

## 2018 Travelers Prescription Drug Plan High Deductible Plan

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### **2018 National Preferred Formulary and Formulary Exclusions**

Your plan utilizes the Express Scripts National Preferred formulary. To determine if your prescriptions are part of the formulary, utilize the Formulary Lookup within the plan overview tool.

Certain medications and supplies are excluded from coverage under this plan. You can review the Formulary Exclusion list and covered alternatives to discuss with your doctor below.

[View the Formulary Exclusion List](#)

### **Specialty Medicine Program: Accredo**

Specialty medications are covered through Accredo, Express Scripts Specialty Pharmacy. A partial list of conditions that may require these specialty medications includes arthritis, cancer, hepatitis, migraines, RSV, and multiple sclerosis. Accredo is staffed by clinical pharmacists and nurses who specialize in chronic and complex conditions who can help educate members on the nature of their condition and manage expectations regarding a prescribed specialty drug, including its side effects.

Specialty medications must be filled by Accredo. STAT medications – those which require immediate dispensing or administration to avoid potentially negative clinical consequences – are allowed two initial fills at a local retail pharmacy. After two fills, STAT medications must also be filled using the Accredo Specialty Pharmacy.

Specialty medications are generally limited to a 30 day supply, and are subject to the retail 30 day supply plan design. Specialty medications that are only packaged in a 90 day supply by the manufacturer are subject to the retail 90 day supply plan design. Infertility medications are not covered under this plan. If you have questions about this program, you can contact Accredo at 800-803-2523.

[View instructions on how to fill your specialty medications using Accredo pharmacy](#)

[View the Specialty Drug List](#)

### **90-Day Prescription Drug Supply at Retail through CVS & Walgreens/Duane Reade Pharmacies**

Plan participants can fill a 90-day prescription at CVS & Walgreens/Duane Reade retail locations nationwide. Under this option, participants will:

- Need to submit a 90-day prescription at a CVS or Walgreens/Duane Reade pharmacy
- Pay the equivalent of three retail copays for generic drugs (\$30) OR pay the coinsurance for brand-name drugs (a minimum brand cost of \$120 and a maximum brand cost of \$450).

[View the 90-Day Retail Supply FAQs](#)

### Preferred Home Delivery Policy

Under this policy, you are allowed to receive up to a 1-month supply of a maintenance medication **two times** from any participating retail pharmacy. After two fills, you will need to make a decision to either use the Express Scripts Home Delivery Pharmacy, or continue to use a retail pharmacy for refills. Any additional retail refills of the same maintenance medication will be subject to an additional 10 percent coinsurance above the regular coinsurance (e.g. generic, formulary brand, or non-formulary brand). Once the initial maintenance medication prescription is filled, you will receive a reminder letter from Express Scripts about this program.

The Preferred Home Delivery policy eliminates the cost difference between retail and mail pharmacy pricing for maintenance medications, while giving you the opportunity to decide where you would like to source your maintenance medications.

**Note:** The Preferred Home Delivery policy does not apply to 90 day supplies of maintenance medications filled at CVS or Walgreens/Duane Reade pharmacies. In addition, selected medications may not be available through the home delivery pharmacy due to manufacturer direction or medical policy.

View the [list of maintenance medication therapy classes](#) subject to this policy  
[View the Preferred Home Delivery FAQs](#)

### Generics Preferred Policy

The Generics Preferred policy applies to all prescription categories with the exception of Coumadin and Synthroid.

The policy is triggered when a member receives a brand name prescription for a medicine when a chemically equivalent generic alternative is available. If a brand name drug is dispensed rather than an available chemically equivalent generic drug, an additional charge is applied on top of the member's generic copay. The additional charge is the difference in cost between the brand and generic drug. The additional charge applies and is the responsibility of the member, regardless of whether the "Dispense as Written" box is checked by the doctor. The additional charge does not apply towards the maximum per prescription (\$155 for 30-day retail, \$310 for 90-day home delivery, or \$465 for 90-day retail) or the \$2,650 per person/\$5,300 per family out-of-pocket maximum.

If you or your family member's physician feels it is medically necessary to continue to receive the brand name version of the medication instead of the generic, the physician can call Express Scripts' Prior Authorization Line at 800.417.8164 before obtaining your prescription. If medical necessity is approved by Express Scripts, you pay the non-formulary coinsurance for the prescription.

[View the Generics Preferred Policy FAQs](#)

### **Drug Quantity Management Program**

The Drug Quantity Management program is designed to make the use of prescription medications safer for plan members and make the cost more affordable for the plan and participants. Through this program, certain medication prescriptions are limited to the daily dose considered safe and effective according to guidelines from the U.S Food & Drug Administration (FDA). In addition to limiting the dispensed quantity to the daily dose considered safe and effective, the program helps control costs by avoiding the cost of “extra” medication that could go to waste. The plan will let prescriptions be filled in the quantity up to the amount allowed by the program. If your physician feels it is medically necessary for you to receive additional medication beyond the quantity allowed, they can call Express Scripts' Prior Authorization Line at 800.417.8164. During this call, your doctor and an Express Scripts representative may discuss how your medical problem requires medicine in larger quantities than your plan allows. If medical necessity is approved by Express Scripts, the allowed amount will be adjusted accordingly.

[View the Drug Quantity Management FAQs](#)

### **Step Therapy Program**

The Step Therapy program requires an initial use of a therapeutically equivalent, lower cost generic alternative. The Step Therapy program allows you and your family to receive affordable treatment and helps control prescription drug costs.

Step Therapy applies to prescriptions prescribed for the first time in the following drug categories:

- COX-2 Inhibitors and Brand Non-steroidal anti-inflammatory drugs (NSAIDs) for pain
- Hypnotics for Insomnia
- Nasal Steroids and Ophthalmic Anti-allergy drops for Allergies
- Proton-Pump inhibitors for acid reflux
- Tetracyclines and topical medications for acne and rosacea
- Topical antifungals for fungal infections
- Topical corticosteroids and topical immunomodulators for skin conditions
- Metabolic, Immune disorders or Inherited Rare Diseases
- Blood Cell Deficiency
- Growth Hormones
- Hepatitis C
- Inflammatory Conditions
- Multiple Sclerosis
- Oncology
- Pulmonary Arterial Hypertension
- and Other Conditions, see 'Expendable Step' on Step Therapy Drug List for specifics

In Step Therapy, the covered drugs you take are organized in a series of "steps", with your doctor approving and writing your prescriptions. The program starts with generic drugs in the first "step". These generics, which have been rigorously tested and approved by the FDA, allow you to begin treatment with safe, effective drugs that are also affordable. Your copayment is usually the lowest with a first-step drug. If required, more expensive brand-name drugs are covered in the "second-step". Your doctor is consulted for approval and writes your prescriptions based on a list of Step Therapy drugs covered by the formulary.

[View the Step Therapy FAQ's](#)

[View the Step Therapy Drug List](#)

### **Compound Management Program**

In an effort to reduce the use of compound drugs when they are not clinically appropriate and to increase safety for participants, Express Scripts excludes a large number of compound drug products from coverage. This strategy will help Travelers manage costs and increase safety while still providing a wide variety of clinically effective and appropriate medications for plan members.

The U.S. Food and Drug Administration (FDA) defines a compound medication as one that requires a licensed pharmacist to combine, mix or alter the ingredients of a medication when filling a prescription. The FDA does not verify the quality, safety and/or effectiveness of compound medications.

To avoid paying the full cost of your medication, speak with your doctor about FDA-approved drug alternatives. If it is medically necessary for you to take a drug that is subject to the compound drug management program, your physician can submit an appeal on your behalf.

[View the Compound Management FAQ](#)

[View the Compound Management Exclusion List](#)

## 2018 Formulary Exclusion List

The excluded medications shown below are not covered on the Express Scripts drug list. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

**Take action to avoid paying full price.** If you're currently using one of the excluded medications, please ask your doctor to consider writing you a new prescription for one of the following preferred alternatives. Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to [express-scripts.com/covered](https://express-scripts.com/covered) to compare drug prices. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your plan. For specific questions about your coverage, please call the number on your member ID card.

Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund. These excluded medications do not apply to Medicare plans.

Drug Class	Excluded Medications	Preferred Alternatives
<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b> Anti-Migraine Therapy	Sumavel Dosepro	sumatriptan injection
Duchenne Muscular Dystrophy (DMD) Agents	Emflaza Exondys 51	prednisone solution, prednisone tablets No alternatives recommended
Long-Acting Opioid Oral Analgesics	Opana ER, Oxycodone ER	hydromorphone ER, morphine sulfate ER, oxycodone ER, Hysingla ER, Nucynta ER, Oxycontin
Narcotic Analgesics	Buprenorphine Patches, Butrans	fentanyl patches, hydromorphone ER, morphine sulfate ER, oxycodone ER, Hysingla ER, Nucynta ER, Oxycontin
Narcotic Antagonists	Evzio	naloxone syringe, Narcan Nasal Spray
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Lazanda	fentanyl citrate lozenges
<b>DERMATOLOGICAL</b> Oral Agents For Rosacea	Doxycycline 40 MG Capsules	Oracea
Topical Acne/Antibiotic Combinations	Aktipak, Veltin	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, Acanya, Onexton
Topical Agents for Actinic Keratosis	Fluorouracil 0.5% Cream, Zyclara	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, Carac, Picato
<b>DIABETES</b> Blood Glucose Meters & Test Strips	Abbott (FreeStyle, Precision), Bayer (Breeze, Contour), National Medical (Advocate), Omnis Health (Embrace, Victory), Roche (Accu-Chek), Trividia (TRUEtest, TRUEtrack), UniStrip	LifeScan (OneTouch)
Dipeptidyl Peptidase-4 Inhibitors & Combinations	Alogliptin, Nesina, Onglyza	Januvia, Tradjenta
Glucagon-Like Peptide-1 Agonists	Alogliptin/Metformin, Kazano, Kombiglyze XR	Janumet, Janumet XR, Jentadueto, Jentadueto XR
Insulins	Adlyxin, Tanzeum, Victoza	Bydureon, Byetta, Trulicity
Insulins	Novolin	Humulin
Insulins	Apidra, NovoLog	Humalog
<b>EAR/NOSE</b> Nasal Steroids	Beconase AQ, Omnis, Zetonna	budesonide, flunisolide, fluticasone, mometasone, Qnasl
Otic Fluoroquinolone Antibiotics	Cetraxal	ciprofloxacin ear solution, ofloxacin ear solution, Ciprodex, Otovel
<b>ENDOCRINE (OTHER)</b> Estrogen and Estrogen Modifiers for Vaginal Symptoms	Femring	estradiol patches, estradiol tablets, yuvafem, Estrace Cream, Estring, Premarin Cream, Premarin Tablets
Growth Hormones	Nutropin AQ, Nutropin AQ Nuspun, Omnitrope, Saizen, SaizenPrep, Zomacton	Genotropin, Humatrope, Norditropin
Somatostatin Analogs	Sandostatin LAR Depot, Signifor LAR	Somatuline Depot
Topical Estrogen Gels	EstroGel	Divigel
Topical Testosterone Products	Fortesta, Natesto, Testim, Testosterone Gel, Vagelos	AndroGel 1.62%
<b>GASTROINTESTINAL</b> Inflammatory Bowel Agents	Asacol HD, Delzicol, Dipentum, Mesalamine 800 MG Delayed-Release	balsalazide disodium, mesalamine 1.2 gm delayed release, sulfasalazine, Apriso, Pentasa
Irritable Bowel Syndrome and Chronic Constipation Agents	Trulance	Amitiza, Linzess
Pancreatic Enzymes	Pancreaze, Pertzye, Ultresa	Creon, Zenpep
Proton Pump Inhibitors	Acipex Sprinkle, Prevacid Solutab, Prilosec Suspension, Protonix Suspension	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, Nexium Packets
<b>HEMATOLOGICAL</b> Erythropoiesis-Stimulating Agents	Aranesp, Epogen, Mircera	Procrit
Granulocyte Colony Stimulating Factors	Neupogen	Granix, Zenzio
<b>HEPATITIS</b> Hepatitis C	Daklinza, Olysio, Sovaldi, Zepatier	Eplusa, Harvoni, Mavyret, Technivie, Viekira Pak, Viekira XR, Vosevi





