

2015 Travelers Prescription Drug Plan High Deductible Plan

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2015 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.

As of January 1, 2015, 25 medications/supplies will no longer be covered. You can review all excluded products and covered alternatives to discuss with your doctor.

[View the Formulary Exclusion List](#)

2015 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, the prescription drug plan will introduce a compound drug management program. Under the program, Express Scripts will exclude 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](#)

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 (\$24) OR pay the coinsurance for brand-name drugs (a minimum brand cost of \$99 and a maximum brand cost of \$405).

[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% 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 [full list of maintenance drugs](#) 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 (\$135 for 30-day retail, \$270 for 90-day home delivery, or \$405 for 90-day retail) or the \$2,400 per person/\$4,800 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](#)

Specialty Medicine Program: Accredo

Specialty medications are covered up to a 30-day supply through Express Scripts specialty medication pharmacy company Accredo. A partial list of conditions that may result in these specialty medications includes arthritis, cancer, hepatitis, infertility, migraines, RSV, and multiple sclerosis. Under the specialty program, members are allowed two initial fills per medication at a local retail pharmacy. After that, the medications will be filled via the Accredo mail order pharmacy. Specialty medications are subject to the same coinsurance (minimums and maximums) as retail prescriptions with the exception of infertility medications. Infertility medications are not covered. If you have questions on this program you can contact Accredo at 800-803-2523.

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:

- Proton-pump inhibitors for acid reflux
- Tetracycline and topical medications for acne
- Nasal steroids for allergies
- Hypnotics for insomnia and COX-2 and non-steroidal anti-inflammatory drugs (NSAIDs) for pain.
- Topical corticosteroids and topical immunomodulators for skin conditions
- Multiple sclerosis
- Arthritis
- Growth hormones
- Prostate cancer
- Respiratory conditions
- Pulmonary hypertension
- Infertility

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](#)

2015 Formulary Exclusion List



2015 Preferred Drug List Exclusions

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 are currently using one of the excluded medications, please ask your doctor to consider writing a new prescription for one of the following preferred alternatives.

Drug Class	Excluded Medications	Preferred Alternatives
AUTONOMIC & CENTRAL NERVOUS SYSTEM Interferon Beta Medications for Multiple Sclerosis	Betaseron	Avonex, Extavia, Rebif
Long-Acting Opioid Oral Analgesics	Kadian, Zohydro ER	morphine sulfate ER, oxycodone ER, Nucynta ER, Opana ER, Oxycontin
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Subsys	fentanyl citrate, Lazanda
Triptans	Axert, Frova	rizatriptan, sumatriptan, zolmitriptan, Relpax
CARDIOVASCULAR Angiotensin II Receptor Antagonists + Diuretic Combinations	Edarbi/Edarbyclor, Teveten HCT	candesartan/HCTZ, irbesartan/HCTZ, losartan/HCTZ, valsartan/HCTZ, Benicar/HCT
DERMATOLOGICAL Topical Acne/Antibiotic Combinations	BenzaClin Gel Pump, Veltin	clindamycin/benzoyl peroxide, clindamycin PLUS tretinoin, Acanya, Ziana
DIABETES Blood Glucose Meters & Strips	Abbott (FreeStyle, Precision), Bayer (Breeze, Contour), Nipro (TRUEtest, TRUEtrack), Roche (Accu-Chek)	LifeScan (OneTouch)
Dipeptidyl Peptidase-4 Inhibitors & Combinations	Jentadueto, Kazano, Nesina, Tradjenta	Janumet, Janumet XR, Januvia, Kombiglyze XR, Onglyza
Glucagon-Like Peptide-1 Agonists	Tanzeum, Victoza	Bydureon, Byetta
Insulins	Novolin Apidra, NovoLog	Humulin Humalog
EAR/NOSE Nasal Steroids	Beconase AQ, Omnaris, Veramyst, Zetonna	flunisolide, fluticasone propionate, triamcinolone acetonide, Nasonex, Qnasl
Otic Fluoroquinolone Antibiotics	Cetraxal	ciprofloxacin otic solution, Ciprodex
ENDOCRINE (OTHER) Growth Hormones	Nutropin/Nutropin AQ, Omnitrope, Saizen, Tev-Tropin	Genotropin, Humatrope, Norditropin
Topical Testosterone Products	Fortesta, Testim, Testosterone 1% Gel, Vogelxo	AndroGel, Axiron
GASTROINTESTINAL Anti-Inflammatory/Anti-Ulcer Agents	Duexis, Vimovo	famotidine PLUS ibuprofen, omeprazole PLUS naproxen
Pancreatic Enzymes	Pancreaze, Pertzye, Ultresa	pancrelipase DR, Creon, Zenpep
HEMATOLOGICAL Erythropoiesis-Stimulating Agents	Aranesp, Epogen	Procrit

