



# 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  
EUFLEXXA  
GELSYN-3  
ORTHOVISC

## 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-rilpivirine-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*

### 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

*lenalidomide*  
ERIVEDGE  
THALOMID

### BIOSIMILARS

KANJINTI  
RUXIENCE  
TRAZIMERA  
ZIRABEV

### HORMONAL ANTINEOPLASTIC AGENTS

*abiraterone*  
*leuprolide acetate*  
ELIGARD  
ERLEADA  
NUBEQA  
XTANDI  
YONSA

### KINASE INHIBITORS

*dasatinib*  
*erlotinib*  
*everolimus*  
*gefitinib*  
*imatinib mesylate*  
*lapatinib*  
*nilotinib*  
*pazopanib*

*sorafenib*  
*sunitinib*  
ALECENSA  
ALUNBRIG  
AUGTYRO  
BOSULIF  
BRAFTOVI  
BRUKINSA  
CABOMETYX  
CALQUENCE  
GAVRETO  
GOMEKLI  
IBRANCE  
IBTROZI  
INLYTA  
JAKAFI  
KISQALI  
KISQALI FEMARA CO-PACK  
KOSELUGO  
LENVIMA  
MEKINIST  
MEKTOVI  
PIQRAY  
RETEVMO  
ROZLYTREK  
RYDAPT  
SCSEMBLIX  
STIVARGA  
TAFINLAR  
TAGRISSO  
TRUQAP  
VITRAKVI  
XOSPATA  
ZYKADIA

### MISCELLANEOUS

*bexarotene*  
KRAZATI  
LUMAKRAS  
LYNPARZA  
ODOMZO  
VISTOGARD  
ZEJULA

### MONOCLONAL ANTIBODIES

PHESGO

### POLYCYTHEMIA VERA

BESREMI  
JAKAFI

### PROTEASOME INHIBITORS

*bortezomib*

NINLARO

## CARDIOVASCULAR

### ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA

### MISCELLANEOUS

VYNDAMAX

### PULMONARY ARTERIAL HYPERTENSION

*ambrisentan*  
*bosentan*  
*sildenafil*  
*tadalafil*  
*treprostinil*  
ADEMPAS  
OPSUMIT  
OPSYNVI  
ORENITRAM  
TADLIQ  
TYVASO  
TYVASO DPI  
UPTRAVI  
YUTREPIA

## CENTRAL NERVOUS SYSTEM

### AMYOTROPHIC LATERAL SCLEROSIS (ALS)

RADICAVA ORS

### ANTIDEPRESSANTS

ZURZUVAE

### ANTIPARKINSONIAN AGENTS

INBRIJA

### ANTISEIZURE AGENTS

*vigabatrin*

### BOTULINUM TOXINS

DAXXIFY  
DYSPORT  
XEOMIN

### MISCELLANEOUS

ENSPRYNG

## MOVEMENT DISORDERS

tetrabenazine  
AUSTEDO  
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

## MYASTHENIA GRAVIS

VYVGART  
VYVGART HYTRULO

## NARCOLEPSY/CATAPLEXY

LUMRYZ  
WAKIX  
XYWAV

## ENDOCRINE AND METABOLIC

### ACROMEGALY

octreotide acetate kit  
SOMATULINE DEPOT

### CALCIUM RECEPTOR AGONISTS

cinacalcet

### CALCIUM REGULATORS, MISCELLANEOUS

OSENVELT  
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

cetrotorelix acetate  
FOLLISTIM AQ  
GANIRELIX ACETATE  
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  
mifepristone  
sapropterin  
tolvaptan  
CYSTAGON

