

# Advanced Control Specialty Formulary<sup>®</sup>

The **CVS Caremark<sup>®</sup> Advanced Control Specialty Formulary<sup>®</sup>** 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 a prescription benefit program administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

### Please note:

- Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. 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 non-formulary products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and copay<sup>1</sup> information, please visit [Caremark.com](http://Caremark.com) or contact a CVS Caremark Customer Care representative.
- CVS Caremark may contact your doctor after receiving your prescription to request consideration of a drug list product or generic equivalent. This may result in your doctor prescribing, when medically appropriate, a different brand-name product or generic equivalent in place of your original prescription.
- 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.

## 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<sup>1</sup> 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<sup>1</sup> for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to [Caremark.com](http://Caremark.com) to check coverage and copay<sup>1</sup> information for a specific medicine.

### ANALGESICS

#### VISCOSUPPLEMENTS

DUROLANE  
EUFLEXXA  
GELSYN-3  
SUPARTZ FX

### ANTI-INFECTIVES

#### ANTIRETROVIRAL AGENTS

##### § ANTIRETROVIRAL COMBINATIONS

*abacavir-lamivudine*  
*efavirenz-emtricitabine-tenofovir disoproxil fumarate*  
*efavirenz-lamivudine-tenofovir disoproxil fumarate*  
*lamivudine-zidovudine*  
BIKTARVY  
CIMDUO  
DESCOVY  
DOVATO  
EVOTAZ  
GENVOYA

ODEFSEY  
PREZCOBIX  
SYM TUZA  
TEMIXYS  
TRIUMEQ  
TRUVADA

#### FUSION INHIBITORS

FUZEON

#### INTEGRASE INHIBITORS

ISENTRESS  
TIVICAY

#### § NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

*efavirenz*  
*nevirapine*  
*nevirapine ext-rel*  
EDURANT  
INTELENCE

#### § NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

*abacavir tablet*  
*didanosine*  
*lamivudine*  
*stavudine*  
*zidovudine*  
EMTRIVA

#### § NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

*tenofovir disoproxil fumarate*

#### § PROTEASE INHIBITORS

*atazanavir*  
*lopinavir-ritonavir solution*  
KALETRA TABLET  
NORVIR  
PREZISTA

#### ANTIVIRALS

##### § HEPATITIS B AGENTS

*entecavir*  
*lamivudine*  
*tenofovir disoproxil fumarate*  
BARACLUDE SOLUTION  
VEMLIDY

##### § 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*

#### HORMONAL

##### ANTINEOPLASTIC AGENTS

##### § ANTIANDROGENS

*abiraterone*  
ERLEADA  
NUBEQA  
XTANDI  
YONSA

##### § LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS

*leuprolide acetate*  
ELIGARD

##### § KINASE INHIBITORS

*erlotinib*  
*imatinib mesylate*  
*lapatinib*  
AFINITOR  
ALECENSA  
ALUNBRIG  
BOSULIF  
CABOMETYX  
COPIKTRA

IBRANCE  
IRESSA  
KISQALI  
KISQALI FEMARA  
CO-PACK  
RYDAPT  
SPRYCEL  
SUTENT  
VOTRIENT  
XOSPATA

**MULTIPLE MYELOMA  
IMMUNOMODULATORS**  
REVLIMID  
THALOMID

**PROTEASOME INHIBITORS**  
NINLARO  
VELCADE

**§ MISCELLANEOUS**  
*bexarotene capsule*  
ERIVEDGE  
LYNPARZA  
ODOMZO  
PERJETA  
PHESGO  
RUBRACA  
ZEJULA  
ZOLINZA

