



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 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
ORTHOVISC

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

abacavir
atazanavir
darunavir
efavirenz
emtricitabine
etravirine
lamivudine
maraviroc
nevirapine
nevirapine ext-rel
rilpivirine
ritonavir
tenofovir disoproxil fumarate
zidovudine
APRETUDE
ISENTRESS
TIVICAY
YEZTUGO

ANTIRETROVIRAL COMBINATION AGENTS

abacavir-lamivudine
efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
emtricitabine-rilpivirine-tenofovir disoproxil fumarate
emtricitabine-tenofovir disoproxil fumarate
lamivudine-zidovudine
lopinavir-ritonavir
BIKTARVY
CABENUVA
CIMDUO
DESCOVY
DOVATO
GENVOYA
ODEFSEY
SYM TUZA
TRIUMEQ

HEPATITIS B

entecavir
lamivudine
tenofovir disoproxil fumarate

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

lenalidomide
ERIVEDGE
THALOMID

BIOSIMILARS

KANJINTI
RUXIENCE
TRAZIMERA
ZIRABEV

HORMONAL ANTINEOPLASTIC AGENTS

abiraterone
leuprolide acetate
ELIGARD
ERLEADA
NUBEQA
XTANDI
YONSA

KINASE INHIBITORS

dasatinib
erlotinib
everolimus
gefitinib
imatinib mesylate
lapatinib
nilotinib
pazopanib

sorafenib
sunitinib
ALECENSA
ALUNBRIG
AUGTYRO
BOSULIF
BRAFTOVI
BRUKINSA
CABOMETYX
CALQUENCE
GAVRETO
GOMEKLI
IBRANCE
IBTROZI
INLYTA
JAKAFI
JAKAFI XR
KISQALI
KISQALI FEMARA CO-PACK
KOSELUGO
LENVIMA
MEKINIST
MEKTOVI
PIQRAY
RETEVMO
ROZLYTREK
RYDAPT
SCEMBLIX
STIVARGA
TAFINLAR
TAGRISSO
TRUQAP
TURALIO
VITRAKVI
XOSPATA
ZYKADIA

MISCELLANEOUS

bexarotene
KRAZATI
LUMAKRAS
LYNPARZA
ODOMZO
VISTOGARD
ZEJULA

MONOCLONAL ANTIBODIES

PHESGO

POLYCYTHEMIA VERA

BESREMI
JAKAFI
JAKAFI XR

PROTEASOME INHIBITORS

bortezomib
NINLARO

CARDIOVASCULAR

ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA

MISCELLANEOUS

VYNDAMAX

PULMONARY ARTERIAL HYPERTENSION

ambrisentan
bosentan
sildenafil
tadalafil
treprostinil
ADEMPAS
OPSUMIT
OPSYNVI
ORENITRAM
TADLIQ
TYVASO
TYVASO DPI
UPTRAVI
YUTREPIA

CENTRAL NERVOUS SYSTEM

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

RADICAVA ORS

ANTIDEPRESSANTS

ZURZUVAE

ANTIPARKINSONIAN AGENTS

INBRIJA

ANTISEIZURE AGENTS

vigabatrin

BOTULINUM TOXINS

DAXXIFY
DYSPORE
XEOMIN

MISCELLANEOUS

ENSPRYNG

MOVEMENT DISORDERS

tetrabenazine
AUSTEDO
INGREZZA

MULTIPLE SCLEROSIS

AGENTS

dimethyl fumarate delayed-rel
fingolimod
glatiramer
teriflunomide
AVONEX
BAFIERTAM
BETASERON
BRIUMVI
KESIMPTA
MAYZENT
OCREVUS
REBIF
TYRUKO
VUMERITY
ZEPOSIA

