

2016 Travelers Prescription Drug Plan High Deductible plus HSA Plan

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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 company. A partial list of conditions that may require these specialty medications includes arthritis, cancer, hepatitis, infertility, 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. Specialty infertility medications are not covered. 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 STAT Drug List](#)

Preventive Medications

The High Deductible Health Plan plus HSA 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](#)

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 (\$27) OR brand coinsurance subject to a three month minimum of \$105 and maximum of \$420.

- 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](#)

Preferred Home Delivery Policy

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

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

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

View the [full list of maintenance drugs](#) subject to this policy
[View the Preferred Home Delivery FAQs](#)

Generics Preferred Policy

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

The policy is triggered when a member receives a brand name prescription for a medicine when a chemically equivalent generic alternative is available. If a brand name drug is dispensed rather than an available chemically equivalent generic drug, an additional charge is applied on top of the member's generic copay. The additional charge is the difference in cost between the brand and generic drug. The additional charge applies and is the responsibility of the member, regardless of whether the "Dispense as Written" box is checked by the doctor. The additional charge does not apply towards the maximum per prescription (\$140 for 30-day retail, \$280 for 90-day home delivery, or \$420 for 90-day retail) or the \$4,200 single / \$8,400 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:

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

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

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

[View the Step Therapy Drug List](#)

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](#)

2016 Formulary Exclusion List



2016 Preferred Drug List Exclusions

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

Take action to avoid paying full price. If you'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.

Drug Class	Excluded Medications	Preferred Alternatives
AUTONOMIC & CENTRAL NERVOUS SYSTEM Transmucosal Fentanyl Analgesics	Abstral, Fentora, Subsys	fentanyl lozenge, Lazanda
Triptans	Frova	rizatriptan, sumatriptan, zolmitriptan, Relpax
CARDIOVASCULAR Angiotensin II Receptor Antagonists + Diuretic Combinations	Edarbi/Edarbyclor, Teveten HCT	candesartan/HCTZ, irbesartan/HCTZ, losartan/HCTZ, valsartan/HCTZ, Benicar/HCT
DERMATOLOGICAL Oral Agents For Rosacea	Doxycycline 40 MG Capsules	Oracea
Topical Acne/Antibiotic Combinations	BenzaClin Gel Pump, Veltin	clindamycin/benzoyl peroxide, clindamycin PLUS tretinoin, Acanya, Onexton, Ziana
Topical Agents for Actinic Keratosis	Fluorouracil 0.5% Cream	imiquimod 5% cream, Carac
DIABETES Blood Glucose Meters & Test Strips	Abbott (FreeStyle, Precision), Advocate, Bayer (Breeze, Contour), Nipro (TRUEtest, TRUEtrack), Omnis Health (Embrace, Victory), Roche (Accu-Chek), UniStrip	LifeScan (OneTouch)
Dipeptidyl Peptidase-4 Inhibitors & Combinations	Nesina, Onglyza	Januvia, Tradjenta
Glucagon-Like Peptide-1 Agonists	Kazano, Kombiglyze XR	Janumet, Janumet XR, Jentadueto
Insulins	Tanzeum, Victoza	Bydureon, Byetta, Trulicity
EAR/NOSE Nasal Steroids	Novolin	Humulin
Otic Fluoroquinolone Antibiotics	Apidra, NovoLog	Humalog
ENDOCRINE (OTHER) Growth Hormones	Beconase AQ, Omnaris, Veramyst, Zetonna	flunisolide, fluticasone propionate, triamcinolone acetonide, Nasonex, Qnasl
Topical Estrogen Gels	Cetraxal	ciprofloxacin otic drops, Ciprodex
Topical Testosterone Products	Nutropin AQ, Omnitrope, Saizen, Zomacton (formerly Tev-Tropin)	Genotropin, Humatrope, Norditropin
GASTROINTESTINAL Anti-Inflammatory/Anti-Ulcer Agents	Estrogel	Divigel
Inflammatory Bowel Agents	Fortesta, Natesto, Testim, Testosterone Gel, Vogelxo	AndroGel, Axiron
Pancreatic Enzymes	Duexis	famotidine PLUS ibuprofen
	Vimovo	omeprazole PLUS naproxen
	Asacol HD, Delzicol, Dipentum	balsalazide disodium, Apriso, Lialda, Pentasa
	Pancreaze, Pertzye, Ultresa	pancrelipase, Creon, Zenpep

