October 2026

Advanced Control Specialty Formulary® - Chart

The **CVS Caremark® Advanced Control Specialty Formulary® - Chart** is a guide within select therapeutic categories for clients, plan members and health care providers. **Generics should be considered the first line of prescribing**. If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list and does not guarantee coverage. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics,* and generic products in lowercase *italics*.

PLAN MEMBER

Your benefit plan provides you with prescription drug coverage that is administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list the next time you or a covered family member sees a doctor.

- Your specific prescription benefit plan design may not cover certain medications, products or categories, regardless of their appearance in this document. Medications and products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered immediately upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary cost sharing amounts based on the condition being treated.
- You may be responsible for the full cost of medications and products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and cost sharing, or if you have additional questions, please sign in or register on Caremark.com 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 to check coverage and cost sharing information for a specific medicine.

ANALGESICS

VISCOSUPPLEMENTS

DUROLANE
GELSYN-3
ORTHOVISC

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

abacavir
atazanavir
efavirenz
lamivudine
nevirapine
nevirapine ext-rel
tenofovir disoproxil fumarate
zidovudine
ISENTRESS
NORVIR
PREZISTA
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
CIMDUO
DELSTRIGO
DESCOVY
DOVATO
EVOTAZ
GENVOYA
ODEFSEY
PREZCOBIX
SYMTUZA

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

lenalidomide
ERIVEDGE
THALOMID

BIOSIMILARS

KANJINTI
RUXIENCE
TRAZIMERA
ZIRABEV

HORMONAL ANTINEOPLASTIC AGENTS

abiraterone
leuprolide acetate
ELIGARD
ERLEADA
FIRMAGON
NUBEQA
XTANDI
YONSA

KINASE INHIBITORS

dasatinib
erlotinib
everolimus
gefitinib
imatinib mesylate
lapatinib
nilotinib
pazopanib
sunitinib
AFINITOR
AFINITOR DISPERZ
ALECENSA
BOSULIF
BRAFTOVI
BRUKINSA
CABOMETYX
CALQUENCE
IBRANCE
KISQALI
KISQALI FEMARA CO-PACK
KOSELUGO
MEKINIST
MEKTOVI
RYDAPT
SCEMBLIX
STIVARGA
TAFINLAR
TAGRISSO
XOSPATA

MISCELLANEOUS

bexarotene capsule
LYNPARZA
ODOMZO
VISTOGARD
ZEJULA

MONOCLONAL ANTIBODIES

PERJETA
PHESGO

PROTEASOME INHIBITORS

NINLARO
VELCADE

CARDIOVASCULAR

ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA

MISCELLANEOUS

VYNDAMAX
VYNDAQEL

PULMONARY ARTERIAL HYPERTENSION

ambrisentan
bosentan
sildenafil
tadalafil
treprostinil
ADEMPAS
OPSUMIT
UPTRAVI

CENTRAL NERVOUS SYSTEM

ANTIPARKINSONIAN AGENTS

INBRIJA

ANTISEIZURE AGENTS

vigabatrin

BOTULINUM TOXINS

DYSPORT
XEOMIN

MISCELLANEOUS

ENSPRYNG

MOVEMENT DISORDERS

tetrabenazine
AUSTEDO
INGREZZA

MULTIPLE SCLEROSIS AGENTS

dalfampridine ext-rel
dimethyl fumarate delayed-rel
fingolimod
glatiramer
teriflunomide
BETASERON
KESIMPTA
MAYZENT
OCREVUS
REBIF
TYRUKO
TYSABRI
VUMERITY
ZEPOSIA

