CVS caremark

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 $1,550 for an individual or $3,100 for a family. Until this deductible amount is met, you will pay 100 percent for your prescriptions.

	The Pharmacy at Emory, and Emory Saint Joseph's Apothecary	**CVS/caremark Retail Pharmacy Network** For short-term medications (Up to a 30-day supply)		**Maintenance Choice® CVS/caremark Mail Service Pharmacy or CVS/pharmacy** For long-term medications (Up to a 90-day supply)
Tier Zero* Select generics used to treat diabetes, CHF, high blood pressure, high cholesterol and brand-name and generic smoking deterrents	**$0** for Tier Zero medications	**$0** for Tier Zero medications	**100%** for long-term Tier Zero medications **after refill limit**	**$0** for Tier Zero medications
Generic Medications (Tier 1)**	1-30 days **10% ($25 max)** 61-90 days **10% ($62.50 max)**	**10% ($25 max)** for a generic prescription **before refill limit**	**100%** for a long-term generic prescription **after refill limit**	**10% ($62.50 max)** for a generic prescription
Preferred Brand-Name Medications (Tier 2)***	1-30 days **20% ($75 max)** 61-90 days **20% ($187.50 max)**	**20% ($75 max)** for a preferred brand-name prescription **before refill limit**	**100%** for a long-term preferred brand-name prescription **after refill limit**	**20% ($187.50 max)** for a preferred brand-name prescription
Non-Preferred Brand-Name Medications (Tier 3)	1-30 days **30% ($120 max)** 61-90 days **30% ($300 max)**	**30% ($120 max)** for a non-preferred brand-name prescription **before refill limit**	**100%** for a long-term non-preferred brand-name prescription **after refill limit**	**30% ($300 max)** for a non-preferred brand-name prescription
Lifestyle Drugs	1-30 days **40% ($150 max)** 61-90 days **40% ($375 max)**	**40% ($150 max)** for a lifestyle drug prescription **before refill limit**	**100%** for a long-term lifestyle drug prescription **after refill limit**	**40% ($375 max)** for a lifestyle drug prescription
Refill Limit	None	One initial fill plus one refill for long-term medications	Not Applicable	None
Annual Deductible	$1,550 per individual / $3,100 per family			
Maximum Out-of-Pocket	$3,750 per individual / $7,500 per family			
Web Services	Register at www.caremark.com to access tools that can help you save money and manage your prescription benefit. To register, have your Prescription Card ready.			
Customer Care	Visit www.caremark.com or call toll-free at 1-866-601-6935.			

*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.

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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.

NUBAAG

CVS caremark®

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.

IF YOU WOULD LIKE•	THEN•
To continue with mail service	**You don't have to do anything.** We'll continue to send your medications to your location of choice.
To pick up at CVS/pharmacy	**Please let us know.** You can do so quickly and easily. Choose the option that works best for you: • Register or log into www.caremark.comto select a CVS/pharmacy location for pick up • Visit your local CVS/pharmacy and talk to the pharmacist • Call us toll-free at 1-866-601-6935, and we'll handle the rest
To sign up for mail service for the first time	**You can do so easily online or by phone.** • Visit www.caremark.com/faststart • Call Customer Care at 1-866-601-6935. We'll handle the rest
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.

1051-SUM61_HSA_v1-0914

1051-SML-SUM_71_AD_MOOP-0917

CVS caremark®

October 2023

Drug List for Emory Members

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 prescription drug coverage that is administered by CVS Caremark®. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list the next time you or a covered family member sees a doctor.

Please note:

- Your specific prescription benefit plan design may not cover certain medications, products or categories, regardless of their appearance in this document.
- Your prescription benefit plan design may alter coverage of certain products or vary copay[1] amounts based on the condition being treated.
- For specific information regarding your prescription benefit coverage and copay, please sign in or register on Caremark.com and click Plan Summary on the Plan & Benefits menu.
- When a generic medication that is equivalent to a brand-name drug is released to the market, in most instances, that brand-name drug will be designated as a non-preferred option.

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 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

§ COX-2 INHIBITORS
celecoxib

§ GOUT
allopurinol
colchicine
probenecid

§ NSAIDs
diclofenac sodium
ibuprofen
meloxicam
naproxen

§ NSAIDs, COMBINATIONS
diclofenac sodium-misoprostol

§ NSAIDs, TOPICAL
diclofenac sodium gel 1%
diclofenac sodium solution

§ OPIOID ANALGESICS
buprenorphine transdermal
codeine-acetaminophen
fentanyl transdermal
fentanyl transmucosal lozenge
hydrocodone ext-rel
hydrocodone-acetaminophen
hydromorphone
hydromorphone ext-rel
methadone
morphine
morphine ext-rel
oxycodone
oxycodone-acetaminophen
tramadol
tramadol ext-rel
BELBUCA
NUCYNTA
NUCYNTA ER
XTAMPZA ER

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS
cefdinir
cefprozil
cefuroxime axetil
cephalexin
SUPRAX

§ ERYTHROMYCINS / MACROLIDES
azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins
DIFICID

§ FLUOROQUINOLONES
ciprofloxacin
levofloxacin
moxifloxacin

§ PENICILLINS
amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

§ TETRACYCLINES
doxycycline hyclate
minocycline
tetracycline

§ ANTIFUNGALS
fluconazole
itraconazole
terbinafine tablet

ANTIVIRALS

§ CYTOMEGALOVIRUS AGENTS
valganciclovir

§ HERPES AGENTS
acyclovir capsule, tablet
valacyclovir

§ INFLUENZA AGENTS
oseltamivir
RELENZA

§ MISCELLANEOUS
clindamycin
ivermectin
linezolid
metronidazole
nitrofurantoin
pyrimethamine
sulfamethoxazole-trimethoprim
vancomycin capsule
EMVERM
XIFAXAN 550 MG

ANTINEOPLASTIC AGENTS

§ ANTIMETABOLITES
pemetrexed

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS
bicalutamide

CARDIOVASCULAR

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

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

§ ALDOSTERONE RECEPTOR ANTAGONISTS
spironolactone *

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS
candesartan / candesartan-hydrochlorothiazide *
irbesartan / irbesartan-hydrochlorothiazide *
losartan / losartan-hydrochlorothiazide *
olmesartan / olmesartan-hydrochlorothiazide *
telmisartan / telmisartan-hydrochlorothiazide *
valsartan / valsartan-hydrochlorothiazide *

§ 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
amiodarone
disopyramide *
sotalol *
MULTAQ **

ANTILIPEMICS
ACL INHIBITORS / COMBINATIONS
NEXLETOL **
NEXLIZET **

§ BILE ACID RESINS
cholestyramine *
colesevelam *

§ CHOLESTEROL ABSORPTION INHIBITORS
ezetimibe *

§ FIBRATES
fenofibrate *
fenofibric acid delayed-rel *

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

§ NIACINS
niacin ext-rel *

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

§ BETA-BLOCKERS
atenolol *
carvedilol *
carvedilol phosphate ext-rel *
metoprolol succinate ext-rel *
metoprolol tartrate *
nadolol *
nebivolol *
pindolol *
propranolol *
propranolol ext-rel *

§ CALCIUM CHANNEL BLOCKERS
amlodipine *
diltiazem ext-rel *
nifedipine ext-rel *
verapamil ext-rel *

§ CALCIUM CHANNEL BLOCKER / ANTILIPEMIC COMBINATIONS
amlodipine-atorvastatin *

§ DIGITALIS GLYCOSIDES
digoxin *

§ DIRECT RENIN INHIBITORS / DIURETIC COMBINATIONS
aliskiren *
TEKTURNA HCT **

§ DIURETICS
amiloride *
chlorthalidone *
ethacrynic acid *
furosemide *
hydrochlorothiazide *
metolazone *
spironolactone-hydrochlorothiazide *
torsemide *
triamterene *
triamterene-hydrochlorothiazide *