Continue on back >>

Continued

Drug Class	Excluded Medications	Preferred Alternatives
HEMATOLOGICAL Erythropoiesis-Stimulating Agents	Aranesp, Epogen, Mircera	Procrit
HEPATITIS Antivirals	RibaPak, RibaTab	ribavirin capsules, ribavirin tablets, Moderiba
Hepatitis C (genotype 1)	Harvoni, Olysio, Sovaldi*	Viekira Pak
INFLAMMATORY CONDITIONS Tumor Necrosis Factor Antagonists and Other Drugs for Inflammatory Conditions	Cimzia, Simponi 50 MG, Xeljanz	Cosentyx, Enbrel, Humira, Simponi 100 MG (for ulcerative colitis only), Stelara
OBSTETRICAL & GYNECOLOGICAL Gonadotropin-Releasing Hormone (GnRH) Antagonists (for Infertility)	Ganirelix	Cetrotide
Ovulatory Stimulants (Folliotropins)	Bravelle, Follistim AQ	Gonal-f
Vaginal Progestones	Endometrin	Crinone 8% Gel
OPHTHALMIC Antiglaucoma Drugs (Beta-Adrenergic Blockers)	Istalol	betaxolol drops, levobunolol drops, timolol drops, Alphagan P 0.1%, Combigan
Antiglaucoma Drugs (Ophthalmic Prostaglandins)	Zioptan	latanoprost drops, travoprost drops, Lumigan, Travatan Z
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	Acuvail	bromfenac drops, diclofenac drops, ketorolac drops, Ilevro, Nevanac, Prolensa
OSTEOARTHRITIS Hyaluronic Acid Derivatives	Gel-One, Hyalgan, Supartz, Synvisc/Synvisc-One	Euflexxa, Monovisc, Orthovisc
RESPIRATORY Pulmonary Anti-Inflammatory Inhalers	Alvesco, Arnuity Ellipta, Flovent Diskus/HFA	Asmanex HFA/Twisthaler, Pulmicort Flexhaler, QVAR
Short-Acting Beta ₂ -Agonist Inhalers	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	phentermine

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

Excluded Medications/Products at a Glance

Abbott (FreeStyle, Precision)	Dipentum Doxycycline 40 MG Capsules	Hyalgan Istalol Kazano Kombiglyze XR Levitra Mircera Natesto Nesina Nipro (TRUEtest, TRUEtrack)	Omnitrope Onglyza Pancreaze Pertzye Proventil HFA Qsymia RibaPak RibaTab Roche (Accu-Chek) Saizen Simponi 50 MG Sovaldi*	Tanzeum Testim Testosterone Gel Teveten HCT Ultresa UniStrip Velin Veramyst Victoza Vimovo Vogelxo Xeljanz Xopenex HFA Zetonna Zioptan Zomacton
Abstral Acuvail Advocate Alvesco Apidra Aranesp Arnuity Ellipta Asacol HD Bayer (Breeze, Contour) Beconase AQ BenzaClin Gel Pump Bravelle Cetraxal Cimzia Delzicol	Fortesta Frova Ganirelix Gel-One Harvoni	Novolin NovoLog Nutropin AQ Olysio Omnicar Omnis Health (Embrace, Victory)	Subsys Supartz Synvisc/Synvisc-One	

* Sovaldi may be covered for chronic hepatitis C genotypes 2, 3, 5, or 6 with a coverage review

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

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How To Fill Your Specialty Medication Using Accredo Pharmacy



Accredo Specialty Pharmacy

Filling Your Prescription¹

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 electronically²

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 office³

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**⁴ 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 prescription⁴

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 Stat Medication List

Specialty Drug List

* = Stat Drug - drugs that require urgent dispensing or administration to avoid potentially negative clinical consequences. Based on availability you may fill your prescription for a Stat drug up to two times at a network pharmacy. After two fills you must use Accredo to dispense any additional refills. All other drugs on this list are considered non-Stat drugs, which must be filled by Accredo or the exclusive manufacturer pharmacy, including the first fill.

Blue = drugs that are designated specialty but are only available through the manufacturer's exclusive non-Accredo pharmacy. If you are prescribed one of these drugs and present the prescription to either Accredo or a non-Accredo retail network pharmacy, you will be referred to the manufacturer's exclusive pharmacy to fill your prescription. The same Travelers benefit is provided and Accredo staff will continue to provide full patient support and guidance.

accredo®

ALPHA 1 DEFICIENCY

Aralast NP*
Glassia™
Zemaira*
Prolastin C®

ANTICOAGULANT

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

ASTHMA & ALLERGY

Xolair®
Oralair®

BLOOD CELL DEFICIENCY

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

CANCER

Abraxane®
Adcetris™
Afinitor®
Arranon®
Arzerra®
Avastin®
Beleodag™
Blincyto™
Bosulif®
Caprelsa®
Cometriq™
Crinone®
Cyramza™
Dacogen® (decitabine)
Eligard®
Eributux®
Erivedge™
Erwinaze®
Firmagon®
Folotyn®
Gazyva™
Gilotrif™
Gleevec®
Halaven™
Herceptin®
Hycamtin® (capsules)
Hycamtin® (topotecan injection)
Ibrance®
Iclusig®
Imbruvica™
Inlyta®
Intron A®
Iressa®
Istodax®
Ixempra®

CANCER (cont'd)

