



Advanced Control Specialty Formulary® - Chart

The **CVS Caremark® Advanced Control Specialty Formulary® - Chart** 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
SUPARTZ FX

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

abacavir
atazanavir
efavirenz
lamivudine
nevirapine
nevirapine ext-rel
tenofovir disoproxil fumarate
zidovudine
ISENTRESS
NORVIR
PREZISTA
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
CIMDUO
DESCOVY
DOVATO
EVOTAZ
GENVOYA
ODEFSEY
PREZCOBIX
SYM TUZA

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

ERIVEDGE
REVLIMID
THALOMID

BIOSIMILARS

KANJINTI
RUXIENCE
TRAZIMERA
ZIRABEV

HORMONAL ANTINEOPLASTIC AGENTS

abiraterone
leuprolide acetate
ELIGARD
ERLEADA
FIRMAGON
NUBEQA
XTANDI
YONSA

KINASE INHIBITORS

dasatinib
erlotinib
everolimus
gefitinib
imatinib mesylate
lapatinib
pazopanib
sunitinib
AFINITOR
AFINITOR DISPERZ
ALECENSA
BOSULIF
CABOMETYX
CALQUENCE
COPIKTRA
IBRANCE

KISQALI
KISQALI FEMARA CO-PACK
KOSELUGO
RYDAPT
STIVARGA
TAGRISSEO
XOSPATA

MISCELLANEOUS

bexarotene capsule
LYNPARZA
ODOMZO
VISTOGARD
ZEJULA

MONOCLONAL ANTIBODIES

PERJETA
PHESGO

PROTEASOME INHIBITORS

NINLARO
VELCADE

CARDIOVASCULAR

ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA

MISCELLANEOUS

VYNDAMAX
VYNDAQEL

PULMONARY ARTERIAL HYPERTENSION

ambrisentan
bosentan
sildenafil
tadalafil
treprostinil
ADEMPAS
OPSUMIT
ORENITRAM
UPTRAVI

CENTRAL NERVOUS SYSTEM

ANTIPARKINSONIAN AGENTS

apomorphine
INBRIJA

ANTISEIZURE AGENTS

vigabatrin

MISCELLANEOUS

ENSPRYNG

MOVEMENT DISORDERS

tetrabenazine
INGREZZA

MULTIPLE SCLEROSIS AGENTS

dalfampridine ext-rel
dimethyl fumarate delayed-rel
fingolimod
glatiramer
teriflunomide
BETASERON
KESIMPTA
MAYZENT
OCREVUS
REBIF
TYSABRI
VUMERITY
ZEPOSIA

NARCOLEPSY/CATAPLEXY

SODIUM OXYBATE

ENDOCRINE AND METABOLIC

ACROMEGALY

octreotide acetate kit
SOMATULINE DEPOT

CALCIUM RECEPTOR AGONISTS

cinacalcet

CALCIUM REGULATORS, MISCELLANEOUS

PROLIA

CALCIUM REGULATORS, PARATHYROID HORMONES

teriparatide
TYMLOS

CENTRAL PRECOCIOUS PUBERTY

LUPRON DEPOT-PED
SUPPRELIN LA

CHELATING AGENTS

deferiasirox
deferiprone
deferroxamine
penicillamine
trientine

CONTRACEPTIVES

KYLEENA
MIRENA
SKYLA

FERTILITY REGULATORS

CETROTIDE
GANIRELIX ACETATE
GONAL-F
OVIDREL

HEREDITARY TYROSINEMIA TYPE 1 AGENTS

ORFADIN

HUMAN GROWTH HORMONES

HUMATROPE
NORDITROPIN
SOGROYA

LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE

ELFABRIO
FABRAZYME

LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE

CERDELGA
CEREZYME

MISCELLANEOUS

sapropterin
CYSTAGON

POLYNEUROPATHY

TEGSEDI

UREA CYCLE DISORDER

sodium phenylbutyrate
PHEBURANE

GASTROINTESTINAL

MISCELLANEOUS

IQIRVO

GENITOURINARY

MISCELLANEOUS

tiopronin
tiopronin delayed-rel

HEMATOLOGIC

BLEEDING DISORDERS AGENTS

NOVOSEVEN RT
SEVENFACT

HEMATOPOIETIC GROWTH FACTORS

ARANESP
FYLNETRA
NIVESTYM
NYVEPRIA
RETACRIT

HEMOPHILIA A AGENTS

ADVATE
ADYNOVATE
AFSTYLA
ELOCTATE
ESPEROCT
JIVI
KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ

HEMOPHILIA B AGENTS

ALPROLIX
REBINYN

THROMBOCYTOPENIA AGENTS

ALVAIZ
DOPTELET

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS

ORALAIR

AUTOIMMUNE AGENTS (PHYSICIAN- ADMINISTERED)

