

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


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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, oxymorphone 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	Humulin
	Apidra, NovoLog	Humalog
EAR/NOSE Nasal Steroids	Beconase AQ, Omnaris, Veramyst, Zetonna	flunisolide, fluticasone propionate, triamcinolone acetonide, Nasonex, Qnasl
Otic Fluoroquinolone Antibiotics	Cetrapaxal	ciprofloxacin otic solution, Ciprodex
ENDOCRINE (OTHER) Growth Hormones	Nutropin/Nutropin AQ, Omnitrope, Saizen, Tev-Tropin	Genotropin, Humatropin, 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	Olysis, 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	Peglntron	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)	Ziopatan	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	Tradienta
Apidra	Follistim AQ	Pancreaze*	Ultresa*
Aranesp*	Fortesta	Peglntron	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	Jentadueto	Simponi	Xeljanz
Bravelle	Kadian	Staxyn	Xopenex HFA
Breo Ellipta	Kazano	Stendra*	Zetonna
Cetralxal*	Levitra	Subsys*	Ziopatan
Cimzia	Nesina	Supartz*	Zohydro ER*
Dexis*	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 compounded medication. Express Scripts will handle and review your appeal and inform you of the decision. You may also continue to use the compounded 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
PRILOCAINA 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.



EXPRESS SCRIPTS®

Maintenance Medications



EXPRESS SCRIPTS®

Express Scripts Maintenance Medications

A	ARICEPT TABLETS ARMOUR THYROID ACCOTATE ACCPURIL ACCURETIC acebutolol ACEON ACIPHEX ACTIGALL ACTIVELLA ACTONEL (5, 35, 75 & 150 MG) ACTONEL WITH CALCIUM ACTOPLUS MET ACTOPLUS MET XR ACTOS ACTRON ADALAT CC ADVAIR DISKUS ADVAIR HFA ADVICOR ADVIL AEROBID AEROBID-M afeditab cr AGGRENOX AGRYLIN albuterol syrup albuterol tablets ALDACTAZIDE ALDACTONE ALESS ALEVE allopurinol ALORA ALPHAGAN P ALTACE ALTOPREV ALVESCO amantadine AMARYL amiloride amiloride hctz aminobenzoate potassium aminophylline amiodarone amlodipine AMTURNIDE anagrelide ANAPROX ANGELIQ ANSAID ANTARA APIDRA APLENZIN APPEAREX APRESOLINE apri APRISO aranelle ARCAPTA ARICEPT	bupropion xl buspar buspirone BYDUREON BYETTA BYETTA PEN NEEDLE Bystolic	CORGARD CORTEF CORZIDE COSOPT COVERA-HS COZAAR CRESTOR cromolyn nebulizer cryselle	DIURIL SUSPENSION DIVIGEL DOLOPID doxazosin DUEXIS DULEEK-DP DULERA INHALER DUTOPROL DYAZIDE dy-g dylix	F famotidine FELDENE felodipine FEMCON FE FEMHRT FEMRING FEMTRACE fenofibrate FENOGLIDE fenoprofen FIBRICOR TABLETS finasteride flavoxate flecainide	H HECTOROL homatropine eye drops HUMALOG hydralazine hydrochlorothiazide hydrocortisone tablets hydroxychloroquine HYTRIN HYZAAR
