Here’s an overview of your CVS Caremark benefits.

**HSA Plan**
Welcome to your new prescription benefit administered by CVS/caremark. Your prescription benefit is designed to bring you quality pharmacy care that will help you save money.

Following is a brief summary of your prescription benefits. On the back side, you will find details about Maintenance Choice®, which offers three ways for you to save on your long-term medications. CVS/caremark and Emory are confident you will find value with your new prescription benefit program.

Your plan is based on a combined deductible of medical and prescription claims. The deductible is the total “out of pocket” spending required by you before prescription benefits are paid. Your annual deductible is $1,450 for an individual or $2,900 for a family. Until this deductible amount is met, you will pay 100 percent for your prescriptions.

<table>
<thead>
<tr>
<th>Tier Zero*</th>
<th>CVS/caremark Retail Pharmacy Network</th>
<th>Maintenance Choice® CVS/caremark Mail Service Pharmacy or CVS/pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 for Tier Zero medications</td>
<td>$0 for Tier Zero medications</td>
<td>$0 for Tier Zero medications</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Generic Medications (Tier 1)**</th>
<th>CVS/caremark Retail Pharmacy Network</th>
<th>Maintenance Choice® CVS/caremark Mail Service Pharmacy or CVS/pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10% (25 max)</td>
<td>10% (25 max) for a generic prescription before refill limit</td>
<td>10% (62.50 max) for a generic prescription</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred Brand-Name Medications (Tier 2)***</th>
<th>CVS/caremark Retail Pharmacy Network</th>
<th>Maintenance Choice® CVS/caremark Mail Service Pharmacy or CVS/pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>20% (75 max)</td>
<td>20% (75 max) for a preferred brand-name prescription before refill limit</td>
<td>20% (187.50 max) for a preferred brand-name prescription</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Preferred Brand-Name Medications (Tier 3)</th>
<th>CVS/caremark Retail Pharmacy Network</th>
<th>Maintenance Choice® CVS/caremark Mail Service Pharmacy or CVS/pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>30% (120 max)</td>
<td>30% (120 max) for a non-preferred brand-name prescription before refill limit</td>
<td>30% (300 max) for a non-preferred brand-name prescription</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lifestyle Drugs</th>
<th>CVS/caremark Retail Pharmacy Network</th>
<th>Maintenance Choice® CVS/caremark Mail Service Pharmacy or CVS/pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>40% (150 max)</td>
<td>40% (150 max) for a lifestyle drug prescription before refill limit</td>
<td>40% (375 max) for a lifestyle drug prescription</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Refill Limit</th>
<th>CVS/caremark Retail Pharmacy Network</th>
<th>Maintenance Choice® CVS/caremark Mail Service Pharmacy or CVS/pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>One initial fill plus one refill for long-term medications</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Deductible</th>
<th>CVS/caremark Retail Pharmacy Network</th>
<th>Maintenance Choice® CVS/caremark Mail Service Pharmacy or CVS/pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1450 per individual / $2,900 per family</td>
<td>Not Applicable</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maximum Out-of-Pocket</th>
<th>CVS/caremark Retail Pharmacy Network</th>
<th>Maintenance Choice® CVS/caremark Mail Service Pharmacy or CVS/pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,750 per individual / $7,500 per family</td>
<td>Not Applicable</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Web Services</th>
<th>CVS/caremark Retail Pharmacy Network</th>
<th>Maintenance Choice® CVS/caremark Mail Service Pharmacy or CVS/pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Register at <a href="http://www.caremark.com">www.caremark.com</a> to access tools that can help you save money and manage your prescription benefit. To register, have your Prescription Card ready.</td>
<td>Not Applicable</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Customer Care</th>
<th>CVS/caremark Retail Pharmacy Network</th>
<th>Maintenance Choice® CVS/caremark Mail Service Pharmacy or CVS/pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit <a href="http://www.caremark.com">www.caremark.com</a> or call toll-free at 1-866-601-6935.</td>
<td>Not Applicable</td>
<td>None</td>
</tr>
</tbody>
</table>

*Select generics used to treat diabetes, CHF, high blood pressure, high cholesterol, birth control medications, brand-name and generic smoking deterrents and diabetic supplies are at Tier 0.

**Select preferred brand-name medications used to treat diabetes, CHF, high blood pressure, and high cholesterol are at Tier 1.

***Select non-preferred brand-name medications used to treat diabetes, CHF, high blood pressure, and high cholesterol are at Tier 2.

Copayment, copay or coinsurance means the amount a plan participant 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.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.
Use Maintenance Choice to Fill Your Long-Term Medications

Maintenance Choice® offers you choice and savings when it comes to filling long-term prescriptions. Now you have **three ways to save:**

- **The Pharmacy at Emory and Emory Saint Joseph’s Apothecary**
  - Talk Face to Face with an Emory Pharmacist

- **CVS/caremark Mail Service Pharmacy:**
  - Enjoy convenient home delivery
  - Receive your medications in private, tamper-resistant and (when needed) temperature-controlled packaging
  - Talk to a pharmacist by phone

- **CVS/pharmacy:**
  - Pick up your medication at a time that is convenient for you
  - Enjoy same-day prescription availability
  - Talk with a pharmacist face-to-face

Plus, you can easily order refills and manage your prescriptions anytime at [www.caremark.com](http://www.caremark.com).

**To Get Started**
The following chart provides detailed steps to help you start enjoying all the benefits of Maintenance Choice.

<table>
<thead>
<tr>
<th>IF YOU WOULD LIKE…</th>
<th>THEN…</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To continue with mail service</strong></td>
<td>You don’t have to do anything.</td>
</tr>
<tr>
<td></td>
<td>We’ll continue to send your medications to your location of choice.</td>
</tr>
<tr>
<td><strong>To pick up at CVS/pharmacy</strong></td>
<td>Please let us know.</td>
</tr>
<tr>
<td></td>
<td>You can do so quickly and easily. Choose the option that works best for you:</td>
</tr>
<tr>
<td></td>
<td>• Register or log into <a href="http://www.caremark.com">www.caremark.com</a> to select a CVS/pharmacy location for pick up</td>
</tr>
<tr>
<td></td>
<td>• Visit your local CVS/pharmacy and talk to the pharmacist</td>
</tr>
<tr>
<td></td>
<td>• Call us toll-free at 1-866-601-6935, and we’ll handle the rest</td>
</tr>
<tr>
<td><strong>To sign up for mail service for the first time</strong></td>
<td>You can do so easily online or by phone.</td>
</tr>
<tr>
<td></td>
<td>• Visit <a href="http://www.caremark.com/faststart">www.caremark.com/faststart</a></td>
</tr>
<tr>
<td></td>
<td>• Call Customer Care at 1-866-601-6935. We’ll handle the rest</td>
</tr>
<tr>
<td><strong>More information</strong></td>
<td>Give us a call.</td>
</tr>
<tr>
<td></td>
<td>Call us toll-free at 1-866-601-6935.</td>
</tr>
</tbody>
</table>

Before you reach your 30-day fill limit and your out-of-pocket cost increases, we will contact you to help you get started with Maintenance Choice. We’ll then help you get a 90-day prescription from your doctor so you can choose to fill it through mail service or at a CVS/pharmacy.
The Drug List 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 prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit Caremark.com or contact a CVS Caremark Customer Care representative.

- Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document.
- 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.

- 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. The member’s 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.
- Log in to Caremark.com to check coverage and copay information for a specific medicine.

**ANALGESICS**

| § NSAI§Ds | diclofenac sodium | ibuprofen | meloxicam | naproxen |
| § NSAIDs, COMBINATIONS | diclofenac sodium | misoprostol |
| § NSAIDs, TOPICAL | diclofenac sodium gel 1% | diclofenac sodium solution |
| § COX-2 INHIBITORS | celecoxib |
| § GOUT | allopurinol | colchicine tablet | probenecid |
| § OPIOID ANALGESICS | buprenorphine transdermal | codeine-acetaminophen | fentanyl transdermal |

**ANTI-INFECTIVES**

| § ANTIBACTERIALS | cephalosporins | cefdinir | cefprozil | cefuroxime axetil |
| § ANTIFUNGALS | fluconazole |
| § ERYTHROMYCINS / MACROLIDES | clarithromycin | clarithromycin ext-rel | erythromycins | DIFICID |
| § PENICILLINS | amoxicillin | amoxicillin-clavulanate | dicloxacillin | penicillin VK |
| § TETRACYCLINES | doxycycline | tetracycline |
| § ANTI-INFECTIVES | fluconazole |

**ANTINEOPLASTIC AGENTS**

| § ANTI-INFECTIVES | fluconazole |
| § CYTOMEGALOVIRUS AGENTS | valganciclovir |
| § HERPES AGENTS | acyclovir capsule, tablet |
| § MISCELLANEOUS | oseltamivir |
| § MISCELLANEOUS | RELENZA |
| § MISCELLANEOUS | clindamycin |
| § MISCELLANEOUS | ivermectin |
| § MISCELLANEOUS | linezolid |
| § MISCELLANEOUS | miltefosine |
| § MISCELLANEOUS | nifurtimox |
| § MISCELLANEOUS | pentostatin |
| § MISCELLANEOUS | vinorelbine |

**CARDIOVASCULAR**

| § ACE INHIBITORS | fosinopril | lisinopril | quinapril | ramipril |
| § ACE INHIBITOR / DIURETIC COMBINATIONS | fosinopril-hydrochlorothiazide | lisinopril-hydrochlorothiazide | quinapril-hydrochlorothiazide |
| § ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS | candesartan |
BILE ACID RESINS

VASCEPA

OMEGA-3 FATTY ACIDS

niacin ext
pravastatin
atorvastatin
COMBINATIONS

ABSORPTION INHIBITORS

cholestyramine

§ ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan

§ ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER / DIURETIC COMBINATIONS

amlodipine-valsartan-hydrochlorothiazide
olmesartan-amlodipine-hydrochlorothiazide

§ ANTIARRHYTHMICS

tetalol
MULTAQ

ANTILIPEMICS

§ BILE ACID RESINS
cholestyramine
colesevelam

§ CHOLESTEROL ABSORPTION INHIBITORS
ezetimibe

§ FIBRATES
fenofibrate
fenofibric acid delayed-released

§ HMG-CoA REDUCTASE INHIBITORS / COMBINATIONS
atorvastatin
ezetimibe-simvastatin
fluvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin

§ NIACINS
niacin extended-release

§ OMEGA-3 FATTY ACIDS
omega-3 acid ethyl esters
VASCEPA

§ BETA-BLOCKERS
atenolol
 carvedilol
 carvedilol phosphate extended-release
 metoprolol succinate extended-release
 metoprolol tartrate
 nadolol
 pindolol
 propranolol
 propranolol extended-release
 BISTOLIC

§ CALCIUM CHANNEL BLOCKERS
amlodipine
diltiazem extended-release
nifedipine extended-release
verapamil extended-release

§ CALCIUM CHANNEL BLOCKER / ANTILIPIDEMIC COMBINATIONS
amlodipine-atorvastatin

§ DIGITALIS GLYCOSIDES
digoxin

§ DIRECT REINHARDT INHIBITORS / DIURETIC COMBINATIONS
aliskiren
 TEKTURN A HCT

§ DIURETICS
amlodipe
diuromide
hydrochlorothiazide
metolazone
spironolactone
hydrochlorothiazide
torsemide
tramterene
tramterene
hydrochlorothiazide

§ HEART FAILURE
BIDIL
CORLANOR
ENTRESTO

§ NITRATES
nitroglycerin lingual spray
nitroglycerin sublingual

§ MISCELLANEOUS
ranolazine extended-release

CENTRAL NERVOUS SYSTEM

ANTIANXIETY
§ BENZODIAZEPINES
alprazolam
clonazepam
diazepam
lorazepam
oxazepam

§ ANTICONVULSANTS
carbamazepine
carbamazepine extended-release
clobazam
diazepam rectal gel
divalproex sodium
divalproex sodium extended-release
ethosuximide
gabapentin
lamotrigine
lamotrigine extended-release
levetiracetam
levetiracetam extended-release
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended-release
primidone
tiagabine
topiramate
valproic acid
zonisamide
Fycompa
Oxtellar XR
Trokendi XR
Vimpat

§ ANTIDEPRESSANTS
§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)
citalopram
escitalopram
fluoxetine
paroxetine HCl
paroxetine HCl extended-release
sertraline
Trintellix
Viibryd

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)
desvenlafaxine extended-release
duloxetine
venlafaxine
venlafaxine extended-release capsule
Fetzima

§ MISCELLANEOUS AGENTS
bupropion
bupropion extended-release
mirtazapine
trazodone

