



# Advanced Control Specialty Formulary<sup>®</sup>

The **CVS Caremark<sup>®</sup> Advanced Control Specialty Formulary<sup>®</sup>** 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*  
*darunavir*  
*efavirenz*  
*emtricitabine*  
*etravirine*  
*lamivudine*  
*maraviroc*  
*nevirapine*  
*nevirapine ext-rel*  
*ritonavir*  
*tenofovir disoproxil fumarate*  
*zidovudine*  
APRETUDE  
ISENTRESS  
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  
CABENUVA  
CIMDUO  
DESCOVY  
DOVATO  
GENVOYA  
ODEFSEY  
SYMTUZA  
TRIUMEQ

### 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

BESREMI  
ERIVEDGE  
REVLIMID  
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*  
*pazopanib*  
*sorafenib*  
*sunitinib*

ALECENSA  
ALUNBRIG  
AUGTYRO  
BOSULIF  
BRAFTOVI  
BRUKINSA  
CABOMETYX  
CALQUENCE  
COPIKTRA  
GAVRETO  
IBRANCE  
INLYTA  
KISQALI  
KISQALI FEMARA CO-PACK  
KOSELUGO  
LENVIMA  
MEKINIST  
MEKTOVI  
PIQRAY  
RETEVMO  
ROZLYTREK  
RYDAPT  
SCEMBLIX  
STIVARGA  
TAFINLAR  
TAGRISSO  
TRUQAP  
VITRAKVI  
XOSPATA  
ZYDELIG  
ZYKADIA

### MISCELLANEOUS

*bexarotene*  
KRAZATI  
LUMAKRAS  
LYNPARZA  
ODOMZO  
VISTOGARD  
ZEJULA

### MONOCLONAL ANTIBODIES

PERJETA  
PHESGO

### PROTEASOME INHIBITORS

*bortezomib*  
NINLARO

## CARDIOVASCULAR

## ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA

## PULMONARY ARTERIAL HYPERTENSION

*ambriesentan*  
*bosentan*  
*sildenafil*  
*tadalafil*  
*treprostinil*  
ADEMPAS  
OPSUMIT  
OPSYNVI  
ORENITRAM  
TADLIQ  
TYVASO  
TYVASO DPI  
UPTRAVI

## CENTRAL NERVOUS SYSTEM

### AMYOTROPHIC LATERAL SCLEROSIS (ALS)

RADICAVA ORS

### ANTIDEPRESSANTS

ZURZUVAE

### ANTIPARKINSONIAN AGENTS

*apomorphine*  
INBRIJA

### ANTISEIZURE AGENTS

*vigabatrin*

### BOTULINUM TOXINS

DAXXIFY  
XEOMIN

### MISCELLANEOUS

ENSPRYNG  
VYVGART  
VYVGART HYTRULO

### MOVEMENT DISORDERS

*tetrabenazine*  
AUSTEDO  
AUSTEDO XR  
INGREZZA

**MULTIPLE SCLEROSIS AGENTS**

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

**NARCOLEPSY/CATAPLEXY**

LUMRYZ  
 WAKIX  
 XYWAV

**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**

FENSOLVI  
 LUPRON DEPOT-PED  
 SUPPRELIN LA  
 TRIPTODUR

**CHELATING AGENTS**

*deferasirox*  
*deferiprone*  
*deferoxamine*  
*penicillamine*  
*trientine*

**CONTRACEPTIVES**

KYLEENA

MIRENA  
 SKYLA

**FERTILITY REGULATORS**

*cetrotorelix 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*  
 CYSTAGON

**POLYNEUROPATHY**

TEGSEDI

**UREA CYCLE DISORDER**

*carglumic acid*  
*sodium phenylbutyrate*  
 PHEBURANE

**GASTROINTESTINAL****EOSINOPHILIC ESOPHAGITIS**

DUPIXENT

**MISCELLANEOUS**

IQIRVO

**GENITOURINARY****MISCELLANEOUS**

*tiopronin*  
*tiopronin delayed-rel*

**HEMATOLOGIC****BLEEDING DISORDERS AGENTS**

NOVOSEVEN RT  
 SEVENFACT  
 WILATE

**HEMATOPOIETIC GROWTH FACTORS**

ARANESP  
 FYLNETRA  
 NIVESTYM  
 NYVEPRIA  
 PROCRIT  
 RETACRIT

**HEMOPHILIA A AGENTS**

ADVATE  
 ADYNOVATE  
 AFSTYLA  
 ALTUVIIIQ  
 ELOCTATE  
 ESPEROCT  
 JIVI  
 KOGENATE FS  
 KOVALTRY  
 NOVOEIGHT  
 NUWIQ  
 XYNTHA