## UREA CYCLE DISORDER

carglumic acid  
sodium phenylbutyrate  
PHEBURANE

## GASTROINTESTINAL

## EOSINOPHILIC ESOPHAGITIS

DUPIXENT

## MISCELLANEOUS

IQIRVO

## GENITOURINARY

## MISCELLANEOUS

tiopronin  
tiopronin delayed-rel  
FILSPARI  
VANRAFIA

## HEMATOLOGIC

## BLEEDING DISORDERS AGENTS

NOVOSEVEN RT  
SEVENFACT  
WILATE

## HEMATOPOIETIC GROWTH FACTORS

ARANESP  
FULPHILA  
NIVESTYM  
NYVEPRIA  
PROCRIT  
RETACRIT

## HEMOPHILIA A AGENTS

ADVATE  
ADYNOVATE  
AFSTYLA  
ALTUVIIIIO  
ELOCTATE  
ESPEROCT  
JIVI  
KOGENATE FS  
KOVALTRY  
NOVOEIGHT  
NUWIQ  
XYNTHA

## HEMOPHILIA B AGENTS

BENEFIX  
REBINYN

## PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

EMPAVELI

## SICKLE CELL DISEASE

ENDARI

## THROMBOCYTOPENIA AGENTS

ALVAIZ  
DOPTELET

## IMMUNOLOGIC AGENTS

### ALLERGENIC EXTRACTS

ORALAIR

### ALOPECIA AREATA

LITFULO  
OLUMIANT

### AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)

AVSOLA  
ILUMYA  
PYZCHIVA INTRAVENOUS  
REMICADE  
SIMPONI ARIA  
SKYRIZI INTRAVENOUS  
STELARA INTRAVENOUS  
TREMIFYA INTRAVENOUS  
YESINTEK INTRAVENOUS

### AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS

ADALIMUMAB-ADAZ  
ADALIMUMAB-FKJP  
ENBREL  
HYRIMOZ (except NDCs  
61314-XXXX-XX)

### AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS

ADALIMUMAB-ADAZ  
ADALIMUMAB-FKJP  
COSENTYX SUBCUTANEOUS  
ENBREL  
HYRIMOZ (except NDCs  
61314-XXXX-XX)  
RINVOQ

### AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE

ADALIMUMAB-ADAZ  
ADALIMUMAB-FKJP  
ENTYVIO SUBCUTANEOUS  
HYRIMOZ (except NDCs  
61314-XXXX-XX)  
PYZCHIVA SUBCUTANEOUS  
RINVOQ  
SKYRIZI SUBCUTANEOUS  
STELARA SUBCUTANEOUS

TREMFYA SUBCUTANEOUS  
YESINTEK SUBCUTANEOUS

**AUTOIMMUNE AGENTS  
(SELF-ADMINISTERED),  
HIDRADENITIS  
SUPPURATIVA**

ADALIMUMAB-ADAZ  
ADALIMUMAB-FKJP  
COSENTYX SUBCUTANEOUS  
HYRIMOZ (except NDCs  
61314-XXXX-XX)

**AUTOIMMUNE AGENTS  
(SELF-ADMINISTERED),  
NON-RADIOGRAPHIC AXIAL  
SPONDYLOARTHRITIS**

CIMZIA PREFILLED SYRINGE  
COSENTYX SUBCUTANEOUS  
RINVOQ

**AUTOIMMUNE AGENTS  
(SELF-ADMINISTERED),  
PSORIASIS**

ADALIMUMAB-ADAZ  
ADALIMUMAB-FKJP  
BIMZELX  
HYRIMOZ (except NDCs  
61314-XXXX-XX)

OTEZLA  
PYZCHIVA SUBCUTANEOUS  
SKYRIZI SUBCUTANEOUS  
SOTYKTU  
STELARA SUBCUTANEOUS  
TREMFYA SUBCUTANEOUS  
YESINTEK SUBCUTANEOUS

**AUTOIMMUNE AGENTS  
(SELF-ADMINISTERED),  
PSORIATIC ARTHRITIS**

ADALIMUMAB-ADAZ  
ADALIMUMAB-FKJP  
COSENTYX SUBCUTANEOUS  
ENBREL  
HYRIMOZ (except NDCs  
61314-XXXX-XX)

