

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 a prescription benefit program administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

Please note:

- Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary copay¹ amounts based on the condition being treated.
- You may be responsible for the full cost of non-formulary products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and copay information, please visit Caremark.com or contact a CVS Caremark Customer Care representative.
- CVS Caremark may contact your doctor after receiving your prescription to request consideration of a drug list product or generic equivalent. This may result in your doctor prescribing, when medically appropriate, a different brand-name product or generic equivalent in place of your original prescription.
- 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.

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
DESCOVO
DOVATO

EVOTAZ
GENVOYA
ODEFSEY
PREZCOBIX
SYMTUZA
TEMIXYS
TRIUMEQ

FUSION INHIBITORS

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)
VOSEVI²

ANTINEOPLASTIC AGENTS

§ ALKYLATING AGENTS

temozolomide

§ ANTIMETABOLITES

capecitabine
LONSURF

BIOSIMILARS

KANJINTI
RUXIENCE
TRAZIMERA
ZIRABEV

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS

abiraterone
ERLEADA
NUBEQA
XTANDI
YONSA

§ KINASE INHIBITORS

erlotinib
everolimus
imatinib mesylate
lapatinib
AFINITOR DISPERZ
ALECENSA
ALUNBRIG
BOSULIF
BRUKINSA
CABOMETYX
CALQUENCE
COPIKTRA
IBRANCE
IMBRUVICA
IRESSA

KISQALI
KISQALI FEMARA
CO-PACK
KOSELUGO
ROZLYTREK
RYDAPT
SPRYCEL
STIVARGA
SUTENT
TAGRISSO
VITRAKVI
VOTRIENT
XOSPATA
ZYKADIA

MONOCLONAL ANTIBODIES

PERJETA
PHESGO

**MULTIPLE MYELOMA
IMMUNOMODULATORS**

REVLIMID
THALOMID

PROTEASOME INHIBITORS

NINLARO
VELCADE

PROSTATE CANCER

**§ LUTEINIZING HORMONE-
RELEASING HORMONE
(LHRH) AGONISTS**

leuprolide acetate
ELIGARD

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

FIRMAGON

§ MISCELLANEOUS

bexarotene capsule
ERIVEDGE
LYNPARZA
MATULANE
ODOMZO
RUBRACA
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**

