

## COVERAGE MANAGEMENT PROGRAMS

The purpose of coverage management programs is to help improve the quality of care by encouraging the right patient and provider behaviors to avoid compromised care and unnecessary costs.

### How coverage management works

Certain medications may require approval through a coverage review before they will be covered. This review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective. There are three different coverage management programs under your plan: **Prior Authorization, Step Therapy, and Quantity Management.**

During a coverage review, Express Scripts contacts your doctor for more information before the medication will be covered under your plan. If you know in advance that your prescription requires a coverage review, ask your doctor to call the coverage review team before you go to the pharmacy. This call will initiate a review, which typically takes one to two business days. Once the review is complete, Express Scripts will send a letter to notify you and your doctor of its decision. If the review is approved, the letter will tell you the length of your coverage approval. If coverage is denied, the letter will include the reason for coverage denial and instructions on how to submit an appeal.

### The coverage review process

To save you time and help avoid any confusion, we'd like to highlight the coverage review process, both at a retail pharmacy and through mail order.

#### *At a retail pharmacy in your plan's network:*

- You take the prescription to your local pharmacist, who submits the information to Express Scripts. If a coverage review is necessary, Express Scripts automatically notifies the pharmacist, who in turn tells you that the prescription needs to be reviewed or requires “prior authorization.”
- As an enrolled member, you, the pharmacist, or your doctor may start the review process by calling directly the Express Scripts managed care department toll-free at (800) 753-2851, 8:00 a.m. to 9:00 p.m., Eastern Time, Monday through Friday. Your doctor can request a coverage review by visiting the Express Scripts online portal at [esrx.com/PA](https://esrx.com/PA).
- Express Scripts contacts your doctor requesting more information than what is on the prescription. After receiving the necessary information, Express Scripts notifies you and the doctor (usually within 1 to 2 business days) confirming whether or not coverage has been approved.
- If coverage is approved, you simply pay your normal coinsurance for the medication. If coverage is not approved, you will be responsible for the full cost of the medication or, if appropriate, you can talk to your doctor about alternatives that may be covered. *(You have the right to appeal the decision. Information about the appeal process will be included in the letter that you receive.)*
- *Special note:* If your plan has a limit on the amount of medication covered, your pharmacist can fill your prescription up to the amount allowed. If the prescription exceeds the amount covered by your plan, Express Scripts will alert the pharmacist whether a coverage review is available to obtain an additional amount.

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**Through the Express Scripts Pharmacy<sup>®</sup>, your mail-order service:**

- Ask your doctor to send in your prescription electronically, or you can mail the prescription to Express Scripts.
- If a coverage review is necessary to obtain coverage for the medication, Express Scripts contacts your doctor, requesting more information than what is on the prescription. After receiving the necessary information, Express Scripts notifies you and the doctor (usually within 1-2 business days), confirming whether or not coverage has been approved.
- If coverage is approved, you receive your medication and simply pay your normal coinsurance for the medication. If coverage is not approved, the prescription is returned to you. *(You have the right to appeal the decision. Information about the appeal process will be included in the letter that you receive.)*
- *Special note:* If your plan has a limit on the amount of medication, then Express Scripts will only dispense the amount allowed. Express Scripts will send you a statement that explains the limit and tells you whether a coverage review is available to obtain an additional amount.

Below is a list of each coverage management program with the corresponding partial list of medications. To find out more about coverage reviews, prior authorization, and coverage on your medications, please call the *LM HealthWorks* Plan at **(877) 458-4975**. Member Services will assist with drug coverage and any questions you may have before connecting the caller (your pharmacist, doctor or yourself) to the managed care department to initiate the case.

**Prior Authorization**—Some medications require that you obtain approval through a coverage review before the medication can be covered under your plan. The coverage review process will allow the benefit manager to obtain information not available on your original prescription to determine whether a given medication qualifies for coverage under your plan. Medications are periodically added to these programs when new FDA-approved drugs become available. If you are getting the prescription filled through a retail pharmacy, your pharmacist will be notified that the drug cannot be filled without prior approval and that your physician must call to get approval for the prescription. Your doctor can also request a coverage review using the Express Scripts online portal, [esrx.com/PA](https://esrx.com/PA).