NARCOLEPSY/CATAPLEXY

XYWAV

ENDOCRINE AND METABOLIC

ACROMEGALY

octreotide acetate kit
SOMATULINE DEPOT

CALCIUM RECEPTOR AGONISTS

cinacalcet

CALCIUM REGULATORS, BISPHOSPHONATES

zoledronic acid

CALCIUM REGULATORS, MISCELLANEOUS

BILPREVDA
OSENVELT
OSPOMYV
STOBOCLO

CALCIUM REGULATORS, PARATHYROID HORMONES

teriparatide
TYMLOS

CENTRAL PRECOCIOUS PUBERTY

LUPRON DEPOT-PED
SUPPRELIN LA

CHELATING AGENTS

deferasirox
deferiprone
deferoxamine
penicillamine
trientine

CONTRACEPTIVES

KYLEENA
MIRENA
SKYLA

FERTILITY REGULATORS

cetrorelix acetate
GANIRELIX ACETATE
GONAL-F
OVIDREL

HEREDITARY TYROSINEMIA TYPE 1 AGENTS

ORFADIN

HUMAN GROWTH HORMONES

HUMATROPE
NORDITROPIN
SOGROYA

LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE

ELFABRIO
FABRAZYME

LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE

CERDELGA
CEREZYME

MISCELLANEOUS

sapropterin
CYSTAGON

UREA CYCLE DISORDER

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

HEMATOPOIETIC GROWTH FACTORS

ARANESP
FYLNETRA
NIVESTYM
NYVEPRIA
RETACRIT

HEMOPHILIA A AGENTS

ADVATE
ADYNOVATE
AFSTYLA
ALTUVIIIO
ELOCTATE
ESPEROCT
JIVI
KOVALTRY
NOVOEIGHT
NUWIQ

HEMOPHILIA B AGENTS

ALPROLIX
BENEFIX
REBINYN

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

EPYSQLI
FABHALTA

THROMBOCYTOPENIA AGENTS

eltrombopag
ALVAIZ
DOPTELET

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS

ORALAIR

ALOPECIA AREATA

LITFULO
OLUMIANT

AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)

COSENTYX INTRAVENOUS
PYZCHIVA INTRAVENOUS
REMICADE
SIMPONI ARIA
SKYRIZI 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

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
HYRIMOZ (except NDCs 61314-XXXX-XX)
PYZCHIVA SUBCUTANEOUS
RINVOQ
SKYRIZI 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
HYRIMOZ (except NDCs 61314-XXXX-XX)
OTEZLA
OTEZLA XR
PYZCHIVA SUBCUTANEOUS
SKYRIZI SUBCUTANEOUS
TALTZ
TREMFYA 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
RINVOQ
SKYRIZI SUBCUTANEOUS
TREMFYA 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
HYRIMOZ (except NDCs 61314-XXXX-XX)
PYZCHIVA SUBCUTANEOUS
RINVOQ
SKYRIZI SUBCUTANEOUS
TREMFYA SUBCUTANEOUS
VELSIPITY
YESINTEK SUBCUTANEOUS

HEREDITARY ANGIOEDEMA

icatibant
RUCONEST
TAKHZYRO

IMMUNOGLOBULIN

CUTAQUIG

IMMUNOSUPPRESSANTS

cyclosporine
cyclosporine modified
everolimus
mycophenolate mofetil
mycophenolate sodium
sirolimus
tacrolimus

OPHTHALMIC

RETINAL DISORDERS

EYLEA

RESPIRATORY

ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS

ARALAST NP
GLASSIA

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

DUPIXENT

CHRONIC RHINOSINUSITIS WITH NASAL POLYPS

DUPIXENT

CYSTIC FIBROSIS

tobramycin inhalation solution

PULMONARY FIBROSIS AGENTS

pirfenidone
OFEV

SEVERE ASTHMA AGENTS

DUPIXENT
FASENRA
NUCALA (except lyophilized powder)
XOLAIR

TOPICAL

DERMATOLOGY, ATOPIC DERMATITIS

DUPIXENT
EBGLYSS
NEMLUVIO
RINVOQ

DERMATOLOGY, CHRONIC SPONTANEOUS URTICARIA

DUPIXENT

DERMATOLOGY, PRURIGO NODULARIS

DUPIXENT

MOUTH/THROAT/DENTAL AGENTS

MUGARD

QUICK REFERENCE DRUG LIST

A

abacavir
abacavir-lamivudine
abiraterone
ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
ADEMPAS
ADVATE
ADYNOVATE
AFINITOR
AFINITOR DISPERZ
AFSTYLA
ALECENSA
ALPROLIX
ALTUVIIIO
ALVAIZ
ambrisentan
ARALAST NP
ARANESP
atazanavir
AUSTEDO

