



Advanced Control Specialty Formulary[®] for Emory Members

The **CVS Caremark[®] Advanced Control Specialty Formulary[®] for Emory Members** 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
emtricitabine
etravirine
lamivudine
maraviroc
nevirapine
nevirapine ext-rel
ritonavir
tenofovir disoproxil fumarate
zidovudine
APRETUDE
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
CABENUVA
CIMDUO
DESCOVY
DOVATO

GENVOYA
ODEFSEY
SYM TUZA
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

BIOSIMILARS

KANJINTI
RUXIENCE
TRAZIMERA
ZIRABEV

HORMONAL ANTINEOPLASTIC AGENTS

abiraterone
leuprolide acetate
ELIGARD
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
GOMEKLI
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

MONOCLONAL ANTIBODIES

PERJETA
PHESGO

PROTEASOME INHIBITORS

bortezomib
NINLARO

CARDIOVASCULAR

ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA

PULMONARY ARTERIAL HYPERTENSION

ambrisentan
bosentan
sildenafil
tadalafil
treprostinil
ADEMPAS
OPSUMIT
OPSYNVI
ORENITRAM
TADLIQ
TYVASO
TYVASO DPI
UPTRAVI

CENTRAL NERVOUS SYSTEM

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

RADICAVA ORS

ANTIDEPRESSANTS

ZURZUVAE

ANTIPARKINSONIAN AGENTS

INBRIJA

ANTIEPILEPTIC AGENTS*vigabatrin***BOTULINUM TOXINS**DAXXIFY
XEOMIN**MISCELLANEOUS**

ENSPRYNG

MOVEMENT DISORDERS*tetrabenazine*
AUSTEDO
AUSTEDO XR
INGREZZA**MULTIPLE SCLEROSIS AGENTS***dimethyl fumarate delayed-rel*
 fingolimod
 glatiramer
 teriflunomide
AVONEX
BAFIERTAM
BETASERON
COPAXONE 40 MG/ML
KESIMPTA
MAYZENT
OCREVUS
REBIF
TYSABRI
VUMERITY
ZEPOSIA**MYASTHENIA GRAVIS**VYVGART
VYVGART HYTRULO**NARCOLEPSY/CATAPLEXY**LUMRYZ
WAKIX
XYWAV**ENDOCRINE AND METABOLIC****ACROMEGALY***octreotide acetate kit*
SOMATULINE DEPOT**CALCIUM RECEPTOR AGONISTS***cinacalcet***CALCIUM REGULATORS, MISCELLANEOUS**

PROLIA

CALCIUM REGULATORS, PARATHYROID HORMONES*teriparatide*
TYMLOS**CENTRAL PRECOCIOUS PUBERTY**FENSOLVI
LUPRON DEPOT-PED
SUPPRELIN LA
TRIPTODUR**CHELATING AGENTS***deferasirox*
deferiprone
deferoxamine
penicillamine
*trientine***CONTRACEPTIVES**KYLEENA
MIRENA
SKYLA**FERTILITY REGULATORS***cetrotorelix acetate*
FOLLISTIM AQ
GANIRELIX ACETATE
MENOPUR
PREGNYL**HEREDITARY TYROSINEMIA TYPE 1 AGENTS**

ORFADIN

HUMAN GROWTH HORMONESHUMATROPE
NORDITROPIN
SOGROYA**LYSOSOMAL STORAGE DISORDERS**

NEXVIAZYME

LYSOSOMAL STORAGE DISORDERS - FABRY DISEASEELFABRIO
FABRAZYME
GALAFOLD**LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE**CERDELGA
CEREZYME**MISCELLANEOUS***betaine*
mifepristone
sapropterin
CYSTAGON**POLYNEUROPATHY**

TEGSEDI

UREA CYCLE DISORDER*carglumic acid*
sodium phenylbutyrate
PHEBURANE**GASTROINTESTINAL****EOSINOPHILIC ESOPHAGITIS**

DUPIXENT

MISCELLANEOUS

IQIRVO

GENITOURINARY**MISCELLANEOUS***tiopronin*
*tiopronin delayed-rel***HEMATOLOGIC****BLEEDING DISORDERS AGENTS**NOVOSEVEN RT
SEVENFACT
WILATE**HEMATOPOIETIC GROWTH FACTORS**ARANESP
FYLNETRA
NIVESTYM
NYVEPRIA
PROCRIT
RETACRIT**HEMOPHILIA A AGENTS**ADVATE
ADYNOVATE
AFSTYLA
ALTUVIIIIO
ELOCTATEESPEROCT
JIVI
KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ
XYNTHA**HEMOPHILIA B AGENTS**ALPROLIX
BENEFIX
REBINYN**PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS**

