2018 Travelers Prescription Drug Plan
High Deductible + HSA Plan

Plan Details, Programs, and Policies Table of Contents

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2018 National Preferred Formulary and Formulary Exclusions

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

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

View the Formulary Exclusion List

Specialty Medicine Program: Accredo

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

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

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

View instructions on how to fill your specialty medications using Accredo pharmacy
View the Specialty Drug List

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

Plan participants can fill a 90-day prescription at CVS & Walgreens/Duane Reade retail locations nationwide. Additionally:

- You will need to submit a 90-day prescription at a CVS or Walgreens/Duane Reade pharmacy
- For Preventive Medications, you will pay the equivalent of three retail copays for generic drugs ($33) OR brand coinsurance subject to a three month minimum of $126 and maximum of $465.
- Non-Preventive Medications will be subject to the deductible. Upon satisfying the deductible, medications will be covered at 20% coinsurance regardless of whether the prescription is a generic or brand medication.

View the 90-Day Retail Supply FAQs

Preventive Medications

The High Deductible Health Plus HSA plan provides coverage for certain preventive medications prior to meeting the deductible. The preventive copay/co-insurance does count towards the out-of-pocket maximum.

View the Preventive Drug List

Preferred Home Delivery Policy

Under this policy, you are allowed to receive up to a 1-month supply of a maintenance medication **two times** from any participating retail pharmacy. After two fills, you will need to make a decision to either use the Express Scripts Home Delivery Pharmacy, or continue to use a retail pharmacy for refills. Any additional retail refills of the same maintenance medication will be subject to an additional 10 percent coinsurance above the regular coinsurance for generic, formulary brand, or non-formulary brand prescriptions (the additional 10 percent coinsurance does not apply to the out-of-pocket maximum). 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 ($155 for 30-day retail, $310 for 90-day home delivery, or $465 for 90-day retail) or the $4,300 single / $8,600 family combined out-of-pocket maximum.

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

View the Generics Preferred Policy FAQs

Drug Quantity Management Program

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

View the Drug Quantity Management FAQs

Step Therapy Program

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

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

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

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

View the Step Therapy FAQ's
View the Step Therapy Drug List

Compound Management Program

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

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

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

View the Compound Management FAQ
View the Compound Management Exclusion List

2018 Formulary Exclusion List

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

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

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

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

Drug Class	Excluded Medications	Preferred Alternatives
MUSCULOSKELETAL & RHEUMATOLOGY Gout Therapy	Colchicine	Colcrys, Mitigare
Osteoporosis Therapy	Forteo	Tymlos
OBSTETRICAL & GYNECOLOGICAL Gonadotropin-Releasing Hormone (GnRH) Antagonists (for Infertility)	Ganirelix Acetate	Cetrotide
Ovulatory Stimulants (Follitropins)	Bravelle, Follistim AQ	Gonal-f, Gonal-f RFF, Gonal-f RFF Redi-ject
Vaginal Progesterones	Endometrin	Crinone 8% Gel
OPHTHALMIC Antiglaucoma Drugs (Beta-Adrenergic Blockers)	Istalol, Timoptic Ocudose	betaxolol drops, levobunolol drops, timolol drops, Alphagan P 0.1%, Combigan
Antiglaucoma Drugs (Ophthalmic Prostaglandins)	Zioptan	bimatoprost drops, latanoprost drops, Lumigan, Travatan Z
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	Acuvail, Nevanac	bromfenac drops, diclofenac drops, ketorolac drops, Ilevro, Prolensa
OSTEOARTHRITIS Hyaluronic Acid Derivatives	Gel-One, Gelsyn-3, Genvisc 850, Hyalgan, Hymovis, Supartz, Supartz FX, Synvisc, Synvisc-One	Euflexxa, Monovisc, Orthovisc
RENAL DISEASE Phosphate Binders	Fosrenol, Renagel	sevelamer carbonate, Phoslyra, Renvela Tablets, Velphoro
RESPIRATORY Epinephrine Auto-Injector Systems	Auvi-Q, Epinephrine Auto-Injector (by A-S Medication, Impax & Lineage)	Epinephrine Auto-Injector (by Mylan), EpiPen, EpiPen Jr
Pulmonary Anti-Inflammatory Inhalers	Alvesco	ArmonAir RespiClick, Arnuity Ellipta, Asmanex HFA/Twisthaler, Flovent Diskus/HFA, Pulmicort Flexhaler, QVAR
Short-Acting Beta$_2$-Agonist Inhalers	Levalbuterol HFA, Proventil HFA, Xopenex HFA	ProAir HFA/RespiClick, Ventolin HFA
UROLOGICAL Erectile Dysfunction Oral Agents	Levitra, Staxyn, Stendra	Cialis, Viagra
WEIGHT LOSS Weight Loss Agents	Qsymia	benzphetamine, diethylpropion, phentermine