§ ANTIPARKINSONIAN AGENTS
amantadine
carbipoda-levodopa
carbipoda-levodopa extended-release

carbidopa-levodopa entacapone
entacapone
pramipexole
pramipexole extended-release
rasagline
ropinirole
ropinirole extended-release
silodosin
NEUPRO

ANTIPSYCHOTICS
§ ATYPICALS
aripiprazole
clozapine
dolazepam
quetiapine
quetiapine extended-release
risperidone
ziplasidone
ABILIFY MAINTENA
ARISTADA
ARISTADA INITIO
LATUDA
Vraylar

§ ATTENTION DEFICIT HYPERACTIVITY DISORDER
amphetamine
dextroamphetamine mixed salts
amphetamine
amphetamine
amphetamine
extended-release
atomoxetine
guanfacine extended-release
methylphenidate
timetidate extended-release
MYDAYIS
VYVANSE

§ FIBROMALGIA
pregabalin
Savella

HYPNOTICS
§ NONBENZODIAZEPINES
eszopiclone
ramelteon
zolpidem
zolpidem extended-release
zolpidem sublingual
BELSORA****

§ TRICYCLES
doxepin

MIGRAINE
ACUTE MIGRAINE AGENTS
§ Ergotamine Derivatives
ergortamine caffeine

Newer Agents
NuDITEC OD
Reyvow
Ubrelyv

§ Triptans
eletriptan
naratriptan

rizatriptan
sumatriptan
zolmitriptan
ONZETRA XSI
ZEMBRACE SYMTOUCH
ZOMIG NASAL SPRAY

PREVENTIVE MIGRAINE AGENTS
Monoclonal Antibodies
AIMOVIG
AJOVY
EMGALITY

§ MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine

§ NARCOPSELY
armodafinil
SUNOSI

POSTHERPETIC NEURALGIA (PHN)
gralise
Lyrica CR

PSYCHOTHERAPEUTIC - MISCELLANEOUS
§ OPIOID ANTAGONISTS
naloxone injection
NARCAN NASAL SPRAY

§ PARTIAL OPIOID AGONIST / OPIOID ANTAGONIST COMBINATIONS
buprenorphine-naloxone sublingual
BUNAVAIL
ZUBSOLV

PSEUDOBULBAR AFFECT AGENTS
NUDEXTA

§ VASOMOTOR SYMPTOM AGENTS
paroxetine mesylate

ENDOCRINE AND METABOLIC

§ ANDROGENS
testosterone gel
testosterone solution
ANDRODERM

ANTIDIABETICS
AMYLIN ANALOGS SYMLIN PEN

§ BIGUANIDES
metformin
metformin extended-release

§ BIGUANIDE / SULFONYLUREA COMBINATIONS
glipizide-metformin

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit Caremark.com or contact a CVS Caremark Customer Care representative.
**DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**