§ ANTICONSULSANTS

vigabatrin

**ANTIPARKINSONIAN
AGENTS**

INBRIJA
KYNMOBI

§ MOVEMENT DISORDERS

tetrabenazine
AUSTEDO
INGREZZA

**§ MULTIPLE SCLEROSIS
AGENTS**

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

NARCOLEPSY

WAKIX
XYWAV

**ENDOCRINE AND
METABOLIC**

**ACROMEGALY
SOMATULINE DEPOT**

**§ CALCIUM RECEPTOR
ANTAGONISTS**

cinacalcet

**CALCIUM REGULATORS
PARATHYROID HORMONES**

FORTEO
TYMLOS

MISCELLANEOUS

PROLIA

**CENTRAL PRECOCIOUS
PUBERTY**

LUPRON DEPOT-PED
SUPPRELIN LA
TRIPTODUR

CONTRACEPTIVES

**PROGESTIN INTRAUTERINE
DEVICES**

KYLEENA
MIRENA
SKYLA

FERTILITY REGULATORS

GNRH / LHRH
ANTAGONISTS
CETROTIDE

**OVULATION STIMULANTS,
GONADOTROPINS**

GONAL-F
OVIDREL

GAUCHER DISEASE

CERDELGA
CEREZYME

**HEREDITARY TYROSINEMIA
TYPE 1 AGENTS**

ORFADIN

**HUMAN GROWTH
HORMONES**

NORDITROPIN

**§ PHENYLKETONURIA
TREATMENT AGENTS**

sapropterin

POLYNEUROPATHY

TEGSEDI

§ UREA CYCLE DISORDERS

sodium phenylbutyrate

MISCELLANEOUS

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

HEMOPHILIA B AGENTS

REBINYN

**MISCELLANEOUS
BLEEDING DISORDERS
AGENTS**

NOVOSEVEN RT
SEVENFACT

**THROMBOCYTOPENIA
AGENTS**

PROMACTA
TAVALISSE

**IMMUNOLOGIC
AGENTS**

ALLERGENIC EXTRACTS
ORALAIR

**AUTOIMMUNE AGENTS
(PHYSICIAN-
ADMINISTERED)**

REMICADE
SIMPONI ARIA
STELARA INTRAVENOUS

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED)**

See Table 1 for Indication Based
Coverage Details

ANKYLOSING SPONDYLITIS

COSENTYX
ENBREL
HUMIRA

CROHN'S DISEASE

HUMIRA
STELARA
SUBCUTANEOUS #

After failure of HUMIRA

**NON-RADIOGRAPHIC AXIAL
SPONDYLOARTHRITIS**

CIMZIA
PREFILLED SYRINGE
COSENTYX

PSORIASIS

HUMIRA
OTEZLA
SKYRIZI
STELARA
SUBCUTANEOUS
TALTZ
TREMIFYA

PSORIATIC ARTHRITIS

COSENTYX
ENBREL
HUMIRA
OTEZLA
STELARA
SUBCUTANEOUS
TREMIFYA

RHEUMATOID ARTHRITIS

ENBREL
HUMIRA
KEVZARA
ORENCIA CLICKJECT
ORENCIA
SUBCUTANEOUS
RINVOQ
XELJANZ
XELJANZ XR

ULCERATIVE COLITIS

HUMIRA
STELARA
SUBCUTANEOUS #
XELJANZ #
XELJANZ XR #
ZEPOSIA #

After failure of HUMIRA

ALL OTHER CONDITIONS

ENBREL
HUMIRA

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

RASUVO

**§ HEREDITARY
ANGIOEDEMA**

icatibant
ORLADEYO
RUCONEST
TAKHZYRO

IMMUNOMODULATORS

IMMUNE GLOBULINS
CUTAQUIG

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

ESBRIET
OFEV

SEVERE ASTHMA AGENTS

DUPIXENT
FASENRA
NUCALA
XOLAIR

TOPICAL

DERMATOLOGY
ATOPIC DERMATITIS
DUPIXENT

MOUTH / THROAT / DENTAL AGENTS

PROTECTANTS
MUGARD

OPHTHALMIC

RETINAL DISORDERS
EYLEA
LUCENTIS

QUICK REFERENCE DRUG LIST**A**

abacavir
abacavir-lamivudine
abiraterone
ADEMPAS
ADVATE
ADYNOVATE
AFINITOR DISPERZ
AFSTYLA
ALECENSA
ALUNBRIG
ambisentan
atazanavir
AUBAGIO
AUSTEDO
AVONEX

B

BARACLUDE SOLUTION
BETASERON
BETHKIS
bexarotene capsule
BIKTARVY
bosentan
BOSULIF
BRUKINSA

C

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

D

deferasirox
deferiprone
deferoxamine
DESCOVY

dimethyl fumarate delayed-rel
DOVATO
DUPIXENT
DUROLANE

E

EDURANT
efavirenz
efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
ELIGARD
ELOCTATE
emtricitabine-tenofovir disoproxil fumarate
EMTRIVA

ENBREL
ENSPRYNG
entecavir
EPCLUSA
ERIVEDGE
ERLEADA
erlotinib
ESBRIET
ESPEROCT
EUFLEXXA
everolimus
EVOTAZ
EYLEA

F

FASENRA
FIRMAGON
FORTEO
FUZEON

G

GELSYN-3
GENVOYA
GILENYA
glatiramer
GONAL-F

H

HARVONI
HUMIRA

I

IBRANCE
icatibant

imatinib mesylate
IMBRUVICA
INBRIJA
INGREZZA
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
leuprolide acetate
LONSURF
lopinavir-ritonavir
LUCENTIS
LUPRON DEPOT-PED
LYNPARZA

M

MATULANE
MAYZENT
MIRENA
MUGARD
mycophenolate mofetil
mycophenolate sodium

N

nevirapine
nevirapine ext-rel
NINLARO
NIVESTYM
NORDITROPIN
NORVIR
NOVOEIGHT
NOVOSEVEN RT

NUBEQA
NUCALA
NUWIQ

O

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

P

penicillamine
PERJETA
PHESGO
PRALUENT
PREZCOBIX
PREZISTA
PROLASTIN-C
PROLIA
PROMACTA

R

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

S

sapropterin
SEVENFACT
sildenafil
SIMPONI ARIA
sirolimus

SKYLA
SKYRIZI
sodium phenylbutyrate
SOMATULINE DEPOT
SPRYCEL
stavudine
STELARA INTRAVENOUS
STELARA
SUBCUTANEOUS
STIVARGA
SUPARTZ FX
SUPPRELIN LA
SUTENT
SYM TUZA

T

tacrolimus
tadalafil
TAGRISSO
TAKHZYRO
TALTZ
TAVALISSE
TEGSEDI
TEMIXYS
temozolomide
tenofovir disoproxil fumarate
tetrabenazine
THALOMID
tiopronin
TIVICAY
tobramycin inhalation solution
TRAZIMERA
TREMIFYA
treprostinil
trientine
TRIPTODUR
TRIUMEQ
TYMLOS
TYSABRI

