October 2023

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. 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

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)
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
imatinib mesylate
lapatinib
sunitinib
AFINITOR
AFINITOR DISPERZ
ALECENSA
ALUNBRIG
BOSULIF
CABOMETYX
CALQUENCE
COPIKTRA
IBRANCE
IRESSA
KISQALI
KISQALI FEMARA CO-PACK
KOSELUGO
RYDAPT
SPRYCEL
STIVARGA
TAGRISSO
VOTRIENT
XOSPATA

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
LYSODREN
MATULANE
ODOMZO
RUBRACA
VISTOGARD
ZEJULA
ZOLINZA

CARDIOVASCULAR

ANTILIPEMICS
PCSK9 INHIBITORS
REPATHA

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
AUSTEDO XR
INGREZZA

§ MULTIPLE SCLEROSIS AGENTS
dimethyl fumarate delayed-rel
fingolimod
glatiramer
teriflunomide
BETASERON
COPAXONE
KESIMPTA
MAYZENT
OCREVUS
REBIF
TYSABRI
VUMERITY
ZEPOSIA

NARCOLEPSY
SODIUM OXYBATE

ENDOCRINE AND METABOLIC

ACROMEGALY
SOMATULINE DEPOT

§ CALCIUM RECEPTOR AGONISTS
cinacalcet

CALCIUM REGULATORS
PARATHYROID HORMONES
FORTEO
TYMLOS

MISCELLANEOUS
PROLIA

CENTRAL PRECOCIOUS PUBERTY
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
GENOTROPIN
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
ARANESP
NIVESTYM
RETACRIT
ZIEXTENZO

HEMOPHILIA A AGENTS
ADVATE
ADYNOVATE
AFSTYLA
ELOCTATE
ESPEROCT
JIVI
KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ

HEMOPHILIA B AGENTS
REBINYN

THROMBOCYTOPENIA AGENTS
DOPTELET
TAVALISSE

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS
ORALAIR

AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)
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
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS

PSORIASIS
HUMIRA
OTEZLA
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS
TALTZ
TREMFYA

PSORIATIC ARTHRITIS
COSENTYX
ENBREL
HUMIRA
OTEZLA
RINVOQ
SKYRIZI SUBCUTANEOUS

RHEUMATOID ARTHRITIS
ENBREL
HUMIRA
KEVZARA
ORENCIA CLICKJECT
ORENCIA SUBCUTANEOUS
RINVOQ
XELJANZ
XELJANZ XR

ULCERATIVE COLITIS
HUMIRA
RINVOQ
STELARA SUBCUTANEOUS
XELJANZ
XELJANZ XR

ALL OTHER CONDITIONS
ENBREL
HUMIRA

§ HEREDITARY ANGIOEDEMA
icatibant
RUCONEST

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

§ PULMONARY FIBROSIS AGENTS
pirfenidone
OFEV

SEVERE ASTHMA AGENTS
DUPIXENT
FASENRA
NUCALA
XOLAIR

TOPICAL

DERMATOLOGY
ATOPIC DERMATITIS
Injectable
DUPIXENT

Oral
RINVOQ

MOUTH / THROAT / DENTAL AGENTS
PROTECTANTS
MUGARD

OPHTHALMIC
RETINAL DISORDERS
EYLEA

QUICK REFERENCE DRUG LIST

A

abacavir
abacavir-lamivudine
abiraterone
ADEMPAS
ADVATE
ADYNOVATE
AFINITOR
AFINITOR DISPERZ
AFSTYLA
ALECENSA
ALUNBRIG
ambrisentan
ARANESP
atazanavir
AUSTEDO
AUSTEDO XR

