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>The Pharmacy at Emory, and Emory Saint Joseph’s Apothecary</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><strong>Tier Zero</strong> Select generics used to treat diabetes, CHF, high blood pressure, high cholesterol and brand-name and generic smoking deterrents</td>
<td>$0 for Tier Zero medications</td>
<td>$0 for Tier Zero medications</td>
</tr>
<tr>
<td><strong>Generic Medications (Tier 1)</strong></td>
<td>1-30 days 10% ($25 max) 61-90 days 10% ($62.50 max)</td>
<td>10% ($25 max) for a generic prescription before refill limit</td>
</tr>
<tr>
<td><strong>Preferred Brand-Name Medications (Tier 2)</strong></td>
<td>1-30 days 20% ($75 max) 61-90 days 20% ($187.50 max)</td>
<td>20% ($75 max) for a preferred brand-name prescription before refill limit</td>
</tr>
<tr>
<td><strong>Non-Preferred Brand-Name Medications (Tier 3)</strong></td>
<td>1-30 days 30% ($120 max) 61-90 days 30% ($300 max)</td>
<td>30% ($120 max) for a non-preferred brand-name prescription before refill limit</td>
</tr>
<tr>
<td><strong>Lifestyle Drugs</strong></td>
<td>1-30 days 40% ($150 max) 61-90 days 40% ($375 max)</td>
<td>40% ($150 max) for a lifestyle drug prescription before refill limit</td>
</tr>
<tr>
<td><strong>Refill Limit</strong></td>
<td>None</td>
<td>One initial fill plus one refill for long-term medications</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$1,450 per individual / $2,900 per family</td>
<td></td>
</tr>
<tr>
<td><strong>Maximum Out-of-Pocket</strong></td>
<td>$3,750 per individual / $7,500 per family</td>
<td></td>
</tr>
<tr>
<td><strong>Web Services</strong></td>
<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></td>
</tr>
<tr>
<td><strong>Customer Care</strong></td>
<td>Visit <a href="http://www.caremark.com">www.caremark.com</a> or call toll-free at 1-866-601-6935.</td>
<td></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.

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>To continue with mail service</td>
<td>You don’t have to do anything. We’ll continue to send your medications to your location of choice.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>To pick up at CVS/pharmacy</th>
<th>Please let us know. You can do so quickly and easily. Choose the option that works best for you:</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>To sign up for mail service for the first time</th>
<th>You can do so easily online or by phone.</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

| More information | Give us a call. Call us toll-free at 1-866-601-6935. |

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 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.
- For specific information regarding your prescription benefit coverage and copay¹ 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.
- 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 copay¹ 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 copay¹ information for a specific medicine.

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### ANALGESICS

- **§ NSAIDs**
  - 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
  - fentanyl transmucosal
  - lozengen

### ANTI-INFECTIVES

**ANTI-INFECTIVES**

**§ ERYTHROMYCINS / MACROLIDES**
- azithromycin
- clarithromycin
- clarithromycin ext-rel
- erythromycins
- DIFCID

**§ FLUOROQUINOLONES**
- ciprofloxacin
- levofloxacin
- moxifloxacin

**§ PENICILLINS**
- amoxicillin
- amoxicillin-clavulanate
- dicloxacillin
- penicillin VK

**§ TETRACYCLINES**
- doxycycline hyclate
- minocycline
- tetracycline

**§ ANTIFUNGALS**
- fluconazole
- itraconazole
- terbinafine tablet

### ANTIVIRALS

**ANTIVIRALS**

**§ CYTOMEGALOVIRUS AGENTS**
- valganciclovir

**§ HERPES AGENTS**
- acyclovir capsule, tablet
- valacyclovir

**§ INFLUENZA AGENTS**
- oseltamivir
- RELENZA

**§ MISCELLANEOUS**
- clindamycin
- ivermectin
- linezolid
- metronidazole
- nitrofurantoin
- sulfamethoxazole-trimethoprim
- vancomycin capsule
- EMVERM