**JANUVIA**

**TRAJENTA**

**DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS**

**JANUMET**

**JANUMET XR**

**JENTADUETO**

**JENTADUETO XR**

**INCRETIN MIMETIC AGENTS**

**OZEMPIC**

**RYBELSUS**

**TRULICYL**

**VICTOZA**

**INCRETIN MIMETIC AGENT / INSULIN COMBINATIONS**

**SOLIQUA**

**XULTOPHY**

**INSULINS**

**BASAGLAN**

**FIASP**

**HUMALOG**

**HUMALOG MIX**

**HUMULIN 70/30**

**HUMULIN N**

**HUMULIN R**

**HUMULIN R U-500**

**INSULIN LISPRO**

**LANTUS**

**LEVEMIR**

**NOVOLIN 70/30**

**NOVOLIN N**

**NOVOLIN R**

**NOVLOG**

**NOVLOG MIX 70/30**

**TOUJEO**

**TRESIBA**

**INSULIN SENSITIZERS**

**pioglitazone**

**INSULIN SENSITIZER / BIGUANIDE COMBINATIONS**

**pioglitazone/metformin**

**INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS**

**pioglitazone-glimepiride**

**MEGLITINIDES**

**nateglinide**

**repaglinide**

**SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**

**FARXIGA**

**INVOKANA**

**JARDIANCE**

**SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS**

**INVOKAMET**

**INVOKAMET XR**

**SYNJARDY**

**SYNJARDY XR**

**XIGDUO XR**

**SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS**

**GLYXAMI**

**QTERN**

**SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS**

**TRIARYD XR**

**SULFINYLUREAS**

**glimepiride**

**glipizide**

**glipizide ext-rel**

**SUPPLIES**

**ACCU-CHEK AVIVA PLUS STRIPS AND KITS**

**ACCU-CHEK COMPACT PLUS STRIPS AND KITS**

**ACCU-CHEK GUIDE STRIPS AND KITS**

**ACCU-CHEK SMARTVIEW STRIPS AND KITS**

**BD ULTRAFINE INSULIN SYRINGES AND NEEDLES**

**DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM**

**FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM**

**OMNPID INSULIN INFUSION PUMP**

**ONETOUCH ULTRA STRIPS AND KITS**

**ONETOUCH VERO STRIPS AND KITS**

**V-GO INSULIN INFUSION PUMP**

**ANTIPEPSY**

**SAXENDA**

**CALCIUM REGULATORS**

**§ BISPHOSPHONATES**

**alendronate**

**ibandronate**

**risedronate**

**§ CALCITONINS**

**calcitonin-salmon**

**§ CARNITINE DEFICIENCY AGENTS**

**levocarnitine**

**§ CONTRACEPTIVES**

**§ MONOPHASIC**

**ethinyl estradiol-drospirenone**

**ethinyl estradiol-drospirenone-levonorgestrel**

**ethinyl estradiol-norethindrone acetate**

**ethinyl estradiol-norethindrone acetate-iron**

**TAYTULLA**

**§ BIPHASIC**

**LO LOESTRIN FE**

**§ TRIPHASIC**

**ethinyl estradiol-norgestimate**

**FOUR PHASE NATAZIA**

**§ EXTENDED CYCLE**

**ethinyl estradiol-levonorgestrel**

**§ TRANSDERMAL**

**ethinyl estradiol-norelgestromin**

**§ VAGINAL**

**ethinyl estradiol-etonogestrel**

**ENDOMETRIOSIS ORILISSA**

**ESTROGENS**

**§ ORAL**

**estradiol PREMARIN**

**§ TRANSDERMAL**

**estradiol DIVigel EVAMIST**

**§ VAGINAL**

**estradiol**

**ESTRING PREMARIN CREAM**

**ESTROGEN / PROGESTINS**

**§ ORAL**

**estradiol-norethindrone PREMPHASE PREMPRO**

**TRANSDERMAL CLIMARA PRO COMBIPATCH**

**ESTROGEN / SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS**

**DUAVEE**

**GLUCOCORTICOIDs**

**dexamethasone**

**fludrocortisone**

**hydrocortisone**

**methylprednisolone**

**prednisolone solution**

**prednisone**

**GLUCOSE ELEVATING AGENTS**

**BAQSIMI**

**GLUCAGEN HYPOKIT**

**GLUCAGON EMERGENCY KIT**

**GVOKE**

**§ PHOSPHATE BINDER AGENTS**

**calcium acetate**

**lanthanum carbonate**

**sevelamer carbonate**

**PHOSLYRA**

**VELPHORO**

**POTASSIUM-REMOVING AGENTS**

**LOKELMA**

**VELTASSA**

**PROGESTINS**

**§ ORAL**

**medroxyprogesterone**

**megestrol acetate**

**progesterone, micronized**

**VAGINAL CRINONE ENDOMETRIN**

**§ SELECTIVE ESTROGEN RECEPTOR MODULATORS**

**raloxifene**

**OSPHENA**

**§ THYROID SUPPLEMENTS**

**levothyroxine**

**liothyronine**

**SYNTHROID**

**§ GASTROINTESTINAL**

**§ ANTIEMETICS**

**doxylamine-pyridoxine**

**delayed-rel**

**dronabinol**

**granisetron**

**meclizine**

**metoclopramide**

**ondansetron**

**prochlorperazine**

**mesalamine suppository**

**SYNDROME**

**levoxin**

**mesalamine ext**

**mesalamine delayed**

**budesonide capsule**

**mesalamine delayed-releas**

**mesalamine ext-rel**

**sulfasalazine**

**sulfasalazine delayed-releas**

**LIALDA**

**PENTASA**

**§ RECTAL AGENTS**

**hydrocortisone enema**

**mesalamine suppository**

**mesalamine suspension**

**CORTIFLON**

**§ IRRITABLE BOWEL SYNDROME**

**alcetrol**

**AMITIZA**

**LINZESS**

**VIBERZI**

**§ LAXATIVES**

**lactulose solution**

**peg 3350-electrolytes SUPREP**

**OPSIOD-INDUCED CONSTIPATION MOVANTIK**

**§ PROTON PUMP INHIBITORS**

**esomeprazole**

**lanosprazole**

**omeprazole**

**panoprazole**

**DEXXILANT**

**§ STEROIDS, RECTAL**

**PROCTOFOM-HC**

**§ ULCER THERAPY COMBINATIONS**

**PYLERA**

**§ MISCELLANEOUS**

**sucralfate**

**GENITOURINARY**

**§ BENIGN PROSTATIC HYPERPLASIA**

**alfuzosin ext-rel**

**doxazosin**

**dutasteride**

**dutasteride-tamsulosin**

**finasteride**

**silodosin**

**tamsulosin**

**terazosin**

**INFLAMMATORY BOWEL DISEASE**

**§ ORAL AGENTS**

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<tr>
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<th>DRUG NAME(S)</th>
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<td>ABILIFY</td>
<td>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</td>
<td>BREEZE 2 STRIPS AND KITS *</td>
<td>ACCU-CHEK AVIVA PLUS STRIPS AND KITS *</td>
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<td>ACTOS ***</td>
<td>pioglitazone *</td>
<td>ACCU-CHEK COMPACT PLUS STRIPS AND KITS *</td>
<td>ACCU-CHEK SMARTVIEW STRIPS AND KITS *</td>
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<td>ADDERALL XR</td>
<td>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</td>
<td>ONETOUCH ULTRA STRIPS AND KITS *</td>
<td>ONETOUCH VERIO STRIPS AND KITS *</td>
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<td>ALCORTIN A</td>
<td>desonide, hydrocortisone</td>
<td>butabital-acetaminophen-coffeine capsule</td>
<td>dicitlofenac sodium, ibuprofen, naproxen</td>
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<td>ALLISON MEDICAL INSULIN SYRINGES *</td>
<td>BD ULTRAFINE INSULIN SYRINGES *</td>
<td>BYDUREON ***</td>
<td>OZEMPIC **, RYBELSUS **, TRULICITY **, VICTOZA **</td>
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<td>ALORA</td>
<td>estradiol, DIVIGEL, EVAMIST</td>
<td>BYETTA ***</td>
<td>OZEMPIC **, RYBELSUS **, TRULICITY **, VICTOZA **</td>
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<td>ALTOPREV ***</td>
<td>atorvastatin *, ezetimibe-simvastatin *, fluvastatin *, lovastatin *, pravastatin *, rosuvastatin *, simvastatin *</td>
<td>CAFERGOT</td>
<td>eletriptan, ergotamine-cafeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC OD, ONZETRA XSAIL, REVYVOW, UBRELYV, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</td>
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<td>ALVESCO</td>
<td>ARNabby ELLPTA, ASMANEX, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDHALER</td>
<td>CARAC</td>