| <u>Most Common Indication/Drug Class</u> | <u>Targeted Drugs</u>   |
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| ACNE                                     | Atralin, Avita, Clindamycin/Tretinoin Gel, Fabior, Retin-A, Retin-A Micro, Tazarotene, Tazorac, Tretin X, Tretinoin Topical Products, Veltin, Ziana   |
| ATTENTION DEFICIT DISORDER               | Adderall, Adderall XR, Adzenys XR-ODT, Amphetamine Salt Combo, Aptensio XR, Concerta, Daytrana, Desoxyn, Dexedrine, Dexamethylphenidate /ER, Dextroamphetamine, Dextroamphetamine-Amphetamine/ER, Dextrostat, Dyanavel XR, Evekeo, Focalin/XR, Intuniv, Kapvay, Metadate CD, Metadate ER, Methamphetamine HCL, Methylin/ER, Methylphenidate/ ER/CD/LA/SR, Procentra, Quillichew ER, Quillivant XR, Ritalin/LA/SR, Strattera, Vyvanse, Zenzedi |
| ALLERGIES                                | Grastek, Odactra, Oralair, Ragwitek   |
| ANTICOAGULANT                            | Eliquis, Pradaxa, Sayvasa, Xarelto, Zontivity   |
| ASTHMA/COPD                              | Advair Diskus, Advair HFA, Breo Ellipta, Cinqair, Daliresp, Dulera, Fasenera, Nucala, Symbicort, Xolair<br><br>* Step Therapy may also be required  |

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| AUTOIMMUNE DISORDERS                    | Firdapse  |
| BLOOD DISORDERS                         | Aranesp, Doptelet, Epogen, Fulphila, Gamifant, Granix, Mircera, Mulpleta, Neulasta, Neupogen, Nivestym, NPlate, Procrit, Promacta, Retacrit, Soliris, Tavalisse, Udenyca, Ultomisis, Zarxio   |
| BONE CONDITIONS                         | Boniva, Crysvisa, Forteo, Prolia, Reclast, Tymlos   |
| CHELATING AGENTS                        | Chemet, Exjade, Ferriprox, Jadenu   |
| CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES | Arcalyst, Ilaris<br>* Step Therapy may also be required   |
| CANCER                                  | Afinitor, Alecensa, Alunbrig, Azedra, Bosulif, Braftovi, Cabometyx, Calquence, Caprelsa, Cometriq, Copiktra, Cotellic, Daurismo, Eligard*, Erbitux, Erivedge, Erleada, Farydak, Gilotrif, Gleevec, Herceptin, IDHIFA, Ibrance, Iclusig, Imbruvica, Inlyta, Iressa, Jakafi, Kadcylla, Kisqali, Lenvima, Libtayo, Lonsurf, Lorbrena, Lyparza, Lumoxiti, Lupeneta, Lupron*, Lupron Depo*, Mekinist, Mektovi, Nerlynx, Nexavar, Ninlaro, Odomzo, Perjeta, Pomalyst, Poteligeo, Revlimid, Rituxan, Rubraca, Rydapt, Sprycel, Stivarga, Sutent, Tafinlar, Tagrisso, Talzena, Tarceva, Targretin, Tassigna, Temodar, Thalomid, Tibsovo, Tykerb, Vectibix, Venclexta, Verzenio, Vitakvi, Vizimpro, Votrient, Xalkori, Xospata, Xtandi*, Yonsa, Zejula, Zelboraf, Zydelig, Zykadia, Zytiga*<br>* Step Therapy may also be required |

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| COSMETIC                    | Botox, Dysport, Myobloc, Xeomin   |
| CYSTIC FIBROSIS             | Orkambi, Kalydeco, Symdeko  |
| DIABETES                    | Bydureon, Byetta, Symlin, Tanzeum, Trulicity, Victoza   |
| DUCHENNE MUSCULAR DYSTROPHY | Emflaza, Exondys 51   |
| ENDOCRINE DISORDERS         | Egrifta Eligard, Korlym, Lupaneta, Lupron, Lupron Depot , Increlex, Myalept, Natpara, Samsca, Sensipar, Signifor, Triptodur |
| EYE CONDITIONS              | Cequa, Eylea, Lucentis, Luxturna, Macugen, Restasis, Xidra  |
| GASTROINTESTINAL            | Xermelo   |
| GLAUCOMA                    | Keveyis, Latanoprost, Lumigan, Rescula, Travatan, Travatan Z, Xalatan, Zioptan  |

