



# Advanced Control Specialty Formulary<sup>®</sup> for State of Louisiana Office of Group Benefits

The **Advanced Control Specialty Formulary<sup>®</sup> 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 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<sup>®</sup>. 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](http://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*  
*etravirine*  
*lamivudine*  
*maraviroc*  
*nevirapine*  
*nevirapine ext-rel*  
*ritonavir*  
*stavudine*  
*zidovudine*  
EMTRIVA  
FUZEON  
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  
CIMDUO  
DESCOVY  
DOVATO  
GENVOYA

ODEFSEY  
SYMTUZA  
TRIUMEQ

### ANTIVIRALS

*entecavir*  
*lamivudine*

### HEPATITIS B AGENTS

*tenofovir disoproxil fumarate*

### HEPATITIS C

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

### NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

*tenofovir disoproxil fumarate*

## ANTINEOPLASTIC AGENTS

### ALKYLATING AGENTS

*temozolomide*  
MATULANE

### ANTIMETABOLITES

*capecitabine*  
LONSURF

### BIOLOGIC RESPONSE MODIFIERS

BESREMI  
ERIVEDGE  
REVLIMID  
THALOMID

### HORMONAL ANTINEOPLASTIC AGENTS

*abiraterone*  
*leuprolide acetate*  
ERLEADA  
LYSODREN

NUBEQA  
XTANDI  
YONSA

### KINASE INHIBITORS

*erlotinib*  
*everolimus*  
*gefitinib*  
*imatinib mesylate*  
*lapatinib*

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

### MISCELLANEOUS

*bexarotene*  
KRAZATI

LUMAKRAS  
LYNPARZA  
ODOMZO  
VISTOGARD  
ZEJULA  
ZOLINZA

### MONOCLONAL ANTIBODIES

PHESGO

### PROTEASOME INHIBITORS

*bortezomib*  
NINLARO

## CARDIOVASCULAR

### ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA

### PULMONARY ARTERIAL HYPERTENSION

*ambrisentan*  
*bosentan*  
*sildenafil*  
*tadalafil*  
*treprostinil*  
ADEMPAS  
OPSUMIT  
ORENITRAM  
TADLIQ  
UPTRAVI

## CENTRAL NERVOUS SYSTEM

### ANTIPARKINSONIAN AGENTS

INBRIJA  
KYNMOBI

### ANTISEIZURE AGENTS

*vigabatrin*

**BOTULINUM TOXINS**

DYSPORT  
XEOMIN

**MOVEMENT DISORDERS**

*tetrabenazine*  
AUSTEDO  
AUSTEDO XR  
INGREZZA

**MULTIPLE SCLEROSIS AGENTS**

*dimethyl fumarate delayed-rel*  
 *fingolimod*  
 *glatiramer*  
 *teriflunomide*  
AVONEX  
BETASERON  
KESIMPTA  
MAYZENT  
REBIF  
VUMERITY  
ZEPOSIA

**NARCOLEPSY/CATAPLEXY**

LUMRYZ  
WAKIX  
XYWAV

**ENDOCRINE AND METABOLIC****CALCIUM RECEPTOR AGONISTS**

*cinacalcet*

**CHELATING AGENTS**

*deferasirox*  
*deferiprone*  
*deferoxamine*  
*penicillamine*  
*trientine*

**CONTRACEPTIVES**

KYLEENA  
MIRENA  
SKYLA

**ENZYME REPLACEMENTS**

*betaine*  
*carglumic acid*  
*sapropterin*  
*sodium phenylbutyrate*  
CYSTAGON  
PHEBURANE