Continue on back >>

Continued

Drug Class	Excluded Medications	Preferred Alternatives
HEPATITIS Protease Inhibitors	Incivek	Olysio, Victrelis
Other Direct-Acting Antivirals (example: Sovaldi)	<i>To be determined after FDA approval</i>	<i>To be determined after FDA approval</i>
Pegylated Interferons	PegIntron	Pegasys
INFLAMMATORY CONDITIONS Tumor Necrosis Factor Antagonists and Other Drugs for Inflammatory Conditions	Cimzia, Simponi, Xeljanz	Enbrel, Humira, Stelara
OBSTETRICAL & GYNECOLOGICAL Ovulatory Stimulants (Follitropins)	Bravelle, Follistim AQ	Gonal-f, Gonal-f RFF
OPHTHALMIC Antiglaucoma Drugs (Ophthalmic Prostaglandins)	Zioptan	latanoprost ophthalmic solution, travoprost ophthalmic solution, Lumigan, Travatan Z
OSTEOARTHRITIS Hyaluronic Acid Derivatives	Euflexxa, Gel-One, Hyalgan, Supartz	Monovisc, Orthovisc, Synvisc, Synvisc-One
RESPIRATORY Pulmonary Anti-Inflammatory Inhalers	Alvesco, Flovent Diskus/HFA	Asmanex Twisthaler/HFA, Pulmicort Flexhaler, QVAR
Pulmonary Anti-Inflammatory/ Beta Agonist Combination Inhalers	Breo Ellipta	Dulera, Symbicort
Short-Acting Beta-2 Adrenergic Inhalers	Proventil HFA, Xopenex HFA	ProAir HFA, Ventolin HFA
UROLOGICAL Erectile Dysfunction Oral Agents	Levitra, Staxyn, Stendra	Cialis, Viagra

Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to Express-Scripts.com/covered to compare drug prices. Other prescription benefit considerations may apply.

Excluded Medications/Products at a Glance

Abbott (FreeStyle, Precision)	Euflexxa*	Nutropin/Nutropin AQ	Teveten HCT
Abstral*	Fentora*	Omnaris	Tev-Tropin
Alvesco	Flovent Diskus/HFA	Omnitrope	Tradjenta
Apidra	Follistim AQ	Pancreaze*	Ultresa*
Aranesp*	Fortesta	PegIntron	Veltin*
Axert*	Frova*	Pertzye*	Veramyst
Bayer (Breeze, Contour)	Gel-One*	Proventil HFA	Victoza
Beconase AQ	Hyalgan*	Roche (Accu-Chek)	Vimovo*
BenzaClin Gel Pump*	Incivek*	Saizen	Vogelxo*
Betaseron	Jentaduetto	Simponi	Xeljanz
Bravelle	Kadian	Staxyn	Xopenex HFA
Breo Ellipta	Kazano	Stendra*	Zetonna
Cetraxal*	Levitra	Subsys*	Zioptan
Cimzia	Nesina	Supartz*	Zohydro ER*
Duexis*	Nipro (TRUEtest, TRUEtrack)	Tanzeum*	
Edarbi/Edarbyclor	Novolin	Testim	
Epogen*	NovoLog	Testosterone 1% Gel*	

* New exclusion as of Jan. 1, 2015

Express Scripts manages your prescription benefit for your employer, plan sponsor or health plan. These changes apply to most Express Scripts national drug lists; does not apply to Medicare plans.

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FREQUENTLY ASKED QUESTIONS

– Compound Management Program –

Effective January 1, 2015, certain compounded medication products will no longer be covered under your benefit.

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.

2015 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.

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 (\$24) or brand coinsurance subject to the three month minimum of \$99 and maximum of \$405.

