

## TRAVATAN Z<sup>®</sup> and Other Prostaglandin Analog Drugs Formulary Placement for Commercial Plans 2017–2018

Plan	Branded Drugs				Generic Drugs	
	TRAVATAN Z <sup>®</sup>	LUMIGAN <sup>®</sup> 0.01%	ZIOPTAN <sup>®</sup>	XALATAN <sup>®</sup>	Latanoprost	Travoprost
CVS/Caremark Performance Standard w/Exclusions	Tier 2 Preferred	Not Covered	Tier 2 Preferred	Tier 3 Non-Preferred	Tier 1 Preferred	Not Available
Preferred Prescriptions	Tier 2 Preferred	Tier 2 Preferred	Not Covered	Tier 3 Non-Preferred	Tier 1 Preferred	Tier 1 Preferred
UnitedHealthcare Advantage	Tier 2 Preferred*	Tier 2 Preferred*	Tier 3 Non-Preferred <sup>‡</sup>	Tier 3 Non-Preferred	Tier 1 Preferred	Tier 3 Non-Preferred <sup>‡</sup>
Tricare Uniform Formulary	Tier 3 Non-Preferred	Tier 2 Preferred	Tier 3 Non-Preferred	Tier 2 Preferred <sup>†</sup>	Tier 1 Preferred	Tier 3 Non-Preferred
Express Scripts National Preferred	Tier 2 Preferred	Tier 2 Preferred	Not Covered	Tier 3 Non-Preferred	Tier 1 Preferred	Tier 1 Preferred
VA Priority Group 2 - 8	Tier 3 Non-Preferred <sup>†</sup>	Tier 2 Preferred	Tier 3 Non-Preferred	Tier 3 Non-Preferred <sup>†</sup>	Tier 1 Preferred	Tier 3 Non-Preferred
Cigna Standard 3-Tier (National)	Tier 2 Preferred	Tier 3 Non-Preferred	Tier 3 Non-Preferred <sup>‡</sup>	Tier 3 Non-Preferred	Tier 1 Preferred	Not Available
Federal Employee Program Standard	Tier 2 Preferred	Tier 2 Preferred	Tier 3 Non-Preferred	Tier 3 Non-Preferred	Tier 1 Preferred	Tier 1 Preferred
Kaiser Permanente Northern California	Not Covered	Tier 2 Preferred	Not Covered	Not Covered	Tier 1 Preferred	Not Available
Kaiser Permanente Southern California	Not Covered	Tier 2 Preferred	Not Covered	Not Covered	Tier 1 Preferred	Not Available
Anthem (BC California)	Tier 2 Preferred	Tier 3 Non-Preferred	Tier 3 Non-Preferred	Tier 3 Non-Preferred	Tier 1 Preferred	Tier 1 Preferred
Federal Employee Program Basic	Tier 2 Preferred	Not Covered	Tier 3 Non-Preferred	Tier 3 Non-Preferred	Tier 1 Preferred	Tier 1 Preferred
VA National Formulary Priority Group 1	Tier 1 Preferred <sup>†</sup>	Tier 1 Preferred <sup>†</sup>	Tier 1 Preferred <sup>†</sup>	Tier 1 Preferred <sup>†</sup>	Tier 1 Preferred	Tier 1 Preferred <sup>†</sup>
BlueCross BlueShield Illinois	Tier 2 Preferred <sup>‡</sup>	Tier 2 Preferred <sup>‡</sup>	Tier 3 Non-Preferred <sup>‡</sup>	Tier 3 Non-Preferred <sup>‡</sup>	Tier 1 Preferred*	Tier 1 Preferred <sup>†</sup>
BlueCross BlueShield Texas	Tier 2 Preferred <sup>‡</sup>	Tier 2 Preferred <sup>‡</sup>	Tier 3 Non-Preferred <sup>‡</sup>	Tier 3 Non-Preferred <sup>‡</sup>	Tier 1 Preferred*	Tier 3 Non-Preferred <sup>‡</sup>

Source: CVS/Caremark Decision Resources Group; SEC Filings

Note: Plans sorted by the number of lives covered and represent the 15 largest commercial plans in the U.S. Formulary placement is for years 2017–2018. TRAVATAN<sup>®</sup> was discontinued in July 2010. RESCULA<sup>®</sup> was discontinued in March 2015. \* denotes prior authorization requirement. † denotes step therapy.