Indication Based Management

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

Excluded Medications/Products at a Glance

Abbott (Freestyle, Precision)
Ability^
Abstral
Aciphex^
Aciphex Sprinkle
Acuvail
Adderall^
Adlyxin
Aktipak
Alogliptin
Alogliptin/Metformin
Alvesco
Androgel 1%^
Anusol-HC^
Apidra
Aranesp
Asacol HD
Atacand^, Atacand HCT^
Auvi-Q
Azor^
Bayer (Breeze, Contour)
Beconase AQ
Benicar^, Benicar HCT^
Bravelle
Bupap^
Buprenorphine Patches
Butrans
Cetraxal
Colchicine
Cymbalta^
Cytomel^
Daklinza
Delzicol
Dipentum
Doxycycline 40 MG Capsules
Effexor XR^
Emflaza
Endometrin
Epinephrine Auto-Injector (by A-S Medications, Impax & Lineage)
Epogen
Estrogel
Evzio
Exondys 51
Femring
Fentora
Fluorouracil 0.5% Cream
Follistim AQ
Forteo
Fortesta
Fosrenol
Ganirelix Acetate
Gel-One
Gelsyn-3
Genvisc 850
Glumetza^
Hyalgan
Hymovis
Imitrex^
Inderal LA^
Intuniv^
Istalol
Kazano
Kombiglyze XR
Lazanda
Levalbuterol HFA
Levitra
Lexapro^
Librax^
Lidoderm^
Lovenox^
Lunesta^
Mesalamine 800 MG Delayed-Release
Minastrin 24 Fe^
Mircera
Nasonex^
Natesto
National Medical (Advocate)
Nesina
Neupogen
Nevanac
Novolin
Novolog
Nutropin AQ, Nutropin AQ Nuspin
Olysio
Omnaris
Omnis Health (Embrace, Victory)
Omnitrope
Onglyza
Opana ER
Oxycodone ER
Pancreaze
Pertzye
Plaquenil^
Plavix^
Prevacid^
Prevacid Solutab
Prilosec Suspension
Pristiq^
Protonix^
Protonix Suspension
Proventil HFA
Provigil^
Prozac^
Pulmicort Respules^
Qsymia
Renagel
Roche (Accu-Chek)
Salzen, SalzenPrep
Sandostatin LAR Depot
Seroquel^, Seroquel XR^
Signifor LAR
Singulair^
Sovaldi
Staxyn
Stendra
Strattera^
Sumavel Dosepro
Supartz, Supartz FX
Synvisc, Synvisc-One
Tanzeum
Testim
Testosterone Gel
Tikosyn^
Timoptic Ocudose
Tobi Solution^
Tribenzor^
Trividia (Truetest, Truetrack)
Truiance
Ultresa
Unistrip
Valium^
Valtrex^
Veltin
Victoza
Vogelxo
Vytorin^
Wellbutrin SR^
Xanax^, Xanax XR^
Xenazine^
Xopenex HFA
Zegerid^
Zepatier
Zetia^
Zetonna
Zioptan
Zoloft^
Zomacton
Zyclara
Zyflo CR^

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

How To Fill Your Specialty Medication Using Accredo Pharmacy

accredo®

Accredo Specialty Pharmacy

Filling Your Prescription[1]

