

## Advantage PA Offering

Updated 01/14/2015 – Extract from 2015 AUM Reference Guide

| Prior Authorization Drug<br>(If the drug you take is on this list, Express Scripts will check to make sure it meets your plan's conditions for coverage.) |   |
|---|---|
| <i>Advantage PA Offering</i>  |   |
| Brand Name  | Generic Name                                |
| Actemra®  | tocilizumab                                 |
| Cimzia®   | certolizumab                                |
| Enbrel®   | etanercept                                  |
| Entyvio™  | vedolizumab                                 |
| Forteo®   | teriparatide                                |
| Granix®   | tbo-Filgrastim                              |
| Grastek®, Oralair®  | timothy/mixed grass pollen allergen extract |
| Humira®   | adalimumab                                  |
| Kineret®  | anakinra                                    |
| Lidoderm®   | lidocaine                                   |
| Lovaza®, Vascepa™   | omega- 3 fatty acids                        |
| Neulasta®   | pegfilgrastim                               |
| Neupogen®   | filgrastim                                  |
| Nuvigil®  | armodafinil                                 |
| Orencia®  | abatacept                                   |
| Otezla®   | apremilast                                  |
| Provigil®   | modafinil                                   |
| Ragwitek®   | short ragweed pollen allergen extract       |
| Remicade®   | infliximab                                  |
| Rituxan®  | rituximab                                   |
| Simponi®  | golimumab                                   |
| Solaraze®   | diclofenac 3% topical gel                   |
| Stelara®  | ustekinumab                                 |
| Xolair®   | omalizumab                                  |