Drug Class	Excluded Medications	Preferred Alternatives
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b>		
Gout Therapy	Colchicine	Colcrys, Mitigare
Osteoporosis Therapy	Forteo	Tymlos
<b>OBSTETRICAL &amp; GYNECOLOGICAL</b>		
Gonadotropin-Releasing Hormone (GnRH) Antagonists (for infertility)	Ganirelix Acetate	Cetrotide
Ovulatory Stimulants (Follitropins)	Bravelle, Follistim AQ	Gonal-F, Gonal-F RFF, Gonal-F RFF Redi-Ject
Vaginal Progestones	Endometrin	Crinone 8% Gel
<b>OPHTHALMIC</b>		
Antiglaucoma Drugs (Beta-Adrenergic Blockers)	Istalol, Timoptic Ocudose	betaxolol drops, levobunolol drops, timolol drops, Alphagan P 0.1%, Combigan
Antiglaucoma Drugs (Ophthalmic Prostaglandins)	Zioptan	bimatoprost drops, latanoprost drops, Lumigan, Travatan Z
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	Acuvall, Nevanac	bromfenac drops, diclofenac drops, ketorolac drops, Ilevro, Prolensa
<b>OSTEOARTHRITIS</b>		
Hyaluronic Acid Derivatives	Gel-One, Gelsyn-3, Genvisc 850, Hyalgan, Hymovis, Supartz, Supartz FX, Synvisc, Synvisc-One	Euflexxa, Monovisc, Orthovisc
<b>RENAL DISEASE</b>		
Phosphate Binders	Fosrenol, Renagel	sevelamer carbonate, Phoslyra, Renvela Tablets, Velphoro
<b>RESPIRATORY</b>		
Epinephrine Auto-Injector Systems	Auvi-Q, Epinephrine Auto-Injector (by A-S Medication, Impax & Lineage)	Epinephrine Auto-Injector (by Mylan), EpiPen, EpiPen Jr
Pulmonary Anti-Inflammatory Inhalers	Alvesco	ArmonAir Respiclick, Amulyt Ellipta, Asmanex HFA/Twisthaler, Flovent Diskus/HFA, Pulmicort Flexhaler, QVAR
Short-Acting Beta <sub>2</sub> -Agonist Inhalers	Levalbuterol HFA, Proventil HFA, Xopenex HFA	ProAir HFA/Respiclick, Ventolin HFA
<b>UROLOGICAL</b>		
Erectile Dysfunction Oral Agents	Levitra, Staxyn, Stendra	Cialis, Viagra
<b>WEIGHT LOSS</b>		
Weight Loss Agents	Qsymia	benzphetamine, diethylpropion, phentermine

## Indication Based Management

Drug Class	Nonpreferred Medications	Preferred Alternatives
<b>INFLAMMATORY CONDITIONS*</b> * Please note that product placement for this class is under consideration and changes may occur based upon changes in market dynamics and new product launches.	All other Brand Name medications for Inflammatory Conditions* are Nonpreferred. Approval may be granted following a coverage review. A trial of one or more Preferred medications is required prior to initiating therapy with a Nonpreferred medication. A formulary exception may be granted for patients already established on therapy with a Nonpreferred medication.	Actemra, Cosentyx, Enbrel, Humira, Otezla, Remicade, Simponi 100 MG (for ulcerative colitis only), Stelara SC, Xeljanz, Xeljanz XR

## Excluded Medications/Products at a Glance

Abbott (Freestyle, Precision)	Butrans	Ganirelix Acetate	Natesto	Protonix Suspension	Tribenzor <sup>^</sup>
Abilify <sup>^</sup>	Cetraxal	Gel-One	National Medical (Advocate)	Proventil HFA	Trivivia (TrueTest, TrueTrack)
Abstral	Colchicine	Gelsyn-3	Nesina	Provigil <sup>^</sup>	Trulance
Aciphex <sup>^</sup>	Cymbalta <sup>^</sup>	Genvisc 850	Neupogen	Prozac <sup>^</sup>	Ultrase
Aciphex Sprinkle	Cytomeil <sup>^</sup>	Glumetza <sup>^</sup>	Nevanac	Pulmicort Respules <sup>^</sup>	Unistrip
Acuvall	Daklinza	Hyalgan	Novolin	Qsymia	Vallum <sup>^</sup>
Adderall <sup>^</sup>	Dezicop	Hymovis	Novolog	Renagel	Valtrex <sup>^</sup>
Adlydin	Dipentum	Imitrex <sup>^</sup>	Nutropin AQ	Roche (Accu-Chek)	Velin
Aktipak	Doxycycline 40 MG Capsules	Inderal LA <sup>^</sup>	Nutropin AQ Nuspin	Salzen, SalzenPrep	Victoza
Alogliptin	Ertexor XR <sup>^</sup>	Intuniv <sup>^</sup>	Olysio	Sandostatin LAR Depot	Vogelxo
Alogliptin/Metformin	Emflaza	Istalol	Omnaris	Seroquel <sup>^</sup> , Seroquel XR <sup>^</sup>	Vytorin <sup>^</sup>
Alvesco	Endometrin	Kazano	Omnis Health (Embrace, Victory)	Signifor LAR	Wellbutrin SR <sup>^</sup>
AndroGel 1% <sup>^</sup>	Epinephrine Auto-Injector (by A-S Medications, Impax & Lineage)	Kombiglyze XR	Omnitrope	Singulair <sup>^</sup>	Xanax <sup>^</sup> , Xanax XR <sup>^</sup>
Anusol-HC <sup>^</sup>		Lazanda	Onglyza	Sovaldi	Xenazine <sup>^</sup>
Apidra		Levalbuterol HFA	Opana ER	Staxyn	Xopenex HFA
Aranesp		Levitra	Pancraze	Stendra	Zegerid <sup>^</sup>
Asacol HD		Lexapro <sup>^</sup>	Pertzye	Strattera <sup>^</sup>	Zepatier
Atacand <sup>^</sup> , Atacand HCT <sup>^</sup>		Librax <sup>^</sup>	Plavix <sup>^</sup>	Sumavel Dosepro	Zetia <sup>^</sup>
Auvi-Q		Lidoderm <sup>^</sup>	Prevacid <sup>^</sup>	Supartz, Supartz FX	Zetonna
Azor <sup>^</sup>		Lovenox <sup>^</sup>	Prevacid Solutab	Synvisc, Synvisc-One	Zioptan
		Lunesta <sup>^</sup>	Prilosec Suspension	Tanzeum	Zolof <sup>^</sup>
Bayer (Breeze, Contour)		Mesalamine 800 MG Delayed-Release	Pristiq <sup>^</sup>	Testim	Zomacton
Beconase AQ		Minestrin 24 Fe <sup>^</sup>	Protonix <sup>^</sup>	Testosterone Gel	Zyclara
Benicar <sup>^</sup> , Benicar HCT <sup>^</sup>		Mircera		Tikosyn <sup>^</sup>	Zyflo CR <sup>^</sup>
Bravelle		Nasonex <sup>^</sup>		Timoptic Ocudose	
Bupap <sup>^</sup>				Tobi Solution <sup>^</sup>	
Buprenorphine Patches					

<sup>^</sup> Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your plan. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance.

## How To Fill Your Specialty Medication Using Accredo Pharmacy



### Accredo Specialty Pharmacy Filling Your Prescription<sup>1</sup>

**1**

Your healthcare provider sends  
your prescription to Accredo

Prescriptions can be sent via fax to **888.302.1028**,  
phone at **800.803.2523**, or electronically<sup>2</sup>

**2**

Accredo contacts your doctor's office to verify your  
information and completes a prior authorization as necessary

Make sure your doctor's office has  
your correct phone number

**3**

An Accredo pharmacist prepares and checks  
your prescription for accuracy

Clinicians are available at Accredo 24/7

**4**

Accredo calls you to schedule delivery  
to your home or doctor's office<sup>3</sup>

Accredo will check your benefits  
to determine out-of-pocket expense

**5**

Accredo packages your medication to protect  
the contents and your privacy, and ships at no extra charge

Call Accredo at **800.803.2523**<sup>4</sup> with questions  
or for more information



**Accredo is a**  
full-service  
specialty  
pharmacy that  
provides  
personalized  
care to  
individuals with  
chronic, serious  
health  
conditions

You'll receive a call  
within 2-5 days after  
Accredo receives  
your prescription<sup>4</sup>

When it's time for a  
refill, you'll receive a  
phone call to  
schedule shipment

Depending on the  
medication, you may  
be able to order  
refills online at  
[accredo.com](http://accredo.com)

<sup>1</sup> Prescription process may vary depending on therapy.

<sup>2</sup> Phone and fax numbers may vary depending on health plan or therapy.

<sup>3</sup> As allowed by law

<sup>4</sup> Timeframe varies due to insurance coverage requirements.





## Specialty Medication List

## Specialty Drug List

Unless otherwise noted, all brand and generic formulations of a product are considered specialty.

