



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 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.

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

abacavir
atazanavir
darunavir
efavirenz
emtricitabine
etravirine
lamivudine
maraviroc
nevirapine
nevirapine ext-rel
ritonavir
tenofovir disoproxil fumarate
zidovudine
ISENRESS
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
SYM TUZA
TRIUMEQ

HEPATITIS B

entecavir
lamivudine
tenofovir disoproxil fumarate
VELMIDY

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

HORMONAL ANTINEOPLASTIC AGENTS

abiraterone
leuprolide acetate
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

PROTEASOME INHIBITORS

bortezomib
NINLARO

CARDIOVASCULAR

ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA

PULMONARY ARTERIAL HYPERTENSION

ambrisentan
bosentan
sildenafil
tadalafil
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

MISCELLANEOUS

ENSPRYNG

MOVEMENT DISORDERS

tetrabenazine
AUSTEDO
AUSTEDO XR
INGREZZA

MULTIPLE SCLEROSIS AGENTS

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

NARCOLEPSY/CATAPLEXY

LUMRYZ
WAKIX
XYWAV

ENDOCRINE AND METABOLIC

CALCIUM RECEPTOR AGONISTS

cinacalcet

CALCIUM REGULATORS, PARATHYROID HORMONES

teriparatide
TYMLOS

CHELATING AGENTS

deferasirox
deferiprone
penicillamine
trientine

CONTRACEPTIVES

KYLEENA

MIRENA
SKYLA

**HEREDITARY TYROSINEMIA
TYPE 1 AGENTS**

ORFADIN

**HUMAN GROWTH
HORMONES**

HUMATROPE
NORDITROPIN
SOGROYA

**LYSOSOMAL STORAGE
DISORDERS - FABRY
DISEASE**

GALAFOLD

**LYSOSOMAL STORAGE
DISORDERS - GAUCHER
DISEASE**

CERDELGA

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

**HEMATOPOIETIC GROWTH
FACTORS**

ARANESP
FYLNETRA
NYVEPRIA

PROCRIT
RETACRIT

**PAROXYSMAL NOCTURNAL
HEMOGLOBINURIA (PNH)
AGENTS**

EMPAVELI

**THROMBOCYTOPENIA
AGENTS**

ALVAIZ
DOPTELET

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS

ORALAIR

ALOPECIA AREATA

LITFULO

**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
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
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
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
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)**

OTREXUP

HEREDITARY ANGIOEDEMA

icatibant
ORLADEYO
TAKHZYRO

IMMUNOGLOBULIN

CUTAQUIG

IMMUNOSUPPRESSANTS

cyclosporine
cyclosporine modified
everolimus
mycophenolate mofetil
mycophenolate sodium
sirolimus
tacrolimus

RESPIRATORY

**ALPHA-1 ANTITRYPSIN
DEFICIENCY AGENTS**

GLASSIA

**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)
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
ALECENSA
ALUNBRIG
ALVAIZ
ambrisentan
ARANESP
atazanavir
AUGTYRO
AUSTEDO
AUSTEDO XR
AVONEX

B

BAFIERTAM
BESREMI
betaine
BETASERON
bexarotene
BIKTARVY
BIMZELX
bortezomib
bosentan
BOSULIF
BRAFTOVI
BRUKINSA

C

CABOMETYX
CALQUENCE
capecitabine
carglumic acid
CERDELGA
CIBINQO
CIMDUO
CIMZIA PREFILLED SYRINGE
cinacalcet
COPIKTRA

COSENTYX
SUBCUTANEOUS
CUTAQUIG
cyclosporine
cyclosporine modified
CYSTAGON

D

darunavir
dasatinib
deferasirox
deferiprone
DESCOVY
dimethyl fumarate delayed-rel
DOPTELET
DOVATO
DUPIXENT

E

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

F

FASENRA
figolimod

FYLNETRA

G

GALAFOLD
GAVRETO
gefitinib
GENVOYA
GLASSIA
glatiramer
GOMEKLI

H

HARVONI (genotypes 1, 4, 5, 6)
HUMATROPE
HYRIMOZ (except NDCs 61314-XXXX-XX)

