

**PLAN DOCUMENT**  
**AND**  
**SUMMARY PLAN DESCRIPTION**  
**for the**  
**MIDDLESEX COUNTY JOINT HEALTH INSURANCE FUND**  
**PRESCRIPTION DRUG PLAN**

**INTRODUCTION**

The Middlesex County Joint Health Insurance Fund ("Plan Sponsor") established the Middlesex County Joint Health Insurance Fund Prescription Drug Plan ("Plan"). The Plan includes prescription drug benefits for eligible employees and retirees of the Employer. All references in this document to "Employer" mean the following: (1) the Middlesex County Utilities Authority; or (2) Middlesex County.

This document sets forth the terms of the Plan as of January 1, 2018. Plan Sponsor intends that this document serves as the Plan Document and as the Summary Plan Description, along with the documents supplied by the claim administrators and Employer, for the prescription drug benefits under the Plan.

The prescription drug benefits under the Plan are provided on a self-funded basis. This means that these benefits will be paid by Plan Sponsor from its general assets, rather than through an insurance company. Plan Sponsor has selected a claim administrator for the self-funded prescription drug benefits under the Plan. The claim administrator is not an insurer of the Plan, and any and all references in the documents to the claim administrator should be interpreted accordingly. The "OTHER BASIC INFORMATION ABOUT THE PLAN" section identifies the claim administrator for the prescription drug benefits under the Plan.

The existence of the Plan does not grant employees any legal right to continue employment with Employer or affect the right of Employer to discharge employees. Questions about the Plan/Summary Plan Description should be directed to Plan Sponsor.

**MIDDLESEX COUNTY JOINT HEALTH  
INSURANCE FUND**

Dated: December 31, 2017

Jared Army  
Signature

David Hissner  
Printed Name and Title

Office of Fund Administrator

<b>TABLE OF CONTENTS</b>
--------------------------

	<u>Page</u>
PRESCRIPTION DRUG PLAN.....	1
ELIGIBILITY and participation.....	1
Middlesex County.....	1
Middlesex County Utilities Authority.....	1
DEPENDENT ELIGIBILITY AND PARTICIPATION.....	2
Spouse.....	2
Dependent Children.....	2
INITIAL ENROLLMENT RULES.....	3
ANNUAL AND SPECIAL ENROLLMENT PERIODS.....	3
Annual Enrollment.....	3
Special Enrollment.....	3
SOURCES OF CONTRIBUTIONS AND COST OF COVERAGE.....	4
SCHEDULE OF BENEFITS.....	5
Copayments.....	5
Types of Prescriptions.....	6
Types of Pharmacies.....	7
Covered Prescription Drugs.....	7
Excluded Prescription Drugs.....	8
Preauthorization.....	9
Step Therapy.....	9
Submitting a Claim.....	12
TERMINATION OF COVERAGE.....	12
CONTINUATION OF HEALTH COVERAGE UNDER COBRA AND USERRA.....	13
COBRA Continuation Coverage.....	13
Continuation of Health Coverage Upon Military Leave.....	23
SPECIAL RULES REGARDING THE Prescription drug BENEFITS.....	25
Qualified Medical Child Support Orders (“QMCSO”).....	25
Health Care Reform.....	25
Health Insurance Portability and Accountability Act.....	27
Family and Medical Leave Act.....	27
CLAIM AND APPEAL PROCEDURES.....	27

	<u>Page</u>
Initial Decision.....	27
Benefit Determination Notice.....	29
Appeal of Denial.....	29
Final Decision.....	30
External Review.....	31
Legal Actions.....	34
COORDINATION OF BENEFITS.....	34
RIGHT TO REIMBURSEMENT AND SUBROGATION RIGHT.....	35
Plan’s Right to Reimbursement.....	35
Plan’s Subrogation Right to Initiate Legal Action.....	36
Your Cooperation.....	36
Plan’s Right to Withhold Payment.....	36
Preconditions to Participation and the Receipt of Benefits.....	37
Notice and Settlement of Claim.....	37
ADMINISTRATION.....	38
AMENDMENT OR TERMINATION.....	38
HIPAA PRIVACY AND SECURITY RULES.....	38
Permitted and Required Uses and Disclosure of Protected Health Information (“PHI”).....	38
Conditions of Disclosure.....	38
Certification of Plan Sponsor.....	40
Permitted Uses and Disclosures of Summary Health Information.....	40
Adequate Separation Between Plan and Plan Sponsor.....	40
Disclosure of Certain Enrollment Information to Plan Sponsor.....	41
Disclosure of PHI to Obtain Stop-Loss or Excess Loss Coverage.....	41
Other Disclosures and Uses of PHI.....	41
Definitions.....	41
GOVERNING LAW.....	43
OTHER BASIC INFORMATION ABOUT THE PLAN.....	44
APPENDIX A - FORMULARY LIST	
APPENDIX B - EXCLUDED MEDICATIONS	

## **PRESCRIPTION DRUG PLAN**

The Plan includes only prescription drug benefits. Other benefits (e.g., medical, dental, and vision) may be available under a separate plan, and are set forth in a different document maintained by the plan administrator.

## **ELIGIBILITY AND PARTICIPATION**

The following individuals are eligible to receive prescription drug benefits under the Plan:

### **Middlesex County**

The following active employees of and retirees from Middlesex County (the “County”) are eligible to participate in the Plan:

- All active employees.
- Active employees who retire January 1, 2019 through December 31, 2020 with less than 25 years of creditable service in the state of New Jersey’s administered pension systems as of December 31, 2011 as Premium Free Retirees.
- Active employees who retire any time during 2018, 2019, or 2020 with less than 25 years of creditable service in the state of New Jersey’s administered pension system and are 60 years or older as Direct Billed Retirees.
- Active employees who retire with disability benefits on or after January 1, 2018.
- Active employees who become eligible for and elect COBRA continuation coverage on or after January 1, 2018.

The eligibility and participation rules for employees and retirees are set forth in documents (e.g., an employment policy or collective bargaining agreement) maintained by the County. For purposes of determining eligible employees and retirees and their participation dates, those documents are incorporated into the Plan by reference.

### **Middlesex County Utilities Authority**

The following active employees of and retirees from Middlesex County Utilities Authority (“Utilities Authority”) are eligible to participate in the Plan:

- All active employees.
- Active employees who retire January 1, 2019 through December 31, 2020 with less than 25 years of creditable service in the state of New Jersey’s administered pension systems as of December 31, 2011 as Premium Free Retirees.

- Active employees who retire any time during 2018, 2019, or 2020 with less than 25 years of creditable service in the state of New Jersey's administered pension system and are 60 years or older as Direct Billed Retirees.
- Active employees who retire with disability benefits on or after January 1, 2018.
- Active employees who become eligible for and elect COBRA continuation coverage on or after January 1, 2018.

The eligibility and participation rules for employees and retirees are set forth in documents (e.g., an employment policy or collective bargaining agreement) maintained by the Utilities Authority. For purposes of determining eligible employees and retirees and their participation dates, those documents are incorporated into the Plan by reference.

For more information about Employer's eligibility and participation rules, which are incorporated into the Plan by reference, contact your specific Employer (or former Employer).

## DEPENDENT ELIGIBILITY AND PARTICIPATION

This section sets forth the eligibility and participation rules for a participant's spouse and dependent children for the self-funded prescription drug benefits under the Plan.

### **Spouse**

A participant's spouse is eligible to participate in the Plan.

"Spouse" means a person who is legally married to an employee. Plan administrator may require documentation proving the existence of a legal marriage.

**Note:** Surviving spouses of participants who are Premium Free Retirees and who die on or after January 1, 2018 are considered to be Direct Bill Retirees and are eligible for the same prescription drug benefit as the deceased participant at the time of the participant's death.

### **Dependent Children**

An eligible dependent child includes the following:

- The employee's natural child, legally adopted child, or child placed with the employee for adoption.
- The employee's step child.
- The employee's foster child.
- A child for whom the employee is required to provide medical care under a qualified medical child support order ("QMCSO"). (See the QMCSO subsection under the "Special Rules Regarding the Health Benefits" section

for information about the required coverage for children covered by a QMCSO.)

An eligible child may participate in the Plan until the end of the calendar year during which the child turns age 26. However, if a child becomes totally disabled before age 26, benefits may continue beyond the limiting age provided the child is unmarried and is incapable of financial self-support. Proof of disability may be periodically required by the plan administrator.

**Note:** Dependents of participants who are Premium Free Retirees and who die on or after January 1, 2018 are considered to be Direct Bill Retirees and are eligible for the same prescription drug benefit as the deceased participant at the time of the participant's death.

## **INITIAL ENROLLMENT RULES**

When employees and retirees initially become eligible to participate in the Plan, they may elect to participate in the prescription drug benefits provided under the Plan by applying for coverage and agreeing to pay any required premium contributions. Employees and retirees are permitted to elect to participate in the Plan, regardless of whether the employee or retiree elects to participate in a plan providing medical benefits that is sponsored by Plan Sponsor.

## **ANNUAL AND SPECIAL ENROLLMENT PERIODS**

### **Annual Enrollment**

Before the beginning of each plan year, Plan Sponsor will notify employees and retirees of the dates for the open enrollment period. During the open enrollment period, employees and retirees will have the opportunity to make benefit election changes. Benefit elections will remain in effect until the end of the plan year unless the employee requests an election change due to a change in status or other qualifying event (see the summary plan description for Employer's Section 125 plan for details), or the employee or retiree has a special enrollment rights circumstance as explained below. (**Note:** The rules under Section 125 of the Internal Revenue Code generally don't apply to retirees because retirees do not pay their portion of the cost of coverage under the Plan on a pre-tax basis. As a result, retirees may generally drop coverage under the Plan at any time during the year. Retirees may not, however, enroll in coverage under the Plan at any time during the year, absent a special enrollment right.)

### **Special Enrollment**

If an individual experiences a loss of health coverage, if an employee has a new dependent, or an individual loses or gains eligibility with respect to Medicaid or a State Children's Health Insurance Program ("CHIP"), an eligible employee or retiree, and/or a dependent may have special enrollment rights to participate in prescription drug benefits under the Plan immediately without being required to wait until the next annual open enrollment period.

- A loss of other coverage may occur when COBRA has been exhausted, an individual becomes ineligible for coverage (for example, due to a change in status), employer contributions for the coverage have been terminated, the other coverage is an HMO and the individual no longer lives or works in the HMO service area, coverage is lost because the other plan no longer offers any benefits to a class of similarly-situated individuals (such as part-time employees), or a benefit package option is terminated unless the individual is provided a current right to enroll in alternative coverage. But a loss of other coverage for this purpose does not include a termination for:
  - Nonpayment of required contributions.
  - Filing of a fraudulent application or claim.
  - Voluntary termination of the other coverage.
- The addition of a new dependent may occur due to marriage, birth, adoption or placement for adoption.
- If an individual's Medicaid or CHIP coverage is terminated as a result of a loss of eligibility or if the individual becomes eligible for a premium assistance subsidy under Medicaid or a CHIP, the individual has special enrollment rights.

Enrollment must generally be requested in a special enrollment rights situation within 30 days after the loss of other coverage or the addition of the new dependent, whichever is applicable. However, in the case of loss or gain of Medicaid or CHIP eligibility, a health plan must allow immediate enrollment if the individual submits a request within 60 days after the loss or gain of eligibility.

#### **SOURCES OF CONTRIBUTIONS AND COST OF COVERAGE**

Employer may contribute to the cost of the Plan. In addition, employees and retirees may be required to contribute to the cost of the Plan, as periodically determined by Employer. Employer will notify employees and retirees of any required contribution.

The Plan is funded on a self-funded basis. Plan Sponsor will pay these benefits from its general assets. The Plan Sponsor may also purchase insurance to protect the Plan Sponsor from large individual and aggregate losses.

If Employer maintains a Section 125 plan, any required participant contributions (if applicable) may be paid on a pre-tax basis by employees (but generally not retirees) under Employer's Section 125 plan.



<b>SCHEDULE OF BENEFITS</b>
-----------------------------

### Copayments

The copayment applied to each covered prescription drug is shown in the schedule below. The copayment is not a covered expense under the Plan.

If a prescription drug is purchased from a non-participating pharmacy, or a participating pharmacy without your ID card, you must submit your claim to the claim administrator for reimbursement.

Umbrella Group # MCJHIF1		Retail = Card and Direct - In- and Out-o-Network for up to 34 DS or 100 units (whichever is greater)			Mail (up to 90 DS)		
Group #	Benefit Group Name	Retail Generic	Retail Brand	Retail Brand Non-Formulary	Mail Generic	Mail Brand	Mail Brand Non-Formulary
MCJHIFCOU10	MCAFF- 3451	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU11	CWA 1082 Hlth	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU12	CWA 1082 Juv	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU13	Planning Pro	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU14	Planning Board	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU15	Engineers Pro	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU16	UPIU – 1426	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU17	Investigators CA	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU18	W & M 203	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU19	I.A.F.F. 3527	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU20	Extension S	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU21	P.B.A. 214	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU22	P.B.A. 214 Sup	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU23	AP s	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU31	Sheriffs LO	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU32	Sheriffs SI	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU33	Sheriffs SO	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU34	Rangers PBA 156	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU36	PBA 152	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU37	PBA 152 Sup	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU40	AFSCME 3440	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU41	AFSCME 3256	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU42	AFSCME 3460	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU43	AFSCME 3841	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU44	AFSCME 2226	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFNONUA	Non-Union Active	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOCO03	County Cob 03	\$0	\$15	\$30	\$0	\$15	\$30

MCJHIFCOCO35	County Cob 35	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU65DB03	County Pre-65 Direct-Bill 03	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOU65DB35	County Pre-65 Direct Bill 35	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOO65DB03	County Post-65 Direct-Bill 03	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFCOO65DB35	County Post-65 Direct Bill 35	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFUTACT	Util Active	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFUTCOB	Util Cobra	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFUTU65DB	Util Pre-65 Direct Bill	\$0	\$15	\$30	\$0	\$15	\$30
MCJHIFUTO65DB	Util Post-65 Direct Bill	\$0	\$15	\$30	\$0	\$15	\$30

**Preventive Medications** are medications prescribed to prevent the occurrence of a disease or condition for individuals with risk factors, or to prevent the recurrence of a disease or condition for individuals who have received, and do not include drugs used to treat an existing illness, injury or condition. Preventive medications may include those used for the prevention of conditions such as high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, heart attack and stroke, and prenatal nutrient deficiency. For additional information on Preventive Medications, please contact the claims administrator. **The copayment for preventive medications is \$0.**

## Types of Prescriptions

Here is an explanation of the types of prescriptions that are available under the Plan:

- Generic:** The chemical equivalent of its brand-name counterpart. The cost of a brand-name drug includes research, patent, and advertising expenses. When the patent expires, other manufacturers are able to duplicate the drug at a fraction of the cost. As a consumer, when you buy a generic drug, you are buying the same formula as the brand-name drug without helping to pay for the overhead. The U.S. Food and Drug Administration (“FDA”) must certify that a generic drug meets the same safety, strength, and effectiveness standards as the original brand-name drug. (See “the section entitled “PREFERRED OPTIONS LIST” in “APPENDIX A – FORMULARY LIST” for a limited list of generic formulary drugs.)
- Brand-Name Formulary:** A brand-name drug that is on a preferred list (i.e., formulary). Formulary drugs are FDA-approved and selected based on effectiveness and safety records. Typically, the claim administrator is able to negotiate a lower cost with the manufacturer for formulary drugs. That discount is passed on to you in the form of a lower copayment. To view the current list of formulary prescription drugs, you may log onto the claim administrator’s website (<https://www.caremark.com/wps/portal>). You should confirm that your prescribed drug is contained on the current formulary. If not, you should talk to your doctor about possible alternatives. The formulary is changed periodically, so you should also review the formulary periodically.
- Brand-Name Non-Formulary:** A brand-name drug that does not have a generic equivalent or is not on the current formulary, or a brand-name drug that you choose, even though a generic equivalent or formulary equivalent

is available. (See APPENDIX A – FORMULARY LIST for a limited list of brand-name formulary drugs.)

### **Types of Pharmacies**

Here is an explanation of the types of pharmacies at which you may have prescriptions filled:

- **In-Network Retail Pharmacy:** A CVS pharmacy or another licensed pharmacy in the retail network. A list of the participating in-network pharmacies is available on the claim administrator’s website, which can be accessed here: [www.caremark.com/wps/portal](http://www.caremark.com/wps/portal).
- **Out-of-Network Retail Pharmacy:** A licensed retail pharmacy that is not in the retail network. If you fill a prescription at an out-of-network pharmacy, you may be required to pay for your prescription and submit a claim for reimbursement to the claim administrator.
- **Mail Order Pharmacy:** A licensed pharmacy operated by the claim administrator where prescriptions are filled and delivered to you by mail.

### **Covered Prescription Drugs**

Prescription drugs that are covered by the Plan include medications, products, and devices that have been approved by the FDA and can only be dispensed with a prescription from a licensed provider (i.e., legend drugs). Covered prescription drugs may also include over-the-counter (“OTC”) items that can be purchased from a pharmacy (and, in some cases, without a prescription). Unless otherwise excluded (see the subsection entitled “Excluded Prescription Drugs” below) include the following:

- Federal legend drugs
- State restricted drugs
- Insulin
- OTC and legend needles and syringes
- Insulin pumps and accessories
- Injectable contraceptives
- Emergency contraceptives
- Plan B, through age 16
- Fertility agents
- Accutane, through age 25
- Legend anti-obesity preparations
- Depo-provera/Depo-SubQProvera
- Pre-packaged oral contraceptives
- Nutritional therapy for specific medical conditions (OTC and legend)
- Relenza/Tamiflu
- Inhaler assisting devices (OTC and legend)
- Progesterone in oil

- Antihemophila agents
- Systemed self-injectable drugs
- Diabetic supplies, insulin needles, syringes (OTC and legend)
- Androgenic agents
- Specialty pharmacy drugs
- Botox/Myobloc/Dysport/Xeomin
- Preventive medications (e.g., aspirin, folic acid, iron), subject to age limitations
- Smoking deterrents, age 18 and over
- Pediatric fluoride vitamin drops
- Drugs to treat impotency (except Yohimbine), for males age 18 and over

If you have questions about whether a prescription drug is covered under the Plan, you should contact the claims administrator.

### **Excluded Prescription Drugs**

The following types of prescription drugs are not covered under the Plan:

- Costs for any prescription drugs that are not medically necessary, or that are above reasonable and customary charges
- Charges incurred by an individual before becoming a participant in the Plan
- Costs for the following:
  - Non-federal legend drugs
  - Compound medications
  - Federal non-legend drugs
  - Investigational drugs
  - Homeopathic drugs
  - Contraceptive devices or implantable contraceptives (these items are covered under the plan providing medical benefits)
  - Injectable medications, unless specifically covered (see the subsection entitled “Covered Prescription Drugs” above)
  - Synagis
  - Ostomy supplies
  - Oral hyperglycemias
  - Nutritional supplements and combination nutritional products
  - Biologicals, immunization agents, vaccines, allergy sera, blood or blood plasma products
  - Drugs that are labeled “Caution-limited by Federal law to investigational use,” or experimental drugs
  - Medications for which the cost is recoverable under any workers’ compensation or occupational disease law, state or governmental agency, or medication furnished by any other drug or medical services for which you are not charged

- Any prescription that is refilled more than the number of refills specified in the prescription, or any refill dispensed more than one year after the date of the prescription
- Charges for the administration or injection of any drug

Additionally, see APPENDIX B – EXCLUDED MEDICATIONS for a list of specific medications that are excluded under the Plan (this appendix also contains a list of the equivalent formulary options). If you use an excluded drug, you may be required to pay the full cost.