Jakafi™
Jevtana®
Kadcyla™
Kepivance®
Keytruda®
Kyprolis®
Lenvima™
Lupron Depot®
Lynparza™
Marqibo®
Matulane®
Mekinist™
Nexavar®
Odomzo®
Opdivo®
Perjeta™
Pomalyst®
Proleukin®
Prothelial™
Provence®
Purixan™
Revimid®
Rituxan®
Sprycel®
Stivarga®
Sutent®
Sylatron™
Sylvant™
Synribo™
Tafinlar®
Tarceva®
Targretin®
Tasigna®
Temodar® (temozolomide)
Testopel®
Thalomid®
Thyrogen®
Torisel®
Treanda®
Tykerb®
Unituxin™
Valchlor™
Valstar®
Vantas®
Vectibix®
Velcade®
Vidaza® (azacitidine)
Votrient®
Xalkori®
Xeloda® (capecitabine)
Xgeva™
Xofigo®
Xtandi®
Yervoy™
Zaltrap®
Zarxio™
Zelboraf™
Zoladex®
Zolanza®
Zometa®
Zydrel®
Zykadia™
Zytiga™

CARDIOVASCULAR

Praluent™
Repatha™

CONTRACEPTIVE

Liletta™
Mirena®
Nexplanon®
Paragard®
Skyla®

CYSTIC FIBROSIS

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

ENDOCRINE DISORDERS

Aveed™
Korlym®
Kuvan®
Lupaneta Pack™
Lupron Depot-Ped®
Natpara®
Ruconest®
Samsca®
Sandostatin® (octreotide acetate)
Sandostatin LAR®
Signifor®
Somatuline Depot®
Somatuline Depot®
Somavert®
Supprelin LA®

ENZYME DEFICIENCY

Adagen®
Aldurazyme®
Carbaglu®
Cerdelga™
Cerezyme®
Elaprase®
Elelyso™
Fabrazyme®
Lumizyme™
Myozyme®
Naglazyme®
Orfadin®
Sucraid®
VPRIV™
Vimizim™
Zavesca®

GROWTH DEFICIENCY

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

HEMOPHILIA

Advate®
Alphanate®
Alphanine SD®
Alprolix™

HEMOPHILIA (cont'd)

Bebulin®
Benefix®
Confact®
DDAVP® (desmopressin acetate)
(oral/nasal forms are not specialty)
Eloctate™
Feiba NF®
Helixate FS®
Hemofili M®
Humate-P®
Ininity®
Koate-DVI®
Kogenate FS®
Monoclate-P®
Mononine®
Novoseight®
Novoseven RT®
Obizur™
Profilnine SD®
Recombinant™
RiaSTAP®
Rixubis™
Stimate®
Tretten®
Wilate®
Xyntha®

HEPATITIS C

Harvoni®
Daklinza™
Infergen®
Olysio™
Pegasy®
Peg-Intron®
Ribavirin (Rebetol®, Copegus®, Ribasphere®, Ribapak®, Ribavirin (Moderna™))
Sovaldi™
Technivie™
Victrelis™
Viekira Pak™

HEREDITARY ANGIOEDEMA

Berinert®
Cinryze®
Firazyr®
Kalbitor®
Ruconest®

HIV

Aptivus®
Atripla®
Combivir®
(lamivudine/zidovudine)
Complera®
Crixivan®
Eduvant®
Egrifta®
Emtriva®
Epivir® (lamivudine)
Epzicom®
(abacavir/lamivudine)
Evotaz™
Fuzeon®

HIV (Cont'd)

Intence®
Invirase®
Isentress®
Kaletra®
Lexiva®
Norvir®
Prezcobix™
Prezista®
Rescriptor™
Retrovir® (zidovudine)
Reyataz®
Sustiva®
Tivicay®
Selzentry®
Stribild®
Tivicay®
Triumeq®
Trizivir® (abacavir, lamivudine, and zidovudine)
Truvada®
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

Actimmune®
Bivigam™
Carimune NF®
Cytogam®
Flebogamma®
Gamastan S-D®
Gammagard Liquid®
Gammagard S-D®
Gammaked™
Gammaplex®
Gamunex-C®
Hizentra™
Hyqvia
Octagam®
Privigen®

INFERTILITY

Bravelle®
Cetrodide®
Chorionic Gonadotropin (brands include Novarel®, Pregnyl®)
Crinone®
Endometrin®
Follistim AQ®
Ganirelix (ganirelix acetate)
Gonal-F®
leuprolide
Menopur®
Ovidrel®
progesterone injection
(oral forms are not specialty)
Repronex®



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Blue = drugs that are designated specialty but are only available through the manufacturer's exclusive non-Accredo pharmacy. If you are prescribed one of these drugs and present the prescription to either Accredo or a non-Accredo retail network pharmacy, you will be referred to the manufacturer's exclusive pharmacy to fill your prescription. The same Travelers benefit is provided and Accredo staff will continue to provide full patient support and guidance.