B

BENEFIX
BETASERON
bexarotene capsule
BIKTARVY
BILPREVDA
bosentan
BOSULIF
BRAFTOVI
BRUKINSA

C

CABOMETYX
CALQUENCE
capecitabine
CERDELGA
CEREZYME
cetrorelix acetate
CIMDUO
CIMZIA PREFILLED SYRINGE
cinacalcet
COSENTYX INTRAVENOUS
COSENTYX SUBCUTANEOUS
CUTAQUIG
cyclosporine
cyclosporine modified
CYSTAGON

D

dalfampridine ext-rel
dasatinib
deferasirox
deferiprone
deferoxamine
DELSTRIGO
DESCOVY
dimethyl fumarate delayed-rel
DOPTELET
DOVATO
DUPIXENT
DUROLANE
DYSPORT

E

EBGLYSS
efavirenz
efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
ELFABRIO
ELIGARD
ELOCTATE
eltrombopag
emtricitabine-rilpivirine-tenofovir disoproxil fumarate
emtricitabine-tenofovir disoproxil fumarate
ENBREL
ENSPRYNG
entecavir
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)
EPYSQLI
ERIVEDGE
ERLEADA
erlotinib
ESPEROCT
everolimus
everolimus
EVOTAZ
EYLEA

F

FABHALTA
FABRAZYME
FASENRA
FILSPARI
fingolimod
FIRMAGON
FYLNETRA

G

GANIRELIX ACETATE

gefitinib
GELSYN-3
GENVOYA
GLASSIA
glatiramer
glycerol phenylbutyrate
GONAL-F

H

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

I

IBRANCE
icatibant
imatinib mesylate
INBRIJA
INGREZZA
IQIRVO
ISENTRESS

J

JIVI

K

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

L

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

M

MAYZENT
MEKINIST
MEKTOVI
MIRENA
MUGARD
mycophenolate mofetil
mycophenolate sodium

N

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

O

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

P

pazopanib
penicillamine
PERJETA
PHEBURANE
PHESGO
pirfenidone
PREZCOBIX
PREZISTA
PYZCHIVA INTRAVENOUS
PYZCHIVA SUBCUTANEOUS

R

REBIF
REBINYN
REMICADE
REPATHA
RETACRIT
ribavirin
RINVOQ
RUCONEST
RUXIENCE
RYDAPT

S

sapropterin
SCEMBLIX
SEVENFACT
sildenafil
SIMPONI ARIA
sirolimus
SKYLA
SKYRIZI INTRAVENOUS
SKYRIZI SUBCUTANEOUS
sodium phenylbutyrate
SOGROYA
SOMATULINE DEPOT
STIVARGA
STOBOCLO
sunitinib
SUPPRELIN LA
SYMTUZA

T

tacrolimus
tadalafil
TAFINLAR
TAGRISSO
TAKHZYRO
TALTZ
temozolomide
tenofovir disoproxil fumarate
teriflunomide
teriparatide
tetrabenazine
THALOMID
tiopronin
tiopronin delayed-rel
TIVICAY
tobramycin inhalation solution
tofacitinib
tofacitinib ext-rel
TRAZIMERA
TREMFYA INTRAVENOUS
TREMFYA SUBCUTANEOUS
treprostinil
trientine
TYMLOS
TYRUKO
TYSABRI