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| GOUT                   | Krystexxa   |
| GROWTH DEFICIENCY      | Genotropin, Humatrope, Norditropin, Nutropin, Nutropin AQ, Omnitrope, Saizen, Serostim, Tev-Tropin, Zorbtive, Zomacton, Increlex<br>* Step Therapy may also be required                                   |
| HEART DISEASE          | Corlanor, Entresto  |
| HEMOPHILIA             | Hemlibra, JIVI<br>* Step Therapy may also be required   |
| HEPATITIS C            | Copegus, Daklinza, Epclusa, Harvoni, Moderiba, Mavyret, Olysio, Pegasys, Pegintron, Rebetol, Ribasphere, Ribavirin, Solvaldi, Technivie, Viekira, Vosevi, Zepatier<br>* Step Therapy may also be required |
| HEREDITARY ANGIOEDEMA  | Berinert, Cinryze, Firazyf, Haegarda, Kalbitor, Ruconest, Takhzyro<br>* Step Therapy may also be required   |
| HIGH BLOOD CHOLESTEROL | Juxtapid, Lovaza, Praluent, Repatha, Vascepa  |

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| HORMONAL SUPPLEMENTATION      | Androderm, AndroGel, Aveed, Axiron, Delatestryl, Depo Testosterone, First Testosterone, First Testosterone MC, Fortesta, Striant, Testim Testopel, Testosterone Cypionate, Testosterone Enanthate, Xyosted, Makena                           |
| IDIOPATHIC PULMONARY FIBROSIS | Esbriet, Ofev  |
| IMMUNE DEFICIENCY             | Adagen, Bivigam, Carimune, Cuvitru, Flebogamma, Gammagard, Gammagard Liquid, Gammagard S/D, Gammaked, Gammaplex, Gammunex, Hizentra, Hyqvia, Octagam, Polygam, Privigen, Revcovi   |
| INFLAMMATORY CONDITIONS       | Actemra, Cimzia, Cosentyx, Enbrel, Entyvio, Humira, Ilumya, Inflectra, Kezara, Kineret, Olumiant, Orencia, Otezla, Remicade, Renflexis, Rituxan, Siliq, Simponi, Stelara, Talz, Tremfya, Xeljanz,<br><br>* Step Therapy may also be required |
| KIDNEY DISEASE                | Jynarque   |
| LENNOX-GASTAUT SYNDROME       | Epidiolex, Onfi, Sympazan  |

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| LOW BLOOD PRESSURE                          | Northera   |
| MALARIA                                     | Daraprim   |
| METABOLIC DISORDER / RARE INHERITED DISEASE | Chenodal, Cholbam, H.P. Acthar Gel, Galafold, Keveyis, Kuvan, Ocaliva, Onpattro, Palynziq, Spinraza, Strensiq, Syprine, Tegsedi      |
| MIGRAINE HEADACHES                          | Aimovig, Ajovy, Emgality   |
| MULTIPLE SCLEROSIS                          | Ampyra, Avonex, Betaseron, Copaxone, Extavia, Lemtrada, Plegridy, Ocrevus, Rebif, Tysabri<br><br>* Step Therapy may also be required |
| MYCOBACTERIUM AVIUM COMPLEX                 | Arikayce   |

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| NEUROLOGICAL DISORDERS       | Austedo, Gocovri, Ingrezzo, Nuedexta, Nuplazid, Osmolex ER, Xenazine  |
| OSTEOARTHRITIS               | Durolane, Euflexxa, Gel-One, Gelsyn-3, Genvisc850, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz, Synvisc, Synvisc-One   |
| PAIN                         | Lidocaine Patch, Abstral, Actiq, Fentora, Lazanda, Lucemyra, Onsolis, Orilissa, Subsys  |
| PULMONARY HYPERTENSION (PAH) | Adcirca, Adempas, Flolan, Letairis, Opsumit, Orenitram, Remodulin, Revatio, Tracleer, Tyvaso, Uptravi, Veletri, Ventavis<br>* Step Therapy may also be required |
| RESPIRATORY CONDITIONS       | Aralast NP, Glassia, Prolastin, ProlastinC, Zemaira<br>* Step Therapy may also be required  |
| RSV PREVENTION               | Synagis   |

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| SICKLE CELL DISEASE | Endari   |
| SKIN CONDITIONS     | Dupixent, Mirvaso Topical Gel, Qbrexza, Rhofade, Solaraze, Zovirax   |
| SLEEP DISORDER      | Hetlioz, Modafinil, Nuvigil, Provigil, Xyrem   |
| WEIGHTLOSS          | Adipex, Adipex P, Belviq, Benzphetamine, Bontril, Contrave, Didrex, Diethylpropion, Ionamin, Phentermine, Qsymia, Regimex, Saxenda, Suprenza, Tenuate, Xenical |

**Step Therapy**—Some medications may require you to first try one or more specified drugs to treat a particular condition before the plan will cover another (usually more expensive) drug that your doctor may have prescribed. In these cases, a coverage review will be required if certain criteria cannot be determined from past history.