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
ENBREL
HYRIMOZ (except NDCs 61314-XXXX-XX)
RINVOQ

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

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

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
HYRIMOZ (except NDCs 61314-XXXX-XX)
OTEZLA
PYZCHIVA SUBCUTANEOUS
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS
TALTZ
TREMIFYA SUBCUTANEOUS
YESINTEK SUBCUTANEOUS

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
COSENTYX
ENBREL
HYRIMOZ (except NDCs 61314-XXXX-XX)
OTEZLA
RINVOQ
SKYRIZI SUBCUTANEOUS
TREMIFYA 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
HYRIMOZ (except NDCs 61314-XXXX-XX)
PYZCHIVA SUBCUTANEOUS
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS
TREMIFYA SUBCUTANEOUS
VELSIPITY
XELJANZ
XELJANZ XR
YESINTEK SUBCUTANEOUS

HEREDITARY ANGIOEDEMA

icatibant
RUCONEST

IMMUNOGLOBULIN

CUTAQUIG

IMMUNOSUPPRESSANTS

cyclosporine
cyclosporine modified
everolimus
mycophenolate mofetil
mycophenolate sodium
sirolimus
tacrolimus

OPHTHALMIC

RETINAL DISORDERS

EYLEA

RESPIRATORY

ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS

PROLASTIN-C

CYSTIC FIBROSIS

tobramycin inhalation solution

PULMONARY FIBROSIS AGENTS

pirfenidone
OFEV

SEVERE ASTHMA AGENTS

DUPIXENT
FASENRA
NUCALA
XOLAIR

TOPICAL**DERMATOLOGY, ATOPIC DERMATITIS**

DUPIXENT

EBGLYSS

RINVOQ

MOUTH/THROAT/DENTAL AGENTS

MUGARD

QUICK REFERENCE DRUG LIST**A**

abacavir
abacavir-lamivudine
abiraterone
ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
ADEMPAS
ADVATE
ADYNOVATE
AFINITOR
AFINITOR DISPERZ
AFSTYLA
ALECENSA
ALPROLIX
ALVAIZ
ambrisentan
apomorphine
ARANESP
atazanavir

B

BETASERON
bexarotene capsule
BIKTARVY
bosentan
BOSULIF

C

CABOMETYX
CALQUENCE
capecitabine
CERDELGA
CEREZYME
CETROTIDE
CIMDUO
cinacalcet
COPIKTRA
COSENTYX
CUTAQUIG
cyclosporine
cyclosporine modified
CYSTAGON

D

dalfampridine ext-rel
dasatinib
deferasirox
deferiprone

deferoxamine
DESCOVY
dimethyl fumarate delayed-rel
DOPTELET
DOVATO
DUPIXENT
DUROLANE

E

EBGLYSS
efavirenz
efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
ELFABRIO
ELIGARD
ELOCTATE
emtricitabine-tenofovir disoproxil fumarate
ENBREL
ENSPRYNG
entecavir
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)
ERIVEDGE
ERLEADA
erlotinib
ESPEROCT
EUFLEXXA
everolimus
everolimus
EVOTAZ
EYLEA

F

FABRAZYME
FASENRA
fingolimod
FIRMAGON
FYLNETRA

G

GANIRELIX ACETATE
gefitinib
GELSYN-3
GENVOYA

glatiramer
GONAL-F

H

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

I

IBRANCE
icatibant
imatinib mesylate
INBRIJA
INGREZZA
IQIRVO
ISENTRESS

J

JIVI

K

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

L

lamivudine
lamivudine
lamivudine-zidovudine
lapatinib
leuprolide acetate
LONSURF
lopinavir-ritonavir
LUPRON DEPOT-PED
LYNPARZA

M

MAYZENT
MIRENA
MUGARD
mycophenolate mofetil
mycophenolate sodium

N

nevirapine
nevirapine ext-rel
NINLARO
NIVESTYM
NORDITROPIN
NORVIR
NOVOEIGHT
NOVOSEVEN RT
NUBEQA
NUCALA
NUWIQ
NYVEPRIA

O

OCREVUS
octreotide acetate kit
ODEFSEY
ODOMZO
OFEV
OPSUMIT
ORALAIR
ORENCIA CLICKJECT
ORENCIA SUBCUTANEOUS
ORENITRAM
ORFADIN
OTEZLA
OVIDREL