I

IBRANCE
icatibant
imatinib mesylate
INBRIJA
INGREZZA
INLYTA
IQIRVO
ISENTRESS

K

KESIMPTA
KEVZARA
KISQALI
KISQALI FEMARA CO-PACK
KOSELUGO
KRAZATI
KYLEENA

L

lamivudine
lamivudine
lamivudine-zidovudine
lapatinib
LENVIMA
leuprolide acetate
LITFULO
LONSURF
lopinavir-ritonavir

LUMAKRAS
LUMRYZ
LYNPARZA

M

maraviroc
MAYZENT
MEKINIST
MEKTOVI
mifepristone
MIRENA
MUGARD
mycophenolate mofetil
mycophenolate sodium

N

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

O

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

P

pazopanib
penicillamine
PHEBURANE
PIQRAY
pirfenidone

PROCRIT
PYZCHIVA SUBCUTANEOUS

R

RADICAVA ORS
REBIF
REPATHA
RETACRIT
RETEVMO
REVLIMID
ribavirin
RINVOQ
ritonavir
ROZLYTREK
RYDAPT

S

sapropterin
SCEMBLIX
sildenafil
sirolimus
SKYLA
SKYRIZI SUBCUTANEOUS

sodium phenylbutyrate
SOGROYA
sorafenib
SOTYKTU
STELARA SUBCUTANEOUS
STIVARGA
sunitinib
SYMTUZA

T

tacrolimus
tadalafil
TADLIQ
TAFINLAR
TAGRISSO
TAKHZYRO
TEGSEDI
temozolomide
tenofovir disoproxil fumarate
teriflunomide
teriparatide
tetrabenazine
THALOMID

tiopronin
tiopronin delayed-rel
TIVICAY
tobramycin inhalation solution
TREMIFYA SUBCUTANEOUS
trientine
TRIUMEQ
TRUQAP
TYMLOS
TYVASO
TYVASO DPI

U

UPTRAVI

V

VELSIPITY
VEMLIDY
vigabatrin
VISTOGARD
VITRAKVI
VOSEVI

VUMERITY

W

WAKIX

X

XELJANZ
XELJANZ XR
XOLAIR
XOSPATA
XTANDI
XYWAV

Y

YESINTEK SUBCUTANEOUS
YONSA

Z

ZEJULA
ZEPOSIA
zidovudine
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)	DRUG NAME(S)	PREFERRED OPTION(S)
ADCIRCA	<i>sildenafil</i> , <i>tadalafil</i> , TADLIQ		<i>disoproxil fumarate</i> , <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>		
APTIVUS	Talk to your doctor	COPAXONE 20 MG/ML	<i>dimethyl fumarate delayed-rel</i> , <i> fingolimod</i> , <i> glatiramer</i> , <i> teriflunomide</i> , AVONEX, BAFIERTAM, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA
ARCALYST	Talk to your doctor		
AUBAGIO	<i>dimethyl fumarate delayed-rel</i> , <i> fingolimod</i> , <i> glatiramer</i> , <i> teriflunomide</i> , AVONEX, BAFIERTAM, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA	COTELLIC	MEKINIST, MEKTOVI
BARACLUDE TABLET	<i>entecavir</i> , <i> lamivudine</i> , <i> tenofovir disoproxil fumarate</i> , VEMLIDY	CUPRIMINE	<i>penicillamine</i>
BETHKIS	<i>tobramycin inhalation solution</i>	CYSTADANE	<i>betaine</i>
BORTEZOMIB	<i>bortezomib</i> , NINLARO	DIACOMIT	Talk to your doctor
BOTOX	AJOVY, EMGALITY, QULIPTA	EDURANT	<i>efavirenz</i>
BUPHENYL	<i>sodium phenylbutyrate</i> , PHEBURANE	EPOGEN	ARANESP, PROCRIT, RETACRIT
CARBAGLU	<i>carglumic acid</i>	ESBRIET	<i>pirfenidone</i> , OFEV
CAYSTON	<i>tobramycin inhalation solution</i>	EXJADE	<i>deferasirox</i> , <i> deferiprone</i>
COMPLERA	<i>efavirenz-emtricitabine-tenofovir</i>	EXTAVIA	<i>dimethyl fumarate delayed-rel</i> , <i> fingolimod</i> , <i> glatiramer</i> , <i> teriflunomide</i> , AVONEX, BAFIERTAM, BETASERON, KESIMPTA,