### **Preauthorization**

For your health and safety (and the health and safety of your covered spouse and dependents), your prescription drug benefits under the Plan includes utilization review of prescription drug usage. The claim administrator will evaluate and certify your need for certain drugs, medicines, and supplies, and may periodically make formal assessments of the medical necessity, effectiveness, and appropriateness of prescription drug usage, and treatment plans on a prospective, concurrent, and retroactive basis.

Certain drugs may require preauthorization by the claim administrator before it is covered under the Plan. The Plan reserves the right to limit benefits under the Plan to prevent over-utilization of drugs or medicines. If patterns of over-utilization or misuse of drugs or medicines is detected, the claim administrator will notify your doctor and pharmacy. Your doctor may request that the claim administrator review a decision denying preauthorization at any time. The following medications require preauthorization:

- Androgens and anabolic steroids
- Cosmetics (Botox/Myobloc/Dysport/Xeomin)
- Growth hormones
- Multiple Sclerosis therapy (e.g, Specialty PTPA)

### **Step Therapy**

The most expensive drugs do not always work better than equivalent lower-cost drugs that are medically appropriate for you. As a result, Plan Sponsor and the claims administrator will assist you and your doctor choose an appropriate lower-cost drug that is appropriate for you before the more expensive drug is covered under the Plan (this is referred to as “step therapy”). If your doctor does not believe that the lower-cost drug is appropriate for you (e.g., you have a unique medical situation that requires a more expensive drug), you or your doctor can request the more expensive drug before trying the lower-cost drug by requesting a preauthorization (see the subsection entitled “Preauthorization”).

The step-therapy table, which begins on the next page, is subject to change as of January 1 of each calendar year.

**Below is a listing of drugs that are subject to the Step Therapy program:**

<b>Drug Class</b> <i>Condition Treated**</i>	<b>Step 1:</b> You may have to try one or two* of these generic medications first:	<b>Step 2:</b> Before you can try one of these brand-name drugs:
<b>ACE Inhibitors/Angiotensin II Receptor Antagonists (ARBs)/ Direct Renin Inhibitors/ Combinations*</b>  <i>High Blood Pressure</i>	amlodipine-benazepril benazepril/benazepril HCTZ candesartan/candesartan HCTZ captopril/captopril HCTZ enalapril/enalapril HCTZ eprosartan fosinopril/fosinopril HCTZ irbesartan/irbesartan HCTZ lisinopril/lisinopril HCTZ losartan/losartan HCTZ olmesartan/olmesartan HCTZ quinapril/quinapril HCTZ ramipril telmisartan/telmisartan HCTZ trandolapril trandolapril-verapamil ext-rel valsartan/valsartan HCTZ	Edarbi Edarbyclor Tekturna/Tekturna HCT
<b>Acne/Topical</b>  <i>Skin</i>	benzoyl peroxide clindamycin solution clindamycin-benzoyl peroxide erythromycin solution erythromycin-benzoyl peroxide sulfacetamide sodium	Acanya Aczone Azelex Clindagel Fabior Riaux Tretin-X
<b>Benign Prostatic Hyperplasia- Alpha Blockers</b>  <i>Prostate</i>	alfuzosin ext-rel doxazosin dutasteride dutasteride-tamsulosin finasteride tamsulosin terazosin	Cardura XL Rapaflo
<b>Bisphosphonates/Combinations</b>  <i>Osteoporosis</i>	alendronate ibandronate risedronate	Binosto Fosamax Plus D
<b>COX-2 Inhibitors/Nonsteroidal Anti-Inflammatory (NSAIDs)/ Combinations*</b>  <i>Pain and Inflammation</i>	celecoxib diclofenac sodium/misoprostol fenoprofen 400 mg ibuprofen meloxicam naproxen/naproxen ext-rel  (Additional generic NSAIDs available)	Cambia Duexis fenoprofen 200 mg Fenortho 200 mg Flector Nalfon Tivorbex Vivlodex Zipsor Zorvolex

<b>Drug Class</b> <i>Condition Treated**</i>	<b>Step 1:</b> You may have to try one or two* of these generic medications first:	<b>Step 2:</b> Before you can try one of these brand-name drugs:
<b>Fibrates</b> <i>High Triglycerides</i>	fenofibrate fenofibric acid gemfibrozil	Triglide
<b>HMG-CoA Reductase Inhibitors (HMGs or Statins)/Combinations</b> <i>High Cholesterol</i>	amlodipine-atorvastatin atorvastatin ezetimibe-simvastatin fluvastatin lovastatin niacin ext-rel pravastatin simvastatin	Altoprev Livalo
<b>Nasal Steroids/Combinations</b> <i>Allergies</i>	flunisolide fluticasone mometasone triamcinolone	Beconase AQ Dymista Nasonex Omnaris Qnasl Zetonna
<b>Ophthalmic/Prostaglandins</b> <i>Glaucoma</i>	bimatoprost sol 0.03% latanoprost	Lumigan Travatan Z Zioptan
<b>Proton Pump Inhibitors (PPIs)*</b> <i>Stomach Acid</i>	esomeprazole lansoprazole delayed-rel omeprazole delayed-rel pantoprazole delayed-rel rabeprazole	Dexilant Prilosec Packets Protonix Packets
<b>Selective Serotonin Agonists/Combinations</b> <i>Migraine</i>	almotriptan eletriptan frovatriptan naratriptan rizatriptan sumatriptan zolmitriptan	Alsuma Onzetra Xsail Sumavel Dosepro Treximet
<b>Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)</b> <i>Depression</i>	desvenlafaxine succinate duloxetine delayed-rel venlafaxine/venlafaxine ext-rel	Fetzima Irenka Khedezla
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b> <i>Depression</i>	citalopram escitalopram fluoxetine fluvoxamine/fluvoxamine ext-rel paroxetine/paroxetine ext-rel sertraline	Pexeva Trintellix Viibryd
<b>Sleeping Agents</b> <i>Insomnia/Sleep Problems</i>	eszopiclone zaleplon zolpidem/zolpidem ext-rel zolpidem suglingual	Belsomra Edluar Rozerem Silenor Zolpimist

<b>Drug Class</b> <i>Condition Treated**</i>	<b>Step 1:</b> You may have to try one or two* of these generic medications first:	<b>Step 2:</b> Before you can try one of these brand-name drugs:
<b>Urinary Antispasmodics*</b> <i>Overactive Bladder/Incontinence</i>	darifenacin ext-rel oxybutynin/oxybutynin ext-rel tolterodine/tolterodine ext-rel trospium/trospium ext-rel	Gelnique Myrbetriq Oxytrol Toviaz Vesicare

\*Please note. A member's Plan determines whether the member must try one or two generics before a brand name drug is allowed in select drug classes.

\*\*This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. Brand-name drugs not listed here may be covered by your plan without the use of a generic first. Information provided here is not a substitute for medical advice or treatment.

## Submitting a Claim

### In-Network/Mail Order

You do not need to file a claim for reimbursement when you use an in-network retail pharmacy or the mail order program to fill a prescription. Except for your copayment, which is required at the time you purchase your prescription, these expenses are paid directly by the Plan.

### Out-of-Network

If you use an out-of-network retail pharmacy to fill a prescription, you must pay for the prescription. You may then submit a claim form to the claim administrator to be reimbursed for amount of your payment (less the required copayment). When you submit the claim form to the claim administrator, you may be required to include receipts or other information from the pharmacy that filled the prescription, and a written statement that the expense has not been reimbursed and will not be reimbursed under any other health insurance policy or benefit plan. To submit a claim for reimbursement, you should contact the claim administrator.

## TERMINATION OF COVERAGE

To remain eligible for benefits under the Plan, the employee or retiree must continue to be an eligible employee or retiree according to the eligibility rules maintained by Employer (those rules are incorporated into the Plan by reference). However, prescription drug benefits under the Plan can be continued if the employee goes on a family or medical leave, as defined by the Family and Medical Leave Act of 1993 ("FMLA"). (See the "Family and Medical Leave Act" subsection.) The employee must pay the same premium amount for the prescription drug benefits during the leave as actively-working employees.

Further, if an employee is laid off or goes on a non-FMLA Employer-approved leave of absence, prescription drug benefits under the Plan may be able to be continued, depending on the eligibility



rules maintained by Employer (those eligibility rules are incorporated into the Plan by reference). If prescription drug benefits may be continued in these situations, the employee must pay the same premium amount for the prescription drug benefits during the layoff or leave of absence as actively-working employees.

Prescription drug benefits under the Plan will terminate on:

- The date an individual ceases to be eligible for benefits in accordance with the Employer's eligibility rules, which are incorporated into the Plan by reference.
- The first day any required participant contributions are not timely paid.
- The effective date of the individual's voluntary withdrawal from the Plan due to a change in status or during an open enrollment period.
- The date the Plan is discontinued as a whole.
- The date on which the participant's coverage is terminated for cause by the plan administrator. (Termination for cause means the participant is found to have misrepresented information in the application for participation or on a claim for benefits.)

In certain circumstances after coverage ends as described above, the employee or retiree, and/or his or her eligible dependents may be eligible for COBRA continuation coverage, as explained in the following sections.

## **CONTINUATION OF HEALTH COVERAGE UNDER COBRA AND USERRA**

The federal law known as COBRA allows eligible individuals to temporarily extend prescription drug coverage under the Plan in certain circumstances where coverage would otherwise end. The federal law known as USERRA gives employees who cease to be eligible for prescription drug coverage due to service in the U.S. military additional rights regarding continuation of prescription drug coverage. This section provides information regarding extensions of coverage under these laws.

### **COBRA Continuation Coverage**

COBRA continuation coverage allows the employee or retiree, and/or his or her dependents (including a child for whom the employee is required to provide health insurance coverage pursuant to a QMCSO) an opportunity to temporarily extend health insurance coverage under the Plan at group rates in certain instances where coverage would otherwise end.

The plan administrator may delegate some or all of its responsibilities with respect to COBRA to a third-party COBRA administrator. The employee or retiree, and his or her spouse (if any) will be informed if a COBRA administrator is appointed and which responsibilities the COBRA administrator has assumed, including whether notices required to be provided to the plan administrator should be sent to the COBRA administrator.

## **Eligibility**

The employee or retiree, and/or his or her dependents who are eligible to purchase continuation coverage are “qualified beneficiaries.” If a child is born to or adopted by or placed for adoption with the employee or retiree during a period of COBRA continuation coverage, the newborn or newly-adopted child will also be a qualified beneficiary. However, the newborn or newly-adopted child’s maximum continuation period will be measured from the date of the initial qualifying event and not from the subsequent date of birth or adoption or placement for adoption.

The events which may entitle a qualified beneficiary to continuation coverage are “qualifying events.” The qualifying events occur when health coverage is lost, even if Employer pays the cost of continuation coverage for a certain period of time. The qualifying events, the qualified beneficiaries, and the maximum continuation period are described in the following chart:

<u>Qualifying Event</u>	<u>Qualified Beneficiary</u>	<u>Continuation Period (Months)</u>
Reduced hours <sup>1</sup> or termination of employment <sup>2</sup>	Employee and Dependents	18
Employee's/Retiree's death	Dependents	36
Employee's/Retiree's entitlement to Medicare	Dependents not entitled to Medicare	36
Dependent child becomes ineligible for coverage	Ineligible Dependent	36
Employee's/Retiree's divorce/ legal separation <sup>3</sup>	Dependents	36
Commencement of Bankruptcy proceeding under Title 11 of the United States Code with respect to Employer	Retiree and Dependents	For a qualified beneficiary who is the retiree - until the qualified beneficiary's death.  For qualified beneficiaries who are the spouse, surviving spouse, or dependent children of the retiree upon the occurrence of the qualifying event - the earlier of the date of the qualified beneficiary's death or 36 months after the retiree's death.

### **Extension of Continuation Coverage**

If the employee and/or his or her dependents become entitled to continuation coverage as a result of the employee's termination of employment or reduction in hours, the 18-month continuation period may be extended for the employee and/or his or her dependents in the three circumstances described below ("extension events").

<sup>1</sup> A reduction in hours due to a family or medical leave, as defined by the FMLA, will not cause an employee's participation to terminate, to the extent required by the FMLA. Thus, a reduction in hours pursuant to an FMLA leave will not constitute a qualifying event. However, if the employee does not return to work at the end of the FMLA leave, a qualifying event will occur as of the last day of the FMLA leave.

<sup>2</sup> Continuation coverage is not available if employment is terminated for gross misconduct.

<sup>3</sup> Elimination of the employee's or retiree's spouse's or dependent child's health insurance coverage under the Plan in anticipation of a divorce or legal separation (at open enrollment, for example), is not a qualifying event, but it also does not cause the subsequent divorce or legal separation to fail to be a qualifying event. However, COBRA continuation coverage is not required to be made available between the date coverage under the Plan is eliminated in anticipation of the divorce or legal separation and the date of the divorce or legal separation.

## **Second Qualifying Event**

If a second qualifying event that is a divorce, legal separation, the employee's death, or a dependent child's loss of eligibility for health coverage under the Plan occurs during the initial 18-month period (or 29 months, if there is a disability extension), the employee's dependents may be eligible to elect continuation coverage for a period of 36 months, beginning on the date of the employee's termination of employment or reduction in hours. ***Notice of this second qualifying event must be provided to the plan administrator within 60 days of the date of the second qualifying event.***

## **Employee's Entitlement to Medicare**

If the employee becomes entitled to Medicare benefits during the initial 18-month period, his or her dependents may be eligible to elect continuation coverage for a period of 36 months, if, ignoring the original qualifying event, the employee's entitlement to Medicare would have been a qualifying event under the Plan. The 36-month continuation period begins on the date of the employee's termination of employment or reduction in hours. ***Notice of the employee's entitlement to Medicare in this situation must be provided to the plan administrator within 60 days of the date on which the employee became entitled to Medicare.***

A special rule applies if the employee became entitled to Medicare before his or her termination of employment or reduction in hours. In that situation, the maximum continuation period for the employee's dependents may be extended, and may end on the later of: 36 months after the date of the employee's Medicare entitlement or 18 months (or 29 months, if there is a disability extension) after the date of the employee's termination of employment or reduction in hours. ***Notice of the employee's entitlement to Medicare in this situation must be provided to the plan administrator within 60 days of the employee's termination of employment or reduction in hours.***

## **Social Security Disability Determination**

If it is determined that the employee or one of his or her dependents is entitled to Social Security disability benefits either before the employee's termination of employment or reduction in hours or within 60 days after the employee's termination of employment or reduction in hours, the disabled individual and the qualified beneficiaries who are his or her family members will be entitled to an additional 11 months of continuation coverage (29 months total). ***Notice of the Social Security disability determination must be provided to the plan administrator within 60 days of the date of the disability determination (or within 60 days of the employee's termination of employment or reduction in hours, if later) and before the end of the 18-month continuation period.***

If there is a final determination that the disabled qualified beneficiary is no longer disabled, the disabled qualified beneficiary *must notify the plan administrator of that determination within 30 days of the date of the final determination*. In this event, continuation coverage for the additional 11-month period will terminate as of the first day of the month beginning more than 30 days after the date of the final determination or on the date continuation coverage would otherwise terminate, if earlier (see the “Termination” subsection below).

### **Plan Administrator’s Notice Obligations**

The plan administrator will provide the employee or retiree, and his or her spouse (if any) with certain information regarding their rights under COBRA in the following situations:

#### **Notice of Eligibility to Elect COBRA**

The plan administrator will generally notify qualified beneficiaries of their eligibility for continuation coverage within 44 days of a qualifying event.

However, a special rule applies where the qualified beneficiary is required to provide the plan administrator with notice of a qualifying event in order to trigger the qualified beneficiary’s eligibility for continuation coverage (see the “Qualified Beneficiary’s Notice Obligations” subsection below). In that situation, the plan administrator will notify the qualified beneficiary of his or her eligibility for continuation coverage within 14 days of receiving notice of the qualifying event, but only if the notice of the qualifying event was timely submitted based on the requirements described in the “Notice Procedures” subsection.

#### **Notice of Unavailability of Continuation Coverage**

The plan administrator will provide a notice of the unavailability of continuation coverage in the following situations:

- Where the plan administrator determines that continuation coverage is not available after receiving notice of a potential initial qualifying event that is a divorce, legal separation or a dependent child’s loss of eligibility for health coverage under the Plan.
- Where the plan administrator determines that an extension of the continuation coverage period is not available after receiving notice of a potential extension event.

The determination that continuation coverage or an extension of continuation coverage is not available could be made because the plan administrator determines that no qualifying event or extension event

occurred, or because the notice of the qualifying event or extension event was defective. A notice will be defective if it is not provided within the applicable time limit or is not provided based on the requirements of the “Notice Procedures” subsection.

The plan administrator will provide the notice of unavailability of continuation coverage within 14 days of the date the plan administrator receives the notice of the potential qualifying event or extension event, or if later, the deadline for submission of additional information requested by the plan administrator to supplement a defective notice. The notice of the unavailability of continuation coverage will be sent to the individual who submitted the notice of the qualifying event or extension event, and to all individuals for whom continuation coverage or an extension of continuation coverage was being requested.

### **Qualified Beneficiary’s Notice Obligations**

In some situations, the employee or retiree, and/or his or her dependents have the obligation to provide notice of a qualifying event or extension event to the plan administrator in order to trigger eligibility for continuation coverage or an extension of continuation coverage. The employee or retiree, and/or his or her dependents have this obligation in the following situations:

#### **Notice of Certain Initial Qualifying Events**

The employee or retiree, one of the employee’s or retiree’s dependents, or an individual acting on behalf of the employee or retiree, and/or the employee’s or retiree’s dependents must inform the plan administrator of a qualifying event that is a divorce or legal separation, or of a child losing dependent status under the Plan within 60 days after the later of:

- The date of the qualifying event; or
- The date the qualified beneficiary loses health insurance coverage under the Plan on account of that qualifying event.

#### **Notice of an Extension Event**

In order to qualify for an extension of the continuation coverage period due to an extension event described in the “Extension of Continuation Coverage” subsection, the employee, one of the employee’s dependents, or an individual acting on behalf of the employee and/or the employee’s dependent must notify the plan administrator of the extension event within the time limits that apply to that extension event as described in the “Extension of Continuation Coverage” subsection.

***These notices must be provided based on the requirements of the “Notice Procedures” subsection.*** If notice is not provided within the applicable time limit

or is not provided based on the notice procedures, continuation coverage or an extension of the continuation period will not be available as a result of the qualifying event or extension event.

### **Notice Procedures**

This subsection describes the procedures a qualified beneficiary must follow to notify the plan administrator of qualifying events and extension events.