MYASTHENIA GRAVIS

EPYSQLI
VYVGART
VYVGART HYTRULO

NARCOLEPSY/CATAPLEXY

LUMRYZ
WAKIX
XYWAV

ENDOCRINE AND METABOLIC

ACROMEGALY

octreotide acetate kit
SOMATULINE DEPOT

CALCIUM RECEPTOR AGONISTS

cinacalcet

CALCIUM REGULATORS, BISPHOSPHONATES

zoledronic acid

CALCIUM REGULATORS, MISCELLANEOUS

OSENVELT
OSPOMYV
STOBOCLO

CALCIUM REGULATORS, PARATHYROID HORMONES

teriparatide 560mcg/2.24ml
BONSITY

TERIPARATIDE
560MCG/2.24ML
TYMLOS

CENTRAL PRECOCIOUS PUBERTY

FENSOLVI
LUPRON DEPOT-PED
SUPPRELIN LA
TRIPTODUR

CHELATING AGENTS

deferasirox
deferiprone
deferoxamine
penicillamine
trientine

CONTRACEPTIVES

KYLEENA
MIRENA
SKYLA

FERTILITY REGULATORS

cetorelix acetate
FOLLISTIM AQ
GANIRELIX ACETATE
MENOPUR
PREGNYL

HEREDITARY TYROSINEMIA TYPE 1 AGENTS

ORFADIN

HUMAN GROWTH HORMONES

HUMATROPE
NORDITROPIN
SOGROYA

LYSOSOMAL STORAGE DISORDERS

NEXVIAZYME

LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE

ELFABRIO
FABRAZYME
GALAFOLD

LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE

CERDELGA
CEREZYME

MISCELLANEOUS

betaine
mifepristone
sapropterin

tolvaptan
CYSTAGON

UREA CYCLE DISORDER

carglumic acid
glycerol phenylbutyrate
sodium phenylbutyrate
PHEBURANE

GASTROINTESTINAL

EOSINOPHILIC ESOPHAGITIS

DUPIXENT

MISCELLANEOUS

IQIRVO

GENITOURINARY

MISCELLANEOUS

tiopronin
tiopronin delayed-rel
FILSPARI
VANRAFIA

HEMATOLOGIC

BLEEDING DISORDERS AGENTS

NOVOSEVEN RT
SEVENFACT
WILATE

HEMATOPOIETIC GROWTH FACTORS

ARANESP
FULPHILA
NIVESTYM
NYVEPRIA
PROCRIT
RETACRIT

HEMOPHILIA A AGENTS

ADVATE
ADYNOVATE
AFSTYLA
ALTUVIIIO
ELOCTATE
ESPEROCT
JIVI
KOVALTRY
NOVOEIGHT
NUWIQ
XYNTHA

HEMOPHILIA B AGENTS

BENEFIX
REBINYN

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

EMPAVELI
EPYSQLI

SICKLE CELL DISEASE

glutamine
ENDARI

THROMBOCYTOPENIA AGENTS

eltrombopag
ALVAIZ
DOPTELET

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS

ORALAIR

ALOPECIA AREATA

LITFULO
OLUMIANT

AUTOIMMUNE AGENTS (PHYSICIAN- ADMINISTERED)

AVSOLA
ILUMYA
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

tofacitinib
tofacitinib ext-rel
ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
COSENTYX SUBCUTANEOUS
ENBREL
HYRIMOZ (except NDCs
61314-XXXX-XX)
RINVOQ

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

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

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED),
HIDRADENITIS
SUPPURATIVA**

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
COSENTYX SUBCUTANEOUS
HYRIMOZ (except NDCs
61314-XXXX-XX)

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED),
NON-RADIOGRAPHIC AXIAL
SPONDYLOARTHRITIS**

CIMZIA PREFILLED SYRINGE
COSENTYX SUBCUTANEOUS
RINVOQ

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED),
PSORIASIS**

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
BIMZELX
HYRIMOZ (except NDCs
61314-XXXX-XX)
OTEZLA
OTEZLA XR
PYZCHIVA SUBCUTANEOUS
(except NDCs 61314-XXXX-
XX)
SKYRIZI SUBCUTANEOUS
SOTYKTU

TREMIFYA SUBCUTANEOUS
YESINTEK SUBCUTANEOUS

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED),
PSORIATIC ARTHRITIS**

tofacitinib
tofacitinib ext-rel
ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
COSENTYX SUBCUTANEOUS
ENBREL
HYRIMOZ (except NDCs
61314-XXXX-XX)
OTEZLA
OTEZLA XR
PYZCHIVA SUBCUTANEOUS
(except NDCs 61314-XXXX-
XX)
RINVOQ
SKYRIZI SUBCUTANEOUS
TREMIFYA SUBCUTANEOUS
YESINTEK SUBCUTANEOUS