**HEMOPHILIA B AGENTS**

ALPROLIX  
 BENEFIX  
 REBINYN

**PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS**

EMPAVELI

**SICKLE CELL DISEASE**

ENDARI

**THROMBOCYTOPENIA AGENTS**

ALVAIZ  
 DOPTelet

**IMMUNOLOGIC AGENTS****ALLERGENIC EXTRACTS**

ORALAIR

**ALOPECIA AREATA**

LITFULO

**AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)**

AVSOLA  
 ILUMYA  
 PYZCHIVA INTRAVENOUS  
 REMICADE  
 SIMPONI ARIA  
 SKYRIZI INTRAVENOUS  
 STELARA INTRAVENOUS  
 TREMFYA 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 SUBCUTANEOUS  
 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  
 TREMFYA 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  
PYZCHIVA SUBCUTANEOUS  
SKYRIZI SUBCUTANEOUS  
SOTYKTU  
STELARA SUBCUTANEOUS  
TREMFYA SUBCUTANEOUS  
YESINTEK SUBCUTANEOUS

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

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

TREMFYA SUBCUTANEOUS  
YESINTEK 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  
TREMFYA SUBCUTANEOUS  
VELSIPITY  
YESINTEK SUBCUTANEOUS  
ZEPOSIA

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

OTREXUP

**HEREDITARY ANGIOEDEMA**

*icatibant*  
ORLADEYO  
RUCONEST  
TAKHZYRO

**IMMUNOGLOBULIN**

CUTAQUIG

**IMMUNOSUPPRESSANTS**

*cyclosporine*  
*cyclosporine modified*  
*everolimus*  
*mycophenolate mofetil*  
*mycophenolate sodium*  
*sirolimus*  
*tacrolimus*

**OPHTHALMIC**

**RETINAL DISORDERS**

BYOOVIZ  
CIMERLI

**RESPIRATORY**

**ALPHA-1 ANTITRYPSIN  
DEFICIENCY AGENTS**

ARALAST NP  
GLASSIA  
ZEMAIRA

**CHRONIC OBSTRUCTIVE  
PULMONARY DISEASE**

DUPIXENT

**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**

ADBRY  
CIBINQO  
DUPIXENT  
RINVOQ

**DERMATOLOGY, PRURIGO  
NODULARIS**

DUPIXENT

**MOUTH/THROAT/DENTAL  
AGENTS**

MUGARD

**QUICK REFERENCE DRUG LIST**

**A**

*abacavir*  
*abacavir-lamivudine*  
*abiraterone*  
ADALIMUMAB-ADAZ  
ADALIMUMAB-FKJP  
ADBRY  
ADEMPAS  
ADVATE  
ADYNOVATE  
AFSTYLA  
ALECENSA  
ALPROLIX  
ALTUVIIIIO  
ALUNBRIG  
ALVAIZ  
*ambrisentan*

*apomorphine*  
APRETUDE  
ARALAST NP  
ARANESP  
*atazanavir*  
AUGTYRO  
AUSTEDO  
AUSTEDO XR  
AVONEX  
AVSOLA

**B**

BAFIERTAM  
BENEFIX  
BESREMI  
*betaine*  
BETASERON  
*bexarotene*

BIKTARVY  
BIMZELX  
*bortezomib*  
*bosentan*  
BOSULIF  
BRAFTOVI  
BRUKINSA  
BYOOVIZ

**C**

CABENUVA  
CABOMETYX  
CALQUENCE  
*capecitabine*  
*carglumic acid*  
CERDELGA  
CEREZYME  
*cetorelix acetate*

CIBINQO  
CIMDUO  
CIMERLI  
CIMZIA PREFILLED SYRINGE  
*cinacalcet*  
COPAXONE 40 MG/ML  
COPIKTRA  
COSENTYX SUBCUTANEOUS  
CUTAQUIG  
*cyclosporine*  
*cyclosporine modified*  
CYSTAGON

**D**

*darunavir*  
*dasatinib*  
DAXXIFY  
*deferasirox*

deferiprone  
deferoxamine  
DESCOVY  
dimethyl fumarate delayed-  
rel  
DOPTELET  
DOVATO  
DUPIXENT  
DUROLANE

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**E**

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

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**F**

FABRAZYME  
FASENRA  
FENSOLVI  
fingolimod  
FOLLISTIM AQ  
FYLNETRA

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**G**

GALAFOLD  
GANIRELIX ACETATE  
GAVRETO  
gefitinib  
GELSYN-3  
GENVOYA  
GLASSIA  
glatiramer