C	cabergoline CADUET CALAN CALAN SR calcitriol (capsules & oral solution) CALOMIST camila CANASA CAPOTEN CAPOZIDE captopril captopril/hctz CARAFATE carbidopa levodopa CARDENE SR CARDENE CD CARDIZEM LA CARDIZEM SR CARDIZEM TABLETS CARDURA CARDURA XL CARNITOR SOLUTION CARNITOR TABLETS carteolol cartia xt CATAPRES CATAPRES-TTS CELEBREX CELEXA CENESTIN cesia chlorothiazide chlorpropamide betaxolol tablets BETIMOL BETOPTIC S BEYAZ BIDIL biotin bisoprolol bisoprolol/hctz BONIVA BRETHINE TABLETS BREVICON BRILINTA brimonidine BRONDIL BROVANA bumetanide BUMEX TABLETS COMBIGAN COMBIPATCH COMTAN colestipol CORDARONE COREG COREG CR	cabergoline CADUET CALAN CALAN SR calcitriol (capsules & oral solution) CALOMIST camila CANASA CAPOTEN CAPOZIDE captopril captopril/hctz CARAFATE carbidopa levodopa CARDENE SR CARDENE CD CARDIZEM LA CARDIZEM SR CARDIZEM TABLETS CARDURA CARDURA XL CARNITOR SOLUTION CARNITOR TABLETS carteolol cartia xt CATAPRES CATAPRES-TTS CELEBREX CELEXA CENESTIN cesia chlorothiazide chlorpropamide betaxolol tablets BETIMOL BETOPTIC S BEYAZ BIDIL biotin bisoprolol bisoprolol/hctz BONIVA BRETHINE TABLETS BREVICON BRILINTA brimonidine BRONDIL BROVANA bumetanide BUMEX TABLETS COMBIGAN COMBIPATCH COMTAN colestipol CORDARONE COREG COREG CR	CORGARD CORTEF CORZIDE COSOPT COVERA-HS COZAAR CRESTOR cromolyn nebulizer cryselle	DIURIL SUSPENSION DIVIGEL DOLOPID doxazosin DUEXIS DULEEK-DP DULERA INHALER DUTOPROL DYAZIDE dy-g dylix	F famotidine FELDENE felodipine FEMCON FE FEMHRT FEMRING FEMTRACE fenofibrate FENOGLIDE fenoprofen FIBRICOR TABLETS finasteride flavoxate flecainide	H HECTOROL homatropine eye drops HUMALOG hydralazine hydrochlorothiazide hydrocortisone tablets hydroxychloroquine HYTRIN HYZAAR
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KAON-CL	MAVIK	NATURE-THROID	pentoxifylline	quinaretic	T	UROCIT-K
KAPIDEX	MAXZIDE	necon	PEPCID AC	QUINIDEX	TAGAMET TABLETS	UROXATRAL
kariva	meclofenamate	nefazodone	PEPCID SUSPENSION	quinidine gluconate	TAMBOCOR	URSO
KAY CIEL	medroxy-	NEPTAZANE	PEPCID TABLETS	quinidine sulfate	tamsulosin hcl	URSO FORTE
K-DUR	progesterone	NEUTRA-PHOS-K	PERSANTINE	QVAR	capsules	ursodiol
kelnor	meloxicam	NEXICLON XR	PEXEGA		TAPAZOLE	
KEMADRIN	MENEST	NEXIUM	PHOS-FLUR		TARKA	
KERLONE	MENOSTAR	niacin	(rinse and gel)		TASMAR	
ketoprofen	MERIBIN	NIASPAN	PHOSPHOLINE		taztia xt	
klor-con	MESTINON	nicardipine	IODIDE		TEKAMLO TABLETS	
K-LYTE	METAGLIP	nifedipine	pilocarpine		TEKTURNA	
K-LYTE/CL	metaproterenol	nifedipine er	eye drops		TEKTURNA HCT	
KOMBIGLYZE XR	(syrup & tablets)	nitro-bid	PILOPINE HS		TENEX	
KRISTALOSE	metformin	NITRO-DUR	pindolol		TELORETIC	
K-TAB	metformin er	nitroglycerin	piroxicam		TENORMIN	
L		(capsules,	PLAQUENIL		terazosin	
labetalol tablets	methazolamide	ointment &	PLAVIX 75 MG		terbutaline tablets	
LANOXICAPS	methimazole	patches)	PLENDIL		TEVETEN	
LANOXIN	methylclothiazide	nitro-time	PLETAL		TEVETEN HCT	
lansoprazole	methyldopa	nizatidine	portia		THALITONE	
LANTUS	methyldopa/hctz	nora-be	POTABA		THEO-24	
LASIX TABLETS	metoprolol tablets	NORDETTE	potassium chloride		THEO-DUR	
leena	metoprolol-hctz	norethindrone	potassium citrate		THEOPHYLLINE	
LESCOL	MEVACOR	NORINYL	potassium gluconate	(capsules &	(tablets)	
LESCOL XL	mevixetine	NORMODYNE	PRADAXA		THYROLAR	
lessina	MEXITIL	NORPACE	PRANDIMET		THYROSAFE	
LEVATOL	MIACALCIN	NORPACE CR	PRANDIN		TAZAC	
LEVEMIR	NASAL SPRAY	NOR-Q-D	PRAVACHOL		TICLID	
LEVLEN	MICARDIS	noretrel	pravastatin		ticlopidine	
levobunolol	MICARDIS HCT	NORVASC	prazosin		TILADE	
levocarnitine	microgestin	NOVOLIN	PRECOSE		timolol ophthalmic	
(solution & tablets)	microgestin fe	NOVLOG	PREFEST		timolol tablets	
