



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
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
SYMITUZA
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
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

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
DYSPORT
XEOMIN

MISCELLANEOUS

ENSPRYNG

MOVEMENT DISORDERS

tetrabenazine
AUSTEDO

INGREZZA

MULTIPLE SCLEROSIS AGENTS

dimethyl fumarate delayed-rel
fingolimod
glatiramer
teriflunomide

AVONEX
BAFIERTAM
BETASERON
KESIMPTA
MAYZENT
OCREVUS
REBIF
TYSABRI
VUMERITY
ZEPOSIA

MYASTHENIA GRAVIS

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
BONSITY
TYMLOS

CENTRAL PRECOCIOUS PUBERTY

FENSOLVI
LUPRON DEPOT-PED
SUPPRELIN LA

TRIPTODUR

CHELATING AGENTS

deferiasirox
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
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
KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ
XYNTHA

HEMOPHILIA B AGENTS

BENEFIX
REBINYN

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

EMPAVELI

SICKLE CELL DISEASE

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

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
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA 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
SKYRIZI SUBCUTANEOUS
SOTYKTU
STELARA SUBCUTANEOUS
TREMIFYA SUBCUTANEOUS
YESINTEK SUBCUTANEOUS

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

ADALIMUMAB-ADAZ

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

OTEZLA
OTEZLA XR
PYZCHIVA SUBCUTANEOUS
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS
TREMIFYA 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
ENTYVIO SUBCUTANEOUS
HYRIMOZ (except NDCs
61314-XXXX-XX)
PYZCHIVA SUBCUTANEOUS
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA 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
BRUKINSA
BYOOVIZ

C

CABENUVA
CABOMETYX
CALQUENCE
capecitabine
carglumic acid
CERDELGA
CEREZYME
cetorelix 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
DYSPORT

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)
ERIVEDGE
ERLEADA
erlotinib
ESPEROCT
etravirine
EUFLEXXA
everolimus
everolimus

F

FABRAZYME
FASENRA
FENSOLVI
FILSPARI
figolimod
FOLLISTIM AQ
FULPHILA

G

GALAFOLD
GANIRELIX ACETATE
GAVRETO
gefitinib
GELSYN-3
GENVOYA
GLASSIA
glatiramer
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

JIVI

K

KANJINTI
KESIMPTA
KEVZARA
KISQALI
KISQALI FEMARA CO-PACK
KOGENATE FS
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
PROCRT
PYZCHIVA INTRAVENOUS
PYZCHIVA SUBCUTANEOUS

R

RADICAVA ORS
RASUVO
REBIF
REBINYN
REMICADE
REPATHA
RETACRIT
RETEVMO
ribavirin
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
STELARA SUBCUTANEOUS
STIVARGA
STOBOCLO
sunitinib
SUPPRELIN LA
SYMITUZA

T

tacrolimus
tadalafil
TADLIQ
TAFINLAR
TAGRISSE
TAKHZYRO
temozolomide
tenofovir disoproxil fumarate

teriflunomide
teriparatide
tetrabenazine
TEZSPIRE
THALOMID
tiopronin
tiopronin delayed-rel
TIVICAY
*tobramycin inhalation
solution*
tolvaptan
TRAZIMERA
TREMIFYA INTRAVENOUS
TREMIFYA SUBCUTANEOUS
treprostinil
trientine
TRIPTODUR
TRIUMEQ
TRUQAP
TURALIO
TYMLOS
TYSABRI
TYVASO

