icatibant*  
ILUMYA  
*imatinib mesylate*  
INBRIJA  
INGREZZA  
INLYTA  
ISENTRESS

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**J**

JIVI

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**K**

KANJINTI  
KESIMPTA  
KEVZARA  
KISQALI  
KISQALI FEMARA CO-PACK  
KOGENATE FS  
KOSELUGO  
KOVALTRY  
KRAZATI  
KYLEENA

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**L**

*lamivudine*  
*lamivudine*  
*lamivudine-zidovudine*  
*lapatinib*  
LENVIMA  
*leuprolide acetate*  
LITFULO  
LONSURF  
*lopinavir-ritonavir*  
LUMAKRAS  
LUMRYZ  
LUPRON DEPOT-PED  
LYNPARZA

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**M**

*maraviroc*  
MAYZENT  
MEKTOVI  
MENOPUR  
*mifepristone*

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MIRENA  
MUGARD  
*mycophenolate mofetil*  
*mycophenolate sodium*

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**N**

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

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**O**

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

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**P**

*pazopanib*  
*penicillamine*  
PERJETA  
PHEBURANE  
PHESGO  
*pirfenidone*  
PREGNYL  
PROCRIT  
PROLASTIN-C  
PROLIA

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**R**

RADICAVA ORS  
RASUVO  
REBIF  
REBINYN  
REMICADE

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REPATHA  
RETACRIT  
RETEVMO  
REVLIMID  
*ribavirin*  
RINVOQ  
*ritonavir*  
ROZLYTREK  
RUCONEST  
RUXIENCE  
RYDAPT

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**S**

*sapropterin*  
SEVENFACT  
*sildenafil*  
SIMPONI ARIA  
*sirolimus*  
SKYLA  
SKYRIZI INTRAVENOUS  
SKYRIZI SUBCUTANEOUS  
*sodium phenylbutyrate*  
SOGOYA  
SOMATULINE DEPOT  
*sorafenib*  
SOTYKTU  
SPRYCEL  
STELARA INTRAVENOUS  
STELARA SUBCUTANEOUS  
STIVARGA  
*sunitinib*  
SUPARTZ FX  
SUPPRELIN LA  
SYM TUZA

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**T**

*tacrolimus*  
*tadalafil*  
TADLIQ  
TAGRISSO  
TAKHZYRO  
TEGSEDI  
*temozolomide*  
*tenofovir disoproxil fumarate*  
*teriflunomide*  
*teriparatide*  
*tetrabenazine*  
TEZSPIRE  
THALOMID  
*tiopronin*  
*tiopronin delayed-rel*  
TIVICAY

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*tobramycin inhalation solution*  
TRAZIMERA  
TREMIFYA  
*treprostinil*  
*trientine*  
TRIPTODUR  
TRIUMEQ  
TYMLOS  
TYSABRI  
TYVASO  
TYVASO DPI