**Green** = Drugs distributed exclusively by Accredo.

**Red** = Drugs distributed by Accredo as part of a limited distribution network.

**Blue** = Drugs that are designated specialty but not dispensed by Accredo.

\* = Your plan may require most specialty medications to be dispensed exclusively by Accredo. Those medications marked by an asterisk (\*) may have allowances for one or more retail fills.

accredo®

## ALPHA 1 DEFICIENCY

Aralast NP®  
Glassia™  
Prolastin C®  
Zemaira®

## ANTICOAGULANT

Arixtra®\* (fondaparinux sodium)  
Fragmin®\*  
Iprivask®  
Lovenox®\* (enoxaparin sodium)

## ASTHMA &amp; ALLERGY

Cinqair®  
Dupixent®  
Nucala®  
Oralair®  
Xolair®

## BLOOD CELL DEFICIENCY

Aranesp®  
Epogen®  
Granix™  
Leukine®  
Mircera®  
Mozobil®  
Neulasta®  
Neumega®  
Neupogen®  
Nplate®  
Procrit®  
Promacta®  
Zarxio™

## CANCER

Abraxane®  
Adcetris™  
Afinitor®  
Alecensa®  
Alunbrig™  
Arranon®  
Arzerra®  
Avastin®  
Bavencio®  
Beleodaq™  
Bendeka™  
Bilincito™  
Bosulif®  
Cabometyx™  
Caprelsa®  
Cometriq™  
Cotellic®  
Cytamza™  
Dacogen® (decitabine)  
Darzalex®  
Eligard®  
Emplicit™  
Erbitux®  
Erivedge™  
Erwinaze®  
Evomela™  
Farydak®  
Firmagon®  
Folotyn®  
Gazyva™  
Gilotrif™  
Gleevec® (imatinib)

## CANCER (cont'd)

Halaven™  
Herceptin®  
Hycamtin® (capsules)  
Hycamtin® (topotecan injection)  
Ibrance®  
Idcusi®  
Idhifa®  
Imbruvica™  
Imfinzi™  
Imlygic™  
Inlyta®  
Intron A®  
Iressa®  
Istodax®  
Ixempra®  
Jakafi™  
Jevtana®  
Kadcyla™  
Kepivance®  
Keytruda®  
Kisqali®  
Kisqali Femara®  
Kyprolis®  
Lartruvo™  
Lenvima™  
Lonsurf®  
Lupron Depot®  
Lynparza™  
Marqibo®  
Matulane®  
Mekinist™  
Nerlynx™  
Nexavar®  
Ninlaro®  
Odomzo®  
Onivyde™  
Opdivo®  
Pegasis®  
Peg-Intron®  
Perjeta™  
Pomalyst®  
Portrazza™  
Proleudin®  
Provenge®  
Purixan™  
Revlimid®  
Rituxan®  
Rituxan Hycela®  
Rubraca™  
Rydapt®  
Sprycel®  
Stivarga®  
Sutent®  
Sylatron™  
Sylvant™  
Synribo™  
Tafinlar®  
Tagrisso™  
Tarceva®  
Targretin®  
Tasigna®  
Tecentriq™  
Temodar® (temozolomide)  
Thalomid®  
Torise®  
Trenda®  
Tykerb®  
Unituxin™  
Valchlor™  
Valstar®  
Vantas®

## CANCER (cont'd)

Vectibix®  
Velcade™  
Venclexta™  
Vidaza® (azacitidine)  
Vistogard®  
Votrient®  
Vyxeos™  
Xalkori®  
Xeloda® (capecitabine)  
Xgeva™  
Xofigo®  
Xtandi®  
Yervoy™  
Yondelis®  
Zaltrap®  
Zejula™  
Zelboraf™  
Zoladex®  
Zolanza®  
Zometa®  
Zydelig®  
Zykadia™  
Zytiga™

## CONTRACEPTIVES

Kyleena™  
Liletta™  
Mirena®  
Nexplanon®  
Paragard®  
Skyla®

## CYSTIC FIBROSIS

Bethkis®  
Cayston®  
Kalydeco™  
Klitas Pak™  
Orkambi™  
Pulmozyme®\*  
Tobi® (tobramycin)  
Tobi Podhaler™

## ENDOCRINE DISORDERS

Avved™  
Egrifta®  
Korlym®  
Kuvan®  
Lupaneta Pack™  
Lupron Depot-Ped®  
Myalept™  
Natpara®  
Samsca®  
Sandostatin® (octreotide acetate)  
Sandostatin LAR®  
Signifor® LAR  
Signifor®  
Somatuline Depot®  
Somatuline Depot®  
Somavert®  
Supprelin LA®  
Testopel®  
Xermelo™

## ENZYME DEFICIENCIES

Adagen®  
Aldurazyme®  
Brineura™  
Carbaglu®

## ENZYME DEFICIENCIES (cont'd)

Cerezyme®  
Cystadane®  
Elaprase®  
Elelyso™  
Fabrazyme®  
Kanuma™  
Lumizyme™  
Naglazyme®  
Nity™  
Orfadin™  
Ravicti™  
Strensiq™  
Sucraid®  
Vimizim™  
VPRIV™  
Zavesca®

## GROWTH DEFICIENCY

Genotropin®  
Humatrope®  
Increlex®  
Norditropin®  
Nutropin AQ®  
Omnitrope®  
Salzen®  
Serostim®  
Zomacton®  
Zorbtive®

## HEMOPHILIA

Advate®  
Adynovate™  
Afstyl®  
Alphanate®  
Alphanine SD®  
Alprolix™  
Bebulin®  
Benefix®  
Coagadex®  
Corifact®  
DDAVP® (desmopressin acetate)  
(oral/nasal forms are not specialty)  
Eloctate™  
Korlym®  
Feiba NF®  
Helixate FS®  
Hemofil M®  
Humate-P®  
Idelvion®  
Ixinity®  
Koate®  
Kogenate FS®  
Kovaltry®  
Monoclate-P®  
Mononine®  
Novoseven RT®  
Novoseven RT®  
Nuwig®  
Obizur™  
Profilnine SD®  
Recombinant™  
RiaSTAP®  
Rixubis™  
Stimate®  
Tretten®  
Vonvendi™  
Wilate®  
Xyntha®

## HEPATITIS C

Daklinza™  
Epclusa®  
Harvoni®  
Mavyret™  
Olysio™  
Ribavirin (Rebetol®, Copegus®, Ribasphere®, Ribapak®, Morderiba™)  
Sovaldi™  
Technivie™  
Viekira Pak™  
Viekira XR™  
Vosevi™  
Zepatier™

## HEREDITARY ANGIOEDEMA

Berinert®  
Cinryze®  
Firazyr®  
Haegarda®  
Kalbitor®  
Ruconest®

## HIGH BLOOD CHOLESTEROL

Juxtapid®  
Kynamro™  
Praluent™  
Repatha™

## HIV

Aptivus®\*  
Atripla®\*  
Combivir®\*  
(lamivudine/zidovudine)  
Complera®\*  
Crixivan®\*  
Descovy®\*  
Edurant®\*  
Emtriva®\*  
Epivir®\* (lamivudine)  
Epidocin®\*  
(abacavir/lamivudine)  
Evotaz™\*  
Fuzeon®\*  
Genvoya®\*  
Intence®\*  
Invirase®\*  
Isentress®\*  
Kaletra®\*  
Lexiva®\*  
Norvir®\*  
Odefsey®\*  
Prezcobix™\*  
Prezista®\*  
Rescriptor®\*  
Retrovir®\* (zidovudine)  
Reyataz®\*  
Sustiva®\*  
Tivicay®\*  
Selzentry®\*  
Stribild®\*  
Tivicay®\*  
Triumeq®\*  
Trizivir®\* (abacavir, lamivudine, and zidovudine)  
Truvada®\*

**HIV (cont'd)**

Tybost®  
 Videx® (didanosine)  
 Videx EC® (didanosine DR)  
 Viracept®  
 Viramune® (nevirapine)  
 Viramune XR® (nevirapine ER)  
 Viread®  
 Vitekta®  
 Zerit® (stavudine)  
 Ziagen® (abacavir)

**IDIOPATHIC  
PULMONARY FIBROSIS**

Esbriet™  
 OFEV®

**IMMUNE DEFICIENCY**

Bivigam™  
 Carimune NF®  
 Cuvitru™  
 CytoGam®  
 Flebogamma®  
 Gamastan S-D®  
 Gammagard Liquid®  
 Gammagard S-D®  
 Gammaked™  
 Gammaplex®  
 Gamunex-C®  
 Hizentra™  
 HyQvia™  
 Octagam®  
 Privigen®

**INFLAMMATORY  
CONDITIONS**

Actemra®  
 Arcalyst®  
 Benlysta®  
 Cimzia®  
 Cosentyx™  
 Enbrel®  
 Entyvio™  
 Humira®  
 Humira® (Pediatric)  
 Ilaris®  
 Inflectra™  
 Kevzara®  
 Kineret®  
 Orencia®  
 Otezla®  
 Remicade®  
 Siliq™

**INFLAMMATORY  
CONDITIONS (cont'd)**

Simponi™  
 Simponi Aria®  
 Stelara™  
 Taltz®  
 Tremfya™  
 Xeljanz®  
 Xeljanz XR®

**IRON TOXICITY**

Exjade®  
 Ferriprox®  
 Jadenu™

**MISCELLANEOUS  
DISEASES**

Acthar H.P. Gel®  
 Actimmune®  
 Apokyn®  
 Arestin®  
 Austedo®  
 Botox®  
 Botox Cosmetic®  
 Ceprotin™  
 Chenodal®  
 Cholbam®  
 Cystagon®  
 Daraprim®  
 Duopa™  
 Dysport®  
 Gattex®  
 Hemangeol™  
 Hetlioz™  
 Brineura™  
 Ingrezza™  
 Krystexxa®  
 Makena™  
 Myobloc®  
 Northera™  
 Nuplazid™  
 Ocaliva™  
 Prialt®  
 Procysbi™  
 Prothelid™  
 Qutenza®  
 Sabril®  
 Solesta®  
 Soliris®  
 Sprix®  
 Thiola®  
 Thyrogen®  
 Varithena®  
 Vivitrol®  
 Xenazine® (tetraabenazine)  
 Xeomin®  
 Xiaflex™  
 Xuriden™  
 Xyrem®  
 Zecuity®

**MULTIPLE SCLEROSIS**

Ampyra™  
 Aubagio®  
 Avonex®  
 Betaseron®  
 Copaxone®  
 Extavia®  
 Gilenya™  
 Glatopa™  
 Lemtrada™  
 mitoxantrone®  
 Ocrevus™  
 Plegridy™  
 Rebif®  
 Tecfidera™  
 Tysabri®  
 Zinbryta™

**MUSCULAR  
DYSTROPHIES**

Emflaza™  
 Exondys 51™  
 Radicava™  
 Spinraza™

**OPHTHALMIC  
CONDITIONS**

Cystaran™  
 Eylea®  
 Iluvien™  
 Jetrea®  
 Lucentis®  
 Macugen®  
 Ozurdex™  
 Retisert®  
 Visudyne®

**OSTEOARTHRITIS**

Euflexxa®  
 Gel-One®  
 Gelsyn-3™  
 Genvisc 850®  
 Hyalgan®  
 Hymovis®  
 Monovisc®  
 Orthovisc®  
 Supartz®  
 Synvisc®

**OSTEOPOROSIS**

Boniva® (ibandronate) (oral forms are not specialty)  
 Forteo®  
 Prolia™  
 Redast®

**PULMONARY  
HYPERTENSION**

Adcirca®  
 Adempas®  
 Flolan® (epoprostenol)  
 Flolan Diluent® (epoprostenol diluent)  
 Letairis®  
 Opsumit®  
 Orenitram™  
 Remodulin®  
 Remodulin Diluent®  
 Revatio® (sildenafil citrate)  
 Tracleer®  
 Tyvaso®  
 Uptravi®  
 Veletri®  
 Ventavis®

**RESPIRATORY  
SYNCYTIAL VIRUS**

Synagis®

**TRANSPLANT**

Astagraf XL™  
 Cellcept® (mycophenolate mofetil)  
 Cyclosporine (Sandimmune® , Neoral® , Gengraf® )  
 Envarsus® LAR®  
 Imuran®, (Azasan®, azathioprine)  
 Myfortic® (mycophenolic acid)  
 Nulojix®  
 Prograf®, (Hecoria™ , tacrolimus. Topical forms are not specialty)  
 Rapamune® (sirolimus)  
 Simulect®  
 Thymoglobulin®  
 Zortress®

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1. Some products may be dispensed from Accredo and/or Freedom Fertility Pharmacy

2. Xyrem® is distributed through Express Scripts Specialty Distribution Services, Inc.

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## FREQUENTLY ASKED QUESTIONS

### – About the 90 Day Retail Prescription Option through CVS & Walgreens/Duane Reade Pharmacies –

#### 1. What is the 90 Day Retail Prescription Option?

The 90 Day Retail Prescription Option allows you to fill a 90 day supply prescription through CVS and Walgreens/Duane Reade retail pharmacies. The Company has access to favorable pricing with these pharmacies for 90 day supply prescriptions and makes this pricing available to employees and their dependents.