EMPAVELI

SICKLE CELL DISEASE

ENDARI

THROMBOCYTOPENIA AGENTSALVAIZ
DOPTELET**IMMUNOLOGIC AGENTS****ALLERGENIC EXTRACTS**

ORALAIR

ALOPECIA AREATA

LITFULO

AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)AVSOLA
ILUMYA
PYZCHIVA INTRAVENOUS
REMICADE
SIMPONI ARIA
SKYRIZI INTRAVENOUS
STELARA INTRAVENOUS
TREMIFYA INTRAVENOUS
YESINTEK INTRAVENOUS**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS**ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
ENBREL
HYRIMOZ (except NDCs 61314-XXXX-
XX)**AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS**

ADALIMUMAB-ADAZ

ADALIMUMAB-FKJP
COSENTYX SUBCUTANEOUS
ENBREL
HYRIMOZ (except NDCs 61314-XXXX-
XX)
RINVOQ

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

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
HYRIMOZ (except NDCs 61314-XXXX-
XX)
PYZCHIVA SUBCUTANEOUS
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS
TREMIFYA SUBCUTANEOUS
YESINTEK SUBCUTANEOUS

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

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
COSENTYX SUBCUTANEOUS
HYRIMOZ (except NDCs 61314-XXXX-
XX)

**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 (except NDCs 61314-XXXX-
XX)

OTEZLA
PYZCHIVA SUBCUTANEOUS
SKYRIZI SUBCUTANEOUS
SOTYKTU
STELARA SUBCUTANEOUS
TREMIFYA SUBCUTANEOUS
YESINTEK SUBCUTANEOUS

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

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
COSENTYX SUBCUTANEOUS
ENBREL
HYRIMOZ (except NDCs 61314-XXXX-
XX)

OTEZLA
PYZCHIVA SUBCUTANEOUS
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS
TREMIFYA SUBCUTANEOUS
YESINTEK SUBCUTANEOUS

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

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
ENBREL
HYRIMOZ (except NDCs 61314-XXXX-
XX)

KEVZARA
ORENCIA CLICKJECT
ORENCIA SUBCUTANEOUS
RINVOQ
XELJANZ
XELJANZ XR

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

ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP
HYRIMOZ (except NDCs 61314-XXXX-
XX)

PYZCHIVA SUBCUTANEOUS
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS
TREMIFYA SUBCUTANEOUS
VELSIPITY
YESINTEK SUBCUTANEOUS
ZEPOSIA

**DISEASE-MODIFYING ANTI-
RHEUMATIC DRUGS
(DMARDS)**

OTREXUP

HEREDITARY ANGIOEDEMA

icatibant
ORLADEYO
RUCONEST
TAKHZYRO

IMMUNOGLOBULIN

CUTAQUIG

IMMUNOSUPPRESSANTS

cyclosporine
cyclosporine modified
everolimus
mycophenolate mofetil
mycophenolate sodium
sirolimus
tacrolimus

OPHTHALMIC

RETINAL DISORDERS

BYOOVIZ
CIMERLI

RESPIRATORY

**ALPHA-1 ANTITRYPSIN
DEFICIENCY AGENTS**

ARALAST NP
GLASSIA
ZEMAIRA

**CHRONIC OBSTRUCTIVE
PULMONARY DISEASE**

DUPIXENT
NUCALA (except lyophilized powder)