OTEZLA  
PYZCHIVA SUBCUTANEOUS  
RINVOQ  
SKYRIZI SUBCUTANEOUS  
STELARA SUBCUTANEOUS  
TREMFYA SUBCUTANEOUS  
YESINTEK SUBCUTANEOUS

**AUTOIMMUNE AGENTS  
(SELF-ADMINISTERED),  
RHEUMATOID ARTHRITIS**

ADALIMUMAB-ADAZ  
ADALIMUMAB-FKJP  
ENBREL  
HYRIMOZ (except NDCs  
61314-XXXX-XX)  
KEVZARA  
ORENCIA CLICKJECT  
ORENCIA SUBCUTANEOUS  
RINVOQ  
XELJANZ  
XELJANZ XR

**AUTOIMMUNE AGENTS  
(SELF-ADMINISTERED),  
ULCERATIVE COLITIS**

ADALIMUMAB-ADAZ  
ADALIMUMAB-FKJP  
ENTYVIO SUBCUTANEOUS  
HYRIMOZ (except NDCs  
61314-XXXX-XX)  
PYZCHIVA SUBCUTANEOUS  
RINVOQ  
SKYRIZI SUBCUTANEOUS  
STELARA SUBCUTANEOUS  
TREMFYA SUBCUTANEOUS  
VELSIPITY  
YESINTEK SUBCUTANEOUS  
ZEPOSIA

**DISEASE-MODIFYING ANTI-  
RHEUMATIC DRUGS  
(DMARDS)**

RASUVO

**HEREDITARY ANGIOEDEMA**

*icatibant*  
ORLADEYO  
RUCONEST  
TAKHZYRO

**IMMUNOGLOBULIN**

CUTAQUIG  
XEMBIFY

**IMMUNOSUPPRESSANTS**

*cyclosporine*  
*cyclosporine modified*  
*everolimus*  
*mycophenolate mofetil*  
*mycophenolate sodium*  
*sirolimus*  
*tacrolimus*

**OPHTHALMIC**

**RETINAL DISORDERS**

BYOOVIZ

**RESPIRATORY**

**ALPHA-1 ANTITRYPSIN  
DEFICIENCY AGENTS**

ARALAST NP  
GLASSIA  
ZEMAIRA

**CHRONIC OBSTRUCTIVE  
PULMONARY DISEASE**

DUPIXENT  
NUCALA (except lyophilized  
powder)

**CHRONIC RHINOSINUSITIS  
WITH NASAL POLYPS**

DUPIXENT  
NUCALA (except lyophilized  
powder)  
XOLAIR

**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**

CIBINQO  
DUPIXENT  
EBGLYSS  
NEMLUVIO  
RINVOQ

**DERMATOLOGY, CHRONIC  
SPONTANEOUS URTICARIA**

DUPIXENT  
XOLAIR

**DERMATOLOGY, PRURIGO  
NODULARIS**

DUPIXENT  
NEMLUVIO

**MOUTH/THROAT/DENTAL  
AGENTS**

MUGARD

**QUICK REFERENCE DRUG LIST**

**A**

*abacavir*  
*abacavir-lamivudine*  
*abiraterone*  
ADALIMUMAB-ADAZ  
ADALIMUMAB-FKJP  
ADEMPAS  
ADVATE

ADYNOVATE  
AFSTYLA  
ALECENSA  
ALTUVIIIO  
ALUNBRIG  
ALVAIZ  
*ambrisentan*  
APRETUDE  
ARALAST NP

ARANESP  
*atazanavir*  
AUGTYRO  
AUSTEDO  
AVONEX  
AVSOLA

**B**

BAFIERTAM

BENEFIX  
BESREMI  
*betaine*  
BETASERON  
*bexarotene*  
BIKTARVY  
BIMZELX  
*bortezomib*  
*bosentan*

