October 2025

# 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 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
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
GOMEKLI
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

*ambrisentan*
*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

INBRIJA

### ANTISEIZURE AGENTS

*vigabatrin*

### BOTULINUM TOXINS

DAXXIFY
XEOMIN

### MISCELLANEOUS

ENSPRYNG

### 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

**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, 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**

*cetrorelix 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
ALTUVIIIO
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
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**

ADBRY
CIBINQO
DUPIXENT
EBGLYSS
NEMLUVIO
RINVOQ

**DERMATOLOGY, PRURIGO NODULARIS**

DUPIXENT
NEMLUVIO

**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
ALTUVIIIO
ALUNBRIG
ALVAIZ
*ambrisentan*
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
*cetrorelix 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

## E

EBGLYSS
*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*

## F

FABRAZYME
FASENRA
FENSOLVI
*fingolimod*
FOLLISTIM AQ
FYLNETRA

## 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
*icatibant*
ILUMYA
*imatinib mesylate*
INBRIJA
INGREZZA
INLYTA
IQIRVO
ISENTRESS

## J

JIVI

## K

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

## L

*lamivudine*
*lamivudine*
*lamivudine-zidovudine*
*lapatinib*
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
NINLARO
NIVESTYM
NORDITROPIN
NOVOEIGHT
NOVOSEVEN RT
NUBEQA
NUCALA (except lyophilized powder)
NUWIQ
NYVEPRIA

## O

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

## P

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

## R

RADICAVA ORS
REBIF
REBINYN
REMICADE
REPATHA
RETACRIT
RETEVMO
REVLIMID
*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
*sunitinib*
SUPARTZ FX
SUPPRELIN LA
SYMTUZA

## 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
TREMFYA INTRAVENOUS
TREMFYA SUBCUTANEOUS
*treprostinil*
*trientine*
TRIPTODUR
TRIUMEQ
TRUQAP

TYMLOS
TYSABRI
TYVASO
TYVASO DPI

## U

UPTRAVI

## V

VELSIPITY
VEMLIDY
*vigabatrin*
VISTOGARD
VITRAKVI
VOSEVI
VUMERITY
VYVGART
VYVGART HYTRULO

## W

WAKIX
WILATE

## X

XELJANZ
XELJANZ XR
XEOMIN
XOLAIR
XOSPATA
XTANDI
XYNTHA
XYWAV

## Y

YESINTEK INTRAVENOUS
YESINTEK SUBCUTANEOUS
YONSA

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

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

| DRUG NAME(S) | PREFERRED OPTION(S) |
|---|---|
| OVIDREL | PREGNYL |
| PEGASYS | Talk to your doctor |
| PRALUENT | REPATHA |
| PREZISTA | *atazanavir, darunavir* |
| PROCYSBI | CYSTAGON |
| PROLASTIN-C | ARALAST NP, GLASSIA, ZEMAIRA |
| PROMACTA | ALVAIZ, DOPTELET |
| RASUVO | *methotrexate*, OTREXUP |
| RAVICTI | *sodium phenylbutyrate,* PHEBURANE |
| REMODULIN | *treprostinil* |
| RENFLEXIS | AVSOLA, ILUMYA, PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS |
| REVATIO | *sildenafil, tadalafil,* TADLIQ |
| REYATAZ | *atazanavir, darunavir* |
| RIABNI | RUXIENCE |
| RITUXAN | RUXIENCE |
| RIXUBIS | ALPROLIX, BENEFIX, REBINYN |
| RUBRACA | LYNPARZA, ZEJULA |
| SABRIL | *vigabatrin* |
| SANDOSTATIN LAR | *octreotide acetate kit,* SOMATULINE DEPOT |
| SELZENTRY | *maraviroc* |
| SIGNIFOR LAR | *octreotide acetate kit,* SOMATULINE DEPOT |
| SOLIRIS (For Myasthenia Gravis Only) | VYVGART, VYVGART HYTRULO |
| SOMAVERT | *octreotide acetate kit,* SOMATULINE DEPOT |
| SPRYCEL | *dasatinib, imatinib mesylate,* BOSULIF, SCEMBLIX |
| STRIBILD | *efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate,* BIKTARVY, CABENUVA, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ |
| SUTENT | *pazopanib, sunitinib,* CABOMETYX, INLYTA, LENVIMA |
| SYNAGIS | Talk to your doctor |
| SYNVISC, SYNVISC- | DUROLANE, EUFLEXXA, GELSYN-3, |

| DRUG NAME(S) | PREFERRED OPTION(S) |
|---|---|
| ONE | SUPARTZ FX |
| SYPRINE | *trientine* |
| TARGRETIN | *bexarotene* |
| TASIGNA | *dasatinib, imatinib mesylate,* BOSULIF, SCEMBLIX |
| TAVALISSE | ALVAIZ, DOPTELET |
| TECFIDERA | *dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide,* AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA |
| THIOLA | *tiopronin* |
| THIOLA EC | *tiopronin delayed-rel* |
| TOBI, TOBI PODHALER | *tobramycin inhalation solution* |
| TRACLEER | *ambrisentan, bosentan,* OPSUMIT |
| TRELSTAR MIXJECT | ELIGARD |
| TRUVADA | *abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine,* APRETUDE, CIMDUO, DESCOVY |
| TRUXIMA | RUXIENCE |
| UDENYCA | FYLNETRA, NYVEPRIA |
| ULTOMIRIS (For Myasthenia Gravis Only) | VYVGART, VYVGART HYTRULO |
| VIRACEPT | *atazanavir, darunavir, lopinavir-ritonavir* |
| VISCO-3 | DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX |
| VOTRIENT | *pazopanib, sunitinib,* CABOMETYX, INLYTA, LENVIMA |
| VPRIV | CERDELGA, CEREZYME |
| XALKORI CAPSULE | ALECENSA, ALUNBRIG, AUGTYRO, ROZLYTREK, ZYKADIA |
| XENAZINE | *tetrabenazine,* AUSTEDO, AUSTEDO XR, INGREZZA |
| XYREM | LUMRYZ, WAKIX, XYWAV |
| ZARXIO | NIVESTYM |
| ZELBORAF | BRAFTOVI, TAFINLAR |
| ZEPATIER | EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6) |
| ZIEXTENZO | FYLNETRA, NYVEPRIA |

| DRUG NAME(S) | PREFERRED OPTION(S) |
|---|---|
| ZOLADEX | ELIGARD, ORILISSA |
| ZYTIGA | *abiraterone, bicalutamide,* ERLEADA, NUBEQA, XTANDI, YONSA |

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

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

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

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