HEART FAILURE
BIDIL **
CORLANOR **
ENTRESTO **
VERQUVO

§ NITRATES
isosorbide dinitrate *
isosorbide mononitrate *
nitroglycerin lingual spray *
nitroglycerin sublingual *

§ MISCELLANEOUS
ranolazine ext-rel

CENTRAL NERVOUS SYSTEM

ANTIANXIETY
§ BENZODIAZEPINES
alprazolam
clonazepam
diazepam
lorazepam
oxazepam

§ ANTIDEMENTIA
donepezil
galantamine
galantamine ext-rel
memantine
rivastigmine
rivastigmine transdermal
NAMZARIC

ANTIDEPRESSANTS
§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)
citalopram
escitalopram
fluoxetine
paroxetine HCl
paroxetine HCl ext-rel
sertraline
TRINTELLIX
VIIBRYD

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)
desvenlafaxine ext-rel
duloxetine
venlafaxine
venlafaxine ext-rel capsule
FETZIMA

§ MISCELLANEOUS AGENTS
bupropion
bupropion ext-rel
mirtazapine
trazodone

§ ANTIPARKINSONIAN AGENTS
amantadine
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-entacapone
entacapone
pramipexole
pramipexole ext-rel
rasagiline
ropinirole
ropinirole ext-rel
selegiline
NEUPRO
RYTARY

ANTIPSYCHOTICS
§ ATYPICALS
aripiprazole
clozapine
lurasidone
olanzapine
quetiapine
quetiapine ext-rel
risperidone
ziprasidone
ABILIFY MAINTENA
ARISTADA
ARISTADA INITIO
VRAYLAR

§ ANTISEIZURE AGENTS
carbamazepine
carbamazepine ext-rel
clobazam
diazepam rectal gel
divalproex sodium
divalproex sodium ext-rel
ethosuximide
gabapentin
lacosamide
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
primidone
rufinamide
tiagabine
topiramate
valproic acid
zonisamide
FYCOMPA
OXTELLAR XR
TROKENDI XR
XCOPRI

§ ATTENTION DEFICIT HYPERACTIVITY DISORDER
amphetamine-dextroamphetamine mixed salts
amphetamine-dextroamphetamine mixed salts ext-rel
atomoxetine
dexmethylphenidate ext-rel
guanfacine ext-rel
methylphenidate
methylphenidate ext-rel
AZSTARYS
MYDAYIS
QELBREE

§ FIBROMYALGIA
pregabalin
SAVELLA

HYPNOTICS
§ NONBENZODIAZEPINES
eszopiclone
ramelteon
zolpidem
zolpidem ext-rel
zolpidem sublingual
BELSOMRA ****
DAYVIGO ****

§ TRICYCLICS
doxepin

MIGRAINE
§ ERGOTAMINE DERIVATIVES
ergotamine-caffeine

MONOCLONAL ANTIBODIES
AIMOVIG
AJOVY
EMGALITY

§ TRIPTANS
eletriptan
naratriptan
rizatriptan
sumatriptan
zolmitriptan
ONZETRA XSAIL
ZEMBRACE SYMTOUCH

MISCELLANEOUS ORAL AGENTS
NURTEC ODT
QULIPTA
UBRELVY

§ MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine

§ NARCOLEPSY
armodafinil
modafinil
SUNOSI

§ POSTHERPETIC NEURALGIA (PHN)
pregabalin ext-rel
GRALISE

PSYCHOTHERAPEUTIC - MISCELLANEOUS
§ OPIOID ANTAGONISTS
naloxone
KLOXXADO

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

PSEUDOBULBAR AFFECT AGENTS
NUEDEXTA

§ VASOMOTOR SYMPTOM AGENTS
paroxetine mesylate

ENDOCRINE AND METABOLIC

§ ANDROGENS
testosterone gel
testosterone solution
NATESTO

ANTIDIABETICS
AMYLIN ANALOGS
SYMLINPEN **

§ BIGUANIDES
metformin *
metformin ext-rel *

§ BIGUANIDE / SULFONYLUREA COMBINATIONS
glipizide-metformin *

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS
JANUVIA **
TRADJENTA **

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

INCRETIN MIMETIC AGENTS
MOUNJARO **
OZEMPIC **
RYBELSUS **
TRULICITY **
VICTOZA **

INCRETIN MIMETIC AGENT / INSULIN COMBINATIONS
SOLIQUA **
XULTOPHY **

INSULINS
BASAGLAR **
FIASP **
HUMALOG **
HUMALOG MIX **
HUMULIN 70/30 **
HUMULIN N **
HUMULIN R **
HUMULIN R U-500 **
INSULIN ASPART **
INSULIN ASPART 70/30 **
INSULIN LISPRO **
LANTUS **
LEVEMIR **
LYUMJEV **
NOVOLIN 70/30 **
NOVOLIN N **
NOVOLIN R **
NOVOLOG **
NOVOLOG 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
GLYXAMBI **
QTERN **

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

§ SULFONYLUREAS
glimepiride *
glipizide *
glipizide ext-rel *

SUPPLIES
ACCU-CHEK AVIVA 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 *
OMNIPOD 5 INSULIN INFUSION PUMP *
OMNIPOD DASH INSULIN INFUSION PUMP *
OMNIPOD INSULIN INFUSION PUMP *
ONETOUCH ULTRA STRIPS AND KITS *
ONETOUCH VERIO STRIPS AND KITS *
V-GO INSULIN INFUSION PUMP *

ANTIOBESITY

INJECTABLE
SAXENDA
WEGOVY

§ ORAL
orlistat
QSYMIA

CALCIUM REGULATORS

§ BISPHOSPHONATES
alendronate
ibandronate
risedronate

§ CALCITONINS
calcitonin-salmon

§ CARNITINE DEFICIENCY AGENTS
levocarnitine

CONTRACEPTIVES

§ MONOPHASIC
ethinyl estradiol-drospirenone
ethinyl estradiol-drospirenone-levomefolate
ethinyl estradiol-norethindrone acetate
ethinyl estradiol-norethindrone acetate-iron

§ BIPHASIC
LO LOESTRIN FE

§ TRIPHASIC
ethinyl estradiol-norgestimate

FOUR PHASE
NATAZIA

§ EXTENDED CYCLE
ethinyl estradiol-levonorgestrel

§ TRANSDERMAL
ethinyl estradiol-norelgestromin

§ VAGINAL
ethinyl estradiol-etonogestrel
ANNOVERA

DIABETIC KIDNEY DISEASE
KERENDIA

ENDOMETRIOSIS
MYFEMBREE
ORILISSA

§ GLUCOCORTICOIDS
dexamethasone
fludrocortisone
hydrocortisone
methylprednisolone
prednisolone solution
prednisone

§ GLUCOSE ELEVATING AGENTS
glucagon, human recombinant
BAQSIMI
GLUCAGEN HYPOKIT
GVOKE
ZEGALOGUE

MENOPAUSAL SYMPTOM AGENTS

§ ORAL
estradiol
estradiol-norethindrone
DUAVEE
PREMARIN
PREMPHASE
PREMPRO

§ TRANSDERMAL
estradiol
CLIMARA PRO
COMBIPATCH
DIVIGEL
EVAMIST

§ VAGINAL
estradiol
ESTRING
PREMARIN CREAM

§ PHOSPHATE BINDER AGENTS
calcium acetate
lanthanum carbonate
sevelamer carbonate
AURYXIA
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

UTERINE FIBROIDS
MYFEMBREE
ORIAHNN

GASTROINTESTINAL

§ ANTIDIARRHEALS
diphenoxylate-atropine
loperamide

§ ANTIEMETICS
aprepitant
doxylamine-pyridoxine delayed-rel
dronabinol
granisetron
meclizine
metoclopramide
ondansetron
prochlorperazine
promethazine
scopolamine transdermal
trimethobenzamide
SANCUSO
VARUBI