INFLAMMATORY CONDITIONS

Actemra®
Arcalyst®
Benlysta®
Cimzia®
Cosentyx™
Enbrel®
Entyvio™
Humira®
Humira® (Pediatric)
Ilaris®
Kineret®
Krystexxa®
Orencia®
Otezla®
Remicade®
Simponi™
Simponi Aria®
Stelara™
Xeljanz®

IRON TOXICITY

Jandenu™

Exjade®

Ferriprox®

MISCELLANEOUS SPECIALTY CONDITIONS

Acthar H.P. Gel®
Apokyn®
Arestin®
Botox®
Botox Cosmetic®
Ceprotin™
Chenodal®
Cholibam®
Cystadane®
Cystagon®
Dysport®
Evzio®
Gattex®
Hemangeol™
Hetlioz™
Juxtapid®
Kynamro™
Makena™
Myalept™
Myobloc®
Northera™
Prial®
Procysbi™
Qutenza®
Ravicti™
Sabril®
Solesta®
Soliris®
Sprix®
Thiola®
Varithena®
Vivitrol®
Xenazine®
Xeomin® (tetraabenazine)
Xiaflex™
Xyrem®
Zecuity®

MULTIPLE SCLEROSIS

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

OPHTHALMIC CONDITIONS

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

OSTEOARTHRITIS

Euflexxa®
Gel-One®
Hyalgan®
Monovisc®
Orthovisc®
Supartz®
Synvisc®

OSTEOPOROSIS

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

PULMONARY HYPERTENSION

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

RESPIRATORY SYNCYTIAL VIRUS

Synagis®*

TRANSPLANT

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

Preventive Drug List



Preventive medications list

ASTHMA/COPD

ACCOLATE
 ZAFIRLUKAST
ANORO ELLIPTA
ARNUITY ELLIPTA
ASMANEX HFA
BREO ELLIPTA
COMBIVENT RESPIMAT
DULERA
GASTROCROM
 CROMOLYN SODIUM
INCRUSE ELLIPTA
PROAIR HFA, VENTOLIN HFA
PULMICORT
 BUDESONIDE
QVAR
SEREVENT DISKUS
SINGULAIR
 MONTELUKAST
SPIRIVA
STRIVERDI RESPIMAT
SYMBICORT
ZYFLO CR
RESPIRATORY SUPPLIES
 NEBULIZERS AND INHALER ASSISTIVE
 DEVICES

BONE DISEASE AND FRACTURES

ACTONEL
 RISEDRONATE
BONIVA
 IBANDRONATE
EVISTA
 RALOXIFENE
FOSAMAX, FOSAMAX PLUS D
 ALENDRONATE
RECLAST
 ZOLEDRONIC ACID

CAVITIES

STANNOUS FLUORIDE PASTE AND
 RINSE
CLINPRO, PHOS-FLUR
 SODIUM FLUORIDE PASTE AND RINSE

COLONOSCOPY PREPARATION

GOLYTELY, NULYTELY, MOVIPREP
 POLYETHYLENE GLYCOL
OSMOPREP, SUPREP
PREPOPIK

DIABETES

INSULINS:

AFREZZA, HUMALOG, 50/50, 75/25
HUMULIN
LANTUS, LANTUS SOLOSTAR
LEVEMIR
TOUJEO SOLOSTAR

NON-INSULIN MEDICINES:

ACTOS, DUETACT, ACTOPLUS MET
 PIOGLITAZONE AND COMBINATIONS
AMARYL
 GLIMEPIRIDE
AVANDIA
AVANDAMET, AVANDARYL
BYETTA
DIABETA, GLYNASE, GLUCOVANCE
 GLYBURIDE AND COMBINATIONS
DIABETIC SUPPLIES
 TEST STRIPS, SYRINGES, NEEDLES AND
 LANCETS
FORTAMET, GLUCOPHAGE
 METFORMIN
GLUCOTROL
 GLIPIZIDE AND COMBINATIONS
GLYXAMBI
INVOKANA
JANUVIA, JANUMET
JARDIANCE
JENTADUETO
PRANDIN
 REPAGLINIDE
STARLIX
 NATEGLINIDE
SYMLINPEN
TRADJENTA
TRULICITY
XIGDUO XR

HEART DISEASE AND STROKE

BLOOD THINNER MEDICINES:

ASPIRIN, 81 MG OR 325 MG
AGGRENOX
 ASPIRIN-DIPYRIDAMOLE ER
BRILINTA
COUMADIN
 WARFARIN
EFFIENT
ELIQUIS
PERSANTINE
 DIPYRIDAMOLE
PLAVIX
 CLOPIDOGREL
PRADAXA
SAVAYSA
TICLID
 TICLOPIDINE
XARELTO
ZONTIVITY

CHOLESTEROL LOWERING MEDICINES

HMG-COA REDUCTASE INHIBITORS:

CRESTOR
LIPITOR
 ATORVASTATIN
MEVACOR
 LOVASTATIN
PRAVACHOL
 PRAVASTATIN
ZOCOR
 SIMVASTATIN

OTHER AGENTS:

ADVICOR
COLESTID
 COLESTIPOL
LOPID
 GEMFIBROZIL
PREVALITE, QUESTRAN
 CHOLESTYRAMINE
SIMCOR
TRICOR, ANTARA
 FENOFIBRATE
TRILIPIX DR

MSC6238D

(over, please)



FENOFIBRIC ACID
VYNTORIN
WELCHOL
ZETIA

HIGH BLOOD PRESSURE

ACE INHIBITORS:

