



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 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
 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

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

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
 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
 OPSUMVI
 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
 INGREGZA

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**
**ANTIDIABETICS,
MISCELLANEOUS**

mifepristone

**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
sapropterin
CYSTAGON

POLYNEUROPATHY

TEGSEDI

UREA CYCLE DISORDER

carglumic acid
sodium phenylbutyrate
PHEBURANE

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

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

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
COSENTYX SUBCUTANEOUS
ENBREL
HYRIMOZ
RINVOQ

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

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
HYRIMOZ
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS

**AUTOIMMUNE AGENTS
(SELF-ADMINISTERED),
HIDRADENITIS
SUPPURATIVA**

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
COSENTYX SUBCUTANEOUS
HYRIMOZ

**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
OTEZLA
SKYRIZI SUBCUTANEOUS
SOTYKTU
STELARA SUBCUTANEOUS
TREMIFYA SUBCUTANEOUS

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

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

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

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP

ENBREL
HYRIMOZ
KEVZARA
ORENCIA CLICKJECT
ORENCIA SUBCUTANEOUS
RINVOQ
XELJANZ
XELJANZ XR

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

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
HYRIMOZ
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS
TREMIFYA SUBCUTANEOUS
VELSIPITY
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

RESPIRATORY
CYSTIC FIBROSIS

tobramycin inhalation solution

**PULMONARY FIBROSIS
AGENTS**

pirfenidone
OFEV

SEVERE ASTHMA AGENTS

DUPIXENT
FASENRA
NUCALA (except lyophilized powder)

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

CABOMETRYX
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
DUPIXENT

E

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
 fingolimod
FYLNETRA

G

GALAFOLD
GAVRETO
gefitinib
GENVOYA
glatiramer

H

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

I

IBRANCE
icatibant
imatinib mesylate
INBRIJA
INGREZZA
INLYTA
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

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

P

pazopanib
penicillamine
PHEBURANE
PIQRAY
pirfenidone
PROCRIT

R

RADICAVA ORS
RASUVO
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
SYMITUZA

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

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

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

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>
SUTENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>	UDENYCA	FYLNETRA, NYVEPRIA
SYPRINE	<i>trientine</i>	VIRACEPT	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
TARGRETIN	<i>bexarotene</i>	VOTRIENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
TASIGNA	<i>dasatinib, imatinib mesylate, BOSULIF, SCEMBLIX</i>	XALKORI CAPSULE	ALECENSA, ALUNBRIG, AUGTYRO, ZYKADIA
TAVALISSE	ALVAIZ, DOPTelet	XENAZINE	<i>tetrabenazine, AUSTEDO, AUSTEDO XR, INGREZZA</i>
TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>	XYREM	LUMRYZ, WAKIX, XYWAV
THIOLA	<i>tiopronin</i>	ZELBORAF	BRAFTOVI, TAFINLAR
THIOLA EC	<i>tiopronin delayed-rel</i>	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>	ZIEXTENZO	FYLNETRA, NYVEPRIA
TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>	ZOLADEX	ORLISSA
		ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, NUBEQA, XTANDI, YONSA</i>

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

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

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
	ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	ENBREL HYRIMOZ OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMFYA SUBCUTANEOUS
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA HUMIRA KINERET SIMPONI	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENBREL HYRIMOZ KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	AMJEVITA HUMIRA SIMPONI	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP HYRIMOZ RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMFYA SUBCUTANEOUS VELSIPITY XELJANZ XELJANZ XR ZEPOSIA
ALL OTHER CONDITIONS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA HUMIRA KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENBREL 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.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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