***The plan administrator has a form which may be used to provide the required notice.*** The notice form may be obtained by contacting the plan administrator at the address or telephone number listed at the end of this Summary Plan Description. While use of the notice form will help ensure that the qualified beneficiary provides all of the required information, use of the notice form is not required. Written notification that contains all of the following information will also be accepted:

- The name of the employee or former employee, or retiree.
- The name of the individual(s) for whom continuation coverage is being requested (i.e., the qualified beneficiary(ies)).
- The current address of the individual(s) for whom continuation coverage or an extension of continuation coverage is being requested.
- The date of the qualifying event or extension event.
- The nature of the qualifying event or extension event (for example, a divorce).
- If the notice relates to a divorce, a copy of the judgment of divorce.
- If the notice relates to a legal separation, a copy of the relevant court documents establishing the legal separation.
- If the notice relates to the employee's entitlement to Medicare, a copy of the document(s) establishing the entitlement.
- If the notice relates to a determination that a qualified beneficiary is entitled to Social Security disability benefits, a copy of the disability determination.
- If the notice relates to a determination that a qualified beneficiary is no longer entitled to Social Security disability benefits, a copy of the determination.

Notice that is not furnished by the applicable deadline, is not made in writing and/or does not contain all of the required information is deemed to be defective and may

be rejected. If a notice is rejected, continuation coverage or an extension of continuation coverage will not be available with respect to that potential qualifying event or extension event.

If the plan administrator receives notice of a qualifying event or extension event that is defective because it is not in writing or does not contain all of the required information, the plan administrator will request the missing information. If the defective notice was provided by the representative of a qualified beneficiary or a potential qualified beneficiary, the plan administrator will send the request to the representative and each individual who is a qualified beneficiary or a potential qualified beneficiary. If all of the requested information is not provided, in writing, within 30 days of the date the plan administrator requests the additional information, the notice may be rejected. If the notice is rejected, continuation coverage or an extension of continuation coverage will not be available with respect to that potential qualifying event or extension event.

The plan administrator may also request additional information or documentation that is deemed necessary to determine whether a qualifying event or extension event has occurred. If the plan administrator does not receive the requested information or documentation within 30 days of the date it is requested, continuation coverage or an extension of continuation coverage may not be available.

### **Qualified Beneficiary's Election of Continuation Coverage**

If a qualified beneficiary chooses to purchase continuation coverage, the qualified beneficiary must notify the plan administrator within 60 days after the later of:

- The date the qualified beneficiary loses health coverage on account of the qualifying event; or
- The date on which the qualified beneficiary is sent notice of his or her eligibility for continuation coverage.

*Notification is made by timely returning the election form to the plan administrator at the address specified in the election notice.* If the qualified beneficiary does not choose continuation coverage during the 60-day period, his or her participation in the Plan will end as provided in the "Termination" subsection.

### **Coverage**

If a qualifying event occurs, the qualified beneficiaries must be offered the opportunity to elect to receive the prescription drug coverage that is provided to similarly-situated non-qualified beneficiaries. Generally, this means that if the qualified beneficiaries purchase continuation coverage, it will be identical to the prescription drug coverage provided to them immediately before the qualifying event. Each qualified beneficiary has the right to make an independent election to receive continuation coverage. However, coverage is initially available only if the



qualified beneficiary was receiving coverage immediately before the qualifying event.

Qualified beneficiaries do not have to show that they are insurable in order to purchase continuation coverage. If coverage is subsequently modified for similarly-situated participants, the same modifications may apply to the qualified beneficiary and his or her dependents. Qualified beneficiaries who purchase continuation coverage will have the opportunity to elect different types of coverage during the annual enrollment period just as active employees.

### **Cost of Continuation Coverage**

Generally, the qualified beneficiary must pay the total cost of continuation coverage. This cost will be up to 102% of the cost of identical coverage for similarly situated participants. However, for disabled qualified beneficiaries and their dependents who elect an additional 11 months of continuation coverage, the cost will be 150% of the cost of the identical coverage for similarly situated participants for the additional 11-month period (and for any longer continuation period for which the disabled qualified beneficiary is eligible, as permitted by law).

The initial premium must be paid within 45 days after the qualified beneficiary elects continuation coverage. Subsequent premiums must be paid monthly, as of the first day of the month, with a 30-day grace period for timely payment. However, no subsequent premium will be due within the first 45 days after the qualified beneficiary initially elects continuation coverage.

### **Termination**

Generally, continuation coverage terminates at the end of the initial 18- or 36-month continuation period or at the end of any additional 11- or 18-month continuation period for which the qualified beneficiary is entitled to elect continuation coverage. However, continuation coverage may end sooner for any of the following reasons:

#### **Coverage Terminated**

Employer no longer offers a group health plan to any of its employees.

#### **Unpaid Premium**

The premium for continuation coverage is not timely paid, to the extent payment is required.

#### **Other Coverage**

A qualified beneficiary becomes covered under another group health plan. Continuation coverage will end as of the date on which the qualified beneficiary first becomes, after the date of the election of continuation coverage, covered under another group health plan.

## **Medicare**

A qualified beneficiary becomes entitled to Medicare (Part A or Part B). Continuation coverage will end as of the date on which the qualified beneficiary first becomes, after the date of the election of continuation coverage, entitled to Medicare (Part A or Part B).

## **Cause**

A qualified beneficiary's coverage is terminated for cause on the same basis that the Plan terminates for cause the coverage of similarly-situated non-qualified beneficiaries (e.g., for fraud or misrepresentation in a claim for benefits). Continuation coverage will end as of the date on which the qualified beneficiary's coverage is terminated for cause.

The plan administrator will notify the qualified beneficiary if continuation coverage terminates before the end of the initial 18- or 36-month continuation period or before the end of any additional 11- or 18-month continuation period for which the qualified beneficiary has elected continuation coverage. The notification will be provided as soon as practicable following the plan administrator's determination that continuation coverage will terminate.

## **Other Coverage Options**

There may be other coverage options for you and your family. Now that key parts of Health Care Reform have taken effect, you have the opportunity to buy coverage through the Health Insurance Marketplace (also known as the exchange). In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premiums, deductibles and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage or a tax credit through the Marketplace. For more information about health insurance options available through the Health Insurance Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov). Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan) even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

## **Questions**

Employees and/or their dependents should contact the plan administrator at the address or telephone number listed at the end of this Summary Plan Description if they have questions regarding COBRA that are not answered in this Summary Plan Description. They may also visit the U.S. Department of Labor's Employee Benefits Security Administration ("EBSA") website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa) or call their toll-free number at 1-866-444-3272.

### **Keep Plan Administrator Informed of Address Changes**

To protect their rights under COBRA, it is important that the employee and his or her dependents keep the plan administrator informed of any changes in address. They should also keep a copy, for their records, of any notices they send to the plan administrator.

### **Continuation of Health Coverage Upon Military Leave**

If an employee ceases to be eligible for health coverage under the Plan due to service in the U.S. military, the employee and his or her eligible dependents will be offered the opportunity to continue health coverage based on the requirements of the Uniformed Services Employment and Reemployment Rights Act of 1994, as amended (“USERRA”). (Retirees are not eligible for USERRA continuation coverage.) The employee and his or her dependents may also be entitled to elect to continue health coverage under COBRA if the employee ceases to be eligible for health coverage due to his or her military service. Continuation coverage under USERRA runs concurrently with COBRA continuation coverage.

#### **Length of USERRA Continuation Coverage**

An employee may elect to continue health coverage under the Plan for himself or herself and his or her eligible dependents for the period that is the lesser of:

- 24 months, beginning with the first day the employee is absent from work to perform military service; or
- The period beginning on the first day the employee is absent from work to perform military service and ending with the date the employee fails to return to employment or apply for reemployment as provided under USERRA.

#### **Electing USERRA Continuation Coverage**

If an employee gives Employer advance notice of a period of military service that will be 30 days or less, the plan administrator will treat the employee’s notice as an election to continue health coverage during his or her military service unless the employee specifically informs Employer, in writing, that he or she wants to cancel health coverage during his or her military leave. The employee will have to pay the required premiums for his or her health coverage, but the employee will not have to complete any additional forms or paperwork to continue health coverage during his or her military service.

If an employee gives Employer advance notice of a period of military service that will be 31 days or longer, the plan administrator will provide the employee with a notice of his or her right to elect to continue health coverage pursuant to USERRA and a form for the employee to elect USERRA continuation coverage for himself or herself and his or her eligible dependents. Unlike COBRA, the employee’s

dependents do not have a separate right to elect USERRA coverage. If the employee wants USERRA continuation coverage for any member of his or her family, the employee must elect it for himself or herself and all eligible dependents who are covered under the Plan when the employee's military service begins.

If an employee chooses USERRA continuation coverage, he or she must return the USERRA election form to the plan administrator within 60 days of the date it was provided to the employee. If the employee does not timely return the election form, USERRA continuation coverage will not be available to the employee and his or her eligible dependents.

A special rule applies if the employee does not give Employer advance notice of his or her military service. In that case, the employee and his or her eligible dependents will not be provided with USERRA continuation coverage during any portion of the employee's military service, but the employee can elect to reinstate health coverage (and the coverage of his or her eligible dependents) retroactive to the first day the employee was absent from work for military service under the following circumstances:

- The employee is excused from providing advance notice of his or her military service as provided under USERRA regulations (e.g., it was impossible or unreasonable for the employee to provide advance notice or the advance notice was precluded by military necessity);
- The employee affirmatively elects to reinstate the coverage; and
- The employee pays all unpaid premiums for the retroactive coverage.

### **Paying for USERRA Continuation Coverage**

For the first 30 days of military service, the employee's required contributions for health coverage will be the same as the required contributions for the identical coverage paid by similarly-situated active participants. If the employee's period of military service is more than 30 days, beginning on the 31<sup>st</sup> day of his or her military service the employee's required contributions will be 102% of the cost of identical coverage for similarly-situated active participants.

USERRA continuation coverage will be cancelled if the employee does not timely pay any required premiums for health coverage. If the employee's USERRA continuation coverage is cancelled for non-payment of premiums, it will not be reinstated.

The initial premium must be paid within 45 days after the date the employee elects USERRA continuation coverage. Subsequent premiums must be paid monthly, as of the first day of the month, with a 30-day grace period for timely payment.

However, no subsequent premium will be due within the first 45 days after the employee initially elects USERRA continuation coverage.

Coverage will be suspended if payment is not made by the first day of the month, but will be reinstated retroactively to the first of the month as long as payment for that month is made before the end of the grace period. Payment more than 30 days late will result in automatic termination of the employee's USERRA continuation coverage.

If the employee complies with USERRA upon returning to active employment after military service, the employee may re-enroll himself or herself and his or her eligible dependents in health coverage immediately upon returning to active employment, even if the employee and his or her eligible dependents did not elect USERRA continuation coverage during the employee's military service. Reinstatement will occur without any waiting periods.

## **SPECIAL RULES REGARDING THE PRESCRIPTION DRUG BENEFITS**

There are several special rules which apply to the health benefits under the Plan. This section summarizes those special rules.

### **Qualified Medical Child Support Orders ("QMCSO")**

Despite any contrary provision in any group health benefit under the Plan, an eligible dependent child may include a child for whom an employee is required to provide coverage pursuant to a QMCSO. Participants can obtain, without charge, a copy of the Plan's QMCSO procedures from the plan administrator.

### **Health Care Reform**

The prescription drug benefits under the Plan have been amended and will continue to be amended to comply with the insurance market reforms of the Patient Protection and Affordable Care Act ("PPACA") and the Health Care and Education Reconciliation Act ("HCERA"). Collectively, the PPACA and the HCERA are known as Health Care Reform. The required changes included the following:

- Dependent children must be eligible to participate in the prescription drug benefits under the Plan until at least the child's 26<sup>th</sup> birthday. However, prescription drug benefits under the Plan have been extended until the end of the calendar year in which the child turns age 26.
- Lifetime limits on the dollar value of essential health benefits under the Plan no longer apply. Individuals whose coverage ended by reason of reaching a lifetime limit under the Plan are eligible to enroll in the Plan.
- Annual limits on the dollar value of essential health benefits under the Plan no longer apply.

- Coverage may not be retroactively rescinded except as permitted by law, for example, in cases of fraud, intentional misrepresentation or failure to timely pay required premiums for coverage. Thirty days advance notice is required before coverage may be retroactively terminated due to fraud or material misrepresentation.
- Pre-existing condition limitations or exclusions no longer apply.
- The Plan is not a grandfathered plan under Health Care Reform. Accordingly, the following additional insurance market reforms under Health Care Reform apply:
  - The Plan must provide certain preventive care items and services without required participant cost-sharing.
  - The Plan must provide certain patient protections such as:
    - Where a participant is required to have a primary care physician (PCP), the participant may designate any participating PCP, including a pediatrician, as the PCP.
    - The Plan may not require preauthorization or referral when a participant seeks coverage for obstetric or gynecological care from a participating OB-GYN.
    - The Plan may not require preauthorization for emergency services.
    - The Plan may not impose a copayment amount or coinsurance rate for emergency services in an out-of-network emergency department of a hospital that exceeds the requirements for in-network emergency services.
    - Maximum out-of-pocket limits are restricted.
    - Certain routine patient costs associated with clinical trials are covered.
  - Participants must be afforded additional rights with respect to internal appeals under the Plan and must be provided with the opportunity to undergo a new external review procedure.

For more information concerning Health Care Reform or any of these required changes, please contact the plan administrator.

## **Health Insurance Portability and Accountability Act**

Under the Health Insurance Portability and Accountability Act of 1996, a federal law known as HIPAA, certain privacy and security rules apply to the Plan. Specifically, group health plans and health insurance issuers must make sure that medical information identifying a participant is kept private, must maintain and follow privacy policies and procedures and must notify participants of the privacy policies and procedures. In addition, group health plans and health insurance issuers must conduct a written risk analysis and maintain and follow policies and procedures to ensure the security of protected health information maintained or transmitted in electronic form. Further, group health plans and health insurance issuers must comply with the changes made to the HIPAA privacy and security rules under the federal law known as HITECH, including, but not limited to, the new breach notification requirements. (See the “HIPAA PRIVACY AND SECURITY RULES” section for further details.)

## **Family and Medical Leave Act**

The Family and Medical Leave Act of 1993 (“FMLA”) applies to the Plan during any calendar year when Employer employs 50 or more employees (including part-time employees) each working day during 20 or more calendar weeks in the current or preceding calendar year. Further, the FMLA provisions apply only to eligible employees (i.e., participating employees who have been employed by Employer for at least 12 months and who have worked at least 1,250 hours in the 12-month period immediately preceding the taking of the FMLA leave).

A participant on an FMLA leave may continue health coverage during the leave on the same basis and at the same participant contribution rate as if the employee had continued in active employment continuously for the duration of the leave. The maximum period of an FMLA leave is generally 12 weeks per 12-month period (as that 12-month period is defined by Employer). However, if an employee takes a leave under the FMLA to care for a qualifying military service member injured in the line of active duty, the maximum period of FMLA is 26 weeks per 12-month period. If health coverage ends at the end of an FMLA leave, COBRA continuation coverage is available.

## **CLAIM AND APPEAL PROCEDURES**

The claims procedures for the self-funded prescription drug benefits are as follows:

### **Initial Decision**

A claimant will be notified of a benefit determination as follows:

#### **Urgent Care Health Claims**

An urgent care health claim is a pre-service claim for medical care or treatment with respect to which the application of the time periods for making non-urgent care determinations could seriously jeopardize the life or health of the claimant or

the ability of the claimant to regain maximum function, or, in the opinion of a physician with knowledge of the claimant's medical condition, would subject the claimant to severe pain that cannot be adequately managed without the care or treatment that is the subject of the claim. A claimant will be notified of a benefit determination regarding an urgent care health claim as soon as possible, consistent with the medical exigencies involved, but no later than 72 hours after the Plan's receipt of the claim unless the claimant fails to provide sufficient information to determine whether, or to what extent, benefits are covered or payable under the Plan. In the case of such a failure, the claimant will be notified within 24 hours after the Plan's receipt of the claim of the information necessary to complete the claim. The claimant will be granted 48 hours to provide the information. The claimant will then be notified of the benefit determination within 48 hours after the earlier of the Plan's receipt of the information or the end of the period granted the claimant to provide the information.

### **Pre-Service Health Claims**

A pre-service health claim is a claim for a benefit which is conditioned, in whole or in part, on the approval of the benefit in advance of obtaining medical care. A claimant will be notified of a benefit determination regarding a pre-service health claim within 15 days after the Plan's receipt of the claim. This period may be extended one time by the Plan for up to 15 days, provided the Plan both determines that such an extension is necessary due to matters beyond the control of the Plan and notifies the claimant, prior to the expiration of the initial 15-day period, of the circumstances requiring the extension and the date by which a decision is expected to be made. If such an extension is necessary due to the failure of the claimant to submit the information necessary to decide the claim, the notice of the extension will describe the required information and the claimant will be granted 45 days from receipt of the notice within which to provide the information. The Plan will have 15 days from the date it receives this information from the claimant to make the benefit determination. If the claimant does not provide this information within 45 days from the receipt of the notice of extension, the Plan may issue a denial of the claim within 15 days after the expiration of the 45-day period.

### **Post-Service Health Claims**

A post-service health claim is a claim for a health benefit which is not a pre-service claim or an urgent care claim. If a post-service health claim is denied, in whole or in part, the claimant will be notified of the adverse determination within 30 days after the Plan's receipt of the claim. This period may be extended one time by the Plan for up to 15 days, provided the Plan both determines that such an extension is necessary due to matters beyond the control of the Plan and notifies the claimant, prior to the expiration of the initial 30-day period, of the circumstances requiring the extension and the date by which a decision is expected to be made. If such an extension is necessary due to the failure of the claimant to submit the information necessary to decide the claim, the notice of extension will describe the required information and the claimant will be granted 45 days from the receipt of the notice within which to provide the information. The Plan will have 15 days from the date



it receives this information from the claimant to make the benefit determination. If the claimant does not provide this information within 45 days from the receipt of the notice of extension, the Plan may issue a denial of the claim within 15 days after the expiration of the 45-day period.

### **Concurrent Care Health Claims**

If the Plan has approved an ongoing course of health treatment to be provided over a period of time or over a number of treatments, any reduction or termination by the Plan of that course of treatment (other than by Plan amendment or termination), will constitute an adverse benefit determination. Notice will be provided based on the "Benefit Determination Notice" subsection below and will be given at least 30 days before the course of treatment is reduced or terminated in order to give the claimant time to appeal the reduction or termination. However, special rules apply in the case of a course of treatment for urgent care. Any request to extend a course of treatment for urgent care will be decided as soon as possible and the claimant will be notified of the determination within 24 hours, provided the claim is made to the Plan at least 24 hours before the expiration of the prescribed course of treatment for urgent care.

### **Benefit Determination Notice**

The claimant will be provided with a written or electronic notification of any adverse benefit determination. The notice will set forth the reason or reasons for the adverse determination, refer to the Plan provisions on which the determination is based, and describe any additional material or information necessary for the claimant to perfect the claim and an explanation of why such material or information is necessary. The notice will also describe the Plan's review procedures and related time limits

If the adverse benefit determination was based upon an internal rule, guideline, protocol or other similar criterion, a statement will be included that such a rule, guideline, protocol or other similar criterion was relied upon and that a copy will be provided free of charge to the claimant upon request. If the adverse benefit determination was based on a medical necessity or experimental treatment or similar exclusion or limit, the notice will contain a statement that such an explanation will be provided free of charge to the claimant upon request.