ACCUPRIL
 QUINAPRIL
LOTENSIN
 BENAZEPRIL
PRINIVIL, ZESTRIL
 LISINAPRIL
VASOTEC
 ENALAPRIL

ACE INHIBITORS/DIURETIC COMBINATIONS:

ACCURETIC
 QUINAPRIL/HCTZ
LOTENSIN HCT
 BENAZEPRIL/HCTZ
VASERETIC
 ENALAPRIL/HCTZ
ZESTORETIC
 LISINAPRIL/HCTZ

ANGIOTENSIN II RECEPTOR ANTAGONISTS:

ATACAND
 CANDESARTAN
AVAPRO
 IRBESARTAN
COZAAR
 LOSARTAN
DIOVAN
 VALSARTAN

ANGIOTENSIN II RECEPTOR ANTAGONISTS/ DIURETIC COMBINATIONS:

ATACAND HCT
 CANDESARTAN/HCTZ
AVALIDE
 IRBESARTAN/HCTZ
DIOVAN HCT
 VALSARTAN/HCTZ
HYZAAR
 LOSARTAN/HCTZ

BETA BLOCKERS:

BYSTOLIC
INDERAL LA, INNOPRAN XL
 PROPRANOLOL
TENORMIN
 ATENOLOL
TOPROL XL
 METOPROLOL
ZEBETA
 BISOPROLOL

BETA BLOCKERS/DIURETIC COMBINATIONS:

PROPRANOLOL/HCTZ
CORZIDE
 NADOLOL/BENDROFLUMETHIAZIDE
LOPRESSOR HCT
 METOPROLOL/HCTZ
TENORETIC
 ATENOLOL/CHLORTHALIDONE
ZIAC
 BISOPROLOL/HCTZ

CALCIUM CHANNEL BLOCKERS:

ADALAT CC, PROCARDIA XL
 NIFEDIPINE
CALAN, VERELAN
 VERAPAMIL
CARDIZEM LA, TIAZAC ER
 DILTIAZEM
NORVASC
 AMLODIPINE
SULAR ER
 NISOLDIPINE

DIURETICS:

CHLORTHALIDONE
 HYDROCHLOROTHIAZIDE
 INDAPAMIDE
 METOLAZONE

OTHER HIGH BLOOD PRESSURE MEDICINE COMBINATIONS:

AZOR
CADUET
 AMLODIPINE/ATORVASTATIN
EXFORGE HCT
 AMLODIPINE/VALSARTAN/HCTZ
LOTREL
 AMLODIPINE/BENAZEPRIL

TARKA

TRANSDOLAPRIL/VERAPAMIL
TRANSDOLAPRIL
TRIBENZOR
TWYNSTA
 AMLODIPINE/TELMISARTAN

RESPIRATORY SYNCYTIAL VIRUS

SYNAGIS

MALARIA

CHLOROQUINE
 MEFLOROQUINE
 PRIMAQUINE
MALARONE
 ATOVAQUONE/PROGUANIL

OBESITY

DIETHYLPROPION
ADIPEX-P
 PHENTERMINE
BELVIQ
BONTRIL PDM
 PHENDIMETRAZINE
CONTRAVE
SAXENDA
XENICAL

SMOKING-CESSATION *

CHANTIX
NICOTROL/NICODERM CQ
 NICOTINE PRODUCTS
ZYBAN
 BUPROPION SR 150MG

IMMUNIZATION: *

DIPHTHERIA, PERTUSSIS, TETANUS,
 HAEMOPHILUS INFLUENZAE B,
 HEPATITIS A AND B, JE-VAX, TYPHIM,
 VARICELLA, ZOSTER, HUMAN
 PAPILLOMAVIRUS, INFLUENZA,
 MEASLES, MENINGOCOCCAL,
 MUMPS, PNEUMOCOCCAL,
 POLIOVIRUS, ROTAVIRUS, RUBELLA

VITAMINS OR MINERALS

FOLIC ACID*
 PRENATAL VITAMINS
 PEDIATRIC MULTIVITAMINS WITH
 FLUORIDE*

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

MSC6238D



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 (\$27) or brand coinsurance subject to the three month minimum of \$105 and maximum of \$420. This cost sharing will not apply to the plan deductible, but will apply to the maximum 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

Therapeutic Category Level



AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

- ◆ Antidepressants (except controlled medications and MAO Inhibitors)
- ◆ Antiparkinsonism Agents
- ◆ Misc. Neurological Therapy (e.g. Aricept®, Exelon®, Namenda® except Cognex®)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

- ◆ Antiarrhythmic Agents (except Tikosyn®)
- ◆ Cardiac Glycosides
- ◆ Antiplatelet Drugs
- ◆ Thiazide & Related Diuretics
- ◆ Potassium Sparing Diuretics
- ◆ Beta Blockers
- ◆ Calcium Channel Blockers [except Covera-HS]
- ◆ ACE Inhibitors
- ◆ Angiotensin II Receptor Blockers
- ◆ Adrenergic Antagonists & Related Drugs
- ◆ Vasodilators (except nitroglycerin sublingual and translingual)
- ◆ Combination Antihypertensive Agents
- ◆ Direct Renin inhibitors (e.g. Tekturna®)
- ◆ Lipid / Cholesterol Lowering Agents
- ◆ Antianginal and Anti-ischemic
- ◆ Renin inhibitor/ca channel blocker (e.g. Tekamlo)
- ◆ Renin Inhibitor/Thiazide combination products (e.g., Amturnide)