1 **Your healthcare provider sends your prescription to Accredo**

Prescriptions can be sent via fax to **888.302.1028**, phone at **800.803.2523,** or electronically[2]

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

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

3 **An Accredo pharmacist prepares and checks your prescription for accuracy**

Clinicians are available at Accredo 24/7

4 **Accredo calls you to schedule delivery to your home or doctor's office[3]**

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

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

Call Accredo at **800.803.2523[1]** with questions or for more information

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

You'll receive a call within 2-5 days after Accredo receives your prescription[4]

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

Depending on the medication, you may be able to order refills online at **accredo.com**

1 Prescription process may vary depending on therapy.
2 Phone and fax numbers may vary depending on health plan or therapy.
3 As allowed by law
4 Timeframe varies due to insurance coverage requirements.

Specialty Medication List

Specialty Drug List

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

Green = Drugs distributed exclusively by Accredo.

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

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

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

accredo®

ALPHA 1 DEFICIENCY
Aralast NP®
Glassia™
Prolastin C®
Zemaira®

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

ASTHMA & ALLERGY
Cinqair®
Dupixent®
Nucala®
Oralair®
Xolair®

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

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

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

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

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

CYSTIC FIBROSIS
Bethkis®
Cayston®
Kalydeco™
Kitabis Pak™
Orkambi™
Pulmozyme®*
Tobi® (tobramycin)
Tobi Podhaler™

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

ENZYME DEFICIENCIES
Adagen®
Aldurazyme®
Brineura™
Carbaglu®

ENZYME DEFICIENCIES (cont'd)
Cerdelga™
Cerezyme®
Cystadane®
Elaprase®
Elelyso™
Fabrazyme®
Kanuma™
Lumizyme™
Naglazyme®
Nityr™
Orfadin®
Ravicti™
Strensiq™
Sucraid®
Vimizim™
VPRIV™
Zavesca®

GROWTH DEFICIENCY
Genotropin®
Humatrope®
Increlex®
Norditropin®
Nutropin AQ®
Omnitrope®
Saizen®
Serostim®
Zomacton®
Zorbtive®

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

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

HEREDITARY ANGIOEDEMA
Berinert®
Cinryze®
Firazyr®
Haegarda®
Kalbitor®
Ruconest®

HIGH BLOOD CHOLESTEROL
Juxtapid®
Kynamro™
Praluent™
Repatha™

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

HIV (cont'd)
Tybost®*
Videx®* (didanosine)
Videx EC®*(didanosine DR)
Viracept®*
Viramune®* (nevirapine)
Viramune XR®*(nevirapine ER)
Viread®*
Vitekta®*
Zerit®* (stavudine)
Ziagen®*(abacavir)

IDIOPATHIC PULMONARY FIBROSIS
Esbriet™
OFEV®

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

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

INFLAMMATORY CONDITIONS (cont'd)
Simponi™
Simponi Aria®
Stelara™
Taltz®
Tremfya™
Xeljanz®
Xeljanz XR®

IRON TOXICITY
Exjade®
Ferriprox®
Jadenu™

MISCELLANEOUS DISEASES
Acthar H.P. Gel®
Actimmune®
Apokyn®
Arestin®
Austedo®
Botox®
Botox Cosmetic®
Ceprotin™
Chenodal®
Cholbam®
Cystagon®
Daraprim®
Duopa™
Dysport®
Gattex®
Hemangeol™
Hetlioz™
Brineura™
Ingrezza™
Krystexxa®
Makena™
Myobloc®
Northera™
Nuplazid™
Ocaliva™
Prialt®
Procysbi™
Prothelial™
Qutenza®
Sabril®
Solesta®
Soliris®
Sprix®
Thiola®
Thyrogen®
Varithena®
Vivitrol®
Xenazine®(tetrabenazine)
Xeomin®
Xiaflex™
Xuriden™
Xyrem®2
Zecuity®

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

MUSCULAR DYSTROPHIES
Emflaza™
Exondys 51™
Radicava™
Spinraza™

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

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

OSTEOPOROSIS
Boniva® (ibandronate) (*oral forms are not specialty*)
Forteo®
Prolia™
Reclast®

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

RESPIRATORY SYNCYTIAL VIRUS
Synagis®

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

866.591.9075 | accredo.com

1. Some products may be dispensed from Accredo and/or Freedom Fertility Pharmacy
2. Xyrem® is distributed through Express Scripts Specialty Distribution Services, Inc.