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED),
RHEUMATOID ARTHRITIS**

tofacitinib
tofacitinib ext-rel
ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
ENBREL
HYRIMOZ (except NDCs
61314-XXXX-XX)
KEVZARA
ORENCIA CLICKJECT
ORENCIA SUBCUTANEOUS
RINVOQ

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED),
ULCERATIVE COLITIS**

tofacitinib
tofacitinib ext-rel
ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
ENTYVIO SUBCUTANEOUS
HYRIMOZ (except NDCs
61314-XXXX-XX)

PYZCHIVA SUBCUTANEOUS
(except NDCs 61314-XXXX-
XX)
RINVOQ
SKYRIZI SUBCUTANEOUS
TREMIFYA SUBCUTANEOUS
VELSIPITY
YESINTEK SUBCUTANEOUS
ZEPOSIA

**DISEASE-MODIFYING ANTI-
RHEUMATIC DRUGS
(DMARDS)**

RASUVO

HEREDITARY ANGIOEDEMA

icatibant
ORLADEYO
RUCONEST
TAKHZYRO

IMMUNOGLOBULIN

CUTAQUIG
XEMBIFY

IMMUNOSUPPRESSANTS

cyclosporine
cyclosporine modified
everolimus
mycophenolate mofetil
mycophenolate sodium
sirolimus
tacrolimus

OPHTHALMIC

RETINAL DISORDERS

BYOOVIZ

RESPIRATORY

**ALPHA-1 ANTITRYPSIN
DEFICIENCY AGENTS**

ARALAST NP
GLASSIA
ZEMAIRA

**CHRONIC OBSTRUCTIVE
PULMONARY DISEASE**

DUPIXENT

NUCALA (except lyophilized
powder)

**CHRONIC RHINOSINUSITIS
WITH NASAL POLYPS**

DUPIXENT
NUCALA (except lyophilized
powder)
XOLAIR

CYSTIC FIBROSIS

tobramycin inhalation solution

**PULMONARY FIBROSIS
AGENTS**

pirfenidone
OFEV

SEVERE ASTHMA AGENTS

DUPIXENT
FASENRA
NUCALA (except lyophilized
powder)
TEZSPIRE
XOLAIR

TOPICAL

**DERMATOLOGY, ATOPIC
DERMATITIS**

CIBINQO
DUPIXENT
EBGLYSS
NEMLUVIO
RINVOQ

**DERMATOLOGY, CHRONIC
SPONTANEOUS URTICARIA**

DUPIXENT
XOLAIR

**DERMATOLOGY, PRURIGO
NODULARIS**

DUPIXENT
NEMLUVIO

**MOUTH/THROAT/DENTAL
AGENTS**

MUGARD

QUICK REFERENCE DRUG LIST

A
abacavir
abacavir-lamivudine
abiraterone

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
ADEMPAS
ADVATE
ADYNOVATE

AFSTYLA
ALECENSA
ALTUVIIIO
ALUNBRIG
ALVAIZ

ambrisentan
APRETUDE
ARALAST NP
ARANESP
atazanavir

AUGTYRO
AUSTEDO
AVONEX
AVSOLA

B

BAFIERTAM
BENEFIX
BESREMI
betaine
BETASERON
bexarotene
BIKTARVY
BIMZELX
BONSITY
bortezomib
bosentan
BOSULIF
BRAFTOVI
BRIUMVI
BRUKINSA
BYOOVIZ

C

CABENUVA
CABOMETYX
CALQUENCE
capecitabine
carglumic acid
CERDELGA
CEREZYME
cetrotorelix acetate
CIBINQO
CIMDUO
CIMZIA PREFILLED SYRINGE
cinacalcet
COSENTYX
SUBCUTANEOUS
CUTAQUIG
cyclosporine
cyclosporine modified
CYSTAGON

D

darunavir
dasatinib
DAXXIFY
deferasirox
deferiprone
deferoxamine
DESCOVY
dimethyl fumarate delayed-
rel
DOPTELET
DOVATO
DUPIXENT
DUROLANE
DYSPORET

E

EBGLYSS
efavirenz
efavirenz-emtricitabine-
tenofovir disoproxil
fumarate
efavirenz-lamivudine-
tenofovir disoproxil
fumarate
ELFABRIO
ELIGARD
ELOCTATE
eltrombopag
EMPAVELI
emtricitabine
emtricitabine- rilpivirine-
tenofovir disoproxil
fumarate
emtricitabine-tenofovir
disoproxil fumarate