MUSCULOSKELETAL & RHEUMATOLOGY

- ◆ NSAIDs
- ◆ NSAIDs COX II Inhibitors
- ◆ Osteoporosis Therapy

OBSTETRIC & GYNECOLOGY

- ◆ Progestins (except Progesterone in Oil)
- ◆ Estrogens [except Controlled medications, Vagifem 25mcg and Premarin® 1.25 mg (temporary - due to supply limitations)]
- ◆ Estrogen / Progestin Combination Products
- ◆ Oral Contraceptives (with the exception of Emergency O/C's, - i.e., Plan-B®, Next Choice)
- ◆ Transdermal Contraceptives
- ◆ Injectable Contraceptives
- ◆ Intravaginal Contraceptives (i.e. Nuvaring®)

UROLOGICAL

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

ONCOLOGY

The following drugs only:

- ◆ Agrylin®
- ◆ Anagrelide HCL
- ◆ Anastrozole
- ◆ Arimidex®
- ◆ Aromasin®
- ◆ Bicalutamide
- ◆ Casodex®
- ◆ Eulexin®
- ◆ Femara®
- ◆ Flutamide
- ◆ Letrozole
- ◆ Nilandron®
- ◆ Nolvadex®
- ◆ Soltamox®
- ◆ Tamoxifen

OPHTHALMOLOGY

- ◆ Beta Blockers
- ◆ Cholinesterase Inhibitor Miotics
- ◆ Direct Acting Miotics (except Phospholine Iodide)
- ◆ Other Glaucoma Drugs
- ◆ Oral Drugs for Glaucoma
- ◆ Sympathomimetics

RESPIRATORY, ALLERGY & COUGH & COLD

- ◆ Non-Sedating Antihistamines (i.e. Clarinex® & Zyrtec®) Except Allegra® (all dosage forms) and Allegra ODT (all dosage forms)
- ◆ Intranasal Steroids
- ◆ Xanthines
- ◆ Beta Agonist
- ◆ Inhaled Corticosteroids
- ◆ Leukotriene Receptor Antagonists
- ◆ Miscellaneous Pulmonary Agents

VITAMINS, HEMATINICS AND ELECTROLYTES

- ◆ Vitamins & Hematinic
- ◆ Potassium Replacements

GASTROENTEROLOGY

- ◆ H2 Antagonists
- ◆ PPIs
- ◆ Prostaglandins
- ◆ Other Ulcer Therapy
- ◆ Bile Acids

ENDOCRINE THERAPY

- ◆ Antithyroid Agents
- ◆ Thyroid Hormones
- ◆ Oral Hypoglycemic Agents [except Avandia, Avandaryl and Avandamet®]
- ◆ Insulin (except Humulin R 500 Units and Apidra Solostar PFD Pen 3ML's 5 100u/ml-unavailable)
- ◆ Non-Insulin Injectables (e.g., Symlin, Byetta, Victoza)
- ◆ Antihyperglycemic/dopamine agonist
- ◆ Juvisync

FREQUENTLY ASKED QUESTIONS

– Preferred Home Delivery Program for Maintenance Medications –

1. What are “maintenance medications”?

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

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

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

2. What is the Preferred Home Delivery program?

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

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

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

3. How does the Preferred Home Delivery program work?

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

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

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

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

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

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

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

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

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

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

By Phone

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

Online

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

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

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

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

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

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

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

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

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

FREQUENTLY ASKED QUESTIONS

– Generic Preferred Policy –

1. What are generic drugs?

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

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

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

2. What is the Generics Preferred policy?

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

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

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

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

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

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

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

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

6. Why are generic drugs less expensive?

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

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

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

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

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

FREQUENTLY ASKED QUESTIONS

– Drug Quantity Management –

Overview

1. What Is Drug Quantity Management?

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

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

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

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

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

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

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

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

2. Who developed my Drug Quantity Management program?

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

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

3. What drugs are included in the program?

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

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

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

How Drug Quantity Management Works

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Mail Service and Drug Quantity Management

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

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

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

FREQUENTLY ASKED QUESTIONS

– Step Therapy –

1. What is Step Therapy?

Step Therapy is a program that encourages you and your doctor to try lower cost medications before moving to higher priced alternatives. This program applies to all new prescriptions within the following drug classes:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9. What are generic drugs?

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

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

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

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

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

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

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

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

Contact Express Scripts customer service at 877.494.7472.

Step Therapy Drug List

Express Scripts, Inc.

