



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.

ANALGESICS

VISCOSUPPLEMENTS

DUROLANE
EUFLEXXA
GELSYN-3
SUPARTZ FX

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

abacavir
atazanavir
darunavir
efavirenz
etravirine
lamivudine
maraviroc
nevirapine
nevirapine ext-rel
ritonavir
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

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

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
pazopanib
sorafenib
sunitinib
ALECENSA
ALUNBRIG

AUGTYRO
BOSULIF
BRAFTOVI
BRUKINSA
CABOMETYX
CALQUENCE
COPIKTRA
COTELLIC
GAVRETO
IBRANCE
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

ANTISEIZURE AGENTS

vigabatrin

BOTULINUM TOXINS

DYSPORT
XEOMIN

MISCELLANEOUS

RADICAVA ORS

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

CALCIUM REGULATORS, PARATHYROID HORMONES

teriparatide
TYMLOS

CHELATING AGENTS

deferasirox
deferiprone
deferoxamine
penicillamine
trientine

CONTRACEPTIVES

KYLEENA
MIRENA
SKYLA

ENZYME REPLACEMENTS

betaine
carglumic acid
sapropterin
sodium phenylbutyrate
GALAFOLD
PHEBURANE

GAUCHER DISEASE

CERDELGA

HEREDITARY TYROSINEMIA TYPE 1 AGENTS

ORFADIN

HUMAN GROWTH HORMONES

HUMATROPE
NORDITROPIN
SOGROYA

MISCELLANEOUS

CYSTAGON

POLYNEUROPATHY

TEGSEDI

GENITOURINARY

MISCELLANEOUS

tiopronin

HEMATOLOGIC

HEMATOPOIETIC GROWTH FACTORS

ARANESP
FYLNETRA
NYVEPRIA
PROCRIT
RETACRIT

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

EMPAVELI

SICKLE CELL DISEASE

ENDARI

THROMBOCYTOPENIA AGENTS

DOPTELET
PROMACTA
TAVALLISSE

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS

ORALAIR

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS

ADALIMUMAB-ADAZ
ENBREL
HYRIMOZ

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS

ADALIMUMAB-ADAZ
COSENTYX
ENBREL
HYRIMOZ
RINVOQ

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

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

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS

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

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS

ADALIMUMAB-ADAZ
ENBREL
HYRIMOZ
KEVZARA
ORENCIA CLICKJECT
ORENCIA SUBCUTANEOUS
RINVOQ
XELJANZ
XELJANZ XR

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS

ADALIMUMAB-ADAZ
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
 AUGTYRO
 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
 DYSPORT

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
 FUZEON
 FYLNETRA

G

GALAFOLD
 GAVRETO
 gefitinib
 GELSYN-3
 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
 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

pazopanib
 penicillamine
 PHEBURANE
 PHESGO
 pirfenidone
 PROCRT
 PROMACTA

R

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

S

sapropterin
 sildenafil
 sirolimus
 SKYLA
 SKYRIZI SUBCUTANEOUS
 sodium phenylbutyrate
 SOGROYA
 sorafenib
 SOTYKTU
 SPRYCEL
 STELARA SUBCUTANEOUS
 STIVARGA
 sunitinib
 SUPARTZ FX
 SYMTUZA

T

tacrolimus
 tadalafil
 TADLIQ
 TAGRISSO
 TAKHZYRO
 TALTZ
 TAVALISSE

TEGSEDI
temozolomide
tenofovir disoproxil fumarate
teriflunomide
teriparatide
tetrabenazine
 THALOMID
tiopronin
 TIVICAY
*tobramycin inhalation
 solution*
 TREMFYA
treprostinil

