



# 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. 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.

### Please note:

- 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 upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary copay<sup>1</sup> 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 copay, 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 necessary, consider prescribing a brand name on this list.

### Please note:

- Generics should be considered the first line of prescribing.
- The member's prescription benefit plan design may alter coverage of certain products or vary copay amounts based on the condition being treated.
- This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee 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 upon release to the market.
- The member's prescription benefit plan may have a different copay 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 copay information for a specific medicine.

### ANALGESICS

*emtricitabine-tenofovir  
disoproxil fumarate*

### VISCOSUPPLEMENTS

DUROLANE  
EUFLEXA  
GELSYN-3  
SUPARTZ FX

*lamivudine-zidovudine*

BIKTARVY  
CIMDUO  
DESCOVY  
DOVATO  
EVOTAZ  
GENVOYA  
ODEFSEY  
PREZCOBIX  
SYM TUZA  
TRIUMEQ

### ANTI-INFECTIVES

#### ANTIRETROVIRAL AGENTS

##### § ANTIRETROVIRAL COMBINATIONS

*abacavir-lamivudine  
efavirenz-emtricitabine-  
tenofovir disoproxil  
fumarate  
efavirenz-lamivudine-  
tenofovir disoproxil  
fumarate*

##### § FUSION INHIBITORS

*maraviroc  
FUZEON*

##### INTEGRASE INHIBITORS

ISENTRISS

TIVICAY

##### § NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

*efavirenz  
nevirapine  
nevirapine ext-rel  
EDURANT  
INTELENCE*

##### § NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

*abacavir  
lamivudine  
stavudine  
zidovudine  
EMTRIVA*

##### § NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

*tenofovir disoproxil fumarate*

##### § PROTEASE INHIBITORS

*atazanavir  
lopinavir-ritonavir  
NORVIR  
PREZISTA*

##### ANTIVIRALS

##### § HEPATITIS B AGENTS

*entecavir  
lamivudine  
tenofovir disoproxil fumarate*

##### § HEPATITIS C AGENTS

*ribavirin*

EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)  
HARVONI (genotypes 1, 4, 5, 6)  
VOSEVI<sup>2</sup>

### ANTINEOPLASTIC AGENTS

#### § ALKYLATING AGENTS

*temozolomide*

#### § ANTIMETABOLITES

*capecitabine  
LONSURF*

#### HORMONAL ANTINEOPLASTIC AGENTS

##### § ANTIANDROGENS

*abiraterone  
ERLEADA  
NUBEQA*

XTANDI  
YONSA

**§ KINASE INHIBITORS**

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

**MONOCLONAL ANTIBODIES**  
PHESGO

**MULTIPLE MYELOMA  
IMMUNOMODULATORS**  
REVLIMID  
THALOMID

**§ PROTEASOME  
INHIBITORS**  
*bortezomib*  
NINLARO

**PROSTATE CANCER  
§ LUTEINIZING HORMONE-  
RELEASING HORMONE  
(LHRH) AGONISTS**  
*leuprolide acetate*

**§ MISCELLANEOUS**  
*bexarotene*  
ERIVEDGE  
LYNPARZA  
LYSODREN  
MATULANE  
ODOMZO  
VISTOGARD  
ZEJULA

ZOLINZA

**CARDIOVASCULAR**

**ANTIPEMICS**  
PCSK9 INHIBITORS  
REPATHA  
**PULMONARY ARTERIAL  
HYPERTENSION**  
**§ ENDOTHELIN RECEPTOR  
ANTAGONISTS**  
*ambrisentan*  
*bosentan*  
OPSUMIT  
**§ PHOSPHODIESTERASE  
INHIBITORS**  
*sildenafil*  
*tadalafil*