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



EXPRESS SCRIPTS®

Express Scripts Maintenance Medications

This is not an all-inclusive list of maintenance medications, and it is subject to change at least quarterly or more frequently in Express Scripts' discretion. Not all of the drugs listed are covered by all prescription-drug benefit programs; check your benefit materials and formulary for the specific drugs covered and the copayments for your prescription-drug benefit program. For specific questions about your coverage, please call the phone number printed on your ID card.

For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you.

A				F			
ACCOLATE	ARICEPT TABLETS	bupropion xl	CORGARD	DIURIL SUSPENSION	famotidine	HECTOROL	
ACCUPRIL	ARMOUR THYROID	BUSPAR	CORTEF	DIVIGEL	FELDENE	homatropine	
ACCURETIC	ARTHROTEC	buspirone	CORZIDE	DOLOBID	felodipine	eye drops	
acebutolol	ASACOL & HD	BYDUREON	COSOPT	doxazosin	FEMCON FE	HUMALOG	
ACEON	ASMANEX	BYETTA	COVERA-HS	DUEXIS	FEMHRT	hyalazine	
ACIPHEX	ATACAND	BYETTA PEN NEEDLE	COZAAR	DULERA INHALER	FEMTRAC	hydrochlorothiazide	
ACTIGALL	ATACAND HCT		CRESTOR	DUTOPROL	FENOFIBRATE	hydrocortisone	
ACTIVELLA	ATELVIA DR		cromolyn nebulizer	DYAZIDE	fenofibrate	tablets	
ACTONEL (5, 35, 75 & 150 MG)	atenolol		crystelle	dy-g	FENOGLIDE	hydroxychloroquine	
ACTONEL	atenolol/		CUPRIMINE	dylis	FENOPROFEN	HYTRIN	
WITH CALCIUM	chlorthalidone		CUVPOSA	DYNACIRC	FIBRICOR TABLETS	HYZAAR	
ACTOPLUS MET	atrovone ophthalmic		CYCLESSA	DYNACIRC CR	finasteride		
ACTOPLUS MET XR	ATROVENT HFA		CYCLOGYL	dyphylline gg	flavoxate		
ACTOS	AVALIDE		CYCLOMYDRIL	DYRENIUM	flecainide		
ACTRON	AVAPRO		cyclopentolate		FLOMAX		
ADALAT CC	aviane		CYCLOSET		FLOVENT DISKUS		
ADVAIR DISKUS	AVODART		CYMBALTA		FLOVENT HFA		
ADVAIR HFA	AXID		CYTOMEL		fludrocortisone		
ADVICOR	AYGESTIN		CYTOTEC		tablets		
ADVIL	AZILECT				FLUOR-A-DAY		
AEROBID	AZMACORT				TABLETS		
AEROBID-M	AZOPT				FLUORIDEX		
afeditab cr	AZULFIDINE				SENSITIVITY		
AGGRENOX	AZULFIDINE ENTAB				fluoxetine		
AGRYLIN	AZURETTE				flurbiprofen		
albuterol syrup					fluvoxamine		
albuterol tablets					folic acid		
ALDACTAZIDE					FORTAMET ER		
ALDACTONE					fortical		
ALESSE					FOSSAMAX		
ALEVE					FOSSAMAX PLUS D		
allopurinol					fosinopril		
ALORA					fosinopril-hctz		
ALPHAGAN P					furosemide		
ALTACE					furosemide solution		
ALTOPREV							
ALVESCO							
amantadine							
AMARYL							
amiloride							
amiloride hctz							
aminobenzoate							
potassium							
aminophylline							
amidarone							
amlodipine							
AMTURNIDE							
anagrelide							
ANAPROX							
ANGELIQ							
ANSAID							
ANTARA							
APIDRA							
APLENZIN							
APPEAREX							
APRESOLINE							
apri							
APRISO							
aranelle							
ARCAPTIA							
ARICEPT							

This is not an all-inclusive list of maintenance medications, and it is subject to change at least quarterly or more frequently in Express Scripts' discretion.

Brand-name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters. Most generics are available at the lowest copayment.

Let Express Scripts help you get started with Home Delivery by logging on to our web site at www.StartHomeDelivery.com.