P

pazopanib
penicillamine
PERJETA
PHEBURANE
PHESGO
pirfenidone
PREZCOBIX
PREZISTA
PROLASTIN-C
PROLIA
PYZCHIVA INTRAVENOUS
PYZCHIVA SUBCUTANEOUS

R

REBIF
REBINYN
REMICADE
REPATHA

RETACRIT
REVLIMID
ribavirin
RINVOQ
RUCONEST
RUXIENCE
RYDAPT

S

sapropterin
SEVENFACT
sildenafil
SIMPONI ARIA
sirolimus
SKYLA
SKYRIZI INTRAVENOUS
SKYRIZI SUBCUTANEOUS
SODIUM OXYBATE
sodium phenylbutyrate
SOGROYA
SOMATULINE DEPOT
STELARA INTRAVENOUS

STELARA SUBCUTANEOUS
STIVARGA
sunitinib
SUPARTZ FX
SUPPRELIN LA
SYMITUZA

T

tacrolimus
tadalafil
TAGRISSE
TALTZ
TEGSEDI
temozolomide
tenofovir disoproxil fumarate
teriflunomide
teriparatide
tetrabenazine
THALOMID
tiopronin
tiopronin delayed-rel
TIVICAY

tobramycin inhalation solution
TRAZIMERA
TREMIFYA INTRAVENOUS
TREMIFYA SUBCUTANEOUS
treprostinil
trientine
TYMLOS
TYSABRI

U

UPTRAVI

V

VELCADE
VELSIPITY
VEMLIDY
vigabatrin
VISTOGARD
VOSEVI
VUMERITY
VYNDAMAX

VYNDAQEL

X

XELJANZ
XELJANZ XR
XOLAIR
XOSPATA
XTANDI

Y

YESINTEK INTRAVENOUS
YESINTEK SUBCUTANEOUS
YONSA

Z

ZEJULA
ZEPOSIA
zidovudine
ZIRABEV

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	REMICADE, SIMPONI ARIA		SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS
ADCIRCA	<i>sildenafil, tadalafil</i>		
AMPYRA	<i>dalfampridine ext-rel</i>	BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, VEMIDY</i>
APOKYN	<i>apomorphine</i> , INBRIJA	BERINERT	<i>icatibant</i> , RUCONEST
APTIVUS	Talk to your doctor	BORTEZOMIB	NINLARO, VELCADE
ARALAST NP	PROLASTIN-C	BUPHENYL	<i>sodium phenylbutyrate</i> , PHEBURANE
ATTRUBY	VYNDAMAX, VYNDAQEL	CHORIONIC GONADOTROPIN	OVIDREL
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	CIMZIA LYOPHILIZED POWDER	PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS
AUSTEDO, AUSTEDO XR	<i>tetrabenazine</i> , INGREZZA	COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA
AVASTIN	ZIRABEV		
AVSOLA	PYZCHIVA INTRAVENOUS, REMICADE,		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
COPAXONE	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	GLASSIA	PROLASTIN-C
CUPRIMINE	<i>penicillamine</i>	GLEEVEC	<i>dasatinib, imatinib mesylate</i> , BOSULIF
CUVITRU	CUTAQUIG	GRANIX	NIVESTYM
DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>	HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
ELELYSO	CERDELGA, CEREZYME	HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
ENTYVIO INTRAVENOUS (For Crohn's Disease Only)	PYZCHIVA INTRAVENOUS, REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS	HYQVIA	CUTAQUIG
EPOGEN	ARANESP, RETACRIT	ICLUSIG	<i>dasatinib, imatinib mesylate</i> , BOSULIF
ESBRIET	<i>pirfenidone</i> , OFEV	ILUMYA	REMICADE
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>	INFLECTRA	PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS
EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
FEIBA	NOVOSEVEN RT, SEVENFACT	KUVAN	<i>sapropterin</i>
FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>	KYPROLIS	NINLARO, VELCADE
FOLLISTIM AQ	GONAL-F	LETAIRIS	<i>ambrisentan, bosentan</i> , OPSUMIT
FORTEO	<i>teriparatide</i> , TYMLOS	LILETTA	KYLEENA, MIRENA, SKYLA
FULPHILA	FYLNETRA, NYVEPRIA	LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG	ELIGARD, FIRMAGON
<i>Fyremadel</i>	CETROTIDE, GANIRELIX ACETATE	LUPRON DEPOT 3.75 MG, 11.25 MG	ORIAHNN, ORILISSA
GAMMAGARD	CUTAQUIG	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI
<i>ganirelix acetate</i>	CETROTIDE, GANIRELIX ACETATE	MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA
GENOTROPIN	HUMATROPE, NORDITROPIN, SOGROYA	NEUPOGEN	NIVESTYM
GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	NOVAREL	OVIDREL