**CHRONIC RHINOSINUSITIS
WITH NASAL POLYPS**

DUPIXENT
NUCALA (except lyophilized powder)
XOLAIR

CYSTIC FIBROSIS

tobramycin inhalation solution

**PULMONARY FIBROSIS
AGENTS**

pirfenidone
OFEV

SEVERE ASTHMA AGENTS

DUPIXENT
FASENRA
NUCALA (except lyophilized powder)
TEZSPIRE
XOLAIR

TOPICAL

**DERMATOLOGY, ATOPIC
DERMATITIS**

ADBRY
CIBINQO
DUPIXENT
EBGLYSS
NEMLUVIO
RINVOQ

**DERMATOLOGY, PRURIGO
NODULARIS**

DUPIXENT
NEMLUVIO

**MOUTH/THROAT/DENTAL
AGENTS**

MUGARD

QUICK REFERENCE DRUG LIST

A

abacavir
abacavir-lamivudine
abiraterone
ADALIMUMAB-ADAZ
ADALIMUMAB-FKJP

ADBRY
ADEMPAS
ADVATE
ADYNOVATE
AFSTYLA
ALECENSA
ALPROLIX

ALTUVIIIO
ALUNBRIG
ALVAIZ
ambrisentan
APRETUDE
ARALAST NP
ARANESP

atazanavir
AUGTYRO
AUSTEDO
AUSTEDO XR
AVONEX
AVSOLA

B

BAFIERTAM
 BENEFIX
 BESREMI
betaine
 BETASERON
bexarotene
 BIKTARVY
 BIMZELX
bortezomib
bosentan
 BOSULIF
 BRAFTOVI
 BRUKINSA
 BYOOVIZ

C

CABENUVA
 CABOMETYX
 CALQUENCE
capecitabine
carglumic acid
 CERDELGA
 CEREZYME
cetorelix acetate
 CIBINQO
 CIMDUO
 CIMERLI
 CIMZIA PREFILLED SYRINGE
cinacalcet
 COPAXONE 40 MG/ML
 COPIKTRA
 COSENTYX
 SUBCUTANEOUS
 CUTAQUIG
cyclosporine
cyclosporine modified
 CYSTAGON

D

darunavir
dasatinib
 DAXXIFY
deferasirox
deferiprone
deferoxamine
 DISCOVERY
dimethyl fumarate delayed-rel
 DOPTelet
 DOVATO
 DUPIXENT
 DUROLANE

E

EBGLYSS
efavirenz

efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
 ELFABRIO
 ELIGARD
 ELOCTATE
 EMPAVELI
emtricitabine
emtricitabine-tenofovir disoproxil fumarate
 ENBREL
 ENDARI
 ENSPRYNG
entecavir

EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)
 ERIVEDGE
 ERLEADA
erlotinib
 ESPEROCT
etravirine
 EUFLEXXA
everolimus
everolimus

F

FABRAZYME
 FASENRA
 FENSOLVI
 fingolimod
 FOLLISTIM AQ
 FYLNETRA

G

GALAFOLD
 GANIRELIX ACETATE
 GAVRETO
gefitinib
 GELSYN-3
 GENVOYA
 GLASSIA
glatiramer
 GOMEKLI

H

HARVONI (genotypes 1, 4, 5, 6)
 HUMATROPE
 HYRIMOZ (except NDCs 61314-XXXX-xx)

I

IBRANCE
icatibant
 ILUMYA
imatatinib mesylate
 INBRIJA

INGREZZA
 INLYTA
 IQIRVO
 ISENTRESS

J

JIVI

K

KANJINTI
 KESIMPTA
 KEVZARA
 KISQALI
 KISQALI FEMARA CO-PACK
 KOGENATE FS
 KOSELUGO
 KOVALTRY
 KRAZATI
 KYLEENA

L

lamivudine
lamivudine
lamivudine-zidovudine
lapatinib
 LENVIMA
leuprolide acetate
 LITFULO
 LONSURF
lopinavir-ritonavir
 LUMAKRAS
 LUMRYZ
 LUPRON DEPOT-PED
 LYNPARZA

M

maraviroc
 MAYZENT
 MEKINIST
 MEKTOVI
 MENOPUR
mifepristone
 MIRENA
 MUGARD
mycophenolate mofetil
mycophenolate sodium

N

NEMLUVIO
nevirapine
nevirapine ext-rel
 NEXVIAZYME
 NINLARO
 NIVESTYM
 NORDITROPIN
 NOVOEIGHT
 NOVOSEVEN RT
 NUBEQA

NUCALA (except lyophilized powder)
 NUWIQ
 NYVEPRIA

O

OCREVUS
octreotide acetate kit
 ODEFSEY
 ODOMZO
 OFEV
 OPSUMIT
 OPSYNVI
 ORALAIR
 ORENCIA CLICKJECT
 ORENCIA SUBCUTANEOUS
 ORENITRAM
 ORFADIN
 ORLADEYO
 OTEZLA
 OTREXUP

