

# 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 copay<sup>1</sup> 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](http://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](http://Caremark.com) to check coverage and copay information for a specific medicine.

### ANALGESICS

#### VISCOSUPPLEMENTS

DUROLANE  
EUFLEXXA  
GELSYN-3  
SUPARTZ FX

EVOTAZ  
GENVOYA  
ODEFSEY  
PREZCOBIX  
SYMTUZA  
TEMIXYS  
TRIUMEQ

#### § NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

*abacavir*  
*lamivudine*  
*stavudine*  
*zidovudine*  
EMTRIVA

BARACLUDE SOLUTION  
VEMLIDY

#### § HEPATITIS C AGENTS

*ribavirin*  
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)  
HARVONI (genotypes 1, 4, 5, 6)  
VOSEVI<sup>2</sup>

#### HORMONAL ANTINEOPLASTIC AGENTS

##### § ANTIANDROGENS

*abiraterone*  
ERLEADA  
NUBEQA  
XTANDI  
YONSA

### 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

#### FUSION INHIBITORS

FUZEON

#### INTEGRASE INHIBITORS

ISENTRESS  
TIVICAY

#### § NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

*efavirenz*  
*nevirapine*  
*nevirapine ext-rel*  
EDURANT  
INTELENCE

#### § NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

*tenofovir disoproxil fumarate*

#### § PROTEASE INHIBITORS

*atazanavir*  
*lopinavir-ritonavir*  
NORVIR  
PREZISTA

#### ANTIVIRALS

##### § HEPATITIS B AGENTS

*entecavir*  
*lamivudine*  
*tenofovir disoproxil fumarate*

### ANTINEOPLASTIC AGENTS

#### § ALKYLATING AGENTS

*temozolomide*

#### § ANTIMETABOLITES

*capecitabine*  
LONSURF

#### BIOSIMILARS

KANJINTI  
RUXIENCE  
TRAZIMERA  
ZIRABEV

#### § 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**

**§ ANTICONSULTANTS**

*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*

*deferoraxamine*  
*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  
VOSEVI<sup>2</sup>

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 <sup>3</sup>

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	IVIDREL	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 <sup>2</sup>
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</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ		

**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.

<sup>1</sup> 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.

<sup>2</sup> 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).

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

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