



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
stavudine
zidovudine
EDURANT
EMTRIVA
FUZEON
INTELENCE
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
SYMITUZA

ANTIVIRALS

entecavir
lamivudine
BARACLUDE SOLUTION

VEMLIDY

HEPATITIS B AGENTS

tenofovir disoproxil fumarate

HEPATITIS C

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

NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

tenofovir disoproxil fumarate

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

temozolomide
MATULANE

ANTIMETABOLITES

capecitabine
LONSURF

BIOLOGIC RESPONSE MODIFIERS

ERIVEDGE
REVLIMID
THALOMID

BIOSIMILARS

KANJINTI
RUXIENCE
TRAZIMERA
ZIRABEV

HORMONAL ANTINEOPLASTIC AGENTS

abiraterone
leuprolide acetate
ELIGARD
ERLEADA
FIRMAGON
LYSODREN
NUBEQA
XTANDI
YONSA

KINASE INHIBITORS

erlotinib
everolimus
gefitinib

imatinib mesylate
lapatinib
sunitinib

AFINITOR
AFINITOR DISPERZ
ALECENSA
ALUNBRIG
BOSULIF
CABOMETYX
CALQUENCE
COPIKTRA
IBRANCE
KISQALI
KISQALI FEMARA CO-PACK
KOSELUGO
RYDAPT
SPRYCEL
STIVARGA
TAGRISSO
VOTRIENT
XOSPATA

MISCELLANEOUS

bexarotene capsule
LYNPARZA
ODOMZO
RUBRACA
VISTOGARD
ZEJULA
ZOLINZA

MONOCLONAL ANTIBODIES

PERJETA
PHESGO

PROTEASOME INHIBITORS

NINLARO
VELCADE

CARDIOVASCULAR

ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA

PULMONARY ARTERIAL HYPERTENSION

ambrisentan
bosentan
sildenafil
tadalafil
treprostinil
ADEMPAS
OPSUMIT

ORENITRAM
UPTRAVI

CENTRAL NERVOUS SYSTEM

ANTIPARKINSONIAN AGENTS

INBRIJA
KYNMOBI

ANTISEIZURE AGENTS

vigabatrin

MOVEMENT DISORDERS

tetrabenazine
AUSTEDO
AUSTEDO XR
INGREZZA

MULTIPLE SCLEROSIS AGENTS

dalfampridine ext-rel
dimethyl fumarate delayed-rel
fingolimod
glatiramer
teriflunomide
BETASERON
COPAXONE 40 MG/ML
KESIMPTA
MAYZENT
OCREVUS
REBIF
TYSABRI
VUMERITY
ZEPOSIA

NARCOLEPSY/CATAPLEXY

SODIUM OXYBATE

ENDOCRINE AND METABOLIC

ACROMEGALY

SOMATULINE DEPOT

CALCIUM RECEPTOR AGONISTS

cinacalcet

CENTRAL PRECOCIOUS PUBERTY

SUPPRELIN LA
TRIPTODUR

CHELATING AGENTS

deferiasirox
deferiprone
deferoxamine
penicillamine
trientine

CONTRACEPTIVES

KYLEENA
MIRENA
SKYLA

ENZYME REPLACEMENTS

sapropterin
sodium phenylbutyrate
CYSTAGON

FERTILITY REGULATORS

CETROTIDE
GANIRELIX ACETATE
GONAL-F
OVIDREL

GAUCHER DISEASE

CERDELGA
CEREZYME

HEREDITARY TYROSINEMIA TYPE 1 AGENTS

ORFADIN

HUMAN GROWTH HORMONES

GENOTROPIN
NORDITROPIN

MISCELLANEOUS

FORTEO
PROLIA
TYMLOS

POLYNEUROPATHY

TEGSEDI

GENITOURINARY

MISCELLANEOUS

tiopronin

HEMATOLOGIC

BLEEDING DISORDERS AGENTS

NOVOSEVEN RT
SEVENFACT

HEMATOPOIETIC GROWTH FACTORS

ARANESP
ARANESP ALBUMIN FREE
DOPTLET
FYLNETRA
NIVESTYM
NYVEPRIA
RETACRIT

HEMOPHILIA A AGENTS

ADVATE
ADYNOVATE
AFSTYLA
ELOCTATE
ESPEROCT
JIVI
KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ

HEMOPHILIA B AGENTS

ALPROLIX
REBINYN

MISCELLANEOUS

TAVALISSE

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS

ORALAIR

AUTOIMMUNE AGENTS (PHYSICIAN- ADMINISTERED)