**§ PROSTAGLANDIN  
VASODILATORS**  
*treprostinil*  
ORENITRAM

**SOLUBLE GUANYLATE  
CYCLASE STIMULATORS**  
ADEMPAS

**CENTRAL NERVOUS  
SYSTEM**

**ANTIPARKINSONIAN  
AGENTS**  
INBRIJA

**§ ANTISEIZURE AGENTS**  
*vigabatrin*

**§ MOVEMENT DISORDERS**  
*tetrabenazine*  
AUSTEDO  
INGREZZA

**§ MULTIPLE SCLEROSIS  
AGENTS**  
*dimethyl fumarate delayed-  
rel*  
*fingolimod*  
*glatiramer*  
*teriflunomide*

AVONEX  
BETASERON  
KESIMPTA  
MAYZENT  
REBIF  
TYSABRI  
VUMERITY  
ZEPOSIA

**NARCOLEPSY**  
WAKIX  
XYWAV

**ENDOCRINE AND  
METABOLIC**

**§ CALCIUM RECEPTOR  
AGONISTS**  
*cinacalcet*

**CALCIUM REGULATORS**  
**PARATHYROID HORMONES**  
FORTEO  
TYMLOS

**CONTRACEPTIVES**  
PROGESTIN INTRAUTERINE  
DEVICES  
KYLEENA  
MIRENA  
SKYLA

**GAUCHER DISEASE**  
CERDELGA

**HEREDITARY TYROSINEMIA  
TYPE 1 AGENTS**  
ORFADIN

**HUMAN GROWTH  
HORMONES**  
GENOTROPIN  
NORDITROPIN

**§ PHENYLKETONURIA  
TREATMENT AGENTS**  
*sapropterin*

**POLYNEUROPATHY**  
TEGSEDI

**§ UREA CYCLE DISORDERS**  
*sodium phenylbutyrate*

**§ MISCELLANEOUS**  
*betaine*  
*carglumic acid*  
CYSTAGON

**GENITOURINARY**

**§ MISCELLANEOUS**  
*tiopronin*

**HEMATOLOGIC**

**§ CHELATING AGENTS**  
*deferasirox*  
*deferiprone*  
*deferoxamine*  
*penicillamine*  
*trientine*

**HEMATOPOIETIC GROWTH  
FACTORS**  
ARANESP  
PROCRIT  
RETACRIT  
ZIEXTENZO

**HEMOPHILIA B AGENTS**  
ALPROLIX

**MISCELLANEOUS  
BLEEDING DISORDERS  
AGENTS**  
SEVENFACT

**PAROXYSMAL NOCTURNAL  
HEMOGLOBINURIA (PNH)  
AGENTS**  
EMPAVELI

**SICKLE CELL DISEASE**  
ENDARI

**THROMBOCYTOPENIA  
AGENTS**  
DOPTELET  
PROMACTA  
TAVALISSE

**IMMUNOLOGIC  
AGENTS**

**ALLERGENIC EXTRACTS**  
ORALAIR

**AUTOIMMUNE AGENTS  
(SELF-ADMINISTERED)**  
See Table 1 for Indication Based  
Coverage Details

**ANKYLOSING SPONDYLITIS**  
COSENTYX  
ENBREL  
HUMIRA  
RINVOQ

**CROHN'S DISEASE**  
HUMIRA  
SKYRIZI SUBCUTANEOUS  
STELARA  
SUBCUTANEOUS

**NON-RADIOGRAPHIC AXIAL  
SPONDYLOARTHRITIS**  
CIMZIA PREFILLED  
SYRINGE  
COSENTYX  
RINVOQ

**PSORIASIS**  
HUMIRA  
OTEZLA  
SKYRIZI SUBCUTANEOUS  
STELARA  
SUBCUTANEOUS  
TALTZ  
TREMIFYA

**PSORIATIC ARTHRITIS**  
COSENTYX  
ENBREL  
HUMIRA  
OTEZLA  
RINVOQ  
SKYRIZI SUBCUTANEOUS  
STELARA  
SUBCUTANEOUS  
TREMIFYA

**RHEUMATOID ARTHRITIS**  
ENBREL  
HUMIRA  
KEVZARA  
ORENCIA CLICKJECT  
ORENCIA  
SUBCUTANEOUS  
RINVOQ  
XELJANZ  
XELJANZ XR