BOSULIF  
BRAFTOVI  
BRUKINSA  
BYOOVIZ

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**C**

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

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**D**

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

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**E**

EBGLYSS  
*efavirenz*  
*efavirenz-emtricitabine-*  
*tenofovir disoproxil*  
*fumarate*  
*efavirenz-lamivudine-*  
*tenofovir disoproxil*  
*fumarate*  
ELFABRIO  
ELIGARD  
ELOCTATE  
EMPAVELI  
*emtricitabine*  
*emtricitabine- rilpivirine-*  
*tenofovir disoproxil*  
*fumarate*

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*emtricitabine-tenofovir*  
*disoproxil fumarate*

ENBREL  
ENDARI  
ENSPRYNG  
*entecavir*  
ENTYVIO SUBCUTANEOUS  
EPCLUSA (genotypes 1, 2, 3,  
4, 5, 6)  
ERIVEDGE  
ERLEADA  
*erlotinib*  
ESPEROCT  
*etravirine*  
EUFLEXXA  
*everolimus*  
*everolimus*

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**F**

FABRAZYME  
FASENRA  
FENSOLVI  
FILSPARI  
 *fingolimod*  
FOLLISTIM AQ  
FULPHILA

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**G**

GALAFOLD  
GANIRELIX ACETATE  
GAVRETO  
*gefitinib*  
GELSYN-3  
GENVOYA  
GLASSIA  
*glatiramer*  
GOMEKLI

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**H**

HARVONI (genotypes 1, 4, 5,  
6)  
HUMATROPE  
HYRIMOZ (except NDCs  
61314-XXXX-XX)

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**I**

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

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**J**

JAKAFI

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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*  
*lenalidomide*  
LENVIMA  
*leuprolide acetate*  
LITFULO  
LONSURF  
*lopinavir-ritonavir*  
LUMAKRAS  
LUMRYZ  
LUPRON DEPOT-PED  
LYNPARZA

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**M**

*maraviroc*  
MAYZENT  
MEKINIST  
MEKTOVI  
*mifepristone*  
MIRENA  
MUGARD  
*mycophenolate mofetil*  
*mycophenolate sodium*

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**N**

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

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**O**

OCREVUS  
*octreotide acetate kit*  
ODEFSEY  
ODOMZO  
OFEV  
OLUMIANT  
OPSUMIT  
OPSYNVI  
ORALAIR  
ORENCIA CLICKJECT  
ORENCIA SUBCUTANEOUS  
ORENITRAM  
ORFADIN  
ORLADEYO  
ORTHOVISC  
OSENVELT  
OTEZLA

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**P**

*pazopanib*  
*penicillamine*  
PHEBURANE  
PHESGO  
PIQRAY  
*pirfenidone*  
PREGNYL  
PROCRIT  
PROLIA  
PYZCHIVA INTRAVENOUS  
PYZCHIVA SUBCUTANEOUS

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**R**

RADICAVA ORS  
RASUVO  
REBIF  
REBINYN  
REMICADE  
REPATHA  
RETACRIT  
RETEVMO  
*ribavirin*  
RINVOQ  
*ritonavir*  
ROZLYTREK  
RUCONEST  
RUXIENCE  
RYDAPT

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**S**

*sapropterin*  
SCEMBLIX  
SEVENFACT  
*sildenafil*  
SIMPONI ARIA  
*sirolimus*  
SKYLA  
SKYRIZI INTRAVENOUS

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SKYRIZI SUBCUTANEOUS  
*sodium phenylbutyrate*  
SOGROYA  
SOMATULINE DEPOT  
*sorafenib*  
SOTYKTU  
STELARA INTRAVENOUS  
STELARA SUBCUTANEOUS  
STIVARGA  
*sunitinib*  
SUPPRELIN LA  
SYM TUZA

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**T**

*tacrolimus*  
*tadalafil*  
TADLIQ  
TAFINLAR  
TAGRISSO  
TAKHZYRO  
*temozolomide*  
*tenofovir disoproxil fumarate*