#### 2. How can I fill a 90 day prescription at a CVS or Walgreens/Duane Reade Pharmacy?

You will need to have your physician provide you with a prescription for a 90 day supply for the medication, and bring the prescription to a CVS or Walgreens/Duane Reade pharmacy to be filled.

You will be charged for three months of generic copays (\$33) or brand coinsurance subject to the three month minimum of \$126 and maximum of \$465.

#### 3. Will the Preferred Home Delivery policy of an additional 10% coinsurance apply to 90 day prescriptions filled at CVS and Walgreens/Duane Reade Pharmacies?

No. As long as the prescription is for 90 days, the Preferred Home Delivery policy will not apply. If you fill a 30 day prescription at CVS or Walgreens/Duane Reade pharmacies, the Preferred Home Delivery policy will apply. The Company has access to favorable pricing with CVS and Walgreens/Duane Reade pharmacies for 90 day supply prescriptions and makes this pricing available to employees and their dependents.

#### 4. Are any medications excluded from the 90 Day Retail Prescription option?

Some states have laws which prohibit pharmacies from dispensing controlled substances in greater than 30-day supplies. You may call your CVS or Walgreens/Duane Reade pharmacy to ask if such restrictions apply. Also, this program will not apply to specialty medications.

Specialty medications will continue to be covered up to a 30 day supply through our pharmacy benefit management vendor's specialty medication pharmacy company Accredo. If you have questions on this program you can contact our pharmacy benefit management vendor's customer service at 877.494.7472 or Accredo at 800-803-2523.

#### 5. Who should I contact if I have additional questions?

Contact our pharmacy benefit management vendor's customer service at 877.494.7472 with any questions regarding this option.



## Maintenance Medications

## Maintenance Medication Drug List

Therapeutic Category Level



EXPRESS SCRIPTS®

**AUTONOMIC & CNS DRUGS,  
NEUROLOGY & PSYCH**

- ◆ Antidepressants (except controlled medications, MAO Inhibitors and Tricyclics)
- ◆ Antiparkinsonism Agents
- ◆ Misc. Neurological Therapy (e.g. Aricept®, Exelon®, Namenda®, Evoxac®, Rilutek)
- ◆ ADHD agents (except controlled Medications)

**CARDIOVASCULAR,  
LIPIDS & Obesity**

- ◆ Antiarrhythmic Agents (except Tikosyn®)
- ◆ Cardiac Glycosides
- ◆ Antiplatelet Drugs (including Agrylin)
- ◆ Thiazide & Related Diuretics
- ◆ Potassium Sparing Diuretics, Loop Diuretics
- ◆ Beta Blockers
- ◆ Calcium Channel Blockers
- ◆ ACE Inhibitors
- ◆ Angiotensin II Receptor Blockers
- ◆ Adrenergic Antagonists & Related Drugs
- ◆ Vasodilators (except nitroglycerin sublingual and translingual)
- ◆ Combination Antihypertensive Agents
- ◆ Direct Renin inhibitors
- ◆ Misc. Antihypertensives (hydralazine, acetazolamide)
- ◆ Lipid/Cholesterol Lowering Agents
- ◆ Antianginal and Anti-ischemic Anti-obesity Agents

**Gastroenterology**

- ◆ H2 Antagonists
- ◆ PPIs
- ◆ Misc. GI Agents (misoprostol, sulfasalazine, Linzess)

**ENDOCRINE THERAPY**

- ◆ Antithyroid /Thyroid Agents
- ◆ Oral Hypoglycemic Agents
- ◆ Insulin
- ◆ Non-Insulin Injectables (e.g., Symlin®, Byetta®, Victoza®)
- ◆ Combination Antihyperglycemics
- ◆ Misc. Endocrine Agents (Zemlar®, desmopressin, fludrocortisone)

**MUSCULOSKELETAL &  
RHEUMATOLOGY**

- ◆ NSAIDs
- ◆ NSAIDs COX II Inhibitors
- ◆ Osteoporosis Therapy
- ◆ Fibromyalgia agents (except controlled medications)
- ◆ Gout agents

**OBSTETRIC & GYNECOLOGY**

- ◆ Progestins (except in Oil and Crinone gel)
- ◆ Estrogens
- ◆ Estrogen / Progestin Products
- ◆ Oral Contraceptives (with the exception of Emergency O/C's, - i.e., Plan-B, Next Choice)
- ◆ Transdermal Contraceptives
- ◆ Injectable Contraceptives
- ◆ Intravaginal Contraceptives (i.e. Nuvaring®)
- ◆ Misc Agents (Duavee®, Angeliq®)

**UROLOGICAL**

- ◆ Drugs to treat Impotency
- ◆ Benign Prostatic Hyperplasia (BPH) Therapy
- ◆ Drugs to treat Urinary Incontinence

**ONCOLOGY**

- ◆ *The following drugs only:*
- ◆ Arimidex® (Amastrazole)
- ◆ Aromasin® (Exemestane)
- ◆ Casodex® (Bicalutamide)
- ◆ Fareston®
- ◆ Femara® (Letrozole)

**OPHTHALMOLOGY**

- ◆ Beta Blockers
- ◆ Cholinesterase Inhibitor Miotics
- ◆ Direct Acting Miotics (except Apraclonidine)
- ◆ Combination Glaucoma Drugs
- ◆ Oral Drugs for Glaucoma
- ◆ Prostaglandins
- ◆ Immunomodulators

**RESPIRATORY & ALLERGY**

- ◆ Intranasal Steroids
- ◆ Xanthines
- ◆ Oral Beta Agonists
- ◆ Orally inhaled long acting Beta Agonists
- ◆ Inhaled Corticosteroids
- ◆ Leukotriene Receptor Antagonists
- ◆ Miscellaneous Pulmonary Agents

**VITAMINS, HEMATINICS AND  
ELECTROLYTES**

- ◆ Vitamins & Hematinic
- ◆ Potassium Replacements
- ◆ Fluoride preparations
- ◆ Flutamide
- ◆ Nilandron® (Nilutamide)
- ◆ Nolvadex®/ Soltamox® (Tamoxifen)



## FREQUENTLY ASKED QUESTIONS

### – Preferred Home Delivery Program for Maintenance Medications –

#### 1. What are “maintenance medications”?

Maintenance medications are prescription drugs that you need to take regularly. Drugs that treat ongoing conditions or needs like asthma, diabetes, birth control, high cholesterol, high blood pressure and arthritis are usually considered maintenance medications.

A maintenance medication can also be a drug that you take for three to six months and then discontinue. For example, an allergy medication that you take throughout the spring and summer could be considered a maintenance medication.

To find out if a specific drug is considered a maintenance medication, [click here](#) to review maintenance medication therapy classes, or call Express Scripts customer service at 877.494.7472.

#### 2. What is the Preferred Home Delivery program?

The Preferred Home Delivery program incents you to obtain up to a 90-day supply of a maintenance medication through Express Scripts Mail Order Pharmacy, a lower cost option than retail pharmacies (e.g., Walmart, RiteAid, etc.)

Because the company has negotiated an additional 10 percent discount on drugs obtained through the Mail Order Pharmacy Program, both you and the plan save significantly when Express Scripts Home Delivery Pharmacy is used. In addition by using the Express Scripts Home Delivery Pharmacy, you'll receive:

- **Free home delivery** of your medication.
- **Safety** through two pharmacist verification for accuracy and weather-resistant packaging for each order.
- **24-hour access** to a pharmacist.

#### 3. How does the Preferred Home Delivery program work?

When you get a new prescription for a maintenance drug, you may fill it at a participating retail pharmacy **two times** for no additional coinsurance. This allows you and your doctor to make sure the medication is an appropriate and effective option. After two fills, you will need to make a decision to either use the Express Scripts Home Delivery Pharmacy for substantial savings, submit a 90 day prescription to CVS or Walgreens/Duane Reade Pharmacy and pay the applicable three month copay or coinsurance, or continue to use the local retail pharmacy and pay an additional 10 percent coinsurance in addition to the regular coinsurance amount (generic, brand formulary, or brand non-formulary).

#### 4. Why is there an additional 10 percent coinsurance if I fill my maintenance prescriptions at my local pharmacy?

As a result of the company's negotiations on mail order pricing, retail pharmacies' prescriptions cost on average 10 percent more than the Express Scripts Home Delivery pharmacy. The additional 10 percent coinsurance offsets the additional cost relative to the mail order pharmacy making it cost neutral to the plan and its participants.

If you decide not to use the Express Scripts Home Delivery Pharmacy, you can still get your maintenance medication from a local participating pharmacy, but you will be responsible for the additional 10 percent coinsurance above the regular coinsurance amount. This program does not impact whether a medication is covered or not so you will still be able to fill valid prescriptions at retail or mail order locations. This program helps you get maintenance medications in a reliable, convenient way while keeping your plan's costs down.

#### 5. What if I do not know if my prescription is for a maintenance medication?

If you fill a maintenance medication prescription at a retail pharmacy, you'll receive a letter describing the Preferred Home Delivery program. This letter will:

- Explain the Preferred Home Delivery program.
- Identify any of your current prescriptions that may be affected.
- Inform you that Travelers will cover only one more fill of the medication(s) from your local pharmacy prior to the 10 percent additional coinsurance.

The letter also explains the benefits of the Express Scripts Home Delivery Pharmacy and includes a form you can use to order your maintenance medications.

#### 6. How do I transition my current retail prescription(s) to the Express Scripts Mail Order Pharmacy?

There are multiple ways to start using the Express Scripts Home Delivery Pharmacy.

##### By Phone

Contact the Express Scripts Member Choice Center (MCC) at 877.494.7472. An MCC representative will set up a Home Delivery profile for you (if it is your first time using Home Delivery) and contact your doctor to obtain a 90-day prescription.

##### Online

Visit [www.express-scripts.com](http://www.express-scripts.com). After logging in, use Transfer to Home Delivery to get started. The Express Scripts Pharmacy will contact your doctor for you to obtain a 90-day prescription.

##### By Mail

1. Ask your doctor to write a prescription for up to a 90-day supply of your medication (plus refills for up to one year, if appropriate).



