

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. 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 copay¹ 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 information, please visit 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 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 to check coverage and copay information for a specific medicine.

ANALGESICS

CIMDUO
DESCOVI
DOVATO
EVOTAZ
GENVOYA
ODEFSEY
PREZCOBIX
SYM TUZA
TEMIXYS

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS
abacavir-lamivudine
efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
lamivudine-zidovudine
BIKTARVY

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS
efavirenz
nevirapine
nevirapine ext-rel
EDURANT
INTELENCE

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
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)
VOSEVI²

ANTINEOPLASTIC AGENTS

§ ALKYLATING AGENTS

temozolomide

§ ANTIMETABOLITES

capecitabine
LONSURF

BIOSIMILARS

KANJINTI
RUXIENCE
TRAZIMERA
ZIRABEV

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS
abiraterone

ERLEADA
NUBEQA
XTANDI
YONSA

§ KINASE INHIBITORS

erlotinib
imatinib mesylate
lapatinib
AFINITOR
ALECENSA
ALUNBRIG
BOSULIF
CABOMETYX
COPIKTRA
IBRANCE
IRESSA
KISQALI
KISQALI FEMARA CO-
PACK
RYDAPT
SPRYCEL
STIVARGA
SUTENT
VOTRIENT
XOSPATA

MONOCLONAL ANTIBODIES

PERJETA
PHESGO

**MULTIPLE MYELOMA
IMMUNOMODULATORS**

REVLIMID
THALOMID

PROTEASOME INHIBITORS

NINLARO
VELCADE

PROSTATE CANCER

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

**LUTEINIZING HORMONE-
RELEASING HORMONE
(LHRH) ANTAGONISTS**
FIRMAGON

§ MISCELLANEOUS

bexarotene capsule
ERIVEDGE
LYNPARZA
ODOMZO
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**

§ ANTICONVULSANTS

vigabatrin

**ANTIPARKINSONIAN
AGENTS**

INBRIJA
KYNMOBI

§ 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

**CENTRAL PRECOCIOUS
PUBERTY**
SUPPRELIN LA
TRIPTODUR

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

**§ PHENYLKETONURIA
TREATMENT AGENTS**

sapropterin

POLYNEUROPATHY

TEGSEDI

§ UREA CYCLE DISORDERS

sodium phenylbutyrate

MISCELLANEOUS

CYSTAGON

HEMATOLOGIC

§ CHELATING AGENTS

deferasirox
deferiprone
deferoxamine

**HEMATOPOIETIC GROWTH
FACTORS**

ARANESP
NIVESTYM
RETACRIT
ZIENTENZO

HEMOPHILIA A AGENTS

ADVATE
ADYNOVATE
AFSTYLA
ELOCTATE
ESPEROCT
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**

icatibant
RUCONEST
TAKHZYRO

IMMUNOMODULATORS

IMMUNE GLOBULINS
CUTAQUIG

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
 ADVATE
 ADYNOVATE
 AFINITOR
 AFSTYLA
 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
 CUTAQUIG
 cyclosporine
 cyclosporine, modified
 CYSTAGON

D

deferasirox
 deferiprone
 deferoxamine
 DESCOVY
 didanosine
 dimethyl fumarate delayed-
 rel
 DOPTLET
 DOVATO
 DUPIXENT

DUROLANE

E

EDURANT
 efavirenz
 efavirenz-emtricitabine-
 tenofovir disoproxil
 fumarate
 efavirenz-lamivudine-
 tenofovir disoproxil
 fumarate
 ELIGARD
 ELOCTATE
 EMTRIVA
 ENBREL
 entecavir
 EPLUSA
 ERIVEDGE
 ERLEADA
 erlotinib
 ESBRIET
 ESPEROCT
 EUFLEXXA
 everolimus
 EVOTAZ
 EYLEA

F

FASENRA
 FIRMAGON
 FORTEO
 FUZEON

G

GELSYN-3
 GENVOYA
 GILENYA
 glatiramer
 GONAL-F

H

HARVONI
 HUMIRA

I

IBRANCE
 icatibant
 imatinib mesylate
 INBRIJA
 INGREZZA
 INTELENCE
 IRESSA
 ISENTRESS

J

JIVI

K

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

L

lamivudine
 lamivudine-zidovudine
 lapatinib
 leuprolide acetate
 LONSURF
 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
 RUXIENCE
 RYDAPT

S

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

T

tacrolimus

tadalafil
 TAKHZYRO
 TALTZ
 TEGSEDI
 TEMIXYS
 temozolomide
 tenofovir disoproxil fumarate
 tetrabenazine
 THALOMID
 TIVICAY
 tobramycin inhalation
 solution
 TRAZIMERA
 TREMFYA
 trestipinil
 TRIPTODUR
 TRIUMEQ
 TRUVADA
 TYMLOS
 TYSABRI