*teriflunomide*  
*teriparatide*  
*tetrabenazine*  
TEZSPIRE  
THALOMID  
*tiopronin*  
*tiopronin delayed-rel*  
TIVICAY  
*tobramycin inhalation  
solution*  
*tolvaptan*  
TRAZIMERA  
TREM FYA INTRAVENOUS  
TREM FYA SUBCUTANEOUS  
*treprostinil*  
*trientine*  
TRIPTODUR  
TRIUMEQ  
TRUQAP  
TYMLOS  
TYSABRI  
TYVASO

TYVASO DPI

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**U**

UPTRAVI

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**V**

VANRAFIA  
VELSIPITY  
*vigabatrin*  
VISTOGARD  
VITRAKVI  
VOSEVI  
VUMERITY  
VYNDAMAX  
VYVGART  
VYVGART HYTRULO

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**W**

WAKIX  
WILATE

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**X**

XELJANZ

XELJANZ XR  
XEMBIFY  
XEOMIN  
XOLAIR  
XOSPATA  
XTANDI  
XYNTHA  
XYWAV

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**Y**

YESINTEK INTRAVENOUS  
YESINTEK SUBCUTANEOUS  
YONSA  
YUTREPIA

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**Z**

ZEJULA  
ZEMAIRA  
ZEPOSIA  
*zidovudine*  
ZIRABEV  
ZURZUVAE  
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	COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, emtricitabine- rilpivirine-tenofovir disoproxil fumarate, BIKTARVY, CABENUVA, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
ADCIRCA	<i>sildenafil, tadalafil, TADLIQ</i>	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>
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>	COPIKTRA	BRUKINSA, CALQUENCE
ALPROLIX	BENEFIX, REBINYN	COTELLIC	MEKINIST, MEKTOVI
APOKYN	INBRIJA	CUPRIMINE	<i>penicillamine</i>
APTIVUS	Talk to your doctor	CYSTADANE	<i>betaine</i>
ARCALYST	Talk to your doctor	DESFERAL	<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
AUSTEDO XR	<i>tetrabenazine, AUSTEDO, INGREZZA</i>	EDURANT	<i>efavirenz</i>
AVASTIN	ZIRABEV	ELELYSO	CERDELGA, CEREZYME
BARACLUDGE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>	EPOGEN	ARANESP, PROCRIT, RETACRIT
BERINERT	<i>icatibant, RUCONEST</i>	ESBRIET	<i>pirfenidone, OFEV</i>
BETHKIS	<i>tobramycin inhalation solution</i>	EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>
BORTEZOMIB	<i>bortezomib, NINLARO</i>	EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
BOTOX	AJOVY, DAXXIFY, DYSPORT, EMGALITY, QULIPTA, XEOMIN	EYLEA	BYOOVIZ
BUPHENYL	<i>sodium phenylbutyrate, PHEBURANE</i>	FEIBA	NOVOSEVEN RT, SEVENFACT
CARBAGLU	<i>carglumic acid</i>	FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
CAYSTON	<i>tobramycin inhalation solution</i>	FINTEPLA	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, topiramate ext-rel</i>
CETROTIDE	<i>cetrotrelax acetate, GANIRELIX ACETATE</i>	FIRAZYR	<i>icatibant, RUCONEST</i>
CHORIONIC GONADOTROPIN	PREGNYL	FIRMAGON	ELIGARD