REMICADE
SIMPONI ARIA
SKYRIZI INTRAVENOUS
STELARA INTRAVENOUS

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS

ADALIMUMAB-ADAZ
ENBREL
HUMIRA
HYRIMOZ

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS

ADALIMUMAB-ADAZ
COSENTYX
ENBREL
HUMIRA

HYRIMOZ
RINVOQ

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

ADALIMUMAB-ADAZ
HUMIRA
HYRIMOZ
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS

ADALIMUMAB-ADAZ
HUMIRA
HYRIMOZ
OTEZLA
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS
TALTZ
TREMIFYA

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS

ADALIMUMAB-ADAZ
COSENTYX
ENBREL
HUMIRA
HYRIMOZ
OTEZLA
RINVOQ
SKYRIZI SUBCUTANEOUS

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS

ADALIMUMAB-ADAZ
ENBREL
HUMIRA
HYRIMOZ
KEVZARA
ORENCIA CLICKJECT
ORENCIA SUBCUTANEOUS
RINVOQ
XELJANZ
XELJANZ XR

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS

ADALIMUMAB-ADAZ
HUMIRA
HYRIMOZ
RINVOQ

STELARA SUBCUTANEOUS
XELJANZ
XELJANZ XR

HEREDITARY ANGIOEDEMA

icatibant
RUCONEST

IMMUNOGLOBULIN

CUTAQUIG

IMMUNOSUPPRESSANTS

cyclosporine
cyclosporine modified
everolimus
mycophenolate mofetil
mycophenolate sodium
sirolimus
tacrolimus
ENSPRYNG

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

ATOPIC DERMATITIS, ORAL
RINVOQ

DERMATOLOGY, ATOPIC DERMATITIS

DUPIXENT

MOUTH/THROAT/DENTAL AGENTS

MUGARD

QUICK REFERENCE DRUG LIST

A

abacavir
abacavir-lamivudine
abiraterone
ADALIMUMAB-ADAZ
ADEMPAS
ADVATE
ADYNOVATE
AFINITOR
AFINITOR DISPERZ
AFSTYLA
ALECENSA
ALPROLIX
ALUNBRIG
ambrisentan
ARANESP
ARANESP ALBUMIN FREE
atazanavir
AUSTEDO
AUSTEDO XR

B

BARACLUDE SOLUTION
BETASERON
bexarotene capsule
BIKTARVY
bosentan
BOSULIF

C

CABOMETYX
CALQUENCE
capecitabine
CERDELGA
CEREZYME
CETROTIDE
CIMDUO
cinacalcet
COPAXONE 40 MG/ML
COPIKTRA
COSENTYX
CUTAQUIG
cyclosporine
cyclosporine modified
CYSTAGON

D

dalfampridine ext-rel
deferasirox
deferiprone
deferoxamine
DESCOXY
dimethyl fumarate delayed-rel
DOPTLET

DOVATO
DUPIXENT
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 (genotypes 1, 2, 3, 4, 5, 6)
ERIVEDGE
ERLEADA
erlotinib
ESPEROCT
EUFLEXXA
everolimus
everolimus
EVOTAZ
EYLEA

F

FASENRA
fingolimod
FIRMAGON
FORTEO
FUZEON
FYLNETRA

G

GANIRELIX ACETATE
gefitinib
GELSYN-3
GENOTROPIN
GENVOYA
glatiramer
GONAL-F

H

HARVONI (genotypes 1, 4, 5, 6)
HUMIRA
HYRIMOZ

I

IBRANCE
icatibant
imatinib mesylate
INBRIJA
INGREZZA
INTELENCE
ISENTRESS

J

JIVI

K

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

L

lamivudine
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
NOVOSEVEN RT
NUBEQA
NUCALA
NUWIQ
NYVEPRIA

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
SEVENFACT
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
VOTRIENT
VUMERITY

