

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 copay¹ 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 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 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)
VOSEVI²

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
DESCOVY
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
imatinib mesylate
lapatinib
AFINITOR
ALECENSA
ALUNBRIG
BOSULIF
CABOMETYX
CALQUENCE
COPIKTRA
IBRANCE
IRESSA
KISQALI
KISQALI FEMARA
CO-PACK

KOSELUGO
RYDAPT
SPRYCEL
STIVARGA
SUTENT
TAGRISSO
VOTRIENT
XOSPATA

MONOCLONAL ANTIBODIES

PERJETA
PHESGO

**MULTIPLE MYELOMA
IMMUNOMODULATORS**

REVLIMID
THALOMID

PROTEASOME INHIBITORS

NINLARO
VELCADE

PROSTATE CANCER

**§ LUTEINIZING HORMONE-
RELEASING HORMONE
(LHRH) AGONISTS**

leuprolide acetate
ELIGARD

**LUTEINIZING HORMONE-
RELEASING HORMONE
(LHRH) ANTAGONISTS**

FIRMAGON

§ MISCELLANEOUS

bexarotene capsule
ERIVEDGE
LYNPARZA
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**

§ ANTICONSULSANTS

vigabatrin

**ANTIPARKINSONIAN
AGENTS**

INBRIJA
KYNMOBI

§ MOVEMENT DISORDERS

tetrabenazine
AUSTEDO
INGREZZA

**§ MULTIPLE SCLEROSIS
AGENTS**

dimethyl fumarate
delayed-rel

glatiramer
AUBAGIO
BETASERON
COPAXONE
GILENYA

KESIMPTA
MAYZENT
OCREVUS
REBIF
TYSABRI
VUMERITY
ZEPOSIA

**ENDOCRINE AND
METABOLIC**

ACROMEGALY

SOMATULINE DEPOT

**§ CALCIUM RECEPTOR
ANTAGONISTS**

cinacalcet

**CALCIUM REGULATORS
PARATHYROID HORMONES**

FORTEO
TYMLOS

MISCELLANEOUS

PROLIA

**CENTRAL PRECOCIOUS
PUBERTY**

SUPPRELIN LA
TRIPTODUR

CONTRACEPTIVES

PROGESTIN INTRAUTERINE
DEVICES
KYLEENA

MIRENA
SKYLA

FERTILITY REGULATORS

GNRH / LHRH
ANTAGONISTS
CETROTIDE

**OVLUTION 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

HEMATOLOGIC

§ CHELATING AGENTS

deferasirox
deferiprone
deferoxamine
penicillamine capsule
trientine

**HEMATOPOIETIC GROWTH
FACTORS**

ARANESP
NIVESTYM
RETACRIT
ZIEXTENZO

HEMOPHILIA A AGENTS

ADVATE
ADYNOVATE
AFSTYLA
ELOCTATE
ESPEROCT

JIVI

KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ

HEMOPHILIA B AGENTS

REBINYN

**THROMBOCYTOPENIA
AGENTS**

DOPTELET
MULPLETA

**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

PSORIASIS

HUMIRA
OTEZLA
SKYRIZI
STELARA
SUBCUTANEOUS
TALTZ
TREMIFYA

PSORIATIC ARTHRITIS

COSENTYX
ENBREL
HUMIRA
OTEZLA

RHEUMATOID ARTHRITIS

ENBREL
HUMIRA
KEVZARA
ORENCIA CLICKJECT
ORENCIA
SUBCUTANEOUS
RINVOQ
XELJANZ
XELJANZ XR

ULCERATIVE COLITIS

HUMIRA
STELARA
SUBCUTANEOUS #
XELJANZ #
XELJANZ XR #

After failure of HUMIRA

ALL OTHER CONDITIONS

ENBREL
HUMIRA

**DISEASE-MODIFYING
ANTIRHEUMATIC DRUGS
(DMARDs)**

RASUVO

**§ HEREDITARY
ANGIOEDEMA**

icatibant
RUCONEST
TAKHZYRO

IMMUNOMODULATORS

IMMUNE GLOBULINS

CUTAQUIG

IMMUNOSUPPRESSANTS

§ ANTIMETABOLITES

mycophenolate mofetil
mycophenolate sodium

§ CALCINEURIN INHIBITORS

cyclosporine
cyclosporine, modified
tacrolimus

§ 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
 AFSTYLA
 ALECENSA
 ALUNBRIG
 ambrisentan
 ARANESP
 atazanavir
 AUBAGIO
 AUSTEDO