§ ANTISPASMODICS
dicyclomine

§ H_2 RECEPTOR ANTAGONISTS
famotidine

INFLAMMATORY BOWEL DISEASE

§ ORAL AGENTS
balsalazide
budesonide delayed-rel capsule
budesonide ext-rel tablet
mesalamine delayed-rel
mesalamine ext-rel
sulfasalazine
sulfasalazine delayed-rel
PENTASA

§ RECTAL AGENTS
hydrocortisone enema
mesalamine suppository
mesalamine suspension
CORTIFOAM

§ IRRITABLE BOWEL SYNDROME
alosetron
lubiprostone
LINZESS
VIBERZI

§ LAXATIVES
lactulose solution
peg 3350-electrolytes
SUPREP

OPIOID-INDUCED CONSTIPATION
MOVANTIK
SYMPROIC

PANCREATIC ENZYMES
CREON
VIOKACE
ZENPEP

§ PROTON PUMP INHIBITORS
esomeprazole delayed-rel
lansoprazole delayed-rel
omeprazole delayed-rel
pantoprazole delayed-rel

§ STEROIDS, RECTAL
PROCTOFOAM-HC

§ ULCER THERAPY COMBINATIONS
PYLERA
TALICIA

§ MISCELLANEOUS
sucralfate

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA
alfuzosin ext-rel
doxazosin *
dutasteride
dutasteride-tamsulosin
finasteride
silodosin
tamsulosin
terazosin *

ERECTILE DYSFUNCTION
ALPROSTADIL AGENTS
MUSE ****

§ PHOSPHODIESTERASE INHIBITORS
sildenafil
tadalafil

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

HEMATOLOGIC

ANTICOAGULANTS
§ INJECTABLE
enoxaparin

§ ORAL
warfarin
ELIQUIS
XARELTO

§ SYNTHETIC HEPARINOID-LIKE AGENTS
fondaparinux

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

SICKLE CELL DISEASE
SIKLOS

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS
GRASTEK
RAGWITEK

NUTRITIONAL / SUPPLEMENTS

§ ELECTROLYTES
potassium chloride liquid

VITAMINS AND MINERALS
§ PRENATAL VITAMINS
prenatal vitamins

RESPIRATORY

§ ANAPHYLAXIS TREATMENT AGENTS
epinephrine
AUVI-Q
EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS
ipratropium inhalation solution
ATROVENT HFA
INCRUSE ELLIPTA
SPIRIVA
YUPELRI

ANTICHOLINERGIC / BETA AGONIST COMBINATIONS
§ SHORT ACTING
ipratropium-albuterol inhalation solution

LONG ACTING
ANORO ELLIPTA
BEVESPI AEROSPHERE
STIOLTO RESPIMAT

ANTICHOLINERGIC / BETA AGONIST / STEROID INHALANT COMBINATIONS
BREZTRI AEROSPHERE
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
SEREVENT
STRIVERDI RESPIMAT

§ Nebulized Passive Inhalation
formoterol inhalation solution

§ LEUKOTRIENE MODULATORS
montelukast
zafirlukast
zileuton ext-rel

§ NASAL ANTIHISTAMINES
azelastine
olopatadine

§ NASAL STEROIDS / COMBINATIONS
azelastine-fluticasone
flunisolide
fluticasone
mometasone

§ PHOSPHODIESTERASE-4 INHIBITORS
roflumilast

STEROID / BETA AGONIST COMBINATIONS
ADVAIR DISKUS
ADVAIR HFA
BREO ELLIPTA
SYMBICORT

§ STEROID INHALANTS
budesonide inhalation suspension
ARNUITY ELLIPTA
FLOVENT DISKUS
FLOVENT HFA
PULMICORT FLEXHALER
QVAR REDIHALER

TOPICAL

DERMATOLOGY
ACNE
§ Oral
ABSORICA

§ Topical
adapalene
benzoyl peroxide
clindamycin gel, solution
clindamycin-benzoyl peroxide
erythromycin solution
erythromycin-benzoyl peroxide
tretinoin
AKLIEF
ARAZLO
EPIDUO
ONEXTON
TWYNEO
WINLEVI

§ ACTINIC KERATOSIS
fluorouracil cream 5%
fluorouracil solution
imiquimod
ZYCLARA

§ ANTIBIOTICS
gentamicin
mupirocin ointment

§ ANTIFUNGALS
ciclopirox
clotrimazole
econazole
ketoconazole
luliconazole
nystatin
NAFTIN

§ ANTIPSORIATICS
acitretin
calcipotriene
calcipotriene-betamethasone
methoxsalen
DUOBRII
ENSTILAR
VTAMA
ZORYVE

§ ANTISEBORRHEICS
ketoconazole shampoo 2%
selenium sulfide lotion 2.5%

§ ATOPIC DERMATITIS
pimecrolimus
tacrolimus
EUCRISA

CORTICOSTEROIDS
§ Low Potency
desonide
hydrocortisone

§ Medium Potency
hydrocortisone butyrate
mometasone
triamcinolone

§ High Potency
desoximetasone
fluocinonide
BRYHALI

§ Very High Potency
clobetasol cream, foam, gel, lotion, ointment, shampoo
halobetasol cream, ointment

§ LOCAL ANALGESICS
lidocaine patch

§ ROSACEA
azelaic acid gel
brimonidine gel
doxycycline monohydrate delayed-rel capsule
metronidazole
FINACEA FOAM
RHOFADE
SOOLANTRA

MOUTH / THROAT / DENTAL AGENTS
PROTECTANTS
EPISIL

OPHTHALMIC
§ ANTIALLERGICS
azelastine
bepotastine
cromolyn sodium
olopatadine
LASTACAFT
ZERVIATE

§ ANTI-INFECTIVES
ciprofloxacin
erythromycin
gentamicin
levofloxacin
moxifloxacin
ofloxacin
sulfacetamide
tobramycin
BESIVANCE
CILOXAN OINTMENT

§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS
neomycin-polymyxin B-bacitracin-hydrocortisone
neomycin-polymyxin B-dexamethasone
tobramycin-dexamethasone
TOBRADEX OINTMENT
TOBRADEX ST

ANTI-INFLAMMATORIES
§ Nonsteroidal
bromfenac
diclofenac
ketorolac
ACUVAIL
ILEVRO
NEVANAC

§ Steroidal
dexamethasone
difluprednate
loteprednol
prednisolone acetate 1%
FML FORTE
MAXIDEX
PRED MILD