**§ XIFAXAN 550 MG**

### ANTINEOPLASTIC AGENTS

**HORMONAL ANTINEOPLASTIC AGENTS**

- bicalutamide

**§ MISCELLANEOUS**

**VISTOGARD**

### CARDIOVASCULAR

**§ ACE INHIBITORS**
- fosinopril *
- lisinopril *
- quinapril *
- ramipril *

**§ ACE INHIBITOR / DIURETIC COMBINATIONS**
- fosinopril-hydrochlorothiazide *
- lisinopril-hydrochlorothiazide *
- quinapril-hydrochlorothiazide *

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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.
§ PHOSPHODIESTERASE INHIBITORS
sildenafil
tadalafil

§ URINARY ANTISPASMODICS
darifenacin ext-rel
oxybutynin
oxybutynin ext-rel
solifenacin
tolterodine
tolterodine ext-rel
trospium
trospium ext-rel
MYRBETRIQ
TOVIAZ

HEMATOLOGIC
§ ANTICOAGULANTS
warfarin
ELIQUIST
XARELTO

§ PLATELET AGGREGATION INHIBITORS
clopidogrel
dipyridamole ext-rel-aspirin
prasugrel
BRILINTA

IMMUNOLOGIC AGENTS
ALLERGENIC EXTRACTS
GRASTEK
RAGWITEK

NUTRITIONAL / SUPPLEMENTS
§ ELECTROLYTES
potassium chloride liquid
VITAMINS AND MINERALS
§ PRENATAL VITAMINS prenatal vitamins
CITRANATAL

RESPIRATORY
§ ANAPHYLAXIS TREATMENT AGENTS
epinephrine auto-injector
EPIPEN
EPIPEN JR
SYMJEPI
§ ANTICHOLINERGICS
ipratropium inhalation solution
ATROVENT HFA
INCURSE ELLIPTA
SPIRIVA
YUPELRI

ANTICHOLINERGIC / BETA AGONIST COMBINATIONS
§ SHORT ACTING
ipratropium-albuterol
inhalation solution
LONG ACTING
ANORO ELLIPTA
BEVESPI AEROSPERHE
STIOLTO RESPIMAT
ANTICHOLINERGIC / BETA AGONIST / STEROID
INHALANT COMBINATIONS
TRELEGY ELLIPTA
BETA AGONISTS, INHALANTS
§ SHORT ACTING
albuterol inhalation solution
albuterol sulfate CFC-free aerosol
levalbuterol tartrate CFC-free aerosol
LONG ACTING
Hand-held Active Inhalation
SREVENT
STRIVERDI RESPIMAT
Nebulized Passive Inhalation
PERFORMIST
§ LEUKOTRIENE MODULATORS
montelukast
zafirlukast
zileuton ext-rel
§ NASAL ANTIHISTAMINES
azelastine
olopatadine
§ NASAL STEROIDS / COMBINATIONS
flunisolide
fluticasone
dexamethasone
DYMISTA
PHOSPHODIESTERASE-4 INHIBITORS
DALIRESP
STEROID / BETA AGONIST COMBINATIONS
ADVAIR DISKUS
ADVAIR HFA
BREO ELLIPTA
SYMBICORT
§ STEROID INHALANTS
budesonide inhalation suspension
ARNUTY ELLIPTA
ASMANEX
FLOVENT DISKUS
FLOVENT HFA
PULMOCORT FLEXHALER
QVAR REDIHALER

DERMATOLOGY
ACNE
§ Oral
ABSORICA
§ Topical
adapalene
benzoyl peroxide
clobetasol cream, foam, gel,
lotion, ointment, shampoo
§ Rosacea
aazelica
doxycline monohydrate
delayed-rel capsule
mometasone
FINACEA FOAM
SOOLANTRA
MOUTH / THROAT / DENTAL AGENTS
PROTECTANTS
EPISTIL
OPHTHALMIC
§ Anti-ALLERGICS
azelastine
cromolyn sodium
LASTACACT
PAZEOT
§ Anti-INFECTIVES
ciprofloxacin
erythromycin
genamicin
metronidazole
NEVANAC

 § Medium Potency
doxycycline monohydrate
mometasone
triamcinolone
§ High Potency
desoximetasone
fluocinonide
BRYHALI
§ Very High Potency
clobetasol cream, foam, gel,
leukotriene, ointment
§ Anti-INFECTIVES
ciprofloxacin
erythromycin
carb-axdronic
CIPRODEX