X

XELJANZ

XELJANZ XR
XOLAIR
XOSPATA
XTANDI

Y

YONSA

Z

ZEJULA
ZEPOSIA
zidovudine
ZIRABEV
ZOLINZA

PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS

The preferred options listed below is a broad presentation within therapeutic categories 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	ELELYSO	CERDELGA, CEREZYME
ADCIRCA	<i>sildenafil, tadalafil</i>	ENTYVIO (For Crohn's Disease Only)	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
ALIQOPA	Talk to your doctor	EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY
AMPYRA	<i>dalfampridine ext-rel</i>	EPOGEN	ARANESP, RETACRIT
APOKYN	INBRIJA, KYNMOBI	ESBRIET	<i>pirfenidone</i> , OFEV
APTIVUS	Talk to your doctor	EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>
ARALAST NP	PROLASTIN-C	EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	FEIBA	NOVOSEVEN RT, SEVENFACT
AVASTIN	ZIRABEV	FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
AVSOLA	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS	FOLLISTIM AQ	GONAL-F
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY	FULPHILA	FYLNETRA, NYVEPRIA
BERINERT	<i>icatibant</i> , RUCONEST	<i>Fyremadel</i>	CETROTIDE, GANIRELIX ACETATE
BORTEZOMIB	NINLARO, VELCADE	GAMMAGARD	CUTAQUIG
BUPHENYL	<i>sodium phenylbutyrate</i>	<i>ganirelix acetate</i>	CETROTIDE, GANIRELIX ACETATE
CHORIONIC GONADOTROPIN	OVIDREL	GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
CIMZIA	REMICADE, SIMPONI ARIA, SKYRIZI	GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
LYOPHILIZED POWDER	INTRAVENOUS, STELARA INTRAVENOUS	GLASSIA	PROLASTIN-C
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA	GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
COPAXONE 20 MG/ML	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	GRANIX	NIVESTYM
CUPRIMINE	<i>penicillamine</i>	HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
CUVITRU	CUTAQUIG	HUMATROPE	GENOTROPIN, NORDITROPIN
DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>	HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
HYQVIA	CUTAQUIG	RIABNI	RUXIENCE
ICLUSIG	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL	RITUXAN	RUXIENCE
ILUMYA	REMICADE	SABRIL	<i>vigabatrin</i>
INFLECTRA	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS,STELARA INTRAVENOUS	SAIZEN	GENOTROPIN, NORDITROPIN
JADENU	<i>deferasirox, deferiprone, deferoxamine</i>	SANDOSTATIN LAR	SOMATULINE DEPOT
KUVAN	<i>sapropterin</i>	SIGNIFOR LAR	SOMATULINE DEPOT
KYPROLIS	NINLARO, VELCADE	SOMAVERT	SOMATULINE DEPOT
LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>	STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA</i>
LEXIVA	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>	SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
LILETTA	KYLEENA, MIRENA, SKYLA	SYPRINE	<i>trientine</i>
LUPRON DEPOT	ELIGARD, FIRMAGON, ORIAHNN, ORLISSA	TAKHZYRO	Talk to your doctor
LUPRON DEPOT- PED	SUPPRELIN LA, TRIPTODUR	TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²	TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	THIOLA, THIOLA EC	<i>tiopronin</i>
NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>
NEUPOGEN	NIVESTYM	TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
NOVAREL	OVIDREL	TRELSTAR	ELIGARD, FIRMAGON
NUTROPIN AQ	GENOTROPIN, NORDITROPIN	MIXJECT	
OMNITROPE	GENOTROPIN, NORDITROPIN	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>
ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA	TRUXIMA	RUXIENCE
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	UDENYCA	FYLNETRA, NYVEPRIA
OTREXUP	<i>methotrexate</i>	VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
PEGASYS	Talk to your doctor	VIRACEPT	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
PRALUENT	REPATHA	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
PREGNYL	OVIDREL	XENAZINE	<i>tetrabenazine, AUSTEDO, AUSTEDO XR</i>
PROCRIT	ARANESP, RETACRIT	XYREM	SODIUM OXYBATE
PROCYSBI	CYSTAGON	ZARXIO	NIVESTYM
PROMACTA	DOPTELET, TAVALISSE		
RASUVO	<i>methotrexate</i>		
RAVICTI	<i>sodium phenylbutyrate</i>		
REMODULIN	<i>treprostinil</i>		
RENFLEXIS	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS		
REVATIO	<i>sildenafil, tadalafil</i>		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ZEMAIRA	PROLASTIN-C	ZOLADEX	ELIGARD, FIRMAGON, ORILISSA
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)	ZYDELIG	COPIKTRA
ZIEXTENZO	FYLNETRA, NYVEPRIA	ZYTIGA	<i>abiraterone, bicalutamide</i> , 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	AMJEVITA CIMZIA PREFILLED SYRINGE SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HUMIRA HYRIMOZ RINVOQ
CROHN'S DISEASE	AMJEVITA CIMZIA PREFILLED SYRINGE	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
PSORIASIS	AMJEVITA CIMZIA PREFILLED SYRINGE COSENTYX ENBREL	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ OTEZLA SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TALTZ TREMIFYA
PSORIATIC ARTHRITIS	AMJEVITA CIMZIA PREFILLED SYRINGE ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ TREMIFYA XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HUMIRA HYRIMOZ OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA	ADALIMUMAB-ADAZ ENBREL HUMIRA

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
	CIMZIA PREFILLED SYRINGE KINERET SIMPONI	HYRIMOZ KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	AMJEVITA SIMPONI	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ RINVOQ STELARA SUBCUTANEOUS XELJANZ XELJANZ XR
ALL OTHER CONDITIONS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ADALIMUMAB-ADAZ ENBREL HUMIRA HYRIMOZ

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).

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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