U

UPTRAVI

V

VELCADE
 VEMLIDY
 vigabatrin
 VOSEVI²
 VOTRIENT
 VUMERITY

X

XELJANZ
 XELJANZ XR
 XOLAIR
 XOSPATA
 XTANDI

Y

YONSA

Z

ZEJULA
 ZEPOSIA
 zidovudine
 ZIEXTENZO
 ZIRABEV
 ZOLINZA

PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS ³

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA	HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
ADCIRCA	<i>sildenafil, tadalafil</i>	HUMATROPE	NORDITROPIN
ALIQOPA	COPIKTRA	HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
ALPROLIX	Consult doctor	ILUMYA	REMICADE
APOKYN	INBRIJA, KYNMOBI	INFLECTRA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
APTIVUS	Consult doctor	INVIRASE	<i>atazanavir, lopinavir-ritonavir solution</i> , EVOTAZ, PREZCOBIX, PREZISTA
ARALAST NP	PROLASTIN-C	JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
ASTAGRAF XL	<i>tacrolimus</i>	KUVAN	<i>sapropterin</i>
AVASTIN	ZIRABEV	KYPROLIS	NINLARO, VELCADE
AVONEX	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	LETAIRIS	<i>ambisentan, bosentan</i> , OPSUMIT
AVSOLA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS	LEXIVA	<i>atazanavir, lopinavir-ritonavir solution</i> , EVOTAZ, PREZCOBIX, PREZISTA
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMOLIDY	LILETTA	KYLEENA, MIRENA, SKYLA
BERINERT	<i>icatibant</i> , RUCONEST	LUPRON DEPOT	ELIGARD, FIRMAGON, ORIAHNN, ORLISSA
BORTEZOMIB	NINLARO, VELCADE	LUPRON DEPOT-PED	SUPPRELIN LA, TRIPTODUR
BUPHENYL	<i>sodium phenylbutyrate</i>	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
CELLCEPT	<i>mycophenolate mofetil, mycophenolate sodium</i>	MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
CHORIONIC GONADOTROPIN	OVIDREL	MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>
CIMZIA LYOPHILIZED POWDER	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS	NEULASTA, NEULASTA ONPRO	ZIEXTENZO
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ	NEUPOGEN	NIVESTYM
DESFERAL	<i>deferasirox, deferiprone, deferoxamine</i>	NOVAREL	OVIDREL
ELELYSO	CERDELGA, CEREZYME	NUTROPIN AQ	NORDITROPIN
ENTYVIO (For Crohn's Disease Only)	REMICADE, STELARA INTRAVENOUS	OMNITROPE	NORDITROPIN
ENVARUSUS XR	<i>tacrolimus</i>	ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMOLIDY	ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
EPOGEN	ARANESP, RETACRIT	OTREXUP	RASUVO
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>	PEGASYS	Consult doctor
EXTAVIA	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA	PLEGRIDY	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>	PREGNYL	OVIDREL
FOLLISTIM AQ	GONAL-F	PROCRIT	ARANESP, RETACRIT
FULPHILA	ZIEXTENZO	PROCYSBI	CYSTAGON
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	PROGRAF	<i>tacrolimus</i>
GENOTROPIN	NORDITROPIN	RAPAMUNE	<i>everolimus, sirolimus</i>
GLASSIA	PROLASTIN-C	RAVICTI	<i>sodium phenylbutyrate</i>
GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL	REMODULIN	<i>treprostinil</i>
GRANIX	NIVESTYM	RENFLIXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMOLIDY	REPATHA	PRALUENT
		REVATIO	<i>sildenafil, tadalafil</i>
		RIABNI	RUXIENCE
		RITUXAN	RUXIENCE

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
SABRIL	<i>vigabatrin</i>	UDENYCA	ZIEXTENZO
SAIZEN	NORDITROPIN	VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
SANDOSTATIN LAR	SOMATULINE DEPOT	VIRACEPT	<i>atazanavir, lopinavir-ritonavir solution, EVOTAZ, PREZCOBIX, PREZISTA</i>
SIGNIFOR LAR	SOMATULINE DEPOT	VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
SOMAVERT	SOMATULINE DEPOT	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>	ZARXIO	NIVESTYM
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX	ZEMAIRA	PROLASTIN-C
TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	ZOLADEX	ELIGARD, FIRMAGON, ORLISSA
TOBI, TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>	ZORTRESS	<i>everolimus, sirolimus</i>
TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>	ZYDELIG	COPIKTRA
TRELSTAR MIXJECT	ELIGARD, FIRMAGON	ZYTIGA	<i>abiraterone, XTANDI, YONSA</i>
TRUXIMA	RUXIENCE		

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 SIMPONI TALTZ	COSENTYX ENBREL HUMIRA
CROHN'S DISEASE	CIMZIA PREFILLED SYRINGE	HUMIRA STELARA SUBCUTANEOUS #
PSORIASIS	CIMZIA PREFILLED SYRINGE COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI STELARA SUBCUTANEOUS TALTZ TREMIFYA
PSORIATIC ARTHRITIS	CIMZIA PREFILLED SYRINGE ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ TREMIFYA XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS CIMZIA PREFILLED	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
	SYRINGE KINERET SIMPONI	ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	SIMPONI	HUMIRA STELARA SUBCUTANEOUS # XELJANZ # XELJANZ XR #
ALL OTHER CONDITIONS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL HUMIRA

After failure of HUMIRA

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.

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 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.

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

¹ 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.

² 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).

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

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