**ULCERATIVE COLITIS**  
HUMIRA  
RINVOQ  
STELARA  
SUBCUTANEOUS  
XELJANZ  
XELJANZ XR  
ZEPOSIA

**ALL OTHER CONDITIONS**  
ENBREL  
HUMIRA

**DISEASE-MODIFYING  
ANTIRHEUMATIC DRUGS  
(DMARDs)**  
RASUVO

**§ HEREDITARY  
ANGIOEDEMA**  
*icatibant*  
ORLADEYO  
TAKHZYRO

**IMMUNOMODULATORS**  
**IMMUNE GLOBULINS**  
CUTAQUIG

**IMMUNOSUPPRESSANTS**  
**§ ANTIMETABOLITES**  
*mycophenolate mofetil*  
*mycophenolate sodium*

**§ CALCINEURIN INHIBITORS**  
*cyclosporine*  
*cyclosporine, modified*  
*tacrolimus*

**MONOCLONAL ANTIBODIES**  
ENSPRYNG

**§ RAPAMYCIN DERIVATIVES**  
*everolimus*  
*sirolimus*

**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**  
**Injectable**

ADBRY  
DUPIXENT

**Oral**  
CIBINQO

RINVOQ

**MOUTH / THROAT /  
DENTAL AGENTS**  
**PROTECTANTS**  
MUGARD

**QUICK REFERENCE DRUG LIST**

**A**

abacavir  
abacavir-lamivudine  
abiraterone  
ADBRY  
ADEMPAS  
ALECENSA  
ALPROLIX  
ALUNBRIG  
ambrisentan  
ARANESP  
atazanavir  
AUSTEDO  
AVONEX

**B**

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**

deferasirox  
deferiprone  
deferoxamine  
DESCOVY  
dimethyl fumarate delayed-rel

DOPTELET  
DOVATO  
DUPIXENT  
DUROLANE

**E**

EDURANT  
efavirenz  
efavirenz-emtricitabine-tenofovir disoproxil fumarate  
efavirenz-lamivudine-tenofovir disoproxil fumarate  
EMPAVELI  
emtricitabine-tenofovir disoproxil fumarate  
EMTRIVA  
ENBREL  
ENDARI  
ENSPRYNG  
entecavir  
EPCLUSA  
ERIVEDGE  
ERLEADA  
erlotinib  
EUFLEXXA  
everolimus  
EVOTAZ

**F**

FASENRA  
fingolimod  
FORTEO  
FUZEON

**G**

GAVRETO  
GELSYN-3  
GENOTROPIN  
GENVOYA  
glatiramer

**H**

HARVONI  
HUMIRA

**I**

IBRANCE  
icatibant  
imatinib mesylate  
IMBRUVICA

INBRIJA  
INGREZZA  
INLYTA  
INTELENCE  
IRESSA  
ISENTRESS

**K**

KESIMPTA  
KEVZARA  
KISQALI  
KISQALI FEMARA CO-PACK  
KOSELUGO  
KYLEENA

**L**

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

**M**

maraviroc  
MATULANE  
MAYZENT  
MEKTOVI  
MIRENA  
MUGARD  
mycophenolate mofetil  
mycophenolate sodium

**N**

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

**O**

ODEFSEY  
ODOMZO  
OFEV  
OPSUMIT

ORLAIR  
ORENCIA CLICKJECT  
ORENCIA  
SUBCUTANEOUS  
ORENITRAM  
ORFADIN  
ORLADEYO  
OTEZLA

**P**

penicillamine  
PHESGO  
pirfenidone  
PREZCOBIX  
PREZISTA  
PROCRIT  
PROMACTA

**R**

RASUVO  
REBIF  
REPATHA  
RETACRIT  
RETEVMO  
REVLIMID  
ribavirin  
RINVOQ  
ROZLYTREK  
RYDAPT

**S**

sapropterin  
SEVENFACT  
sildenafil  
sirolimus  
SKYLA  
SKYRIZI SUBCUTANEOUS  
sodium phenylbutyrate  
SPRYCEL  
stavudine  
STELARA  
SUBCUTANEOUS  
STIVARGA  
sunitinib  
SUPARTZ FX  
SYMTUZA

