



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
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

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

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

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

ANTISEIZURE AGENTS*vigabatrin***BOTULINUM TOXINS**DAXXIFY
XEOMIN**MISCELLANEOUS**ENSPRYNG
VYVGART
VYVGART HYTRULO**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**NARCOLEPSY/CATAPLEXY**LUMRYZ
WAKIX
XYWAV**ENDOCRINE AND METABOLIC****ACROMEGALY**

SOMATULINE DEPOT

ANTIDIABETICS, MISCELLANEOUS*mifepristone***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***cetrotrelx 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*
sapropterin
CYSTAGON**POLYNEUROPATHY**

TEGSEDI

UREA CYCLE DISORDER*carglumic acid*
sodium phenylbutyrate
PHEBURANE**GENITOURINARY****MISCELLANEOUS***tiopronin*
*tiopronin delayed-rel***HEMATOLOGIC****BLEEDING DISORDERS AGENTS**NOVOSEVEN RT
SEVENFACT**HEMATOPOIETIC GROWTH FACTORS**ARANESP
FYLNETRA
NIVESTYM
NYVEPRIA
PROCRIT
RETACRIT**HEMOPHILIA A AGENTS**ADVATE
ADYNOVATE
AFSTYLA
ALTUVIIIIO
ELOCTATE
ESPEROCT
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
REMICADE
SIMPONI ARIA
SKYRIZI INTRAVENOUS
STELARA INTRAVENOUS**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
BIMZELX
HYRIMOZ
OTEZLA
SKYRIZI SUBCUTANEOUS
SOTYKTU
STELARA SUBCUTANEOUS
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
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS
TREMIFYA
VELSIPITY
XELJANZ
XELJANZ XR
ZEPOSIA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

RASUVO

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**

PROLASTIN-C
ZEMAIRA

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
RINVOQ

MOUTH/THROAT/DENTAL AGENTS

MUGARD

QUICK REFERENCE DRUG LIST**A**

abacavir
abacavir-lamivudine
abiraterone
ADALIMUMAB-ADAZ
ADBRY
ADEMPAS
ADVATE
ADYNOVATE
AFSTYLA
ALECENSA
ALPROLIX
ALTUVIIIIO
ALUNBRIG
ALVAIZ
ambrisentan
APRETUDE
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
COTELLIC
CUTAQUIG
cyclosporine
cyclosporine modified
CYSTAGON

D

darunavir
DAXXIFY
deferasirox
deferiprone
deferoxamine
DESCOVY
dimethyl fumarate delayed-rel
DOPTELET
DOVATO
DUPIXENT
DUPIXENT
DUROLANE

E

efavirenz
efavirenz-emtricitabine-tenofovir disoproxil fumarate

efavirenz-lamivudine-tenofovir disoproxil fumarate

ELFABRIO
ELIGARD
ELOCTATE
EMPAVELI
emtricitabine
emtricitabine-tenofovir disoproxil fumarate
ENBREL
ENDARI
ENSPRYNG
entecavir
EPLCLUSA (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
glatiramer

H

HARVONI (genotypes 1, 4, 5, 6)
HUMATROPE
HYRIMOZ

I

IBRANCE
icatibant
ILUMYA
imatinib mesylate
INBRIJA
INGREZZA
INLYTA
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
MEKTOVI
MENOPUR
mifepristone
MIRENA
MUGARD
mycophenolate mofetil
mycophenolate sodium

N

nevirapine
nevirapine ext-rel
NEXVIAZYME
NINLARO
NIVESTYM
NORDITROPIN
NOVOEIGHT
NOVOSEVEN RT
NUBEQA
NUCALA (except lyophilized powder)
NUWIQ
NYVEPRIA

O

OCREVUS
ODEFSEY
ODOMZO
OFEV

OPSUMIT
OPSYNVI
ORALAIR
ORENCIA CLICKJECT
ORENCIA SUBCUTANEOUS
ORENITRAM
ORFADIN
ORLADEYO
OTEZLA

P

pazopanib
penicillamine
PERJETA
PHEBURANE
PHESGO
pirfenidone
PREGNYL
PROCRIT
PROLASTIN-C
PROLIA

R

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

S

sapropterin
SEVENFACT
sildenafil
SIMPONI ARIA
sirolimus
SKYLA
SKYRIZI INTRAVENOUS
SKYRIZI SUBCUTANEOUS
sodium phenylbutyrate
SOGROYA
SOMATULINE DEPOT
sorafenib
SOTYKTU
SPRYCEL
STELARA INTRAVENOUS
STELARA SUBCUTANEOUS
STIVARGA

sunitinib
SUPARTZ FX
SUPPRELIN LA
SYMITUZA

T

tacrolimus
tadalafil
TADLIQ
TAGRISSO
TAKHZYRO
TEGSEDI
temozolomide
tenofovir disoproxil fumarate
teriflunomide
teriparatide
tetrabenazine
TEZSPIRE
THALOMID
tiopronin
tiopronin delayed-rel
TIVICAY
tobramycin inhalation solution
TRAZIMERA
TREMIFYA
treprostinil
trientine
TRIPTODUR
TRIUMEQ
TYMLOS
TYSABRI
TYVASO
TYVASO DPI