ENBREL
ENDARI
ENSPRYNG
entecavir
ENTYVIO SUBCUTANEOUS
EPCLUSA (genotypes 1, 2, 3,
4, 5, 6)
EPYSQLI
ERIVEDGE
ERLEADA
erlotinib
ESPEROCT
etravirine
EUFLEXXA
everolimus
everolimus

F

FABRAZYME
FASENRA
FENSOLVI
FILSPARI
 fingolimod
FOLLISTIM AQ
FULPHILA

G

GALAFOLD
GANIRELIX ACETATE
GAVRETO
gefitinib
GELSYN-3
GENVOYA
GLASSIA
glatiramer
glutamine
glycerol phenylbutyrate
GOMEKLI

H

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

I

IBRANCE
IBTROZI
icatibant
ILUMYA
imatinib mesylate
INBRIJA
INGREZZA
INLYTA
IQIRVO
ISENTRESS

J

JAKAFI
JAKAFI XR
JIVI

K

KANJINTI
KESIMPTA
KEVZARA
KISQALI
KISQALI FEMARA CO-PACK
KOSELUGO
KOVALTRY
KRAZATI
KYLEENA

L

lamivudine
lamivudine
lamivudine-zidovudine
lapatinib
lenalidomide
LENVIMA
leuprolide acetate
LITFULO
LONSURF
lopinavir-ritonavir
LUMAKRAS
LUMRYZ
LUPRON DEPOT-PED
LYNPARZA

M

maraviroc
MAYZENT
MEKINIST
MEKTOVI
MENOPUR
mifepristone
MIRENA

MUGARD
mycophenolate mofetil
mycophenolate sodium

N

NEMLUVIO
nevirapine
nevirapine ext-rel
NEXVIAZYME
nilotinib
NINLARO
NIVESTYM
NORDITROPIN
NOVOEIGHT
NOVOSEVEN RT
NUBEQA
NUCALA (except lyophilized
powder)
NUWIQ
NYVEPRIA

O

OCREVUS
octreotide acetate kit
ODEFSEY
ODOMZO
OFEV
OLUMIANT
OPSUMIT
OPSYNVI
ORALAIR
ORENCIA CLICKJECT
ORENCIA SUBCUTANEOUS
ORENITRAM
ORFADIN
ORLADEYO
ORTHOVISC
OSENVELT
OSPOMYV
OTEZLA
OTEZLA XR

P

pazopanib
penicillamine
PHEBURANE
PHESGO
PIQRAY
pirfenidone
PREGNYL
PROCRIT
PYZCHIVA INTRAVENOUS
PYZCHIVA SUBCUTANEOUS
(except NDCs 61314-
XXXX-XX)

R

RADICAVA ORS
RASUVO

REBIF
REBINYN
REMICADE
REPATHA
RETACRIT
RETEVMO
ribavirin
rilpivirine
RINVOQ
ritonavir
ROZLYTREK
RUCONEST
RUXIENCE
RYDAPT

S

sapropterin
SCEMBLIX
SEVENFACT
sildenafil
SIMPONI ARIA
sirolimus
SKYLA
SKYRIZI INTRAVENOUS
SKYRIZI SUBCUTANEOUS
sodium phenylbutyrate
SOGROYA
SOMATULINE DEPOT
sorafenib
SOTYKTU

STELARA INTRAVENOUS
STIVARGA
STOBOCLO
sunitinib
SUPPRELIN LA
SYMTUZA

T

tacrolimus
tadalafil
TADLIQ
TAFINLAR
TAGRISSO
TAKHZYRO
temozolomide
tenofovir disoproxil fumarate
teriflunomide
teriparatide 560mcg/2.24ml
TERIPARATIDE
560MCG/2.24ML
tetrabenazine
TEZSPIRE
THALOMID
tiopronin
tiopronin delayed-rel
TIVICAY
*tobramycin inhalation
solution*
tofacinib
tofacinib ext-rel

tolvaptan
TRAZIMERA
TREMIFYA INTRAVENOUS
TREMIFYA SUBCUTANEOUS
treprostinil
trientine
TRIPTODUR
TRIUMEQ
TRUQAP
TURALIO
TYMLOS
TYRUKO
TYVASO
TYVASO DPI