**T**

tacrolimus  
tadalafil  
TAGRISSO  
TAKHZYRO

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

**V**

vigabatrin  
VISTOGARD  
VITRAKVI  
VOSEVI<sup>2</sup>  
VUMERITY

**W**

WAKIX

**X**

XELJANZ  
XELJANZ XR  
XOLAIR  
XOSPATA  
XTANDI  
XYWAV

**Y**

YONSA

**Z**

ZEJULA  
ZELBORAF  
ZEPOSIA  
zidovudine  
ZIEXTENZO  
ZOLINZA  
ZYDELIG  
ZYKADIA

## PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS <sup>3</sup>

DRUG NAME(S)	PREFERRED OPTION(S) <sup>†</sup>	DRUG NAME(S)	PREFERRED OPTION(S) <sup>†</sup>
ADCIRCA	<i>sildenafil, tadalafil</i>	KUVAN	<i>sapropterin</i>
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>	LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>
APTIVUS	Talk to your doctor	LEXIVA	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>	LILETTA	KYLEENA, MIRENA, SKYLA
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate,</i>	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>
BETHKIS	<i>tobramycin inhalation solution</i>	MEKINIST	COTELLIC, MEKTOVI
BORTEZOMIB	<i>bortezomib, NINLARO</i>	MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
BOTOX	Talk to your doctor	NEULASTA, NEULASTA ONPRO	ZIEXTENZO
BUPHENYL	<i>sodium phenylbutyrate</i>	NEXTERONE	<i>amiodarone</i>
CARBAGLU	<i>carglumic acid</i>	NITYR	ORFADIN
CAYSTON	<i>tobramycin inhalation solution</i>	NORTHERA	<i>midodrine</i>
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), XOLAIR
CUPRIMINE	<i>penicillamine</i>	NUTROPIN AQ	GENOTROPIN, NORDITROPIN
CYSTADANE	<i>betaine</i>	OMNITROPE	GENOTROPIN, NORDITROPIN
DIACOMIT	Talk to your doctor	ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>	OTREXUP	RASUVO
EPOGEN	ARANESP, PROCIT, RETACRIT	PEGASYS	Talk to your doctor
ESBRIET	<i>pirfenidone, OFEV</i>	PRALUENT	REPATHA
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>	PROCYSBI	CYSTAGON
EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>	RAVICTI	<i>sodium phenylbutyrate</i>
FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>	REMODULIN	<i>treprostinil</i>
FINTEPLA	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>	REVATIO	<i>sildenafil, tadalafil</i>
FIRAZYR	<i>icatibant</i>	RUBRACA	LYNPARZA, ZEJULA
FULPHILA	ZIEXTENZO	SABRIL	<i>vigabatrin</i>
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	SAIZEN	GENOTROPIN, NORDITROPIN
GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>	SELZENTRY	<i>maraviroc</i>
GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>	STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
HUMATROPE	GENOTROPIN, NORDITROPIN	SUTENT	<i>sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
ICLUSIG	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>	SYPRINE	<i>trientine</i>
JADENU	<i>deferasirox, deferiprone, deferoxamine</i>	TAFINLAR	BRAFTOVI, ZELBORAF
JUXTAPID	REPATHA	TARGRETIN	<i>bexarotene</i>
JYNARQUE	Talk to your doctor	TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
KITABIS PAK	<i>tobramycin inhalation solution</i>	TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, KESIMPTA, MAYZENT, REBIF, VUMERITY, ZEPOSIA</i>
KORLYM	Talk to your doctor	THIOLA, THIOLA EC	<i>tiopronin</i>
		TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Non-self administered injectable products are not covered by the pharmacy benefit plan. For specific information, visit [Caremark.com](http://Caremark.com) or contact a CVS Caremark Customer Care representative.

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>	VOTRIENT	<i>sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
TYVASO DPI	Talk to your doctor	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
UDENYCA	ZIEXTENZO	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
VEMLIDY	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)	ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
VIRACEPT	<i>atazanavir, lopinavir-ritonavir, EVOTAZ, PREZCOBIX, PREZISTA</i>		

**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>	SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA RINVOQ
<b>CROHN'S DISEASE</b>	None	HUMIRA SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
<b>NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS</b>	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX RINVOQ
<b>PSORIASIS</b>	COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TALTZ TREMIFYA
<b>PSORIATIC ARTHRITIS</b>	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMIFYA
<b>RHEUMATOID ARTHRITIS</b>	KINERET SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
<b>ULCERATIVE COLITIS</b>	SIMPONI	HUMIRA RINVOQ STELARA SUBCUTANEOUS XELJANZ XELJANZ XR ZEPOSIA
<b>ALL OTHER CONDITIONS</b>	KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL HUMIRA

You may be responsible for the full cost of certain non-formulary products that are removed from coverage. Please check with your plan sponsor for more information.

**FOR YOUR INFORMATION: Generics should be considered the first line of prescribing.** This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. 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. In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market. Specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. The member's prescription benefit plan may have a different copay for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. Generics listed in therapeutic categories are for representational purposes only. 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. Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific medicine.

§ Generics are available in this class and should be considered the first line of prescribing.

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

<sup>1</sup> Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

<sup>2</sup> 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).

<sup>3</sup> An exception process is in place for specific clinical or regulatory circumstances that may require coverage of an excluded medication.

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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