U

UPTRAVI

V

VANRAFIA
VELCADE
VELSIPITY
VEMLIDY
vigabatrin
VISTOGARD
VOSEVI
VUMERITY
VYNDAMAX
VYNDAQEL

X

XEOMIN
XOLAIR
XOSPATA
XTANDI
XYWAV

Y

YESINTEK INTRAVENOUS
YESINTEK SUBCUTANEOUS
YEZTUGO
YONSA

Z

ZEJULA
ZEPOSIA
zidovudine
ZIRABEV
zoledronic acid

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	REMICADE, SIMPONI ARIA
ADCIRCA	*sildenafil*, *tadalafil*
AMPYRA	*dalfampridine ext-rel*
APOKYN	INBRIJA
APTIVUS	Talk to your doctor
ATTRUBY	VYNDAMAX, VYNDAQEL
AUBAGIO	*dimethyl fumarate delayed-rel*, *fingolimod*, *glatiramer*, *teriflunomide*, BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYRUKO, TYSABRI, VUMERITY, ZEPOSIA
AUSTEDO XR	*tetrabenazine*, AUSTEDO, INGREZZA
AVASTIN	ZIRABEV
AVSOLA	COSENTYX INTRAVENOUS, PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS
BARACLUDE TABLET	*entecavir*, *lamivudine*, *tenofovir disoproxil fumarate*, VEMLIDY
BERINERT	*icatibant*, RUCONEST
BORTEZOMIB	VELCADE
BUPHENYL	*glycerol phenylbutyrate*, *sodium phenylbutyrate*, PHEBURANE
CHORIONIC GONADOTROPIN	OVIDREL
CIMZIA LYOPHILIZED POWDER	COSENTYX INTRAVENOUS, PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS
COMPLERA	*efavirenz-emtricitabine-tenofovir disoproxil fumarate*, *efavirenz-lamivudine-tenofovir disoproxil fumarate*, *emtricitabine-rilpivirine-tenofovir disoproxil fumarate*, BIKTARVY, DELSTRIGO, DOVATO, GENVOYA, ODEFSEY, SYMTUZA
COPAXONE	*dimethyl fumarate delayed-rel*, *fingolimod*, *glatiramer*, *teriflunomide*, BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYRUKO, TYSABRI, VUMERITY, ZEPOSIA
COPIKTRA	BRUKINSA, CALQUENCE
CUPRIMINE	*penicillamine*
CUVITRU	CUTAQUIG
DESFERAL	*deferasirox*, *deferiprone*, *deferoxamine*
ELELYSO	CERDELGA, CEREZYME
ENTYVIO INTRAVENOUS (For Crohn's Disease Only)	PYZCHIVA INTRAVENOUS, REMICADE, SKYRIZI INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS
EPOGEN	ARANESP, RETACRIT
ESBRIET	*pirfenidone*, OFEV
EUFLEXXA	DUROLANE, GELSYN-3, ORTHOVISC
EXJADE	*deferasirox*, *deferiprone*, *deferoxamine*
FEIBA	NOVOSEVEN RT, SEVENFACT
FERRIPROX	*deferasirox*, *deferiprone*, *deferoxamine*
FOLLISTIM AQ	GONAL-F
FORTEO	*teriparatide*, *zoledronic acid*, OSPOMYV, STOBOCLO, TYMLOS
FULPHILA	FYLNETRA, NYVEPRIA
Fyremadel	*cetrorelix acetate*, GANIRELIX ACETATE
GAMMAGARD	CUTAQUIG
ganirelix acetate	*cetrorelix acetate*, GANIRELIX ACETATE
GEL-ONE	DUROLANE, GELSYN-3, ORTHOVISC
GENOTROPIN	HUMATROPE, NORDITROPIN, SOGROYA
GILENYA	*dimethyl fumarate delayed-rel*, *fingolimod*, *glatiramer*, *teriflunomide*, BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYRUKO, TYSABRI, VUMERITY, ZEPOSIA
GLEEVEC	*dasatinib*, *imatinib mesylate*, *nilotinib*, BOSULIF, SCEMBLIX
GRANIX	NIVESTYM
HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
HYALGAN	DUROLANE, GELSYN-3, ORTHOVISC
HYQVIA	CUTAQUIG
ICLUSIG	*dasatinib*, *imatinib mesylate*, *nilotinib*, BOSULIF, SCEMBLIX
ILUMYA	REMICADE
INFLECTRA	COSENTYX INTRAVENOUS,