§ ANTIVIRALS
trifluridine

BETA-BLOCKERS
§ Nonselective
timolol maleate solution
BETIMOL

Selective
BETOPTIC S

§ CARBONIC ANHYDRASE INHIBITORS
brinzolamide
dorzolamide

§ CARBONIC ANHYDRASE INHIBITOR / BETA-BLOCKER COMBINATIONS
dorzolamide-timolol

CARBONIC ANHYDRASE INHIBITOR / SYMPATHOMIMETIC COMBINATIONS
SIMBRINZA

DRY EYE DISEASE

RESTASIS
XIIDRA

§ PROSTAGLANDINS

latanoprost
travoprost
LUMIGAN
ZIOPTAN

RHO KINASE INHIBITORS

RHOPRESSA

RHO KINASE INHIBITOR / PROSTAGLANDIN COMBINATIONS

ROCKLATAN

§ SYMPATHOMIMETICS

brimonidine solution
ALPHAGAN P

§ SYMPATHOMIMETIC / BETA-BLOCKER COMBINATIONS

brimonidine-timolol

OTIC

§ ANTI-INFECTIVES

acetic acid
ofloxacin otic

§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS

ciprofloxacin-dexamethasone
neomycin-polymyxin B-hydrocortisone

PREFERRED OPTIONS LIST

DRUG NAME(S)	PREFERRED OPTION(S)†
ABILIFY	*aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone,* VRAYLAR
ACTOS ***	*pioglitazone* *
ADDERALL XR	*amphetamine-dextroamphetamine mixed salts ext-rel, dexmethylphenidate ext-rel, methylphenidate ext-rel,* AZSTARYS, MYDAYIS
ALLISON MEDICAL INSULIN SYRINGES *	BD ULTRAFINE INSULIN SYRINGES *
ALORA	*estradiol*, DIVIGEL, EVAMIST
ALTOPREV ***	*atorvastatin* *, *ezetimibe-simvastatin* *, *fluvastatin* *, *lovastatin* *, *pravastatin* *, *rosuvastatin* *, *simvastatin* *
AMRIX	*cyclobenzaprine*
ANDROGEL 1%	*testosterone gel*, *testosterone solution,* NATESTO
ANGELIQ	*estradiol-norethindrone*, PREMPHASE, PREMPRO
APEXICON E	*desoximetasone, fluocinonide*, BRYHALI
APIDRA **	FIASP **, HUMALOG **, INSULIN LISPRO **, NOVOLOG **
ARMOUR THYROID	*levothyroxine*, *liothyronine,* SYNTHROID
ARTHROTEC	*celecoxib; diclofenac sodium, ibuprofen, meloxicam* or *naproxen* **WITH** *esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel,* or *pantoprazole delayed-rel*
ASACOL HD	*balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel,* PENTASA
ASCENSIA STRIPS AND KITS *	ACCU-CHEK AVIVA 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 *
ATACAND ***, ATACAND HCT ***	*candesartan* *, *candesartan-hydrochlorothiazide* *, *irbesartan* *, *irbesartan-hydrochlorothiazide* *, *losartan* *, *losartan-hydrochlorothiazide* *, *olmesartan* *, *olmesartan-hydrochlorothiazide* *, *telmisartan* *, *telmisartan-hydrochlorothiazide* *, *valsartan* *, *valsartan-hydrochlorothiazide* *
AZELEX	*adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin,* AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
BECONASE AQ	*azelastine-fluticasone, flunisolide, fluticasone*, *mometasone*
BENSAL HP	*desonide, hydrocortisone*
BENZAC AC	*adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin,* AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
BETAPACE ***, BETAPACE AF ***	*sotalol* *
BREEZE 2 STRIPS AND KITS *	ACCU-CHEK AVIVA 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 *
BYDUREON BCISE ***	MOUNJARO **, OZEMPIC **, RYBELSUS **, TRULICITY **, VICTOZA **
BYETTA ***	MOUNJARO **, OZEMPIC **, RYBELSUS **, TRULICITY **, VICTOZA **
CAFERGOT	*eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan,* NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH
CARAC	*fluorouracil cream 5%, fluorouracil solution, imiquimod,* ZYCLARA
CARDIZEM ***, CARDIZEM CD ***, CARDIZEM LA ***	*diltiazem ext-rel* *
CARNITOR, CARNITOR SF	*levocarnitine*
CLINDAGEL	*adapalene, benzoyl peroxide, clindamycin gel, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin,* AKLIEF, ARAZLO, EPIDUO, ONEXTON, TWYNEO, WINLEVI
CLOBEX SPRAY	*clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment*
COLAZAL	*balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel,* PENTASA
CONTOUR NEXT STRIPS AND KITS *	ACCU-CHEK AVIVA 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 *
CONTOUR STRIPS AND KITS *	ACCU-CHEK AVIVA 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 *
CRESTOR ***	*atorvastatin* *, *ezetimibe-simvastatin* *, *fluvastatin* *, *lovastatin* *, *pravastatin* *, *rosuvastatin* *, *simvastatin* *
CYMBALTA	*desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule,* FETZIMA
DELZICOL	*balsalazide, mesalamine delayed-rel, mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel,* PENTASA
DETROL LA	*darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel,* MYRBETRIQ

DRUG NAME(S)	PREFERRED OPTION(S)†
DIOVAN ***, DIOVAN HCT ***	*candesartan* *, *candesartan-hydrochlorothiazide* *, *irbesartan* *, *irbesartan-hydrochlorothiazide* *, *losartan* *, *losartan-hydrochlorothiazide* *, *olmesartan* *, *olmesartan-hydrochlorothiazide* *, *telmisartan* *, *telmisartan-hydrochlorothiazide* *, *valsartan* *, *valsartan-hydrochlorothiazide* *
DORAL ****	*doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual,* BELSOMRA ****, DAYVIGO ****
DYRENIUM ***	*amiloride* *, *triamterene* *
EDARBI ***, EDARBYCLOR ***	*candesartan* *, *candesartan-hydrochlorothiazide* *, *irbesartan* *, *irbesartan-hydrochlorothiazide* *, *losartan* *, *losartan-hydrochlorothiazide* *, *olmesartan* *, *olmesartan-hydrochlorothiazide* *, *telmisartan* *, *telmisartan-hydrochlorothiazide* *, *valsartan* *, *valsartan-hydrochlorothiazide* *
EDLUAR ****	*doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual,* BELSOMRA ****, DAYVIGO ****
E.E.S. GRANULES	*erythromycins*
ERYPED	*erythromycins*
EXFORGE ***	*amlodipine-olmesartan* *, *amlodipine-telmisartan* *, *amlodipine-valsartan* *
EXFORGE HCT ***	*amlodipine-valsartan-hydrochlorothiazide* *, *olmesartan-amlodipine-hydrochlorothiazide* *
FANAPT	*aripiprazole, clozapine, lurasidone, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone,* VRAYLAR
FEMRING	*estradiol,* ESTRING, PREMARIN CREAM
FIORICET CAPSULE	*diclofenac sodium, ibuprofen, naproxen*
FML LIQUIFILM	*dexamethasone, difluprednate, loteprednol, prednisolone acetate 1%,* FML FORTE, MAXIDEX, PRED MILD
FORTAMET ***	*metformin* *, *metformin ext-rel* *
FORTESTA	*testosterone gel, testosterone solution,* NATESTO
FOSAMAX PLUS D	*alendronate, ibandronate, risedronate*
FOSRENOL	*calcium acetate, lanthanum carbonate, sevelamer carbonate*, AURYXIA, VELPHORO
FREESTYLE STRIPS AND KITS *	ACCU-CHEK AVIVA 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 *
FROVA	*eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan*, NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH
GELNIQUE	*darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel,* MYRBETRIQ
GLUMETZA ***	*metformin* *, *metformin ext-rel* *
INDOCIN	*diclofenac sodium, ibuprofen, meloxicam, naproxen*
INNOPRAN XL ***	*atenolol* *, *carvedilol* *, *carvedilol phosphate ext-rel* *, *metoprolol succinate ext-rel* *, *metoprolol tartrate* *, *nadolol* *, *nebivolol* *, *pindolol* *, *propranolol* *, *propranolol ext-rel* *
INTUNIV	*amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, dexmethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel,* AZSTARYS, MYDAYIS, QELBREE
ISTALOL	*timolol maleate solution*, BETIMOL, BETOPTIC S
JALYN	*dutasteride-tamsulosin; dutasteride* or *finasteride* **WITH** *alfuzosin ext-rel, doxazosin, silodosin, tamsulosin* or *terazosin*
KAZANO ***	JANUMET **, JANUMET XR **, JENTADUETO **, JENTADUETO XR **
KOMBIGLYZE XR ***	JANUMET **, JANUMET XR **, JENTADUETO **, JENTADUETO XR **
LANOXIN TABLET (125 MCG and 250 MCG only) ***	*digoxin* *
LESCOL XL ***	*atorvastatin* *, *ezetimibe-simvastatin* *, *fluvastatin* *, *lovastatin* *, *pravastatin* *, *rosuvastatin* *, *simvastatin* *
LIPITOR ***	*atorvastatin* *, *ezetimibe-simvastatin* *, *fluvastatin* *, *lovastatin* *, *pravastatin* *, *rosuvastatin* *, *simvastatin* *
LIVALO ***	*atorvastatin* *, *ezetimibe-simvastatin* *, *fluvastatin* *, *lovastatin* *, *pravastatin* *, *rosuvastatin* *, *simvastatin* *
LUNESTA ****	*doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel, zolpidem sublingual,* BELSOMRA ****, DAYVIGO ****
MACRODANTIN	*nitrofurantoin*
MENEST	*estradiol*, PREMARIN
MENOSTAR	*estradiol*
MIACALCIN INJECTION	*alendronate, calcitonin-salmon, ibandronate, risedronate,* FORTEO
MICARDIS ***, MICARDIS HCT ***	*candesartan* *, *candesartan-hydrochlorothiazide* *, *irbesartan* *, *irbesartan-hydrochlorothiazide* *, *losartan* *, *losartan-hydrochlorothiazide* *, *olmesartan* *, *olmesartan-hydrochlorothiazide* *, *telmisartan* *, *telmisartan-hydrochlorothiazide* *, *valsartan* *, *valsartan-hydrochlorothiazide* *
Millipred	*dexamethasone, hydrocortisone, methylprednisolone, prednisolone solution, prednisone*
NAPRELAN	*diclofenac sodium, ibuprofen, meloxicam, naproxen*
NESINA ***	JANUVIA **, TRADJENTA **
NEXIUM	*esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel*
NILANDRON	*abiraterone, bicalutamide,* ERLEADA, XTANDI, YONSA
NORITATE	*azelaic acid gel, brimonidine gel, metronidazole*, FINACEA FOAM, RHOFADE, SOOLANTRA
NORVASC ***	*amlodipine* *
NOVO NORDISK NEEDLES *	BD ULTRAFINE NEEDLES *
OLUX-E	*clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment*
OMNARIS	*azelastine-fluticasone, flunisolide, fluticasone, mometasone*
ONGLYZA ***	JANUVIA **, TRADJENTA **
OSENI ***	JANUMET **, JANUMET XR **, JENTADUETO **, JENTADUETO XR **; JANUVIA ** or TRADJENTA ** **WITH** *pioglitazone* *
OWEN MUMFORD NEEDLES *	BD ULTRAFINE NEEDLES *
OXYTROL	*darifenacin ext-rel, fesoterodine ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel,* MYRBETRIQ
PANCREAZE	CREON, VIOKACE, ZENPEP
PENNSAID	*diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam,*