levora	MICRO-K	NUVARING	PREMARIN CREAM		TIMOPTIC	
levothroid	MICRONASE		PREMARIN TABLETS		TIAMOPTIC-XE	
levothyroxine	MICROZIDE		PREMPHASE		TIROSINT	
levoxyl	MINASTRIN	OGEN TABLETS	PREMPRO		tizanidine	
LEXAPRO	MINIPRESS	oestrel	PREVACID		tolazamide	
LEXCEL	MINITRAN	OMACOR	prevalite		tolbutamide	
LIALDA	minoxidil tablets	omeprazole	PREVENTID (booster,		tolmetin	
LIPITOR	MIRAPEX	omeprazole dr	gel, plus, rinse &		TOPROL XL	
lisinopril	MIRAPEX ER	ONGLYZA	sensitive paste)		torsemide	
lisinopril-hctz	MIRCETTE	OPTIPRANOLOL	previfem		TOVIAZ	
LIVALD	MIRENA	ORTHO EVRA	PRILOSEC		TRANDATE	
LO LOESTRIN FE	misoprostol	ORTHO MICRONOR	PRIMAQUINE		trandolapril	
LO/OVRAL	MOBIC	ORTHO TRI-CYCLEN	primidone		tranylcypromine	
LODINE	MODICON	ORTHO	PRINIVIL		TRAVATAN	
LODINE XL	moexipril	TRI-CYCLEN LO	PRINZIDE		TRENTAL	
LOESTRIN	MONOKET	ORTHO-CEPT	PRISTIQ		triamterene / hctz	
LOESTRIN FE	monopressa	ORTHO-CYCLEN	procainamide		TRIBENZOR TABLETS	
LOFIBRA	MONOPRIL	ORTHO-EST	PROCANIBID		TRIGLIDE	
LOPID	MONOPRIL HCT	ORTHO-NOVUM	PROCARDIA		TRI-LEVLEN	
LOPRESSOR	MOTRIN	ORTHO-PREFEST	PROCARDIA XL		TRILPIX	
LOPRESSOR HCT	MULTAQ	ORUDIS KT	PROGLYCEM		trinessa	
LOSEASIQUE TABLETS	MUROCOLL-2	OSENI	PROMETRUM		TRI-NORINYL	
LOTENSIN	mydral	OSPHENA	propafenone		TRIPHASIC	
LOTENSIN HCT	MYDRIACYL	OVCON	propranolol		tri-previfem	
LOTREL	oxaprozin	OVRAL	propranolol/hctz		tri-sprintec	
LOTRONEX	oxybutynin	oxaproxin	propylthiouracil		trivora	
lovastatin		oxybutynin	PROSCAR		tropicaryl	
LOVAZA			PROTONIX		tropicamide	
low-ogestrel			PROVENTIL TABLETS		TRUSOPT	
LUFYLLIN			PROVERA		TWYNSTA TABLETS	
LUFYLLIN-GG			PROZAC			
LUMIGAN	NALFON CAPSULES	PACERONE	PROZAC WEEKLY		U	
LUMIGAN EYE DROPS	NAMENDA	panfil g	PULMICORT		ULORIC	
lutea	NAPRELAN	pantoprazole tablets	PULMICORT		UNIPHYL	
LUVOX CR	NAPRELAN CR	paravapine capsules	FLEXHALER		UNIRETIC	
LYBREL	NAPROSYN	PARNATE	pyridostigmine		ZOCOR	
	naproxen	paroxetine	tablets		ZOLEFT	
	NARDOL	PAXIL	quasenase		ZOTIA	
	NASCOBAL	PAXIL CR	QUESTRAN		ZIAC	
	NATAZIA	PENNsaid	QUESTRAN LIGHT		ZERBIA	
	notoglinide	PENTASA	quinapril		ZETIA	
M		pentolex			ZIAC	
MARPLAN					ZIAC	

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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 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 you 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, Ansaid, 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, Omnisol, 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; Solucenz 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 Benzamycinpak; Benzamycin Zoderm cream Zoderm gel Zoderm redi-pads Benzaclin; 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: Azelai 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 Zoderm 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 Zacare Cleanse and Treat pads Clindacin PAC Kit Rosanil Cleanser Kit Duac CS Convenience Kit Benzaclin 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, Zytopic, Nucort Lotion, Florone, Ultravate, Topicort/LP, Lidex, Westcort, Momexin, Pediaderm/TA, Triderm, Scalacort, Samol-HC, Pramosone, Pramosone 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 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