The CVS Caremark® Advanced Control Specialty Formulary® 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.

PLANN MEMBER

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

Please note:

- Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary copay amounts based on the condition being treated.
- You may be responsible for the full cost of non-formulary products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and copay information, please visit Caremark.com or contact a CVS Caremark Customer Care representative.
- CVS Caremark may contact your doctor after receiving your prescription to request consideration of a brand drug list product or generic equivalent. This may result in your doctor prescribing, when medically appropriate, a different brand-name product or generic equivalent in place of your original prescription.
- In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market.

HEALTH CARE PROVIDER

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

Please note:

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

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

abacavir-lamivudine
lamivudine-zidovudine
ATRIPLA
BIKTARVY
CIMDUX
DESCOVY
EVOTAZ
GENVOYA
ODFSEY
PREZCOBIX

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

efavirenz
nevirapine
nevirapine ext-rel
EDURANT
INTELENCE

§ NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS

abacavir tablet
didanosine
lamivudine
 stavudine
zidovudine
EMTRIVA

§ NUCLETIDE REVERSE TRANSCRIPTASE INHIBITORS

tenofovir disoproxil fumarate

§ PROTEASE INHIBITORS

atazanavir
lopinavir-ritonavir solution
KALETRA TABLET
NORVIR
PREZISTA

ANTIVIRALS

§ HEPATITIS B AGENTS

etecavir
lamivudine
tenofovir disoproxil fumarate
BARAQUOTE SOLUTION
VEMLIDY

§ HEPATITIS C AGENTS

ribavirin

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

ANTINEOPLASTIC AGENTS

§ ALKYLATED AGENTS
temozolomide

§ ANTIMETABOLITES
capcitabine

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
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| QUICK REFERENCE DRUG LIST |

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<td>EYLEA</td>
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<td>LUCENTIS</td>
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PREFERRED OPTIONS FOR EXCLUDED SPECIALTY MEDICATIONS

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<td>FOLLISTIM AQ</td>
<td>GONAL-F</td>
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<td>GLEEVEC</td>
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<td>GRANIX</td>
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<td>TOBI, TOBI PODHALER</td>
<td>tobramycin inhalation solution, BETHKIS</td>
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<td>IBRANCE, KISQALI</td>
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<td>ZYTIGA</td>
<td>abiraterone, XTANDI, YONSA</td>
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**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>
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# After failure of HUMIRA

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

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* 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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