<td>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</td>
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<td>AMRIX</td>
<td>cyclobenzapine</td>
<td>CARAC</td>
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<td>ANDROGEL 1%</td>
<td>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</td>
<td>CARDIZEM ***</td>
<td>diltiazem ext-rel *</td>
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<td>ANGELIQ</td>
<td>estradiol-norethindrone, PREMPHASE, PREMPRO</td>
<td>CARDIZEM CD ***</td>
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<td>ANTARA ***</td>
<td>fenofibrate *, fenofibric acid delayed-rel *</td>
<td>CARDIZEM LA ***</td>
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<td>APEXICON E</td>
<td>desoximetasone, fluocinonide, BRYHALI</td>
<td>-CHEK GUIDE STRIPS AND KITS</td>
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<tr>
<td>APIDRA **</td>
<td>FIASS **, HUMALOG **, INSULIN LISPRO **, NOVOLOG **</td>
<td>-CHEK COMPACT PLUS STRIPS AND KITS</td>
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<td>ARMOUR THYROID</td>
<td>levothyroxine, liothyronine, SYNTHROID</td>
<td>-CHEK SMARTVIEW STRIPS AND KITS</td>
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<td>ARTHROTEC</td>
<td>celecoxib; dicitlofen sodium, ibuprofen, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</td>
<td>-CHEK SMARTVIEW STRIPS AND KITS</td>
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<td>ASACOL HD</td>
<td>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, LIALDA, PENTASA</td>
<td>CONTOUR NEXT STRIPS AND KITS *</td>
<td>ACCU-CHEK AVIVA PLUS STRIPS AND KITS *</td>
</tr>
<tr>
<td>ASCENSIA STRIPS AND KITS *</td>
<td>ACCU-CHEK AVIVA PLUS STRIPS AND KITS *</td>
<td>CONTOUR STRIPS AND KITS *</td>
<td>ACCU-CHEK AVIVA PLUS STRIPS AND KITS *</td>
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<td>AZELEX</td>
<td>adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</td>
<td>DELZICOL</td>
<td>balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, LIALDA, PENTASA</td>
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<td>BECONASE AQ</td>
<td>fluinsulide, fluticasone, mometasone, DYMISTA</td>
<td>DETROL LA</td>
<td>darifenac ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, tropsium, tropsium ext-rel, MYRBETRIQ, TOVIAZ</td>
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<td>BENSAL HP</td>
<td>desonide, hydrocortisone</td>
<td>Dexpak</td>
<td>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</td>
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<tr>
<td>BENZIQ</td>
<td>adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</td>
<td>DORAL ****</td>
<td>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA ****</td>
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<td>BETAPACE ***</td>
<td>sotalol *</td>
<td>DUTOPROL ***</td>
<td>metoprolol succinate ext-rel * WITH hydrochlorothiazide *</td>
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<tr>
<td>BETAPACE AF ***</td>
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<th>DRUG NAME(S)</th>
<th>PREFERRED OPTION(S)†</th>
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<tr>
<td>DYRENİUM **</td>
<td>amiloride *, triamterene *</td>
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<td>EDLUAR ****</td>
<td>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA ****</td>
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<td>E.E.S. GRANULES</td>
<td>erythromycins</td>
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<td>ENABLEX</td>
<td>danfenac ox ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</td>
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<tr>
<td>ERYPED</td>
<td>erythromycins</td>
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<td>EVZIO</td>
<td>naltrexone injection, NARCAN NASAL SPRAY</td>
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<td>EXFORGE ***</td>
<td>amlopidine-olmesartan *, amlopidine-telmisartan *, amlopidine-valsartan *</td>
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<td>EXFORGE HCT ***</td>
<td>amlopidine-valsartan-hydrochlorothiazide *, olmesartan-amilodipine-hydrochlorothiazide *</td>
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<td>FANAPT</td>
<td>arpiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRYLLAR</td>
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<td>FEMRING</td>
<td>estradiol, ESTRING, PREMARIN CREAM</td>
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<td>FIORICET CAPSULE</td>
<td>dicyclofenac sodium, ibuprofen, naproxen</td>
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<td>FLORUROCRO SOLUS 0.5%</td>
<td>flurouracil cream 0.5%, flurouracil solution, imiquimod, PICATO, TOLAK, ZYCLARA</td>
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<tr>
<td>FML LIQUIFILM</td>
<td>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</td>
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<td>FORTAMET ***</td>
<td>metformin *, metformin ext-rel *</td>
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<td>FORTESTA</td>
<td>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosteron solution, ANDRODERM</td>
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<tr>
<td>FOSAMAX PLUS D</td>
<td>alendronate,ibandronate, risedronate</td>
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<td>FOSRENOL</td>
<td>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO</td>
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<td>FREESTYLE STRIPS AND KITS *</td>
<td>ACCU-CHEK AVIVA PLUS STRIPS AND KITS *, ACCU-CHEK COMPACT PLUS STRIPS AND KITS *, ACCU-CHEK GUIDE STRIPS AND KITS *, ACCU-CHEK SMARTVIEW STRIPS AND KITS *, ONETOUCH ULTRA STRIPS AND KITS *, ONETOUCH VERIO STRIPS AND KITS *</td>
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<td>FROVA</td>
<td>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC OD, ONZETRA XSAIL, REYVIW, UREBLVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</td>
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<td>GELNIQUE</td>
<td>danfenac ox ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</td>
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<td>GLUMETZA ***</td>
<td>metformin *, metformin ext-rel *</td>
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<td>INDOCIN</td>
<td>dicyclofenac sodium, ibuprofen, meloxicam, naproxen</td>
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<td>INNOPRAN XL ***</td>
<td>atenolol *, carvedilol *, carvedilol phosphate ext-rel *, metoprolol succinate ext-rel *, metoprolol tartrate *, nadolol *, pindolol *, propranolol *, propranolol ext-rel *, BYSTOLIC **</td>
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<td>INTERMEZZO ****</td>
<td>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA ****</td>
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<tr>
<td>INTUNIV</td>
<td>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</td>
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</table>