2. Complete a Home Delivery Order Form. If you do not have an order form, you can print one by registering at [www.express-scripts.com](http://www.express-scripts.com). Or simply request one by calling Express Scripts Customer Service at 877.494.7472.
3. Mail your order form and your prescription to the address on the form.

#### By Fax from Your Doctor's Office

1. Ask your doctor to write a prescription for up to a 90-day supply of your medication (plus refills for up to one year, if appropriate).
2. Complete a Home Delivery Order Form. If you do not have an order form, you can print one by registering at [www.express-scripts.com](http://www.express-scripts.com). Or simply request one by calling Express Scripts Customer Service at 877.494.7472.
3. Ask your doctor to fax your order form and written prescription to Express Scripts at 800.636.9494 as shown on the form.

*Note: Scheduled II controlled substance orders cannot be faxed. They must be mailed.*

#### 7. How long will it take to get my prescription order?

You can expect your order to arrive at your U.S. postal address within 14 days. To make sure you receive your refills before your current supply runs out, re-order at least three weeks before you need your refill.

Express Scripts recommends first time users of the Express Scripts Pharmacy to have at least a 30-day supply of medication on hand when a prescription is mailed to them. If the prescription order has insufficient information, or if they need to contact you or your prescribing doctor, delivery could take longer. Express Scripts advises for first time users of the Express Scripts Pharmacy to ask your doctor for two signed prescriptions:

- One for an initial supply to be filled at your local pharmacy.
- The second for up to a 3-month supply with refills to send to Express Scripts.

When Express Scripts contacts your doctor on your behalf to obtain a new prescription for Home Delivery, the process typically takes 2-3 weeks. If your doctor cannot be reached, you will be notified via phone, if a valid phone number is on file, or a letter will be mailed to you.

#### 8. When can I request a refill and how is this completed?

The earliest you can request a refill is after two-thirds of the timeframe for your prescription has been completed (e.g., for a 90 day prescription, refills can be processed after 60 days). Most members request refills three weeks before all their medication will be used.

Refills can be requested four different ways:

##### Order Online

You can order refills quickly and easily using your online account after registering at [Express-Scripts.com](http://Express-Scripts.com). Payment of your coinsurance by check, check card, or credit card is required.

### Order by Phone

Quickly order refills using the toll-free number on your prescription bottle. Payment of your coinsurance by check, check card, or credit card is required.

### Order by Smartphone Application

You can plan refill orders via the free iPhone or Android Smartphone application available in the App store or Google play under “Express Scripts”.

### Order by Mail

When you fill your prescription with Express Scripts, a refill form is included with your first shipment. Use the envelope provided to mail the refill form to Express Scripts. You should mail your refill form about three weeks before your current supply will run out. If you mail your form before then, your order may be delayed. **Please also make sure your prescription has not expired.**

Include your coinsurance payment with your order. For your convenience and to ensure delivery of your prescription without delay, you are encouraged to provide your check, check card, or credit card information on your refill form. Express Scripts accepts Visa, MasterCard, Discover and American Express. Your check card or credit card account will be billed automatically upon processing your order. If you have not provided your card information, you may enclose a personal check or money order for your payment amount.

Your last refill will include a renewal label with instructions for receiving future refills of your medication.

## 9. Can I request expedited shipping for my prescription order?

Yes, but please note that you will be charged **\$21 per order** for any type of expedited shipping, and that each family member’s medications are shipped as separate orders. Therefore, if you order medications for three different family members and request expedited shipping for all of those medications, your shipping costs would total \$63 (\$21 X three orders).

## 10. After I place an order, how do I check on its delivery status?

You can check on the status of your order anytime using your online account at [Express-Scripts.com](https://www.express-scripts.com) or by calling Express Scripts customer service at 877.494.7472. Please note that if your prescription requires additional research (e.g. if a pharmacist has to contact your doctor for more information), your order may not appear on your online account until the research is complete.

When setting up your account, you are given the option of selecting an email or voicemail for confirmation to notify you of a processed prescription from the Express Scripts Mail Order Pharmacy.

**11. My doctor is “trying out” this medication with me, so I don’t know if I’ll be using it long-term. Do I still have to use the Express Scripts Home Delivery Pharmacy to fill this prescription?**

No, not at first. The program is designed to let you and your doctor “try out” each new maintenance medication and decide if it’s a good long-term therapy for you. In fact, if your doctor is having you try a different drug or different doses of the *same drug*, Travelers will cover *each drug and each dosage* up to two times from a local participating pharmacy.

After you have used your two fills from your local retail pharmacy, any additional fills at retail will be subject to the additional 10 percent coinsurance. Remember, you still have the choice of filling your maintenance medications through your local retail pharmacy, but not at an increased cost to the plan and the other participants.

**12. Should I use the Express Scripts Home Delivery Pharmacy to fill all my medications?**

Not necessarily. Many drugs are for short-term conditions. For example, your doctor might prescribe a 15-day medication for an infection. You should always get these types of medications from a local participating pharmacy.

**13. Who should I contact if I have additional questions?**

Express Scripts customer service can answer all of your questions regarding this program. They are available at 877.494.7472.

## FREQUENTLY ASKED QUESTIONS

### – Generic Preferred Policy –

#### 1. What are generic drugs?

A generic drug is a chemically equivalent, lower-cost version of a brand name drug. The generic version becomes available when a brand-name drug's patent expires, and it usually costs up to 80 percent less than the brand-name version. It is the same as a brand-name drug in dosage, safety, strength, how it is taken, quality, performance and intended use.

You can visit the Food and Drug Administration (FDA) website at:

<http://www.fda.gov/drugs/resourcesforyou/consumers/questionsanswers/ucm100100.htm> for more information about generic drugs.

#### 2. What is the Generics Preferred policy?

The Generics Preferred policy encourages generic prescription utilization through economic incentives for using generic medications. The policy applies to all medications with the exception of Coumadin and Synthroid.

Under the policy, if a brand-name drug is dispensed rather than an available chemically equivalent generic drug, **an additional charge** is applied to the member's generic copay. The additional charge applies, and is the responsibility of the member, regardless of whether the "dispense as written" box is checked by your doctor. **The additional charge applied is the difference in cost between the brand and generic product.** Additional charges do not apply toward the out-of-pocket maximum. It is important to remember that this program still allows you **the choice** between treatment options but not at an increased cost to the plan and its participants.

#### 3. Under this policy, will my doctor need to re-write my prescription order before the pharmacist can dispense a chemically-equivalent generic?

Not necessarily. If your doctor writes a prescription order for a brand drug which has a chemically-equivalent generic version available and does not note "dispense as written," it is not necessary for the pharmacist to obtain your doctor's approval before dispensing the generic equivalent. If the prescription is noted "dispense as written," you will need to obtain a new prescription in order to receive the generic version.

#### 4. What if my doctor or I feel I need to have the brand version of my medication?

If you or your doctor feels it is medically necessary to continue to receive the brand version of the medication, the physician can call the Express Scripts prior authorization line at 800.417.8164. If medical necessity is approved by Express Scripts, you will pay the non-formulary coinsurance for the medication.

**5. Are generic drugs as safe as brand-name drugs?**

Yes. The FDA requires that all drugs be safe and effective. Since generics use the same active ingredients and are shown to work the same way in the body, they have the same risks and benefits as their brand-name counterparts. The FDA requires generic drugs to have the same quality, strength, purity and stability as brand-name drugs.

**6. Why are generic drugs less expensive?**

Generic drugs are less expensive because generic manufacturers don't have the investment or advertising costs of the developer of a new drug. New drugs are developed under patent protection. The patent protects the investment — including research, development, marketing and promotion — by giving the company the sole right to sell the drug while it is in effect. As patents near expiration, manufacturers can apply to the FDA to sell generic versions. Because those manufacturers don't have the same development and marketing costs, they can sell their product at substantial discounts. Also, once generic drugs are approved, there is greater competition, which keeps the price down.

**7. Does every brand-name drug have a generic counterpart?**

No. Brand-name drugs are generally given patent protection for 20 years from the date of submission of the patent. This provides protection for the innovator who paid the initial costs (including research, development, and marketing expenses) to develop the new drug. However, when the patent expires, other drug companies can introduce competitive generic versions, but only after they have been thoroughly tested by the manufacturer and approved by the FDA.

**8. Who should I contact if I have additional questions?**

Contact Express Scripts customer service at 877.494.7472 with any questions regarding this policy.

## FREQUENTLY ASKED QUESTIONS

### – Drug Quantity Management –

#### Overview

##### 1. What Is Drug Quantity Management?

Drug Quantity Management (DQM) is a program in your pharmacy benefit that's designed to make the use of prescription drugs safer and more affordable. It provides you with medicines you need for your good health and the health of your family, while making sure you receive them in the amount — or quantity — considered safe.

Certain medicines are included in this program. For these medicines, you can receive an amount to last you a certain number of days: For instance, the program could provide a maximum of 30 pills for a medicine you take once a day. This gives you the right amount to take the daily dose considered safe and effective, according to guidelines from the U.S Food & Drug Administration (FDA).

Drug Quantity Management also helps save money in two different ways: First, if your medicine is available in different strengths, sometimes you could take one dose of a higher strength instead of two or more of a lower strength – which saves money over time. For example:

You might be taking two 20 mg pills once a day. To last you a month, you need 60 pills. But Drug Quantity Management could provide just 30 pills at a time. You would need to get two supplies — and pay two copayments — every month.

With your doctor's approval, you could get a higher strength pill. For instance, you could take a 40 mg pill once a day (instead of two 20 mg pills). One supply lasts you a month — and you have just one copayment.

Taking your prescribed dose in a higher strength pill also helps our organization save, because our plan pays for fewer pills. By saving on drug costs, we can continue to control the rising cost of prescription drugs for everyone in our plan.

Secondly, the program also controls the cost of “extra” supplies that could go to waste in your medicine cabinet.

The program can help you get the medicine you need safely and affordably.

##### 2. Who developed my Drug Quantity Management program?

The program follows guidelines developed by the U.S. Food & Drug Administration (FDA). These guidelines recommend the maximum quantities considered safe for prescribing certain medicines.



Together with Express Scripts — the company that manages your pharmacy benefit — your plan develops your Drug Quantity Management program based on FDA guidelines and other medical information.

### 3. What drugs are included in the program?

Your Drug Quantity Management program includes drugs that could have safety issues for you if the quantity is larger than the guidelines recommend. For instance, it includes drugs that aren't easily measured out, like nose sprays or inhalers.

Drugs that come in several strengths are also included. Again, if you can take fewer doses at a higher strength, you save because you pay fewer copayments — and your plan can save, too.

A list of drugs in your plan's Drug Quantity Management program is available. Ask your HR administrator for a copy, and show your doctor this list.

## How Drug Quantity Management Works

### 4. Why couldn't I get the amount of my medicine that was prescribed?

Here's what occurs at the pharmacy when a drug is included in your Drug Quantity Management program:

1. When you hand in your prescription, your pharmacist sees a note on the computer system indicating that your medicine isn't covered for the amount prescribed. This could mean:

You've asked for a refill too soon; that is, you should still have medicine left from your last supply. Just ask your pharmacist when it will be time to get a refill.

OR your doctor wrote you a prescription for a quantity larger than our plan covers.