§ Anti-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS
doxycycline-hydrocortisone
levofloxacin-betamethasone
tobramycin-dexamethasone
TOBRAXED OINTMENT
TOBRAXED ST
ANTI-INFLAMMATORIES
§ Nonsteroidal
diclofenac
ketorolac
ACUVAIL
ILEVRO

§ Steroidal
dexamethasone
prednisolone acetate 1%
DUREZOL
FML FORTE
FML S.O.P.
MAXIDEX
PREDDIL MILD

BETA-BLOCKER COMBINATIONS
§ Nonselective
timol maleate solution
BETIMOL
Selective
BETOPTIC S

§ CARBONIC ANHYDRASE INHIBITORS
dorzolamide
AZOPT
§ CARBONIC ANHYDRASE INHIBITOR / BETA-BLOCKER COMBINATIONS
dorzolamide-timolol
CARBONIC ANHYDRASE INHIBITOR / SYMPATHOMIMETIC COMBINATIONS
SIMBRINZA

DRY EYE DISEASE
RESTASIS
XIDRA

§ PROSTAGLANDINS
latanoprost
LUMIGAN
TRAVATAN Z

RHODES INHIBITORS
RHOPORESSA
RHODES INHIBITOR / PROSTAGLANDIN COMBINATIONS
ROCKLATAN

§ SYMPATHOMIMETICS
diramidine
ALPHAGAN P
SYMPATHOMIMETIC / BETA-BLOCKER COMBINATIONS
COMBIGAN

OTIC
§ Anti-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS
PROTECTANTS
<table>
<thead>
<tr>
<th>DRUG NAME(S)</th>
<th>PREFERRED OPTION(S)†</th>
<th>DRUG NAME(S)</th>
<th>PREFERRED OPTION(S)†</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABILIFY</td>
<td>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</td>
<td>BETAPACE ***</td>
<td>sotalol *</td>
</tr>
<tr>
<td>ACTOS ***</td>
<td>pioglitazone *</td>
<td>BREEZE 2 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>
</tr>
<tr>
<td>ADDERALL XR</td>
<td>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, MYDAYIS, VYVANSE</td>
<td>BRYHALI</td>
<td>levocarnitine</td>
</tr>
<tr>
<td>ALCORTIN A</td>
<td>desonide, hydrocortisone</td>
<td>CARDIZEM LA ***</td>
<td>colchicine</td>
</tr>
<tr>
<td>ALLISON MEDICAL INSULIN SYRINGES *</td>
<td>BD ULTRAFINE INSULIN SYRINGES *</td>
<td>CARAC</td>
<td>clofibrate</td>
</tr>
<tr>
<td>ALORA</td>
<td>estradiol, DIVIGEL, EVAMIST</td>
<td>CARDIZEM CD ***</td>
<td>diclofenac sodium, ibuprofen, naproxen</td>
</tr>
<tr>
<td>ALTOPREV ***</td>
<td>atorvastatin *, ezetimibe-simvastatin *, fluvastatin *, lovastatin *, pravastatin *, rosuvastatin *, simvastatin *</td>
<td>CAFERGOT</td>
<td>diltiazem, diltiazem extended-release</td>
</tr>
<tr>
<td>ALVESCO</td>
<td>ARUNITY ELIPTA, ASMANEX, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER</td>
<td>CARNITOR, CARNITOR SF</td>
<td>levocarnitine</td>
</tr>
<tr>
<td>AMRIX</td>
<td>cyclobenzaprine</td>
<td>CLINDAGEL</td>
<td>erythromycin solution</td>
</tr>
<tr>
<td>ANDROGEL 1%</td>
<td>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</td>
<td>CLOBEX SPRAY</td>
<td>clofibrate, clofibrate extended-release</td>
</tr>
<tr>
<td>ANGELIQ</td>
<td>estradiol-drospirenone, PREMPHASE, PREMPRO</td>
<td>COLAZAL</td>
<td>balsalazine</td>
</tr>
<tr>
<td>ANTARA ***</td>
<td>fenofibrate *, fenofibratic acid delayed-rel *</td>
<td>CONTOUR NEXT 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>
</tr>
<tr>
<td>APEXICON E</td>
<td>desoximetasone, fluconazole, BRYHALI</td>
<td>CONTOUR 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>
</tr>
<tr>
<td>ARMOUR THYROID</td>
<td>levothyroxine, liothyronine, SYNTHROID</td>
<td>CYMBALTA</td>
<td>desvenlafaxine extended-release, duloxetine, venlafaxine, venlafaxine extended-release capsule, FEZTIZMA</td>
</tr>
<tr>
<td>ARTHROTEC</td>