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	MAYZENT, REBIF, VUMERITY, ZEPOSIA	POWDER	
FERRIPROX	<i>deferasirox, deferiprone</i>	NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA
FINTEPLA	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, topiramate ext-rel</i>	OCALIVA	IQIRVO
FIRAZYR	<i>icatibant</i>	OCTAGAM	Talk to your doctor
FULPHILA	FYLNETRA, NYVEPRIA	OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA
GENOTROPIN	HUMATROPE, NORDITROPIN, SOGROYA	PEGASYS	Talk to your doctor
GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>	PRALUENT	REPATHA
GLEEVEC	<i>dasatinib, imatinib mesylate, BOSULIF, SCEMBLIX</i>	PREZISTA	<i>atazanavir, darunavir</i>
HYQVIA	CUTAQUIG	PROCYSBI	CYSTAGON
ICLUSIG	<i>dasatinib, imatinib mesylate, BOSULIF, SCEMBLIX</i>	PROLASTIN-C	GLASSIA
IMBRUVICA	BRUKINSA, CALQUENCE	PROMACTA	ALVAIZ, DOPTelet
INTELENCE	<i>etravirine</i>	RASUVO	<i>methotrexate, OTREXUP</i>
IRESSA	<i>erlotinib, gefitinib, TAGRISSO</i>	RAVICTI	<i>sodium phenylbutyrate, PHEBURANE</i>
JADENU	<i>deferasirox, deferiprone</i>	REVATIO	<i>sildenafil, tadalafil, TADLIQ</i>
JAKAFI (For Polycythemia Vera Only)	BESREMI	REYATAZ	<i>atazanavir, darunavir</i>
JUXTAPID	REPATHA	RUBRACA	LYNPARZA, ZEJULA
JYNARQUE	Talk to your doctor	SABRIL	<i>vigabatrin</i>
KALETRA	<i>atazanavir, darunavir, lopinavir-ritonavir</i>	SELZENTRY	<i>maraviroc</i>
KITABIS PAK	<i>tobramycin inhalation solution</i>	SPRYCEL	<i>dasatinib, imatinib mesylate, BOSULIF, SCEMBLIX</i>
KORLYM	<i>mifepristone</i>	STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
KUVAN	<i>sapropterin</i>	SUTENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>	SYPRINE	<i>trientine</i>
LILETTA	KYLEENA, MIRENA, SKYLA	TARGRETIN	<i>bexarotene</i>
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI	TASIGNA	<i>dasatinib, imatinib mesylate, BOSULIF, SCEMBLIX</i>
MULPLETA	DOPTelet	TAVALISSE	ALVAIZ, DOPTelet
NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA	TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>
NEXAVAR	<i>pazopanib, sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>	THIOLA	<i>tiopronin</i>
NEXTERONE	<i>amiodarone</i>	THIOLA EC	<i>tiopronin delayed-rel</i>
NITYR	ORFADIN	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>
NORTHERA	<i>midodrine</i>	TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
NORVIR	<i>ritonavir</i>	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>
NUCALA	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), XOLAIR		
LYOPHILIZED			

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
UDENYCA	FYLNETRA, NYVEPRIA	ZELBORAF	BRAFTOVI, TAFINLAR
VIRACEPT	<i>atazanavir, darunavir, lopinavir-ritonavir</i>	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
VOTRIENT	<i>pazopanib, sunitinib</i> , CABOMETYX, INLYTA, LENVIMA	ZIEXTENZO	FYLNETRA, NYVEPRIA
XALKORI CAPSULE	ALECENSA, ALUNBRIG, AUGTYRO, ROZLYTREK, ZYKADIA	ZOLADEX	ORILISSA
XENAZINE	<i>tetrabenazine</i> , AUSTEDO, AUSTEDO XR, INGREZZA	ZYTIGA	<i>abiraterone, bicalutamide</i> , ERLEADA, NUBEQA, XTANDI, YONSA
XYREM	LUMRYZ, WAKIX, XYWAV		

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 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 PYZCHIVA SUBCUTANEOUS SKYRIZI SUBCUTANEOUS SOTYKTU

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
		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 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 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 HYRIMOZ (except NDCs 61314-XXXX-XX) PYZCHIVA SUBCUTANEOUS RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMIFYA SUBCUTANEOUS VELSIPITY YESINTEK SUBCUTANEOUS ZEPOSIA

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

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](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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