



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

ANTIVIRALS

entecavir
lamivudine
VEMLIDY

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
pazopanib
sorafenib
sunitinib
ALECENSA
ALUNBRIG
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

DYSPORE
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
 SOGROYA

MISCELLANEOUS

TYMLOS

POLYNEUROPATHY

TEGSEDI

GENITOURINARY**MISCELLANEOUS**

tiopronin

HEMATOLOGIC**HEMATOPOIETIC GROWTH FACTORS**

ARANESP
 DOPTELET
 FYLNETRA
 NYVEPRIA
 PROCIT
 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
 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
 TREMFYA

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS

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

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
 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

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

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

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>	DIACOMIT	Talk to your doctor
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>	EDURANT	<i>efavirenz</i>
APTIVUS	Talk to your doctor	EPOGEN	ARANESP, PROCRI, RETACRIT
ARCALYST	Talk to your doctor	ESBRIET	<i>pirfenidone, OFEV</i>
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>	EXJADE	<i>deferiasirox, deferiprone, deferoxamine</i>
BARACLUDGE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, VEMLIDY</i>	EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>
BETHKIS	<i>tobramycin inhalation solution</i>	FERRIPROX	<i>deferiasirox, deferiprone, deferoxamine</i>
BORTEZOMIB	<i>bortezomib, NINLARO</i>	FINTEPLA	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
BOTOX	DYSPORT, XEOMIN	FIRAZYR	<i>icatibant</i>
BUPHENYL	<i>sodium phenylbutyrate, PHEBURANE</i>	FULPHILA	FYLNETHA, NYVEPRIA
CARBAGLU	<i>carglumic acid</i>	GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
CAYSTON	<i>tobramycin inhalation solution</i>	GENOTROPIN	HUMATROPE, NORDITROPIN, SOGROYA
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>
COPAXONE 20 MG/ML	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>	GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
CUPRIMINE	<i>penicillamine</i>	HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
CYSTADANE	<i>betaine</i>	HYQVIA	CUTAQUIG
		ICLUSIG	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
		IMBRUVICA	BRUKINSA, CALQUENCE

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
INTELENCE	<i>etravirine</i>	PROCYSBI	CYSTAGON
IRESSA	<i>erlotinib, gefitinib</i>	RAVICTI	<i>sodium phenylbutyrate, PHEBURANE</i>
JADENU	<i>deferasirox, deferiprone, deferoxamine</i>	REMODULIN	<i>treprostinil</i>
JAKAFI (For Polycythemia Vera Only)	BESREMI	REVATIO	<i>sildenafil, tadalafil, TADLIQ</i>
JUXTAPID	REPATHA	REYATAZ	<i>atazanavir, darunavir</i>
JYNARQUE	Talk to your doctor	RUBRACA	LYNPARZA, ZEJULA
KALETRA	<i>atazanavir, darunavir, lopinavir-ritonavir</i>	SABRIL	<i>vigabatrin</i>
KITABIS PAK	<i>tobramycin inhalation solution</i>	SAIZEN	HUMATROPE, NORDITROPIN, SOGROYA
KORLYM	Talk to your doctor	SELZENTRY	<i>maraviroc</i>
KUVAN	<i>sapropterin</i>	STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>	SUTENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
LEXIVA	<i>atazanavir, darunavir, lopinavir-ritonavir</i>	SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
LILETTA	KYLEENA, MIRENA, SKYLA	SYPRINE	<i>trientine</i>
LORBRENA	ALECENSA, ALUNBRIG	TAFINLAR	BRAFTOVI, ZELBORAF
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI	TARGRETIN	<i>bexarotene</i>
MEKINIST	COTELLIC, MEKTOVI	TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>
MYOBLOC	DYSPORT, XEOMIN	THIOLA, THIOLA EC	<i>tiopronin</i>
NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>
NEXAVAR	<i>pazopanib, sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>	TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
NEXTERONE	<i>amiodarone</i>	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>
NITYR	ORFADIN	TYVASO DPI	Talk to your doctor
NORTHERA	<i>midodrine</i>	UDENYCA	FYLNETRA, NYVEPRIA
NORVIR	<i>ritonavir</i>	VIRACEPT	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), XOLAIR	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA	VOTRIENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
OCTAGAM	Talk to your doctor	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA	XENAZINE	<i>tetrabenazine, AUSTEDO, AUSTEDO XR</i>
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX		
OTREXUP	RASUVO		
PEGASYS	Talk to your doctor		
PRALUENT	REPATHA		
PREZISTA	<i>atazanavir, darunavir</i>		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
XYREM	LUMRYZ, WAKIX, XYWAV	ZOLADEX	ORILISSA
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)	ZYTIGA	<i>abiraterone, bicalutamide</i> , ERLEADA, NUBEQA, XTANDI, YONSA
ZIEXTENZO	FYLNETRA, NYVEPRIA		

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
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS	ADALIMUMAB-ADAZ ENBREL

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
	AMJEVITA HUMIRA KINERET SIMPONI	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.

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