<td>celecoxib, diclofenac sodium, ibuprofen, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</td>
<td>DELZICOL</td>
<td>balsalazine, mesalazine delayed-release, mesalazine extended-release, sulfasalazine, sulfasalazine delayed-release, LIALDA, PENTASA</td>
</tr>
<tr>
<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>BEXONAse AQ</td>
<td>fluconazole, fluconazole extended-release, mometasone, DYMISTA</td>
</tr>
<tr>
<td>BECONASE AQ</td>
<td>flunisolide, fluticasone, mometasone, DYMISTA</td>
<td>BENSAL HP</td>
<td>desonide, hydrocortisone</td>
</tr>
<tr>
<td>BENZAC AC</td>
<td>adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</td>
<td>BENZIq</td>
<td>adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</td>
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</tr>
</thead>
<tbody>
<tr>
<td>DORAL ****</td>
<td>eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSMORA ****, SILENOR ****</td>
<td>INTERMEZZO ****</td>
<td>eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSMORA ****, SILENOR ****</td>
</tr>
<tr>
<td>DUTOPROL ***</td>
<td>metoprolol succinate ext-rel WITH hydrochlorothiazide *</td>
<td>INTUNIV</td>
<td>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, MYDAYIS, VIVANSE</td>
</tr>
<tr>
<td>DYRENium ***</td>
<td>amlodipine *, triamterene *</td>
<td>ISTALOL</td>
<td>timolol maleate solution, BETIMOL, BETOPTIC S</td>
</tr>
<tr>
<td>EDLUAR ****</td>
<td>eszopiclone, ramelteon, zolpidem ext-rel, zolpidem sublingual, BELSMORA ****, SILENOR ****</td>
<td>KAZANO ****</td>
<td>JANUMET **, JANUMET XR **, JENADUETO **, JENADUETO XR **</td>
</tr>
<tr>
<td>E.S. GRANULES</td>
<td>erlythromycin</td>
<td>KOMBIGLYZE XR ****</td>
<td>JANUMET **, JANUMET XR **, JENADUETO **, JENADUETO XR **</td>
</tr>
<tr>
<td>ENABLEX</td>
<td>danfenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIC, TOVIAZ</td>
<td>LANOXIN TABLET (125 MCG and 250 MCG only) ***</td>
<td>digoxin *</td>
</tr>
<tr>
<td>ERYPED</td>
<td>erythromycin</td>
<td>LESCOXL ***</td>
<td>atorvastatin *, ezetimibe-simvastatin *, fluvastatin *, lovastatin *, pravastatin *, rosuvastatin *, simvastatin *</td>
</tr>
<tr>
<td>EVZIO</td>
<td>naloxone injection, NARCAN NASAL SPRAY</td>
<td>LIPITOR ***</td>
<td>atorvastatin *, ezetimibe-simvastatin *, fluvastatin *, lovastatin *, pravastatin *, rosuvastatin *, simvastatin *</td>
</tr>
<tr>
<td>EXFORGE ****</td>
<td>amlodipine-olmesarten *, amlodipine-telmisarten *, amlodipine-valsartan  *</td>
<td>LIVALO ***</td>
<td>atorvastatin *, ezetimibe-simvastatin *, fluvastatin *, lovastatin *, pravastatin *, rosuvastatin *, simvastatin *</td>
</tr>
<tr>
<td>EXFORGE HCT ***</td>
<td>amlodipine-valsartan-hydrochlorothiazide *, olmesarten-amlodipine-hydrochlorothiazide *</td>
<td>LUNESTA ****</td>
<td>eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSMORA ****, SILENOR ****</td>
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<tr>
<td>FANAPT</td>
<td>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRYLAR</td>
<td>MACRODANTIN</td>
<td>nitrofurantoin</td>
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<tr>
<td>FEMRING</td>
<td>estradiol, ESTRING, PREMARIN CREAM</td>
<td>MENEST</td>
<td>estradiol, PREMARIN</td>
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<tr>
<td>FIORICET CAPSULE</td>