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**H**

HARVONI (genotypes 1, 4, 5, 6)

HUMATROPE  
HYRIMOZ (except NDCs 61314-XXXX-  
XX)

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**I**

IBRANCE  
icatibant  
ILUMYA  
imatinib mesylate  
INBRIJA  
INGREZZA  
INLYTA  
IQIRVO  
ISENTRESS

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**J**

JIVI

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**K**

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

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**L**

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

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**M**

maraviroc  
MAYZENT  
MEKINIST  
MEKTOVI  
MENOPUR  
mifepristone  
MIRENA  
MUGARD  
mycophenolate mofetil  
mycophenolate sodium

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**N**

nevirapine

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

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**O**

OCREVUS  
octreotide acetate kit  
ODEFSEY  
ODOMZO  
OFEV  
OPSUMIT  
OPSYNVI  
ORALAIR  
ORENCIA CLICKJECT  
ORENCIA SUBCUTANEOUS  
ORENITRAM  
ORFADIN  
ORLADEYO  
OTEZLA  
OTREXUP

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**P**

pazopanib  
penicillamine  
PERJETA  
PHEBURANE  
PHESGO  
PIQRAY  
pifrenidone  
PREGNYL  
PROCRIT  
PROLIA  
PYZCHIVA INTRAVENOUS  
PYZCHIVA SUBCUTANEOUS

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**R**

RADICAVA ORS  
REBIF  
REBINYN  
REMICADE  
REPATHA  
RETACRIT  
RETEVMO  
REVLIMID  
ribavirin  
RINVOQ  
ritonavir  
ROZLYTREK  
RUCONEST  
RUXIENCE  
RYDAPT

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**S**

sapropterin  
SCEMBLIX  
SEVENFACT  
sildenafil  
SIMPONI ARIA  
sirolimus  
SKYLA  
SKYRIZI INTRAVENOUS  
SKYRIZI SUBCUTANEOUS  
sodium phenylbutyrate  
SOGROYA  
SOMATULINE DEPOT  
sorafenib  
SOTYKTU  
STELARA INTRAVENOUS  
STELARA SUBCUTANEOUS  
STIVARGA  
sunitinib  
SUPARTZ FX  
SUPPRELIN LA  
SYM TUZA

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**T**

tacrolimus  
tadalafil  
TADLIQ  
TAFINLAR  
TAGRISSO  
TAKHZYRO  
TEGSEDI  
temozolomide  
tenofovir disoproxil fumarate  
teriflunomide  
teriparatide  
tetrabenazine  
TEZSPIRE  
THALOMID  
tiopronin  
tiopronin delayed-rel  
TIVICAY  
tobramycin inhalation  
solution  
TRAZIMERA  
TREMIFYA INTRAVENOUS  
TREMIFYA SUBCUTANEOUS  
treprostinil  
trientine  
TRIPTODUR  
TRIUMEQ  
TRUQAP  
TYMLOS  
TYSABRI  
TYVASO  
TYVASO DPI