Preventive Drug List

Consumer Directed Healthcare (CDH) Preventive Medicine List

This list provides examples of commonly prescribed preventive medicines. It is not an all-inclusive list; only examples of medicines in each category are listed.

This list does not indicate coverage. Please check with your plan administrator and/or benefit information materials if you have questions on coverage. Your cost share will be determined by your plan's drug coverage and formulary plan.

Coverage prior to the deductible being met may not be provided for every dosage form of a listed medicine.

Please note: When feasible, brand names are shown in capitals in each category. If generic is available, it is listed in lowercase next to the brand name. If only generics are available (for example, brands are no longer available), they will only be listed in lowercase.

ASTHMA/COPD

ACCOLATE (zafirlukast)
ADVAIR DISKUS
ADVAIR HFA
AEROSPAN
AIRDUO RESPICLICK
albuterol
ANORO ELLIPTA
ARMONAIR RESPICLICK (fluticasone/salmetrol)
ARCAPTA NEOHALER
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
ATROVENT HFA
BEVESPI AEROSPHERE
BREO ELLIPTA
BROVANA
budesonide
CINQAIR
COMBIVENT RESPIMAT
cromolyn oral inhalation
DALIRESP
DULERA
DUONEB (ipratropium/albuterol)
FLOVENT DISKUS
FLOVENT HFA
FORADIL
INCRUSE ELLIPTA
Inhaler assistive devices
ipratropium oral inhalation
metaproterenol
montelukast
Nebulizers
NUCALA
PROAIR HFA
PROAIR RESPICLICK
QVAR
SEEBRI NEOHALER
SEREVENT DISKUS
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
STRIVERDI RESPIMAT
SYMBICORT
terbutaline
THEO-24, THEOCRON (theophylline)
TUDORZA PRESSAIR
UTIBRON NEOHALER
VENTOLIN HFA
XOLAIR
zileuton ER

BONE DISEASE AND FRACTURES

ACTONEL, ATELVIA (risedronate)
BONIVA (ibandronate)
DUAVEE
EVISTA (raloxifene)
FOSAMAX, FOSAMAX D, BINOSTO (alendronate)
RECLAST (zoledronic acid)

CAVITIES

CLINPRO
GEL-KAM
PHOS-FLUR
PREVIDENT
Sodium fluoride rinse, gel, cream, paste, tabs and drops
Stannous fluoride rinse and gel

COLONOSCOPY PREPARATION*

COLYTE, GOLYTELY, NULYTELY (polyethylene glycol)
MOVIPREP
OSMOPREP
PREPOPIK
SUPREP

DIABETES

INSULINS

AFREZZA
BASAGLAR
HUMALOG
HUMULIN
LANTUS SOLOSTAR
LEVEMIR
TOUJEO SOLOSTAR
TRESIBA

INSULIN/GLP-I RECEPTOR AGONIST COMBINATIONS

SOLIQUA
XULTOPHY

NON-INSULIN MEDICINES

ACTOS (pioglitazone)
ACTOPLUS MET, DUETACT, OSENI (pioglitazone combinations)
AMARYL (glimepiride)
AVANDIA
AVANDAMET
BYETTA
BYDUREON
chlorpropamide
CYCLOSET
dextrose
FARXIGA
FORTAMET, GLUCOPHAGE (metformin)
GLUCOTROL XL (glipizide)
glipizide/metformin
GLYNASE (glyburide)
GLUCOVANCE (glyburide/metformin)
GLYSET (miglitol)
GLYXAMBI
INVOKAMET
INVOKAMET XR
INVOKANA
JANUVIA
JANUMET
JANUMET XR
JARDIANCE
JENTADUETO
JENTADUETO XR
Lancets
Needles
PRANDIN (repaglinide)
PRECOSE (acarbose)
repaglinide/metformin
STARLIX (nateglinide)
SYMLINPEN
SYNJARDY
SYNJARDY XR
Syringes
Test strips
TRADJENTA
TRULICITY
XIGDUO XR