### **Appeal of Denial**

The claimant may request a review of an adverse benefit determination regarding a health claim by submitting a written application to the Plan within 180 days following receipt of the denial of the claim. An adverse benefit determination includes a denial, reduction, or termination of, or a failure to provide or make payment (in whole or in part) for, a benefit. In addition, a rescission of coverage is considered an adverse benefit determination for this purpose. As a result, a claimant has the right to appeal a rescission of coverage. The claimant may submit written comments, documents, records and other information relating to the claim. The information will be considered without regard to whether it was submitted or considered in the initial benefit determination.

In filing the appeal, the claimant will be provided, upon request and free of charge, reasonable access to and copies of, all documents, records and other information relevant to the claimant's claim for benefits. For this purpose, a document, record or other information will be considered relevant if it was relied upon in making the benefit determination, was submitted, considered or generated in the course of making the benefit determination, or constitutes a statement of policy or guidance with respect to the Plan concerning the denied treatment option or benefit. The claimant must be provided, free of charge, with new or additional evidence considered, relied upon, or generated by the Plan in connection with a claim, as well as any new or additional rationale for the adverse benefit determination. Further, the claimant must be provided with a reasonable opportunity to respond to the new or additional evidence or rationale.

The appeal procedure will provide for a review that does not rely on the initial adverse benefit determination. The appeal will be conducted by an appropriate named fiduciary of the Plan who is neither the individual who made the initial adverse benefit determination nor is a subordinate of that individual. If the appeal is based in whole or in part on a medical judgment including a determination with regard to whether a particular treatment, drug or other item is experimental, investigational or not medically necessary or appropriate, the appropriate named fiduciary will consult with a health care professional who has appropriate training and experience in the field of medicine involving the judgment. The health care professional engaged for purposes of reviewing the appeal will be an individual who is neither an individual who is consulted in connection with the initial adverse benefit determination nor a subordinate of such an individual. The Plan will identify any medical or vocational experts whose advice was obtained on behalf of the Plan in connection with a claimant's adverse benefit determination without regard to whether the advice was relied upon. The Plan will not base decisions regarding the hiring, compensation, termination or promotion of a claims adjudicator, medical expert or similar individual upon the likelihood that the individual will support the Plan's denial of benefits.

In the case of an appeal of an adverse benefit determination regarding an urgent care health claim, a request for an expedited appeal may be made orally or in writing and all necessary information including the Plan's determination on review may be transmitted between the Plan and the claimant by telephone, facsimile or any other available similarly expeditious method.

### **Final Decision**

The Plan will make a decision regarding a request for review as follows:

#### **Urgent Care Health Claims**

The claimant will be notified of the Plan's determination on review regarding an urgent care health claim within 72 hours after the Plan's receipt of the claimant's request for a review of an adverse benefit determination.

### **Pre-Service Health Claims**

There will be one or two levels of appeal for pre-service health claims. In either case, the appeal process must be completed within 30 days and notification must be provided to the claimant.

### **Post-Service Health Claims**

There will be one or two levels of appeal for post-service health claims. In either case, the appeal process must be completed within 60 days and notification must be provided to the claimant.

### **External Review**

The claimant may submit a request for an external review with respect to a denied claim. The external review procedure must comply with the requirements of Health Care Reform. The primary type of external review is a standard external review. A claimant must file a request for a standard external review within four months after the date of receipt of a notice of adverse benefit determination or final internal adverse benefit determination.

Within five business days following the date of receipt of the external review request, the Plan must complete a preliminary review of the request to determine whether:

- The claimant had coverage under the Plan at the time the service or supply was provided;
- Whether the claimant has exhausted the Plan's internal appeal process unless not required to do so as described above; and
- Whether the claimant has provided all information and forms necessary to process the external review.

Within one business day after completing the preliminary review, the Plan will issue a written notification to the claimant. If the request is complete but not eligible for external review, the notification will include the reasons for its ineligibility and contact information for the Employee Benefits Security Administration. If the request is not complete, the notification will describe the information or materials needed to make the request complete. In such case, the Plan will allow the claimant to perfect the request for external review within the four-month filing period or within the 48-hour period following receipt of the notification, whichever is later.

If the Plan determines that an adverse benefit determination or final internal adverse benefit determination is eligible for external review, the Plan will assign the external review to an independent review organization ("IRO") that is accredited by URAC or by a similar nationally recognized accrediting organization. The Plan will take action against bias and to ensure independence. Contracts will be in place with at least three IROs. External reviews will be rotated among the IROs. In addition, an IRO will not be eligible for any financial incentive based on the likelihood that the IRO will support the denial of benefits.

- The assigned IRO will notify the claimant in writing of the request's eligibility and acceptance for external review. In order to be eligible for external review, the adverse benefit determination or final internal adverse benefit determination must involve a medical judgment or rescission of coverage. The IRO will make this determination when considering the request's eligibility for external review. If accepted, the notice will include a statement that the claimant may submit in writing to the IRO within ten business days following the date of receipt of the notice additional information for the IRO to consider when conducting the external review.
- Within five business days after the date of the assignment of the IRO, the Plan must provide to the assigned IRO the documents and any information considered in making the adverse benefit determination or final internal adverse benefit determination. If the Plan fails to timely provide the documents and information, the assigned IRO may terminate the external review and make a decision to reverse the adverse benefit determination or final internal adverse benefit determination. Within one business day after making the decision, the IRO must notify the claimant and the Plan.
- Upon any receipt of any information submitted by the claimant, the IRO must, within one business day forward the information to the Plan. Upon receipt of any such information, the Plan may reconsider its adverse benefit determination or final internal adverse benefit determination. The external review may be terminated as a result of the reconsideration only if the Plan reverses its adverse benefit determination or final internal adverse benefit determination and provides coverage or payment. Within one business day after making such a decision, the Plan must provide written notice of its decision to the claimant and the assigned IRO. The assigned IRO will terminate the external review upon receipt of the notice from the Plan.
- The IRO will review all the information and documents timely received. In reaching a decision the assigned IRO will review the claim "de novo" (i.e., anew) and will not be bound by any decisions or conclusions reached during the Plan's internal claims and appeals process. The IRO may also consider additional documents and information in conducting the external review including the claimant's medical records, the attending health care professional's recommendation, reports from appropriate health care professionals and other documents submitted by the Plan, claimant or claimant's treating provider, the terms of the Plan, appropriate practice guidelines (including applicable evidence-based standards), any applicable clinical review criteria developed and used by the Plan, unless inconsistent with the terms of the Plan or applicable law, and the opinion of the IROs clinical reviewer(s).
- The IRO must provide written notice of its final external review decision within 45 days after the IRO receives the request for external review. The

IRO must deliver the notice of its final external review decision to the claimant and the Plan.

- The IRO's decision notice will contain a general description of the reason for the request for external review, including information sufficient to identify the claim (including the date(s) of service, the health care provider, the claim amount (if applicable), the diagnosis code and its corresponding meaning, the treatment code and its corresponding meaning and the reason for the previous denial), the date the IRO received the assignment to conduct the external review and date of the IRO decision, references to the evidence or documentation considered in reaching its decision, a discussion of the principal reason(s) for its decision, a statement that the determination is binding except to the extent that other remedies may be available under state or federal law, a statement that judicial review may be available, and current contact information for any applicable office of health insurance consumer assistance or ombudsman established under the Public Health Service Act.
- After a final external review, the IRO must maintain records of all claims and notices associated with the external review for six years. The IRO must make such records available for examination by the claimant, Plan or state or federal oversight agency upon request, except where such disclosure would violate state or federal privacy laws.

Upon receipt of a notice of final external review reversing the adverse benefit determination or final internal adverse benefit determination, the Plan must immediately provide coverage or payment in connection with the claim.

The second type of external review is an expedited external review. The Plan must allow a claimant to make a request for an expedited external review in two situations. First, an expedited external review is available where the claimant has received an adverse benefit determination and it involves a medical condition of the claimant for which the time frame for completing an expedited internal appeal would seriously jeopardize the life or health of the claimant or would jeopardize the claimant's ability to regain maximum function and the claimant has filed a request for an expedited external appeal. Second, an expedited external review is available where the claimant has received a final internal adverse benefit determination and the claimant has a medical condition where the time frame for completing a standard external review would seriously jeopardize the life or health of the claimant or would jeopardize the claimant's ability to regain maximum function, or if the final internal adverse benefit determination concerns an admission, availability of care, continued stay, or health care item or service for which the claimant received emergency services, but has not been discharged for a facility.

- Immediately upon the receipt of a request for an expedited external review, the Plan must determine whether the request meets the review ability requirements set forth above for a standard external review. The Plan must immediately send a written notice that meet the requirements set forth above for a standard external review to the claimant regarding its eligibility determination.

- Upon a determination that the request is eligible for external review following the preliminary review, the Plan will assign an IRO pursuant to the requirements set forth above for a standard external review. The Plan must provide or transmit all necessary documents and information considered in making the adverse benefit determination or final internal adverse determination to the assigned IRO electronically or by telephone or facsimile or any other available expeditious method. The IRO, to the extent the information or documents are available and the IRO considers them appropriate, must consider the information or documents under the same procedures for a standard external review. In reaching a decision, the IRO must review the claim “de novo” (i.e., anew) and is not bound by any decisions or conclusions reached during the Plan’s internal claim and appeals process.
- The IRO will provide notice of its decision in the same manner as a standard external review and will do so as expeditiously as the claimant’s medical condition or circumstances require, but in no event more than 72 hours after the IRO receives the request for an expedited external review. If the notice is not in writing, within 48 hours after the date of providing that notice, the assigned IRO must provide written confirmation of the decision to the claimant and the Plan.

### **Legal Actions**

No legal action may be brought to recover benefits under the Plan until the participant has exhausted the claim review procedure. Further, with respect to the self-funded benefits under the Plan, no legal action may be brought after the expiration of one year after the participant has been provided with a written notice denying the final level of Plan appeal concerning a claim. If the Plan fails to strictly adhere to the internal claim and appeal procedures described above, the claimant will be deemed to have exhausted the internal claim and appeal procedures and as a result, may initiate an external review and/or file a legal proceeding. However, this rule will not apply to minor, de minimis violations.

<h3><b>COORDINATION OF BENEFITS</b></h3>
--

If you are covered by another group health plan or policy, whether insured or self-insured, that covers prescription drugs, the following rules determine which plan (this Plan or the other plan) is primary, and which plan is secondary:

- If the other plan does not contain a coordination of benefits provision or states that it is the primary plan, the other plan is the primary plan and this Plan is the secondary plan.
- If the other plan contains a coordination of benefits provision, benefits will be paid as follows:

- The plan that covers the claimant as an active member (such as an employee) is the primary plan, and the plan that covers the claimant as an inactive member (such as a retiree) is the secondary plan.
- The plan that covers the claimant as an employee or retiree is the primary plan, and the plan that covers the claimant as a dependent is the secondary plan.
- If the claimant is a dependent child, the plan of the non-dependent (employee/retiree or spouse) with the birthday that occurs earliest in the calendar year is the primary plan.

If the non-dependents have the same birthday, the plan that covered the claimant for the longest period of time is the primary plan and the plan that covered the claimant for the shortest period of time is the secondary plan. To determine the length of time that the claimant has been covered under a plan, two or more plans maintained by the same Employer is treated as one plan.

- For the children of divorced or separated spouses, benefits are determined in the following order unless a court order assigns financial responsibility to one parent.
  - The plan of the custodial parent.
  - The plan of the custodial parent's new spouse (if remarried).
  - The plan of the non-custodial parent.
  - The plan of the non-custodial parent's new spouse (if remarried).

## RIGHT TO REIMBURSEMENT AND SUBROGATION RIGHT

### **Plan's Right to Reimbursement**

If the Plan pays benefits to you or on your behalf, and another party (other than you or the Plan) is (or may be) liable for the expenses for which benefits were paid, the Plan has a right of reimbursement that entitles the Plan to recover from you or the other party 100% of the benefits paid by the Plan to you or on your behalf.

The Plan's right to reimbursement applies:

- Not only to any recovery that you receive or you are entitled to receive from the other party, but also to any recovery that you receive or you are entitled to receive from the other party's insurer or a plan under which the other party has coverage.

- To any recovery from your own insurance policy, including, but not limited to, coverage under any uninsured or underinsured policy.
- Even if the other party is not found to be legally at fault for causing you to incur the expenses paid by the Plan.
- To any recovery, even if the damages are recovered or are recoverable from the other party, its insurer or plan, or your policy are not for the same charges or types of losses or damages as those for which benefits were paid by the Plan.
- To any recovery, regardless of whether the recovery fully compensates you for your injuries, and regardless of whether you are made whole by the recovery.
- To the entire amount of the recovery, but only to the extent of the amount of benefits paid by the Plan. The Plan's right to reimbursement from the recovery is the first in priority, and is not offset or reduced in any way by your attorney's fees or costs incurred in obtaining the recovery. The Plan disavows any obligation to pay all or any portion of your attorney's fees or costs in obtaining the recovery. The common fund doctrine and other similar common law doctrines do not reduce or affect the Plan's right to reimbursement.

### **Plan's Subrogation Right to Initiate Legal Action**

If you do not bring an legal action against the other party who caused the need for benefits paid by the Plan within a reasonable period of time after the claim arises, the Plan has the right to bring an action against the other party to enforce and protect its right to reimbursement as described in this section. In this circumstance, the Plan is responsible for its own attorney's fees.

### **Your Cooperation**

You must cooperate fully and do whatever is necessary to secure the rights of the Plan described in this section. This includes assigning to the Plan your rights against any other party, and signing any legal documents that may be required by the Plan.

### **Plan's Right to Withhold Payment**

The Plan may withhold payment of benefits when it appears that a party other you (or the Plan) may be liable for expenses for which benefits are claimed until such liability is legally determined. Further, as a pre-condition to paying benefits when it appears that the need for the benefits paid by the Plan was caused by another party, the Plan may withhold the payment of benefits until you sign an agreement furnished by the plan administrator setting forth the Plan's right to reimbursement and subrogation right.



## **Preconditions to Participation and the Receipt of Benefits**

All of the following rules are preconditions to your participation in the Plan and your receipt of benefits from the Plan:

- You agree not to raise any make-whole, common fund, or other apportionment claim or defense to any action or case involving reimbursement or subrogation in connection with the Plan, and you acknowledge that the Plan expressly disavows such claims or defenses.
- You agree not to raise any jurisdictional or procedural issue that would defeat the Plan's claim to reimbursement or subrogation in connection with the Plan.
- You acknowledge that if you obtain or become entitled to obtain a recovery from another party who is or may be liable for expenses for which the Plan paid benefits, that the Plan has an equitable lien over that recovery. The equitable lien applies over any recovery to the extent of the amount of benefits paid by the Plan.
- You acknowledge that the Plan has the right to intervene in any third-party action to enforce the Plan's reimbursement rights and you consent to such intervention.
- You agree that the Plan has the right to obtain injunctive relief prohibiting you from accepting or receiving any settlement or other recovery related to the expenses for which the Plan paid benefits until the Plan's right to reimbursement is fully satisfied, and you consent to such injunctive relief.

## **Notice and Settlement of Claim**

You must give the plan administrator written notice of any claim against another party as soon as you become aware that you may be entitled to recover damages from another party. You are deemed to be aware that you may be entitled to recover damages from another party upon the earliest of the following events:

- The date that you retain an attorney in connection with the claims; or
- The date that you, or your insurer or attorney present a written notice of the claim to the other party, or the other party's insurer or attorney.

You must not compromise or settle any claim against another party without the prior written consent of the plan administrator. If you fail to provide the plan administrator with written notice of a claim as required in this section, or if you compromise or settle a claim without the prior written consent as required in this section, the plan administrator will deem you to have committed fraud or misrepresentation in a claim for benefits, and your participation in the Plan will be terminated.

## ADMINISTRATION

Plan Sponsor is the plan administrator. The plan administrator is the designated named fiduciary and is charged with the administration of the Plan and has certain discretionary authority with respect to the administration of the Plan.

Plan Sponsor, as the plan administrator, has the ultimate discretion and authority to determine all questions of eligibility for participation and eligibility for payment of benefits, to determine the amount and manner of the payment of benefits and to otherwise construe and interpret the terms of the Plan. However, the plan administrator may delegate claims administration for some or all of the self-funded benefits to a third party administrator. Such a third party administrator may be a named fiduciary for benefit appeals pursuant to the applicable benefits.

## AMENDMENT OR TERMINATION

Although Plan Sponsor intends to maintain the Plan indefinitely, Plan Sponsor has the authority to amend or terminate the Plan at any time. However, no amendment or termination can retroactively diminish a participant's right to obtain Plan benefits.

## HIPAA PRIVACY AND SECURITY RULES

This section applies to the health benefits under the Plan and is required by the privacy and security rules of HIPAA.

### **Permitted and Required Uses and Disclosure of Protected Health Information ("PHI")**

Subject to obtaining written certification (see below), the Plan may disclose PHI to Plan Sponsor, provided Plan Sponsor does not use or disclose such PHI except for the following purposes:

- Performing Plan Administrative Functions which Plan Sponsor performs for the Plan.
- Obtaining premium bids from insurance companies or other health plans for providing coverage under or on behalf of the Plan; or
- Modifying, amending or terminating the Plan.

Despite the provisions of the Plan to the contrary, Plan Sponsor will not be permitted to use or disclose PHI in a manner that is inconsistent with 45 CFR §164.504(f).

### **Conditions of Disclosure**

Plan Sponsor agrees that with respect to any PHI, it will:

- Not use or further disclose the PHI other than as permitted or required by the Plan or as required by law.
- Ensure that any agents, including subcontractors, to whom it provides PHI received from the Plan, agree to the same restrictions and conditions that apply to Plan Sponsor with respect to PHI.
- Not use or disclose the PHI for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of Plan Sponsor.
- Report to the Plan any use or disclosure of the information that is inconsistent with the uses or disclosures provided for which it becomes aware.
- Make available to a participant who requests access, the participant's PHI in accordance with 45 CFR §164.524.
- Make available to a participant the right to request an amendment to the participant's PHI and incorporate any amendments to the participant's PHI in accordance with 45 CFR §164.526.
- Make available to a participant who requests an accounting of disclosures of the participant's PHI, the information required to provide an accounting of disclosures in accordance with 45 CFR §164.528.
- Make its internal practices, books, and records, relating to the use and disclosures of PHI received from the Plan, available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance by the Plan with the HIPAA privacy rules.
- If feasible, return or destroy all PHI received from the Plan that Plan Sponsor still maintains in any form, and retain no copies of such information when no longer needed for the purpose for which the disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.
- Ensure that the adequate separation between Plan and Plan Sponsor, required in 45 CFR §164.504(f)(2)(iii), is satisfied and that terms set forth below are followed.
- Plan Sponsor further agrees that if it creates, receives, maintains or transmits any electronic PHI (other than enrollment/disenrollment information and Summary Health Information, which are not subject to these restrictions) on behalf of the Plan, Plan Sponsor will implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic PHI and Plan

Sponsor will ensure that any agents (including Business Associates and subcontractors) to whom it provides such electronic PHI agree to implement reasonable and appropriate security measures to protect the information. Plan Sponsor will report to the Plan any security incident of which it becomes aware.

### **Certification of Plan Sponsor**

The Plan will disclose PHI to Plan Sponsor only upon the receipt of a certification by Plan Sponsor that the Plan has been amended to incorporate the provisions of 45 CFR §164.504(f)(2)(ii), and that Plan Sponsor agrees to the conditions of disclosure set forth above.

