



AFINITOR  
BOSULIF  
CABOMETYX  
COPIKTRA  
IBRANCE  
IRESSA  
KISQALI  
KISQALI FEMARA  
CO-PACK  
RYDAPT  
SPRYCEL  
SUTENT  
TYKERB  
VOTRIENT

**§ MISCELLANEOUS**

*bexarotene capsule*  
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  
ORENITRAM

SOLUBLE GUANYLATE  
CYCLASE STIMULATORS  
ADEMPAS

**CENTRAL NERVOUS  
SYSTEM**

**§ ANTICONSULSANTS**

*vigabatrin*

**§ MOVEMENT DISORDERS**

*tetrabenazine*  
AUSTEDO  
INGREZZA

**§ MULTIPLE SCLEROSIS  
AGENTS**

*glatiramer*  
AUBAGIO  
BETASERON  
COPAXONE  
GILENYA  
MAYZENT  
REBIF  
TECFIDERA  
TYSABRI  
VUMERITY

**ENDOCRINE AND  
METABOLIC**

ACROMEGALY  
SOMATULINE DEPOT  
SOMAVERT

**§ 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**

HUMATROPE

**POLYNEUROPATHY**

TEGSEDI

**§ UREA CYCLE DISORDERS**

*sodium phenylbutyrate*

**MISCELLANEOUS**

CYSTAGON

**HEMATOLOGIC**

**HEMATOPOIETIC GROWTH  
FACTORS**

ARANESP  
NEULASTA  
NIVESTYM  
RETACRIT  
UDENYCA

**HEMOPHILIA A AGENTS**

ADYNOVATE  
JIVI  
KOGENATE FS  
KOVALTRY  
NOVOEIGHT  
NUWIQ

**HEMOPHILIA B AGENTS**

REBINYN

**THROMBOCYTOPENIA  
AGENTS**

MULPLETA

**IMMUNOLOGIC  
AGENTS**

ALLERGENIC EXTRACTS  
ORALAIR

**AUTOIMMUNE AGENTS**

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  
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  
*ambrisentan*  
ARANESP

*atazanavir*  
ATRIPLA  
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*  
DOVATO  
DUPIXENT

<b>E</b> EDURANT <i>efavirenz</i> ELIGARD EMTRIVA ENBREL <i>entecavir</i> EPCLUSA ERLEADA <i>erlotinib</i> ESBRIET <i>everolimus</i> EVOTAZ EYLEA	<b>I</b> IBRANCE <i>imatinib mesylate</i> INGREZZA INTELENCE IRESSA ISENTRESS	<b>N</b> NEULASTA <i>nevirapine</i> <i>nevirapine ext-rel</i> NIVESTYM NORVIR NOVOEIGHT NUBEQA NUCALA NUWIQ	RETACRIT REVLIMID <i>ribavirin</i> RINVOQ RUBRACA RUCONEST RYDAPT	THALOMID TIVICAY <i>tobramycin</i> <i>inhalation solution</i> TREMFYA TRIUMEQ TRUVADA TYKERB TYMLOS TYSABRI
<b>F</b> FASENRA FIRAZYR FORTEO FUZEON	<b>J</b> JIVI	<b>O</b> ODEFSEY ODOMZO OFEV OPSUMIT ORALAIR ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS ORENITRAM ORFADIN OTEZLA OVIDREL	<b>S</b> <i>sildenafil</i> <i>sirolimus</i> SKYLA SKYRIZI <i>sodium phenylbutyrate</i> SOMATULINE DEPOT SOMAVERT SPRYCEL <i>stavudine</i> STELARA SUBCUTANEOUS SUPARTZ FX SUTENT SYMFI SYMFI LO SYMITUZA	<b>U</b> UDENYCA UPTRAVI
<b>G</b> GEL-ONE GELSYN-3 GENVOYA GILENYA <i>glatiramer</i> GONAL-F	<b>K</b> KALETRA TABLET KISQALI KISQALI FEMARA CO-PACK KOGENATE FS KOVALTRY KYLEENA	<b>P</b> PRALUENT PREZCOBIX PREZISTA PROLASTIN-C PROLIA	<b>T</b> <i>tacrolimus</i> <i>tadalafil</i> TAKHZYRO TALTZ TECFIDERA TEGSEDI TEMIXYS <i>temozolomide</i> <i>tenofovir disoproxil fumarate</i> <i>tetrabenazine</i>	<b>V</b> VEMLIDY <i>vigabatrin</i> VISCO-3 VOSEVI <sup>2</sup> VOTRIENT VUMERITY
<b>H</b> HARVONI HUMATROPE HUMIRA	<b>L</b> <i>lamivudine</i> <i>lamivudine-zidovudine</i> <i>leuprolide acetate</i> <i>lopinavir-ritonavir solution</i> LUCENTIS LYNPARZA	<b>R</b> RASUVO REBIF REBINYN		<b>X</b> XELJANZ XELJANZ XR XOLAIR XTANDI
	<b>M</b> MAYZENT MIRENA MUGARD MULPLETA <i>mycophenolate mofetil</i> <i>mycophenolate sodium</i>			<b>Y</b> YONSA
				<b>Z</b> ZEJULA <i>zidovudine</i> ZOLINZA