### CARDIOVASCULAR

ANTILIPEMICS  
PCSK9 INHIBITORS  
PRALUENT

**PULMONARY ARTERIAL  
HYPERTENSION**  
**§ ENDOTHELIN RECEPTOR  
ANTAGONISTS**  
*ambrisentan*  
*bosentan*  
OPSUMIT

**§ PHOSPHODIESTERASE  
INHIBITORS**  
*sildenafil*  
*tadalafil*

**PROSTACYCLIN RECEPTOR  
AGONISTS**  
UPTRAVI

**§ PROSTAGLANDIN  
VASODILATORS**  
*treprostinil*  
ORENITRAM

SOLUBLE GUANYLATE  
CYCLASE STIMULATORS  
ADEMPAS

### CENTRAL NERVOUS SYSTEM

**§ ANTICONSULSANTS**  
*vigabatrin*

**ANTIPARKINSONIAN  
AGENTS**  
INBRIJA

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

**§ MULTIPLE SCLEROSIS  
AGENTS**  
*dimethyl fumarate*  
*delayed-rel*

*glatiramer*  
AUBAGIO  
BETASERON  
COPAXONE  
GILENYA  
KESIMPTA  
MAYZENT  
OCREVUS  
REBIF  
TYSABRI  
VUMERITY  
ZEPOSIA