KAON-CL
KAPIDEX
kariva
KAY CIEL
K-DUR
kelnor
KEMADIN
KERLONE
ketoprofen
klor-con
K-LYTE
K-LYTE/CL
KOMBIGLYZE XR
KRISTALOSE
K-TAB

L

labetalol tablets
LANOXICAPS
LANOXIN
lansoprazole
LANTUS
LASIX TABLETS
leena
LESCOL
LESCOL XL
lessina
LEVATOL
LEVEMIR
LEVLEN
levobunolol
levocarnitine
(solution &
tablets)
levora
levothroid
levothroxine
levoxyl
LEXAPRO
LEXCEL
LIALDA
LIPITOR
lisinopril
lisinopril-hctz
LIVALO
LO LOESTRIN FE
LO/OVRAL
LODINE
LODINE XL
LOESTRIN
LOESTRIN FE
LOFIBRA
LOPID
LOPRESSOR
LOPRESSOR HCT
LOSEASONIQUE
TABLETS
LOTENSIN
LOTENSIN HCT
LOTREL
LOTRONEX
lovastatin
LOVAZA
low-ogestrel
LUFYLLIN
LUFYLLIN-GG
LUMIGAN
LUMIGAN EYE DROPS
lutera
LUVOX CR
LYBREL

M

MARPLAN

MAVIK
MAXZIDE
meclofenamate
medroxy-
progesterone
meloxicam
MENEST
MENOSTAR
MERIBIN
MESTINON
METAGLIP
metaproterenol
(syrup & tablets)
metformin
metformin er
methazolamide
methimazole
methyclothiazide
methylidopa
methylidopa/hctz
metipranolol
metolazone
metoprolol tablets
metoprolol-hctz
MEVACOR
mexiletine
MEXITIL
MIACALCIN
NASAL SPRAY
MICARDIS
MICARDIS HCT
microgestin
microgestin fe
MICRO-K
MICRONASE
MICRONOR
MICROZIDE
MINASTRIN
MINIPRESS
MINITRAN
minoxidil tablets
MIRAPEX
MIRAPEX ER
MIRCETTE
MIRENA
misoprostol
MOBIC
MODICON
moexipril
MONOKET
mononessa
MONOPRIL
MONOPRIL HCT
MOTRIN
MULTAQ
MUROCOLL-2
mydral
MYDRIACYL

N

nabumetone
nadolol
NAFRINSE
nail-ex
NALFON
NALFON CAPSULES
NAMENDA
NAPRELAN
NAPRELAN CR
NAPROSYN
naproxen
NARDIL
NASCOBAL
NATAZIA
nateglinide

NATURE-THROID
necon
nefazodone
NEPTAZANE
NEUTRA-PHOS-K
NEXICLON XR
NEXIUM
niacin
NIASPAN
nicardipine
nifedipine
nifedipine er
nitro-bid
NITRO-DUR
nitroglycerin
(capsules,
ointment &
patches)
nitro-time
nizatidine
nora-be
NORDETTE
norethindrone
NORINYL
NORMODYNE
NORPACE
NORPACE CR
NOR-Q-D
norrel
NORVASC
NOVOLIN
NOVOLOG
NUVARING

O

OGEN TABLETS
ogestrel
OMACOR
omeprazole
omeprazole dr
ONGLYZA
OPTIPRANOLOL
ORTHO EVRA
ORTHO MICRONOR
ORTHO TRI-CYCLEN
ORTHO
TRI-CYCLEN LO
ORTHO-CEPT
ORTHO-CYCLEN
ORTHO-EST
ORTHO-NOVUM
ORTHO-PREFEST
ORUDIS
ORUDIS KT
OSEN
OSPHENA
OVCON
OVRAL
oxaprozin
oxybutynin

P

PACERONE
panfil g
pantoprazole tablets
papaverine capsules
PARCOPA
PARNATE
paroxetine
PAXIL
PAXIL CR
PENNSAID
PENTASA
pentolair

