April 2023

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 copay[1] 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** 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** to check coverage and copay information for a specific medicine.

ANALGESICS

VISCOSUPPLEMENTS

DUROLANE
EUFLEXXA
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
BARACLUDE SOLUTION
VEMLIDY

§ HEPATITIS C AGENTS

ribavirin
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)
HARVONI (genotypes 1, 4, 5, 6)
VOSEVI [2]

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
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
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS

NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS
CIMZIA PREFILLED SYRINGE
COSENTYX
RINVOQ

PSORIASIS
HUMIRA
OTEZLA
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS
TALTZ
TREMFYA

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

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
BARACLUDE 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
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
erlotinib
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*)
NUWIQ

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

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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
TREMFYA
treprostinil
trientine
TRIPTODUR
TRIUMEQ
TYMLOS
TYSABRI

U

UPTRAVI

V

VEMLIDY
vigabatrin
VISTOGARD
VITRAKVI
VOSEVI [2]
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 MEDICATIONS [3]

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

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DRUG NAME(S)	PREFERRED OPTION(S)†
	SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
IXINITY	ALPROLIX, REBINYN
JADENU	*deferasirox, deferiprone, deferoxamine*
JUXTAPID	PRALUENT
KORLYM	Talk to your doctor
KUVAN	*sapropterin*
KYPROLIS	*bortezomib,* NINLARO
LETAIRIS	*ambrisentan, bosentan*, OPSUMIT
LEUKINE	NIVESTYM
LEXIVA	*atazanavir, lopinavir-ritonavir,* EVOTAZ, PREZCOBIX, PREZISTA
LILETTA	KYLEENA, MIRENA, SKYLA
LUPRON DEPOT	ELIGARD, FIRMAGON
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI [2]
MEKINIST	COTELLIC, MEKTOVI
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
NEULASTA, NEULASTA ONPRO	ZIEXTENZO
NEUPOGEN	NIVESTYM
NEXTERONE	*amiodarone*
NITYR	ORFADIN
NORTHERA	*midodrine*
NOVAREL	OVIDREL
NPLATE	DOPTELET, PROMACTA, TAVALISSE
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR
NUTROPIN AQ	GENOTROPIN, NORDITROPIN
OMNITROPE	GENOTROPIN, NORDITROPIN
ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
OTREXUP	RASUVO
PEGASYS	Talk to your doctor
PREGNYL	OVIDREL
PROCRIT	RETACRIT
PROCYSBI	CYSTAGON
RAVICTI	*sodium phenylbutyrate*
REMODULIN	*treprostinil*
RENFLEXIS	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
REPATHA	PRALUENT
REVATIO	*sildenafil, tadalafil*
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
SOMAVERT	SOMATULINE DEPOT
STRIBILD	*efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate,* BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
SUTENT	*sunitinib,* CABOMETYX, INLYTA, LENVIMA, NEXAVAR
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
SYPRINE	*trientine*
TAFINLAR	BRAFTOVI, ZELBORAF
TARGRETIN	*bexarotene*
TASIGNA	*imatinib mesylate,* BOSULIF, SPRYCEL
TECFIDERA	*dimethyl fumarate delayed-rel, fingolimod, glatiramer,* AUBAGIO, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
THIOLA, THIOLA EC	*tiopronin*
TOBI, TOBI PODHALER	*tobramycin inhalation solution,* BETHKIS
TRACLEER	*ambrisentan, bosentan,* OPSUMIT
TRELSTAR MIXJECT	ELIGARD, FIRMAGON
TRUVADA	*abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine,* CIMDUO, DESCOVY
TRUXIMA	RUXIENCE
TYVASO DPI	Talk to your doctor
UDENYCA	ZIEXTENZO
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
VIRACEPT	*atazanavir, lopinavir-ritonavir,* EVOTAZ, PREZCOBIX, PREZISTA
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
VOTRIENT	*sunitinib,* CABOMETYX, INLYTA, LENVIMA, NEXAVAR
XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
XENAZINE	*tetrabenazine,* AUSTEDO
ZARXIO	NIVESTYM
ZEMAIRA	PROLASTIN-C
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
ZOLADEX	ELIGARD, FIRMAGON, ORILISSA
ZYTIGA	*abiraterone, bicalutamide,* 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 SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX RINVOQ
PSORIASIS	COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TALTZ TREMFYA
PSORIATIC ARTHRITIS	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMFYA
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

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit Caremark.com or contact a CVS Caremark Customer Care representative.

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** 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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