U

UPTRAVI

V

VELCADE
VEMLIDY
vigabatrin
VISTOGARD
VITRAKVI
VOSEVI²

VOTRIENT
VUMERITY

X

XELJANZ
XELJANZ XR
XOLAIR
XOSPATA

XTANDI
XYWAV

Y

YONSA

Z

ZEJULA
ZEPOSIA
zidovudine
ZIEXTENZO

ZIRABEV
ZOLINZA
ZYKADIA

W

WAKIX

PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS ³

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA	EXTAVIA	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
ADCIRCA	<i>sildenafil, tadalafil</i>	FEIBA	NOVOSEVEN RT, SEVENFACT
AFINITOR	<i>everolimus, AFINITOR DISPERZ</i>	FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
ALIQOPA	COPIKTRA	FOLLISTIM AQ	GONAL-F
ALPROLIX	Consult doctor	FULPHILA	ZIEXTENZO
APOKYN	INBRIJA, KYNMOBI	GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
APTIVUS	Consult doctor	GENOTROPIN	NORDITROPIN
ARALAST NP	PROLASTIN-C	GLASSIA	PROLASTIN-C
ARANESP	RETACRIT	GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
ASTAGRAF XL	<i>tacrolimus</i>	GRANIX	NIVESTYM
ATRIPLA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	HAEGARDA	ORLADEYO, TAKHZYRO
AVASTIN	ZIRABEV	HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
AVSOLA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS	HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>	HUMATROPE	NORDITROPIN
BERINERT	<i>icatibant, RUCONEST</i>	HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
BORTEZOMIB	NINLARO, VELCADE	ICLUSIG	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
BOTOX	Consult doctor	ILUMYA	REMICADE
BUPHENYL	<i>sodium phenylbutyrate</i>	INFLECTRA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
CELLCEPT	<i>mycophenolate mofetil, mycophenolate sodium</i>	INVIRASE	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
CHORIONIC GONADOTROPIN	OIDREL	JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
CIMZIA LYOPHILIZED POWDER	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS	KUVAN	<i>sapropterin</i>
CINRYZE	ORLADEYO, TAKHZYRO	KYPROLIS	NINLARO, VELCADE
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>
CUPRIMINE	<i>penicillamine</i>	LEUKINE	NIVESTYM
DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>	LEXIVA	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
ELELYSO	CERDELGA, CEREZYME	LILETTA	KYLEENA, MIRENA, SKYLA
ENTYVIO (For Crohn's Disease Only)	REMICADE, STELARA INTRAVENOUS	LUPRON DEPOT	ELIGARD, FIRMAGON, MYFEMBREE, ORIAHNN, ORILISSA
ENVARUSUS XR	<i>tacrolimus</i>	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>	MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
EPOGEN	RETACRIT	MULPLETA	Consult doctor
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>	MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
NEULASTA, NEULASTA ONPRO	ZIEXTENZO	SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
NEUPOGEN	NIVESTYM	SYPRINE	<i>trientine</i>
NOVAREL	OVIDREL	TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
NPLATE	PROMACTA, TAVALISSE	TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
NUTROPIN AQ	NORDITROPIN	THIOLA, THIOLA EC	<i>tiopronin</i>
OMNITROPE	NORDITROPIN	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA	TRACLEER	<i>ambrisentan, bosentan</i> , OPSUMIT
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	TRELSTAR MIXJECT	ELIGARD, FIRMAGON
OTREXUP	RASUVO	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine</i> , CIMDUO, DESCOVY, TEMIXYS
PEGASYS	Consult doctor	TRUXIMA	RUXIENCE
PREGNYL	OVIDREL	UDENYCA	ZIEXTENZO
PROCRIT	RETACRIT	VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
PROCYSBI	CYSTAGON	VIRACEPT	<i>atazanavir, lopinavir-ritonavir</i> , EVOTAZ, PREZCOBIX, PREZISTA
PROGRAF	<i>tacrolimus</i>	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
RAPAMUNE	<i>everolimus, sirolimus</i>	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
RAVICTI	<i>sodium phenylbutyrate</i>	XENAZINE	<i>tetrabenazine</i> , AUSTEDO
REMODULIN	<i>treprostinil</i>	ZARXIO	NIVESTYM
RENFLEXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS	ZEMAIRA	PROLASTIN-C
REPATHA	PRALUENT	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
REVATIO	<i>sildenafil, tadalafil</i>	ZOLADEX	ELIGARD, FIRMAGON, ORILISSA
RIABNI	RUXIENCE	ZORTRESS	<i>everolimus, sirolimus</i>
RITUXAN	RUXIENCE	ZYDELIG	COPIKTRA
SABRIL	<i>vigabatrin</i>	ZYTIGA	<i>abiraterone, bicalutamide</i> , ERLEADA, XTANDI, YONSA
SAIZEN	NORDITROPIN		
SANDOSTATIN LAR	SOMATULINE DEPOT		
SIGNIFOR LAR	SOMATULINE DEPOT		
SOMAVERT	SOMATULINE DEPOT		
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>		

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

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

After failure of HUMIRA

You may be responsible for the full cost of certain non-formulary products that are removed from coverage. Please check with your plan sponsor for more information.

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval. In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market. Specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. The member's prescription benefit plan may have a different copay for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. Generics listed in therapeutic categories are for representational purposes only. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific medicine.

§ Generics are available in this class and should be considered the first line of prescribing.

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

¹ Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

² For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

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

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