DRUG NAME(S)	PREFERRED OPTION(S)
	PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS
JADENU	*deferasirox*, *deferiprone*, *deferoxamine*
KUVAN	*sapropterin*
KYPROLIS	NINLARO, VELCADE
LETAIRIS	*ambrisentan*, *bosentan*, OPSUMIT
LILETTA	KYLEENA, MIRENA, SKYLA
LUPRON DEPOT 3.75 MG, 11.25 MG	ORIAHNN, ORILISSA
LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG	ELIGARD, FIRMAGON
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI
MONOVISC	DUROLANE, GELSYN-3, ORTHOVISC
NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA
NEUPOGEN	NIVESTYM
NOVAREL	OVIDREL
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), XOLAIR
NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA
OCALIVA	IQIRVO
OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA
ORENCIA INTRAVENOUS	COSENTYX INTRAVENOUS, REMICADE, SIMPONI ARIA
ORENITRAM	UPTRAVI
PEGASYS	Talk to your doctor
PRALUENT	REPATHA
PREGNYL	OVIDREL
PROCRIT	ARANESP, RETACRIT
PROCYSBI	CYSTAGON
PROLASTIN-C	ARALAST NP, GLASSIA
PROLIA	*teriparatide*, *zoledronic acid*, OSPOMYV, STOBOCLO, TYMLOS
PROMACTA	*eltrombopag*, ALVAIZ, DOPTELET
RAVICTI	*glycerol phenylbutyrate*, *sodium phenylbutyrate*, PHEBURANE
REMODULIN	*treprostinil*
RENFLEXIS	COSENTYX INTRAVENOUS,

DRUG NAME(S)	PREFERRED OPTION(S)
	PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS
REVATIO	*sildenafil*, *tadalafil*
REVLIMID	*lenalidomide*
RIABNI	RUXIENCE
RITUXAN	RUXIENCE
RUBRACA	LYNPARZA, ZEJULA
SABRIL	*vigabatrin*
SANDOSTATIN LAR	*octreotide acetate kit*, SOMATULINE DEPOT
SIGNIFOR LAR	*octreotide acetate kit*, SOMATULINE DEPOT
SOLIRIS	ENSPRYNG, EPYSQLI, FABHALTA
SOMAVERT	*octreotide acetate kit*, SOMATULINE DEPOT
SPRYCEL	*dasatinib*, *imatinib mesylate*, *nilotinib*, BOSULIF, SCEMBLIX
STELARA INTRAVENOUS	PYZCHIVA INTRAVENOUS, REMICADE, SKYRIZI INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS
STRIBILD	*efavirenz-emtricitabine-tenofovir disoproxil fumarate*, *efavirenz-lamivudine-tenofovir disoproxil fumarate*, *emtricitabine-rilpivirine-tenofovir disoproxil fumarate*, BIKTARVY, DELSTRIGO, DOVATO, GENVOYA, ODEFSEY, SYMTUZA
SUPARTZ FX	DUROLANE, GELSYN-3, ORTHOVISC
SYNVISC, SYNVISC-ONE	DUROLANE, GELSYN-3, ORTHOVISC
SYPRINE	*trientine*
TASIGNA	*dasatinib*, *imatinib mesylate*, *nilotinib*, BOSULIF, SCEMBLIX
TECFIDERA	*dimethyl fumarate delayed-rel*, *fingolimod*, *glatiramer*, *teriflunomide*, BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYRUKO, TYSABRI, VUMERITY, ZEPOSIA
THIOLA	*tiopronin*
THIOLA EC	*tiopronin delayed-rel*
TOBI, TOBI PODHALER	*tobramycin inhalation solution*
TRACLEER	*ambrisentan*, *bosentan*,