P

pazopanib
penicillamine
 PERJETA
 PHEBURANE
 PHESGO
 PIQRAY
pirfenidone
 PREGNYL
 PROCRIT
 PROLIA
 PYZCHIVA INTRAVENOUS
 PYZCHIVA SUBCUTANEOUS

R

RADICAVA ORS
 REBIF
 REBINYN
 REMICADE
 REPATHA
 RETACRIT
 RETEVMO
 REVLIMID
ribavirin
 RINVOQ
ritonavir
 ROZLYTREK
 RUCONEST
 RUXIENCE
 RYDAPT

S

sapropterin
 SCEMBLIX
 SEVENFACT
sildenafil
 SIMPONI ARIA

sirolimus
SKYLA
SKYRIZI INTRAVENOUS
SKYRIZI SUBCUTANEOUS
sodium phenylbutyrate
SOGROYA
SOMATULINE DEPOT
sorafenib
SOTYKTU
STELARA INTRAVENOUS
STELARA SUBCUTANEOUS
STIVARGA
sunitinib
SUPARTZ FX
SUPPRELIN LA
SYMTUZA

T

tacrolimus
tadalafil
TADLIQ
TAFINLAR
TAGRISSO
TAKHZYRO

TEGSEDI
temozolomide
tenofovir disoproxil fumarate
teriflunomide
teriparatide
tetrabenazine
TEZSPIRE
THALOMID
tiopronin
tiopronin delayed-rel
TIVICAY
*tobramycin inhalation
solution*
TRAZIMERA
TREMFYA INTRAVENOUS
TREMFYA SUBCUTANEOUS
treprostinil
trientine
TRIPTODUR
TRIUMEQ
TRUQAP
TYMLOS
TYSABRI
TYVASO

TYVASO DPI

U

UPTRAVI

V

VELSIPITY
VEMLIDY
vigabatrin
VISTOGARD
VITRAKVI
VOSEVI
VUMERITY
VYVGART
VYVGART HYTRULO

W

WAKIX
WILATE

X

XELJANZ
XELJANZ XR
XEOMIN

XOLAIR
XOSPATA
XTANDI
XYNTHA
XYWAV

Y

YESINTEK INTRAVENOUS
YESINTEK SUBCUTANEOUS
YONSA

Z

ZEJULA
ZEMAIRA
ZEPOSIA
zidovudine
ZIRABEV
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)
ACTEMRA INTRAVENOUS	AVSOLA, REMICADE, SIMPONI ARIA	CIMZIA LYOPHILIZED POWDER	AVSOLA, ILUMYA, PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS
ADCIRCA	<i>sildenafil, tadalafil, TADLIQ</i>	CINRYZE	ORLADEYO, TAKHZYRO
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>	COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz- lamivudine-tenofovir disoproxil fumarate, BIKTARVY, CABENUVA, DOVATO, GENVOYA, ODEFSEY, SYMITUZA, TRIUMEQ</i>
APOKYN	INBRIJA	COPAXONE 20 MG/ML	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
APTIVUS	Talk to your doctor	COTELLIC	MEKINIST, MEKTOVI
ARCALYST	Talk to your doctor	CUPRIMINE	<i>penicillamine</i>
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	CYSTADANE	<i>betaine</i>
AVASTIN	ZIRABEV	DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, VEMLIDY</i>	DIACOMIT	Talk to your doctor
BERINERT	<i>icatibant, RUCONEST</i>	DYSPORT	DAXXIFY, XEOMIN
BETHKIS	<i>tobramycin inhalation solution</i>	EDURANT	<i>efavirenz</i>
BORTEZOMIB	<i>bortezomib, NINLARO</i>	ELELYSO	CERDELGA, CEREZYME
BOTOX	AJOVY, DAXXIFY, EMGALITY, QULIPTA, XEOMIN	ENTYVIO	AVSOLA, PYZCHIVA INTRAVENOUS, REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS
BUPHENYL	<i>sodium phenylbutyrate, PHEBURANE</i>	INTRAVENOUS (For Crohn's Disease Only)	
CARBAGLU	<i>carglumic acid</i>		
CAYSTON	<i>tobramycin inhalation solution</i>		
CETROTIDE	<i>cetorelix acetate, GANIRELIX ACETATE</i>		
CHORIONIC GONADOTROPIN	PREGNYL		