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**U**

UPTRAVI

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**V**

VELSIPITY  
VEMLIDY  
*vigabatrin*  
VISTOGARD  
VITRAKVI  
VOSEVI  
VUMERITY  
VYVGART

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**VYVGART HYTRULO**

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**W**

WAKIX  
WILATE

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**X**

XELJANZ  
XELJANZ XR  
XEOMIN

XOLAIR  
XOSPATA  
XTANDI  
XYNTHA  
XYWAV

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**Y**

YESINTEK INTRAVENOUS  
YESINTEK SUBCUTANEOUS  
YONSA

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**Z**

ZEJULA  
ZEMAIRA  
ZEPOSIA  
*zidovudine*  
ZIRABEV  
ZURZUVAE  
ZYDELIG  
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		TRIUMEQ
ADCIRCA	<i>sildenafil, tadalafil, TADLIQ</i>	COPAXONE 20 MG/ML	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>		MEKINIST, MEKTOVI
APOKYN	<i>apomorphine, INBRIJA</i>	COTELLIC	<i>penicillamine</i>
APTIVUS	Talk to your doctor	CUPRIMINE	<i>betaine</i>
ARCALYST	Talk to your doctor	CYSTADANE	<i>deferasirox, deferiprone, deferoxamine</i>
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	DESFERAL	Talk to your doctor
		DIACOMIT	DAXXIFY, XEOMIN
		DYSPORT	<i>efavirenz</i>
		EDURANT	CERDELGA, CEREZYME
AVASTIN	ZIRABEV	ELELYSO	AVSOLA, PYZCHIVA INTRAVENOUS, REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS
BARACLUDGE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, VEMLIDY</i>	ENTYVIO INTRAVENOUS (For Crohn's Disease Only)	ARANESP, PROCIT, RETACRIT
BERINERT	<i>icatibant, RUCONEST</i>	EPOGEN	<i>pirfenidone, OFEV</i>
BETHKIS	<i>tobramycin inhalation solution</i>	ESBRIET	<i>deferasirox, deferiprone, deferoxamine</i>
BORTEZOMIB	<i>bortezomib, NINLARO</i>	EXJADE	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
BOTOX	AJOVY, DAXXIFY, EMGALITY, QULIPTA, XEOMIN	EXTAVIA	BYOOVIZ, CIMERLI
BUPHENYL	<i>sodium phenylbutyrate, PHEBURANE</i>		NOVOSEVEN RT, SEVENFACT
CARBAGLU	<i>carglumic acid</i>	EYLEA	<i>deferasirox, deferiprone, deferoxamine</i>
CAYSTON	<i>tobramycin inhalation solution</i>	FEIBA	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, topiramate ext-rel</i>
CETROTIDE	<i>cetrotrelax acetate, GANIRELIX ACETATE</i>	FERRIPROX	<i>icatibant, RUCONEST</i>
CHORIONIC GONADOTROPIN	PREGNYL	FINTEPLA	ELIGARD
CIMZIA LYOPHILIZED POWDER	AVSOLA, ILUMYA, PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS	FIRAZYR	FYLNETRA, NYVEPRIA
CINRYZE	ORLADEYO, TAKHZYRO	FIRMAGON	<i>cetrotrelax acetate, GANIRELIX ACETATE</i>
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, CABENUVA, DOVATO, GENVOYA, ODEFSEY, SYMTUZA,</i>	FULPHILA <i>Fyremadel</i> <i>ganirelix acetate</i>	<i>cetrotrelax acetate, GANIRELIX ACETATE</i>



DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX		MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
GENOTROPIN	HUMATROPE, NORDITROPIN, SOGROYA	LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>
GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	LEUKINE	NIVESTYM
		LILETTA	KYLEENA, MIRENA, SKYLA
		LUCENTIS	BYOOVIZ, CIMERLI
GLEEVEC	<i>dasatinib, imatinib mesylate, BOSULIF, SCEMBLIX</i>	LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG	ELIGARD
GONAL-F	FOLLISTIM AQ	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI
GRANIX	NIVESTYM	MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA	MULPLETA	DOPTELET
HERZUMA	KANJINTI, TRAZIMERA	MYOBLOC	DAXXIFY, XEOMIN
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA
HYQVIA	CUTAQUIG	NEUPOGEN	NIVESTYM
ICLUSIG	<i>dasatinib, imatinib mesylate, BOSULIF, SCEMBLIX</i>	NEXAVAR	<i>pazopanib, sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
IMBRUVICA	BRUKINSA, CALQUENCE	NEXTERONE	<i>amiodarone</i>
INFLECTRA	AVSOLA, ILUMYA, PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS	NITYR	ORFADIN
		NORTHERA	<i>midodrine</i>
		NORVIR	<i>ritonavir</i>
		NOVAREL	PREGNYL
INTELENCE	<i>etravirine</i>	NPLATE	ALVAIZ, DOPTELET
IRESSA	<i>erlotinib, gefitinib, TAGRISSO</i>	NUCALA	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR
IXINITY	ALPROLIX, BENEFIX, REBINYN	LYOPHILIZED POWDER	
JADENU	<i>deferasirox, deferiprone, deferoxamine</i>	NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA
JAKAFI (For Polycythemia Vera Only)	BESREMI	OICALIVA	IQIRVO
JUXTAPID	REPATHA	OCTAGAM	Talk to your doctor
JYNARQUE	Talk to your doctor	OGIVRI	KANJINTI, TRAZIMERA
KALETRA	<i>atazanavir, darunavir, lopinavir-ritonavir</i>	OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA
KITABIS PAK	<i>tobramycin inhalation solution</i>	ORENCIA INTRAVENOUS	AVSOLA, REMICADE, SIMPONI ARIA
KORLYM	<i>mifepristone</i>	ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
KUVAN	<i>sapropterin</i>	OVIDREL	PREGNYL
KYPROLIS	<i>bortezomib, NINLARO</i>	PEGASYS	Talk to your doctor
LEMTRADA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40</i>	PRALUENT	REPATHA
		PREZISTA	<i>atazanavir, darunavir</i>



DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
PROCYSBI	CYSTAGON	TAVALISSE	ALVAIZ, DOPTELET
PROLASTIN-C	ARALAST NP, GLASSIA, ZEMAIRA	TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
PROMACTA	ALVAIZ, DOPTELET		
RASUVO	OTREXUP		
RAVICTI	<i>sodium phenylbutyrate, PHEBURANE</i>		
REMODULIN	<i>treprostinil</i>	THIOLA	<i>tiopronin</i>
RENFLEXIS	AVSOLA, ILUMYA, PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS	THIOLA EC TOBI, TOBI PODHALER TRACLEER	<i>tiopronin delayed-rel</i> <i>tobramycin inhalation solution</i> <i>ambrisentan, bosentan, OPSUMIT</i>
REVATIO	<i>sildenafil, tadalafil, TADLIQ</i>	TRELSTAR MIXJECT	ELIGARD
REYATAZ	<i>atazanavir, darunavir</i>	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, APRETUDE, CIMDUO, DESCOVY</i>
RIABNI	RUXIENCE		
RITUXAN	RUXIENCE	TRUXIMA	RUXIENCE
RIXUBIS	ALPROLIX, BENEFIX, REBINYN	UDENYCA	FYLNETRA, NYVEPRIA
RUBRACA	LYNPARZA, ZEJULA	ULTOMIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYTRULO
SABRIL	<i>vigabatrin</i>		
SANDOSTATIN LAR	<i>octreotide acetate kit, SOMATULINE DEPOT</i>	VIRACEPT	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
SELZENTRY	<i>maraviroc</i>	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
SIGNIFOR LAR	<i>octreotide acetate kit, SOMATULINE DEPOT</i>	VOTRIENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
SOLIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYTRULO	VPRIV	CERDELGA, CEREZYME
SOMAVERT	<i>octreotide acetate kit, SOMATULINE DEPOT</i>	XALKORI CAPSULE	ALECENSA, ALUNBRIG, AUGTYRO, ZYKADIA
SPRYCEL	<i>dasatinib, imatinib mesylate, BOSULIF, SCEMBLIX</i>	XENAZINE	<i>tetrabenazine, AUSTEDO, AUSTEDO XR, INGREGZA</i>
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, CABENUVA, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	XYREM ZARXIO ZELBORAF ZEPATIER	LUMRYZ, WAKIX, XYWAV NIVESTYM BRAFTOVI, TAFINLAR
SUTENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>	ZIEXTENZO	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
SYNAGIS	Talk to your doctor	ZOLADEX	FYLNETRA, NYVEPRIA
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	ZYTIGA	ELIGARD, ORILISSA
SYPRINE	<i>trientine</i>		<i>abiraterone, bicalutamide, ERLEADA, NUBEQA, XTANDI, YONSA</i>
TARGRETIN	<i>bexarotene</i>		
TASIGNA	<i>dasatinib, imatinib mesylate, BOSULIF, SCEMBLIX</i>		

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

<b>CONDITION</b>	<b>EXCLUDED DRUG NAME(S)</b>	<b>PREFERRED OPTION(S)</b>
<b>ANKYLOSING SPONDYLITIS</b>	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) RINVOQ
<b>CROHN'S DISEASE</b>	AMJEVITA 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
<b>HIDRADENITIS SUPPURATIVA</b>	AMJEVITA BIMZELX HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only)	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS HYRIMOZ (except NDCs 61314-XXXX-XX)
<b>NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS</b>	BIMZELX TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX SUBCUTANEOUS RINVOQ
<b>PSORIASIS</b>	AMJEVITA COSENTYX SUBCUTANEOUS ENBREL HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) TALTZ	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP BIMZELX HYRIMOZ (except NDCs 61314-XXXX-XX) OTEZLA PYZCHIVA SUBCUTANEOUS SKYRIZI SUBCUTANEOUS SOTYKTU

<b>CONDITION</b>	<b>EXCLUDED DRUG NAME(S)</b>	<b>PREFERRED OPTION(S)</b>
		STELARA SUBCUTANEOUS TREMIFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
<b>PSORIATIC ARTHRITIS</b>	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) OTEZLA PYZCHIVA SUBCUTANEOUS RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMIFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
<b>RHEUMATOID ARTHRITIS</b>	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA 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
<b>ULCERATIVE COLITIS</b>	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 YESINTEK SUBCUTANEOUS ZEPOSIA
<b>ALL OTHER CONDITIONS</b>	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX)

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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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