

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

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

abacavir-lamivudine
efavirenz-emtricitabine-
tenofovir disoproxil fumarate
efavirenz-lamivudine-
tenofovir disoproxil fumarate
lamivudine-zidovudine
BIKTARVY
CIMDUO
DESCOVY
DOVATO
EVOTAZ
GENVOYA

ODEFSEY
PREZCOBIX
SYM TUZA
TEMIXYS
TRIUMEQ
TRUVADA

FUSION INHIBITORS

FUZEON

INTEGRASE INHIBITORS

ISENTRESS
TIVICAY

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

efavirenz
nevirapine
nevirapine ext-rel
EDURANT
INTELENCE

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

abacavir tablet
didanosine
lamivudine
stavudine
zidovudine
EMTRIVA

§ NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

tenofovir disoproxil fumarate

§ PROTEASE INHIBITORS

atazanavir
lopinavir-ritonavir solution
NORVIR
PREZISTA

ANTIVIRALS

§ HEPATITIS B AGENTS

entecavir
lamivudine

tenofovir disoproxil fumarate
BARACLUDE SOLUTION
VEMLIDY

§ HEPATITIS C AGENTS

ribavirin
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)
HARVONI (genotypes 1, 4, 5, 6)
VOSEVI²

ANTINEOPLASTIC AGENTS

§ ALKYLATING AGENTS

temozolomide

§ ANTIMETABOLITES

capecitabine
LONSURF

BIOSIMILARS

KANJINTI
RUXIENCE
TRAZIMERA
ZIRABEV

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS

abiraterone
ERLEADA
NUBEQA
XTANDI
YONSA

§ KINASE INHIBITORS

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

SPRYCEL
STIVARGA
SUTENT
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
ODOMZO
RUBRACA
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

OVULATION 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

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

<p>A</p> <p><i>abacavir tablet</i> <i>abacavir-lamivudine</i> <i>abiraterone</i> ADEMPAS ADVATE ADYNOVATE AFINITOR AFSTYLA ALECENSA ALUNBRIG <i>ambrisentan</i> ARANESP <i>atazanavir</i> AUBAGIO AUSTEDO</p>	<p>DUPIXENT DUROLANE</p> <p>E</p> <p>EDURANT <i>efavirenz</i> <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> ELIGARD ELOCTATE EMTRIVA ENBREL <i>entecavir</i> EPCLUSA ERIVEDGE ERLEADA <i>erlotinib</i> ESBRIET ESPEROCT EUFLEXXA <i>everolimus</i> EVOTAZ EYLEA</p> <p>F</p> <p>FASENRA FIRMAGON FORTEO FUZEON</p> <p>G</p> <p>GELSYN-3 GENVOYA GILENYA <i>glatiramer</i> GONAL-F</p> <p>H</p> <p>HARVONI HUMIRA</p> <p>I</p> <p>IBRANCE <i>icatibant</i> <i>imatinib mesylate</i> INBRIJA INGREZZA INTELENCE IRESSA ISENTRESS</p>	<p>J</p> <p>JIVI</p> <p>K</p> <p>KANJINTI KESIMPTA KEVZARA KISQALI KISQALI FEMARA CO-PACK KOGENATE FS KOVALTRY KYLEENA KYNMOBI</p> <p>L</p> <p><i>lamivudine</i> <i>lamivudine-zidovudine</i> <i>lapatinib</i> <i>leuprolide acetate</i> LONSURF <i>lopinavir-ritonavir solution</i> LUCENTIS LYNPARZA</p> <p>M</p> <p>MAYZENT MIRENA MUGARD MULPLETA <i>mycophenolate mofetil</i> <i>mycophenolate sodium</i></p> <p>N</p> <p><i>nevirapine</i> <i>nevirapine ext-rel</i> NINLARO NIVESTYM NORDITROPIN NORVIR NOVOEIGHT NUBEQA NUCALA NUWIQ</p> <p>O</p> <p>OCREVUS ODEFSEY ODOMZO OFEV OPSUMIT ORALAIR</p>	<p>ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS ORENITRAM ORFADIN OTEZLA OVIDREL</p> <p>P</p> <p>PERJETA PHESGO PRALUENT PREZCOBIX PREZISTA PROLASTIN-C PROLIA</p> <p>R</p> <p>RASUVO REBIF REBINYN REMICADE RETACRIT REVLIMID <i>ribavirin</i> RINVOQ RUBRACA RUCONEST RUXIENCE RYDAPT</p> <p>S</p> <p><i>sapropterin</i> <i>sildenafil</i> SIMPONI ARIA <i>sirolimus</i> SKYLA SKYRIZI <i>sodium phenylbutyrate</i> SOMATULINE DEPOT SPRYCEL <i>stavudine</i> STELARA INTRAVENOUS STELARA SUBCUTANEOUS STIVARGA SUPARTZ FX SUPPRELIN LA SUTENT SYMTUZA</p>	<p>T</p> <p><i>tacrolimus</i> <i>tadalafil</i> TAKHZYRO TALTZ TEGSEDI TEMIXYS <i>temozolomide</i> <i>tenofovir disoproxil fumarate</i> <i>tetrabenazine</i> THALOMID TIVICAY <i>tobramycin</i> <i>inhalation solution</i> TRAZIMERA TREMFYA <i>treprostinil</i> TRIPTODUR TRIUMEQ TRUVADA TYMLOS TYSABRI</p> <p>U</p> <p>UPTRAVI</p> <p>V</p> <p>VELCADE VEMLIDY <i>vigabatrin</i> VOSEVI² VOTRIENT VUMERITY</p> <p>X</p> <p>XELJANZ XELJANZ XR XOLAIR XOSPATA XTANDI</p> <p>Y</p> <p>YONSA</p> <p>Z</p> <p>ZEJULA ZEPOSIA <i>zidovudine</i> ZIEXTENZO ZIRABEV ZOLINZA</p>
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PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS ³