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
EPOGEN	ARANESP, PROCIT, RETACRIT	HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
ESBRIET	<i>pirfenidone, OFEV</i>	HERZUMA	KANJINTI, TRAZIMERA
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>	HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	HYQVIA	CUTAQUIG
EYLEA	BYOOVIZ, CIMERLI	ICLUSIG	<i>dasatinib, imatinib mesylate, BOSULIF, SCEMBLIX</i>
FEIBA	NOVOSEVEN RT, SEVENFACT	IMBRUVICA	BRUKINSA, CALQUENCE
FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>	INFLECTRA	AVSOLA, ILUMYA, PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS
FINTEPLA	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, topiramate ext- rel</i>	INTELENCE	<i>etravirine</i>
FIRAZYR	<i>icatibant, RUCONEST</i>	IRESSA	<i>erlotinib, gefitinib, TAGRISSO</i>
FIRMAGON	ELIGARD	IXINITY	ALPROLIX, BENEFIX, REBINYN
FULPHILA	FYLNETRA, NYVEPRIA	JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
<i>Fyremadel</i>	<i>cetorelix acetate, GANIRELIX ACETATE</i>	JAKAFI (For Polycythemia Vera Only)	BESREMI
<i>ganirelix acetate</i>	<i>cetorelix acetate, GANIRELIX ACETATE</i>	JUXTAPID	REPATHA
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	JYNARQUE	Talk to your doctor
GENOTROPIN	HUMATROPE, NORDITROPIN, SOGROYA	KALETRA	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	KITABIS PAK	<i>tobramycin inhalation solution</i>
GLEEVEC	<i>dasatinib, imatinib mesylate, BOSULIF, SCEMBLIX</i>	KORLYM	<i>mifepristone</i>
GONAL-F	FOLLISTIM AQ	KUVAN	<i>sapropterin</i>
GRANIX	NIVESTYM	KYPROLIS	<i>bortezomib, NINLARO</i>
		LEMTRADA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA,</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
	MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	OGIVRI	KANJINTI, TRAZIMERA
LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>	OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA
LEUKINE	NIVESTYM	ORENCIA INTRAVENOUS	AVSOLA, REMICADE, SIMPONI ARIA
LILETTA	KYLEENA, MIRENA, SKYLA	ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
LUCENTIS	BYOOVIZ, CIMERLI	OVIDREL	PREGNYL
LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG	ELIGARD	PEGASYS	Talk to your doctor
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI	PRALUENT	REPATHA
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	PREZISTA	<i>atazanavir, darunavir</i>
MULPLETA	DOPTELET	PROCYSBI	CYSTAGON
MYOBLOC	DAXXIFY, XEOMIN	PROLASTIN-C	ARALAST NP, GLASSIA, ZEMAIRA
NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA	PROMACTA	ALVAIZ, DOPTELET
NEUPOGEN	NIVESTYM	RASUVO	<i>methotrexate, OTREXUP</i>
NEXAVAR	<i>pazopanib, sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>	RAVICTI	<i>sodium phenylbutyrate, PHEBURANE</i>
NEXTERONE	<i>amiodarone</i>	REMODULIN	<i>treprostinil</i>
NITYR	ORFADIN	RENFLEXIS	AVSOLA, ILUMYA, PYZCHIVA INTRAVENOUS, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS, TREMFYA INTRAVENOUS, YESINTEK INTRAVENOUS
NORTHERA	<i>midodrine</i>	REVATIO	<i>sildenafil, tadalafil, TADLIQ</i>
NORVIR	<i>ritonavir</i>	REYATAZ	<i>atazanavir, darunavir</i>
NOVAREL	PREGNYL	RIABNI	RUXIENCE
NPLATE	ALVAIZ, DOPTELET	RITUXAN	RUXIENCE
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR	RIXUBIS	ALPROLIX, BENEFIX, REBINYN
NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA	RUBRACA	LYNPARZA, ZEJULA
OICALIVA	IQIRVO	SABRIL	<i>vigabatrin</i>
OCTAGAM	Talk to your doctor	SANDOSTATIN LAR	<i>octreotide acetate kit, SOMATULINE DEPOT</i>
		SELZENTRY	<i>maraviroc</i>