<td>diclofenac sodium, ibuprofen, naproxen</td>
<td>MENOSTAR</td>
<td>estradiol</td>
</tr>
<tr>
<td>fluorouracil cream 0.5%</td>
<td>fluorouracil cream 5%, fluorouracil solution, imiquimod, PCIATO, TOLAK, ZYCRLARA</td>
<td>MIALCALIN INJECTION</td>
<td>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO</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>
<td>MICALCALIN NASAL SPRAY</td>
<td>calcitonin-salmon</td>
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<tr>
<td>FORTAMET ***</td>
<td>metformin *, metformin ext-rel *</td>
<td>Mpared ***</td>
<td>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</td>
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<tr>
<td>FORTESTA</td>
<td>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</td>
<td>MILLIPRED</td>
<td>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</td>
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<tr>
<td>FOSAMAX PLUS D</td>
<td>alendronate, ibandronate, risedronate</td>
<td>MINOCIN</td>
<td>doxycycline hyclate, minocycline, tetracycline</td>
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<tr>
<td>FOSRENOL</td>
<td>calcium acetate, lanthanum carbonate, sevelamer carbonate, PHOSLYRA, VELPHORO</td>
<td>NAPRELAN</td>
<td>diclofenac sodium, ibuprofen, meloxicam, naproxen</td>
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<tr>
<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>
<td>NATESTO</td>
<td>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</td>
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<tr>
<td>FROVA</td>
<td>eleptiptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, NURTEC ODT, ONZETRA XAIL, REYXYL, UREBRYL, ZOMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</td>
<td>NESINA ****</td>
<td>JANUJIA **, TRADJENTA **</td>
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<td>GELNIQUE</td>
<td>danfenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIC, TOVIAZ</td>
<td>NEXIUM</td>
<td>esomeprazole, lanzoprazole, omeprazole, pantoprazole, DELILANT</td>
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<td>GLUMETZA ***</td>
<td>metformin *, metformin ext-rel *</td>
<td>NILANDRON</td>
<td>abiraterone, bicalutamide, XTANDI, YONSA</td>
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<td>INDOCIN</td>
<td>diclofenac sodium, ibuprofen, meloxicam, naproxen</td>
<td>NITROMIST ***</td>
<td>nitroglycerin lingual spray *, nitroglycerin sublingual *</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>
<td>NORTARETE</td>
<td>azelai acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</td>
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<td>NORVASC ***</td>
<td>amiodipine *</td>
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<td>NOVACORT</td>
<td>desonide, hydrocortisone</td>
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<td>NOVO NORDISK NEEDLES **</td>
<td>BD ULTRAFINE NEEDLES *</td>
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<td>OLEPTRO</td>
<td>trazodone</td>
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<td>OLUX-E</td>
<td>clobetasol foam</td>
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<td></td>
<td>OMNARIS</td>
<td>flunisolide, fluticasone, mometasone, DYMISTA</td>
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</table>