HEART DISEASE AND STROKE

BLOOD THINNER MEDICINES

aspirin, 81 mg & 325 mg*
AGGRENOX (aspirin/dipyridamole ER)
BRILINTA
clopidogrel
COUMADIN (warfarin)
DURLAZA ER
EFFIENT
ELIQUIS
PERSANTINE (dipyridamole)
PRADAXA
SAVAYSA
ticlopidine
XARELTO
ZONTIVITY

CHOLESTEROL LOWERING MEDICINES

HMG-COA REDUCTASE INHIBITORS*

ALTOPREV
CRESTOR (rosuvastatin)
LESCOL (fluvastatin)
LIPITOR (atorvastatin)
LIVALO
lovastatin
PRAVACHOL (pravastatin)
ZOCOR (simvastatin)

OTHER AGENTS

COLESTID (colestipol)
ezetimibe
ezetimibe/simvastatin
LOPID (gemfibrozil)
NIASPAN (niacin)
PREVALITE, QUESTRAN (cholestyramine)
REPATHA
TRICOR, ANTARA (fenofibrate)
TRILIPIX DR (fenofibric acid)
WELCHOL

HIGH BLOOD PRESSURE

ACE INHIBITORS

ACCUPRIL (quinapril)
ACEON (perindopril)
ALTACE (ramipril)
captopril
fosinopril
LOTENSIN (benazepril)
MAVIK (trandolapril)
moexipril
PRINIVIL, ZESTRIL (lisinopril)
VASOTEC (enalapril)

ACE INHIBITORS/DIURETIC COMBINATIONS

ACCURETIC (quinapril/HCTZ)
captopril/HCTZ
fosinopril/HCTZ
LOTENSIN HCT (benazepril/HCTZ)
moexipril/HCTZ
VASERETIC (enalapril/HCTZ)
ZESTORETIC (lisinopril/HCTZ)
LOTENSIN HCT (benazepril/HCTZ)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

AVAPRO (irbesartan)
candesartan
COZAAR (losartan)
DIOVAN (valsartan)
EDARBI
MICARDIS (telmisartan)
olmesartan

ANGIOTENSIN II RECEPTOR ANTAGONISTS/DIURETIC COMBINATIONS

candesartan/HCTZ
AVALIDE (irbesartan/HCTZ)
DIOVAN HCT (valsartan/HCTZ)
EDARBYCLOR
HYZAAR (losartan/HCTZ)
MICARDIS HCT (telmisartan/HCTZ)
olmesartan/HCTZ

BETA BLOCKERS

acebutolol
betaxolol
BYSTOLIC
CORGARD (nadolol)
INNOPRAN XL (propranolol)
TENORMIN (atenolol)
TOPROL XL, LOPRESSOR (metoprolol)
ZEBETA (bisoprolol)

BETA BLOCKER/DIURETIC COMBINATIONS

CORZIDE (nadolol/bendroflumethiazide)
LOPRESSOR HCT (metoprolol/HCTZ)
propranolol/HCTZ
TENORETIC (atenolol/chlorthalidone)
ZIAC (bisoprolol/HCTZ)

CALCIUM CHANNEL BLOCKERS

ADALAT CC, PROCARDIA XL (nifedipine)
CALAN, VERELAN (verapamil)
CARDENE (nicardipine)
CARDIZEM LA, TIAZAC ER (diltiazem)
felodipine ER
isradapine
NORVASC (amlodipine)
SULAR ER (nisoldipine)