B

BARACLUDE SOLUTION
BETASERON
bexarotene capsule
BIKTARVY
bosentan
BOSULIF

C

CABOMETYX
CALQUENCE
capecitabine
CERDELGA
CEREZYME
CETROTIDE
CIMDUO
cinacalcet
COPAXONE
COPIKTRA
COSENTYX
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
emtricitabine-tenofovir disoproxil fumarate
EMTRIVA
ENBREL
ENSPRYNG
entecavir
EPCLUSA
ERIVEDGE
ERLEADA
erlotinib
ESPEROCT
EUFLEXXA
everolimus
EVOTAZ
EYLEA

F

FASENRA
fingolimod
FIRMAGON
FORTEO
FUZEON

G

GELSYN-3
GENOTROPIN
GENVOYA
glatiramer
GONAL-F

H

HARVONI
HUMIRA

I

IBRANCE
icatibant
imatinib mesylate
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
LYNPARZA
LYSODREN

M

MATULANE
MAYZENT
MIRENA
MUGARD
mycophenolate mofetil
mycophenolate sodium

N

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

O

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

P

penicillamine
PERJETA
PHESGO
pirfenidone
PREZCOBIX
PREZISTA
PROLASTIN-C
PROLIA

R

REBIF
REBINYN
REMICADE
REPATHA
RETACRIT
REVLIMID
ribavirin
RINVOQ
RUBRACA
RUCONEST
RUXIENCE
RYDAPT

S

sapropterin
sildenafil
SIMPONI ARIA
sirolimus
SKYLA
SKYRIZI INTRAVENOUS
SKYRIZI SUBCUTANEOUS
SODIUM OXYBATE
sodium phenylbutyrate
SOMATULINE DEPOT
SPRYCEL
stavudine
STELARA INTRAVENOUS
STELARA SUBCUTANEOUS
STIVARGA
sunitinib
SUPARTZ FX
SUPPRELIN LA
SYMTUZA

T

tacrolimus
tadalafil
TAGRISSO
TALTZ
TAVALISSE
TEGSEDI
temozolomide
tenofovir disoproxil fumarate
teriflunomide
tetrabenazine
THALOMID
tiopronin
TIVICAY
tobramycin inhalation solution
TRAZIMERA
TREMFYA
treprostinil
trientine
TRIPTODUR
TYMLOS
TYSABRI

U

UPTRAVI

V

VELCADE
VEMLIDY
vigabatrin
VISTOGARD
VOSEVI [2]
VOTRIENT
VUMERITY

X

XELJANZ
XELJANZ XR
XOLAIR
XOSPATA
XTANDI

Y

YONSA

Z

ZEJULA
ZEPOSIA
zidovudine
ZIEXTENZO
ZIRABEV
ZOLINZA

PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS [3]

