



Advanced Control Specialty Formulary[®] for State of Louisiana Office of Group Benefits

The **Advanced Control Specialty Formulary[®] for State of Louisiana Office of Group Benefits** 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 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.

Please note:

- 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 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 medications and products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and copay, 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 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](https://www.caremark.com) to check coverage and copay information for a specific medicine.

ANALGESICS

*emtricitabine-tenofovir
disoproxil fumarate*

VISCOSUPPLEMENTS

DUROLANE
EUFLEXA
GELSYN-3
SUPARTZ FX

lamivudine-zidovudine
BIKTARVY
CIMDUO
DESCOVY
DOVATO

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

*abacavir-lamivudine
efavirenz-emtricitabine-
tenofovir disoproxil
fumarate
efavirenz-lamivudine-
tenofovir disoproxil
fumarate*

EVOTAZ
GENVOYA
ODEFSEY
PREZCOBIX
SYM TUZA
TRIUMEQ

§ FUSION INHIBITORS

maraviroc
FUZEON

INTEGRASE INHIBITORS

ISENRESS

TIVICAY

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

*efavirenz
nevirapine
nevirapine ext-rel*
EDURANT
INTELENCE

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

*abacavir
lamivudine
stavudine
zidovudine*
EMTRIVA

§ NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

tenofovir disoproxil fumarate

§ PROTEASE INHIBITORS

*atazanavir
lopinavir-ritonavir*
NORVIR
PREZISTA

ANTIVIRALS

§ HEPATITIS B AGENTS

*entecavir
lamivudine
tenofovir disoproxil fumarate*

§ 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

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS

abiraterone
ERLEADA
NUBEQA

XTANDI
YONSA

§ KINASE INHIBITORS

erlotinib
everolimus
imatinib mesylate
lapatinib
sunitinib
ALECENSA
ALUNBRIG
BOSULIF
BRAFTOVI
BRUKINSA
CABOMETYX
CALQUENCE
COPIKTRA
COTELLIC
GAVRETO
IBRANCE
IMBRUVICA
INLYTA
IRESSA
KISQALI
KISQALI FEMARA CO-
PACK
KOSELUGO
LENVIMA
MEKTOVI
RETEVMO
ROZLYTREK
RYDAPT
SPRYCEL
STIVARGA
TAGRISSO
VITRAKVI
XOSPATA
ZELBORAF
ZYDELIG
ZYKADIA