pentoxifylline
PEPCID AC
PEPCID SUSPENSION
PEPCID TABLETS
PERSANTINE
PEXEVA
PHOS-FLUR
(rinse and gel)
PHOSPHOLINE
IODIDE
pilocarpine
eye drops
PILOPINE HS
pindolol
piroxicam
PLAQUENIL
PLAVIX 75 MG
PLENIDIL
PLETAL
portia
POTABA
potassium chloride
potassium citrate
potassium gluconate
PRADAXA
PRANDIMET
PRANDIN
PRAVACHOL
pravastatin
prazosin
PRECOSE
PREFEST
PREMARIN CREAM
PREMARIN TABLETS
PREMPHASE
PREMPRO
PREVACID
prevacite
PREVENTID (booster,
gel, plus, rinse &
sensitive paste)
previfem
PRLOSEC
PRIMAQUINE
primidone
PRINIVIL
PRINIZIDE
PRISTIQ
procainamide
PROCANBID
PROCARDIA
PROCARDIA XL
PROGLYCEM
PROMETRIUM
propafenone
propranolol
propranolol/hctz
propylthiouracil
PROSCAR
PROTONIX
PROVENTIL TABLETS
PROVERA
PROZAC
PROZAC WEEKLY
PULMICORT
PULMICORT
FLEXHALER
pyridostigmine
tablets

Q

quasense
QUESTRAN
QUESTRAN LIGHT
quinapril

quinaretic
QUINIDEX
quinidine gluconate
quinidine sulfate
QVAR

R

ranitidine capsules
ranitidine tablets
RAPAFLO CAPSULES
RAZADYNE
RAZADYNE ER
reclipsen
RELAFEN
RELI-ON INSULIN
SYRINGE
REQUIP
REQUIP XL
reserpine
RESTASIS
RIDAURA
RIOMET
ROCALTRON
RYTHMOL
RYTHMOL SR

S

SAFYRAL
SANCTURA
SANCTURA XR
SARAFEM
SAVELLA
SEASONALE
SEASONIQUE
SECTRAL
selegiline
SEREVENT DISKUS
sertraline
SERZONE
SIMCOR
SIMCOR TABLETS
simvastatin
SINEMET
SINEMET CR
SINGULAIR
SKELID
sodium fluoride
(tabs, chew tabs,
drops & lozenges)
sodium fluoride gel
sodium fluoride rinse
solia
sorine
sotalol
sotalol af
SPIRIVA
spironolactone
spironolactone/hctz
sprintec
sronyx
SSKI
STALEVO
STARLIX
STIMATE
sucralfate
SULAR
sulfasalazine
sulindac
SYMBICORT
SYMLIN
syntest d.s.
SYNTHROID

T

TAGAMET TABLETS
TAMBOCOR
tamsulosin hcl
capsules
TAPAZOLE
TARKA
TASMAR
taztia xt
TEKAMLO TABLETS
TEKTURNA
TEKTURNA HCT
TENEX
TENORETIC
TENORMIN
terazosin
terbutaline tablets
TEVETEN
TEVETEN HCT
THALITONE
THEO-24
theochron
THEO-DUR
theophylline
(capsules &
tablets)
thyroid
THYROLAR
THYROSAFE
TIAZAC
TICLID
ticlopidine
TILADE
timolol ophthalmic
timolol tablets
TIMOPTIC
TIMOPTIC-XE
TIROSINT
tizanidine
tolazamide
tolbutamide
tolmetin
TOPROL XL
torsemide
TOVIAZ
TRANDATE
trandolapril
tranylcypromine
TRAVATAN
TRENTAL
triamterene / hctz
TRIBENZOR TABLETS
TRICOR
TRIGLIDE
TRI-LEVLEN
TRILIPIX
trinessa
TRI-NORINYL
TRIPHASIL
tri-previfem
tri-sprintec
trivora
tropicacyl
tropicamide
TRUSOPT
TWINSTA TABLETS

U

ULORIC
UNIPHYL
UNIRETIC
unithroid
UNIVASC
URISPAS

UROKIT-K
UROXATRAL
URSO
URSO FORTE
ursodiol

V

VAGIFEM
VALTURNIA
VASERETIC
VASOTEC
velivet
venlafaxine
VENLAFAXINE ER
verapamil capsules
verapamil tablets
VERELAN
VERELAN PM
VESICARE
VICTOZA
VIBRYD
VIMOVO
VIVELLE
VIVELLE-DOT
VOLTAREN 1% GEL
VOLTAREN TABLETS
VOLTAREN-XR
VOSPIRE
VYTORIN

W

WELCHOL
WELLBUTRIN
WELLBUTRIN SR
WELLBUTRIN XL
WESTHROID
WESTHROID-P

X

XALATAN

Y

YASMIN
YAZ
YOCON
YODEFAN
EXPECTORANT
yohimbine

Z

ZANAFLEX
ZANTAC (capsules,
syrup & tablets)
ZAROXOLYN
ZEBETA
ZEGERID
ZELAPAR
zemplar
zenchent
ZERVAX
ZESTORETIC
ZESTRIL
ZETIA
ZIAC
ZIOPTAN
ZOCOR
ZOLOFT
zovia
ZYFLO
ZYLOPRIM

This is not an all-inclusive list of maintenance medications, and it is subject to change at least quarterly or more frequently in Express Scripts' discretion.
Brand-name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters. Most generics are available at the lowest copayment.
Let Express Scripts help you get started with Home Delivery by logging on to our web site at www.StartHomeDelivery.com.