2. If the quantity on your prescription is too large, here's what you can do:

Have your pharmacist fill your prescription as it's written, for the amount that our plan covers. You pay the appropriate copayment. But you may need to get this prescription filled more often — for instance, twice a month instead of once a month — which means you pay more often.

OR ask your pharmacist to call your doctor. They can discuss changing your prescription to a higher strength, when one is available. In most cases, if your doctor approves this change you have fewer copayments because you receive your medicine just once a month.

OR ask your pharmacist to contact your doctor about getting a —prior authorization. That is, your doctor can call Express Scripts to request that you receive the original amount and strength he/she prescribed. During this call, your doctor and an Express Scripts representative may discuss how your medical problem requires medicine in larger quantities than your plan usually covers. They may consider safety issues about the amount of medicine you're going to receive. And the Express Scripts representative will

check your plan's guidelines to see if your medicine can be covered for a larger quantity. Express Scripts' Prior Authorization phone lines are open 24 hours a day, seven days a week, so a determination can be made right away.

**5. Does this program deny me access to the medication I need?**

No. Your Drug Quantity Management program provides you with prescription drugs you need, in quantities that follow your plan's guidelines for safe, economical use.

You're encouraged to have your prescriptions filled according to the guidelines your plan uses. A list of the medicines included in your program is available. Ask your HR administrator for a copy, and show your doctor this list.

**6. I need my prescription filled immediately. What can I do?**

Your pharmacist can fill your prescription as it's written, for the quantity your plan covers. Remember, although you pay your plan's copayment, the quantity you receive might not last a full month.

OR you can ask your pharmacist to call your doctor about changing your prescription to a higher strength, if one is available. This way you could get a month's supply for the plan's copayment.

OR you can ask your pharmacist to call your doctor about requesting a prior authorization. If your doctor is available, he/she can call the Express Scripts Prior Authorization phone line right away for a determination.

**7. What happens if my doctor's request for a prior authorization is denied?**

You can have your prescription filled for the quantity covered by your plan and continue to pay your plan's copayment each time you get a refill. Or your doctor can change your prescription to a higher strength of your medicine, if one is available, so that you get a month's supply at a time.

If you want to file an appeal to have your medicine covered for the amount your doctor originally prescribed, our plan has an appeals process. Ask your HR administrator for more information or call Express Scripts at the number on the back of your prescription card.

**8. I filed an appeal and it was denied. What can I do?**

Talk with your doctor again about prescribing your medicine according to your plan's guidelines for Drug Quantity Management. To make sure your medicines are affordable, you're encouraged to have your prescriptions filled according to the guidelines your plan uses. A list of the medicines included in your program is available. Ask your HR administrator for a copy, and show your doctor this list.

## Mail Service and Drug Quantity Management

### 9. I sent in a prescription for mail-order delivery, but I was contacted and told it's in a Drug Quantity Management program. What happens now?

The Express Scripts Mail Service Pharmacy will try to contact your doctor to suggest either 1) changing your prescription to a higher strength or 2) asking for a prior authorization. If the Express Scripts Mail Service Pharmacy doesn't hear back from your doctor within two days, they will fill your prescription for the quantity covered by your plan. To save time, you may want to let your doctor know that the Mail Service Pharmacy will be calling.

If a higher strength isn't available, or your plan doesn't provide a prior authorization for a higher quantity, the Mail Service Pharmacy can fill your prescription for the quantity that your plan covers.

## FREQUENTLY ASKED QUESTIONS

### – Step Therapy –

#### 1. What is Step Therapy?

Step therapy is a program that lets you get the safe and effective treatment you and your family need. It helps your plan sponsor maintain affordable prescription-drug coverage for everyone your plan covers.

In step therapy, medicines are grouped in categories based on treatment and cost.

- First-line medicines are the first step. First-line medicines are generic and lower-cost brand-name medicines approved by the U.S. Food & Drug Administration (FDA). They are proven to be safe and effective, as well as affordable. Step therapy suggests that you should try these medicines first because in most cases they provide the same health benefit as more expensive drugs, but at a lower cost.
- Second-line drugs are the second and third steps. Second-line drugs typically are brand-name drugs. They are best suited for the few patients who don't respond to first-line medicines. Second-line drugs are the most expensive options.

#### 2. Who decides what drugs are covered in Step Therapy?

An independent panel of licensed doctors and pharmacists regularly reviews the most current research on newly approved medicines as well as existing medicines. These experts make recommendations to Express Scripts about appropriate prescription medicines for the step therapy program. Your prescription plan considers this guidance when it chooses the medicines it will cover.

#### 3. Why couldn't I fill my prescription at the pharmacy?

The first time you try to fill a prescription that isn't for a first-line medicine, your pharmacist should explain that step therapy asks you to try a first-line medicine before a second-line drug. Only your doctor can change your current prescription to a first-line medicine covered by your program.

To get a first-line medicine that your plan covers, ask your pharmacist to call your doctor and ask for a new prescription. If it's easier, you could call your doctor to ask for a new prescription.

Your pharmacist also should explain that you have an option to choose a second-line alternative to the first-line medicine. However, because your prescription plan won't cover second-line drugs until after you and your doctor have considered a first-line medicine to treat your condition, you will pay full price for that second-line drug.

#### 4. How do I know what first-line drug my doctor should prescribe?

Only your doctor can make that decision. Log in to your account at [express-scripts.com](https://express-scripts.com) to find out if step therapy applies to the medicine your doctor prescribed. Select “Price a Medication” from the menu under “Manage Prescriptions.” After you look up a medication, click “View coverage notes.” If your medicine does require step therapy, give the list of first-line alternatives to your doctor to choose a medicine that your plan covers that best treats your condition or call Express Scripts at the number on your member ID card.

#### 5. What can I do when I need a prescription filled immediately?

If you’ve just started taking a prescription medicine regularly, or if you’re a new plan member, your pharmacist might tell you that your plan doesn’t cover the second-line drug your doctor prescribed.

If this happens and you need your medicine right away, you can ask your pharmacist to fill a small supply of your prescription to take until you can consult with your doctor. You might have to pay full price for this small supply.

To make sure your plan covers the medicine you’ll be taking, ask your doctor to write a new prescription for a first-line alternative. **Remember:** Only your doctor can change your prescription to a first-line medicine.

#### 6. What if I can’t use the first-line (less expensive) medicine?

With step therapy, prescription plans often cover second-line (more expensive) drugs if:

- You’ve tried the first-line medicine covered by your step therapy program and learned that medicine doesn’t treat your condition effectively, or
- You can’t take a first-line medicine (for example, because of an allergy), or
- Your doctor decides that you need a second-line drug for medical reasons.

If one of these situations applies to you, your doctor can ask for an override. Medical professionals often call such an override “prior authorization.” After your plan approves the override, you’ll pay the appropriate copayment for the second-line drug.

If your plan doesn’t approve the override, you will either have to pay full price for the second-line drug or take an alternative.

#### 7. What are generic drugs?

FDA-approved generic medicines have the same chemical makeup as their brand-name counterparts. They also have the same effect in the body. Though FDA-approved generics might have a different name, color and/or shape, they have been through the same sort of rigorous clinical testing as the original medicine.

Unlike manufacturers of brand-name drugs, the companies that make generic medicines don't spend as much money on research and advertising. As a result, generic medicine costs less than the original brand-name drug and the savings get passed on to you.

**8. I sent in a prescription to Express Scripts Home Delivery and was told I need to use a first-line drug. What happens now?**

Step therapy applies to prescriptions you pick up at your local pharmacy as well as those delivered to you from the Express Scripts Pharmacy<sup>SM</sup>. We apply the same process explained earlier in this Q&A. Your doctor can write a prescription for a first-line medicine your plan covers or ask for an override.

If you still have questions, we're glad to help. Just call us at the toll-free number on your member ID card or prescription label.

**9. Who should I contact if I have additional questions regarding Step Therapy?**

Contact Express Scripts customer service at 877.494.7472.



## Step Therapy Drug List

Express Scripts, Inc.  
Preferred Drug Step Therapy Programs for Travelers Company

Non-Specialty Step Therapy Program:	Indication:	Your prescription is for one of these targeted step drugs:	Your program points you to one of these first step drugs:	This program looks for:
Angiotensin Receptor Blockers (ARBs)	High Blood Pressure	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 and Tribenzor	candesartan, candesartan/HCTZ, eprosartan, irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, telmisartan, telmisartan/amlodipine, telmisartan/HCTZ, olmesartan, olmesartan/HCTZ, olmesartan/amlodipine, olmesartan/amlodipine/HCTZ, valsartan, valsartan/HCTZ, valsartan/amlodipine, and valsartan/amlodipine/hydrochlorothiazide	Prior use of 1 first line medication in the last 130 days
Avodart	Benign Prostatic Hyperplasia (BPH)	Avodart, dutasteride, Jalyn, dutasteride/tamsulosin, Proscar	finasteride 5 mg	Prior use of 1 first line medication in the last 130 days
Bisphosphonates (generic)	Osteoporosis	Fosamax tablets, Boniva tablets, Actonel tablets, Atelvia delayed-release tablets, Fosamax Plus D tablets and Binosto	alendronate 5, 10, 35, 40 and 70 mg tablets, ibandronate 150 mg tablets, risedronate 5, 30, 35 and 150 mg tablets, and risedronate 35 mg delayed-release tablets	Prior use of 1 first line medication in the last 130 days
Branded NSAID	Arthritis/Pain	Ansaïd, Arthrotec, Cambia, Cataflam, Clinoril, Daypro, Feldene, Flector Patch, IC 400 Kit, IC 800 Kit, Indocin, Mobic, Motrin, Nalfon, Naprelan, Naprosyn, EC-Naprosyn, Pennsaid (1.5% and 2%), Ponstel, Sprix, Tivorbex, Voltaren XR, Voltaren Gel, Zipsor, Zorvolex, Vimovo, Vivlodex, Duexis	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin, diclofenac sodium/misoprostol	Patients with a history of two Step 1 drugs within the 130-day look-back period are excluded from step therapy, except for Vimovo and Duexis. For Vimovo, patients with a history of both one prescription PPI and one naproxen product within the 130-day look-back period are excluded from step therapy. For Duexis, patients with a history of both one prescription H2RA and one prescription oral ibuprofen product within the 130-day look-back period are excluded from step therapy.
Colchicine	Gout	colchicine capsules, colchicine tablets	Mitigare capsules, Colcrys tablets	Prior use of 1 first line medication in the last 130 days

Express Scripts, Inc.  
Preferred Drug Step Therapy Programs for Travelers Company