Preferred Drug Step Therapy Programs for Travelers Companies

Non-Specialty Step Therapy Program:	Indication:	Your prescription is for one of these targeted step drugs:	Your program points you to one of these first step drugs:	This program looks for:
Branded NSAID	Arthritis/Pain	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	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin, diclofenac sodium/misoprostol	Prior use of 2 first line medications in the last 130 days; for Vimovo use of generic omeprazole, generic lansoprazole, or generic pantoprazole AND naproxen (brand or generic); for Duexis use of generic famotidine, cimetidine, nizatidine, or ranitidine AND prescription strength ibuprofen (brand or generic)
COX-2 Inhibitors	Arthritis/Pain	Celebrex	diclofenac, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin, diclofenac sodium/misoprostol	Prior use of 2 first line medications in the last 130 days
Hypnotics	Insomnia	Ambien CR, Lunesta, Rozerem, Sonata, Ambien, Edluar, Silenor, Zolpimist, Intermezzo	zolpidem/CR, zaleplon, eszopiclone	Prior use of 1 first line medication in the last 130 days
Nasal Steroids	Allergies	Dymista, Flonase, Nasacort AQ, Nasonex, Qnasl, Rhinocort Aqua, Nasarel	flunisolide, fluticasone, triamcinolone, budesonide	Prior use of 1 first line medication in the last 130 days
Proton Pump Inhibitors - generic	Stomach acid conditions	Aciphex, Aciphex Sprinkle, Dexilant (formerly Kapidex), esomeprazole strontium, Prevacid (Rx or OTC), Prevacid SoluTab, Prilosec (Rx or OTC), Protonix, Zegerid (Rx or OTC), Nexium (RX)	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
Tetracycline - oral	Dermatologic Conditions	Acticlate, Adoxa, Alodox Convenience Kit, Avidoxy Kit, Doryx, Dynacin, Minocin, Minocin Kit, Monodox, Morgidox Kit, Oracea, Periostat, Solodyn, Vibramycin,	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

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

Non-Specialty Step Therapy Program:	Indication:	Your prescription is for one of these targeted step drugs:	Your program points you to one of these first step drugs:	This program looks for:
Topical Acne	Dermatologic Conditions	Rule 1: Brand topical BPO, antibiotic, etc containing products Rule 2: Brand topical cleansers Rule 3: Brand topical kits Rule 4: Finacea, Finacea Plus Kit, 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. <i>****Due to the massive list of medications included in this step therapy, the 2nd line ST medications tab is not populated with these meds, please refer to the BAC for the most complete listing of targets and alternatives.***</i>
Topical Acne- continued	Dermatologic Conditions	Rule 1: Brand topical BPO, antibiotic, etc containing products: Azelex Benzashave; Neobenz Micro/SD Benzefoam; Benzefoam Ultra Brevoxyl; Benzac W/AC; Benziq; Soluclenz RX; Clinac BPO; Desquam-E/-X Nuox Cleocin T; Evoclin; Clindagel; Clindamax; Clindareach; Clindets Aczone GAKne-Mycin; Del-Mycin; Emgel; A-T-S Klaron Epiduo Benzamycinpak; Benzamycin Zoder cream Zoder gel Zoder redi-pads Benzacilin; Acanya Inova Veltin; Ziana Zetacet; Sumaxin TS Avar-E/LS; Clenia; Plexion SCT : Clarifoam EF; Rosula Inova Rosac	Rule 1: Generic topical BPO, antibiotic, etc containing products: Azelaic acid, Benzoyl peroxide cream Benzoyl peroxide foam/gel Benzoyl peroxide/sulfur Clindamycin topical Dapsone topical Erythromycin topical Sulfacetamide topical Adapalene/benzoyl peroxide Erythromycin/benzoyl peroxide Benzoyl peroxide cream Benzoyl peroxide gel Benzoyl peroxide pads Clindamycin/benzoyl peroxide Benzoyl peroxide pad Clindamycin/Tretinoin Sodium sulfacetamide/sulfur Sulfacetamide/sulfur Sod. sulfacetamide/sulfur foam Sod. sulfacetamide/sulfur lotion Benzoyl peroxide pad Sulfacetamide/sulfur cream Benzoyl peroxide/hydrocortisone	