MONOCLONAL ANTIBODIES

PHESGO

MULTIPLE MYELOMA

IMMUNOMODULATORS

REVLIMID
THALOMID

**§ PROTEASOME
INHIBITORS**

bortezomib
NINLARO

PROSTATE CANCER

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

leuprolide acetate

§ MISCELLANEOUS

bexarotene
ERIVEDGE
LYNPARZA
LYSODREN
MATULANE
ODOMZO
VISTOGARD
ZEJULA

ZOLINZA

CARDIOVASCULAR

ANTIPEMICS

PCSK9 INHIBITORS
REPATHA

**PULMONARY ARTERIAL
HYPERTENSION**

**§ ENDOTHELIN RECEPTOR
ANTAGONISTS**

ambrisentan
bosentan
OPSUMIT

**§ PHOSPHODIESTERASE
INHIBITORS**

sildenafil
tadalafil

**§ PROSTAGLANDIN
VASODILATORS**

treprostinil
ORENITRAM

**SOLUBLE GUANYLATE
CYCLASE STIMULATORS**

ADEMPAS

**CENTRAL NERVOUS
SYSTEM**

**ANTIPARKINSONIAN
AGENTS**

INBRIJA

§ ANTISEIZURE AGENTS

vigabatrin

§ MOVEMENT DISORDERS

tetrabenazine
AUSTEDO
AUSTEDO XR
INGREZZA

**§ MULTIPLE SCLEROSIS
AGENTS**

*dimethyl fumarate delayed-
rel*

fingolimod
glatiramer
teriflunomide

AVONEX
BETASERON
KESIMPTA
MAYZENT
REBIF
TYSABRI
VUMERITY
ZEPOSIA

NARCOLEPSY

WAKIX
XYWAV

**ENDOCRINE AND
METABOLIC**

**§ CALCIUM RECEPTOR
AGONISTS**

cinacalcet

CALCIUM REGULATORS

PARATHYROID HORMONES

FORTEO
TYMLOS

CONTRACEPTIVES

**PROGESTIN INTRAUTERINE
DEVICES**

KYLEENA
MIRENA
SKYLA

GAUCHER DISEASE

CERDELGA

**HEREDITARY TYROSINEMIA
TYPE 1 AGENTS**

ORFADIN

**HUMAN GROWTH
HORMONES**

GENOTROPIN
NORDITROPIN

**§ PHENYLKETONURIA
TREATMENT AGENTS**

sapropterin

POLYNEUROPATHY

TEGSEDI

§ UREA CYCLE DISORDERS

sodium phenylbutyrate

§ MISCELLANEOUS

betaine
carglumic acid
CYSTAGON

GENITOURINARY

§ MISCELLANEOUS

tiopronin

HEMATOLOGIC

§ CHELATING AGENTS

deferasirox
deferiprone
deferoxamine
penicillamine
trientine

**HEMATOPOIETIC GROWTH
FACTORS**

ARANESP
PROCRIT
RETACRIT
ZIEXTENZO

HEMOPHILIA B AGENTS

ALPROLIX

**MISCELLANEOUS
BLEEDING DISORDERS
AGENTS**

SEVENFACT

**PAROXYSMAL NOCTURNAL
HEMOGLOBINURIA (PNH)
AGENTS**

EMPAVELI

SICKLE CELL DISEASE

ENDARI

**THROMBOCYTOPENIA
AGENTS**

DOPTELET
PROMACTA
TAVALISSE

**IMMUNOLOGIC
AGENTS**

ALLERGENIC EXTRACTS

ORALAIR

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED)**

See Table 1 for Indication Based
Coverage Details

ANKYLOSING SPONDYLITIS

COSENTYX
ENBREL
HUMIRA
RINVOQ

CROHN'S DISEASE

HUMIRA
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA
SUBCUTANEOUS

**NON-RADIOGRAPHIC AXIAL
SPONDYLOARTHRITIS**

CIMZIA PREFILLED
SYRINGE
COSENTYX
RINVOQ

PSORIASIS

HUMIRA
OTEZLA
SKYRIZI SUBCUTANEOUS
STELARA
SUBCUTANEOUS
TALTZ
TREMIFYA

PSORIATIC ARTHRITIS

COSENTYX
ENBREL
HUMIRA
OTEZLA
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA
SUBCUTANEOUS
TREMIFYA

RHEUMATOID ARTHRITIS

ENBREL
HUMIRA
KEVZARA
ORENCIA CLICKJECT
ORENCIA
SUBCUTANEOUS
RINVOQ
XELJANZ
XELJANZ XR

ULCERATIVE COLITIS

HUMIRA
RINVOQ
STELARA
SUBCUTANEOUS
XELJANZ
XELJANZ XR
ZEPOSIA

ALL OTHER CONDITIONS

ENBREL
HUMIRA

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

RASUVO

**§ HEREDITARY
ANGIOEDEMA**

icatibant
ORLADEYO
TAKHZYRO

IMMUNOMODULATORS

IMMUNE GLOBULINS
CUTAQUIG

IMMUNOSUPPRESSANTS

§ ANTIMETABOLITES
mycophenolate mofetil
mycophenolate sodium

§ CALCINEURIN INHIBITORS

cyclosporine
cyclosporine, modified
tacrolimus

MONOCLONAL ANTIBODIES

ENSPRYNG

§ RAPAMYCIN DERIVATIVES

everolimus
sirolimus

RESPIRATORY

§ CYSTIC FIBROSIS

*tobramycin inhalation
solution*

**§ PULMONARY FIBROSIS
AGENTS**

pirfenidone
OFEV

SEVERE ASTHMA AGENTS

DUPIXENT
FASENRA

NUCALA (except lyophilized powder)
XOLAIR

TOPICAL

DERMATOLOGY
ATOPIC DERMATITIS
Injectable

ADBRY
DUPIXENT

Oral
CIBINQO

RINVOQ

**MOUTH / THROAT /
DENTAL AGENTS**
PROTECTANTS
MUGARD

QUICK REFERENCE DRUG LIST

A

abacavir
abacavir-lamivudine
abiraterone
ADBRY
ADEMPAS
ALECENSA
ALPROLIX
ALUNBRIG
ambrisentan
ARANESP
atazanavir
AUSTEDO
AUSTEDO XR
AVONEX