DRUG NAME(S)	PREFERRED OPTION(S)†
	naproxen
PERRIGO NEEDLES *	BD ULTRAFINE NEEDLES *
PERTZYE	CREON, VIOKACE, ZENPEP
PEXEVA	*citalopram*, *escitalopram*, *fluoxetine*, *paroxetine HCl*, *paroxetine HCl ext-rel*, *sertraline*, TRINTELLIX, VIIBRYD
PLAVIX	*clopidogrel*, *prasugrel*, BRILINTA
PRADAXA	*warfarin*, ELIQUIS, XARELTO
PRECISION XTRA STRIPS AND KITS *	ACCU-CHEK AVIVA 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 *
PRED FORTE	*dexamethasone*, *difluprednate*, *loteprednol*, *prednisolone acetate 1%*, FML FORTE, MAXIDEX, PRED MILD
PREFEST	*estradiol-norethindrone*, PREMPHASE, PREMPRO
PRENATAL PLUS	*generic prenatal vitamins*
PREVACID	*esomeprazole delayed-rel*, *lansoprazole delayed-rel*, *omeprazole delayed-rel*, *pantoprazole delayed-rel*
PROTONIX	*esomeprazole delayed-rel*, *lansoprazole delayed-rel*, *omeprazole delayed-rel*, *pantoprazole delayed-rel*
PROTOPIC	*pimecrolimus*, *tacrolimus*, EUCRISA
PROVENTIL HFA	*albuterol sulfate CFC-free aerosol*, *levalbuterol tartrate CFC-free aerosol*
QNASL	*azelastine-fluticasone*, *flunisolide*, *fluticasone*, *mometasone*
RAYOS	*dexamethasone*, *hydrocortisone*, *methylprednisolone*, *prednisolone solution*, *prednisone*
RELION INSULIN **	HUMULIN INSULIN **, NOVOLIN INSULIN **
RELISTOR	*lubiprostone*, MOVANTIK, SYMPROIC
RIMSO-50	Talk to your doctor
RIOMET ***	*metformin* *, *metformin ext-rel* *
ROZEREM ****	*doxepin*, *eszopiclone*, *ramelteon*, *zolpidem*, *zolpidem ext-rel*, *zolpidem sublingual*, BELSOMRA ****, DAYVIGO ****
SURE-TEST STRIPS AND KITS *	ACCU-CHEK AVIVA 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 *
TESTIM	*testosterone gel*, *testosterone solution*, NATESTO
TRICOR ***	*fenofibrate* *, *fenofibric acid delayed-rel* *
TRILIPIX ***	*fenofibrate* *, *fenofibric acid delayed-rel* *
TRIVIDIA INSULIN SYRINGES *	BD ULTRAFINE INSULIN SYRINGES *
TRUETEST STRIPS AND KITS *	ACCU-CHEK AVIVA 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 *
TRUETRACK STRIPS AND KITS *	ACCU-CHEK AVIVA 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 *
ULTIMED INSULIN SYRINGES *	BD ULTRAFINE INSULIN SYRINGES *
ULTIMED NEEDLES *	BD ULTRAFINE NEEDLES *
UROXATRAL	*alfuzosin ext-rel*, *doxazosin*, *silodosin*, *tamsulosin*, *terazosin*
VALCYTE	*valganciclovir*
VALTREX	*acyclovir capsule*, *acyclovir tablet*, *valacyclovir*
VENTOLIN HFA	*albuterol sulfate CFC-free aerosol*, *levalbuterol tartrate CFC-free aerosol*
VIAGRA	*sildenafil*, *tadalafil*
VITAFOL-ONE	*generic prenatal vitamins*
VOGELXO	*testosterone gel*, *testosterone solution*, NATESTO
XOPENEX HFA	*albuterol sulfate CFC-free aerosol*, *levalbuterol tartrate CFC-free aerosol*
ZEGERID	*esomeprazole delayed-rel*, *lansoprazole delayed-rel*, *omeprazole delayed-rel*, *pantoprazole delayed-rel*
ZETONNA	*azelastine-fluticasone*, *flunisolide*, *fluticasone*, *mometasone*
ZONEGRAN	*carbamazepine*, *carbamazepine ext-rel*, *divalproex sodium*, *divalproex sodium ext-rel*, *gabapentin*, *lacosamide*, *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, XCOPRI
ZYFLO	*montelukast*, *zafirlukast*, *zileuton ext-rel*

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.

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.

Medications Requiring Prior Authorization for Basic Control

Below is a list of medicines by drug class that will not be covered without prior authorization. If you continue using one of these drugs without prior approval, you may be required to pay the full cost.

If you are currently using one of the drugs requiring prior authorization, ask your doctor to choose one of the generic or brand formulary options listed below.