U

UPTRAVI

V

VELSIPITY
VEMLIDY
vigabatrin
VISTOGARD
VITRAKVI
VOSEVI
VUMERITY
VYVGART
VYVGART HYTRULO

W

WAKIX

X

XELJANZ
XELJANZ XR
XEOMIN
XOLAIR
XOSPATA

XTANDI
XYNTHA
XYWAV

Y
YONSA

Z
ZEJULA

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

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

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
LILETTA	KYLEENA, MIRENA, SKYLA	ORENCIA INTRAVENOUS	AVSOLA, REMICADE, SIMPONI ARIA
LUCENTIS	BYOOVIZ, CIMERLI	ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
LUPRON DEPOT 7.5 MG, 22.5 MG, 30 MG, 45 MG	ELIGARD	OTREXUP	RASUVO
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI	OVIDREL	PREGNYL
MEKINIST TABLET	COTELLIC, MEKTOVI	PEGASYS	Talk to your doctor
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	PRALUENT	REPATHA
MULPLETA	DOPTELET	PREZISTA	<i>atazanavir, darunavir</i>
MYOBLOC	DAXXIFY, XEOMIN	PROCYSBI	CYSTAGON
NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA	PROMACTA	ALVAIZ, DOPTELET
NEUPOGEN	NIVESTYM	RAVICTI	<i>sodium phenylbutyrate, PHEBURANE</i>
NEXAVAR	<i>pazopanib, sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>	REMODULIN	<i>treprostinil</i>
NEXTERONE	<i>amiodarone</i>	RENFLEXIS	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
NITYR	ORFADIN	REVATIO	<i>sildenafil, tadalafil, TADLIQ</i>
NORTHERA	<i>midodrine</i>	REYATAZ	<i>atazanavir, darunavir</i>
NORVIR	<i>ritonavir</i>	RIABNI	RUXIENCE
NOVAREL	PREGNYL	RITUXAN	RUXIENCE
NPLATE	ALVAIZ, DOPTELET	RIXUBIS	ALPROLIX, BENEFIX, REBINYN
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR	RUBRACA	LYNPARZA, ZEJULA
NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA	SABRIL	<i>vigabatrin</i>
OCTAGAM	Talk to your doctor	SAIZEN	HUMATROPE, NORDITROPIN, SOGROYA
OGIVRI	KANJINTI, TRAZIMERA	SANDOSTATIN LAR	SOMATULINE DEPOT
OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA	SELZENTRY	<i>maraviroc</i>
		SIGNIFOR LAR	SOMATULINE DEPOT
		SOLIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYTRULO
		SOMAVERT	SOMATULINE DEPOT

DRUG NAME(S)	PREFERRED OPTION(S)	DRUG NAME(S)	PREFERRED OPTION(S)
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, CABENUVA, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, APRETUDE, CIMDUO, DESCOVY</i>
SUTENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>	TRUXIMA	RUXIENCE
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	UDENYCA	FYLNETRA, NYVEPRIA
SYPRINE	<i>trientine</i>	ULTOMIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYTRULO
TAFINLAR CAPSULE	BRAFTOVI, ZELBORAF	VIRACEPT	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
TARGRETIN	<i>bexarotene</i>	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>	VOTRIENT	<i>pazopanib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
TAVALISSE	ALVAIZ, DOPTLET	VPRIV	CERDELGA, CEREZYME
TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	XALKORI CAPSULE	ALECENSA, ALUNBRIG, AUGTYRO, ZYKADIA
THIOLA	<i>tiopronin</i>	XENAZINE	<i>tetrabenazine, AUSTEDO, AUSTEDO XR, INGREZZA</i>
THIOLA EC	<i>tiopronin delayed-rel</i>	XYREM	LUMRYZ, WAKIX, XYWAV
TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i>	ZARXIO	NIVESTYM
TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
TRELSTAR MIXJECT	ELIGARD	ZIEXTENZO	FYLNETRA, NYVEPRIA
		ZOLADEX	ELIGARD, ORLISSA
		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 TALTZ	ADALIMUMAB-ADAZ BIMZELX HYRIMOZ OTEZLA SKYRIZI SUBCUTANEOUS SOTYKTU STELARA SUBCUTANEOUS 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 SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMFYA VELSIPITY XELJANZ XELJANZ XR ZEPOSIA
ALL OTHER CONDITIONS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA HUMIRA KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ADALIMUMAB-ADAZ ENBREL HYRIMOZ

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).

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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