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 the Express Scripts Maintenance Drug list 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., Target, CVS, 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 prescriptions 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.StartHomeDelivery.com. After logging in, click on Save with My Rx Choices 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. 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. 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. 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.

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 you’re 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 maximum cost per prescription, or the \$2,400 per person/\$4,800 per family 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 encourages you and your doctor to try lower cost medications before moving to higher priced alternatives. This program applies to all new prescriptions within the following drug classes:

- Proton pump inhibitors (PPI) for acid reflux
- Tetracycline and topical medications for acne
- Nasal Steroids for allergies
- Hypnotics for insomnia
- Cox2 and non-steroidal anti-inflammatory drugs (NSAIDs) for pain
- Topical Corticosteroids and Topical Immunomodulators for dermatologic conditions
- Multiple Sclerosis
- Arthritis
- Growth Hormones
- Prostate Cancer

This program allows you to get the prescription drugs you need, **with safety, cost and – most importantly – your health in mind.**

In Step Therapy, drugs are grouped in categories, based on cost:

- **Front-line drugs** – the first step – are generic drugs proven safe, effective and affordable. These drugs should be tried first because they can provide the same health benefit as more expensive drugs, at a lower cost.
- **Back-up drugs** – Step 2 and Step 3 drugs – are brand-name drugs such as those you see advertised on TV. There are lower-cost brand drugs (Step 2) and higher-cost brand drugs (Step 3). Back-up drugs always cost more.

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

Express Scripts developed the Step Therapy program options based on guidance and direction from independent licensed doctors, pharmacists, other medical experts, and the U.S. Food & Drug Administration (FDA). They review the most current research on drugs tested and approved by the FDA for safety and effectiveness, then make recommendations for specific drug classes.

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

The first time you submit a prescription subject to the program that isn't for a front-line drug, your pharmacist will inform you that our plan uses Step Therapy. This simply means that, if you'd rather not pay full price for your prescription drug, you need to first try a front-line drug. To receive a front-line drug:

- **Ask your pharmacist to call your doctor** and request a new prescription, OR
- **Contact your doctor** to get a new prescription.

Only your doctor can change your current prescription to a first-step drug covered by your program.

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

Only your doctor can make that decision. [Click here](#) for a list of your plan's front-line drugs. Just give this list to your doctor so he or she will know which drugs are covered and can write your prescription accordingly.

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

If you've just been prescribed the medication subject to Step Therapy, you may be informed at your pharmacy that your prescription isn't covered. If this should happen and you need the medication right away, you can **talk with your pharmacist about filling a small supply** of your prescription right away. (You will have to pay full price for this quantity of the drug.) Then, to ensure future coverage for medication, ask your doctor to write you a new prescription for a front-line drug. Remember: only your doctor can change your prescription to a front-line drug.

6. What can I do if I've already tried the front-line drugs on the list?

With Step Therapy, more expensive brand-name drugs are usually covered as a back-up in the program if:

- 1) You've already tried the generic drugs covered in the Step Therapy program, and they were unsuccessful
- 2) You can't take a generic drug (for example, because of an historic allergy)
- 3) Your doctor decides, for medical reasons, that you need a brand-name drug

If one of these situations applies to you, your doctor can request an override for you, allowing you to take a back-up prescription drug. Once the override is approved, you'll pay the appropriate copay or coinsurance for the drug. If the override isn't approved, you may have to pay full price for the drug.

7. What happens if my doctor's request for an override is denied?

You can follow the appeals process as outlined in the Medical Summary Plan Description (SPD) available from the Employee Services Unit (ESU).

8. What can I do if my appeal is denied?

You can talk with your doctor again about prescribing one of the safe, effective front-line drugs covered by the Step Therapy program. Your copay will usually be the most affordable for one of these drugs. Or you can choose to pay the full price of a drug that isn't covered by your pharmacy benefit plan.