Category **Drug Class**	**Drug(s) Requiring Prior Authorization***	**Preferred Option(s) †**
Asthma **Steroid Inhalants**	ALVESCO ASMANEX PULMICORT RESPULES	*budesonide inhalation suspension,* ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
Chronic Obstructive Pulmonary Disease (COPD) **Anticholinergics**	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
Diabetes **Dipeptidyl Peptidase-4 (DPP-4) Inhibitors**	NESINA ONGLYZA	JANUVIA, TRADJENTA
Diabetes **Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations**	KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
	OSENI	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR; JANUVIA or TRADJENTA **WITH** *pioglitazone*
Diabetes **Injectable Incretin Mimetics**	BYDUREON BYDUREON BCISE BYETTA	MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY, VICTOZA
Diabetes **Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors**	STEGLATRO	FARXIGA, INVOKANA, JARDIANCE
Diabetes **Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations**	SEGLUROMET	INVOKAMET, INVOKAMET XR, SYNJARDY, SYNJARDY XR, XIGDUO XR
Diabetes **Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations**	STEGLUJAN	GLYXAMBI, QTERN, TRIJARDY XR
Diabetes **Test Strips and Kits**	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not	ACCU-CHEK AVIVA 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

Category Drug Class	Drug(s) Requiring Prior Authorization*	Preferred Option(s) †
	ACCU-CHEK or ONETOUCH brand	
Gastrointestinal Irritable Bowel Syndrome with Constipation / Chronic Idiopathic Constipation	AMITIZA MOTEGRITY TRULANCE	*lubiprostone,* LINZESS
Hematologic Anticoagulants Oral	PRADAXA SAVAYSA	*warfarin*, ELIQUIS, XARELTO
Osteoarthritis Viscosupplements	GEL-ONE GENVISC 850 HYALGAN HYMOVIS MONOVISC ORTHOVISC SODIUM HYALURONATE SYNOJOYNT SYNVISC SYNVISC-ONE TRILURON TRIVISC VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX

Category Drug Class	Other Considerations
All Drugs	On a quarterly basis, new and existing products - including limited source generics, products with significant cost inflation, and specialty and non-specialty products - may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in additional products not covered without a medical exception, addition or deletion of a product.

The listed formulary options are subject to change.

There may be additional drugs subject to prior authorization or other plan design restrictions. Please consult your plan for further information.

This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug options. Log in to **Caremark.com** to check coverage and copay information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change.

Subject to applicable laws and regulations.

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

* If your doctor believes you have a specific clinical need for one of these products, they should contact the Prior Authorization department at 1-877-817-0490.

October 2023

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 prescription drug coverage that is administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list the next time you or a covered family member sees a doctor.

Please note:

- Your specific prescription benefit plan design may not cover certain medications, products or categories, regardless of their appearance in this document. Medications and 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[1] amounts based on the condition being treated.
- You may be responsible for the full cost of medications and products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and copay, please sign in or register on Caremark.com and click Plan Summary on the Plan & Benefits menu.
- When a generic medication that is equivalent to a brand-name drug is released to the market, in most instances, that brand-name drug will be designated as a non-preferred option.

HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by CVS Caremark. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is necessary, consider prescribing a brand name on this list.

Please note:

- Generics should be considered the first line of prescribing.
- The member's prescription benefit plan design may alter coverage of certain products or vary copay amounts based on the condition being treated.
- This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. The member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the FDA may not be covered upon release to the market.
- The member's prescription benefit plan may have a different copay for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to Caremark.com to check coverage and copay information for a specific medicine.

ANALGESICS

VISCOSUPPLEMENTS

DUROLANE
EUFLEXXA
GELSYN-3
SUPARTZ FX

ANTI-INFECTIVES

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

abacavir-lamivudine
efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
emtricitabine-tenofovir disoproxil fumarate
lamivudine-zidovudine
BIKTARVY
CIMDUO
DESCOVY
DOVATO
EVOTAZ
GENVOYA
ODEFSEY
PREZCOBIX
SYMTUZA
TRIUMEQ

§ FUSION INHIBITORS

maraviroc
FUZEON

INTEGRASE INHIBITORS

ISENTRESS
TIVICAY

§ NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

efavirenz
nevirapine
nevirapine ext-rel
EDURANT
INTELENCE

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

abacavir
lamivudine
stavudine
zidovudine
EMTRIVA

§ NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS

tenofovir disoproxil fumarate

§ PROTEASE INHIBITORS

atazanavir
lopinavir-ritonavir
NORVIR
PREZISTA

ANTIVIRALS

§ HEPATITIS B AGENTS

entecavir
lamivudine
tenofovir disoproxil fumarate

§ HEPATITIS C AGENTS

ribavirin
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)
HARVONI (genotypes 1, 4, 5, 6)
VOSEVI [2]

ANTINEOPLASTIC AGENTS

§ ALKYLATING AGENTS

temozolomide

§ ANTIMETABOLITES

capecitabine
LONSURF

BIOSIMILARS

KANJINTI
RUXIENCE
TRAZIMERA
ZIRABEV

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS

abiraterone
ERLEADA
NUBEQA
XTANDI
YONSA

§ KINASE INHIBITORS

erlotinib
everolimus
imatinib mesylate
lapatinib
sunitinib
ALECENSA
ALUNBRIG
BOSULIF
BRAFTOVI
BRUKINSA
CABOMETYX
CALQUENCE
COPIKTRA
COTELLIC
GAVRETO
IBRANCE
IMBRUVICA
INLYTA
IRESSA
KISQALI
KISQALI FEMARA CO-PACK
KOSELUGO
LENVIMA
MEKTOVI
NEXAVAR
RETEVMO
ROZLYTREK

RYDAPT
SPRYCEL
STIVARGA
TAGRISSO
VITRAKVI
XOSPATA
ZELBORAF
ZYDELIG
ZYKADIA

MONOCLONAL ANTIBODIES
PERJETA
PHESGO

MULTIPLE MYELOMA
IMMUNOMODULATORS
REVLIMID
THALOMID

§ PROTEASOME INHIBITORS
bortezomib
NINLARO

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

§ MISCELLANEOUS
bexarotene
ERIVEDGE
LYNPARZA
LYSODREN
MATULANE
ODOMZO
VISTOGARD
ZEJULA
ZOLINZA

CARDIOVASCULAR

ANTILIPEMICS
PCSK9 INHIBITORS
REPATHA

PULMONARY ARTERIAL HYPERTENSION
§ ENDOTHELIN RECEPTOR ANTAGONISTS
ambrisentan
bosentan
OPSUMIT

§ PHOSPHODIESTERASE INHIBITORS
sildenafil
tadalafil

PROSTACYCLIN RECEPTOR AGONISTS
UPTRAVI

§ PROSTAGLANDIN VASODILATORS
treprostinil
ORENITRAM

SOLUBLE GUANYLATE CYCLASE STIMULATORS
ADEMPAS

CENTRAL NERVOUS SYSTEM

ANTIPARKINSONIAN AGENTS
INBRIJA
KYNMOBI

§ ANTISEIZURE AGENTS
vigabatrin

§ MOVEMENT DISORDERS
tetrabenazine
AUSTEDO
AUSTEDO XR
INGREZZA

§ MULTIPLE SCLEROSIS AGENTS
dimethyl fumarate delayed-rel
fingolimod
glatiramer
teriflunomide
AVONEX
BETASERON
COPAXONE
KESIMPTA
MAYZENT
OCREVUS
REBIF
TYSABRI
VUMERITY
ZEPOSIA

NARCOLEPSY
WAKIX
XYWAV

ENDOCRINE AND METABOLIC

ACROMEGALY
SOMATULINE DEPOT

§ CALCIUM RECEPTOR AGONISTS
cinacalcet

CALCIUM REGULATORS
PARATHYROID HORMONES
FORTEO
TYMLOS

MISCELLANEOUS
PROLIA

CENTRAL PRECOCIOUS PUBERTY
FENSOLVI
LUPRON DEPOT-PED
SUPPRELIN LA
TRIPTODUR

CONTRACEPTIVES
PROGESTIN INTRAUTERINE DEVICES
KYLEENA
MIRENA
SKYLA

FERTILITY REGULATORS
GNRH / LHRH ANTAGONISTS
CETROTIDE

OVULATION STIMULANTS, GONADOTROPINS
GONAL-F
MENOPUR
OVIDREL

GAUCHER DISEASE
CERDELGA
CEREZYME

HEREDITARY TYROSINEMIA TYPE 1 AGENTS
ORFADIN

HUMAN GROWTH HORMONES
GENOTROPIN
NORDITROPIN

§ PHENYLKETONURIA TREATMENT AGENTS
sapropterin

POLYNEUROPATHY
TEGSEDI

§ UREA CYCLE DISORDERS
sodium phenylbutyrate

§ MISCELLANEOUS
betaine
carglumic acid
CYSTAGON

GENITOURINARY

§ MISCELLANEOUS
tiopronin

HEMATOLOGIC

§ CHELATING AGENTS
deferasirox
deferiprone
deferoxamine
penicillamine
trientine

HEMATOPOIETIC GROWTH FACTORS
ARANESP
NIVESTYM
PROCRIT
RETACRIT
ZIEXTENZO

HEMOPHILIA A AGENTS
ADVATE
ADYNOVATE
AFSTYLA
ELOCTATE
ESPEROCT
JIVI
KOGENATE FS
KOVALTRY
NOVOEIGHT
NUWIQ
XYNTHA

HEMOPHILIA B AGENTS
ALPROLIX
REBINYN

MISCELLANEOUS BLEEDING DISORDERS AGENTS
NOVOSEVEN RT
SEVENFACT

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS
EMPAVELI

SICKLE CELL DISEASE
ENDARI

THROMBOCYTOPENIA AGENTS
DOPTELET
PROMACTA
TAVALISSE

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS
ORALAIR

AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)
ILUMYA
REMICADE
SIMPONI ARIA
SKYRIZI INTRAVENOUS
STELARA INTRAVENOUS