U

UPTRAVI

V

VANRAFIA
VELSIPITY
vigabatrin
VISTOGARD
VITRAKVI
VOSEVI
VUMERITY
VYNDAMAX
VYVGART
VYVGART HYTRULO

W

WAKIX
WILATE

X

XEMBIFY
XEOMIN
XOLAIR
XOSPATA
XTANDI
XYNTHA
XYWAV

Y

YESINTEK INTRAVENOUS
YESINTEK SUBCUTANEOUS
YEZTUGO
YONSA
YUTREPIA

Z

ZEJULA
ZEMAIRA
ZEPOSIA
zidovudine
ZIRABEV
zoledronic acid
ZURZUVAE
ZYKADIA

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	AVSOLA, REMICADE, SIMPONI ARIA	BERINERT	<i>tenofovir disoproxil fumarate</i>
ADCIRCA	<i>sildenafil</i> , <i>tadalafil</i> , TADLIQ	BETHKIS	<i>icatibant</i> , RUCONEST
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>	BORTEZOMIB	<i>tobramycin inhalation solution</i>
ALPROLIX	BENEFIX, REBINYN	BOTOX	<i>bortezomib</i>
APOKYN	INBRIJA	BUPHENYL	AJOVY, DAXXIFY, DYSPORT, EMGALITY, QULIPTA, XEOMIN
APTIVUS	Talk to your doctor		<i>glycerol phenylbutyrate</i> , <i>sodium phenylbutyrate</i> , PHEBURANE
ARCALYST	Talk to your doctor		<i>carglumic acid</i>
AUBAGIO	<i>dimethyl fumarate delayed-rel</i> , <i>fingolimod</i> , <i>glatiramer</i> , <i>teriflunomide</i> , AVONEX, BAFIERTAM, BETASERON, BRIUMVI, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYRUKO, VUMERITY, ZEPOSIA	CARBAGLU	<i>tobramycin inhalation solution</i>
AUSTEDO XR	<i>tetrabenazine</i> , AUSTEDO, INGREZZA	CAYSTON	<i>cetorelix acetate</i> , GANIRELIX ACETATE
AVASTIN	ZIRABEV	CETROTIDE	PREGNYL
BARACLUDE TABLET	<i>entecavir</i> , <i>lamivudine</i> ,	CHORIONIC GONADOTROPIN	AVSOLA, ILUMYA, PYZCHIVA
		CIMZIA LYOPHILIZED POWDER	INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
CINRYZE	INTRAVENOUS, YESINTEK	GEL-ONE	DUROLANE, EUFLEXXA,
COMPLERA	INTRAVENOUS	GENOTROPIN	GELSYN-3, ORTHOVISC
	ORLADEYO, TAKHZYRO		HUMATROPE, NORDITROPIN,
	<i>efavirenz-emtricitabine-</i>	GILENYA	SOGROYA
	<i>tenofovir disoproxil fumarate,</i>		<i>dimethyl fumarate delayed-rel,</i>
	<i>efavirenz-lamivudine-tenofovir</i>		<i> fingolimod, glatiramer,</i>
	<i>disoproxil fumarate,</i>		<i>teriflunomide, AVONEX,</i>
	<i>emtricitabine-rilpivirine-</i>		BAFIERTAM, BETASERON,
	<i>tenofovir disoproxil fumarate,</i>		BRIUMVI, KESIMPTA,
	BIKTARVY, CABENUVA,		MAYZENT, OCREVUS, REBIF,
	DOVATO, GENVOYA,		TYRUKO, VUMERITY, ZEPOSIA
	ODEFSEY, SYMTUZA,	GLEEVEC	<i>dasatinib, imatinib mesylate,</i>
	TRIUMEQ		<i>nilotinib, BOSULIF, SCEMBLIX</i>