### **Permitted Uses and Disclosures of Summary Health Information**

The Plan may disclose Summary Health Information to Plan Sponsor, provided such Summary Health Information is only used by Plan Sponsor for the purpose of:

- Obtaining premium bids from health plan providers for providing health coverage under the Plan; or
- Modifying, amending or terminating the Plan.

### **Adequate Separation Between Plan and Plan Sponsor**

- The employees, or classes of employees, listed in Plan Sponsor's HIPAA privacy policies and procedures will be given access to PHI.
- The access to and use of PHI by the individuals described above will be restricted to the Plan Administrative Functions that Plan Sponsor performs for the Plan.
- In the event any of the individuals described above do not comply with the provisions of the Plan relating to use and disclosure of PHI, the plan administrator will impose reasonable sanctions as necessary, in its discretion, to ensure that no further non-compliance occurs. Such sanctions will be imposed progressively (for example, an oral warning, a written warning, time off without pay and termination), if appropriate, and will be imposed so that they are commensurate with the severity of the violation.
- To comply with the HIPAA security rules, Plan Sponsor will ensure that the provisions of this section are supported by reasonable and appropriate security measures to the extent that the authorized employees or classes of employees have access to electronic PHI.

### **Disclosure of Certain Enrollment Information to Plan Sponsor**

Pursuant to 45 CFR §164.504(f)(1)(iii), the Plan may disclose to Plan Sponsor information on whether an individual is participating in the Plan or is enrolled in or has disenrolled from any health insurance issuer or health maintenance organization offered by the Plan.

### **Disclosure of PHI to Obtain Stop-Loss or Excess Loss Coverage**

Plan Sponsor authorizes and directs the Plan, through the plan administrator, to disclose PHI to stop-loss carriers, excess loss carriers or managing general underwriters (MGUs) for underwriting and other purposes in order to obtain and maintain stop-loss or excess loss coverage related to benefit claims under the Plan. Such disclosures will be made in accordance with the HIPAA privacy rules.

### **Other Disclosures and Uses of PHI**

With respect to all other uses and disclosures of PHI, the Plan will comply with the HIPAA privacy rules.

### **Definitions**

For purposes of this section, the following terms have the following meanings:

- **“Business Associate”** means a person or entity who:
  - Performs or assists in performing a Plan function or activity involving the use and disclosure of PHI (including claims processing or administration, data analysis, underwriting, etc.); or
  - Provides legal, accounting, actuarial, consulting, data aggregation, management, accreditation, or financial services, where the performance of such services involves giving the service provider access to PHI.
- **“Plan Administrative Functions”** mean activities that would meet the definition of payment or health care operations, but do not include functions to modify, amend, or terminate the Plan or solicit bids from prospective issuers. Plan administrative functions include quality assurance, employee assistance, claims processing, auditing, monitoring, and management of carve-out-plans—such as dental. PHI for these purposes may not be used by or between the Plan or business associates of the Plan in a manner inconsistent with the HIPAA privacy rules, absent an authorization from the individual. Plan administrative functions specifically do not include any employment-related functions.
- **“Protected Health Information”** or **“PHI”** means information that is created or received by the Plan, or a business associate of the Plan and relates to the past, present, or future physical or mental health or condition

of a participant; the provision of health care to a participant; or the past, present, or future payment for the provision of health care to a participant; and that identifies the participant or for which there is a reasonable basis to believe the information can be used to identify the participant (whether living or deceased). The following components of a participant's information are considered to enable identification:

- Names;
  - Street address, city, county, precinct, zip code;
  - Dates directly related to a participant's receipt of health care treatment, including birth date, health facility admission and discharge date, and date of death;
  - Telephone numbers, fax numbers and electronic mail addresses;
  - Social Security numbers;
  - Medical record numbers;
  - Health plan beneficiary numbers;
  - Account numbers;
  - Certificate/license numbers;
  - Vehicle identifiers and serial numbers, including license plate numbers;
  - Device identifiers and serial numbers;
  - Web Universal Resource Locators (URLs);
  - Biometric identifiers, including finger and voice prints;
  - Full face photographic images and any comparable images; and
  - Any other unique identifying number, characteristic or code.
- **“Summary Health Information”** means information that may be individually identifiable health information:
    - That summarizes the claims history, claims expenses or type of claims experienced by individuals for whom Employer has provided health benefits under a health plan; and

- From which the information described at 42 CFR §164.514(b)(2)(i) has been deleted, except that the geographic information need only be aggregated to the level of a five-digit zip code.

## **GOVERNING LAW**

The Plan is subject to various federal laws, including, but not limited to the Newborns' and Mothers' Health Protection Act, the Women's Health and Cancer Rights Act, HIPAA, FMLA, COBRA, USERRA and Health Care Reform, and may be subject to certain state laws. To the extent federal law does not apply, the Plan will be interpreted under the laws of the state of New Jersey.

**OTHER BASIC INFORMATION ABOUT THE PLAN**

Name of Plan: Middlesex County Joint Health Insurance Fund  
Prescription Drug Plan

Name, Address, Telephone Number and  
Taxpayer Identification Number of Plan  
Sponsor: Middlesex County Joint Health Insurance Fund  
c/o The County  
John F. Kennedy Square, 3<sup>rd</sup> Floor  
P.O. Box 871  
New Brunswick, NJ 08903  
22-3382140

Web Site: [www.mcjhif.com](http://www.mcjhif.com)

Type of Plan: Group Health Plan providing prescription drug  
benefits.

Type of Administration: The Plan is administered by plan administrator.  
The plan administrator may retain the services of a  
claim administrator to provide administrative  
services.

Plan Administrator: Plan Sponsor

Agent for Service of Legal Process: Fund Attorney  
c/o The County  
John F. Kennedy Square, 3<sup>rd</sup> Floor  
P.O. Box 871  
New Brunswick, NJ 08903

Service of legal process may also be made on the  
plan administrator.

COBRA Administrator: Wage Works  
4609 Regent Boulevard  
Irving, Texas 75063  
Phone: (888) 678-4861



Claim Administrators:

**Prescription Drug Benefits:**

CVS/Caremark

Plan Year for Fiscal Record Purposes:

January 1 through December 31

**APPENDIX A – FORMULARY LIST**

**The list to all follow is not all-inclusive. This list represents brand drugs in CAPS, branded generic drugs in upper and lower-case *italics* and generic drugs in lower-case *italics*.**

# Performance Drug List - Standard Control

The **CVS Caremark® Performance Drug List - Standard Control** is a guide within select therapeutic categories for clients, plan members and health care providers. **Generics should be considered the first line of prescribing.** If there is no generic available, there may be more than one brand-name medicine to treat a condition. These preferred brand-name medicines are listed to help identify products that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. This is not an all-inclusive list. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*.

## PLAN MEMBER

Your benefit plan provides you with a prescription benefit program administered by CVS Caremark. Ask your doctor to consider prescribing, when medically appropriate, a preferred medicine from this list. Take this list along when you or a covered family member sees a doctor.

**Please note:**

- Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the U.S. Food and Drug Administration (FDA) may not be covered upon release to the market.
- Your prescription benefit plan design may alter coverage of certain products or vary copay<sup>1</sup> amounts based on the condition being treated.
- You may be responsible for the full cost of non-formulary products that are removed from coverage.
- For specific information regarding your prescription benefit coverage and copay<sup>1</sup> information, please visit [www.caremark.com](http://www.caremark.com) or contact a CVS Caremark Customer Care representative.
- CVS Caremark may contact your doctor after receiving your prescription to request consideration of a drug list product or generic equivalent. This may result in your doctor prescribing, when medically appropriate, a different brand-name product or generic equivalent in place of your original prescription.
- In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market.

## HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by CVS Caremark. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is necessary, consider prescribing a brand name on this list.

**Please note:**

- Generics should be considered the first line of prescribing.
- The member's prescription benefit plan design may alter coverage of certain products or vary copay<sup>1</sup> amounts based on the condition being treated.
- This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. The member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. Products recently approved by the FDA may not be covered upon release to the market.
- The member's prescription benefit plan may have a different copay<sup>1</sup> for specific products on the list.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to [www.caremark.com](http://www.caremark.com) to check coverage and copay<sup>1</sup> information for a specific medicine.

### ANALGESICS

**§ NSAIDs**

*diclofenac sodium*  
*meloxicam*  
*naproxen*

**§ NSAIDs, COMBINATIONS**

*diclofenac sodium-misoprostol*

**§ NSAIDs, TOPICAL**

*diclofenac sodium solution*  
VOLTAREN GEL

**§ COX-2 INHIBITORS**

*celecoxib*

**§ GOUT**

*allopurinol*  
*colchicine tablet*  
*probenecid*

COLCRYS  
ULORIC

**§ OPIOID ANALGESICS**

*codeine-acetaminophen*  
*fentanyl transdermal*  
*fentanyl transmucosal*  
*lozenge*  
*hydrocodone-acetaminophen*  
*hydromorphone*  
*hydromorphone ext-rel*  
*methadone*  
*morphine*  
*morphine ext-rel*  
*morphine suppository*  
*oxycodone*  
*oxycodone-acetaminophen*  
*tramadol*  
*tramadol ext-rel*  
BELBUCA  
BUTRANS  
FENTORA

HYSINGLA ER  
NUCYNTA  
NUCYNTA ER  
OXYCONTIN  
SUBSYS

**VISCOSUPPLEMENTS**

GEL-ONE  
GELSYN-3  
SUPARTZ FX  
VISCO-3

### ANTI-INFECTIVES

**ANTIBACTERIALS**

**§ CEPHALOSPORINS**

*cefdinir*  
*cefprozil*  
*cefuroxime axetil*  
*cephalexin*  
SUPRAX

**§ ERYTHROMYCINS / MACROLIDES**

*azithromycin*  
*clarithromycin*  
*clarithromycin ext-rel*  
*erythromycins*  
DIFICID

**§ FLUOROQUINOLONES**

*ciprofloxacin*  
*ciprofloxacin ext-rel*  
*levofloxacin*  
*moxifloxacin*

**§ PENICILLINS**

*amoxicillin*  
*amoxicillin-clavulanate*  
*dicloxacillin*  
*penicillin VK*

**§ TETRACYCLINES**

*doxycycline hyclate*  
*minocycline*  
*tetracycline*

**§ ANTIFUNGALS**

*fluconazole*  
*itraconazole*  
*terbinafine tablet*

**ANTIRETROVIRAL AGENTS**

**§ ANTIRETROVIRAL COMBINATIONS**

*abacavir-lamivudine*  
ATRIPLA  
COMPLERA  
DESCOVY  
EVOTAZ  
GENVOYA  
ODEFSEY  
PREZCOBIX

STRIBILD  
TRIUMEQ  
TRUVADA

**INTEGRASE INHIBITORS**

ISENTRESS  
TIVICAY

**§ NUCLEOSIDE REVERSE  
TRANSCRIPTASE  
INHIBITORS**

*abacavir tablet*  
*lamivudine*

**§ PROTEASE INHIBITORS**

NORVIR  
PREZISTA  
REYATAZ

**ANTIVIRALS**

**§ CYTOMEGALOVIRUS  
AGENTS**

*valganciclovir*

**§ HEPATITIS B AGENTS**

VELMIDY

**§ HEPATITIS C AGENTS**

*ribavirin*  
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)  
HARVONI (genotypes 1, 4, 5, 6)  
VOSEVI<sup>2</sup>

**§ HERPES AGENTS**

*acyclovir*  
*valacyclovir*

**§ INFLUENZA AGENTS**

RELENZA  
TAMIFLU

**§ MISCELLANEOUS**

*clindamycin*  
*ivermectin*  
*metronidazole*  
*nitrofurantoin*  
*sulfamethoxazole-  
trimethoprim*  
EMVERM  
SIVEXTRO  
XIFAXAN 550 MG

**ANTINEOPLASTIC  
AGENTS**

**HORMONAL  
ANTINEOPLASTIC AGENTS**

**§ ANTIANDROGENS**

*bicalutamide*  
XTANDI  
ZYTIGA

**§ LUTEINIZING HORMONE-  
RELEASING HORMONE  
(LHRH) AGONISTS**

ELIGARD  
LUPRON DEPOT

**§ KINASE INHIBITORS**

*imatinib mesylate*  
BOSULIF  
CABOMETYX  
IBRANCE  
IRESSA  
KISQALI  
KISQALI FEMARA  
CO-PACK  
RYDAPT  
SPRYCEL

**§ MISCELLANEOUS**

VISTOGARD

**CARDIOVASCULAR**

**§ ACE INHIBITORS**

*fosinopril*  
*lisinopril*  
*quinapril*  
*ramipril*

**§ ACE INHIBITOR /  
DIURETIC COMBINATIONS**

*fosinopril-hydrochlorothiazide*  
*lisinopril-hydrochlorothiazide*  
*quinapril-hydrochlorothiazide*

**§ ANGIOTENSIN II  
RECEPTOR ANTAGONISTS /  
DIURETIC COMBINATIONS**

*candesartan / candesartan-  
hydrochlorothiazide*  
*eprosartan*  
*irbesartan / irbesartan-  
hydrochlorothiazide*  
*losartan / losartan-  
hydrochlorothiazide*  
*olmesartan / olmesartan-  
hydrochlorothiazide*  
*telmisartan / telmisartan-  
hydrochlorothiazide*  
*valsartan / valsartan-  
hydrochlorothiazide*

**§ ANGIOTENSIN II  
RECEPTOR ANTAGONIST /  
CALCIUM CHANNEL  
BLOCKER COMBINATIONS**

*amlodipine-olmesartan*  
*amlodipine-telmisartan*  
*amlodipine-valsartan*

**§ ANGIOTENSIN II  
RECEPTOR ANTAGONIST /  
CALCIUM CHANNEL  
BLOCKER / DIURETIC  
COMBINATIONS**

*amlodipine-valsartan-  
hydrochlorothiazide*  
*olmesartan-amlodipine-  
hydrochlorothiazide*

**§ ANTIARRHYTHMICS**

*sotalol*  
MULTAQ

**ANTILIPEMICS**

**§ BILE ACID RESINS**

*cholestyramine*  
WELCHOL

**§ CHOLESTEROL  
ABSORPTION INHIBITORS**

*ezetimibe*

**§ FIBRATES**

*fenofibrate*  
*fenofibric acid*

**§ HMG-CoA REDUCTASE  
INHIBITORS /  
COMBINATIONS**

*atorvastatin*  
*ezetimibe-simvastatin*  
*fluvastatin*  
*lovastatin*  
*pravastatin*  
*rosuvastatin*  
*simvastatin*

**MICROSOMAL  
TRIGLYCERIDE TRANSFER  
PROTEIN INHIBITORS**

JUXTAPIID

**§ NIACINS**

*niacin ext-rel*

**§ OMEGA-3 FATTY ACIDS**

*omega-3 acid ethyl esters*  
VASCEPA

**PCSK9 INHIBITORS**

PRALUENT  
REPATHA

**§ BETA-BLOCKERS**

*atenolol*  
*carvedilol*  
*metoprolol succinate ext-rel*  
*metoprolol tartrate*  
*nadolol*  
*pindolol*  
*propranolol*  
*propranolol ext-rel*  
BYSTOLIC  
COREG CR

**§ CALCIUM CHANNEL  
BLOCKERS**

*amlodipine*  
*diltiazem ext-rel*<sup>3</sup>  
*nifedipine ext-rel*  
*verapamil ext-rel*

**§ CALCIUM CHANNEL  
BLOCKER / ANTILIPEMIC  
COMBINATIONS**

*amlodipine-atorvastatin*

**§ DIGITALIS GLYCOSIDES**

*digoxin*

**DIRECT RENIN INHIBITORS /  
DIURETIC COMBINATIONS**

TEKTRUNA /  
TEKTRUNA HCT

**§ DIURETICS**

*amiloride*  
*furosemide*  
*hydrochlorothiazide*  
*metolazone*  
*spironolactone-  
hydrochlorothiazide*  
*torsemide*  
*triamterene-  
hydrochlorothiazide*

**HEART FAILURE**

BIDIL  
CORLANOR  
ENTRESTO

**§ NITRATES**

*nitroglycerin lingual spray*  
*nitroglycerin sublingual*

**PULMONARY ARTERIAL  
HYPERTENSION**

**ENDOTHELIN RECEPTOR  
ANTAGONISTS**

LETAIRIS  
OPSUMIT  
TRACLEER

**§ PHOSPHODIESTERASE  
INHIBITORS**

*sildenafil*

**PROSTACYCLIN RECEPTOR  
AGONISTS**

UPTRAVI

**§ PROSTAGLANDIN  
VASODILATORS**

ORENITRAM

**SOLUBLE GUANYLATE  
CYCLASE STIMULATORS**

ADEMPAS

**§ MISCELLANEOUS**

RANEXA

**CENTRAL NERVOUS  
SYSTEM**

**§ ANTICONVULSANTS**

*carbamazepine*  
*carbamazepine ext-rel*  
*diazepam rectal gel*  
*divalproex sodium*  
*divalproex sodium ext-rel*  
*ethosuximide*  
*gabapentin*  
*lamotrigine*  
*lamotrigine ext-rel*  
*levetiracetam*  
*levetiracetam ext-rel*  
*oxcarbazepine*  
*phenobarbital*  
*phenytoin*

*phenytoin sodium extended*  
*primidone*  
*tiagabine*  
*topiramate*  
*valproic acid*  
*zonisamide*  
FYCOMPA  
OXTELLAR XR  
TROKENDI XR  
VIMPAT

**§ ANTIDEMENTIA**

*donepezil*  
*galantamine*  
*galantamine ext-rel*  
*memantine*  
*rivastigmine*  
*rivastigmine transdermal*  
NAMENDA XR  
NAMZARIC

**ANTIDEPRESSANTS**

**§ SELECTIVE SEROTONIN  
REUPTAKE INHIBITORS  
(SSRIs)**

*citalopram*  
*escitalopram*  
*fluoxetine*  
*paroxetine*  
*paroxetine ext-rel*  
*sertraline*  
FLUOXETINE 60 MG  
TRINTELLIX  
VIIBRYD

**§ SEROTONIN**

**NOREPINEPHRINE  
REUPTAKE INHIBITORS  
(SNRIs)**

*desvenlafaxine ext-rel*  
*duloxetine*  
*venlafaxine*  
*venlafaxine ext-rel capsule*

**§ MISCELLANEOUS  
AGENTS**

*bupropion*  
*bupropion ext-rel*  
*mirtazapine*  
*trazodone*

**§ ANTIPARKINSONIAN  
AGENTS**

*amantadine*  
*carbidopa-levodopa*  
*carbidopa-levodopa ext-rel*  
*carbidopa-levodopa-  
entacapone*  
*entacapone*  
*pramipexole*  
*ropinirole*  
*ropinirole ext-rel*  
*selegiline*  
AZILECT  
MIRAPEX ER  
NEUPRO

**ANTIPSYCHOTICS****§ ATYPICALS**

*aripiprazole*  
*clozapine*  
*olanzapine*  
*quetiapine*  
*risperidone*  
*ziprasidone*  
 ABILIFY MAINTENA  
 ARISTADA  
 LATUDA  
 VRAYLAR

**§ ATTENTION DEFICIT HYPERACTIVITY DISORDER**

*amphetamine-dextroamphetamine mixed salts*  
*amphetamine-dextroamphetamine mixed salts ext-rel*  
*atomoxetine*  
*guanfacine ext-rel*  
*methylphenidate*  
*methylphenidate ext-rel*  
 APTENSIO XR  
 QUILLIVANT XR  
 VYVANSE