AUTOIMMUNE AGENTS (SELF-ADMINISTERED)
See Table 1 for Indication Based Coverage Details

ANKYLOSING SPONDYLITIS
COSENTYX
ENBREL
HUMIRA
RINVOQ

CROHN'S DISEASE
HUMIRA
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS

NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS
CIMZIA PREFILLED SYRINGE
COSENTYX
RINVOQ

PSORIASIS
HUMIRA
OTEZLA
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS
TALTZ
TREMFYA

PSORIATIC ARTHRITIS
COSENTYX
ENBREL
HUMIRA
OTEZLA
RINVOQ
SKYRIZI SUBCUTANEOUS
STELARA SUBCUTANEOUS
TREMFYA

RHEUMATOID ARTHRITIS
ENBREL
HUMIRA
KEVZARA
ORENCIA CLICKJECT
ORENCIA SUBCUTANEOUS
RINVOQ
XELJANZ
XELJANZ XR

ULCERATIVE COLITIS
HUMIRA
RINVOQ
STELARA SUBCUTANEOUS
XELJANZ
XELJANZ XR
ZEPOSIA

ALL OTHER CONDITIONS
ENBREL
HUMIRA

DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)
RASUVO

§ HEREDITARY ANGIOEDEMA
icatibant
ORLADEYO
RUCONEST
TAKHZYRO

IMMUNOMODULATORS
IMMUNE GLOBULINS
CUTAQUIG

MISCELLANEOUS
ILARIS

IMMUNOSUPPRESSANTS

§ ANTIMETABOLITES

mycophenolate mofetil
mycophenolate sodium

§ CALCINEURIN INHIBITORS

cyclosporine
cyclosporine, modified
tacrolimus

MONOCLONAL ANTIBODIES

ENSPRYNG

§ RAPAMYCIN DERIVATIVES

everolimus
sirolimus

RESPIRATORY

ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS

PROLASTIN-C
ZEMAIRA

§ CYSTIC FIBROSIS

tobramycin inhalation solution

§ PULMONARY FIBROSIS AGENTS

pirfenidone
OFEV

SEVERE ASTHMA AGENTS

DUPIXENT
FASENRA
NUCALA (*except lyophilized powder*)
TEZSPIRE
XOLAIR

TOPICAL

DERMATOLOGY

ATOPIC DERMATITIS

Injectable

ADBRY
DUPIXENT

Oral

CIBINQO
RINVOQ

MOUTH / THROAT / DENTAL AGENTS

PROTECTANTS

MUGARD

OPHTHALMIC

RETINAL DISORDERS

EYLEA
LUCENTIS

QUICK REFERENCE DRUG LIST

A

abacavir
abacavir-lamivudine
abiraterone
ADBRY
ADEMPAS
ADVATE
ADYNOVATE
AFSTYLA
ALECENSA
ALPROLIX
ALUNBRIG
ambrisentan
ARANESP
atazanavir
AUSTEDO
AUSTEDO XR
AVONEX

B

betaine
BETASERON
bexarotene
BIKTARVY
bortezomib
bosentan
BOSULIF
BRAFTOVI
BRUKINSA

C

CABOMETYX
CALQUENCE
capecitabine
carglumic acid
CERDELGA
CEREZYME
CETROTIDE
CIBINQO
CIMDUO
CIMZIA PREFILLED SYRINGE
cinacalcet
COPAXONE
COPIKTRA
COSENTYX
COTELLIC
CUTAQUIG
cyclosporine
cyclosporine, modified
CYSTAGON

D

deferasirox
deferiprone
deferoxamine
DESCOVY
dimethyl fumarate delayed-rel
DOPTELET
DOVATO
DUPIXENT
DUROLANE

E

EDURANT
efavirenz
efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
ELIGARD
ELOCTATE
EMPAVELI
emtricitabine-tenofovir disoproxil fumarate
EMTRIVA
ENBREL
ENDARI
ENSPRYNG
entecavir
EPCLUSA
ERIVEDGE
ERLEADA
erlotinib
ESPEROCT
EUFLEXXA
everolimus
EVOTAZ
EYLEA

F

FASENRA
FENSOLVI
fingolimod
FORTEO
FUZEON

G

GAVRETO
GELSYN-3
GENOTROPIN
GENVOYA
glatiramer
GONAL-F

H

HARVONI
HUMIRA

I

IBRANCE
icatibant
ILARIS
ILUMYA
imatinib mesylate
IMBRUVICA
INBRIJA
INGREZZA
INLYTA
INTELENCE
IRESSA
ISENTRESS

J

JIVI

K

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

L

lamivudine
lamivudine-zidovudine
lapatinib
LENVIMA
leuprolide acetate
LONSURF
lopinavir-ritonavir
LUCENTIS
LUPRON DEPOT-PED
LYNPARZA
LYSODREN

M

maraviroc
MATULANE
MAYZENT
MEKTOVI
MENOPUR
MIRENA
MUGARD
mycophenolate mofetil
mycophenolate sodium

N

nevirapine
nevirapine ext-rel
NEXAVAR
NINLARO
NIVESTYM
NORDITROPIN
NORVIR
NOVOEIGHT
NOVOSEVEN RT
NUBEQA
NUCALA (*except lyophilized powder*)
NUWIQ

O

OCREVUS
ODEFSEY
ODOMZO
OFEV
OPSUMIT
ORALAIR
ORENCIA CLICKJECT
ORENCIA SUBCUTANEOUS
ORENITRAM
ORFADIN
ORLADEYO
OTEZLA
OVIDREL

P

penicillamine
PERJETA
PHESGO
pirfenidone
PREZCOBIX
PREZISTA
PROCRIT
PROLASTIN-C
PROLIA
PROMACTA

R

RASUVO
REBIF
REBINYN
REMICADE
REPATHA
RETACRIT
RETEVMO
REVLIMID
ribavirin
RINVOQ
ROZLYTREK
RUCONEST
RUXIENCE
RYDAPT

S

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

T

tacrolimus
tadalafil
TAGRISSO
TAKHZYRO
TALTZ
TAVALISSE
TEGSEDI
temozolomide
tenofovir disoproxil fumarate
teriflunomide

tetrabenazine
TEZSPIRE
THALOMID
tiopronin
TIVICAY
tobramycin inhalation solution
TRAZIMERA
TREMFYA
treprostinil
trientine
TRIPTODUR
TRIUMEQ
TYMLOS
TYSABRI

U

UPTRAVI

V

vigabatrin
VISTOGARD
VITRAKVI
VOSEVI [2]
VUMERITY

W

WAKIX

X

XELJANZ
XELJANZ XR
XOLAIR
XOSPATA
XTANDI
XYNTHA
XYWAV

Y

YONSA

Z

ZEJULA
ZELBORAF
ZEMAIRA
ZEPOSIA
zidovudine
ZIEXTENZO
ZIRABEV
ZOLINZA
ZYDELIG
ZYKADIA

PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS [3]