B

betaine
BETASERON
bexarotene
BIKTARVY
bortezomib
bosentan
BOSULIF
BRAFTOVI
BRUKINSA

C

CABOMETYX
CALQUENCE
capecitabine
carglumic acid
CERDELGA
CIBINQO
CIMDUO
CIMZIA PREFILLED SYRINGE
cinacalcet
COPIKTRA
COSENTYX
COTELLIC
CUTAQUIG
cyclosporine
cyclosporine, modified
CYSTAGON

D

deferasirox
deferiprone
deferoxamine
DESCOVY

dimethyl fumarate delayed-rel
DOPTELET
DOVATO
DUPIXENT
DUROLANE

E

EDURANT
efavirenz
efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
EMPAVELI
emtricitabine-tenofovir disoproxil fumarate
EMTRIVA
ENBREL
ENDARI
ENSPRYNG
entecavir
EPCLUSA
ERIVEDGE
ERLEADA
erlotinib
EUFLEXXA
everolimus
EVOTAZ

F

FASENRA
fingolimod
FORTEO
FUZEON

G

GAVRETO
GELSYN-3
GENOTROPIN
GENVOYA
glatiramer

H

HARVONI
HUMIRA

I

IBRANCE
icatibant

imatinib mesylate
IMBRUVICA
INBRIJA
INGREZZA
INLYTA
INTELENCE
IRESSA
ISENTRESS

K

KESIMPTA
KEVZARA
KISQALI
KISQALI FEMARA CO-PACK
KOSELUGO
KYLEENA

L

lamivudine
lamivudine-zidovudine
lapatinib
LENVIMA
leuprolide acetate
LONSURF
lopinavir-ritonavir
LYNPARZA
LYSODREN

M

maraviroc
MATULANE
MAYZENT
MEKTOVI
MIRENA
MUGARD
mycophenolate mofetil
mycophenolate sodium

N

nevirapine
nevirapine ext-rel
NINLARO
NORDITROPIN
NORVIR
NUBEQA
NUCALA (except lyophilized powder)

O

ODEFSEY
ODOMZO

OFEV
OPSUMIT
ORALAIR
ORENCIA CLICKJECT
ORENCIA
SUBCUTANEOUS
ORENITRAM
ORFADIN
ORLADEYO
OTEZLA

P

penicillamine
PHESGO
pirfenidone
PREZCOBIX
PREZISTA
PROCRIT
PROMACTA

R

RASUVO
REBIF
REPATHA
RETACRIT
RETEVMO
REVLIMID
ribavirin
RINVOQ
ROZLYTREK
RYDAPT

S

sapropterin
SEVENFACT
sildenafil
sirolimus
SKYLA
SKYRIZI SUBCUTANEOUS
sodium phenylbutyrate
SPRYCEL
stavudine
STELARA
SUBCUTANEOUS
STIVARGA
sunitinib
SUPARTZ FX
SYM TUZA

T

tacrolimus
tadalafil

TAGRISSEO
TAKHZYRO
TALTZ
TAVALISSE
TEGSEDI
temozolomide
tenofovir disoproxil fumarate
teriflunomide
tetrabenazine
THALOMID
tiopronin
TIVICAY
tobramycin inhalation solution
TREMIFYA
treprostinil
trientine
TRIUMEQ
TYMLOS