### ENDOCRINE AND METABOLIC

**ACROMEGALY**  
SOMATULINE DEPOT

**§ CALCIUM RECEPTOR  
ANTAGONISTS**  
*cinacalcet*

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

**MISCELLANEOUS**  
PROLIA

**CONTRACEPTIVES**  
**PROGESTIN INTRAUTERINE  
DEVICES**  
KYLEENA  
MIRENA  
SKYLA

**FERTILITY REGULATORS**  
GNRH / LHRH  
ANTAGONISTS  
CETROTIDE

**OVULATION STIMULANTS,  
GONADOTROPINS**  
GONAL-F  
OVIDREL

**GAUCHER DISEASE**  
CERDELGA  
CEREZYME

**HEREDITARY TYROSINEMIA  
TYPE 1 AGENTS**  
ORFADIN

**HUMAN GROWTH  
HORMONES**  
NORDITROPIN

**POLYNEUROPATHY**  
TEGSEDI

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

**MISCELLANEOUS**  
CYSTAGON

### HEMATOLOGIC

**HEMATOPOIETIC GROWTH  
FACTORS**  
ARANESP  
NIVESTYM  
RETACRIT  
ZIEXTENZO

**HEMOPHILIA A AGENTS**  
ADYNOVATE  
JIVI  
KOGENATE FS  
KOVALTRY  
NOVOEIGHT  
NUWIQ

**HEMOPHILIA B AGENTS**  
REBINYN

**THROMBOCYTOPENIA  
AGENTS**  
DOPTELET  
MULPLETA

### IMMUNOLOGIC AGENTS

**ALLERGENIC EXTRACTS**  
ORALAIR

**AUTOIMMUNE AGENTS  
(PHYSICIAN-ADMINISTERED)**  
REMICADE  
SIMPONI ARIA  
STELARA INTRAVENOUS

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

**ANKYLOSING SPONDYLITIS**  
COSENTYX  
ENBREL  
HUMIRA

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

# After failure of HUMIRA

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

**PSORIATIC ARTHRITIS**  
COSENTYX  
ENBREL  
HUMIRA  
OTEZLA

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

**ULCERATIVE COLITIS**  
HUMIRA  
STELARA  
SUBCUTANEOUS #  
XELJANZ #  
XELJANZ XR #

# After failure of HUMIRA

**ALL OTHER CONDITIONS**  
ENBREL  
HUMIRA

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

**HEREDITARY ANGIOEDEMA**  
FIRAZYR  
RUCONEST  
TAKHZYRO

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

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

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

### RESPIRATORY

**ALPHA-1 ANTITRYPSIN  
DEFICIENCY AGENTS**  
PROLASTIN-C

**§ CYSTIC FIBROSIS**  
*tobramycin*  
*inhalation solution*  
BETHKIS

**PULMONARY FIBROSIS  
AGENTS**  
ESBRIET  
OFEV

**SEVERE ASTHMA AGENTS**  
DUPIXENT  
FASENRA  
NUCALA  
XOLAIR

### TOPICAL

**DERMATOLOGY**  
ATOPIC DERMATITIS  
DUPIXENT

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

**OPHTHALMIC**  
RETINAL DISORDERS  
EYLEA  
LUCENTIS

## QUICK REFERENCE DRUG LIST

**A**  
*abacavir tablet*  
*abacavir-lamivudine*  
*abiraterone*

ADEMPAS  
ADYNOVATE  
AFINITOR  
ALECENSA

ALUNBRIG  
*ambrisentan*  
ARANESP  
*atazanavir*

AUBAGIO  
AUSTEDO

**B**  
BARACLUE SOLUTION  
BETASERON  
BETHKIS

bexarotene capsule  
BIKTARVY  
bosentan  
BOSULIF

**C**

CABOMETYX  
capecitabine  
CERDELGA  
CEREZYME  
CETROTIDE  
CIMDUO  
cinacalcet  
COPAXONE  
COPIKTRA  
COSENTYX  
cyclosporine  
cyclosporine, modified  
CYSTAGON

**D**

DESCOVY  
didanosine  
dimethyl fumarate  
delayed-rel  
DOPTELET  
DOVATO  
DUPIXENT  
DUROLANE

**E**

EDURANT  
efavirenz  
efavirenz-emtricitabine-  
tenofovir disoproxil fumarate  
efavirenz-lamivudine-  
tenofovir disoproxil fumarate  
ELIGARD  
EMTRIVA  
ENBREL  
entecavir  
EPCLUSA  
ERIVEDGE  
ERLEADA  
erlotinib

ESBRIET  
EUFLEXXA  
everolimus  
EVOTAZ  
EYLEA

**F**

FASENRA  
FIRAZYR  
FORTEO  
FUZEON

**G**

GELSYN-3  
GENVOYA  
GILENYA  
glatiramer  
GONAL-F

**H**

HARVONI  
HUMIRA

**I**

IBRANCE  
imatinib mesylate  
INBRIJA  
INGREZZA  
INTELENCE  
IRESSA  
ISENTRESS

**J**

JIVI

**K**

KALETRA TABLET  
KESIMPTA  
KEVZARA  
KISQALI  
KISQALI FEMARA  
CO-PACK  
KOGENATE FS  
KOVALTRY  
KYLEENA

**L**

lamivudine  
lamivudine-zidovudine  
lapatinib  
leuprolide acetate  
lopinavir-ritonavir solution  
LUCENTIS  
LYNPARZA

**M**

MAYZENT  
MIRENA  
MUGARD  
MULPLETA  
mycophenolate mofetil  
mycophenolate sodium

**N**

nevirapine  
nevirapine ext-rel  
NINLARO  
NIVESTYM  
NORDITROPIN  
NORVIR  
NOVOEIGHT  
NUBEQA  
NUCALA  
NUWIQ

**O**

OCREVUS  
ODEFSEY  
ODOMZO  
OFEV  
OPSUMIT  
ORALAIR  
ORENCIA CLICKJECT  
ORENCIA  
SUBCUTANEOUS  
ORENITRAM  
ORFADIN  
OTEZLA  
OVIDREL

**P**

PERJETA  
PHESGO  
PRALUENT  
PREZCOBIX  
PREZISTA  
PROLASTIN-C  
PROLIA

**R**

RASUVO  
REBIF  
REBINYN  
REMICADE  
RETACRIT  
REVLIMID  
ribavirin  
RINVOQ  
RUBRACA  
RUCONEST  
RYDAPT

**S**

sildenafil  
SIMPONI ARIA  
sirolimus  
SKYLA  
SKYRIZI  
sodium phenylbutyrate  
SOMATULINE DEPOT  
SPRYCEL  
stavudine  
STELARA INTRAVENOUS  
STELARA  
SUBCUTANEOUS  
SUPARTZ FX  
SUTENT  
SYMTUZA

**T**

tacrolimus  
tadalafil  
TAKHZYRO  
TALTZ  
TEGSEDI

TEMIXYS  
temozolomide  
tenofovir disoproxil fumarate  
tetrabenazine  
THALOMID  
TIVICAY  
tobramycin  
inhalation solution  
TREMIFYA  
treprostinil  
TRIUMEQ  
TRUVADA  
TYMLOS  
TYSABRI