trientine
 TRIUMEQ
 TYMLOS

U
 UPTRAVI

V
 VEMLIDY
vigabatrin
 VISTOGARD
 VITRAKVI
 VOSEVI

VUMERITY

W
 WAKIX

X
 XELJANZ
 XELJANZ XR
 XEOMIN
 XOLAIR
 XOSPATA
 XTANDI
 XYWAV

Y
 YONSA

Z
 ZEJULA
 ZELBORAF
 ZEPOSIA
zidovudine
 ZOLINZA
 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, tadalafil, TADLIQ</i>		SYMITUZA, TRIUMEQ
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>	COPAXONE 20 MG/ML	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>
APTIVUS	Talk to your doctor		
ARCALYST	Talk to your doctor	CUPRIMINE	<i>penicillamine</i>
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>	CYSTADANE	<i>betaine</i>
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, VEMLIDY</i>	DIACOMIT	Talk to your doctor
BETHKIS	<i>tobramycin inhalation solution</i>	EDURANT	<i>efavirenz</i>
BORTEZOMIB	<i>bortezomib, NINLARO</i>	EPOGEN	ARANESP, PROCRI, RETACRIT
BOTOX	DYSPO, XEOMIN	ESBRIET	<i>pirfenidone, OFEV</i>
BUPHENYL	<i>sodium phenylbutyrate, PHEBURANE</i>	EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>
CARBAGLU	<i>carglumic acid</i>	EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>
CAYSTON	<i>tobramycin inhalation solution</i>	FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine- tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY,</i>	FINTEPLA	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, topiramate ext-rel</i>
		FIRAZYR	<i>icatibant</i>
		FULPHILA	FYLNETRA, NYVEPRIA

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
GENOTROPIN	HUMATROPE, NORDITROPIN, SOGROYA	MYOBLOC	DYSPOORT, XEOMIN
GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , AVONEX, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA	NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA
GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL	NEXAVAR	<i>pazopanib, sorafenib, sunitinib</i> , CABOMETYX, INLYTA, LENVIMA
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	NEXTERONE	<i>amiodarone</i>
HYQVIA	CUTAQUIG	NITYR	ORFADIN
ICLUSIG	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL	NORTHERA	<i>midodrine</i>
IMBRUVICA	BRUKINSA, CALQUENCE	NORVIR	<i>ritonavir</i>
INTELENCE	<i>etravirine</i>	NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), XOLAIR
IRESSA	<i>erlotinib, gefitinib</i>	NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA
JADENU	<i>deferasirox, deferiprone, deferoxamine</i>	OCTAGAM	Talk to your doctor
JAKAFI (For Polycythemia Vera Only)	BESREMI	OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA
JUXTAPID	REPATHA	ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
JYNARQUE	Talk to your doctor	OTREXUP	RASUVO
KALETRA	<i>atazanavir, darunavir, lopinavir-ritonavir</i>	PEGASYS	Talk to your doctor
KITABIS PAK	<i>tobramycin inhalation solution</i>	PRALUENT	REPATHA
KORLYM	Talk to your doctor	PREZISTA	<i>atazanavir, darunavir</i>
KUVAN	<i>sapropterin</i>	PROCYSBI	CYSTAGON
LETAIRIS	<i>ambrisentan, bosentan</i> , OPSUMIT	RAVICTI	<i>sodium phenylbutyrate</i> , PHEBURANE
LEXIVA	<i>atazanavir, darunavir, lopinavir-ritonavir</i>	REMODULIN	<i>treprostinil</i>
LILETTA	KYLEENA, MIRENA, SKYLA	REVATIO	<i>sildenafil, tadalafil</i> , TADLIQ
LORBRENA	ALECENSA, ALUNBRIG	REYATAZ	<i>atazanavir, darunavir</i>
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI	RUBRACA	LYNPARZA, ZEJULA
MEKINIST	COTELLIC, MEKTOVI	SABRIL	<i>vigabatrin</i>
		SAIZEN	HUMATROPE, NORDITROPIN, SOGROYA

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
SELZENTRY	<i>maraviroc</i>	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	TYVASO DPI	Talk to your doctor
SUTENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>	UDENYCA	FYLNETRA, NYVEPRIA
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	VIRACEPT	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
SYPRINE	<i>trientine</i>	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
TAFINLAR	BRAFTOVI, ZELBORAF	VOTRIENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
TARGRETIN	<i>bexarotene</i>	XALKORI CAPSULE	ALECENSA, ALUNBRIG, AUGTYRO, ZYKADIA
TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>	XENAZINE	<i>tetrabenazine, AUSTEDO, AUSTEDO XR, INGREZZA</i>
TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>	XYREM	LUMRYZ, WAKIX, XYWAV
THIOLA, THIOLA EC	<i>tiopronin</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	ORILISSA
		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 COSENTYX ENBREL HYRIMOZ RINVOQ
CROHN'S DISEASE	AMJEVITA HUMIRA	ADALIMUMAB-ADAZ HYRIMOZ RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX RINVOQ
PSORIASIS	AMJEVITA COSENTYX ENBREL HUMIRA	ADALIMUMAB-ADAZ HYRIMOZ OTEZLA SKYRIZI SUBCUTANEOUS SOTYKTU STELARA SUBCUTANEOUS TALTZ TREMIFYA
PSORIATIC ARTHRITIS	AMJEVITA HUMIRA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HYRIMOZ OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMIFYA

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