Step therapy is intended to reduce costs to you and your plan by encouraging use of medications that are less expensive but can still treat your condition effectively. If you know in advance that your prescription requires a coverage review, ask your doctor to call the coverage management team before you go to the pharmacy.

To see which medications are affected by step therapy, please visit [express-scripts.com](http://express-scripts.com) and select “Price a Medication” from the menu under Prescriptions, or call Express Scripts Member Services.

| <u>Most Common Indication/Drug Class</u>  | <u>Targeted Drugs</u>   |
|---|---|
| ALLERGY   | Arbinoxa, Carbinoxamine, Karbinal ER, Ryvent  |
| ALZHEIMER'S   | Aricept, Aricept ODT, Exelon, Exelon Patch, Namenda/XR, Namzaric, Razadyne, Razadyne ER   |
| ANTIDEPRESSANTS – BUPROPION   | Aplenzin, Forfivo XL, Wellbutrin SR, Wellbutrin XL  |
| ANTIDEPRESSANTS - Selective Serotonin Norepinephrine Reuptake Inhibitors (SNRI) | Cymbalta, Desvenlafaxine ER (brand), Desvenlafaxine fumarate ER (brand), Effexor, Effexor XR, Fetzima, Irenka, Khedezla, Pristiq, Savella, Venlafaxine ER (brand) |

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| ANTIDEPRESSANTS - Selective Serotonin Reuptake Inhibitors | Brintellix, Brisdelle, Celexa, Fluoxetine 60 mg tablets (brand), Lexapro, Luvox CR, Paxil, Paxil CR, Peveva, Prozac, Prozac Weekly, Sarafem, Viibryd, Zoloft  |
| ANTIEPILEPTIC DRUGS                                       | Briviact, Depakene, Depakote, Depakote ER/EC/DR, Keppra, Keppra XR, Lamictal, Lamictal XR, Oxtellar XR, Spritam, Stavzor, Trileptal   |
| ANTIEPILEPTIC DRUGS - Topiramate                          | Qudexy XR , Topamax, Trokendi XR, Topiramate ER   |
| ARBS  | Atacand HCT, Atacand, Avalide, Avapro, Azor, Benicar, Benicar HCT, Cozaar, Diovan, Diovan HCT, Edarbi, Edarbyclor, Exforge, Exforge HCT, Hyzaar, Micardis, Micardis HCT, Teveten, Teveten HCT, Twynsta, Tribenzor |
| ASTHMA/COPD   | Aerospan, Alvesco   |
| AVODART   | Avodart, dutasteride, dutasteride/tamsulosin, Jalyn, Proscar  |
| BISPHOSPHONATES   | Actonel, Atelvia, Boniva, Binosto, Fosamax, Fosamax Plus D  |
| COLCHICINE  | colchicine  |
| COX-2 INHIBITORS  | Celebrex, celecoxib   |

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| FENOFIBRATE                    | Antara, Fenofibrate (Brand), Fenoglide, Fibracor, Lipofen, Lofibra, Tricor, Triglide, Trilipix    |
| GABAPENTIN                     | Gralise, Horizant, Lyrica CR, Neurontin   |
| GAUCHER DISEASE                | Elelyso, VPRIV, Zavesca   |
| GOUT                           | Duzallo, Uloric, Zurampic   |
| HIGH BLOODCHOLESTEROL          | Altoprev, Caduet, Crestor, Lescol, Lescol XL, Lipitor, Livalo, Mevacor, Pravachol, Vytorin, Zocor |
| HYPNOTICS                      | Ambien, Ambien CR, Belsomra, Edluar, Intermezzo, Lunesta, Silenor, Sonata, Rozerem, Zolpimist     |
| INFERTILITY - FOLLITROPINS     | Bravelle, Follistim AQ, Gonal-F, Gonal-F RFF  |
| INFERTILITY - GnRH ANTAGONISTS | Chorionic Gonadotropin, Pregnyl   |
| INFLAMMATORY CONDITIONS        | Anusol HC Supp, Protocort Supp  |
| INHALED CORTICOSTEROIDS        | Aerospan, Alvesco   |