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<table>
<thead>
<tr>
<th>DRUG NAME(S)</th>
<th>PREFERRED OPTION(S)†</th>
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<tr>
<td>ONGLYZA ***</td>
<td>JANUVIA **, TRAJDENTA **</td>
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<td>OSENI ***</td>
<td>JANUMET **, JANUMET XR **, JENTADUETO **, JENTADUETO XR **, JANUVIA ** or TRAJDENTA ** WITH pioglitazone *</td>
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<td>OWEN MUMFORD NEEDLES *</td>
<td>BD ULTRAFINE NEEDLES *</td>
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<td>OXYTROL</td>
<td>dartenacil ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospum, triprosum ext-rel, MYRBETIQ, TOVIAZ</td>
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<tr>
<td>PANCREAZE</td>
<td>CREON, VIIOACE, ZENPEP</td>
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<tr>
<td>PENNSAID</td>
<td>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam, naproxen</td>
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<tr>
<td>PERRIGO NEEDLES *</td>
<td>BD ULTRAFINE NEEDLES *</td>
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<tr>
<td>PERTZYE</td>
<td>CREON, VIIOACE, ZENPEP</td>
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<tr>
<td>PEXEVA</td>
<td>citalopram, escitalopram, fluoxetine, paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX, VIIBRYD</td>
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<td>PLAVIX</td>
<td>clopidogrel, prasugrel, BRILINTA</td>
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<td>PRADAAX</td>
<td>warfarin, ELIQUIX, XARELTO</td>
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<td>PRECISION XTRA 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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<tr>
<td>PRED FORTE</td>
<td>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</td>
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<td>PREFEST</td>
<td>estradiol-norethindrone, PREMPHASE, PREMPRO</td>
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<td>PRENATAL PLUS</td>
<td>generic prenatal vitamins, CITRANATAL</td>
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<td>PREVACID</td>
<td>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</td>
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<td>PROTONIX</td>
<td>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</td>
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<td>PROTOPIE</td>
<td>pimecrolimus, tacrolimus, EUCRISA</td>
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<tr>
<td>PROVENTIL HFA</td>
<td>albuterol sulfate CFC-free aerosol, levobuterol tartrate CFC-free aerosol</td>
</tr>
<tr>
<td>QNASL</td>
<td>flunisolide, fluticasone, mometasone, DYMISTA</td>
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<td>QSYMIA</td>
<td>SAXENDA</td>
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<tr>
<td>RAYOS</td>
<td>dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone</td>
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<tr>
<td>RELION INSULIN **</td>
<td>HUMULIN INSULIN **, NOVOLIN INSULIN **</td>
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<td>RELISTOR</td>
<td>MOVANTIK</td>
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<td>RIMSO-50</td>
<td>Consult doctor</td>
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<td>RIOMET ***</td>
<td>metformin *, metformin ext-rel *</td>
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<tr>
<td>ROZEREM ***</td>
<td>eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA *, SILENOR ***</td>
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<td>STRIANT</td>
<td>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</td>
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<td>SURE-TEST 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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<tr>
<td>TESTIM</td>
<td>testosterone gel 1% (authorized generics for TESTIM and VOGELXO)</td>
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<tr>
<td>TRICOR ***</td>
<td>fenofibrate *, fenofibrinic acid delayed-rel *</td>
</tr>
<tr>
<td>TRIGLIDE ***</td>
<td>fenofibrate *, fenofibrinic acid delayed-rel *</td>
</tr>
<tr>
<td>TRILIPIX ***</td>
<td>fenofibrate *, fenofibrinic acid delayed-rel *</td>
</tr>
<tr>
<td>TRIVIA INSULIN SYRINGES *</td>
<td>BD ULTRAFINE INSULIN SYRINGES *</td>
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<tr>
<td>TRUEST TEST 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>TRUETEST 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>TRUETRAK STRIPS AND KITS *</td>
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<tr>
<td>TUDORZA</td>
<td>ATROVENT HFA, INCURSE ELLIPTA, SPIRIVA, YUEPLRI</td>
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<tr>
<td>ULTIMED INSULIN SYRINGES *</td>
<td>BD ULTRAFINE INSULIN SYRINGES *</td>
</tr>
<tr>
<td>ULTIMED NEEDLES *</td>
<td>BD ULTRAFINE NEEDLES *</td>
</tr>
<tr>
<td>UROXATRAL</td>
<td>alfuzosin ext-rel, doxazosin *, silodosin, tamsulosin, terazosin *</td>
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<td>VALCYTE</td>
<td>valganciclovir</td>
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<td>VALTREX</td>
<td>acyclovir capsule, acyclovir tablet, valacyclovir</td>
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<tr>
<td>Vanoxide-HC</td>
<td>adapalene, benzyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzyl peroxide, erythromycin solution, erythromycin-benzyl peroxide, tretinoin, EPIDUO, ONEXTON, TAZORAC</td>
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<tr>
<td>venlafaxine ext-rel tablet (except 225 mg)</td>
<td>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule, FEZITMA</td>
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<td>VENTOLIN HFA</td>
<td>albuterol sulfate CFC-free aerosol, levobuterol tartrate CFC-free aerosol</td>
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<td>VIAGRA</td>
<td>sildenafil, tadalafl</td>
</tr>
<tr>
<td>VITAFOL-ONE</td>
<td>generic prenatal vitamins, CITRANATAL</td>
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<tr>
<td>VOGELXO</td>
<td>testosterone gel (except authorized generics for TESTIM and VOGELXO), testosterone solution, ANDRODERM</td>
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<tr>
<td>XOPENEX HFA</td>
<td>albuterol sulfate CFC-free aerosol, levobuterol tartrate CFC-free aerosol</td>
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<td>ZEGERID</td>
<td>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</td>
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<tr>
<td>ZETONNA</td>
<td>flunisolide, fluticasone, mometasone, DYMISTA</td>
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<tr>
<td>ZONEGRAN</td>
<td>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, primidone, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</td>
</tr>
<tr>
<td>ZYFLO</td>
<td>montelukast, zafirlukast, zileuton ext-rel</td>
</tr>
</tbody>
</table>