**FIBROMYALGIA**

LYRICA  
 SAVELLA

**§ HUNTINGTON'S DISEASE AGENTS**

*tetrabenazine*

**HYPNOTICS****§ NONBENZODIAZEPINES**

*eszopiclone*  
*zolpidem*  
*zolpidem ext-rel*  
*zolpidem sublingual*  
 BELSOMRA

**TRICYCLICS**

SILENOR

**MIGRAINE****§ ERGOTAMINE DERIVATIVES**

*ergotamine-caffeine*

**§ SELECTIVE SEROTONIN AGONISTS**

*eletriptan*  
*naratriptan*  
*rizatriptan*  
*sumatriptan*  
*zolmitriptan*  
 ONZETRA XSAIL  
 ZEMBRACE SYMTOUCH  
 ZOMIG NASAL SPRAY

SELECTIVE SEROTONIN AGONIST / NONSTEROIDAL ANTI-INFLAMMATORY DRUG (NSAID) COMBINATIONS  
 TREXIMET

**§ MULTIPLE SCLEROSIS AGENTS**

*glatiramer*  
 AUBAGIO  
 BETASERON  
 COPAXONE 40 MG  
 GILENYA  
 REBIF  
 TECFIDERA  
 TYSABRI

**§ MUSCULOSKELETAL THERAPY AGENTS**

*cyclobenzaprine*

**§ NARCOLEPSY**

*armodafinil*

**POSTHERPETIC NEURALGIA (PHN)**

GRALISE

**PSYCHOTHERAPEUTIC - MISCELLANEOUS****§ OPIOID ANTAGONISTS**

*naloxone injection*  
 NARCAN NASAL SPRAY

**§ PARTIAL OPIOID AGONIST / OPIOID ANTAGONIST COMBINATIONS**

*buprenorphine-naloxone sublingual tablet*  
 SUBOXONE FILM  
 ZUBSOLV

**PSEUDOBULBAR AFFECT AGENTS**

NUEDXTA

**VASOMOTOR SYMPTOM AGENTS**

BRISDELLE

**ENDOCRINE AND METABOLIC**

ACROMEGALY  
 SOMATULINE DEPOT  
 SOMAVERT

**§ ANDROGENS**

*testosterone gel 2%*  
*testosterone solution*  
 ANDRODERM  
 ANDROGEL 1.62%

**ANTIDIABETICS**

AMYLIN ANALOGS  
 SYMLINPEN

**§ BIGUANIDES**

*metformin*  
*metformin ext-rel*

**§ BIGUANIDE / SULFONYLUREA COMBINATIONS**

*glipizide-metformin*

**DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**

JANUVIA  
 TRADJENTA

**DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS**

JANUMET  
 JANUMET XR  
 JENTADUETO  
 JENTADUETO XR

**INCRETIN MIMETIC AGENTS**

TRULICITY  
 VICTOZA

**INCRETIN MIMETIC AGENT / INSULIN COMBINATIONS**

SOLIQUA

**INSULINS**

BASAGLAR  
 HUMULIN R U-500  
 LEVEMIR  
 NOVOLIN 70/30  
 NOVOLIN N  
 NOVOLIN R  
 NOVOLOG  
 NOVOLOG MIX 70/30  
 TRESIBA

**§ INSULIN SENSITIZERS**

*pioglitazone*

**§ INSULIN SENSITIZER / BIGUANIDE COMBINATIONS**

*pioglitazone-metformin*

**§ INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS**

*pioglitazone-glimepiride*

**§ MEGLITINIDES**

*nateglinide*  
*repaglinide*

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS  
 FARXIGA  
 INVOKANA

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS

INVOKAMET  
 INVOKAMET XR  
 XIGDUO XR

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS

QTERN

**§ SULFONYLUREAS**

*glimepiride*  
*glipizide*  
*glipizide ext-rel*

**SUPPLIES**

BD ULTRAFINE  
 INSULIN SYRINGES AND NEEDLES  
 DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM  
 ONETOUCH ULTRA STRIPS AND KITS 4  
 ONETOUCH VERIO STRIPS AND KITS 4

**ANTIOBESITY**

INJECTABLE  
 SAXENDA

**ORAL**

BELVIQ  
 BELVIQ XR  
 CONTRAVE

**CALCIUM REGULATORS****§ BISPHOSPHONATES**

*alendronate*  
*ibandronate*  
*risedronate*

**§ CALCITONINS**

*calcitonin-salmon*

**PARATHYROID HORMONES**

FORTEO  
 TYMLOS

**MISCELLANEOUS**

PROLIA

**§ CARNITINE DEFICIENCY AGENTS**

*levocarnitine*

**CONTRACEPTIVES****§ MONOPHASIC**

*ethinyl estradiol-drospirenone*  
*ethinyl estradiol-norethindrone acetate*  
 BEYAZ  
 LO LOESTRIN FE  
 MINASTRIN 24 FE  
 SAFYRAL

**§ TRIPHASIC**

*ethinyl estradiol-norgestimate*

FOUR PHASE  
 NATAZIA

**§ EXTENDED CYCLE**

*ethinyl estradiol-levonorgestrel*

**§ TRANSDERMAL**

*ethinyl estradiol-norelgestromin*

**VAGINAL**

NUVARING

**ESTROGENS****§ ORAL**

*estradiol*  
*estropipate*  
 PREMARIN

**§ TRANSDERMAL**

*estradiol*  
 DIVIGEL  
 EVAMIST  
 MINIVELLE

**§ VAGINAL**

*estradiol*  
 ESTRACE CREAM  
 PREMARIN CREAM

**ESTROGEN / PROGESTINS****§ ORAL**

*estradiol-norethindrone*  
 PREMPHASE  
 PREMPRO

**TRANSDERMAL**

CLIMARA PRO  
 COMBIPATCH

**ESTROGEN / SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS**

DUAVEE

**FERTILITY REGULATORS**

GNRH / LHRH ANTAGONISTS  
 CETROTIDE

**§ OVULATION STIMULANTS, GONADOTROPINS**

GONAL-F  
 OVIDREL

**GAUCHER DISEASE**

CERDELGA  
 CEREZYME

**§ GLUCOCORTICOIDS**

*dexamethasone*  
*methylprednisolone*  
*prednisolone solution*  
*prednisone*

**GLUCOSE ELEVATING AGENTS**

GLUCAGEN HYPOKIT  
GLUCAGON  
EMERGENCY KIT

**HUMAN GROWTH HORMONES**  
HUMATROPE  
NORDITROPIN

**§ PHOSPHATE BINDER AGENTS**

*calcium acetate*  
PHOSLYRA  
RENVELA  
VELPHORO

**POTASSIUM-REMOVING AGENTS**  
VELTASSA

**PROGESTINS**  
**§ ORAL**

*medroxyprogesterone*  
*megestrol acetate*  
*progesterone, micronized*

**VAGINAL**  
CRINONE  
ENDOMETRIN

**§ SELECTIVE ESTROGEN RECEPTOR MODULATORS**

*raloxifene*  
OSPHENA

**§ THYROID SUPPLEMENTS**

*levothyroxine*  
SYNTHROID

**GASTROINTESTINAL**

**§ ANTIEMETICS**

*dronabinol*  
*granisetron*  
*metclizine*  
*metoclopramide*  
*ondansetron*  
*prochlorperazine*  
*promethazine*  
*trimethobenzamide*  
DICLEGIS  
SANCUSO  
VARUBI

**§ H<sub>2</sub> RECEPTOR ANTAGONISTS**

*rانيتidine*

**INFLAMMATORY BOWEL DISEASE**

**§ ORAL AGENTS**

*balsalazide*  
*budesonide capsule*  
*sulfasalazine*  
*sulfasalazine delayed-rel*  
APRISO  
LIALDA

PENTASA  
UCERIS

**§ RECTAL AGENTS**

*hydrocortisone enema*  
*mesalamine rectal suspension*  
CANASA  
CORTIFOAM

**§ IRRITABLE BOWEL SYNDROME**

AMITIZA  
LINZESS  
LOTRONEX  
VIBERZI

**§ LAXATIVES**

*lactulose*  
*peg 3350-electrolytes*  
SUPREP

**OPIOID-INDUCED CONSTIPATION**  
MOVANTIK

**PANCREATIC ENZYMES**

CREON  
VIOKACE  
ZENPEP

**§ PROTON PUMP INHIBITORS**

*esomeprazole*  
*lansoprazole*  
*omeprazole*  
*pantoprazole*  
DEXILANT

**§ STEROIDS, RECTAL**

PROCTOFOAM-HC

**§ ULCER THERAPY COMBINATIONS**

PYLERA

**GENITOURINARY**

**§ BENIGN PROSTATIC HYPERPLASIA**

*alfuzosin ext-rel*  
*doxazosin*  
*dutasteride*  
*dutasteride-tamsulosin*  
*finasteride*  
*tamsulosin*  
*terazosin*  
RAPAFLO

**ERECTILE DYSFUNCTION**

ALPROSTADIL AGENTS  
MUSE

**PHOSPHODIESTERASE INHIBITORS**

CIALIS

**§ URINARY ANTISPASMODICS**

*darifenacin ext-rel*  
*oxybutynin*  
*oxybutynin ext-rel*  
*tolterodine*  
*tolterodine ext-rel*  
*trospium*  
*trospium ext-rel*  
MYRBETRIQ  
TOVIAZ  
VESICARE

**HEMATOLOGIC**

**§ ANTICOAGULANTS**

*warfarin*  
ELIQUIS  
XARELTO

**HEMATOPOIETIC GROWTH FACTORS**

ARANESP  
PROCRIT  
ZARXIO

**HEMOPHILIA AGENTS**

KOGENATE FS  
KOVALTRY  
NOVOEIGHT  
NUWIQ

**HEREDITARY ANGIOEDEMA**  
RUCONEST

**§ PLATELET AGGREGATION INHIBITORS**

*clopidogrel*  
*dipyridamole ext-rel-aspirin*  
*prasugrel*  
BRILINTA

**IMMUNOLOGIC AGENTS**

**ALLERGENIC EXTRACTS**

GRASTEK  
ORALAIR  
RAGWITEK

**AUTOIMMUNE AGENTS 5**

COSENTYX  
ENBREL  
HUMIRA  
KEVZARA  
OTEZLA  
STELARA  
SUBCUTANEOUS

**§ DISEASE-MODIFYING ANTIRHEUMATIC DRUGS (DMARDs)**  
RASUVO

**NUTRITIONAL / SUPPLEMENTS**

**§ ELECTROLYTES**

*potassium chloride liquid*

**VITAMINS AND MINERALS**

**§ PRENATAL VITAMINS**

*prenatal vitamins*  
CITRANATAL

**RESPIRATORY**

**§ ANAPHYLAXIS TREATMENT AGENTS**

*epinephrine auto-injector*  
EPIPEN  
EPIPEN JR

**§ ANTICHOLINERGICS**

*ipratropium*  
*inhalation solution*  
INCRUSE ELLIPTA  
SPIRIVA

**ANTICHOLINERGIC / BETA AGONIST COMBINATIONS**

**§ SHORT ACTING**  
*ipratropium-albuterol*  
*inhalation solution*  
COMBIVENT RESPIMAT

**LONG ACTING**

ANORO ELLIPTA  
BEVESPI AEROSPHERE  
STIOLTO RESPIMAT

**BETA AGONISTS, INHALANTS**

**§ SHORT ACTING**  
*albuterol inhalation solution*  
*levalbuterol tartrate*  
*CFC-free aerosol*  
PROAIR HFA  
PROAIR RESPICLICK

**LONG ACTING**

Hand-held Active Inhalation  
SEREVENT  
STRIVERDI RESPIMAT

Nebulized Passive Inhalation  
PERFORMIST

**§ CYSTIC FIBROSIS**

*tobramycin*  
*inhalation solution*  
BETHKIS

**§ LEUKOTRIENE MODULATORS**

*montelukast*  
*zafirlukast*  
*zileuton ext-rel*

**§ NASAL ANTIHISTAMINES**

*azelastine*  
*olopatadine*

**§ NASAL STEROIDS / COMBINATIONS**

*flunisolide*  
*fluticasone*  
*mometasone*

*triamcinolone*  
DYMISTA

**PHOSPHODIESTERASE-4 INHIBITORS**

DALIRESP

**PULMONARY FIBROSIS AGENTS**

ESBRIET  
OFEV

**STEROID / BETA AGONIST COMBINATIONS**

ADVAIR  
BREO ELLIPTA  
SYMBICORT

**§ STEROID INHALANTS**

*budesonide*  
*inhalation suspension*  
ASMANEX  
FLOVENT DISKUS  
FLOVENT HFA  
PULMICORT FLEXHALER  
QVAR

**TOPICAL**

**DERMATOLOGY**

**§ ACNE**

*adapalene*  
*benzoyl peroxide*  
*clindamycin solution*  
*clindamycin-benzoyl peroxide*  
*erythromycin solution*  
*erythromycin-benzoyl peroxide*  
*tretinoin*  
ACANYA  
ATRALIN  
BENZACLIN  
DIFFERIN  
EPIDUO  
RETIN-A MICRO  
TAZORAC

**§ ACTINIC KERATOSIS**

*fluorouracil cream 5%*  
*fluorouracil solution*  
*imiquimod*  
PICATO  
ZYCLARA

**§ ANTIFUNGALS**

*ciclopirox*  
*clotrimazole*  
*econazole*  
*ketoconazole*  
*nystatin*  
JUBLIA  
LUZU  
NAFTIN

**§ ANTIPSORIATICS**

*acitretin*  
*calcipotriene*  
*methoxsalen*

**ATOPIC DERMATITIS**

**Injectable**  
DUPIXENT

**§ Topical**

*tacrolimus*  
ELIDEL

**CORTICOSTEROIDS****§ Low Potency**

*desonide*  
*hydrocortisone*

**§ Medium Potency**

*clocortolone*  
*hydrocortisone butyrate*  
*mometasone*  
*triamcinolone*

**§ High Potency**

*desoximetasone*  
*fluocinonide*

**§ Very High Potency**

*clobetasol cream, foam, gel,*  
*lotion, ointment, shampoo*

**§ ROSACEA**

*metronidazole*

FINACEA  
ORACEA  
SOOLANTRA

**§ MOUTH / THROAT / DENTAL AGENTS**

PROTECTANTS  
EPISIL  
MUGARD

**OPHTHALMIC****§ ANTIALLERGENICS**

*azelastine*  
*cromolyn sodium*  
*olopatadine*  
LASTACAF  
PAZEO

**§ ANTI-INFECTIVES**

*ciprofloxacin*  
*erythromycin*  
*gentamicin*  
*levofloxacin*  
*moxifloxacin*  
*ofloxacin*  
*sulfacetamide*  
*tobramycin*  
BESIVANCE

CILOXAN OINTMENT  
MOXEZA

**§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS**

*neomycin-polymyxin B-*  
*bacitracin-hydrocortisone*  
*neomycin-polymyxin B-*  
*dexamethasone*  
*tobramycin-dexamethasone*  
TOBRADEX OINTMENT  
TOBRADEX ST  
ZYLET

**ANTI-INFLAMMATORIES****§ Nonsteroidal**

*bromfenac*  
*diclofenac*  
*ketorolac*  
ACUVAIL  
ILEVRO  
NEVANAC

**§ Steroidal**

*dexamethasone*  
*prednisolone acetate 1%*  
DUREZOL  
FLAREX

FML FORTE  
FML S.O.P.  
MAXIDEX  
PRED MILD

**BETA-BLOCKERS****§ Nonselective**

*timolol maleate solution*  
BETIMOL

**Selective**

BETOPTIC S

**§ CARBONIC ANHYDRASE INHIBITORS**

*dorzolamide*  
AZOPT

**§ CARBONIC ANHYDRASE INHIBITOR / BETA-BLOCKER COMBINATIONS**

*dorzolamide-timolol*

**CARBONIC ANHYDRASE INHIBITOR / SYMPATHOMIMETIC COMBINATIONS**

SIMBRINZA

**DRY EYE DISEASE**

RESTASIS  
XIIDRA

**§ PROSTAGLANDINS**

*latanoprost*  
LUMIGAN  
TRAVATAN Z

**§ SYMPATHOMIMETICS**

*brimonidine*  
ALPHAGAN P

**SYMPATHOMIMETIC / BETA-BLOCKER COMBINATIONS**

COMBIGAN

**OTIC****§ ANTI-INFECTIVE / ANTI-INFLAMMATORY COMBINATIONS**

CIPRODEX

**QUICK REFERENCE DRUG LIST****A**

*abacavir tablet*  
*abacavir-lamivudine*  
ABILIFY MAINTENA  
ACANYA  
*acitretin*  
ACUVAIL  
*acyclovir*  
*adapalene*  
ADEMPAS  
ADVAIR  
*albuterol inhalation solution*  
*alendronate*  
*alfuzosin ext-rel*  
*allopurinol*  
ALPHAGAN P  
*amantadine*  
*amiloride*  
AMITIZA  
*amlodipine*  
*amlodipine-atorvastatin*  
*amlodipine-olmesartan*  
*amlodipine-telmisartan*  
*amlodipine-valsartan*  
*amlodipine-valsartan-*  
*hydrochlorothiazide*  
*amoxicillin*  
*amoxicillin-clavulanate*  
*amphetamine-*  
*dextroamphetamine*  
*mixed salts*  
*amphetamine-*  
*dextroamphetamine*  
*mixed salts ext-rel*  
ANDRODERM  
ANDROGEL 1.62%

ANORO ELLIPTA  
APRISO  
APTENSIO XR  
ARANESP  
*aripiprazole*  
ARISTADA  
*armodafinil*  
ASMANEX  
*atenolol*  
*atomoxetine*  
*atorvastatin*  
ATRALIN  
ATRIPLA  
AUBAGIO  
*azelastine*  
AZILECT  
*azithromycin*  
AZOPT

**B**

*balsalazide*  
BASAGLAR  
BD ULTRAFINE  
INSULIN SYRINGES  
AND NEEDLES  
BELBUCA  
BELSOMRA  
BELVIQ  
BELVIQ XR  
BENZACLIN  
*benzoyl peroxide*  
BESIVANCE  
BETASERON  
BETHKIS  
BETIMOL  
BETOPTIC S

BEVESPI AEROSPHERE  
BEYAZ  
*bicalutamide*  
BIDIL  
BOSULIF  
BREQ ELLIPTA  
BRILINTA  
*brimonidine*  
BRISDELLE  
*bromfenac*  
*budesonide capsule*  
*budesonide*  
*inhalation suspension*  
*buprenorphine-naloxone*  
*sublingual tablet*  
*bupropion*  
*bupropion ext-rel*  
BUTRANS  
BYSTOLIC