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
SIGNIFOR LAR	<i>octreotide acetate kit</i> , SOMATULINE DEPOT	TRACLEER	<i>ambrisentan, bosentan</i> , OPSUMIT
SOLIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYTRULO	TRELSTAR MIXJECT	ELIGARD
SOMAVERT	<i>octreotide acetate kit</i> , SOMATULINE DEPOT	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine</i> , APRETUDE, CIMDUO, DESCOVY
SPRYCEL	<i>dasatinib, imatinib mesylate</i> , BOSULIF, SCEMBLIX	TRUXIMA	RUXIENCE
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, CABENUVA, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ	UDENYCA	FYLNETRA, NYVEPRIA
SUTENT	<i>pazopanib, sunitinib</i> , CABOMETYX, INLYTA, LENVIMA	ULTOMIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYTRULO
SYNAGIS	Talk to your doctor	VIRACEPT	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
SYPRINE	<i>trientine</i>	VOTRIENT	<i>pazopanib, sunitinib</i> , CABOMETYX, INLYTA, LENVIMA
TARGRETIN	<i>bexarotene</i>	VPRIV	CERDELGA, CEREZYME
TASIGNA	<i>dasatinib, imatinib mesylate</i> , BOSULIF, SCEMBLIX	XALKORI CAPSULE	ALECENSA, ALUNBRIG, AUGTYRO, ROZLYTREK, ZYKADIA
TAVALISSE	ALVAIZ, DOPTLET	XENAZINE	<i>tetrabenazine</i> , AUSTEDO, AUSTEDO XR, INGREZZA
TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide</i> , AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	XYREM	LUMRYZ, WAKIX, XYWAV
THIOLA	<i>tiopronin</i>	ZARXIO	NIVESTYM
THIOLA EC	<i>tiopronin delayed-rel</i>	ZELBORAF	BRAFTOVI, TAFINLAR
TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
		ZIEXTENZO	FYLNETRA, NYVEPRIA
		ZOLADEX	ELIGARD, ORILISSA
		ZYTIGA	<i>abiraterone, bicalutamide</i> , ERLEADA, NUBEQA, XTANDI, YONSA

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

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
ANKYLOSING SPONDYLITIS	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) RINVOQ
CROHN'S DISEASE	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only)	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP HYRIMOZ (except NDCs 61314-XXXX-XX) PYZCHIVA SUBCUTANEOUS RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMIFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
HIDRADENITIS SUPPURATIVA	AMJEVITA BIMZELX HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only)	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS HYRIMOZ (except NDCs 61314-XXXX-XX)
NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	BIMZELX TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX SUBCUTANEOUS RINVOQ
PSORIASIS	AMJEVITA COSENTYX SUBCUTANEOUS ENBREL HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) TALTZ	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP BIMZELX HYRIMOZ (except NDCs 61314-XXXX-XX) OTEZLA PYZCHIVA SUBCUTANEOUS SKYRIZI SUBCUTANEOUS SOTYKTU STELARA SUBCUTANEOUS

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
		TREMFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
PSORIATIC ARTHRITIS	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP COSENTYX SUBCUTANEOUS ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) OTEZLA PYZCHIVA SUBCUTANEOUS RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMFYA SUBCUTANEOUS YESINTEK SUBCUTANEOUS
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) KINERET SIMPONI	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENBREL HYRIMOZ (except NDCs 61314-XXXX-XX) KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	AMJEVITA HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) SIMPONI	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP HYRIMOZ (except NDCs 61314-XXXX-XX) PYZCHIVA SUBCUTANEOUS RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMFYA SUBCUTANEOUS VELSIPITY YESINTEK SUBCUTANEOUS ZEPOSIA
ALL OTHER CONDITIONS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA	ADALIMUMAB-ADAZ ADALIMUMAB-FKJP ENBREL

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
	HUMIRA HYRIMOZ (NDCs 61314-XXXX-XX only) KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	HYRIMOZ (except NDCs 61314-XXXX-XX)

This list does not contain all Specialty Products. If you want to verify if you have a prescription for a Specialty product that must be filled through CVS Specialty Pharmacy, please go to www.cvsspecialty.com or call CVS Caremark Customer Service at 1-866-601-6935 for assistance.

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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).

For HYRIMOZ listing above: Sandoz manufactured NDCs (61314-XXXX-XX) are excluded. Cordavis manufactured NDCs are preferred.

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 and click Plan Summary on the Plan & Benefits menu.

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