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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.

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 Listing does not include the authorized generics for TESTIM and VOGELXO.
Advanced Control Specialty Formulary® for Emory Members

The CVS Caremark Advanced Control Specialty Formulary® for Emory Members is a guide within select therapeutic categories for clients, plan members and health care providers. Generics should be considered the first line of prescribing. If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. This list represents brand products in CAPS, branded generics in upper- and lowercase italics, and generic products in lowercase italics.

PLAN MEMBER
Your benefit plan provides you with a prescription benefit program administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

Please note:

- Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary 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 amounts based on the condition being treated, authorize generic substitution whenever possible. If you believe a brand-name product is necessary, consider prescribing a brand name on this list.
- 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 for specific products on the list.

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 ANTINEOPLASTIC AGENTS
§ ANTIANDROGENS
abiraterone
ERLEADA
NUBEQA
XTANDI
YONSA

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

IMMUNOMODULATORS
REVLIMID
THALOMID

§ KINASE INHIBITORS
erlotinib
imatinib mesylate
AFINITOR
BOSULIF
CABOMETYX
IRRESSA
KOZQALI
KISQALI FEMARA
CO-PACK
RYDAPT
SPRYCEL
SUTENT
TYKERB
VOTRIENT

§ MISCELLANEOUS
bexarotene capsule
LYNPARZA
ODOMZO
RUBRACA
ZEJULA
ZOLINZA

CARDIOVASCULAR ANTIPILEMICS
PCSKit INHIBITORS
PRALUENT
PULMONARY ARTERIAL HYPERTENSION
§ ENDOTHELIN RECEPTOR ANTAGONISTS
ambrisentan
bosentan
OPSUMIT

§ PHOSPHODIESTERASE INHIBITORS
sildenafil
tadalafil

PROSTACYCLIN RECEPTOR AGONISTS
UPTRAVI
PROSTAGLANDIN VASODILATORS
ORENTRAM

SOLUBLE GUANYLATE CYCLASE STIMULATORS
ADEMPAS

CENTRAL NERVOUS SYSTEM
§ ANTICONVULSANTS
vigabatrin

§ MOVEMENT DISORDERS
tetrazenamine
AUSTEDO
INGREZZA

§ MULTIPLE SCLEROSIS AGENTS
glatiramer
AUBAGIO
BETASERON
COPAXONE
GILENYA
REBIF

§ UREA CYCLE DISORDERS
sodium phenylbutyrate
MISCELLANEOUS
CYSTAGON

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
OVLATION STIMULANTS, GONADOTROPINS GONAL-F
OVIDREL

GAUCHER DISEASE
CERDELGA
CEREZYME
HEREDITARY TYROSINEMIA TYPE 1 AGENTS
ORFADIN

HEMATOLOGIC
HEMATOPOIETIC FACTORS
ARANESP
NEULASTA
NIVESTYM
RETACRIT
UDENYCA

HUMATROPE
RASUVO

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)
HEREDITARY ANGIOEDEMA
FIRAZYR
RUCONEST
TAKHZYRO

IMMUNOSUPPRESSANTS
§ ANTIMETABOLITES
mycophenolate mofetil
mycophenolate sodium
§ CALCINEURIN INHIBITORS
cyclosporine
§ RAPAMYCIN DERIVATIVES
sirolimus