DRUG NAME(S)	PREFERRED OPTION(S)†
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA
ADCIRCA	*sildenafil, tadalafil*
AFINITOR, AFINITOR DISPERZ	*everolimus*
ALIQOPA	Talk to your doctor
APOKYN	INBRIJA, KYNMOBI
APTIVUS	Talk to your doctor
ARALAST NP	PROLASTIN-C, ZEMAIRA
ARCALYST	ILARIS
AUBAGIO	*dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide*, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
AVASTIN	ZIRABEV
AVSOLA	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
BARACLUDE TABLET	*entecavir, lamivudine, tenofovir disoproxil fumarate*
BENEFIX	ALPROLIX, REBINYN
BERINERT	*icatibant*, RUCONEST
BETHKIS	*tobramycin inhalation solution*
BORTEZOMIB	*bortezomib,* NINLARO
BOTOX	Talk to your doctor
BUPHENYL	*sodium phenylbutyrate*
CARBAGLU	*carglumic acid*
CAYSTON	*tobramycin inhalation solution*
CHORIONIC GONADOTROPIN	OVIDREL
CIMZIA LYOPHILIZED POWDER	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
CINRYZE	ORLADEYO, TAKHZYRO
COMPLERA	*efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate,* BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
CUPRIMINE	*penicillamine*
CYSTADANE	*betaine*
DESFERAL	*deferasirox, deferiprone, deferoxamine*
DIACOMIT	Talk to your doctor
ELELYSO	CERDELGA, CEREZYME
ENTYVIO (For Crohn's Disease Only)	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
EPIVIR HBV	*entecavir, lamivudine, tenofovir disoproxil fumarate*
EPOGEN	ARANESP, PROCRIT, RETACRIT
ESBRIET	*pirfenidone,* OFEV
EXJADE	*deferasirox, deferiprone, deferoxamine*
EXTAVIA	*dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide,* AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
FEIBA	NOVOSEVEN RT, SEVENFACT
FERRIPROX	*deferasirox, deferiprone, deferoxamine*
FINTEPLA	*clobazam, clonazepam, lamotrigine, rufinamide, topiramate,* TROKENDI XR
FIRAZYR	*icatibant,* RUCONEST
FIRMAGON	ELIGARD
FOLLISTIM AQ	GONAL-F
FULPHILA	ZIEXTENZO
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
GILENYA	*dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide,* AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
GLASSIA	PROLASTIN-C, ZEMAIRA
GLEEVEC	*imatinib mesylate,* BOSULIF, SPRYCEL
GRANIX	NIVESTYM
HERCEPTIN, HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
HUMATROPE	GENOTROPIN, NORDITROPIN
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
ICLUSIG	*imatinib mesylate*, BOSULIF, SPRYCEL
INFLECTRA	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
IXINITY	ALPROLIX, REBINYN
JADENU	*deferasirox, deferiprone, deferoxamine*
JUXTAPID	REPATHA
JYNARQUE	Talk to your doctor
KITABIS PAK	*tobramycin inhalation solution*
KORLYM	Talk to your doctor

DRUG NAME(S)	PREFERRED OPTION(S)†
KUVAN	*sapropterin*
KYPROLIS	*bortezomib,* NINLARO
LEMTRADA	*dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide,* AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
LETAIRIS	*ambrisentan, bosentan,* OPSUMIT
LEUKINE	NIVESTYM
LEXIVA	*atazanavir, lopinavir-ritonavir,* EVOTAZ, PREZCOBIX, PREZISTA
LILETTA	KYLEENA, MIRENA, SKYLA
LUPRON DEPOT	ELIGARD
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI [2]
MEKINIST	COTELLIC, MEKTOVI
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
NEULASTA, NEULASTA ONPRO	ZIEXTENZO
NEUPOGEN	NIVESTYM
NEXTERONE	*amiodarone*
NITYR	ORFADIN
NORTHERA	*midodrine*
NOVAREL	OVIDREL
NPLATE	DOPTELET, PROMACTA, TAVALISSE
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR
NUTROPIN AQ	GENOTROPIN, NORDITROPIN
OMNITROPE	GENOTROPIN, NORDITROPIN
ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
OTREXUP	RASUVO
PEGASYS	Talk to your doctor
PRALUENT	REPATHA
PREGNYL	OVIDREL
PROCYSBI	CYSTAGON
RAVICTI	*sodium phenylbutyrate*
REMODULIN	*treprostinil*
RENFLEXIS	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
REVATIO	*sildenafil, tadalafil*
RIABNI	RUXIENCE
RITUXAN	RUXIENCE
RIXUBIS	ALPROLIX, REBINYN
RUBRACA	LYNPARZA, ZEJULA
SABRIL	*vigabatrin*
SAIZEN	GENOTROPIN, NORDITROPIN
SANDOSTATIN LAR	SOMATULINE DEPOT
SELZENTRY	*maraviroc*
SIGNIFOR LAR	SOMATULINE DEPOT
SOMAVERT	SOMATULINE DEPOT
STRIBILD	*efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate,* BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
SUTENT	*sunitinib,* CABOMETYX, INLYTA, LENVIMA, NEXAVAR
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
SYPRINE	*trientine*
TAFINLAR	BRAFTOVI, ZELBORAF
TARGRETIN	*bexarotene*
TASIGNA	*imatinib mesylate,* BOSULIF, SPRYCEL
TECFIDERA	*dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide,* AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
THIOLA, THIOLA EC	*tiopronin*
TOBI, TOBI PODHALER	*tobramycin inhalation solution*
TRACLEER	*ambrisentan, bosentan,* OPSUMIT
TRELSTAR MIXJECT	ELIGARD
TRUVADA	*abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine,* CIMDUO, DESCOVY
TRUXIMA	RUXIENCE
TYVASO DPI	Talk to your doctor
UDENYCA	ZIEXTENZO
VEMLIDY	*entecavir, lamivudine, tenofovir disoproxil fumarate*
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
VIRACEPT	*atazanavir, lopinavir-ritonavir,* EVOTAZ, PREZCOBIX, PREZISTA
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
VOTRIENT	*sunitinib,* CABOMETYX, INLYTA, LENVIMA, NEXAVAR
XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
XENAZINE	*tetrabenazine,* AUSTEDO, AUSTEDO XR
ZARXIO	NIVESTYM
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
ZOLADEX	ELIGARD, ORILISSA
ZYTIGA	*abiraterone, bicalutamide,* ERLEADA, XTANDI, YONSA

TABLE 1 - PREFERRED OPTIONS FOR INDICATION BASED SELF-ADMINISTERED AUTOIMMUNE EXCLUDED MEDICATIONS

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
ANKYLOSING SPONDYLITIS	SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA RINVOQ
CROHN'S DISEASE	None	HUMIRA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX RINVOQ
PSORIASIS	COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TALTZ TREMFYA
PSORIATIC ARTHRITIS	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMFYA
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	SIMPONI	HUMIRA RINVOQ STELARA SUBCUTANEOUS XELJANZ XELJANZ XR ZEPOSIA
ALL OTHER CONDITIONS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL HUMIRA

This list does not contain all Specialty Products. If you want to verify if you have a prescription for a Specialty product that must be filled through CVS Specialty Pharmacy, please go to www.cvsspecialty.com or call CVS Caremark Customer Service at 1-866-601-6935 for assistance.

You may be responsible for the full cost of certain non-formulary products that are removed from coverage. Please check with your plan sponsor for more information.

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval. In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market. Specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. The member's prescription benefit plan may have a different copay for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. Generics listed in therapeutic categories are for representational purposes only. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to **Caremark.com** to check coverage and copay information for a specific medicine.

§ Generics are available in this class and should be considered the first line of prescribing.

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

1 Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

2 For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

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

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