TYVASO DPI

U

UPTRAVI

V

VANRAFIA
VELSIPITY
vigabatrin
VISTOGARD
VITRAKVI
VOSEVI
VUMERITY
VYNDAMAX
VYVGART
VYVGART HYTRULO

W

WAKIX
WILATE

X

XELJANZ
XELJANZ XR

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		<i>disoproxil fumarate</i> , BIKTARVY, CABENUVA, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
ADCIRCA	<i>sildenafil, tadalafil, TADLIQ</i>		
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>	COPAXONE 20 MG/ML	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , AVONEX, BAFIERTAM, BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
ALPROLIX	BENEFIX, REBINYN		
APOKYN	INBRIJA		
APTIVUS	Talk to your doctor	COPIKTRA	BRUKINSA, CALQUENCE
ARCALYST	Talk to your doctor	COTELLIC	MEKINIST, MEKTOVI
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , AVONEX, BAFIERTAM, BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	CUPRIMINE	<i>penicillamine</i>
		CYSTADANE	<i>betaine</i>
		DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>
		DIACOMIT	Talk to your doctor
AUSTEDO XR	<i>tetrabenazine</i> , AUSTEDO, INGREZZA	EDURANT	<i>efavirenz</i>
AVASTIN	ZIRABEV	ELELYSO	CERDELGA, CEREZYME
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>	EPOGEN	ARANESP, PROCRT, RETACRIT
		ESBRIET	<i>pirfenidone</i> , OFEV
BERINERT	<i>icatibant</i> , RUCONEST	EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>
BETHKIS	<i>tobramycin inhalation solution</i>	EYLEA	BYOOVIZ
BORTEZOMIB	<i>bortezomib</i> , NINLARO	FEIBA	NOVOSEVEN RT, SEVENFACT
BOTOX	AJOVY, DAXXIFY, DYSPORT, EMGALITY, QULIPTA, XEOMIN	FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
		FINTEPLA	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, topiramate ext-rel</i>
BUPHENYL	<i>sodium phenylbutyrate</i> , PHEBURANE		
CARBAGLU	<i>carglumic acid</i>	FIRAZYR	<i>icatibant</i> , RUCONEST
CAYSTON	<i>tobramycin inhalation solution</i>	FIRMAGON	ELIGARD
CETROTIDE	<i>cetorelix acetate</i> , GANIRELIX ACETATE	FORTEO	<i>teriparatide, zoledronic acid</i> , BONISITY, OSPOMYV, STOBACLO, TYMLOS
CHORIONIC GONADOTROPIN	PREGNYL	FYLNETRA	FULPHILA, NYVEPRIA
		<i>Fyremadel</i>	<i>cetorelix acetate</i> , GANIRELIX ACETATE
CIMZIA LYOPHILIZED POWDER	AVSOLA, ILUMYA, PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS	<i>ganirelix acetate</i>	<i>cetorelix acetate</i> , GANIRELIX ACETATE
		GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC
CINRYZE	ORLADEYO, TAKHZYRO	GENOTROPIN	HUMATROPE, NORDITROPIN, SOGROYA
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine- tenofovir disoproxil fumarate, emtricitabine-rilpivirine-tenofovir</i>	GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , AVONEX, BAFIERTAM, BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI,