COPAXONE 20 MG/ML	<i>dimethyl fumarate delayed-rel,</i>	GONAL-F	FOLLISTIM AQ
	<i> fingolimod, glatiramer,</i>	GRANIX	NIVESTYM
	<i>teriflunomide, AVONEX,</i>	HERCEPTIN, HERCEPTIN	KANJINTI, TRAZIMERA
	BAFIERTAM, BETASERON,	HYLECTA	
	BRIUMVI, KESIMPTA,	HERZUMA	KANJINTI, TRAZIMERA
	MAYZENT, OCREVUS, REBIF,	HYALGAN	DUROLANE, EUFLEXXA,
	TYRUKO, VUMERITY, ZEPOSIA		GELSYN-3, ORTHOVISC
COPIKTRA	BRUKINSA, CALQUENCE	HYQVIA	CUTAQUIG, XEMBIFY
COTELLIC	MEKINIST, MEKTOVI	ICLUSIG	<i>dasatinib, imatinib mesylate,</i>
CUPRIMINE	<i>penicillamine</i>		<i>nilotinib, BOSULIF, SCEMBLIX</i>
CYSTADANE	<i>betaine</i>	IMBRUVICA	BRUKINSA, CALQUENCE
DESFERAL	<i>deferasirox, deferiprone,</i>	INFLECTRA	AVSOLA, ILUMYA, PYZCHIVA
	<i>deferoxamine</i>		INTRAVENOUS, REMICADE,
DIACOMIT	Talk to your doctor		SIMPONI ARIA, SKYRIZI
EDURANT	<i>efavirenz, rilpivirine</i>		INTRAVENOUS, STELARA
ELELYSO	CERDELGA, CEREZYME		INTRAVENOUS, TREMFYA
EPOGEN	ARANESP, PROCRIT,		INTRAVENOUS, YESINTEK
	RETACRIT		INTRAVENOUS
ESBRIET	<i>pirfenidone, OFEV</i>	INTELENCE	<i>etravirine</i>
EXJADE	<i>deferasirox, deferiprone,</i>	IRESSA	<i>erlotinib, gefitinib, TAGRISSO</i>
	<i>deferoxamine</i>	IXINITY	BENEFIX, REBINYN
EYLEA	BYOOVIZ	JADENU	<i>deferasirox, deferiprone,</i>
FEIBA	NOVOSEVEN RT, SEVENFACT		<i>deferoxamine</i>
FERRIPROX	<i>deferasirox, deferiprone,</i>	JUXTAPID	REPATHA
	<i>deferoxamine</i>	JYNARQUE	<i>tolvaptan</i>
FINTEPLA	clobazam, clonazepam,	KALETRA TABLET	<i>atazanavir, darunavir,</i>
	lamotrigine, rufinamide,		<i>lopinavir-ritonavir</i>
	topiramate, topiramate ext-rel		<i>tobramycin inhalation solution</i>
FIRAZYR	<i>icatibant, RUCONEST</i>	KITABIS PAK	<i>mifepristone</i>
FIRMAGON	ELIGARD	KORLYM	<i>sapropterin</i>
FORTEO	<i>teriparatide 560mcg/2.24ml,</i>	KUVAN	<i>bortezomib, NINLARO</i>
	<i>zoledronic acid, BONISITY,</i>	KYPROLIS	<i>dimethyl fumarate delayed-rel,</i>
	OSPOMYV, STOBOCLO,	LEMTRADA	<i> fingolimod, glatiramer,</i>
	TERIPARATIDE		<i>teriflunomide, AVONEX,</i>
	560MCG/2.24ML, TYMLOS		BAFIERTAM, BETASERON,
FYLNETRA	FULPHILA, NYVEPRIA		BRIUMVI, KESIMPTA,
<i>Fyremadel</i>	<i>cetrotorelix acetate, GANIRELIX</i>		MAYZENT, OCREVUS, REBIF,
	ACETATE		TYRUKO, VUMERITY, ZEPOSIA
<i>ganirelix acetate</i>	<i>cetrotorelix acetate, GANIRELIX</i>	LETAIRIS	<i>ambrisentan, bosentan,</i>
	ACETATE		OPSUMIT