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA	GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
ADCIRCA	<i>sildenafil, tadalafil</i>	GRANIX	NIVESTYM
ALIQOPA	COPIKTRA	HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY
ALPROLIX	Consult doctor		
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 solution, EVOTAZ, PREZCOBIX, PREZISTA</i>
AVSOLA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS	JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>	KUVAN	<i>sapropterin</i>
BERINERT	<i>icatibant, RUCONEST</i>	KYPROLIS	NINLARO, VELCADE
BORTEZOMIB	NINLARO, VELCADE	LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>
BUPHENYL	<i>sodium phenylbutyrate</i>	LEXIVA	<i>atazanavir, lopinavir-ritonavir solution, EVOTAZ, PREZCOBIX, PREZISTA</i>
CELLCEPT	<i>mycophenolate mofetil, mycophenolate sodium</i>	LILETTA	KYLEENA, MIRENA, SKYLA
CHORIONIC GONADOTROPIN	OVIDREL	LUPRON DEPOT	ELIGARD, FIRMAGON, ORIAHNN, ORLISSA
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
DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>	MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
ELELYSO	CERDELGA, CEREZYME	MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>
ENTYVIO (For Crohn's Disease Only)	REMICADE, STELARA INTRAVENOUS	NEULASTA, NEULASTA ONPRO	ZIEXTENZO
ENVARUS XR	<i>tacrolimus</i>	NEUPOGEN	NIVESTYM
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>	NOVAREL	OVIDREL
EPOGEN	ARANESP, RETACRIT	NUTROPIN AQ	NORDITROPIN
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>	OMNITROPE	NORDITROPIN
EXTAVIA	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>	ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
FOLLISTIM AQ	GONAL-F	OTREXUP	RASUVO
FULPHILA	ZIEXTENZO	PEGASYS	Consult doctor
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	PLEGRIDY	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
GENOTROPIN	NORDITROPIN		
GLASSIA	PROLASTIN-C	PREGNYL	OVIDREL
		PROCRIT	ARANESP, RETACRIT
		PROCYSBI	CYSTAGON
		PROGRAF	<i>tacrolimus</i>
		RAPAMUNE	<i>everolimus, sirolimus</i>

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
RAVICTI	<i>sodium phenylbutyrate</i>	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
REMODULIN	<i>treprostinil</i>	TRACLEER	<i>ambrisentan</i> , <i>bosentan</i> , OPSUMIT
RENFLEXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS	TRELSTAR MIXJECT	ELIGARD, FIRMAGON
REPATHA	PRALUENT	TRUXIMA	RUXIENCE
REVATIO	<i>sildenafil</i> , <i>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</i> , <i>lopinavir-ritonavir solution</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</i> , <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ	ZOLADEX	ELIGARD, FIRMAGON, ORILISSA
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	ZORTRESS	<i>everolimus</i> , <i>sirolimus</i>
TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL	ZYDELIG	COPIKTRA
TECFIDERA	<i>dimethyl fumarate delayed-rel</i> , <i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	ZYTIGA	<i>abiraterone</i> , XTANDI, YONSA

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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