Non-Specialty Step Therapy Program:	Indication:	Your prescription is for one of these targeted step drugs:	Your program points you to one of these first step drugs:	This program looks for:
Corticosteroid Inhalers	Asthma	Alvesco, Aerospa	Arnuity Ellipta, Asmanex Twisthaler, Asmanex HFA, Flovent HFA, Flovent Diskus, Pulmicort Flexhaler, QVAR	Prior use of 1 first line medication in the last 130 days
COX-2 Inhibitors	Arthritis/Pain	Celebrex, celecoxib	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin, diclofenac sodium/misoprostol	Prior use of 1 first line medication in the last 130 days. Also, this policy contains automation for patients receiving warfarin, clopidogrel, Effient® (prasugrel tablets), Brilinta™ (ticagrelor tablets), Xarelto® (rivaroxaban tablets), Pradaxa® (dabigatran capsules), Eliquis® (apixaban tablets) and Savaysa™ (edoxaban tablets).
Expendable Step	Multiple conditions	Rule 1: AstagrafXL, Envarsus XR Rule 2: Oleptro ER Rule 3: Android, Testred Rule 4: Rayos DR Rule 5: Sitavig Buccal Tablet Rule 6: Amrix ER, Fexmid 7.5MG Rule 7: Zyllo, Zyllo CR Rule 8: Lorzone 375MG, Lorzone 750MG Rule 9: Procysbi DR Rule 10: Alcotin A Rule 11: Vituz, Tuzistra XR Rule 12: Flowtuss, Hycufenix, Oberdon Rule 13: Livixil Pak, LP Lite Pak, Relador Pak/Pak Plus Rule 14: Lidocaine-Tetracaine 7%-7% Cream Rule 15: Tussicaps Rule 16: Durlaza	Rule 1: generic tacrolimus Rule 2: generic trazodone Rule 3: Methitest Rule 4: generic prednisone Rule 5: generic acyclovir Rule 6: generic cyclobenzaprine Rule 7: generic montelukast Rule 8: generic chlorzoxazone Rule 9: Cystagon Rule 10: topical steroid+mupirocin Rule 11: generic cough/cold liquid Rule 12: generic cough/cold liquid Rule 13: lidocaine/prilocaine cream Rule 14: lidocaine/prilocaine cream Rule 15: generic cough/cold liquid Rule 16: two other aspirin products	

Express Scripts, Inc.  
Preferred Drug Step Therapy Programs for Travelers Company

Non-Specialty Step Therapy Program:	Indication:	Your prescription is for one of these targeted step drugs:	Your program points you to one of these first step drugs:	This program looks for:
EpiPen	Allergic Reaction	Auvi-Q, EpiPen, EpiPen Jr	Mylan authorized products: Epinephrine 0.15mg auto-injector, Epinephrine 0.3mg auto injector	
Fenofibrate	High Blood Cholesterol	Tricor, Lofibra, Antara, Triglide, Lipofen, Fenoglide, Trilipix, Fenofibrate, Fibracor	generic fenofibrate tablets, generic fenofibrate capsules, generic fenofibric acid tablets, and generic fenofibric acid capsules	Prior use of 1 first line medication in the last 130 days
HMG-CoA Reductase Inhibitors	High Blood Cholesterol	Second Line: Livalo Third Line: Fiolipid, Lescol, Lescol XL, Mevacor, Altoprev, Pravachol, Zocor, Lipitor, Crestor, Caduet and Vytorin	atorvastatin, lovastatin, pravastatin, simvastatin, fluvastatin, fluvastatin extended-release, rosuvastatin, atorvastatin/amlodipine and ezetimibe/simvastatin	Prior use of 1 first line medication in the last 130 days for a second line medication. For a third line medication patients must have prior use of both a first line and second line drug in the past 180 days for automated approval.
Hydrocortisone Acetate Suppository	Corticosteroids	Anusol-HC (25mg), Protocort (30mg)	Generic hydrocortisone acetate suppository (25mg or 30mg), Anucort - HC (25mg), GRX Hicort (25mg), Hemmorex-HC (25mg or 30 mg), Rectacort-HC (25mg)	Prior use of first line medication in the last 130 days.
Hypnotics	Insomnia	Ambien CR, Lunesta, Rozerem, Sonata, Ambien, Edluar, Silenor, Zolpimist, Intermezzo	zolpidem/CR, zaleplon, eszopiclone	Prior use of 1 first line medication in the last 130 days. For Rozerem and Silenor, patients who are ≥ 65 years of age will not be targeted by this step therapy program.
Metformin	Diabetes	Rule 1: Glucophage, Riomet Rule 2: Second Line - Glucophage XR (brand), Fortamet (brand and generic). Third Line - Glumetza (brand and generic)	Rule 1: metformin immediate-release tablets Rule 2: metformin extended-release tablets (generic to Glucophage XR Only)	Rule 1: Prior use of 1 first line medication in the last 130 days Rule 2: Prior use of 1 first line medication approve second line drug, if patient has tried 1 first line and 1 second line medication approve third line medication. No Automation.
Methotrexate	Inflammatory Conditions	Otrexup, Rasuvo	Generic methotrexate injection (single- or multi-dose vials)	Prior use of 1 first line medication in the last 130 days
Nasal Steroids	Allergies	Beconase AQ, Dymista, Flonase, Nasacort AQ, Nasonex, Omnaris, Qnasl, Rhinocort Aqua, Veramyst, Zetonna, Nasarel	flunisolide, fluticasone, triamcinolone, budesonide	Prior use of 1 first line medication in the last 130 days

Express Scripts, Inc.  
Preferred Drug Step Therapy Programs for Travelers Company

Non-Specialty Step Therapy Program:	Indication:	Your prescription is for one of these targeted step drugs:	Your program points you to one of these first step drugs:	This program looks for:
Overactive Bladder Agents	Overactive Bladder	Detrol, Detrol LA, Ditropan XL, Enblex, Gelnique, Oxytrol (Rx), Oxytrol for Women (OTC), Sanctura, Sanctura XR, Toviaz, Vesicare, Myrbetriq. (ER – Extended-release; IR – Immediate release; Rx – Prescription; OTC – Over-the-counter)	darifenacin ER, oxybutynin IR, oxybutynin ER, trospium, tolterodine, tolterodine ER, trospium ER	Prior use of 1 first line medication in the last 130 days
Proton Pump Inhibitors - generic	Stomach acid conditions	<b>Rule 1:</b> Aciphex, Aciphex Sprinkle, Dexilant (formerly Kapidex), esomeprazole strontium, Prevacid (Rx or OTC), Prevacid SoluTab, Prilosec (Rx or OTC), Protonix, Nexium (RX) <b>Rule 2 * :</b> Zegerid (Rx or OTC), select generics of Zegerid require prior use of 5 generic PPI products.	rabeprazole delayed-release tablets, omeprazole (Rx or OTC), lansoprazole (Rx and OTC capsules and orally disintegrating tablets), pantoprazole, omeprazole/sodium bicarbonate (Rx and OTC), esomeprazole delayed-release capsules, Nexium 24HR OTC	Prior use of 1 first line medication in the last 130 days. This policy contains automation for patients who have received Nexium 24HR (OTC) and select generic omeprazole/bicarbonate products. Note: Automation is NOT in place for Step 2 Zegerid, Zegerid OTC, and generic omeprazole/sodium bicarbonate products (Rx/OTC). Patients must try five generic PPIs prior to approval of Zegerid, Zegerid OTC, or generic omeprazole/bicarbonate (Rx or OTC).
SGLT-2 Inhibitors	Diabetes	Farxiga, Invokana, Invokamet, Invokamet XR, Jardiance, Xigduo XR, Synjardy, Synjardy XR.	metformin, metformin-extended release, Fortamet ER, Glucophage, Glucophage XR, Glumetza ER, Riomet solution, Glucovance, glyburide-metformin, glipizide-metformin, ActoplusMet, pioglitazone-metformin, Actoplus Met XR, Avandamet, Prandimet, repaglinide/metformin, Kazano, alogliptin/metformin, Jentadueto, Jentadueto XR, Kombiglyze XR, Janumet, Janumet XR.	Prior use of 1 first line medication in the last 130 days

Express Scripts, Inc.  
Preferred Drug Step Therapy Programs for Travelers Company

Non-Specialty Step Therapy Program:	Indication:	Your prescription is for one of these targeted step drugs:	Your program points you to one of these first step drugs:	This program looks for:
SGLT-2 Inhibitors/DPP4-Inhibitors	Diabetes	Glyxambi, Qtern	metformin, metformin extended-release, Glucophage, Glucophage XR, Glumetza, Fortamet, Riomet, Glucovance, metformin/glyburide, Avandamet, metformin/glipizide, Actoplus Met, pioglitazone/metformin, Actoplus Met XR, Janumet, Janumet XR, Prandimet, repaglinide/metformin, Kombiglyze XR, Jentadueto, Jentadueto XR, Kazano, alogliptin/metformin, Synjardy, Synjardy XR, Xigduo XR, Invokamet, Invokamet XR	Prior use of 1 first line medication in the last 130 days. Patients previously taking or currently taking a single agent SGLT-2 or DPP-4 Inhibitor or or certain combination SGLT-2 or DPP-4 products.
Tetracycline - oral	Dermatologic Conditions	Acticlate, Adoxa, Alodox Convenience Kit, Avidoxy Kit, Doryx, Dynacin, Minocin, Minocin Kit, Monodox, Morgidox Kit, Oracea, Periostat, Solodyn, Vibramycin, Doxycycline 40 mg capsules (brand product)	generic demeclocycline, doxycycline, minocycline, and tetracycline solid dosage forms (e.g., capsules, tablets), generic Avidoxy, generic Oraxyl, generic Ocudox and generic Morgidox	Prior use of 1 first line medication in the last 130 days
Topical Antifungal	Fungal Infections	Ciclofan 8% Kit, CNL 8 Nail Kit, Jublia, Kerydin, Pedipirox-4 Nail Kit, Penlac	Ciclofan 8% topical solution (branded generic), ciclopirox topical solution 8%, ciclopirox 8% treatment kit	Prior use of 1 first line medication in the last 130 days
Topical Acne and Rosacea	Dermatologic Conditions	Rule 1: Brand topical BPO, antibiotic, etc containing products Rule 2: Brand topical cleansers Rule 3: Brand topical kits Rule 4: Finacea gel, Finacea Plus Kit, Finacea foam, MetroCream, MetroGel, MetroLotion, Noritate Cream, Rosadan Cream Kit, Rosadan Gel Kit, Soolantra	Rule 1: Generic topical BPO, antibiotic, etc containing products Rule 2: Generic topical cleansers Rule 3: One med from rule 1 AND one med from rule 2 Rule 4: Metronidazole cream 0.75%, Metronidazole gel 0.75% and 1%, Metronidazole lotion 0.75% Rosadan cream, Rosadan gel	Prior use of first line medication in the last 130 days for Rules 1 and 2; Prior use of two products in the last 130 days for Rule 3.
Thiazolidinedione (TZD's)	Diabetes	Actos, Avandia, Actoplus Met, Actoplus Met XR, Avandamet, Duetact, Avandaryl	metformin, metformin extended-release, Glucophage, Glucophage XR, Glumetza, Fortamet, Riomet, Glucovance, metformin/glyburide, metformin/glipizide, Janumet, Janumet XR, Jentadueto, Jentadueto XR, Prandimet, repaglinide/metformin, Kombiglyze XR, pioglitazone/metformin, pioglitazone, pioglitazone/glimeperide, Kazano, metformin/alogliptin, Invokamet, Invokamet XR, Synjardy, Xigduo XR	Prior use of 1 first line medication in the last 130 days



Express Scripts, Inc.  
Preferred Drug Step Therapy Programs for Travelers Company