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
LEUKINE	NIVESTYM		DOPTELET
LILETTA	KYLEENA, MIRENA, SKYLA	RAVICTI	<i>glycerol phenylbutyrate, sodium phenylbutyrate, PHEBURANE</i>
LUCENTIS	BYOOVIZ		
LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG	ELIGARD	REMODULIN	<i>treprostini</i>
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI	RENFLEXIS	AVSOLA, ILUMYA, PYZCHIVA
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC		INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI
MULPLETA	DOPTELET		INTRAVENOUS, STELARA
MYOBLOC	DAXXIFY, DYSPORT, XEOMIN	REVATIO	INTRAVENOUS, TREMFYA
NEULASTA, NEULASTA ONPRO	FULPHILA, NYVEPRIA	REVLIMID	INTRAVENOUS, YESINTEK
NEUPOGEN	NIVESTYM	REYATAZ	<i>sildenafil, tadalafil, TADLIQ</i>
NEXAVAR	<i>pazopanib, sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>	RIABNI	<i>lenalidomide</i>
NEXTERONE	amiodarone	RITUXAN	<i>atazanavir, darunavir</i>
NITYR	ORFADIN	RIXUBIS	RUXIENCE
NORTHERA	midodrine	RUBRACA	RUXIENCE
NORVIR	<i>ritonavir</i>	SABRIL	BENEFIX, REBINYN
NOVAREL	PREGNYL	SANDOSTATIN LAR	LYNPARZA, ZEJULA
NPLATE	<i>eltrombopag, ALVAIZ, DOPTELET</i>	SELZENTRY	<i>vigabatrin</i>
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR	SIGNIFOR LAR	<i>octreotide acetate kit, SOMATULINE DEPOT</i>
NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA	SOLIRIS	<i>maraviroc</i>
OCALIVA	IQIRVO	SOMAVERT	<i>octreotide acetate kit, SOMATULINE DEPOT</i>
OCTAGAM	Talk to your doctor	SPRYCEL	EMPAVELI, ENSPRYNG, EPYSQLI, VYVGART, VYVGART HYTRULO
OGIVRI	KANJINTI, TRAZIMERA	STRIBILD	<i>octreotide acetate kit, SOMATULINE DEPOT</i>
OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA		<i>dasatinib, imatinib mesylate, nilotinib, BOSULIF, SCEMBLIX</i>
ORENCIA INTRAVENOUS	AVSOLA, REMICADE, SIMPONI ARIA		<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, emtricitabine-rilpivirine-tenofovir disoproxil fumarate, BIKTARVY, CABENUVA, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
OVIDREL	PREGNYL	SUPARTZ FX	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC
PEGASYS	Talk to your doctor	SUTENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
PERJETA	PHESGO		
PRALUENT	REPATHA		
PREZISTA	<i>atazanavir, darunavir</i>		
PROCYSBI	CYSTAGON		
PROLASTIN-C	ARALAST NP, GLASSIA, ZEMAIRA		
PROLIA	<i>teriparatide 560mcg/2.24ml, zoledronic acid, BONSITY, OSPOMYV, STOBACLO, TERIPARATIDE</i>	SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC
PROMACTA	560MCG/2.24ML, TYMLOS	SYPRINE	<i>trientine</i>
	<i>eltrombopag, ALVAIZ,</i>	TARGRETIN	<i>bexarotene</i>
		TASIGNA	<i>dasatinib, imatinib mesylate, nilotinib, BOSULIF, SCEMBLIX</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
TAVALISSE	<i>eltrombopag</i> , ALVAIZ, DOPTelet	ULTOMIRIS (For Myasthenia Gravis Only)	EPYSQLI, VYVGART, VYVGART HYTRULO
TECFIDERA	<i>dimethyl fumarate delayed-rel</i> , <i>fingolimod</i> , <i>glatiramer</i> , <i>teriflunomide</i> , AVONEX, BAFIERTAM, BETASERON, BRIUMVI, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYRUKO, VUMERITY, ZEPOSIA	VEMLIDY	<i>entecavir</i> , <i>lamivudine</i> , <i>tenofovir disoproxil fumarate</i>
THIOLA	<i>tiopronin</i>	VIRACEPT	<i>atazanavir</i> , <i>darunavir</i> , <i>lopinavir-ritonavir</i>
THIOLA EC	<i>tiopronin delayed-rel</i>	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC
TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>	VOTRIENT	<i>pazopanib</i> , <i>sunitinib</i> , CABOMETYX, INLYTA, LENVIMA
TRACLEER	<i>ambrisentan</i> , <i>bosentan</i> , OPSUMIT	VPRIV	CERDELGA, CEREZYME
TRELSTAR MIXJECT	ELIGARD	XALKORI CAPSULE	ALECENSA, ALUNBRIG, AUGTYRO, IBTROZI, ROZLYTREK, ZYKADIA
TRUVADA	<i>abacavir-lamivudine</i> , <i>emtricitabine-tenofovir</i> <i>disoproxil fumarate</i> , <i>lamivudine-zidovudine</i> , APRETUDE, CIMDUO, DESCOVY, YEZTUGO	XENAZINE	<i>tetrabenazine</i> , AUSTEDO, INGREZZA
TRUXIMA	RUXIENCE	XGEVA	<i>zoledronic acid</i> , OSENVELT
TYSABRI	<i>dimethyl fumarate delayed-rel</i> , <i>fingolimod</i> , <i>glatiramer</i> , <i>teriflunomide</i> , AVONEX, BAFIERTAM, BETASERON, BRIUMVI, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYRUKO, VUMERITY, ZEPOSIA	XYREM	LUMRYZ, WAKIX, XYWAV
UDENYCA	FULPHILA, NYVEPRIA	ZARXIO	NIVESTYM
		ZELBORAF	BRAFTOVI, TAFINLAR
		ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
		ZIEXTENZO	FULPHILA, NYVEPRIA
		ZOLADEX	ELIGARD, ORILISSA
		ZYDELIG	BRUKINSA, CALQUENCE
		ZYTIGA	abiraterone, bicalutamide, 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 HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) SIMPONI TALTZ XELJANZ XELJANZ XR	<i>tofacitinib</i> <i>tofacitinib ext-rel</i> ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) RINVOQ
CROHN'S DISEASE	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) PYZCHIVA SUBCUTANEOUS (NDCs 61314-XXXX-XX only) STELARA SUBCUTANEOUS	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENTYVIO SUBCUTANEOUS HYRIMOZ (except NDCs 61314-XXXX-XX) PYZCHIVA SUBCUTANEOUS (except NDCs 61314-XXXX-XX) RINVOQ SKYRIZI SUBCUTANEOUS TREMIFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
HIDRADENITIS SUPPURATIVA	AMJEVITA BIMZELX HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only)	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS HYRIMOZ (except NDCs 61314-XXXX-XX)
NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	BIMZELX TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX SUBCUTANEOUS RINVOQ
PSORIASIS	AMJEVITA COSENTYX SUBCUTANEOUS ENBREL HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only)	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP BIMZELX HYRIMOZ (except NDCs 61314-XXXX-XX) OTEZLA OTEZLA XR