**GAUCHER DISEASE**

CERDELGA

**HEREDITARY TYROSINEMIA TYPE 1 AGENTS**

ORFADIN

**HUMAN GROWTH HORMONES**

HUMATROPE  
NORDITROPIN

**MISCELLANEOUS**

FORTEO  
TYMLOS

**POLYNEUROPATHY**

TEGSEDI

**GENITOURINARY****MISCELLANEOUS**

*tiopronin*

**HEMATOLOGIC****HEMATOPOIETIC GROWTH FACTORS**

ARANESP  
DOPTELET  
FYLNETRA  
NYVEPRIA  
PROCRIT  
PROMACTA  
RETACRIT

**MISCELLANEOUS**

TAVALISSE

**PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS**

EMPAVELI

**SICKLE CELL DISEASE**

ENDARI

**IMMUNOLOGIC AGENTS****ALLERGENIC EXTRACTS**

ORALAIR

**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS**

ADALIMUMAB-ADAZ  
ENBREL  
HUMIRA  
HYRIMOZ

**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS**

ADALIMUMAB-ADAZ  
COSENTYX  
ENBREL  
HUMIRA  
HYRIMOZ  
RINVOQ

**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE**

ADALIMUMAB-ADAZ  
HUMIRA  
HYRIMOZ  
RINVOQ  
SKYRIZI SUBCUTANEOUS  
STELARA SUBCUTANEOUS

**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS**

CIMZIA PREFILLED SYRINGE  
COSENTYX  
RINVOQ

**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS**

ADALIMUMAB-ADAZ  
HUMIRA  
HYRIMOZ  
OTEZLA  
SKYRIZI SUBCUTANEOUS  
SOTYKTU  
STELARA SUBCUTANEOUS  
TALTZ  
TREMIFYA

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

ADALIMUMAB-ADAZ  
COSENTYX  
ENBREL  
HUMIRA  
HYRIMOZ  
OTEZLA  
RINVOQ  
SKYRIZI SUBCUTANEOUS  
STELARA SUBCUTANEOUS  
TREMIFYA

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

ADALIMUMAB-ADAZ

ENBREL  
HUMIRA  
HYRIMOZ  
KEVZARA  
ORENCIA CLICKJECT  
ORENCIA SUBCUTANEOUS  
RINVOQ  
XELJANZ  
XELJANZ XR

**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS**

ADALIMUMAB-ADAZ  
HUMIRA  
HYRIMOZ  
RINVOQ  
STELARA SUBCUTANEOUS  
XELJANZ  
XELJANZ XR  
ZEPOSIA

**DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)**

RASUVO

**HEREDITARY ANGIOEDEMA**

*icatibant*  
ORLADEYO  
TAKHZYRO

**IMMUNOGLOBULIN**

CUTAQUIG

**IMMUNOSUPPRESSANTS**

*cyclosporine*  
*cyclosporine modified*  
*everolimus*  
*mycophenolate mofetil*  
*mycophenolate sodium*  
*sirolimus*  
*tacrolimus*  
ENSPRYNG

**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**  
ADBRY

CIBINQO  
DUPIXENT  
RINVOQ

**MOUTH/THROAT/DENTAL  
AGENTS**  
MUGARD

**QUICK REFERENCE DRUG LIST**

**A**

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

**B**

BESREMI  
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**

darunavir  
deferasirox  
deferiprone

deferoxamine  
DESCOVY  
dimethyl fumarate delayed-  
rel  
DOPTELET  
DOVATO  
DUPIXENT  
DUPIXENT  
DUROLANE  
DYSPORET

**E**

efavirenz  
efavirenz-emtricitabine-  
tenofovir disoproxil  
fumarate  
efavirenz-lamivudine-  
tenofovir disoproxil  
fumarate  
EMPAVELI  
emtricitabine-tenofovir  
disoproxil fumarate  
EMTRIVA  
ENBREL  
ENDARI  
ENSPRYNG  
entecavir  
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)  
ERIVEDGE  
ERLEADA  
erlotinib  
etravirine  
EUFLEXXA  
everolimus  
everolimus

**F**

FASENRA  
fingolimod  
FORTEO  
FUZEON  
FYLNETRA

**G**

GAVRETO  
gefitinib  
GELSYN-3  
GENVOYA  
glatiramer

**H**

HARVONI (genotypes 1, 4, 5, 6)  
HUMATROPE  
HUMIRA  
HYRIMOZ

**I**

IBRANCE  
icatibant  
imatinib mesylate  
IMBRUVICA  
INBRIJA  
INGREZZA  
INLYTA  
ISENTRESS