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

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ADCIRCA	<i>sildenafil, tadalafil</i>	EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
ALIQOPA	COPIKTRA	EPOGEN	ARANESP, RETACRIT
ALPROLIX	Consult doctor	EUFLEXXA	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
ASTAGRAF XL	<i>tacrolimus</i>	EXTAVIA	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI, VUMERITY</i>
AVONEX	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI, VUMERITY</i>	FOLLISTIM AQ	GONAL-F
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>	FULPHILA	NEULASTA, UDENYCA
BERINERT	FIRAZYR, RUCONEST	GENOTROPIN	HUMATROPE
BUPHENYL	<i>sodium phenylbutyrate</i>	GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
CELLCEPT	<i>mycophenolate mofetil, mycophenolate sodium</i>	GRANIX	NIVESTYM
CHORIONIC GONADOTROPIN	OVIDREL	HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>
COMPLERA	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ	HYALGAN	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
DUROLANE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3	LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>
ELELYSO	CERDELGA, CEREZYME	LILETTA	KYLEENA, MIRENA, SKYLA
ELOCTATE	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ	LUPRON DEPOT (For Prostate Cancer Only)	ELIGARD
ENVARUSUS XR	<i>tacrolimus</i>	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
MONOVISC	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3	REVATIO	<i>sildenafil, tadalafil</i>
MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>	SABRIL	<i>vigabatrin</i>
NEUPOGEN	NIVESTYM	SAIZEN	HUMATROPE
NORDITROPIN	HUMATROPE	SANDOSTATIN LAR	SOMATULINE DEPOT, SOMAVERT
NOVAREL	OVIDREL	STRIBILD	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
NUTROPIN AQ	HUMATROPE	SYNVISC, SYNVISC-ONE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
OMNITROPE	HUMATROPE	TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
ORTHOVISC	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3	TOBI, TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
OTREXUP	RASUVO	VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
PEGASYS	Consult doctor	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
PLEGRIDY	<i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI, VUMERITY</i>	ZARXIO	NIVESTYM
PREGNYL	OVIDREL	ZEMAIRA	PROLASTIN-C
PROCRIT	ARANESP, RETACRIT	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
PROCYSBI	CYSTAGON	ZORTRESS	<i>everolimus, sirolimus</i>
PROGRAF	<i>tacrolimus</i>	ZYDELIG	COPIKTRA
RAPAMUNE	<i>everolimus, sirolimus</i>	ZYTIGA	<i>abiraterone, XTANDI, YONSA</i>
RAVICTI	<i>sodium phenylbutyrate</i>		
REPATHA	PRALUENT		

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

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
ANKYLOSING SPONDYLITIS	CIMZIA SIMPONI TALTZ	COSENTYX ENBREL HUMIRA
CROHN'S DISEASE	CIMZIA ENTYVIO	HUMIRA STELARA SUBCUTANEOUS #
PSORIASIS	CIMZIA COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI STELARA SUBCUTANEOUS TALTZ TREMIFYA
PSORIATIC ARTHRITIS	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA
RHEUMATOID ARTHRITIS	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI	ENBREL HUMIRA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	ENTYVIO SIMPONI	HUMIRA STELARA SUBCUTANEOUS # XELJANZ # XELJANZ XR #
ALL OTHER CONDITIONS	ACTEMRA KINERET ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	ENBREL 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.

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