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<tr>
<td>ISTALOL</td>
<td>timolol maleate solution, BETIMOL, BETOPTIC S</td>
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<tr>
<td>JALYN</td>
<td>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin *, silodosin, tamsulosin or terazosin *</td>
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<td>KAZANO ***</td>
<td>JANUMET **, JANUMET XR **, JENJADUETO **, JENJADUETO XR **</td>
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<td>KOMBIGLYZE XR ***</td>
<td>JANUMET **, JANUMET XR **, JENJADUETO **, JENJADUETO XR **</td>
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<td>LANOXIN TABLET (125 MCG and 250 MCG only) ***</td>
<td>digoxin *</td>
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<td>LESCOL XL ***</td>
<td>atorvastatin *, ezetimibe-simvastatin *, fluvastatin *, lovastatin *, pravastatin *, rosuvastatin *, simvastatin *</td>
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<td>LIPITOR ***</td>
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<td>LIVALO ***</td>
<td>atorvastatin *, ezetimibe-simvastatin *, fluvastatin *, lovastatin *, pravastatin *, rosuvastatin *, simvastatin *</td>
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<td>LUNESTA ****</td>
<td>doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA ****</td>
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<td>MACRODANTIN</td>
<td>nitrofurantoin</td>
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<td>Matzim LA *</td>
<td>diltiazem ext-rel *</td>
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<td>estradiol</td>
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<td>MIAACALIN NASAL SPRAY</td>
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<td>doxcycline hyclate, minocycline, tetracycline</td>
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<td>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosteron solution, ANDRODERM</td>
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<td>NESINA ***</td>
<td>JANUVIA **, TRADJENTA **</td>
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<td>abiraterone, bicalutamide, XTANDI, YONSA</td>
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<td>azelac acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</td>
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<td>amlopidine *</td>
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<td>NOVCART</td>
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<td>BD ULTRAFINE NEEDLES *</td>
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<td>OLEPTRO</td>
<td>trazodone</td>
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<td>OLUX-E</td>
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<td>OMNARIS</td>
<td>flunisolide, fluticasone, mometasone, DYMISTA</td>
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<td>ONGLYZA **</td>
<td>JANUVIA **, TRADJENTA **</td>
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<td>OSEN **</td>
<td>JANUMET **, JANUMET XR **, JENJADUETO **, JENJADUETO XR **</td>
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<td>BD ULTRAFINE NEEDLES *</td>
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<td>CREON, VIOKACE, ZENPEP</td>
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<td>TUDORZA</td>
<td>ATROVENT HFA, INCURSE ELLIPTA, SPIRIVA, YUPELRI</td>
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<td>CREON, VIOKACE, ZENPEP</td>
<td>TRUEST TRACK STRIPS AND KITS *</td>
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<td>BD ULTRAFINE INSULIN SYRINGES *</td>
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<td>PRADAXA</td>
<td>warfarin, ELIQUIS, XARELTO</td>
<td>ULTIMED INSULIN SYRINGES *</td>
<td>BD ULTRAFINE INSULINE SYRINGES *</td>
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<td>TUDORZA</td>
<td>ATROVENT HFA, INCURSE ELLIPTA, SPIRIVA, YUPELRI</td>
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<td>TRUETRACK STRIPS AND KITS *</td>
<td>BD ULTRAFINE INSULIN SYRINGES *</td>
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<td>estradiol-norethindrone, PREMPHASE, PREMPRO</td>
<td>UROXATRAL</td>
<td>altuzosin ext-rel, doxazosin *, silodosin, tamsulosin, terazosin *</td>
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<td>VALCYTE</td>
<td>valsugliclovir</td>
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<td>VALTREX</td>
<td>acyclovir capsule, acyclovir tablet, valacyclovir</td>
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<td>Vanoxide-HC</td>
<td>adapalene, benzoyle peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyle peroxide, erythromycin solution, erythromycin-benzoyle peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</td>
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<td>PROTOPIC</td>
<td>pimecrolimus, tacrolimus, EUCRISA</td>
<td>VENTOLIN HFA</td>
<td>albuterol sulfate CFC-free aerosol, levosalbuterol tristrate CFC-free aerosol</td>
</tr>
<tr>
<td>PROVENTIL HFA</td>
<td>albuterol sulfate CFC-free aerosol, levosalbuterol tristrate CFC-free aerosol</td>
<td>VIAGRA</td>
<td>sildenafil, tadalafl</td>
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<tr>
<td>QNASL</td>
<td>flunisolide, fluticasone, mometasone, DYMISTA</td>
<td>VITAFOIL-ONE</td>
<td>generic prenatal vitamins, CITRANATAL</td>
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<td>QSYMIA</td>
<td>SAXENDA</td>
<td>VOGELXO</td>
<td>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</td>
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<td>RAYOS</td>
<td>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone solution</td>
<td>XOPENEX HFA</td>
<td>albuterol sulfate CFC-free aerosol, levosalbuterol tristrate CFC-free aerosol</td>
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<td>RELION INSULIN **</td>
<td>HUMULIN INSULIN **</td>
<td>ZEGERID</td>
<td>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</td>
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<tr>
<td>RELISTOR</td>
<td>MOVANTIK</td>
<td>ZETONNA</td>
<td>flunisolide, fluticasone, mometasone, DYMISTA</td>
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<tr>
<td>RIMSO-50</td>
<td>Consult doctor</td>
<td>ZONEGRAN</td>
<td>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobartal, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</td>
</tr>
<tr>
<td>RIOMET ***</td>
<td>metformin *, metformin ext-rel *</td>
<td>ZYFLO</td>
<td>montelukast, zafirlukast, zileute ext-rel</td>
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<tr>
<td>ROZEREM ****</td>
<td>doxepin, escopolamine, rameletoon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOGRA ****</td>
<td>SURE-TEST STRIPS AND KITS *</td>
<td>BD ULTRAFINE INSULIN SYRINGES *</td>
</tr>
<tr>
<td>STRIANT</td>
<td>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</td>
<td>SURE-TEST STRIPS AND KITS *</td>
<td>BD ULTRAFINE INSULIN SYRINGES *</td>
</tr>
<tr>
<td>TESTIM</td>
<td>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</td>
<td>SURE-TEST STRIPS AND KITS *</td>
<td>BD ULTRAFINE INSULIN SYRINGES *</td>
</tr>
<tr>
<td>testosterone gel 1% (authorized)</td>
<td>testosterone gel (except authorized generics for TESTIM</td>
<td>SURE-TEST STRIPS AND KITS *</td>
<td>BD ULTRAFINE INSULIN SYRINGES *</td>
</tr>
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</table>

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit Caremark.com or contact a CVS Caremark Customer Care representative.
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. 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.
* Select generics used to treat diabetes, heart failure, high blood pressure and high cholesterol, and diabetic supplies are at Tier 0.
** Select preferred brand-name medications used to treat diabetes, heart failure, high blood pressure, and high cholesterol are at Tier 1.
*** Select non-preferred brand-name medications used to treat diabetes, heart failure, high blood pressure, and high cholesterol are at Tier 2.
**** Select brand-name hypnotics and non-oral medications used to treat erectile dysfunction are at Tier 4.

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.

1 Listing does not include the authorized generics for TESTIM and VOGELXO.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks. 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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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, 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 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.