CIMZIA LYOPHILIZED POWDER	AVSOLA, ILUMYA, PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS		
CINRYZE	ORLADEYO, TAKHZYRO		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
FYLNETRA <i>Fyremadel</i> <i>ganirelix acetate</i>	FULPHILA, NYVEPRIA <i>cetrotorelix acetate</i> , GANIRELIX ACETATE <i>cetrotorelix acetate</i> , GANIRELIX ACETATE	LEMTRADA	<i>dimethyl fumarate delayed-rel</i> , <i> fingolimod</i> , <i> glatiramer</i> , <i> teriflunomide</i> , AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC	LETAIRIS	<i>ambrisentan</i> , <i> bosentan</i> , OPSUMIT
GENOTROPIN	HUMATROPE, NORDITROPIN, SOGROYA	LEUKINE	NIVESTYM
GILENYA	<i>dimethyl fumarate delayed-rel</i> , <i> fingolimod</i> , <i> glatiramer</i> , <i> teriflunomide</i> , AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	LILETTA	KYLEENA, MIRENA, SKYLA
GLEEVEC	<i>dasatinib</i> , <i> imatinib mesylate</i> , <i> nilotinib</i> , BOSULIF, SCEMBLIX	LUCENTIS	BYOOVIZ
GONAL-F	FOLLISTIM AQ	LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG	ELIGARD
GRANIX	NIVESTYM	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI
HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA	MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC
HERZUMA	KANJINTI, TRAZIMERA	MULPLETA	DOPTELET
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC	MYOBLOC	DAXXIFY, DYSPORT, XEOMIN
HYQVIA	CUTAQUIG, XEMBIFY	NEULASTA, NEULASTA ONPRO	FULPHILA, NYVEPRIA
ICLUSIG	<i>dasatinib</i> , <i> imatinib mesylate</i> , <i> nilotinib</i> , BOSULIF, SCEMBLIX	NEUPOGEN	NIVESTYM
IMBRUVICA	BRUKINSA, CALQUENCE	NEXAVAR	<i>pazopanib</i> , <i> sorafenib</i> , <i> sunitinib</i> , CABOMETYX, INLYTA, LENVIMA
INFLECTRA	AVSOLA, ILUMYA, PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS	NEXTERONE	<i>amiodarone</i>
INTELENCE	<i>etravirine</i>	NITYR	ORFADIN
IRESSA	<i>erlotinib</i> , <i> gefitinib</i> , TAGRISSO	NORTHERA	<i>midodrine</i>
IXINITY	BENEFIX, REBINYN	NORVIR	<i>ritonavir</i>
JADENU	<i>deferasirox</i> , <i> deferiprone</i> , <i> deferoxamine</i>	NOVAREL	PREGNYL
JUXTAPID	REPATHA	NPLATE	ALVAIZ, DOPTELET
JYNARQUE	<i>tolvaptan</i>	NUCALA	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR
KALETRA TABLET	<i>atazanavir</i> , <i> darunavir</i> , <i> lopinavir-ritonavir</i>	LYOPHILIZED POWDER	
KITABIS PAK	<i>tobramycin inhalation solution</i>	NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA
KORLYM	<i>mifepristone</i>	OICALIVA	IQIRVO
KUVAN	<i>sapropterin</i>	OCTAGAM	Talk to your doctor
KYPROLIS	<i>bortezomib</i> , NINLARO	OGIVRI	KANJINTI, TRAZIMERA
		OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA
		ORENCIA INTRAVENOUS	AVSOLA, REMICADE, SIMPONI ARIA
		OVIDREL	PREGNYL
		PEGASYS	Talk to your doctor
		PERJETA	PHESGO