9. What are generic drugs?

Generic alternatives have the same chemical makeup and same effect in the body as their original brand-name counterparts, even though generics usually have a different name, color and/or shape.

Generics, which have been around for a long time, have undergone rigorous clinical testing and have been approved by the FDA as safe and effective.

Unlike manufacturers of brand-name drugs, the companies that make generic drugs don't spend a lot of money on research and advertising. As a result, their generic drugs cost less than the original brand name counterparts, and they can pass the savings on to you.

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

Your Step Therapy program applies to prescriptions you receive at your local pharmacy as well as those you order through Home Delivery, so the same basic process applies. Your doctor may write you a prescription for a front-line drug covered by your plan, or your doctor can request an override.

The Express Scripts Mail Service Pharmacy can help with the process:

- When the Express Scripts Mail Service Pharmacy receives your prescription, a representative contacts your physician to request a new prescription for a first-step drug. If after several attempts we're unable to reach your physician, you will be notified by phone that there is a delay with your order. You may want to let your doctor know that the Mail Service Pharmacy will be requesting this information.
- Your doctor writes you a new prescription for a front-line drug covered by your plan's Step Therapy program. If your doctor decides your current drug is medically necessary, he or she can ask for an override.

11. 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 Companies

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:
Branded NSAID	Arthritis/Pain	Arthrotec, Mobic, Ponstel, Cataflam, Voltaren, Voltaren XR, Lodine, Lodine XL, Nalfon, Ansaïd, Motrin, Indocin, Indocin SR, Orudis, Toradol, Relafen, Naprosyn, Naprelan, Anaprox, Anaprox DS, Daypro, Feldene, Clinoril, Flector, Voltaren Gel, IC 400, IC 800, Zipsor, Pennsaid, Cambia, Sprix, Vimovo, Duexis	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin, diclofenac sodium/misoprostol	Prior use of 2 first line medications in the last 130 days; for Vimovo use of generic omeprazole, generic lansoprazole, or generic pantoprazole AND naproxen (brand or generic); for Duexis use of generic famotidine, cimetidine, nizatidine, or ranitidine AND prescription strength ibuprofen (brand or generic)
COX-2 Inhibitors	Arthritis/Pain	Celebrex	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin, diclofenac sodium/misoprostol	Prior use of 2 first line medications in the last 130 days
Hypnotics	Insomnia	Ambien CR, Lunesta, Rozerem, Sonata, Ambien, Edluar, Silenor, Zolpimist, Intermezzo	zolpidem/CR, zaleplon	Prior use of 1 first line medication in the last 130 days
Nasal Steroids	Allergies	Rhinocort Aqua, Beconase AQ, Nasacort AQ, Nasonex, Flonase, Veramyst, Omnaris, Qnasl, Zetonna, Dymista	fluticasone propionate, flunisolide, triamcinolone	Prior use of 1 first line medication in the last 130 days
Proton Pump Inhibitors - generic	Stomach acid conditions	Aciphex, Dexilant (formerly Kapidex), Nexium, Prevacid/OTC, Prilosec/OTC, Protonix, Zegerid/OTC, First-Lansoprazole, First-Omeprazole	omeprazole (Rx or OTC), lansoprazole, omeprazole-sodium bicarbonate, pantoprazole	Prior use of 1 first line medication in the last 130 days
Tetracycline - oral	Dermatologic Conditions	Declomycin, Adoxa, Monodox, Avidoxy/kit, Adoxa/CK/TT/Pak, Doryx, Vibramycin, Vibra-Tabs, Oraxyl, Periostat, Oracea, Dynacin,	demeclocycline, doxycycline, minocycline, tetracycline	Prior use of 1 first line medication in the last 130 days