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit Caremark.com or contact a CVS Caremark Customer Care representative.
HORMONAL ANTI-NEOPLASTIC AGENTS
§ ANTIANDROGENS
abiraterone
ERLEADA
NUBEQA
XTANDI
YONSA
§ LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS
leuprolide acetate
ELIGARD
IMMUNOMODULATORS
REVLMID
THALOMID
§ KINASE INHIBITORS
erlotinib
imatinib mesylate
AFINITOR
BOSULIF
CABOMETYX
COPIKTRA
IBRANCE
IRESSA
KISQALI
KISQALI FEMARA CO-PACK
RYDAPT
SPRYCEL
SUTENT
TYKERB
VOTRIENT
§ MISCELLANEOUS
bexarotene capsule
LYNPARZA
OMDAMO
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
SOBLE GUANYLATE CYCLASE STIMULATORS
ADEMPAS
CENTRAL NERVOUS SYSTEM
§ ANTICONVULSANTS
vigabatrin
§ MOVEMENT DISORDERS
tetrazenazine
AUSTEDO
INGREZZA
§ MULTIPLE SCLEROSIS AGENTS
glatiramer
AUBAGIO
BETASERON
GILENYA
MAYZEN
REBIG
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
ISON-LEETEL
GAUCHER DISEASE
CERDELGA
CEREZYME
HEREDITARY TYROSINEMIA
ORFADIN
HUMAN GROWTH HORMONES
HUMATROPE
POLYNEUROPATHY
TEGSEDI
§ UREA CYCLE DISORDERS
sodium phenylbutyrate
MISCELLANEOUS PROGESTINS
§ MISCELLANEOUS
bexarotene capsule
LYNPARZA
ODOMZO
RUBRACA
ZEJULA
ZOLINZA
CONTRACEPTIVES
PROGESTIN INTRAUTERINE DEVICES
KYLEENA
MIRENA
SKYLA
FERTILITY REGULATORS
GNRH / LHRH ANTAGONISTS
CETROTIDE
OVULATION STIMULANTS, GONADOTROPINS
ISON-LEETEL
GAUCHER DISEASE
CERDELGA
CEREZYME
HEREDITARY TYROSINEMIA
ORFADIN
HUMAN GROWTH HORMONES
HUMATROPE
POLYNEUROPATHY
TEGSEDI
§ UREA CYCLE DISORDERS
sodium phenylbutyrate
MISCELLANEOUS PROGESTINS
§ MISCELLANEOUS
bexarotene capsule
LYNPARZA
ODOMZO
RUBRACA
ZEJULA
ZOLINZA
CONTRACEPTIVES
PROGESTIN INTRAUTERINE DEVICES
KYLEENA
MIRENA
SKYLA
FERTILITY REGULATORS
GNRH / LHRH ANTAGONISTS
CETROTIDE
OVULATION STIMULANTS, GONADOTROPINS
ISON-LEETEL
GAUCHER DISEASE
CERDELGA
CEREZYME
HEREDITARY TYROSINEMIA
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HUMAN GROWTH HORMONES
HUMATROPE
POLYNEUROPATHY
TEGSEDI
§ UREA CYCLE DISORDERS
sodium phenylbutyrate
MISCELLANEOUS PROGESTINS
§ MISCELLANEOUS
bexarotene capsule
LYNPARZA
ODOMZO
RUBRACA
ZEJULA
ZOLINZA
CONTRACEPTIVES
PROGESTIN INTRAUTERINE DEVICES
KYLEENA
MIRENA
SKYLA
FERTILITY REGULATORS
GNRH / LHRH ANTAGONISTS
CETROTIDE
OVULATION STIMULANTS, GONADOTROPINS
ISON-LEETEL
GAUCHER DISEASE
CERDELGA
CEREZYME
HEREDITARY TYROSINEMIA
ORFADIN
HUMAN GROWTH HORMONES
HUMATROPE
POLYNEUROPATHY
TEGSEDI
§ UREA CYCLE DISORDERS
sodium phenylbutyrate
MISCELLANEOUS PROGESTINS
§ MISCELLANEOUS
bexarotene capsule
LYNPARZA
ODOMZO
RUBRACA
ZEJULA
ZOLINZA
CONTRACEPTIVES
PROGESTIN INTRAUTERINE DEVICES
KYLEENA
MIRENA
SKYLA
FERTILITY REGULATORS
GNRH / LHRH ANTAGONISTS
CETROTIDE
OVULATION STIMULANTS, GONADOTROPINS
ISON-LEETEL
GAUCHER DISEASE
CERDELGA
CEREZYME
HEREDITARY TYROSINEMIA
ORFADIN
HUMAN GROWTH HORMONES
HUMATROPE
POLYNEUROPATHY
TEGSEDI
§ UREA CYCLE DISORDERS
sodium phenylbutyrate
MISCELLANEOUS PROGESTINS
§ MISCELLANEOUS
bexarotene capsule
LYNPARZA
ODOMZO
RUBRACA
ZEJULA
ZOLINZA

QUICK REFERENCE DRUG LIST

A
abacavir tablet
abacavir-lamivudine
abiraterone
ADEMPAS
ADYNOVATE
AFINITOR
ambrisentan
ARANESP
atazanavir
ATRIPLA
AUBAGIO
AUSTEDO
BARACLUDE SOLUTION
BETASERON
BETHKIS
bexarotene capsule
BUKTARVY
B
BARACLUDE SOLUTION