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	VUMERITY, ZEPOSIA	45 MG	
GLEEVEC	<i>dasatinib, imatinib mesylate, nilotinib,</i> BOSULIF, SCEMBLIX	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI
GONAL-F	FOLLISTIM AQ	MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC
GRANIX	NIVESTYM	MULPLETA	DOPTELET
HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA	MYOBLOC	DAXXIFY, DYSPORT, XEOMIN
HERZUMA	KANJINTI, TRAZIMERA	NEULASTA, NEULASTA ONPRO	FULPHILA, NYVEPRIA
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC	NEUPOGEN	NIVESTYM
HYQVIA	CUTAQUIG, XEMBIFY	NEXAVAR	<i>pazopanib, sorafenib, sunitinib,</i> CABOMETYX, INLYTA, LENVIMA
ICLUSIG	<i>dasatinib, imatinib mesylate, nilotinib,</i> BOSULIF, SCEMBLIX	NEXTERONE	<i>amiodarone</i>
IMBRUVICA	BRUKINSA, CALQUENCE	NITYR	ORFADIN
INFLECTRA	AVSOLA, ILUMYA, PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS	NORTHERA	<i>midodrine</i>
INTELENCE	<i>etravirine</i>	NORVIR	<i>ritonavir</i>
IRESSA	<i>erlotinib, gefitinib, TAGRISSO</i>	NOVAREL	PREGNYL
IXINITY	BENEFIX, REBINYN	NPLATE	<i>eltrombopag, ALVAIZ, DOPTELET</i>
JADENU	<i>deferasirox, deferiprone, deferoxamine</i>	NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR
JUXTAPID	REPATHA	NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA
JYNARQUE	<i>tolvaptan</i>	OCALIVA	IQIRVO
KALETRA TABLET	<i>atazanavir, darunavir, lopinavir-ritonavir</i>	OCTAGAM	Talk to your doctor
KITABIS PAK	<i>tobramycin inhalation solution</i>	OGIVRI	KANJINTI, TRAZIMERA
KORLYM	<i>mifepristone</i>	OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA
KUVAN	<i>sapropterin</i>	ORENCIA INTRAVENOUS	AVSOLA, REMICADE, SIMPONI ARIA
KYPROLIS	<i>bortezomib, NINLARO</i>	OVIDREL	PREGNYL
LEMTRADA	<i>dimethyl fumarate delayed-rel, fingolimod,</i> <i>glatiramer, teriflunomide, AVONEX,</i> BAFIERTAM, BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	PEGASYS	Talk to your doctor
LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>	PERJETA	PHESGO
LEUKINE	NIVESTYM	PRALUENT	REPATHA
LILETTA	KYLEENA, MIRENA, SKYLA	PREZISTA	<i>atazanavir, darunavir</i>
LUCENTIS	BYOOVIZ	PROCYSBI	CYSTAGON
LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG,	ELIGARD	PROLASTIN-C	ARALAST NP, GLASSIA, ZEMAIRA
		PROLIA	<i>teriparatide, zoledronic acid, BONISITY,</i> OSPOMYV, STOBOCLO, TYMLOS
		PROMACTA	<i>eltrombopag, ALVAIZ, DOPTELET</i>
		RAVICTI	<i>sodium phenylbutyrate, PHEBURANE</i>
		REMODULIN	<i>treprostinil</i>
		RENFLEXIS	AVSOLA, ILUMYA, PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS		<i>glatiramer, teriflunomide</i> , AVONEX, BAFIERTAM, BETASERON, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
REVATIO	<i>sildenafil, tadalafil, TADLIQ</i>	THIOLA	<i>tiopronin</i>
REVLIMID	<i>lenalidomide</i>	THIOLA EC	<i>tiopronin delayed-rel</i>
REYATAZ	<i>atazanavir, darunavir</i>	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>
RIABNI	RUXIENCE	TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
RITUXAN	RUXIENCE	TRELSTAR MIXJECT	ELIGARD
RIXUBIS	BENEFIX, REBINYN	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine</i> , APRETUDE, CIMDUO, DESCOVY, YEZTUGO
RUBRACA	LYNPARZA, ZEJULA	TRUXIMA	RUXIENCE
SABRIL	<i>vigabatrin</i>	UDENYCA	FULPHILA, NYVEPRIA
SANDOSTATIN LAR	<i>octreotide acetate kit</i> , SOMATULINE DEPOT	ULTOMIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYTRULO
SELZENTRY	<i>maraviroc</i>	VEMLIDY	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>
SIGNIFOR LAR	<i>octreotide acetate kit</i> , SOMATULINE DEPOT	VIRACEPT	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
SOLIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYTRULO	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC
SOMAVERT	<i>octreotide acetate kit</i> , SOMATULINE DEPOT	VOTRIENT	<i>pazopanib, sunitinib</i> , CABOMETYX, INLYTA, LENVIMA
SPRYCEL	<i>dasatinib, imatinib mesylate, nilotinib, BOSULIF, SCEMBLIX</i>	VPRIV	CERDELGA, CEREZYME
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> , BIKTARVY, CABENUVA, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ	XALKORI CAPSULE	ALECENSA, ALUNBRIG, AUGTYRO, IBTROZI, ROZLYTREK, ZYKADIA
SUPARTZ FX	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC	XENAZINE	<i>tetrabenazine</i> , AUSTEDO, INGREZZA
SUTENT	<i>pazopanib, sunitinib</i> , CABOMETYX, INLYTA, LENVIMA	XGEVA	OSENVELT
SYNAGIS	Talk to your doctor	XYREM	LUMRYZ, WAKIX, XYWAV
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, ORTHOVISC	ZARXIO	NIVESTYM
SYPRINE	<i>trientine</i>	ZELBORAF	BRAFTOVI, TAFINLAR
TARGRETIN	<i>bexarotene</i>	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
TASIGNA	<i>dasatinib, imatinib mesylate, nilotinib, BOSULIF, SCEMBLIX</i>	ZIEXTENZO	FULPHILA, NYVEPRIA
TAVALISSE	<i>eltrombopag</i> , ALVAIZ, DOPTELET	ZOLADEx	ELIGARD, ORILISSA
TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod</i> ,	ZYDELIG	BRUKINSA, CALQUENCE
		ZYTIGA	<i>abiraterone, bicalutamide</i> , 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	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)	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENTYVIO SUBCUTANEOUS HYRIMOZ (except NDCs 61314-XXXX-XX) PYZCHIVA SUBCUTANEOUS RINVOQ SKYRIZI SUBCUTANEOUS STELARA 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) TALTZ	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP BIMZELX HYRIMOZ (except NDCs 61314-XXXX-XX) OTEZLA OTEZLA XR PYZCHIVA SUBCUTANEOUS

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

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
		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)

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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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