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

	Dermatologic Conditions	Rule 2: Brand topical cleansers Benzac AC/W; Benziq; Desquam-X; Neobenz Micro; Pacnex/MX; SE BPO, Delos Triaz wash; Brevoxyl, Delos Triaz pad; Pacnex LP/HP Triaz foaming cloths Zoderm Sumaxin; Avar LS; Zencia Avar; Plexion; Rosac; Zetacet Plexion; Sumaxin Rosula Ovace Plus, Vanoxide HC	Rule 2: Generic topical cleansers Benzoyl peroxide wash Benzoyl peroxide cleanser Benzoyl peroxide pads Benzoyl peroxide cloths Benzoyl peroxide cleanser Sodium sulfacetamide/sulfur Sodium sulfacetamide/sulfur Sod. sulfacetamide/sulfur cloth Sod. sulfacetamide/sulfur wash	
Topical Acne- continued	Dermatologic Conditions	Rule 3: Brand Topical Kits Zacare Cleanse and Treat pads Clindacin PAC Kit Rosanil Cleanser Kit Duac CS Convenience Kit Benzacilin Carekit Rosula CLK Kit Benzoyl peroxide wash kit Metrogel kit Brevoxyl Complete Pack; Neobenz Micro Wash Plus Pack	Rule 3: One med from rule 1 AND one med from rule 2 Rule 1: Legend (Rx) Only Azelaic acid Benzoyl peroxide cream Benzoyl peroxide foam Benzoyl peroxide gel Benzoyl peroxide/sulfur Clindamycin topical Dapsone topical Erythromycin topical Sulfacetamide topical Adapalene/benzoyl peroxide Erythromycin/benzoyl peroxide Benzoyl peroxide cream Benzoyl peroxide gel Benzoyl peroxide pads Clindamycin/benzoyl peroxide Benzoyl peroxide pad Clindamycin/Tretinoin Sodium sulfacetamide/sulfur Sulfacetamide/sulfur : Sod. sulfacetamide/sulfur foam Sod. sulfacetamide/sulfur lotion Benzoyl peroxide pad Sulfacetamide/sulfur cream Benzoyl peroxide/hydrocortisone Metronidazole AND One Product From Group 2: Legend (Rx) Only Benzoyl peroxide wash/cleanser/pads,loths Benzoyl peroxide wash pack Sodium sulfacetamide/sulfur- cloth/wash	

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

Non-Specialty Step Therapy Program:	Indication:	Your prescription is for one of these targeted step drugs:	Your program points you to one of these first step drugs:	This program looks for:
Topical Corticosteroids	Dermatologic Conditions	Aclovate, Ala-Scalp HP, ApexiCon, Capex, Clobex, Elocon, Halog, Halonate, Florone, Kenalog, Cloderm, Cordran, Locoid, Luxiq, Olux, Pandel, Psorcon, Derma-Smooth/FS, Dermatop, Texacort, Vanos, Diprolene/AF, Verdeso, Desonate, Olux-Olux-E, Desowen, Cutivate, Zytropic, Nucort Lotion, Florone, Ultravate, Topicort/LP, Lidex, Westcort, Momexin, Pediaderm/TA, Triderm, Scalacort, Samol-HC, Pramoxone, Pramoxone E, Desonil/kit, Aqua Glycolic HC	alclometasone, amcinonide, betamethasone dipropionate (augmented), betamethasone dipropionate, fluocinonide, fluticasone, halobetasol, betamethasone valerate, hydrocortisone, clobetasol, hydrocortisone butyrate, desonide, desoximetasone, hydrocortisone valerate, mometasone, triamcinolone, diflorasone fluocinolone, pramoxine	Prior use of 2 first line medication in the last 130 days
Topical Immunomodulators	Dermatologic Conditions	Elidel, Protopic, 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 60 days

Express Scripts, Inc.

Preferred Drug Step Therapy Programs for Travelers Companies

Specialty Step Therapy Program:	Indication:	Your prescription is for one of these targeted step drugs:	Your program points you to one of these first step drugs:	This program looks for:
Alpha-1 Inhibitors	Respiratory Conditions	Prolastin, Zemaira, Glassia	Aralast	Prior use of 1 first line medication in the last 130 days
Cryopyrin-Associated Periodic Syndrome (CAPS)	Inflammatory Conditions	Arcalyst	Ilaris	Prior use of 1 first line medication in the last 130 days
Inflammatory Conditions	Inflammatory Conditions	Kineret, Orenica SQ, Rituxan, Remicade, Orenica IV, Actemra, Simponi Aria, Otezla	Enbrel AND/OR Humira	Prior use of 1 first line medication in the last 180 days
Multiple Sclerosis- Oral	Multiple Sclerosis	Gilenya, Tecfidera Aubagio	Rebif, Extavia, Avonex, Plegridy, Glatopa, Copaxone 40 mg	Part of the prior authorization policy
Multiple Sclerosis - Inj	Multiple Sclerosis	Betaseron, Brand Copaxone 20mg	Rebif, Extavia, Avonex, Plegridy, Glatopa, Copaxone 40 mg	Part of the prior authorization policy
Prostate Cancer GnRH Analogs	Prostate Cancer	Firmagon, Lupron Depot, Trelstar, Trelstar Depot	Eligard	Prior use of 1 first line medication in the last 130 days
Prostate Cancer - Oral	Prostate Cancer	Xtandi	Zytiga	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 - 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 - Inhaled Prostacyclin	Pulmonary Arterial Hypertension	Ventavis	Tyvaso	Prior use of 1 first line medication in the last 130 days

FREQUENTLY ASKED QUESTIONS

– Compound Management Program –

1. What are compounds and are they FDA approved?

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

2. Why was the Compound Management Program introduced?

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

3. What will be excluded?

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

4. Who decided to exclude these compounded medications?

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

5. What are the alternatives?

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

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

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

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

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

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

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

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

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

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

10. Will pediatric compounds still be covered?

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

Compound Management Exclusion List



Compound Management Top 25 Exclusion List

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

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

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

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