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA	STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA
OCALIVA	IQIRVO		
OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA		
ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA	SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	SYPRINE	<i>trientine</i>
OTREXUP	<i>methotrexate</i>	TASIGNA	<i>dasatinib, imatinib mesylate</i> , BOSULIF
PEGASYS	Talk to your doctor	TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
PRALUENT	REPATHA		
PREGNYL	OVIDREL	THIOLA	<i>tiopronin</i>
PROCRIT	ARANESP, RETACRIT	THIOLA EC	<i>tiopronin delayed-rel</i>
PROCYSBI	CYSTAGON	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>
PROMACTA	ALVAIZ, DOPTELET	TRACLEER	<i>ambrisentan, bosentan</i> , OPSUMIT
RASUVO	<i>methotrexate</i>	TRELSTAR MIXJECT	ELIGARD, FIRMAGON
RAVICTI	<i>sodium phenylbutyrate, PHEBURANE</i>	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine</i> , CIMDUO, DESCOVY
REMODULIN	<i>treprostinil</i>	TRUXIMA	RUXIENCE
RENFLEXIS	PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS	UDENYCA	FYLNETRA, NYVEPRIA
REVATIO	<i>sildenafil, tadalafil</i>	VIRACEPT	<i>atazanavir, lopinavir-ritonavir</i> , EVOTAZ, PREZCOBIX, PREZISTA
RIABNI	RUXIENCE	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
RITUXAN	RUXIENCE	XENAZINE	<i>tetrabenazine</i> , INGREZZA
RUBRACA	LYNPARZA, ZEJULA	XYREM	SODIUM OXYBATE
SABRIL	<i>vigabatrin</i>	ZARXIO	NIVESTYM
SANDOSTATIN LAR	<i>octreotide acetate kit, SOMATULINE DEPOT</i>	ZEMAIRA	PROLASTIN-C
SIGNIFOR LAR	<i>octreotide acetate kit, SOMATULINE DEPOT</i>	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
SOMAVERT	<i>octreotide acetate kit, SOMATULINE DEPOT</i>	ZIEXTENZO	FYLNETRA, NYVEPRIA
SPRYCEL	<i>dasatinib, imatinib mesylate, BOSULIF</i>		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ZOLADEX	ELIGARD, FIRMAGON, ORILISSA		
ZYDELIG	COPIKTRA		
ZYTIGA	<i>abiraterone, bicalutamide</i> , ERLEADA, NUBEQA, XTANDI, YONSA		

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

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
ANKYLOSING SPONDYLITIS	AMJEVITA CIMZIA PREFILLED SYRINGE HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) RINVOQ
CROHN'S DISEASE	AMJEVITA CIMZIA PREFILLED SYRINGE HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only)	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP HYRIMOZ (except NDCs 61314-XXXX-XX) PYZCHIVA SUBCUTANEOUS RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMIFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
PSORIASIS	AMJEVITA CIMZIA PREFILLED SYRINGE COSENTYX ENBREL HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only)	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP HYRIMOZ (except NDCs 61314-XXXX-XX) OTEZLA PYZCHIVA SUBCUTANEOUS SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TALTZ TREMIFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
PSORIATIC ARTHRITIS	AMJEVITA CIMZIA PREFILLED SYRINGE HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) ORENCIA CLICKJECT	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) OTEZLA

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
	ORENCIA SUBCUTANEOUS PYZCHIVA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR YESINTEK SUBCUTANEOUS	RINVOQ SKYRIZI SUBCUTANEOUS TREMIFYA SUBCUTANEOUS
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA CIMZIA PREFILLED SYRINGE HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) KINERET SIMPONI	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) SIMPONI	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP HYRIMOZ (except NDCs 61314-XXXX-XX) PYZCHIVA SUBCUTANEOUS RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMIFYA SUBCUTANEOUS VELSIPITY XELJANZ XELJANZ XR YESINTEK SUBCUTANEOUS
ALL OTHER CONDITIONS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) KINERET ORENCIA CLICKJECT	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX)

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
	ORENCIA SUBCUTANEOUS	

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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