**K**

KESIMPTA  
KEVZARA  
KISQALI  
KISQALI FEMARA CO-PACK  
KOSELUGO  
KRAZATI  
KYLEENA  
KYNMOBI

**L**

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

**M**

maraviroc  
MATULANE  
MAYZENT  
MEKTOVI  
MIRENA  
MUGARD  
mycophenolate mofetil  
mycophenolate sodium

**N**

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

**O**

ODEFSEY  
ODOMZO  
OFEV  
OPSUMIT  
ORALAIR  
ORENCIA CLICKJECT  
ORENCIA SUBCUTANEOUS  
ORENITRAM  
ORFADIN  
ORLADEYO  
OTEZLA

**P**

penicillamine  
PHEBURANE  
PHESGO  
pirfenidone  
PROCRIT  
PROMACTA

**R**

RASUVO  
REBIF  
REPATHA  
RETACRIT  
RETEVMO  
REVLIMID  
ribavirin  
RINVOQ  
ritonavir  
ROZLYTREK  
RYDAPT

**S**

sapropterin  
sildenafil  
sirolimus  
SKYLA  
SKYRIZI SUBCUTANEOUS  
sodium phenylbutyrate  
sorafenib

SOTYKTU  
SPRYCEL  
*stavudine*  
STELARA SUBCUTANEOUS  
STIVARGA  
*sunitinib*  
SUPARTZ FX  
SYMTUZA

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**T**

*tacrolimus*  
*tadalafil*  
TADLIQ  
TAGRISSO  
TAKHZYRO  
TALTZ

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

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**U**

UPTRAVI

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**V**

*vigabatrin*  
VISTOGARD  
VITRAKVI  
VOSEVI  
VUMERITY

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**W**

WAKIX

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**X**

XELJANZ  
XELJANZ XR

XEOMIN  
XOLAIR  
XOSPATA  
XTANDI  
XYWAV

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**Y**

YONSA

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**Z**

ZEJULA  
ZELBORAF  
ZEPOSIA  
*zidovudine*  
ZOLINZA  
ZYDELIG  
ZYKADIA

## PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS

The preferred options in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
ADCIRCA	<i>sildenafil, tadalafil, TADLIQ</i>		REBIF, VUMERITY, ZEPOSIA
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>	FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
APTIVUS	Talk to your doctor	FINTEPLA	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
ARCALYST	Talk to your doctor	FIRAZYR	<i>icatibant</i>
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>	FULPHILA	FYLNETRA, NYVEPRIA
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>	GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
BETHKIS	<i>tobramycin inhalation solution</i>	GENOTROPIN	HUMATROPE, NORDITROPIN
BORTEZOMIB	<i>bortezomib, NINLARO</i>	GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>
BOTOX	DYSPOXT, XEOMIN	GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
BUPHENYL	<i>sodium phenylbutyrate, PHEBURANE</i>	HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
CARBAGLU	<i>carglumic acid</i>	HYQVIA	CUTAQUIG
CAYSTON	<i>tobramycin inhalation solution</i>	ICLUSIG	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	INTELENCE	<i>etravirine</i>
COPAXONE 20 MG/ML	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>	IRESSA	<i>erlotinib, gefitinib</i>
CUPRIMINE	<i>penicillamine</i>	JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
CYSTADANE	<i>betaine</i>	JAKAFI (For Polycythemia Vera Only)	BESREMI
DIACOMIT	Talk to your doctor	JUXTAPID	REPATHA
EDURANT	<i>efavirenz</i>	JYNARQUE	Talk to your doctor
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>	KALETRA	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
EPOGEN	ARANESP, PROCIT, RETACRIT	KITABIS PAK	<i>tobramycin inhalation solution</i>
ESBRIET	<i>pirfenidone, OFEV</i>	KORLYM	Talk to your doctor
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>	KUVAN	<i>sapropterin</i>
EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPTA, MAYZENT,</i>	LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>
		LEXIVA	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
		LILETTA	KYLEENA, MIRENA, SKYLA
		LORBRENA	ALECENSA, ALUNBRIG
		MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI
		MEKINIST	COTELLIC, MEKTOVI