Non-Specialty Step Therapy Program:	Indication:	Your prescription is for one of these targeted step drugs:	Your program points you to one of these first step drugs:	This program looks for:
Ophthalmic Antiallergy	Ophthalmic Conditions	Rule 1: Alrex, Bepreve, Elestat, Emadine, Lastacraft, Optivar, Pataday, Patanol  Rule 2: Alocril, Alomide, Alamast	Rule 1: azelastine, epinastine, bepotastine, emadastine, alcaftadine, olopatadine, loteprednol, ketotifen  Rule 2: cromolyn, nedocromil, lodoxamide, pemirolast	Prior use of 1 first line medication in the last 60 days
Topical Corticosteroids	Dermatologic Conditions	Aclovate, Ala-Scalp HP, ApexiCon, Capex, Clobex, Elocon, Halog, Halonate, Florone, Kenalog, Cloderm, Cordran, Locoid, Luxiq, Olux, Pandel, Psorcon, Derma-Smooth/FS, Dermatop, Texacort, Vanos, Diprolene/AF, Verdeso, Desonate, Olux-Olux-E, Desowen, Cutivate, Zytopic, Nucort Lotion, Florone, Ultravate, Topicort/LP, Lidex, Westcort, Momexin, Pediaiderm/TA, Triderm, Scalacort, Samol-HC, Pramoxone, Pramoxone E, Desonil/kit, Aqua Glycolic HC	alclometasone, amcinonide, betamethasone dipropionate (augmented), betamethasone dipropionate, fluocinonide, fluticasone, halobetasol, betamethasone valerate, hydrocortisone, clobetasol, hydrocortisone butyrate, desonide, desoximetasone, hydrocortisone valerate, mometasone, triamcinolone, diflorasone fluocinolone, pramoxine	Prior use of 2 first line medication in the last 130 days
Topical Immunomodulators	Dermatologic Conditions	Elidel, Protopic, generic tacrolimus ointment	alclometasone, amcinonide, betamethasone dipropionate (augmented), betamethasone dipropionate, clobetasol, clobetasone, fluocinonide, fluticasone, halobetasol, betamethasone valerate, hydrocortisone, hydrocortisone butyrate, hydrocortisone buteprate, hydrocortisone acetate, desonide, desoximetasone, hydrocortisone valerate, mometasone, triamcinolone, diflorasone, fluocinolone, clocortolone, flurandrenolide, halocinonide, prednicarbate	Prior use of 1 first line medication in the last 130 days



Express Scripts, Inc.  
Preferred Drug Step Therapy Programs for Travelers Company

Specialty Step Therapy Program:	Indication:	Your prescription is for one of these targeted step drugs:	Your program points you to one of these first step drugs:	This program looks for:
Alpha-1 Inhibitors	Metabolic, Immune disorders or Inherited Rare Disease	Prolastin, Zemaïra, Glassia	Aralast	Prior use of 1 first line medication in the last 130 days, prior authorization also required.
CAPS	Metabolic, Immune disorders or Inherited Rare Disease	Arcalyst	Ilaris	Prior use of 1 first line medication in the last 130 days, prior authorization also required.
Colony Stimulating Factors	Blood Cell Deficiency	Neupogen, Zarxio	Granix	Prior use of first line medication in the last 130 days, prior authorization also required.
Erythroid Stimulants	Blood Cell Deficiency	Epogen, Aranesp, Mircera	Procrit	Prior use of 1 first line medication in the last 130 days, prior authorization also required.
Gaucher Disease	Metabolic, Immune disorders or Inherited Rare Disease	Cerezyme, Eleyso	Vpriv	Patients with a history of Vpriv, the preferred product, within the 130-day look-back period are excluded from this rule.
Growth Hormones	Growth Hormone	Nutropin, Nutropin AQ, Omnitrope, Saizen, SaizenPrep, Zomacton	Genotropin, Humatrope, Norditropin	Prior use of 1 first line medication in the last 130 days, prior authorization also required.
Hepatitis C Oral	Hepatitis C	Daklinza, Olysio, Sovaldi, Zepatier	Epclusa, Harvoni, Mavyret, Technivie, Viekira Pak, Viekira XR, Vosevi	Preferred product dependent on Genotype, prior authorization also required.
Inflammatory Conditions	Inflammatory Conditions	Cimzia, Enbrel, Simponi 50mg, Simponi 100mg, Orencia, Otezla, Taltz*	Actemra, Cosentyx, Enbrel, Humira, Otezla, Remicade, Simponi 100mg (for Ulcerative Colitis Only), Stelara SC, Xeljanz, Xeljanz XR	*First line and Second line medications dependent on indication for use. Looks for prior use of first line medication specific to indication in the last 130 days.
Multiple Sclerosis – Inj	Multiple Sclerosis	Betaseron, Brand Copaxone 20mg	Rebif, Extavia, Avonex, Plegridy, Glatopa, Copaxone 40 mg	Prior use of 1 first line medication in the last 130 days
Multiple Sclerosis – Oral	Multiple Sclerosis	Gilenya, Tecfidera, Aubagio	Rebif, Extavia, Avonex, Plegridy, Glatopa, Copaxone 40 mg	Prior use of 1 first line medication in the last 130 days
Prostate Cancer- Oral	Oncology	Xtandi	Zytiga	Prior use of 1 first line medication in the last 130 days
Prostate Cancer-Injectable	Oncology	Firmagon, Lupron Depot, Trelstar, Trelstar Depot	Eligard	Prior use of 1 first line medication in the last 130 days

Express Scripts, Inc.  
Preferred Drug Step Therapy Programs for Travelers Company

Specialty Step Therapy Program:	Indication:	Your prescription is for one of these targeted step drugs:	Your program points you to one of these first step drugs:	This program looks for:
Pulmonary Arterial Hypertension - PDE-5 Inhibitors	Pulmonary Arterial Hypertension	Revatio tablets & 10 MG/ML oral solution, Revatio Oral Suspension, Adcirca	sildenafil	Prior use of 1 first line medication in the last 130 days
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists	Pulmonary Arterial Hypertension	Letairis	Tracleer, Opsumit	Prior use of 1 first line medication in the last 130 days
Pulmonary Arterial Hypertension - Inhaled Prostacyclin	Pulmonary Arterial Hypertension	Ventavis	Tyvaso	Prior use of 1 first line medication in the last 130 days

List is subject to change. Last updated September 2017.

## FREQUENTLY ASKED QUESTIONS

### – Compound Management Program –

#### 1. What are compounds and are they FDA approved?

According to the FDA, compounding is the practice in which a licensed pharmacist combines, mixes, or alters ingredients in response to a prescription to create a medication tailored to the medical needs of an individual patient. The active ingredients within the compound are FDA approved, but the FDA does not approve the quality, safety and efficacy of the compound with multiple ingredients.

#### 2. Why was the Compound Management Program introduced?

Compounded medications that are combined or mixed by pharmacists are not approved by the FDA and there is no way to confirm their quality, safety or effectiveness. The Compound Management Program excludes a large number of compound drug products from coverage to help manage safety and costs while providing a wider variety of clinically effective and appropriate medications for members.

#### 3. What will be excluded?

A large number of products are currently excluded and the list is subject to change at the discretion of Express Scripts. The following list provides a summary of the top 25 products.

#### 4. Who decided to exclude these compounded medications?

The list of excluded compound medications was put together and recommended by Express Scripts clinical pharmacy staff.

#### 5. What are the alternatives?

Only your medical provider and you can determine a suitable alternative since it is often difficult to determine the condition for which a compounded medication is being prescribed. Ask your doctor if an FDA-approved drug is available and appropriate for your treatment.

#### 6. Can I appeal the exclusion decision and if so how?

Express Scripts recommends that you contact your physician to try a commercially available FDA approved alternative. If you've tried all the alternatives, you can submit an appeal requesting benefit coverage for the compound medication. Express Scripts will handle and review your appeal and inform you of the decision. You may also continue to use the compound medication and pay 100% of the cost.

**7. My pharmacist prepares my bio-identical hormones. Will these continue to be covered?**

Yes – most hormone replacement therapies are still available via compounding. Due to the FDA's warning of estriol's lack of safety and efficacy data, this product is included on the Compound Management Exclusion List. Express Scripts will continue to monitor the class of medications.

**8. Why would my physician prescribe a compounded medication instead of something that is already on the market?**

Only you and your doctor can decide what is the best medication option for you. Physicians make therapy choices based on a variety of factors. An important consideration for patients is the lack of evaluation or verification of safety or efficacy by the FDA for compound medications.

**9. The compounded medication that I have been using works really well for me. What are my options?**

Express Scripts recommends that you contact your physician to try a commercially available FDA approved alternative. If you've tried all the alternatives, you can submit an appeal for the compound medication. Express Scripts will handle and review your appeal and inform you of the decision.

You may also continue to use the compound medication and pay 100% of the cost.

**10. Will pediatric compounds still be covered?**

Yes. If a child needs to obtain an adult medication in a lesser dose and/or cannot swallow tablets, the pharmacist can compound the medication into a dosage form that the child can take.

## Compound Management Exclusion List



### Compound Management Top 25 Exclusion List

The top 25 ingredients included in the Express Scripts Compound Management exclusion list represent almost 80% of current compound spend and nearly 85% are utilized for topical pain or a base (e.g. cream). Compound Management uses the following criteria to determine exclusions:

- Represent a significant cost and/or within the top 200 most expensive compound ingredients
- Availability of commercially alternative medications
- Available as an OTC product
- Products lacking clinical evidence within compounds
- Products with significant and/or continuous price increases

Compound Ingredient	Indication or Base
FLUTICASONE PROPIONATE POWDER	Topical Pain
GABAPENTIN POWDER	Topical Pain
LIPO-MAX CREAM	Vehicle (Base)
PRACASIL TM-PLUS GEL	Vehicle (Base)
KETAMINE HCL POWDER	Topical Pain
FLURBIPROFEN POWDER	Topical Pain
LIPODERM BASE	Vehicle (Base)
CYCLOBENZAPRINE HCL POWDER	Topical Pain
BACLOFEN POWDER	Topical Pain
BUPIVACAINE HCL POWDER	Topical Pain
ETHOXY DIGLYCOL LIQUID	Solvent
MELOXICAM POWDER	Topical Pain
VERSAPRO CREAM BASE	Vehicle (Base)
MOMETASONE FUROATE POWDER	Topical Pain
SPIRA-WASH GEL	Vehicle (Base)
DICLOFENAC SODIUM POWDER	Topical Pain
LEVOCETIRIZINE DIHYDROCHL POWDER	Scar Gel
VERSATILE CREAM BASE	Vehicle (Base)
LIOPEN ULTRA CREAM BASE	Vehicle (Base)
NABUMETONE MICRONIZED POWDER	Topical Pain
LIOPEN PLUS CREAM	Vehicle (Base)
TRAMADOL HCL POWDER	Topical Pain
KETOPROFEN MICRONIZED POWDER	Topical Pain
PRILOCAINE HCL POWDER	Topical Pain
RESVERATROL POWDER	Anti Inflammatory

This list is subject to change as Express Scripts continuously monitors compounds.