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**U**

UPTRAVI

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**V**

VELSIPITY  
VEMLIDY  
*vigabatrin*  
VISTOGARD  
VITRAKVI  
VOSEVI  
VUMERITY  
VYVGART  
VYVGART HYTRULO

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**W**

WAKIX

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**X**

XELJANZ  
XELJANZ XR  
XEOMIN  
XOLAIR  
XOSPATA  
XTANDI  
XYNTHA  
XYWAV

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**Y**

YONSA

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**Z**

ZEJULA  
ZELBORAF  
ZEMAIRA  
ZEPOSIA  
*zidovudine*  
ZIRABEV  
ZURZUVAE  
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	CHORIONIC GONADOTROPIN	PREGNYL
ADCIRCA	<i>sildenafil, tadalafil, TADLIQ</i>	CIMZIA LYOPHILIZED POWDER	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>	CINRYZE	ORLADEYO, TAKHZYRO
ALIQOPA	Talk to your doctor	COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine- tenofovir disoproxil fumarate, BIKTARVY, CABENUVA, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
APOKYN	INBRIJA	COPAXONE 20 MG/ML	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
APTIVUS	Talk to your doctor	CUPRIMINE	<i>penicillamine</i>
ARALAST NP	PROLASTIN-C, ZEMAIRA	CYSTADANE	<i>betaine</i>
ARCALYST	Talk to your doctor	DEFERFERAL	<i>deferasirox, deferiprone, deferoxamine</i>
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	DIACOMIT	Talk to your doctor
AVASTIN	ZIRABEV	DYSPORT	DAXXIFY, XEOMIN
BARACLUDGE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, VEMLIDY</i>	EDURANT	<i>efavirenz</i>
BERINERT	<i>icatibant, RUCONEST</i>	ELELYSO	CERDELGA, CEREZYME
BETHKIS	<i>tobramycin inhalation solution</i>	ENTYVIO INTRAVENOUS (For Crohn's Disease Only)	AVSOLA, REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
BORTEZOMIB	<i>bortezomib, NINLARO</i>	EPOGEN	ARANESP, PROCRIT, RETACRIT
BOTOX	AJOVY, DAXXIFY, EMGALITY, QULIPTA, XEOMIN	ESBRIET	<i>pirfenidone, OFEV</i>
BUPHENYL	<i>sodium phenylbutyrate, PHEBURANE</i>	EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>
CARBAGLU	<i>carglumic acid</i>		
CAYSTON	<i>tobramycin inhalation solution</i>		
CETROTIDE	<i>cetrotrelis acetate, GANIRELIX ACETATE</i>		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	HYQVIA	CUTAQUIG
EYLEA	BYOOVIZ, CIMERLI	ICLUSIG	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
FEIBA	NOVOSEVEN RT, SEVENFACT	IMBRUVICA	BRUKINSA, CALQUENCE
FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>	INFLECTRA	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
FINTEPLA	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, topiramate ext-rel</i>	INTELENCE	<i>etravirine</i>
FIRAZYR	<i>icatibant, RUCONEST</i>	IRESSA	<i>erlotinib, gefitinib</i>
FIRMAGON	ELIGARD	IXINITY	ALPROLIX, BENEFIX, REBINYN
FULPHILA	FYLNETRA, NYVEPRIA	JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
<i>Fyremadel</i>	<i>cetrotrelax acetate, GANIRELIX ACETATE</i>	JAKAFI (For Polycythemia Vera Only)	BESREMI
<i>ganirelix acetate</i>	<i>cetrotrelax acetate, GANIRELIX ACETATE</i>	JUXTAPID	REPATHA
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	JYNARQUE	Talk to your doctor
GENOTROPIN	HUMATROPE, NORDITROPIN, SOGROYA	KALETRA	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	KITABIS PAK	<i>tobramycin inhalation solution</i>
GLASSIA	PROLASTIN-C, ZEMAIRA	KORLYM	<i>mifepristone</i>
GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>	KUVAN	<i>sapropterin</i>
GONAL-F	FOLLISTIM AQ	KYPROLIS	<i>bortezomib, NINLARO</i>
GRANIX	NIVESTYM	LEMTRADA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA	LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>
HERZUMA	KANJINTI, TRAZIMERA	LEUKINE	NIVESTYM
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	LILETTA	KYLEENA, MIRENA, SKYLA
		LUCENTIS	BYOOVIZ, CIMERLI
		LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG	ELIGARD