**U**

UPTRAVI

**V**

VELCADE  
VEMLIDY  
vigabatrin  
VOSEVI<sup>2</sup>  
VOTRIENT  
VUMERITY

**X**

XELJANZ  
XELJANZ XR  
XOLAIR  
XOSPATA  
XTANDI

**Y**

YONSA

**Z**

ZEJULA  
ZEPOSIA  
zidovudine  
ZIENTENZO  
ZOLINZA

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

| DRUG NAME(S)           | PREFERRED OPTION(S)*  | DRUG NAME(S)                 | PREFERRED OPTION(S)*  |
|------------------------|---|------------------------------|---|
| ACTEMRA<br>INTRAVENOUS | REMICADE, SIMPONI ARIA  | BARACLUDE TABLET             | entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY   |
| ADCIRCA                | sildenafil, tadalafil   | BERINERT                     | FIRAZYR, RUCONEST   |
| ALIQOPA                | COPIKTRA  | BORTEZOMIB                   | NINLARO, VELCADE  |
| ALPROLIX               | Consult doctor  | BUPHENYL                     | sodium phenylbutyrate   |
| APOKYN                 | INBRIJA   | CELLCEPT                     | mycophenolate mofetil, mycophenolate sodium   |
| ARALAST NP             | PROLASTIN-C   | CHORIONIC<br>GONADOTROPIN    | OVIDREL   |
| ASTAGRAF XL            | tacrolimus  | CIMZIA LYOPHILIZED<br>POWDER | REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS   |
| AVONEX                 | dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA | COMPLERA                     | efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ |
| AVSOLA                 | REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS   | ELELYSO                      | CERDELGA, CEREZYME  |

| DRUG NAME(S)                               | PREFERRED OPTION(S)*  | DRUG NAME(S)         | PREFERRED OPTION(S)*  |
|--|---|----------------------|---|
| ELOCTATE                                   | ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIIQ   | PLEGRIDY             | <i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA                 |
| ENTYVIO<br>(For Crohn's Disease Only)      | REMICADE, STELARA INTRAVENOUS   | PREGNYL              | IVIDREL   |
| ENVARUSUS XR                               | <i>tacrolimus</i>   | PROCRIT              | ARANESP, RETACRIT   |
| EPIVIR HBV                                 | <i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY   | PROCYSBI             | CYSTAGON  |
| EPOGEN                                     | ARANESP, RETACRIT   | PROGRAF              | <i>tacrolimus</i>   |
| EXTAVIA                                    | <i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA | RAPAMUNE             | <i>everolimus, sirolimus</i>  |
| FOLLISTIM AQ                               | GONAL-F   | RAVICTI              | <i>sodium phenylbutyrate</i>  |
| FULPHILA                                   | ZIEXTENZO   | REMODULIN            | <i>treprostinil</i>   |
| GEL-ONE                                    | DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX  | RENFLEXIS            | REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS   |
| GENOTROPIN                                 | NORDITROPIN   | REPATHA              | PRALUENT  |
| GLASSIA                                    | PROLASTIN-C   | REVATIO              | <i>sildenafil, tadalafil</i>  |
| GLEEVEC                                    | <i>imatinib mesylate</i> , BOSULIF, SPRYCEL   | SABRIL               | <i>vigabatrin</i>   |
| GRANIX                                     | NIVESTYM  | SAIZEN               | NORDITROPIN   |
| HEPSERA                                    | <i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY   | SANDOSTATIN LAR      | SOMATULINE DEPOT  |
| HUMATROPE                                  | NORDITROPIN   | SIGNIFOR LAR         | SOMATULINE DEPOT  |
| HYALGAN                                    | DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX  | SOMAVERT             | SOMATULINE DEPOT  |
| ILUMYA                                     | REMICADE  | STRIBILD             | <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ |
| INFLECTRA                                  | REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS   | SYNVISC, SYNVISC-ONE | DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX  |
| KYPROLIS                                   | NINLARO, VELCADE  | TASIGNA              | <i>imatinib mesylate</i> , BOSULIF, SPRYCEL   |
| LETAIRIS                                   | <i>ambrisentan, bosentan</i> , OPSUMIT  | TECFIDERA            | <i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA                 |
| LILETTA                                    | KYLEENA, MIRENA, SKYLA  | TOBI, TOBI PODHALER  | <i>tobramycin inhalation solution</i> , BETHKIS   |
| LUPRON DEPOT<br>(For Prostate Cancer Only) | ELIGARD   | TRACLEER             | <i>ambrisentan, bosentan</i> , OPSUMIT  |
| MAVYRET                                    | EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>   | UDENYCA              | ZIEXTENZO   |
| MONOVISC                                   | DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX  | VIEKIRA PAK          | EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)  |
| MYFORTIC                                   | <i>mycophenolate mofetil, mycophenolate sodium</i>  | VISCO-3              | DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX  |
| NEULASTA, NEULASTA ONPRO                   | ZIEXTENZO   | XENAZINE             | <i>tetrabenazine</i> , AUSTEDO  |
| NEUPOGEN                                   | NIVESTYM  | ZARXIO               | NIVESTYM  |
| NOVAREL                                    | IVIDREL   | ZEMAIRA              | PROLASTIN-C   |
| NUTROPIN AQ                                | NORDITROPIN   | ZEPATIER             | EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)  |
| OMNITROPE                                  | NORDITROPIN   | ZORTRESS             | <i>everolimus, sirolimus</i>  |
| ORENCIA INTRAVENOUS                        | REMICADE, SIMPONI ARIA  | ZYDELIG              | COPIKTRA  |
| ORTHOVISC                                  | DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX  | ZYTIGA               | <i>abiraterone</i> , XTANDI, YONSA  |
| OTREXUP                                    | RASUVO  |                      |   |
| PEGASYS                                    | Consult doctor  |                      |   |