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| LONG-ACTING OPIOIDS (ORAL) | Avinza, Belbuca, Butrans, Disket, Dolophine, Duragesic, Embeda, Exalgo, Hydromorphone ER, Hysingla ER, Kadian, Methadose, Morphine Sulfate, MS Contin, Nucynta ER, Opana ER, OxyContin, Oxycodone ER (brand), Oxymorphone ER, Xtampza ER, Zohydro ER   |
| METFORMIN                  | Fortamet (brand and generic), Glucophage XR (brand), Glucophage, Glumetza (brand and generic), Riomet  |
| METHOTREXATE               | Otrexup, Rasuvo  |
| MISC.                      | <p>Rule 1: Astagraf XL, Envarsus XR</p> <p>Rule 2: Oleptro ER</p> <p>Rule 3: Android, Testred</p> <p>Rule 4: Rayos DR</p> <p>Rule 5: Sitavig Buccal Tablet</p> <p>Rule 6: Amrix ER, Fexmid, Lorzone</p> <p>Rule 7: Zileuton ER, Zyflo, Zyflo CR</p> <p>Rule 8: Yosprala</p> <p>Rule 9: Procysbi DR</p> <p>Rule 10: Alcantin A</p> <p>Rule 11: Vituz, Tuzistra XR</p> <p>Rule 12: Flowtuss, Hycufenix, Oberdon</p> <p>Rule 13: Allzital, Bupap, Esgic, Fioricet, Fiorinal, Vanatol</p> <p>Rule 14: Lidocaine-Tetracaine Cream, Novacort , Pliaglis</p> <p>Rule 16: Durlaza</p> <p>Rule 17: Carospir</p> <p>Rule 18: Xatmep</p> <p>Rule 19: Dexamethasone dose pack, Dexpak, Lorcort, Zonacort</p> |
| NALOXONE INJECTION         | Evzio  |

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| <p>NASAL STEROID</p>  | <p>Beconase AQ, Dymista, Flonase, Nasacort / AQ, Nasonex, Omnaris, QNasal, Rhinocort / AQ, Veramyst, Zetonna</p>  |
| <p>NAUSEA/VOMITING</p>  | <p>Marinol, Syndros</p>   |
| <p>NON-STEROIDAL ANTI-INFLAMMATORY DRUGS<br/>(ORAL AND TOPICAL)</p> | <p>Anaprox, Anaprox DS, Ansaid, Arthrotec, Cambia, Cataflam, Daypro, diclofenac sodium 1% topical gel (brand and generic), Duexis, Feldene, Fenoprofen (brand), Flector Patch, Indocin, Klofensaid II, Mobic, Motrin, Nalfon, Naprelan, Naprosyn, EC-Naprosyn, Pennsaid (1.5% and 2%), Ponstel, Sprix, Tivorbex, Vimovo, ViModex, Voltaren XR, Voltaren Gel, Zipsor, Zorvolex</p> |

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| OPHTHALMIC ANTIALLERGY      | Alocril, Alomide, Alrex, Bepreve, Elestat, Emadine, Lastacaft, Optivar, Pataday, Patanol, Pazeo                                    |
| OPIOID-INDUCED CONSTIPATION | Relistor   |
| OVERACTIVE BLADDER          | Detrol, Detrol LA, Ditropan XL, Enablex, Gelnique, Myrbetriq, Noctiva, Oxytrol (Rx & OTC), Sanctura, Sanctura XR, Toviaz, Vesicare |
| PARKINSON'S DISEASE         | Azilect, Eldepryl, Xadago, Zelapar   |
| PHEOCHROMOCYTOMA            | Demser, Dibenzyliline  |