RESPIRATORY
ALPHA-1 ANITRYPSIN 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
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
BARACLUDE SOLUTION
BETASERON
BETHKIS
bexarotene capsule

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<th>PREFERRED OPTION(S)*</th>
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<td>ADCIRCA</td>
<td>aphidial, tadafinyl</td>
<td>EPIVIR HBV</td>
<td>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLAUDE SOLUTION, VEMLIDY</td>
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<tr>
<td>ALPROLIX</td>
<td>Consult doctor</td>
<td>EPOSEN</td>
<td>ARANESP, RETACRIT</td>
</tr>
<tr>
<td>ASTAGRAF XL</td>
<td>tacrolimus</td>
<td>GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3</td>
<td></td>
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<tr>
<td>AVONEX</td>
<td>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI, VUMERITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BARArelude TABLET</td>
<td>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLAUDE SOLUTION, VEMLIDY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BERINERT</td>
<td>FIRAZYR, RUCONEST</td>
<td>FOLLISTIM AQ</td>
<td>GONAL-F</td>
</tr>
<tr>
<td>BUPHENYD</td>
<td>sodium phenylbutyrate</td>
<td>FULPHILA</td>
<td>NEULASTA, UDENYCA</td>
</tr>
<tr>
<td>CELLCPE</td>
<td>mycophenolate mofetil, mycophenolate sodium</td>
<td>GLEEVEC</td>
<td>imatinib mesylate, BOSULIF, SPRYCEL</td>
</tr>
<tr>
<td>CHORIONIC GONADOTROPIN</td>
<td>OVIDREX</td>
<td>GRANIX</td>
<td>NIVESTYM</td>
</tr>
<tr>
<td>COMPLERA</td>
<td>ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRUMEQ</td>
<td>HEPRESA</td>
<td>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLAUDE SOLUTION, VEMLIDY</td>
</tr>
<tr>
<td>DUROLANE</td>
<td>GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3</td>
<td>HYALGAN</td>
<td>GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3</td>
</tr>
<tr>
<td>ELEYSO</td>
<td>CERDELGA, CEREZYME</td>
<td>LILETTA</td>
<td>KYLEENA, MIRENA, SKYLA</td>
</tr>
<tr>
<td>ELOCTATE</td>
<td>ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ</td>
<td>LUPRON DEPOT (For Prostate Cancer Only)</td>
<td>ELIGARD</td>
</tr>
</tbody>
</table>
## TABLE 1 - PREFERRED OPTIONS FOR INDICATION BASED AUTOIMMUNE EXCLUDED MEDICATIONS

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>EXCLUDED DRUG NAME(S)</th>
<th>PREFERRED OPTION(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANKYLOSING SPONDYLITIS</strong></td>
<td>CIMZIA, SIMPONI, TALTZ</td>
<td>COSENTYX, ENBREL, HUMIRA</td>
</tr>
<tr>
<td><strong>CROHN'S DISEASE</strong></td>
<td>CIMZIA, ENTYVIO</td>
<td>HUMIRA STELARA SUBCUTANEOUS #</td>
</tr>
<tr>
<td><strong>PSORIASIS</strong></td>
<td>CIMZIA, COSENTYX, ENBREL</td>
<td>HUMIRA OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS TALTZ TREMFYA</td>
</tr>
<tr>
<td><strong>PSORIATIC ARTHRITIS</strong></td>
<td>CIMZIA, ORENCIA CLICKJECT, ORENCIA INTRAVENOUS, ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR</td>
<td>COSENTYX, ENBREL, HUMIRA OTEZLA</td>
</tr>
</tbody>
</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.
<table>
<thead>
<tr>
<th>CONDITION</th>
<th>EXCLUDED DRUG NAME(S)</th>
<th>PREFERRED OPTION(S)</th>
</tr>
</thead>
<tbody>
<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

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 lower-case 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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