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

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:
Topical Acne	Dermatologic Conditions	Rule 1: Brand topical BPO, antibiotic, etc containing products: Azelex Benzashave; Neobenz Micro/SD Benzefoam; Benzefoam Ultra Brevoxyl; Benzac W/AC; Benziq; Soluclenz RX; Clinac BPO; Desquam-E/-X Nuox Cleocin T; Evoclin; Clindagel; Clindamax; Clindareach; Clindets Aczone GAKne-Mycin; Del-Mycin; Emgel; A-T-S Klaron Epiduo Benzamycinak; Benzamycin Zoder cream Zoder gel Zoder redi-pads Benzacilin; Acanya Inova Veltin; Ziana Zetacet; Sumaxin TS Avar-E/LS; Clenia; Plexion SCT : Clarifoam EF; Rosula Inova Rosac	Rule 1: Generic topical BPO, antibiotic, etc containing products: Azelaic acid, Benzoyl peroxide cream Benzoyl peroxide foam/gel Benzoyl peroxide/sulfur Clindamycin topical Dapsone topical Erythromycin topical Sulfacetamide topical Adapalene/benzoyl peroxide Erythromycin/benzoyl peroxide Benzoyl peroxide cream Benzoyl peroxide gel Benzoyl peroxide pads Clindamycin/benzoyl peroxide Benzoyl peroxide pad Clindamycin/Tretinoin Sodium sulfacetamide/sulfur Sulfacetamide/sulfur Sod. sulfacetamide/sulfur foam Sod. sulfacetamide/sulfur lotion Benzoyl peroxide pad Sulfacetamide/sulfur cream Benzoyl peroxide/hydrocortisone	
	Dermatologic Conditions	Rule 2: Brand topical cleansers Benzac AC/W; Benziq; Desquam-X; Neobenz Micro; Pacnex/MX; SE BPO, Delos Triaz wash; Brevoxyl, Delos Triaz pad; Pacnex LP/HP Triaz foaming cloths Zoder Sumaxin; Avar LS; Zencia Avar; Plexion; Rosac; Zetacet Plexion; Sumaxin Rosula	Rule 2: Generic topical cleansers Benzoyl peroxide wash Benzoyl peroxide cleanser Benzoyl peroxide pads Benzoyl peroxide cloths Benzoyl peroxide cleanser Sodium sulfacetamide/sulfur Sodium sulfacetamide/sulfur Sod. sulfacetamide/sulfur cloth Sod. sulfacetamide/sulfur wash	

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

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
	Dermatologic Conditions	Rule 3: Brand Topical Kits Cleanse and Treat pads Clindacin PAC Kit Rosanil Cleanser Kit Duac CS Convenience Kit Benzacilin Carekit Rosula CLK Kit Benzoyl peroxide wash kit Metrogel kit Brevoxyl Complete Pack; Neobenz Micro Wash Plus Pack	Rule 3: One med from rule 1 AND one med from rule 2 Rule 1: Legend (Rx) Only Azelaic acid Benzoyl peroxide cream Benzoyl peroxide foam Benzoyl peroxide gel Benzoyl peroxide/sulfur Clindamycin topical Dapsone topical Erythromycin topical Sulfacetamide topical Adapalene/benzoyl peroxide Erythromycin/benzoyl peroxide	
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, Zytropic, Nucort Lotion, Florone, Ultravate, Topicort/LP, Lidex, Westcort, Momexin, Pediaderm/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	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 60 days

Express Scripts, Inc.

Preferred Drug Step Therapy Programs for Travelers Companies

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	Respiratory Conditions	Prolastin-C, Zemaira, Glassia	Aralast NP	Prior use of 1 first line medication in the last 130 days
Cryopyrin-Associated Periodic Syndrome (CAPS)	Inflammatory Conditions	Arcalyst	Ilaris	Prior use of 1 first line medication in the last 130 days
Erythroid Stimulants	Blood Conditions	Epogen	Procrit, Aranesp	Prior use of 1 first line medication in the last 130 days
Inflammatory Conditions	Inflammatory Conditions	Simponi Aria, Kineret, Amevive, Rituxan, Remicade, Orencia, Actemra	Enbrel, Humira	Prior use of 1 first line medication in the last 180 days
Multiple Sclerosis- Oral	Multiple Sclerosis	Aubagio, Gilenya	Rebif, Extavia, Avonex	Part of the prior authorization policy
Prostate Cancer GnRH Analogs	Prostate Cancer	Firmagon, Lupron Depot, Trelstar, Trelstar Depot	Eligard	Prior use of 1 first line medication in the last 130 days
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists	Pulmonary Arterial Hypertension	Letairis	Tracleer	Prior use of 1 first line medication in the last 130 days
Pulmonary Arterial Hypertension - PDE-5 Inhibitors	Pulmonary Arterial Hypertension	Adcirca, Revatio	generic sildenafil tablets (20 mg)	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