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| PROTON PUMP INHIBITORS              | Aciphex, Aciphex Sprinkle, Dexilant (formerly Kapidex), esomeprazole strontium, Nexium, Prevacid, Prevacid SoluTab, Prilosec, Protonix, Zegerid (select generics of Zegerid)                                      |
| DIABETES - SGLT-2 Inhibitors        | Farxiga, Invokana, Invokamet, Invokamet XR, Jardiance, Steglatro, Synjardy, Xigduo XR   |
| DIABETES - SGLT-2/DPP-4 Combo       | Glyxambi, Qtern   |
| TETRACYCLINE - ORAL                 | Acticlate, Adoxa, Alodox Convenience Kit, Avidoxy DK, Avidoxy Kit, Doryx, Doryx MPC, Doxycycline IR-DR 40 mg capsules (brand), Minocin, Minocin Kit, Monodox, Morgidox Kit, Oracea, Solodyn, Targadox, Vibramycin |
| DIABETES – THIAZOLIDINEDIONES (TZD) | Actos, Actoplus Met, Actoplus Met XR, Avandamet, Avandaryl, Avandia, Duetact  |

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| SICKLE CELL DISEASE  | Siklos   |
| TOPICAL ACNE/ROSACEA | <p>Brand prescription topical benzoyl peroxide, antibiotic, etc. containing products</p> <p>Brand prescription topical cleansers containing benzoyl peroxide or sulfacetamide/sulfur</p> <p>Brand prescription topical kits containing products and cleansers</p> <p>Finacea gel, Finacea foam, MetroCream, MetroGel, MetroLotion, Noritate Cream, Rosadan Cream Kit, Rosadan Gel Kit, Soolantra</p> |
| TOPICAL ANTIFUNGAL   | Ciclodan 8% Kit, CNL 8 Nail Kit, Jublia, Kerydin, Pedipirox-4 Nail Kit, Penlac   |

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| TOPICAL CORTICOSTEROIDS | Ala-Scalp HP, Aqua Glycolic HC, Capex, Clobex, Clodan, Cloderm, Cordran, Cutivate, Derma-Smooth/FS, Dermasorb HC/TA, Dermatop, Desonate, Desowen, Diprolene/AF, Elocon, Halog, Kenalog, Locoid, Luxiq, Olux, Olux-E, Pandel, Pediaderm HC/TA, Psorcon, Scalacort, Semivo, Synalar/TS, Temovate, Texacort, Topicort, Ultravate/X, Vanos, Verdeso |
| TOPICAL DERMATITIS      | Elidel, Eucrisa, Protopic, generic tacrolimus ointment  |
| TOPICAL DOXEPIN         | Doxepin, Prudoxin, Zonalon  |
| TOPIRAMATE              | Qudexy XR, Topamax, Topamax Sprinkles, Topamax ER, Trokendi XR  |
| TRAMADOL                | ConZip, Tramadol ER, Ultracet, Ultram, Ultram ER  |
| TRIPTANS                | Alsuma, Amerge, Axert, Frova, Imitrex (oral only), Maxalt/MLT, Methergine, Migranal, Onzetra xsail, Relpax, Sumavel, Treximet, Zembrace, Zomig, Zomig ZMT   |
| WILSON'S DISEASE        | Cuprimine, Depen  |

**Quantity Management**—To ensure safe and effective drug therapy, certain covered medications may have quantity restrictions. These quantity restrictions are based on manufacturer and/or clinically approved guidelines and are subject to periodic review and change. Some examples include antimigraine drugs, rheumatoid arthritis and osteoarthritis drugs, impotence drugs, sedative hypnotics, and pain management drugs.

- Allergies (non-sedating antihistamines, nasal steroids)
- Anaphylaxis
- Anti-Influenza
- Antiemetic Agents
- Antifungal
- Antiviral Agents
- Asthma
- Blood Cell Deficiency
- Bone Conditions
- Contraceptives
- Chronic Obstructive Pulmonary Disease
- Diabetic Agents - Byetta/Symlyn/Victoza
- Endocrine Disorders
- Erectile Dysfunction Agents
- Eye Conditions (Restasis)
- Fertility Agents
- Hepatitis C
- High Blood Cholesterol
- High Blood Pressure
- Hormone Supplementation
- Hypnotic Agents
- Inflammatory Agents
- Migraine Therapy
- MS
- Narcotic Analgesics/Pain
- Oncology
- Overactive bladder



- Pulmonary Agents - Cystic Fibrosis
- Topical Pain
- Ulcers
- Wound Care

NOTE: The information outlined above is accurate as of 1/1/2019; however, it is subject to change. Please call Member Services at (877) 458-4975 if you have any questions or for further verification.

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