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
PRALUENT	REPATHA	SYNAGIS	Talk to your doctor
PREZISTA	<i>atazanavir, darunavir</i>	SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC
PROCYSBI	CYSTAGON	SYPRINE	<i>trientine</i>
PROLASTIN-C	ARALAST NP, GLASSIA, ZEMAIRA	TARGRETIN	<i>bexarotene</i>
PROMACTA	ALVAIZ, DOPTELET	TASIGNA	<i>dasatinib, imatinib mesylate, nilotinib, BOSULIF, SCEMBLIX</i>
RAVICTI	<i>sodium phenylbutyrate, PHEBURANE</i>	TAVALISSE	ALVAIZ, DOPTELET
REMODULIN	<i>treprostinil</i>	TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
RENFLEXIS	AVSOLA, ILUMYA, PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS	THIOLA	<i>tiopronin</i>
REVATIO	<i>sildenafil, tadalafil, TADLIQ</i>	THIOLA EC	<i>tiopronin delayed-rel</i>
REVLIMID	<i>lenalidomide</i>	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>
REYATAZ	<i>atazanavir, darunavir</i>	TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
RIABNI	RUXIENCE	TRELSTAR MIXJECT	ELIGARD
RITUXAN	RUXIENCE	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, APRETUDE, CIMDUO, DESCOVY</i>
RIXUBIS	BENEFIX, REBINYN	TRUXIMA	RUXIENCE
RUBRACA	LYNPARZA, ZEJULA	UDENYCA	FULPHILA, NYVEPRIA
SABRIL	<i>vigabatrin</i>	ULTOMIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYTRULO
SANDOSTATIN LAR	<i>octreotide acetate kit, SOMATULINE DEPOT</i>	VEMLIDY	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>
SELZENTRY	<i>maraviroc</i>	VIRACEPT	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
SIGNIFOR LAR	<i>octreotide acetate kit, SOMATULINE DEPOT</i>	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC
SOLIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYTRULO	VOTRIENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
SOMAVERT	<i>octreotide acetate kit, SOMATULINE DEPOT</i>	VPRIV	CERDELGA, CEREZYME
SPRYCEL	<i>dasatinib, imatinib mesylate, nilotinib, BOSULIF, SCEMBLIX</i>	XALKORI CAPSULE	ALECENSA, ALUNBRIG, AUGTYRO, IBTROZI, ROZLYTREK, ZYKADIA
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, emtricitabine- rilpivirine-tenofovir disoproxil fumarate, BIKTARVY, CABENUVA, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	XENAZINE	<i>tetrabenazine, AUSTEDO, INGREZZA</i>
SUPARTZ FX	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC	XGEVA	OSENVELT
SUTENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>	XYREM	LUMRYZ, WAKIX, XYWAV
		ZARXIO	NIVESTYM

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ZELBORAF	BRAFTOVI, TAFINLAR	ZYDELIG	BRUKINSA, CALQUENCE
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)	ZYTIGA	<i>abiraterone, bicalutamide</i> , ERLEADA, NUBEQA, XTANDI, YONSA
ZIEXTENZO	FULPHILA, NYVEPRIA		
ZOLADEX	ELIGARD, ORLISSA		

**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 HYRIMOZ (NDCs 61314-XXXX-XX only) SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) RINVOQ
<b>CROHN'S DISEASE</b>	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only)	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENTYVIO SUBCUTANEOUS HYRIMOZ (except NDCs 61314-XXXX-XX) PYZCHIVA SUBCUTANEOUS RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMIFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
<b>HIDRADENITIS SUPPURATIVA</b>	AMJEVITA BIMZELX HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only)	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS HYRIMOZ (except NDCs 61314-XXXX-XX)
<b>NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS</b>	BIMZELX TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX SUBCUTANEOUS RINVOQ
<b>PSORIASIS</b>	AMJEVITA COSENTYX SUBCUTANEOUS ENBREL HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) TALTZ	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP BIMZELX HYRIMOZ (except NDCs 61314-XXXX-XX) OTEZLA PYZCHIVA SUBCUTANEOUS SKYRIZI SUBCUTANEOUS

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
		SOTYKTU STELARA SUBCUTANEOUS TREMFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
<b>PSORIATIC ARTHRITIS</b>	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) OTEZLA PYZCHIVA SUBCUTANEOUS RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
<b>RHEUMATOID ARTHRITIS</b>	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) KINERET OLUMIANT SIMPONI	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
<b>ULCERATIVE COLITIS</b>	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) SIMPONI	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENTYVIO SUBCUTANEOUS HYRIMOZ (except NDCs 61314-XXXX-XX) PYZCHIVA SUBCUTANEOUS RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMFYA SUBCUTANEOUS VELSIPITY YESINTEK SUBCUTANEOUS ZEPOSIA

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
ALL OTHER CONDITIONS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX)

**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).

For HYRIMOZ listing above: Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.

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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