B

BARACLUE SOLUTION
 BETASERON
 BETHKIS
 bexarotene capsule
 BIKTARVY
 bosentan
 BOSULIF

C

CABOMETYX
 CALQUENCE
 capecitabine
 CERDELGA
 CEREZYME
 CETROTIDE
 CIMDUO
 cinacalcet
 COPAXONE
 COPIKTRA
 COSENTYX
 CUTAQUIG
 cyclosporine
 cyclosporine, modified
 CYSTAGON

D

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

E

EDURANT
 efavirenz
 efavirenz-emtricitabine-
 tenofovir disoproxil fumarate
 efavirenz-lamivudine-
 tenofovir disoproxil fumarate
 ELIGARD
 ELOCTATE
 emtricitabine-tenofovir
 disoproxil fumarate
 EMTRIVA
 ENBREL
 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
 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
 LYNPARZA

M

MATULANE
 MAYZENT
 MIRENA
 MUGARD
 MULPLETA
 mycophenolate mofetil
 mycophenolate sodium

N

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

O

OCREVUS
 ODEFSEY
 ODOMZO
 OFEV
 OPSUMIT

ORALAIR
 ORENCIA CLICKJECT
 ORENCIA
 SUBCUTANEOUS
 ORENITRAM
 ORFADIN
 OTEZLA
 OVIDREL

P

penicillamine capsule
 PERJETA
 PHESGO
 PRALUENT
 PREZCOBIX
 PREZISTA
 PROLASTIN-C
 PROLIA

R

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

S

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

T

tacrolimus
 tadalafil
 TAGRISSO
 TAKHZYRO
 TALTZ
 TEGSEDI
 TEMIXYS
 temozolomide
 tenofovir disoproxil fumarate
 tetrabenazine
 THALOMID
 TIVICAY
 tobramycin
 inhalation solution
 TRAZIMERA
 TREMFYA
 treprostinil
 trientine
 TRIPTODUR
 TRIUMEQ
 TYMLOS
 TYSABRI