DRUG NAME(S)	PREFERRED OPTION(S)†
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA
ADCIRCA	*sildenafil, tadalafil*
ALIQOPA	Talk to your doctor
ALPROLIX	REBINYN
APOKYN	INBRIJA, KYNMOBI
APTIVUS	Talk to your doctor
ARALAST NP	PROLASTIN-C
AUBAGIO	*dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide,* BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
AVASTIN	ZIRABEV
AVONEX	*dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide,* BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
AVSOLA	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
BARACLUDE TABLET	*entecavir, lamivudine, tenofovir disoproxil fumarate,* BARACLUDE SOLUTION, VEMLIDY
BERINERT	*icatibant*, RUCONEST
BORTEZOMIB	NINLARO, VELCADE
BUPHENYL	*sodium phenylbutyrate*
CHORIONIC GONADOTROPIN	OVIDREL
CIMZIA LYOPHILIZED POWDER	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
COMPLERA	*efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate,* BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA
CUPRIMINE	*penicillamine*
CUVITRU	CUTAQUIG
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	ARANESP, RETACRIT
EXJADE	*deferasirox, deferiprone, deferoxamine*
EXTAVIA	*dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide*, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
FERRIPROX	*deferasirox, deferiprone, deferoxamine*
FOLLISTIM AQ	GONAL-F
FULPHILA	ZIEXTENZO
GAMMAGARD	CUTAQUIG
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
GILENYA	*dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide*, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
GLASSIA	PROLASTIN-C
GLEEVEC	*imatinib mesylate,* BOSULIF, SPRYCEL
GRANIX	NIVESTYM
HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
HUMATROPE	GENOTROPIN, NORDITROPIN
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
HYQVIA	CUTAQUIG
ILUMYA	REMICADE
INFLECTRA	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
JADENU	*deferasirox, deferiprone, deferoxamine*
KUVAN	*sapropterin*
KYPROLIS	NINLARO, VELCADE
LETAIRIS	*ambrisentan, bosentan*, OPSUMIT
LEXIVA	*atazanavir, lopinavir-ritonavir,* EVOTAZ, PREZCOBIX, PREZISTA
LILETTA	KYLEENA, MIRENA, SKYLA
LUPRON DEPOT	ELIGARD, FIRMAGON, ORIAHNN, ORILISSA
LUPRON DEPOT-PED	SUPPRELIN LA, TRIPTODUR
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI [2]
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
NEULASTA, NEULASTA ONPRO	ZIEXTENZO
NEUPOGEN	NIVESTYM
NOVAREL	OVIDREL
NUTROPIN AQ	GENOTROPIN, NORDITROPIN
OMNITROPE	GENOTROPIN, NORDITROPIN
ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
OTREXUP	*methotrexate*
PEGASYS	Talk to your doctor
PLEGRIDY	*dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide,* BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
PRALUENT	REPATHA
PREGNYL	OVIDREL

DRUG NAME(S)	PREFERRED OPTION(S)†
PROCRIT	ARANESP, RETACRIT
PROCYSBI	CYSTAGON
PROMACTA	DOPTELET, TAVALISSE
RASUVO	*methotrexate*
RAVICTI	*sodium phenylbutyrate*
REMODULIN	*treprostinil*
RENFLEXIS	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
REVATIO	*sildenafil, tadalafil*
RIABNI	RUXIENCE
RITUXAN	RUXIENCE
SABRIL	*vigabatrin*
SAIZEN	GENOTROPIN, NORDITROPIN
SANDOSTATIN LAR	SOMATULINE DEPOT
SIGNIFOR LAR	SOMATULINE DEPOT
SOMAVERT	SOMATULINE DEPOT
STRIBILD	*efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate,* BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
SYPRINE	*trientine*
TAKHZYRO	Talk to your doctor
TASIGNA	*imatinib mesylate,* BOSULIF, SPRYCEL
TECFIDERA	*dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide,* BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
THIOLA, THIOLA EC	*tiopronin*
TOBI, TOBI PODHALER	*tobramycin inhalation solution*
TRACLEER	*ambrisentan, bosentan,* OPSUMIT
TRELSTAR MIXJECT	ELIGARD, FIRMAGON
TRUVADA	*abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine,* CIMDUO, DESCOVY
TRUXIMA	RUXIENCE
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
XENAZINE	*tetrabenazine,* AUSTEDO, AUSTEDO XR
XYREM	SODIUM OXYBATE
ZARXIO	NIVESTYM
ZEMAIRA	PROLASTIN-C
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
ZOLADEX	ELIGARD, FIRMAGON, ORILISSA
ZYDELIG	COPIKTRA
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	CIMZIA PREFILLED SYRINGE SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA RINVOQ
CROHN'S DISEASE	CIMZIA PREFILLED SYRINGE	HUMIRA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
PSORIASIS	CIMZIA PREFILLED SYRINGE COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TALTZ TREMFYA
PSORIATIC ARTHRITIS	CIMZIA PREFILLED SYRINGE ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ TREMFYA XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS CIMZIA PREFILLED SYRINGE KINERET SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	SIMPONI	HUMIRA RINVOQ STELARA SUBCUTANEOUS XELJANZ XELJANZ XR
ALL OTHER CONDITIONS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL 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** 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.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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