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
MYOBLOC	DYSPORT, XEOMIN	SYPRINE	<i>trientine</i>
NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA	TAFINLAR	BRAFTOVI, ZELBORAF
NEXAVAR	<i>sorafenib, sunitinib</i> , CABOMETYX, INLYTA, LENVIMA	TARGRETIN	<i>bexarotene</i>
NEXTERONE	<i>amiodarone</i>	TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
NITYR	ORFADIN	TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , AVONEX, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA
NORTHERA	<i>midodrine</i>	THIOLA, THIOLA EC	<i>tiopronin</i>
NORVIR	<i>ritonavir</i>	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), XOLAIR	TRACLEER	<i>ambrisentan, bosentan</i> , OPSUMIT
NUTROPIN AQ	HUMATROPE, NORDITROPIN	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine</i> , CIMDUO, DESCOVY
OCTAGAM	Talk to your doctor	TYVASO DPI	Talk to your doctor
OMNITROPE	HUMATROPE, NORDITROPIN	UDENYCA	FYLNETRA, NYVEPRIA
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	VEMLIDY	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>
OTREXUP	RASUVO	VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
PEGASYS	Talk to your doctor	VIRACEPT	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
PRALUENT	REPATHA	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
PREZISTA	<i>atazanavir, darunavir</i>	VOTRIENT	<i>sorafenib, sunitinib</i> , CABOMETYX, INLYTA, LENVIMA
PROCYSBI	CYSTAGON	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
RAVICTI	<i>sodium phenylbutyrate</i> , PHEBURANE	XENAZINE	<i>tetrabenazine</i> , AUSTEDO, AUSTEDO XR
REMODULIN	<i>treprostinil</i>	XYREM	LUMRYZ, WAKIX, XYWAV
REVATIO	<i>sildenafil, tadalafil</i> , TADLIQ	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
REYATAZ	<i>atazanavir, darunavir</i>	ZIEXTENZO	FYLNETRA, NYVEPRIA
RUBRACA	LYNPARZA, ZEJULA	ZOLADEX	ORILISSA
SABRIL	<i>vigabatrin</i>	ZYTIGA	<i>abiraterone, bicalutamide</i> , ERLEADA, XTANDI, YONSA
SAIZEN	HUMATROPE, NORDITROPIN		
SELZENTRY	<i>maraviroc</i>		
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ		
SUTENT	<i>sorafenib, sunitinib</i> , CABOMETYX, INLYTA, LENVIMA		



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

<b>CONDITION</b>	<b>EXCLUDED DRUG NAME(S)</b>	<b>PREFERRED OPTION(S)</b>
<b>ANKYLOSING SPONDYLITIS</b>	AMJEVITA SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HUMIRA HYRIMOZ RINVOQ
<b>CROHN'S DISEASE</b>	AMJEVITA	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
<b>NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS</b>	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX RINVOQ
<b>PSORIASIS</b>	AMJEVITA COSENTYX ENBREL	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ OTEZLA SKYRIZI SUBCUTANEOUS SOTYKTU STELARA SUBCUTANEOUS TALTZ TREMIFYA
<b>PSORIATIC ARTHRITIS</b>	AMJEVITA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HUMIRA HYRIMOZ OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS



<b>CONDITION</b>	<b>EXCLUDED DRUG NAME(S)</b>	<b>PREFERRED OPTION(S)</b>
		TREMFYA
<b>RHEUMATOID ARTHRITIS</b>	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA KINERET SIMPONI	ADALIMUMAB-ADAZ ENBREL HUMIRA HYRIMOZ KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
<b>ULCERATIVE COLITIS</b>	AMJEVITA SIMPONI	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ RINVOQ STELARA SUBCUTANEOUS XELJANZ XELJANZ XR ZEPOSIA
<b>ALL OTHER CONDITIONS</b>	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ADALIMUMAB-ADAZ ENBREL HUMIRA HYRIMOZ

**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).

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.

Non self-administered injectable products are not covered by the pharmacy benefit plan.

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