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
	PYZCHIVA SUBCUTANEOUS (NDCs 61314-XXXX-XX only) STELARA SUBCUTANEOUS TALTZ	PYZCHIVA SUBCUTANEOUS (except NDCs 61314-XXXX-XX) SKYRIZI SUBCUTANEOUS SOTYKTU TREMIFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
PSORIATIC ARTHRITIS	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS PYZCHIVA SUBCUTANEOUS (NDCs 61314-XXXX-XX only) SIMPONI SOTYKTU STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR	<i>tofacitinib</i> <i>tofacitinib ext-rel</i> ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) OTEZLA OTEZLA XR PYZCHIVA SUBCUTANEOUS (except NDCs 61314-XXXX-XX) RINVOQ SKYRIZI SUBCUTANEOUS TREMIFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) KINERET OLUMIANT SIMPONI XELJANZ XELJANZ XR	<i>tofacitinib</i> <i>tofacitinib ext-rel</i> ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ
ULCERATIVE COLITIS	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) PYZCHIVA SUBCUTANEOUS (NDCs 61314-XXXX-XX only) SIMPONI	<i>tofacitinib</i> <i>tofacitinib ext-rel</i> ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENTYVIO SUBCUTANEOUS HYRIMOZ (except NDCs 61314-XXXX-XX) PYZCHIVA SUBCUTANEOUS (except NDCs

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
	STELARA SUBCUTANEOUS XELJANZ XELJANZ XR	61314-XXXX-XX) RINVOQ SKYRIZI SUBCUTANEOUS TREMFYA SUBCUTANEOUS VELSIPITY YESINTEK SUBCUTANEOUS ZEPOSIA
ALL OTHER CONDITIONS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX)

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 and PYZCHIVA SUBCUTANEOUS listings 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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