U

UPTRAVI

V

VELCADE
 VEMLIDY
 vigabatrin
 VISTOGARD
 VOSEVI²
 VOTRIENT
 VUMERITY

X

XELJANZ
 XELJANZ XR
 XOLAIR
 XOSPATA
 XTANDI

Y

YONSA

Z

ZEJULA
 ZEPOSIA
 zidovudine
 ZIEXTENZO
 ZIRABEV
 ZOLINZA

PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS ³

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA	GLASSIA	PROLASTIN-C
ADCIRCA	<i>sildenafil, tadalafil</i>	GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
ALIQOPA	COPIKTRA	GRANIX	NIVESTYM
ALPROLIX	Consult doctor	HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY
APOKYN	INBRIJA, KYNMOBI	HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
APTIVUS	Consult doctor	HUMATROPE	NORDITROPIN
ARALAST NP	PROLASTIN-C	HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
ASTAGRAF XL	<i>tacrolimus</i>	ILUMYA	REMICADE
AVASTIN	ZIRABEV	INFLECTRA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
AVONEX	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	INVIRASE	<i>atazanavir, lopinavir-ritonavir</i> , EVOTAZ, PREZCOBIX, PREZISTA
AVSOLA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS	JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY	KUVAN	<i>sapropterin</i>
BERINERT	<i>icatibant</i> , RUCONEST	KYPROLIS	NINLARO, VELCADE
BORTEZOMIB	NINLARO, VELCADE	LETAIRIS	<i>ambrisentan, bosentan</i> , OPSUMIT
BUPHENYL	<i>sodium phenylbutyrate</i>	LEXIVA	<i>atazanavir, lopinavir-ritonavir</i> , EVOTAZ, PREZCOBIX, PREZISTA
CELLCEPT	<i>mycophenolate mofetil, mycophenolate sodium</i>	LILETTA	KYLEENA, MIRENA, SKYLA
CHORIONIC GONADOTROPIN	OVIDREL	LUPRON DEPOT	ELIGARD, FIRMAGON, ORIAHNN, ORILISSA
CIMZIA LYOPHILIZED POWDER	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS	LUPRON DEPOT-PED	SUPPRELIN LA, TRIPTODUR
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
CUPRIMINE	<i>penicillamine capsule</i>	MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>	MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>
ELELYSO	CERDELGA, CEREZYME	NEULASTA, NEULASTA ONPRO	ZIEXTENZO
ENTYVIO (For Crohn's Disease Only)	REMICADE, STELARA INTRAVENOUS	NEUPOGEN	NIVESTYM
ENVARUSUS XR	<i>tacrolimus</i>	NOVAREL	OVIDREL
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY	NUTROPIN AQ	NORDITROPIN
EPOGEN	ARANESP, RETACRIT	OMNITROPE	NORDITROPIN
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>	ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
EXTAVIA	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>	OTREXUP	RASUVO
FOLLISTIM AQ	GONAL-F	PEGASYS	Consult doctor
FULPHILA	ZIEXTENZO	PLEGRIDY	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	PREGNYL	OVIDREL
GENOTROPIN	NORDITROPIN	PROCRIT	ARANESP, RETACRIT
		PROCYSBI	CYSTAGON
		PROGRAF	<i>tacrolimus</i>

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
RAPAMUNE	<i>everolimus, sirolimus</i>	THIOLA, THIOLA EC	Consult doctor
RAVICTI	<i>sodium phenylbutyrate</i>	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
REMODULIN	<i>treprostinil</i>	TRACLEER	<i>ambrisentan, bosentan</i> , OPSUMIT
RENFLEXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS	TRELSTAR MIXJECT	ELIGARD, FIRMAGON
REPATHA	PRALUENT	TRUXIMA	RUXIENCE
REVATIO	<i>sildenafil, tadalafil</i>	UDENYCA	ZIEXTENZO
RIABNI	RUXIENCE	VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
RITUXAN	RUXIENCE	VIRACEPT	<i>atazanavir, lopinavir-ritonavir</i> , EVOTAZ, PREZCOBIX, PREZISTA
SABRIL	<i>vigabatrin</i>	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
SAIZEN	NORDITROPIN	XENAZINE	<i>tetrabenazine</i> , AUSTEDO
SANDOSTATIN LAR	SOMATULINE DEPOT	ZARXIO	NIVESTYM
SIGNIFOR LAR	SOMATULINE DEPOT	ZEMAIRA	PROLASTIN-C
SOMAVERT	SOMATULINE DEPOT	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	ZOLADEX	ELIGARD, FIRMAGON, ORILISSA
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	ZORTRESS	<i>everolimus, sirolimus</i>
SYPRINE	<i>trientine</i>	ZYDELIG	COPIKTRA
TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL	ZYTIGA	<i>abiraterone</i> , XTANDI, YONSA
TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>		

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

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
ANKYLOSING SPONDYLITIS	CIMZIA PREFILLED SYRINGE SIMPONI TALTZ	COSENTYX ENBREL HUMIRA
CROHN'S DISEASE	CIMZIA PREFILLED SYRINGE	HUMIRA STELARA SUBCUTANEOUS #
PSORIASIS	CIMZIA PREFILLED SYRINGE COSENTYX ENBREL	HUMIRA Otezla SKYRIZI STELARA SUBCUTANEOUS TALTZ TREMIFYA
PSORIATIC ARTHRITIS	CIMZIA PREFILLED SYRINGE ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ TREMIFYA XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA Otezla
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS CIMZIA PREFILLED SYRINGE KINERET SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	SIMPONI	HUMIRA STELARA SUBCUTANEOUS # XELJANZ # XELJANZ XR #
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.

¹ Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

² For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

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

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