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI	PRALUENT	REPATHA
MEKINIST TABLET	COTELLIC, MEKTOVI	PREZISTA	<i>atazanavir, darunavir</i>
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	PROCYSBI	CYSTAGON
MULPLETA	DOPTELET	PROMACTA	ALVAIZ, DOPTELET
MYOBLOC	DAXXIFY, XEOMIN	RAVICTI	<i>sodium phenylbutyrate, PHEBURANE</i>
NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA	REMODULIN	<i>treprostinil</i>
NEUPOGEN	NIVESTYM	RENFLEXIS	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
NEXAVAR	<i>pazopanib, sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>	REVATIO	<i>sildenafil, tadalafil, TADLIQ</i>
NEXTERONE	<i>amiodarone</i>	REYATAZ	<i>atazanavir, darunavir</i>
NITYR	ORFADIN	RIABNI	RUXIENCE
NORTHERA	<i>midodrine</i>	RITUXAN	RUXIENCE
NORVIR	<i>ritonavir</i>	RIXUBIS	ALPROLIX, BENEFIX, REBINYN
NOVAREL	PREGNYL	RUBRACA	LYNPARZA, ZEJULA
NPLATE	ALVAIZ, DOPTELET	SABRIL	<i>vigabatrin</i>
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR	SAIZEN	HUMATROPE, NORDITROPIN, SOGROYA
NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA	SANDOSTATIN LAR	SOMATULINE DEPOT
OCTAGAM	Talk to your doctor	SELZENTRY	<i>maraviroc</i>
OGIVRI	KANJINTI, TRAZIMERA	SIGNIFOR LAR	SOMATULINE DEPOT
OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA	SOLIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYTRULO
ORENCIA INTRAVENOUS	AVSOLA, REMICADE, SIMPONI ARIA	SOMAVERT	SOMATULINE DEPOT
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, CABENUVA, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
OTREXUP	RASUVO	SUTENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
OVIDREL	PREGNYL	SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
PEGASYS	Talk to your doctor		



DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
SYPRINE	<i>trientine</i>	ULTOMIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYTRULO
TAFINLAR CAPSULE	BRAFTOVI, ZELBORAF	VIRACEPT	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
TARGRETIN	<i>bexarotene</i>	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL	VOTRIENT	<i>pazopanib, sunitinib</i> , CABOMETYX, INLYTA, LENVIMA
TAVALISSE	ALVAIZ, DOPTLET	VPRIV	CERDELGA, CEREZYME
TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	XALKORI CAPSULE	ALECENSA, ALUNBRIG, AUGTYRO, ZYKADIA
THIOLA	<i>tiopronin</i>	XENAZINE	<i>tetrabenazine</i> , AUSTEDO, AUSTEDO XR, INGREZZA
THIOLA EC	<i>tiopronin delayed-rel</i>	XYREM	LUMRYZ, WAKIX, XYWAV
TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>	ZARXIO	NIVESTYM
TRACLEER	<i>ambrisentan, bosentan</i> , OPSUMIT	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
TRELSTAR MIXJECT	ELIGARD	ZIEXTENZO	FYLNETRA, NYVEPRIA
TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine</i> , APRETUDE, CIMDUO, DESCOVY	ZOLADEX	ELIGARD, ORLISSA
TRUXIMA	RUXIENCE	ZYTIGA	<i>abiraterone, bicalutamide</i> , ERLEADA, NUBEQA, XTANDI, YONSA
UDENYCA	FYLNETRA, NYVEPRIA		

**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 HUMIRA SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HYRIMOZ RINVOQ
<b>CROHN'S DISEASE</b>	AMJEVITA HUMIRA	ADALIMUMAB-ADAZ HYRIMOZ RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
<b>NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS</b>	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX RINVOQ
<b>PSORIASIS</b>	AMJEVITA COSENTYX ENBREL HUMIRA TALTZ	ADALIMUMAB-ADAZ BIMZELX HYRIMOZ OTEZLA SKYRIZI SUBCUTANEOUS SOTYKTU STELARA SUBCUTANEOUS TREMIFYA
<b>PSORIATIC ARTHRITIS</b>	AMJEVITA HUMIRA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HYRIMOZ OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMIFYA
<b>RHEUMATOID ARTHRITIS</b>	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
<b>ULCERATIVE COLITIS</b>	AMJEVITA HUMIRA SIMPONI	ADALIMUMAB-ADAZ HYRIMOZ RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMFYA VELSIPTITY XELJANZ XELJANZ XR ZEPOSIA
<b>ALL OTHER CONDITIONS</b>	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.

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