<table>
<thead>
<tr>
<th>DRUG NAME(S)</th>
<th>PREFERRED OPTION(S)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADCIRCA</td>
<td>sildenafil, tadalafil</td>
</tr>
<tr>
<td>ALIQOPA</td>
<td>COPIKTRA</td>
</tr>
<tr>
<td>ALPROLIX</td>
<td>Consult doctor</td>
</tr>
<tr>
<td>ASTagraf XL</td>
<td>tacrolimus</td>
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<tr>
<td>Avonex</td>
<td>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI, VUMERITY</td>
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<tr>
<td>BarAclude Tablet</td>
<td>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</td>
</tr>
<tr>
<td>Berinert</td>
<td>FIRAZYR, RUCONEST</td>
</tr>
<tr>
<td>Buphenyl</td>
<td>sodium phenylbutyrate</td>
</tr>
<tr>
<td>Cellecept</td>
<td>mycophenolate mofetil, mycophenolate sodium</td>
</tr>
<tr>
<td>Chorionic Gonadotropin</td>
<td>OVIDREL</td>
</tr>
<tr>
<td>Complerla</td>
<td>ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ</td>
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<tr>
<td>Durolane</td>
<td>GEL-ONE, GELSIN-3, SUPARTZ FX, VISCO-3</td>
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<tr>
<td>Lamiivudine</td>
<td>lamivudine, lamivudine-zidovudine, leuprolide acetate</td>
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<tr>
<td>Lopinavir-ritonavir solution</td>
<td>LUCENTIS, LYNPARZA</td>
</tr>
<tr>
<td>Mavex</td>
<td>MAYZENT, MIRENA, MUGARD, MULPELA, mycophenolate mofetil, mycophenolate sodium</td>
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<tr>
<td>Neulasta</td>
<td>nevirapine, nevirapine ext-rel</td>
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<tr>
<td>Nivestym</td>
<td>NORVIR, NOVOEIGHT, NUQAL, NUWQ</td>
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<tr>
<td>Odefsey</td>
<td>OMELOZINE, OFEV, OPSUMIT, ORALAIR, ORENCIA CLICKJECT, ORENCIA, SUBCUTANEOUS, ORENTRAM, ORFADIN, OTEZLA, OVIDREL</td>
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<tr>
<td>Praluent</td>
<td>PREZCOBIX, PREZISTA</td>
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<tr>
<td>Prolastin-C</td>
<td>PROLA</td>
</tr>
<tr>
<td>Rasuvo</td>
<td>REBIF, REBIVYN, RETACRIT, REVIMID, ribavirin, RINIVQ, RUBRACA, RUCONEST, RYDAPT</td>
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<tr>
<td>Sildenafil</td>
<td>sirolimus</td>
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<tr>
<td>Siseodon</td>
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<tr>
<td>Somatuline</td>
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<td>Sprycel</td>
<td>stavudine</td>
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<tr>
<td>Tisbry</td>
<td>TECFIDERA</td>
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<tr>
<td>Tymlos</td>
<td>TEGSEDI</td>
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<tr>
<td>Zejula</td>
<td>ZELINZA</td>
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<thead>
<tr>
<th>DRUG NAME(S)</th>
<th>PREFERRED OPTION(S)*</th>
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<tr>
<td>HYALGAN</td>
<td>GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3</td>
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<td>LETAIRS</td>
<td>ambrisentan, bosentan, OPSUMIT</td>
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<tr>
<td>LILETTA</td>
<td>KYLEENA, MIRENA, SKYLA</td>
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<tr>
<td>LUPRON DEPOT (For Prostate Cancer Only)</td>
<td>ELIGARD</td>
</tr>
<tr>
<td>MAVYRET</td>
<td>EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²</td>
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<td>MONOVISC</td>
<td>GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3</td>
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<tr>
<td>MYFORTIC</td>
<td>mycophenolate mofetil, mycophenolate sodium</td>
</tr>
<tr>
<td>NEUPOGEN</td>
<td>NIVESTYM</td>
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<tr>
<td>NORDITROPIN</td>
<td>HUMATROPE</td>
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<tr>
<td>NOVAREL</td>
<td>OVIDREL</td>
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<tr>
<td>NUTROPIN AQ</td>
<td>HUMATROPE</td>
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<tr>
<td>OMNITROPE</td>
<td>HUMATROPE</td>
</tr>
<tr>
<td>ORTHOVISC</td>
<td>GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3</td>
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<tr>
<td>OTREXUP</td>
<td>RASUVO</td>
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<td>PEGASYS</td>
<td>Consult doctor</td>
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<td>PLEGIRIDY</td>
<td>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI, VUMERITY</td>
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<tr>
<td>PREGNYL</td>
<td>OVIDREL</td>
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<td>PROCRIT</td>
<td>ARANESP, RETACRIT</td>
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<tr>
<td>PROCYSBI</td>
<td>CYSTAGON</td>
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<tr>
<td>PROGRAF</td>
<td>tacrolimus</td>
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<td>RAPAMUNE</td>
<td>everolimus, sirolimus</td>
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<tr>
<td>RAVICTI</td>
<td>sodium phenylbutyrate</td>
</tr>
<tr>
<td>REPATHA</td>
<td>PRAUENT</td>
</tr>
<tr>
<td>REVATIO</td>
<td>sildenafil, tadalafil</td>
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<tr>
<td>SABRL</td>
<td>vigabatrin</td>
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<td>SAIZEN</td>
<td>HUMATROPE</td>
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<td>SANDOSTATIN LAR</td>
<td>SOMATULINE DEPOT, SOMAVERT</td>
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<td>STRIBILD</td>
<td>ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFILO, SYMTUZA, TRIUMEQ</td>
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<tr>
<td>SYNVISC, SYNVISC-ONE</td>
<td>GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3</td>
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<tr>
<td>TASIGNA</td>
<td>imatinib mesylate, BOSULIF, SPRYCEL</td>
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<td>TOBI, TOBI PODHALER</td>
<td>tobramycin inhalation solution, BETHKIS</td>
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<td>VIEKIRA PAK</td>
<td>EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)</td>
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<td>XENAZINE</td>
<td>tetrabenazine, AUSTEDO</td>
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<td>NIVESTYM</td>
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<td>ZEMAIRA</td>
<td>PROLASTIN-C</td>
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<td>ZEPATIER</td>
<td>EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)</td>
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<td>ZORTRESS</td>
<td>everolimus, sirolimus</td>
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<td>ZYDELIG</td>
<td>COPIKTRA</td>
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<td>ZYTIGA</td>
<td>abiraterone, XTANDI, YONSA</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>CONDITION</th>
<th>EXCLUDED DRUG NAME(S)</th>
<th>PREFERRED OPTION(S)</th>
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</thead>
<tbody>
<tr>
<td>ANKYLOSING SPONDYLITIS</td>
<td>CIMZIA SIMPONI TALTZ</td>
<td>COSENTYX ENBREL HUMIRA</td>
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<tr>
<td>CROHN'S DISEASE</td>
<td>CIMZIA ENTYVIO</td>
<td>HUMIRA STELARA SUBCUTANEOUS #</td>
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<tr>
<td>PSORIASIS</td>
<td>CIMZIA COSENTYX ENBREL</td>
<td>HUMIRA OTEZLA SKYRIZI STELARA SUBCUTANEOUS TALTZ TREMFYA</td>
</tr>
<tr>
<td>PSORIATIC ARTHRITIS</td>
<td>CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR</td>
<td>COSENTYX ENBREL HUMIRA OTEZLA</td>
</tr>
<tr>
<td>RHEUMATOID ARTHRITIS</td>
<td>ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI</td>
<td>ENBREL HUMIRA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR</td>
</tr>
<tr>
<td>ULCERATIVE COLITIS</td>
<td>ENTYVIO SIMPONI</td>
<td>HUMIRA STELARA SUBCUTANEOUS # XELJANZ # XELJANZ XR #</td>
</tr>
<tr>
<td>ALL OTHER CONDITIONS</td>
<td>ACTEMRA KINERET ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS</td>
<td>ENBREL HUMIRA</td>
</tr>
</tbody>
</table>

# After failure of HUMIRA

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit Caremark.com or contact a CVS Caremark Customer Care representative.
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.

* 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.

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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