DIURETICS

chlorothiazide
chlorthalidone
hydrochlorothiazide
indapamide
metolazone

OTHER HIGH BLOOD PRESSURE MEDICINE COMBINATIONS

amlodipine/olmesartan
amlodipine/olmesartan/HCTZ
BYVALSON
CADUET (amlodipine/atorvastatin)
EXFORGE (amlodipine/valsartan)
EXFORGE HCT (amlodipine/valsartan/HCTZ)
LOTREL (amlodipine/benazepril)
PRESTALIA
TARKA (trandolapril/verapamil)
TWYNSTA (amlodipine/telmisartan)

RESPIRATORY SYNCYTIAL VIRUS

SYNAGIS

MALARIA

chloroquine
mefloquine
PRIMAQUINE
MALARONE (atovaquone/proguanil)

OBESITY

ADIPEX-P (phentermine)
BELVIQ
BELVIQ XR
CONTRAVE
diethylpropion
REGIMEX (benzphetamine)
LOMAIRA
phendimetrazine
SAXENDA
XENICAL

SMOKING-CESSATION*

CHANTIX
NICOTROL
NICODERM CQ
Nicotine gum, lozenges and patches
ZYBAN (bupropion SR 150mg)

IMMUNIZATION:*

Antrax, BCG, Cholera, Diphtheria, Haemophilus Influenza B, Hepatitis A and B, Human Papillomavirus, Influenza, Japanese Encephalitis, Measles, Meningococcal, Mumps, Pertussis, Pneumococcal, Poliovirus, Rabies, Rotavirus, Rubella, Tetanus, Typhoid, Varicella, Yellow Fever, Zoster

VITAMINS OR MINERALS

folic acid*
Prenatal vitamins
Pediatric multivitamins with fluoride*

*Please note that some of these medicines are also subject to the Affordable Care Act (ACA) and may be covered by your plan at 100%.

Express Scripts manages your prescription benefit for your employer, plan sponsor, or health plan. For specific questions on coverage, please call the phone number on your member ID card or visit our website express-scripts.com.

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FREQUENTLY ASKED QUESTIONS

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

1. What is the 90 Day Retail Prescription Option?

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

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

You will need to have your physician provide you with a prescription for a 90 day supply for the medication, and bring the prescription to a CVS or Walgreens/Duane Reade pharmacy to be filled. Your cost share will vary depending on the type of medication you fill:

For **preventive medications** you will be charged for three months of generic copays ($33) or brand coinsurance subject to the three month minimum of $126 and maximum of $465. This cost will not apply to the deductible, but will apply to the max out-of-pocket under the plan.

Non-preventive medications will be subject to the deductible. Upon satisfying the deductible, medications will then be covered at 20% coinsurance regardless of whether the prescription is a generic or brand medication.

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

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

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

Some states have laws which prohibit pharmacies from dispensing controlled substances in greater than 30-day supplies. You may call your CVS or Walgreens/Duane Reade pharmacy to ask if such restrictions apply. Also, this program will not apply to specialty medications. Specialty medications will continue to be covered up to a 30 day supply through our pharmacy benefit management vendor's specialty medication pharmacy company Accredo. If you have questions on this program you can contact our pharmacy benefit management vendor's customer service at 877.494.7472 or Accredo at 800-803-2523.

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

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

Maintenance Medications

Maintenance Medication Drug List

EXPRESS SCRIPTS®

Therapeutic Category Level

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

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

CARDIOVASCULAR, LIPIDS & Obesity

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

Gastroenterology

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

ENDOCRINE THERAPY

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

MUSCULOSKELETAL & RHEUMATOLOGY

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

OBSTETRIC & GYNECOLOGY

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

UROLOGICAL

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

ONCOLOGY

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

OPHTHALMOLOGY

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

RESPIRATORY & ALLERGY

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

VITAMINS, HEMATINICS AND ELECTROLYTES

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

FREQUENTLY ASKED QUESTIONS

– Preferred Home Delivery Program for Maintenance Medications –

1. What are "maintenance medications"?

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

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

To find out if a specific drug is considered a maintenance medication, click here to review 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., Walmart, RiteAid, etc.)