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	OPSUMIT		INGREZZA
TRELSTAR MIXJECT	ELIGARD, FIRMAGON	XGEVA	*zoledronic acid*, BILPREVDA, OSENVELT
TRUVADA	*abacavir-lamivudine*, *emtricitabine-tenofovir disoproxil fumarate*, *lamivudine-zidovudine*, CIMDUO, DESCOVY, YEZTUGO	XYREM	XYWAV
		ZARXIO	NIVESTYM
		ZEMAIRA	ARALAST NP, GLASSIA
		ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
TRUXIMA	RUXIENCE		
UDENYCA	FYLNETRA, NYVEPRIA	ZIEXTENZO	FYLNETRA, NYVEPRIA
VIRACEPT	*atazanavir*, *lopinavir-ritonavir*, EVOTAZ, PREZCOBIX, PREZISTA	ZOLADEX	ELIGARD, FIRMAGON, ORILISSA
		ZYDELIG	BRUKINSA, CALQUENCE
VISCO-3	DUROLANE, GELSYN-3, ORTHOVISC	ZYTIGA	*abiraterone, bicalutamide,* ERLEADA, NUBEQA, XTANDI, YONSA
XENAZINE	*tetrabenazine*, AUSTEDO,		

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

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
ANKYLOSING SPONDYLITIS	AMJEVITA BIMZELX CIMZIA PREFILLED SYRINGE HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) SIMPONI TALTZ XELJANZ XELJANZ XR	*tofacitinib* *tofacitinib ext-rel* ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) RINVOQ
CROHN'S DISEASE	AMJEVITA CIMZIA PREFILLED SYRINGE HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) STELARA SUBCUTANEOUS	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP HYRIMOZ (except NDCs 61314-XXXX-XX) PYZCHIVA SUBCUTANEOUS RINVOQ SKYRIZI SUBCUTANEOUS TREMFYA 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 BIMZELX	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
	CIMZIA PREFILLED SYRINGE COSENTYX SUBCUTANEOUS ENBREL HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) STELARA SUBCUTANEOUS	HYRIMOZ (except NDCs 61314-XXXX-XX) OTEZLA OTEZLA XR PYZCHIVA SUBCUTANEOUS SKYRIZI SUBCUTANEOUS TALTZ TREMFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
PSORIATIC ARTHRITIS	AMJEVITA BIMZELX CIMZIA PREFILLED SYRINGE HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS PYZCHIVA SUBCUTANEOUS SIMPONI SOTYKTU STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR YESINTEK SUBCUTANEOUS	*tofacitinib* *tofacitinib ext-rel* ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) OTEZLA OTEZLA XR RINVOQ SKYRIZI SUBCUTANEOUS TREMFYA SUBCUTANEOUS
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA	*tofacitinib* *tofacitinib ext-rel*

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
	SUBCUTANEOUS AMJEVITA CIMZIA PREFILLED SYRINGE HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) KINERET OLUMIANT SIMPONI XELJANZ XELJANZ XR	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) SIMPONI STELARA SUBCUTANEOUS XELJANZ XELJANZ XR	*tofacitinib* *tofacitinib ext-rel* ADALIMUMAB-ADAZ ADALIMUMAB-FKJP HYRIMOZ (except NDCs 61314-XXXX-XX) PYZCHIVA SUBCUTANEOUS RINVOQ SKYRIZI SUBCUTANEOUS TREMFYA SUBCUTANEOUS VELSIPITY YESINTEK SUBCUTANEOUS
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 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 and click Plan Summary on the Plan & Benefits menu.

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