

# 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  
EUFLEXA  
GELSYN-3  
SUPARTZ FX

### ANTI-INFECTIVES

#### ANTIRETROVIRAL AGENTS

##### § ANTIRETROVIRAL COMBINATIONS

*abacavir-lamivudine*  
*lamivudine-zidovudine*  
ATRIPLA  
BIKTARVY  
CIMDUO  
DESCOVY  
DOVATO  
EVOTAZ  
GENVOYA  
ODEFSEY  
PREZCOBIX  
SYMFI

SYMFI LO  
SYMITUZA  
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*  
AFINITOR  
ALECENSA  
ALUNBRIG  
BOSULIF  
CABOMETYX  
COPIKTRA  
IBRANCE

IRESSA  
KISQALI  
KISQALI FEMARA  
CO-PACK  
RYDAPT  
SPRYCEL  
SUTENT  
TYKERB  
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**  
ORENITRAM

**SOLUBLE GUANYLATE  
CYCLASE STIMULATORS**  
ADEMPAS

## CENTRAL NERVOUS SYSTEM

**§ ANTICONVULSANTS**  
*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**  
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*  
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*  
*dimethyl fumarate*  
*delayed-rel*  
DOPTELET  
DOVATO  
DUPIXENT  
DUROLANE

**E**

EDURANT  
*efavirenz*  
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*  
*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  
RETACRIT  
REVLIMID  
*ribavirin*  
RINVOQ  
RUBRACA  
RUCONEST  
RYDAPT

**S**

*sildenafil*  
*sirolimus*  
SKYLA  
SKYRIZI  
*sodium phenylbutyrate*  
SOMATULINE DEPOT  
SPRYCEL  
*stavudine*  
STELARA  
SUBCUTANEOUS  
SUPARTZ FX  
SUTENT  
SYMFI  
SYMFI LO  
SYMTUZA

**T**

*tacrolimus*  
*tadalafil*  
TAKHZYRO

TALTZ  
TEGSEDI  
TEMIXYS  
*temozolomide*  
*tenofovir disoproxil fumarate*  
*tetrabenazine*  
THALOMID  
TIVICAY  
*tobramycin*  
*inhalation solution*  
TREMIFYA  
TRIUMEQ  
TRUVADA  
TYKERB  
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*  
ZIEXTENZO  
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>	BUPHENYL	<i>sodium phenylbutyrate</i>
ALIQOPA	COPIKTRA	CELLCEPT	<i>mycophenolate mofetil, mycophenolate sodium</i>
ALPROLIX	Consult doctor	CHORIONIC GONADOTROPIN	OVIDREL
APOKYN	INBRIJA	COMPLERA	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
ARALAST NP	PROLASTIN-C	ELELYSO	CERDELGA, CEREZYME
ASTAGRAF XL	<i>tacrolimus</i>	ELOCTATE	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
AVONEX	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>	ENVARUS XR	<i>tacrolimus</i>
BARACLUE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUE SOLUTION, VEMLIDY</i>	EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUE SOLUTION, VEMLIDY</i>
BERINERT	FIRAZYR, RUCONEST	EPOGEN	ARANESP, RETACRIT
BORTEZOMIB	NINLARO, VELCADE		

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

**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 TREMIFYA XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA
RHEUMATOID ARTHRITIS	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI	ENBREL HUMIRA KEVZARA 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.

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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