V

vigabatrin
VISTOGARD
VITRAKVI
VOSEVI²
VUMERITY

W

WAKIX

X

XELJANZ
XELJANZ XR
XOLAIR
XOSPATA
XTANDI
XYWAV

Y

YONSA

Z

ZEJULA
ZELBORAF
ZEPOSIA
zidovudine
ZIEXTENZO
ZOLINZA
ZYDELIG
ZYKADIA

PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS ³

DRUG NAME(S)	PREFERRED OPTION(S) [†]	DRUG NAME(S)	PREFERRED OPTION(S) [†]
ADCIRCA	<i>sildenafil, tadalafil</i>	KUVAN	<i>sapropterin</i>
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>	LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>
APTIVUS	Talk to your doctor	LEXIVA	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>	LILETTA	KYLEENA, MIRENA, SKYLA
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate,</i>	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
BETHKIS	<i>tobramycin inhalation solution</i>	MEKINIST	COTELLIC, MEKTOVI
BORTEZOMIB	<i>bortezomib, NINLARO</i>	MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
BOTOX	Talk to your doctor	NEULASTA, NEULASTA ONPRO	ZIEXTENZO
BUPHENYL	<i>sodium phenylbutyrate</i>	NEXTERONE	<i>amiodarone</i>
CARBAGLU	<i>carglumic acid</i>	NITYR	ORFADIN
CAYSTON	<i>tobramycin inhalation solution</i>	NORTHERA	<i>midodrine</i>
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), XOLAIR
CUPRIMINE	<i>penicillamine</i>	NUTROPIN AQ	GENOTROPIN, NORDITROPIN
CYSTADANE	<i>betaine</i>	OMNITROPE	GENOTROPIN, NORDITROPIN
DIACOMIT	Talk to your doctor	ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>	OTREXUP	RASUVO
EPOGEN	ARANESP, PROCIT, RETACRIT	PEGASYS	Talk to your doctor
ESBRIET	<i>pirfenidone, OFEV</i>	PRALUENT	REPATHA
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>	PROCYSBI	CYSTAGON
EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>	RAVICTI	<i>sodium phenylbutyrate</i>
FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>	REMODULIN	<i>treprostinil</i>
FINTEPLA	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>	REVATIO	<i>sildenafil, tadalafil</i>
FIRAZYR	<i>icatibant</i>	RUBRACA	LYNPARZA, ZEJULA
FULPHILA	ZIEXTENZO	SABRIL	<i>vigabatrin</i>
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	SAIZEN	GENOTROPIN, NORDITROPIN
GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>	SELZENTRY	<i>maraviroc</i>
GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>	STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
HUMATROPE	GENOTROPIN, NORDITROPIN	SUTENT	<i>sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
ICLUSIG	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>	SYPRINE	<i>trientine</i>
JADENU	<i>deferasirox, deferiprone, deferoxamine</i>	TAFINLAR	BRAFTOVI, ZELBORAF
JUXTAPID	REPATHA	TARGRETIN	<i>bexarotene</i>
JYNARQUE	Talk to your doctor	TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
KITABIS PAK	<i>tobramycin inhalation solution</i>	TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>
KORLYM	Talk to your doctor	THIOLA, THIOLA EC	<i>tiopronin</i>
		TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Non-self administered injectable products are not covered by the pharmacy benefit plan. For specific information, visit Caremark.com or contact a CVS Caremark Customer Care representative.

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>	VOTRIENT	<i>sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
TYVASO DPI	Talk to your doctor	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
UDENYCA	ZIEXTENZO	XENAZINE	<i>tetrabenazine, AUSTEDO, AUSTEDO XR</i>
VEMLIDY	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)	ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
VIRACEPT	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>		

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

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
ANKYLOSING SPONDYLITIS	SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA RINVOQ
CROHN'S DISEASE	None	HUMIRA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX RINVOQ
PSORIASIS	COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TALTZ TREMIFYA
PSORIATIC ARTHRITIS	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMIFYA
RHEUMATOID ARTHRITIS	KINERET SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	SIMPONI	HUMIRA RINVOQ STELARA SUBCUTANEOUS XELJANZ XELJANZ XR ZEPOSIA
ALL OTHER CONDITIONS	KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL 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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