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

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

3. How does the Preferred Home Delivery program work?

When you get a new prescription for a maintenance drug, you may fill it at a participating retail pharmacy **two times** for no additional coinsurance. This allows you and your doctor to make sure the medication is an appropriate and effective option. After two fills, you will need to make a decision to either use the Express Scripts Home Delivery Pharmacy for substantial savings, submit a 90 day prescription to CVS or Walgreens/Duane Reade Pharmacy and pay the applicable three month copay or coinsurance, or continue to use the local retail pharmacy and pay an additional 10 percent coinsurance in addition to the regular coinsurance amount for generic, brand formulary, or brand non-formulary prescriptions (the additional 10 percent coinsurance does not apply to the out-of-pocket maximum).

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

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

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

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

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

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

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

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

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

By Phone

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

Online

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

By Mail

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

2. Complete a Home Delivery Order Form. If you do not have an order form, you can print one by registering at www.express-scripts.com. 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 available in the App Store or Google Play under "Express Scripts".

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FREQUENTLY ASKED QUESTIONS

– Generic Preferred Policy –

1. What are generic drugs?

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

You can visit the Food and Drug Administration (FDA) website at: http://www.fda.gov/drugs/resourcesforyou/consumers/questionsanswers/ucm100100.htm for more information about generic drugs.

2. What is the Generics Preferred policy?

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

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

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

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

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

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

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

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

6. Why are generic drugs less expensive?

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

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

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

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

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

FREQUENTLY ASKED QUESTIONS

– Drug Quantity Management –

Overview

1. What Is Drug Quantity Management?

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

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

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

> You might be taking two 20 mg pills once a day. To last you a month, you need 60 pills. But Drug Quantity Management could provide just 30 pills at a time. You would need to get two supplies — and pay two copayments — every month.
>
> With your doctor's approval, you could get a higher strength pill. For instance, you could take a 40 mg pill once a day (instead of two 20 mg pills). One supply lasts you a month — and you have just one copayment.
>
> Taking your prescribed dose in a higher strength pill also helps our organization save, because our plan pays for fewer pills. By saving on drug costs, we can continue to control the rising cost of prescription drugs for everyone in our plan.

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

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

2. Who developed my Drug Quantity Management program?

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

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

3. What drugs are included in the program?

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

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

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

How Drug Quantity Management Works

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

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

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

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

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

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

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

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

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

amount of medicine you're going to receive. And the Express Scripts representative will check your plan's guidelines to see if your medicine can be covered for a larger quantity. Express Scripts' Prior Authorization phone lines are open 24 hours a day, seven days a week, so a determination can be made right away.

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

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

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

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

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

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

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

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

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

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

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

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

Mail Service and Drug Quantity Management

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

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

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

FREQUENTLY ASKED QUESTIONS
– Step Therapy –

1. What is Step Therapy?

Step Therapy is a program that 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:

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

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:

- **First-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 first-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 first-line drug. To receive a first-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 first-line drug my doctor should prescribe?

Only your doctor can make that decision. Click here for a list of your plan's first-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 first-line drug. Remember: only your doctor can change your prescription to a first-line drug.

6. What can I do if I've already tried the first-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 first-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 first-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 first-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 first-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 Company

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

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

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

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

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

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

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

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

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

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

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

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

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Preferred Drug Step Therapy Programs for Travelers Company

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

List is subject to change. Last updated September 2017.

FREQUENTLY ASKED QUESTIONS

– Compound Management Program –

1. What are compounds and are they FDA approved?

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

2. Why was the Compound Management Program introduced?

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

3. What will be excluded?

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

4. Who decided to exclude these compounded medications?

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

5. What are the alternatives?

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

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

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

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

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

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

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

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

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

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

10. Will pediatric compounds still be covered?

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

Compound Management Exclusion List

EXPRESS SCRIPTS®

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)
LIPOPEN ULTRA CREAM BASE	Vehicle (Base)
NABUMETONE MICRONIZED POWDER	Topical Pain
LIPOPEN 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.