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

| CONDITION              | EXCLUDED DRUG NAME(S)  | PREFERRED OPTION(S)   |
|------------------------|--|---|
| ANKYLOSING SPONDYLITIS | CIMZIA PREFILLED SYRINGE<br>SIMPONI<br>TALTZ   | COSENTYX<br>ENBREL<br>HUMIRA  |
| CROHN'S DISEASE        | CIMZIA PREFILLED SYRINGE   | HUMIRA<br>STELARA SUBCUTANEOUS #  |
| PSORIASIS              | CIMZIA PREFILLED SYRINGE<br>COSENTYX<br>ENBREL   | HUMIRA<br>OTEZLA<br>SKYRIZI<br>STELARA SUBCUTANEOUS<br>TALTZ<br>TREMIFYA                                    |
| PSORIATIC ARTHRITIS    | CIMZIA PREFILLED SYRINGE<br>ORENCIA CLICKJECT<br>ORENCIA SUBCUTANEOUS<br>SIMPONI<br>STELARA SUBCUTANEOUS<br>TALTZ<br>TREMIFYA<br>XELJANZ<br>XELJANZ XR | COSENTYX<br>ENBREL<br>HUMIRA<br>OTEZLA  |
| RHEUMATOID ARTHRITIS   | ACTEMRA ACTPEN<br>ACTEMRA SUBCUTANEOUS<br>CIMZIA PREFILLED SYRINGE<br>KINERET<br>SIMPONI   | ENBREL<br>HUMIRA<br>KEVZARA<br>ORENCIA CLICKJECT<br>ORENCIA SUBCUTANEOUS<br>RINVOQ<br>XELJANZ<br>XELJANZ XR |
| ULCERATIVE COLITIS     | SIMPONI  | HUMIRA<br>STELARA SUBCUTANEOUS #<br>XELJANZ #<br>XELJANZ XR #   |
| ALL OTHER CONDITIONS   | ACTEMRA ACTPEN<br>ACTEMRA SUBCUTANEOUS<br>KINERET<br>ORENCIA CLICKJECT<br>ORENCIA SUBCUTANEOUS   | ENBREL<br>HUMIRA  |

# After failure of 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<sup>1</sup> 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<sup>1</sup> information for a specific medicine.

\* The preferred options in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.

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

<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.

CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. 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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