**C**

CABOMETYX  
*calcipotriene*  
*calcitonin-salmon*  
*calcium acetate*  
CANASA  
*candesartan*  
*candesartan-*  
*hydrochlorothiazide*  
*carbamazepine*  
*carbamazepine ext-rel*  
*carbidopa-levodopa*  
*carbidopa-levodopa ext-rel*  
*carbidopa-levodopa-*  
*entacapone*  
*carvedilol*  
*cefdinir*  
*cefprozil*  
*cefuroxime axetil*  
*celecoxib*  
*cephalexin*  
CERDELGA  
CEREZYME  
CETROTIDE  
*cholestyramine*  
CIALIS  
*ciclopirox*  
CILOXAN OINTMENT  
CIPRODEX  
*ciprofloxacin*  
*ciprofloxacin ext-rel*  
*citalopram*  
CITRANATAL  
*clarithromycin*  
*clarithromycin ext-rel*  
CLIMARA PRO  
*clindamycin*  
*clindamycin solution*  
*clindamycin-benzoyl*  
*peroxide*  
*clobetasol cream, foam, gel,*  
*lotion, ointment, shampoo*  
*clocortolone*  
*clopidogrel*  
*clotrimazole*  
*clozapine*  
*codeine-acetaminophen*  
*colchicine tablet*  
COLCRYS  
COMBIGAN  
COMBIPATCH  
COMBIVENT RESPIMAT

COMPLERA  
CONTRAVE  
COPAXONE 40 MG  
COREG CR  
CORLANOR  
CORTIFOAM  
COSENTYX  
CREON  
CRINONE  
*cromolyn sodium*  
*cyclobenzaprine*

**D**

DALIRESP  
*darifenacin ext-rel*  
DESCOVY  
*desonide*  
*desoximetasone*  
*desvenlafaxine ext-rel*  
*dexamethasone*  
DEXCOM CONTINUOUS  
GLUCOSE  
MONITORING SYSTEM  
DEXILANT  
*diazepam rectal gel*  
DICLEGIS  
*diclofenac*  
*diclofenac sodium*  
*diclofenac sodium solution*  
*diclofenac sodium-*  
*misoprostol*  
*dicloxacillin*  
DIFFERIN  
DIFICID  
*digoxin*  
*diltiazem ext-rel*<sup>3</sup>

dipyridamole ext-rel-aspirin  
divalproex sodium  
divalproex sodium ext-rel  
DIVIGEL  
donepezil  
dorzolamide  
dorzolamide-timolol  
doxazosin  
doxycycline hyclate  
dronabinol  
DUAVEE  
duloxetine  
DUPIXENT  
DUREZOL  
dutasteride  
dutasteride-tamsulosin  
DYMISTA

## E

econazole  
eletriptan  
ELIDEL  
ELIGARD  
ELIQUIS  
EMVERM  
ENBREL  
ENDOMETRIN  
entacapone  
ENTRESTO  
EPCLUSA  
EPIDUO  
epinephrine auto-injector  
EPIPEN  
EPIPEN JR  
EPISIL  
eprosartan  
ergotamine-caffeine  
erythromycin  
erythromycin solution  
erythromycin-benzoyl  
peroxide  
erythromycins  
ESBRIET  
escitalopram  
esomeprazole  
ESTRACE CREAM  
estradiol  
estradiol-norethindrone  
estropipate  
eszopiclone  
ethinyl estradiol-  
drospirenone  
ethinyl estradiol-  
levonorgestrel  
ethinyl estradiol-  
norelgestromin  
ethinyl estradiol-  
norethindrone acetate  
ethinyl estradiol-norgestimate  
ethosuximide  
EVAMIST  
EVOTAZ  
ezetimibe  
ezetimibe-simvastatin

## F

FARXIGA  
fenofibrate

fenofibric acid  
fentanyl transdermal  
fentanyl transmucosal  
lozenge  
FENTORA  
FINACEA  
finasteride  
FLAREX  
FLOVENT DISKUS  
FLOVENT HFA  
fluconazole  
flunisolide  
fluocinonide  
fluorouracil cream 5%  
fluorouracil solution  
fluoxetine  
FLUOXETINE 60 MG  
fluticasone  
fluvastatin  
FML FORTE  
FML S.O.P.  
FORTEO  
fosinopril  
fosinopril-hydrochlorothiazide  
furosemide  
FYCOMPA

## G

gabapentin  
galantamine  
galantamine ext-rel  
GEL-ONE  
GELSYN-3  
gentamicin  
GENVOYA  
GILENYA  
glatiramer  
glimepiride  
glipizide  
glipizide ext-rel  
glipizide-metformin  
GLUCAGEN HYPOKIT  
GLUCAGON  
EMERGENCY KIT  
GONAL-F  
GRALISE  
granisetron  
GRASTEK  
guanfacine ext-rel

## H

HARVONI  
HUMATROPE  
HUMIRA  
HUMULIN R U-500  
hydrochlorothiazide  
hydrocodone-acetaminophen  
hydrocortisone  
hydrocortisone butyrate  
hydrocortisone enema  
hydromorphone  
hydromorphone ext-rel  
HYSINGLA ER

## I

ibandronate  
IBRANCE  
ILEVRO

imatinib mesylate  
imiquimod  
INCRUSE ELLIPTA  
INVOKAMET  
INVOKAMET XR  
INVOKANA  
ipratropium  
inhalation solution  
ipratropium-albuterol  
inhalation solution  
irbesartan  
irbesartan-  
hydrochlorothiazide  
IRESSA  
ISENTRESS  
itraconazole  
ivermectin

## J

JANUMET  
JANUMET XR  
JANUVIA  
JENTADUETO  
JENTADUETO XR  
JUBLIA  
JUXTAPID

## K

ketoconazole  
ketorolac  
KEVZARA  
KISQALI  
KISQALI FEMARA  
CO-PACK  
KOGENATE FS  
KOVALTRY

## L

lactulose  
lamivudine  
lamotrigine  
lamotrigine ext-rel  
lansoprazole  
LASTACAPT  
latanoprost  
LATUDA  
LETAIRIS  
levabuterol tartrate  
CFC-free aerosol  
LEVEMIR  
levetiracetam  
levetiracetam ext-rel  
levocarnitine  
levofloxacin  
levothyroxine  
LIALDA  
LINZESS  
lisinopril  
lisinopril-hydrochlorothiazide  
LO LOESTRIN FE  
losartan  
losartan-hydrochlorothiazide  
LOTRONEX  
lovastatin  
LUMIGAN  
LUPRON DEPOT  
LUZU  
LYRICA

## M

MAXIDEX  
meclizine  
medroxyprogesterone  
megestrol acetate  
meloxicam  
memantine  
mesalamine rectal  
suspension  
metformin  
metformin ext-rel  
methadone  
methoxsalen  
methylphenidate  
methylphenidate ext-rel  
methylprednisolone  
metoclopramide  
metolazone  
metoprolol succinate ext-rel  
metoprolol tartrate  
metronidazole  
MINASTRIN 24 FE  
MINIVELLE  
minocycline  
MIRAPEX ER  
mirtazapine  
mometasone  
montelukast  
morphine  
morphine ext-rel  
morphine suppository  
MOVANTI  
MOXEZA  
moxifloxacin  
MUGARD  
MULTAQ  
MUSE  
MYRBETRIQ

## N

nadolol  
NAFTIN  
naloxone injection  
NAMENDA XR  
NAMZARIC  
naproxen  
naratriptan  
NARCAN NASAL SPRAY  
NATAZIA  
nateglinide  
neomycin-polymyxin B-  
bacitracin-hydrocortisone  
neomycin-polymyxin B-  
dexamethasone  
NEUPRO  
NEVANAC  
niacin ext-rel  
nifedipine ext-rel  
nitrofurantoin  
nitroglycerin lingual spray  
nitroglycerin sublingual  
NORDITROPIN  
NORVIR  
NOVOEIGHT  
NOVOLIN 70/30  
NOVOLIN N  
NOVOLIN R  
NOVOLOG

NOVOLOG MIX 70/30  
NUCYNTA  
NUCYNTA ER  
NUEDEXTA  
NUVARING  
NUWIQ  
nystatin

## O

ODEFSEY  
OFEV  
ofloxacin  
olanzapine  
olmesartan  
olmesartan-amlodipine-  
hydrochlorothiazide  
olmesartan-  
hydrochlorothiazide  
olopatadine  
omega-3 acid ethyl esters  
omeprazole  
ondansetron  
ONETOUCH ULTRA  
STRIPS AND KITS 4  
ONETOUCH VERIO  
STRIPS AND KITS 4  
ONZETRA XSAIL  
OPSUMIT  
ORACEA  
ORALAIR  
ORENITRAM  
OSPHENA  
OTEZLA  
OVIDREL  
oxcarbazepine  
OXTELLAR XR  
oxybutynin  
oxybutynin ext-rel  
oxycodone  
oxycodone-acetaminophen  
OXYCONTIN

## P

pantoprazole  
paroxetine  
paroxetine ext-rel  
PAZEO  
peg 3350-electrolytes  
penicillin VK  
PENTASA  
PERFORMIST  
phenobarbital  
phenytoin  
phenytoin sodium extended  
PHOSLYRA  
PICATO  
pindolol  
pioglitazone  
pioglitazone-glimepiride  
pioglitazone-metformin  
potassium chloride liquid  
PRALUENT  
pramipexole  
prasugrel  
pravastatin  
PRED MILD  
prednisolone acetate 1%  
prednisolone solution



prednisone  
 PREMARIN  
 PREMARIN CREAM  
 PREMPHASE  
 PREMPRO  
 prenatal vitamins  
 PREZCOBIX  
 PREZISTA  
 primidone  
 PROAIR HFA  
 PROAIR RESPICLICK  
 probenecid  
 prochlorperazine  
 PROCRT  
 PROCTOFOAM-HC  
 progesterone, micronized  
 PROLIA  
 promethazine  
 propranolol  
 propranolol ext-rel  
 PULMICORT FLEXHALER  
 PYLERA

**Q**  
 QTERN  
 quetiapine  
 QUILLIVANT XR  
 quinapril  
 quinapril-hydrochlorothiazide  
 QVAR

**R**  
 RAGWITEK  
 raloxifene  
 ramipril  
 RANEXA  
 ranitidine  
 RAPAFLO  
 RASUVO  
 REBIF  
 RELENZA  
 RENVELA  
 repaglinide  
 REPATHA

RESTASIS  
 RETIN-A MICRO  
 REYATAZ  
 ribavirin  
 risedronate  
 risperidone  
 rivastigmine  
 rivastigmine transdermal  
 rizatriptan  
 ropinirole  
 ropinirole ext-rel  
 rosuvastatin  
 RUCONEST  
 RYDAPT

**S**  
 SAFYRAL  
 SANCUSO  
 SAVELLA  
 SAXENDA  
 selegiline  
 SEREVENT  
 sertraline  
 sildenafil  
 SILENOR  
 SIMBRINZA  
 simvastatin  
 SIVEXTRO  
 SOLIQUA  
 SOMATULINE DEPOT  
 SOMAVERT  
 SOOLANTRA  
 sotalol  
 SPIRIVA  
 spironolactone-  
 hydrochlorothiazide  
 SPRYCEL  
 STELARA  
 SUBCUTANEOUS  
 STIOLTO RESPIMAT  
 STRIBILD  
 STRIVERDI RESPIMAT  
 SUBOXONE FILM  
 SUBSYS

sulfacetamide  
 sulfamethoxazole-  
 trimethoprim  
 sulfasalazine  
 sulfasalazine delayed-rel  
 sumatriptan  
 SUPARTZ FX  
 SUPRAX  
 SUPREP  
 SYMBICORT  
 SYMLINPEN  
 SYNTHROID

**T**  
 tacrolimus  
 TAMIFLU  
 tamsulosin  
 TAZORAC  
 TECFIDERA  
 TEKTURNA  
 TEKTURNA HCT  
 telmisartan  
 telmisartan-  
 hydrochlorothiazide  
 terazosin  
 terbinafine tablet  
 testosterone gel 2%  
 testosterone solution  
 tetrabenazine  
 tetracycline  
 tiagabine  
 timolol maleate solution  
 TIVICAY  
 TOBRADEX OINTMENT  
 TOBRADEX ST  
 tobramycin  
 tobramycin  
 inhalation solution  
 tobramycin-dexamethasone  
 tolterodine  
 tolterodine ext-rel  
 topiramate  
 toseamide  
 TOVIAZ

TRACLEER  
 TRADJENTA  
 tramadol  
 tramadol ext-rel  
 TRAVATAN Z  
 trazodone  
 TRESIBA  
 tretinoin  
 TREXIMET  
 triamcinolone  
 triamterene-  
 hydrochlorothiazide  
 trimethobenzamide  
 TRINTELLIX  
 TRIUMEQ  
 TROKENDI XR  
 trospium  
 trospium ext-rel  
 TRULICITY  
 TRUVADA  
 TYMLOS  
 TYSABRI

**U**  
 UCERIS  
 ULORIC  
 UPTRAVI

**V**  
 valacyclovir  
 valganciclovir  
 valproic acid  
 valsartan  
 valsartan-hydrochlorothiazide  
 VARUBI  
 VASCEPA  
 VELPHORO  
 VELLASSA  
 VEMLIDY  
 venlafaxine  
 venlafaxine ext-rel capsule  
 verapamil ext-rel  
 VESICARE  
 VIBERZI

VICTOZA  
 VIIBRYD  
 VIMPAT  
 VIOKACE  
 VISCO-3  
 VISTOGARD  
 VOLTAREN GEL  
 VOSEVI 2  
 VRAYLAR  
 VYVANSE

**W**  
 warfarin  
 WELCHOL

**X**  
 XARELTO  
 XIFAXAN 550 MG  
 XIGDUO XR  
 XIIDRA  
 XTANDI

**Z**  
 zafirlukast  
 ZARXIO  
 ZEMBRACE SYMTOUCH  
 ZENPEP  
 zileuton ext-rel  
 ziprasidone  
 zolmitriptan  
 zolpidem  
 zolpidem ext-rel  
 zolpidem sublingual  
 ZOMIG NASAL SPRAY  
 zonisamide  
 ZUBSOLV  
 ZYCLARA  
 ZYLET  
 ZYTIGA

## PREFERRED OPTIONS LIST

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ABILIFY	aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, VRAYLAR	ALORA	estradiol, DIVIGEL, EVAMIST, MINIVELLE
ACCU-CHEK STRIPS AND KITS 6	ONETOUCH ULTRA STRIPS AND KITS 4, ONETOUCH VERIO STRIPS AND KITS 4	ALTOPREV	atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
ACTEMRA	ENBREL, HUMIRA, KEVZARA	ALVESCO	ASMANEX, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR
ACTOS	pioglitazone	AMRIX	cyclobenzaprine
ADDERALL XR	amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, APTENSIO XR, QUILLIVANT XR, VYVANSE	ANDROGEL 1%	testosterone gel 2%, testosterone solution, ANDRODERM, ANDROGEL 1.62%
AEROSPAN	ASMANEX, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR	ANGELIQ	estradiol-norethindrone, PREMPHASE, PREMPRO
ALCORTIN A	desonide, hydrocortisone	ANTARA	fenofibrate, fenofibric acid
ALLISON MEDICAL INSULIN SYRINGES 7	BD ULTRAFINE INSULIN SYRINGES	APEXICON E	desoximetasone, fluocinonide
ALOQUIN	desonide, hydrocortisone	APIDRA	NOVOLOG
		ARMOUR THYROID	levothyroxine, SYNTHROID

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit [www.caremark.com](http://www.caremark.com) or contact a CVS Caremark Customer Care representative.



DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
ARTHROTEC	<i>celecoxib; diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>	CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, ZYCLARA</i>
ASACOL HD	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</i>	CARDIZEM	<i>diltiazem ext-rel (except generic CARDIZEM LA)</i>
ASCENSIA STRIPS AND KITS 6	ONETOUCH ULTRA STRIPS AND KITS 4, ONETOUCH VERIO STRIPS AND KITS 4	CARDIZEM CD	<i>diltiazem ext-rel (except generic CARDIZEM LA)</i>
ATACAND, ATACAND HCT	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	CARDIZEM LA (and its generics)	<i>diltiazem ext-rel (except generic CARDIZEM LA)</i>
ATROVENT HFA	<i>ipratropium inhalation solution, INCRUSE ELLIPTA, SPIRIVA</i>	CARNITOR	<i>levocarnitine</i>
AXERT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>	CARNITOR SF	<i>levocarnitine</i>
AZELEX	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, ATRALIN, BENZACLIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC</i>	CIMZIA	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS
BECONASE AQ	<i>flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA</i>	CLINDAGEL	<i>erythromycin solution</i>
BENICAR, BENICAR HCT	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	<i>clobetasol spray</i>	<i>clobetasol foam</i>
BENSAL HP	<i>desonide, hydrocortisone</i>	CLOBEX SPRAY	<i>clobetasol foam</i>
BENZAC AC, BENZAC W	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, ATRALIN, BENZACLIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC</i>	COLAZAL	<i>balsalazide</i>
BENZIQ	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, ATRALIN, BENZACLIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC</i>	CONTOUR NEXT STRIPS AND KITS 6	ONETOUCH ULTRA STRIPS AND KITS 4, ONETOUCH VERIO STRIPS AND KITS 4
BETAPACE, BETAPACE AF	<i>sotalol</i>	CONTOUR STRIPS AND KITS 6	ONETOUCH ULTRA STRIPS AND KITS 4, ONETOUCH VERIO STRIPS AND KITS 4
BREEZE 2 STRIPS AND KITS 6	ONETOUCH ULTRA STRIPS AND KITS 4, ONETOUCH VERIO STRIPS AND KITS 4	CRESTOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>bitalbital-acetaminophen-caffeine capsule</i>	<i>eletriptan, ergolamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>	CYMBALTA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
BYDUREON	TRULICITY, VICTOZA	DAKLINZA	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
BYETTA	TRULICITY, VICTOZA	DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA</i>
CAFERGOT	<i>eletriptan, ergolamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>	DETROL LA	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i>
		DEXPAK	<i>dexamethasone, methylprednisolone, prednisolone solution, prednisone</i>
		DIOVAN, DIOVAN HCT	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>
		DORAL	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
		DORYX	<i>doxycycline hyclate</i>
		DORYX MPC	<i>doxycycline hyclate</i>
		DULERA	ADVAIR, BREO ELLIPTA, SYMBICORT
		DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
		DYRENIUM	<i>amiloride</i>
		EDARBI, EDARBYCLOR	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>

DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
EDLUAR	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>	HELIXATE FS	KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
E.E.S. GRANULES	<i>erythromycins</i>	HORIZANT	<i>gabapentin</i> , GRALISE
EFFEXOR XR	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	HUMALOG	NOVOLOG
ELELYSO	CERDELGA, CEREZYME	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
ENABLEX	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i>	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
ENTYVIO	HUMIRA, STELARA SUBCUTANEOUS	HUMULIN 70/30	NOVOLIN 70/30
ERYPED	<i>erythromycins</i>	HUMULIN N	NOVOLIN N
ESTRING	<i>estradiol, ESTRACE CREAM, PREMARIN CREAM</i>	HUMULIN R	NOVOLIN R
EUFLEXXA	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3	HYALGAN	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
EVZIO	<i>naloxone injection</i> , NARCAN NASAL SPRAY	INDOCIN	<i>celecoxib, diclofenac sodium, meloxicam, naproxen</i>
EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>	INNOPRAN XL	<i>atenolol, carvedilol, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC, COREG CR</i>
EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>	INTERMEZZO	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
EXTAVIA	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA, TYSABRI	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, APTENSIO XR, QUILLIVANT XR, VYVANSE</i>
FANAPT	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, VRAYLAR</i>	ISTALOL	<i>timolol maleate solution</i> , BETIMOL
FEMRING	<i>estradiol, ESTRACE CREAM, PREMARIN CREAM</i>	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLO</i>
FETZIMA	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>	JARDIANCE	FARXIGA, INVOKANA
FIORICET CAPSULE	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>	KAZANO	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
FIRST TESTOSTERONE	<i>testosterone gel 2%, testosterone solution, ANDRODERM, ANDROGEL 1.62%</i>	KINERET	ENBREL, HUMIRA, KEVZARA
<i>fluorouracil cream 0.5%</i>	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, ZYCLARA</i>	KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
FOLLISTIM AQ	GONAL-F	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
FORTAMET	<i>metformin, metformin ext-rel</i>	LANTUS	BASAGLAR, LEVEMIR, TRESIBA
FORTESTA	<i>testosterone gel 2%, testosterone solution, ANDRODERM, ANDROGEL 1.62%</i>	LESCOL XL	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
FOSAMAX PLUS D	<i>alendronate, ibandronate, risedronate</i>	LIPITOR	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
FOSRENOL	<i>calcium acetate, PHOSLYRA, RENVELA, VELPHORO</i>	LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
FREESTYLE STRIPS AND KITS <sup>6</sup>	ONETOUCH ULTRA STRIPS AND KITS <sup>4</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>4</sup>	LUNESTA	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
FROVA	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>	MACRODANTIN	<i>nitrofurantoin</i>
GENOTROPIN	HUMATROPE, NORDITROPIN	<i>Matzim LA</i>	<i>diltiazem ext-rel (except generic CARDIZEM LA)</i>
GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>
GLUMETZA	<i>metformin, metformin ext-rel</i>	MENEST	<i>estradiol, estropipate, PREMARIN</i>
		MENOSTAR	<i>estradiol</i>
		MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS</i>

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit [www.caremark.com](http://www.caremark.com) or contact a CVS Caremark Customer Care representative.



DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
MIACALCIN NASAL SPRAY	<i>calcitonin-salmon</i>	OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i>
MICARDIS, MICARDIS HCT	<i>candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, olmesartan, olmesartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide</i>	PANCREAZE	CREON, VIOKACE, ZENPEP
MILLIPRED	<i>dexamethasone, methylprednisolone, prednisolone solution, prednisone</i>	PENNSAID	<i>diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>
MINOCIN	<i>minocycline</i>	PERRIGO NEEDLES <sup>7</sup>	BD ULTRAFINE NEEDLES
MONODOX	<i>doxycycline hyclate</i>	PERTZYE	CREON, VIOKACE, ZENPEP
MONOVISC	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3	PEXEVA	<i>citalopram, escitalopram, fluoxetine, paroxetine, paroxetine ext-rel, sertraline, FLUOXETINE 60 MG, TRINTELLIX, VIIBRYD</i>
NAPRELAN	<i>celecoxib, diclofenac sodium, meloxicam, naproxen</i>	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
NATESTO	<i>testosterone gel 2%, testosterone solution, ANDRODERM, ANDROGEL 1.62%</i>	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
NESINA	JANUVIA, TRADJENTA	PRECISION XTRA STRIPS AND KITS <sup>6</sup>	ONETOUCH ULTRA STRIPS AND KITS <sup>4</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>4</sup>
NEUPOGEN	ZARXIO	PRED FORTE	<i>dexamethasone, prednisolone acetate 1%, DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
NEXIUM	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>	PREFERAOB	<i>generic prenatal vitamins, CITRANATAL</i>
NILANDRON	<i>bicalutamide, XTANDI, ZYTIGA</i>	PREFEST	<i>estradiol-norethindrone, PREMPHASE, PREMPRO</i>
NITROMIST	<i>nitroglycerin lingual spray, nitroglycerin sublingual</i>	PRENATAL PLUS	<i>generic prenatal vitamins, CITRANATAL</i>
NORITATE	<i>metronidazole, FINACEA, SOOLANTRA</i>	PREVACID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
NORVASC	<i>amlodipine</i>	PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
NOVACORT	<i>desonide, hydrocortisone</i>	PROTONIX	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
NOVO NORDISK NEEDLES <sup>7</sup>	BD ULTRAFINE NEEDLES	PROTOPIC	<i>tacrolimus, ELIDEL</i>
NUTROPIN AQ	HUMATROPE, NORDITROPIN	PROVENTIL HFA	<i>levalbuterol tartrate CFC-free aerosol, PROAIR HFA, PROAIR RESPICLICK</i>
NUVIGIL	<i>armodafinil</i>	QNASL	<i>flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA</i>
OLEPTRO	<i>trazodone</i>	QSYMIA	BELVIQ, BELVIQ XR, CONTRAVE, SAXENDA
OLUX-E	<i>clobetasol foam</i>	RAYOS	<i>dexamethasone, methylprednisolone, prednisolone solution, prednisone</i>
OLYSIO	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)	RELION INSULIN	NOVOLIN INSULIN
OMNARIS	<i>flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA</i>	RELISTOR	MOVANTIK
OMNITROPE	HUMATROPE, NORDITROPIN	RHINOCORT AQUA	<i>flunisolide, fluticasone, mometasone, triamcinolone, DYMISTA</i>
ONGLYZA	JANUVIA, TRADJENTA	RIMSO-50	Consult doctor
ORENCIA CLICKJECT	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS	RIOMET	<i>metformin, metformin ext-rel</i>
ORENCIA INTRAVENOUS	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS	ROZEREM	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
ORENCIA SUBCUTANEOUS	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS	SAIZEN	HUMATROPE, NORDITROPIN
ORTHOVISC	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3	SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
OSENI	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR	SIMPONI	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS
OWEN MUMFORD NEEDLES <sup>7</sup>	BD ULTRAFINE NEEDLES	SPRIX	<i>diclofenac sodium, meloxicam, naproxen</i>
		STENDRA	CIALIS

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit [www.caremark.com](http://www.caremark.com) or contact a CVS Caremark Customer Care representative.



DRUG NAME(S)	PREFERRED OPTION(S)*	DRUG NAME(S)	PREFERRED OPTION(S)*
STRIANT	<i>testosterone gel 2%, testosterone solution</i> , ANDRODERM, ANDROGEL 1.62%	VANOXIDE-HC	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin</i> , ACANYA, ATRALIN, BENZACLIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC
SUMAVEL DOSEPRO	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> , ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY	<i>venlafaxine ext-rel tablet</i> (except 225 mg)	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
SURE-TEST STRIPS AND KITS <sup>6</sup>	ONETOUCH ULTRA STRIPS AND KITS <sup>4</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>4</sup>	VENLAFAXINE EXT-REL TABLET (except 225 MG)	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
SYNJARDY	INVOKAMET, INVOKAMET XR, XIGDUO XR	VENTOLIN HFA	<i>levalbuterol tartrate CFC-free aerosol</i> , PROAIR HFA, PROAIR RESPICLICK
SYNJARDY XR	INVOKAMET, INVOKAMET XR, XIGDUO XR	VIAGRA	CIALIS
SYNVISC, SYNVISC-ONE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3	VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA SUBCUTANEOUS	VIEKIRA XR	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
TANZEUM	TRULICITY, VICTOZA	VITAFOL-ONE	<i>generic prenatal vitamins</i> , CITRANATAL
TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL	VOGELXO	<i>testosterone gel 2%, testosterone solution</i> , ANDRODERM, ANDROGEL 1.62%
TECHNIVIE	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)	XELJANZ	ENBREL, HUMIRA, KEVZARA
TESTIM	<i>testosterone gel 2%, testosterone solution</i> , ANDRODERM, ANDROGEL 1.62%	XELJANZ XR	ENBREL, HUMIRA, KEVZARA
<i>testosterone gel 1% <sup>8</sup></i>	<i>testosterone gel 2%, testosterone solution</i> , ANDRODERM, ANDROGEL 1.62%	XENAZINE	<i>tetrabenazine</i>
TOBI	<i>tobramycin inhalation solution</i> , BETHKIS	XOPENEX HFA	<i>levalbuterol tartrate CFC-free aerosol</i> , PROAIR HFA, PROAIR RESPICLICK
TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS	ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole</i> , DEXILANT
TOUJEO	BASAGLAR, LEVEMIR, TRESIBA	ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
TRICOR	<i>fenofibrate, fenofibric acid</i>	ZETIA	<i>ezetimibe</i>
TRIGLIDE	<i>fenofibrate, fenofibric acid</i>	ZETONNA	<i>flunisolide, fluticasone, mometasone, triamcinolone</i> , DYMISTA
TRILIPIX	<i>fenofibrate, fenofibric acid</i>	ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, tiagabine, topiramate, valproic acid, zonisamide</i> , FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT
TRIVIDIA INSULIN SYRINGES <sup>7</sup>	BD ULTRAFINE INSULIN SYRINGES	ZYFLO, ZYFLO CR	<i>montelukast, zafirlukast, zileuton ext-rel</i>
TRUETEST STRIPS AND KITS <sup>6</sup>	ONETOUCH ULTRA STRIPS AND KITS <sup>4</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>4</sup>		
TRUETRACK STRIPS AND KITS <sup>6</sup>	ONETOUCH ULTRA STRIPS AND KITS <sup>4</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>4</sup>		
TUDORZA	INCRUSE ELLIPTA, SPIRIVA		
ULTIMED INSULIN SYRINGES <sup>7</sup>	BD ULTRAFINE INSULIN SYRINGES		
ULTIMED NEEDLES <sup>7</sup>	BD ULTRAFINE NEEDLES		
UROXATRAL	<i>alfuzosin ext-rel, doxazosin, tamsulosin, terazosin</i> , RAPAFL0		
VALCYTE	<i>valganciclovir</i>		
VALTREX	<i>acyclovir, valacyclovir</i>		

You may be responsible for the full cost of certain non-formulary products that are removed from coverage. Please check with your plan sponsor for more information.

**FOR YOUR INFORMATION: Generics should be considered the first line of prescribing.** This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage. New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval. In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market. Specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. The member's prescription benefit plan may have a different copay<sup>1</sup> for specific products on the list. Unless specifically indicated, drug list products will include all dosage forms. This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. Generics listed in therapeutic categories are for representational purposes only. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to [www.caremark.com](http://www.caremark.com) to check coverage and copay<sup>1</sup> information for a specific medicine.

An exception process may exist for specific clinical or regulatory circumstances that may require coverage of an excluded medication.

\* The preferred options in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.

§ Generics are available in this class and should be considered the first line of prescribing.

<sup>1</sup> Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

<sup>2</sup> For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

<sup>3</sup> Listing does not include generic CARDIZEM LA.

<sup>4</sup> A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-800-588-4456.

<sup>5</sup> Coverage may be altered or copay<sup>1</sup> amounts may vary based on the condition being treated (e.g. psoriasis).

<sup>6</sup> ONETOUCH brand test strips are the only preferred options.

<sup>7</sup> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>8</sup> Listing reflects the authorized generics for TESTIM and VOGELXO.

**Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.**

CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.

©2017 CVS Caremark. All rights reserved. 15045-1-010118

[www.caremark.com](http://www.caremark.com)

Your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document. For specific information, visit [www.caremark.com](http://www.caremark.com) or contact a CVS Caremark Customer Care representative.



## **APPENDIX B – EXCLUDED MEDICATIONS**

**Following is a list of medicines by drug class that are not included in the plan's formulary. If you use one of the drugs listed below and identified as Formulary Drug Formulary, you may be required to pay the full cost.**

# Formulary Drug Removals

Below is a list of medicines by drug class that have been removed from your plan's formulary. If you continue using one of the drugs listed below and identified as a Formulary Drug Removal, you may be required to pay the full cost.

If you are currently using one of the formulary drug removals, ask your doctor to choose one of the generic or brand formulary options listed below.

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Allergies</i> Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL RHINOCORT AQUA ZETONNA	<i>flunisolide spray, fluticasone spray, mometasone spray, triamcinolone spray, DYMISTA</i>
<i>Anticonvulsants</i>	ZONEGRAN	<i>carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, phenobarbital, phenytoin, phenytoin sodium extended, tiagabine, topiramate, valproic acid, zonisamide, FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT</i>
<i>Anti-infectives, Antibacterials</i> Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
<i>Anti-infectives, Antibacterials</i> Miscellaneous	MACRODANTIN	<i>nitrofurantoin</i>
<i>Anti-infectives, Antibacterials</i> Tetracyclines	MINOCIN	<i>minocycline</i>
	DORYX DORYX MPC MONODOX	<i>doxycycline hyclate</i>
<i>Anti-infectives, Antivirals</i> Cytomegalovirus *	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals</i> Hepatitis C *	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>1</sup>
	DAKLINZA OLYSIO TECHNIVIE VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals</i> Herpes *	VALTREX	<i>acyclovir, valacyclovir</i>
<i>Anti-inflammatory</i> Steroidal, Ophthalmic	PRED FORTE	<i>dexamethasone, prednisolone acetate 1%, DUREZOL, FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD</i>
<i>Antiobesity</i>	QSYMIA	BELVIQ, BELVIQ XR, CONTRAVE, SAXENDA
<i>Asthma *</i> Beta Agonists, Short-Acting	PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>levalbuterol tartrate CFC-free aerosol, PROAIR HFA, PROAIR RESPICLICK</i>
<i>Asthma *</i> Steroid Inhalants	AEROSPAN ALVESCO	ASMANEX, FLOVENT, PULMICORT FLEXHALER, QVAR
<i>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) *</i> Steroid / Beta Agonist Combinations	DULERA	ADVAIR, BREO ELLIPTA, SYMBICORT



Category Drug Class	Formulary Drug Removals	Formulary Options
Attention Deficit Hyperactivity Disorder *	ADDERALL XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel, methylphenidate ext-rel, APTENSIO XR, QUILLIVANT XR, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel, atomoxetine, guanfacine ext-rel, methylphenidate ext-rel, APTENSIO XR, QUILLIVANT XR, VYVANSE</i>
Autoimmune Conditions	ACTEMRA KINERET XELJANZ XELJANZ XR	ENBREL, HUMIRA, KEVZARA
	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI	COSENTYX, ENBREL, HUMIRA, KEVZARA, OTEZLA, STELARA SUBCUTANEOUS
	ENTYVIO	HUMIRA, STELARA SUBCUTANEOUS
	TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, STELARA SUBCUTANEOUS
Cancer Chronic Myelogenous Leukemia *	GLEEVEC TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
Cancer Prostate * Hormonal Agents, Antiandrogens	NILANDRON	<i>bicalutamide, XTANDI, ZYTIGA</i>
Cardiovascular Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
Cardiovascular Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
Cardiovascular Antilipemics Fibrates	TRICOR	<i>fenofibrate, fenofibric acid</i>
Cardiovascular Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations <sup>2</sup>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
Cardiovascular Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
Cardiovascular Diuretics	DYRENIUM	<i>amiloride</i>
Carnitine Deficiency	CARNITOR CARNITOR SF	<i>levocarnitine</i>
Chronic Obstructive Pulmonary Disease (COPD) * Anticholinergics	TUDORZA	INCRUSE ELLIPTA, SPIRIVA
Cystic Fibrosis * Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Depression</i> * Antidepressants, Selective Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA EFFEXOR XR VENLAFAXINE EXT-REL TABLET (except 225 MG)	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression</i> * Antidepressants, Miscellaneous Agents	OLEPTRO	<i>trazodone</i>
<i>Depression and/or Schizophrenia</i> * Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone, LATUDA, VRAYLAR</i>
<i>Dermatology</i> Acne *	VANOXIDE-HC	<i>adapalene, benzoyl peroxide, clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, ACANYA, ATRALIN, BENZACLIN, DIFFERIN, EPIDUO, RETIN-A MICRO, TAZORAC</i>
<i>Dermatology</i> Actinic Keratosis *	<i>fluorouracil cream 0.5%</i> CARAC	<i>fluorouracil cream 5%, fluorouracil solution, imiquimod, PICATO, ZYCLARA</i>
<i>Dermatology</i> Rosacea *	NORITATE	<i>metronidazole, FINACEA, SOOLANTRA</i>
<i>Dermatology</i> Skin Inflammation and Hives * Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	APEXICON E	<i>desoximetasone, fluocinonide</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A ALOQUIN BENSAL HP NOVACORT	<i>desonide, hydrocortisone</i>
<i>Diabetes</i> * Biguanides	FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel</i>
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA	JANUVIA, TRADJENTA
<i>Diabetes</i> * Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	KAZANO KOMBIGLYZE XR OSEN!	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
<i>Diabetes</i> * Injectable Incretin Mimetics	BYDUREON BYETTA TANZEUM	TRULICITY, VICTOZA
<i>Diabetes</i> * Insulins	APIDRA HUMALOG	NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 <sup>3</sup>	NOVOLIN 70/30 <sup>3</sup>
	HUMULIN N <sup>3</sup>	NOVOLIN N <sup>3</sup>
	HUMULIN R <sup>3</sup>	NOVOLIN R <sup>3</sup>
	NOTE: Humulin R U-500 concentrate will not be subject to removal and will continue to be covered.	

Category Drug Class	Formulary Drug Removals	Formulary Options
<i>Diabetes</i> * Long Acting Insulins	LANTUS TOUJEO	BASAGLAR, LEVEMIR, TRESIBA
<i>Diabetes</i> * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	JARDIANCE	FARXIGA, INVOKANA
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	SYNJARDY SYNJARDY XR	INVOKAMET, INVOKAMET XR, XIGDUO XR
<i>Diabetes</i> * Supplies, Needles <sup>4</sup>	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
<i>Diabetes</i> * Supplies, Syringes <sup>4</sup>	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES
<i>Diabetes</i> * Supplies, Test Strips and Kits <sup>5, 6</sup>	ACCU-CHEK STRIPS AND KITS BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ONETOUCH brand	ONETOUCH ULTRA STRIPS AND KITS <sup>5</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>5</sup>
<i>Erectile Dysfunction</i> * Phosphodiesterase Inhibitors	STENDRA VIAGRA	CIALIS
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F
<i>Gastrointestinal</i> Opioid-induced Constipation	RELISTOR	MOVANTIK
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	NEXIUM PREVACID PROTONIX ZEGERID	<i>esomeprazole, lansoprazole, omeprazole, pantoprazole, DEXILANT</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary</i> Interstitial Cystitis	RIMSO-50	Consult doctor
<i>Growth Hormones</i>	GENOTROPIN NUTROPIN AQ OMNITROPE SAIZEN	HUMATROPE, NORDITROPIN
<i>Hematologic</i> Anticoagulants (oral)	PRADAXA	<i>warfarin, ELIQUIS, XARELTO</i>
<i>Hematologic</i> Hemophilia	HELIXATE FS	KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ

Category Drug Class	Formulary Drug Removals	Formulary Options
Hematologic Neutropenia Colony Stimulating Factors	NEUPOGEN	ZARXIO
Hematologic Platelet Aggregation Inhibitors	PLAVIX	clopidogrel, prasugrel, BRILINTA
High Blood Pressure * Angiotensin II Receptor Antagonists	ATACAND BENICAR DIOVAN EDARBI	candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan
High Blood Pressure * Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR	candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	EXFORGE	amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan
High Blood Pressure * Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide
High Blood Pressure * Beta-blocker Combinations	DUTOPROL	metoprolol succinate ext-rel WITH hydrochlorothiazide
High Blood Pressure * Calcium Channel Blockers	NORVASC	amlodipine
	CARDIZEM CARDIZEM CD CARDIZEM LA (and its generics) Matzim LA	diltiazem ext-rel (except generic of CARDIZEM LA)
Huntington's Disease	XENAZINE	tetrabenazine
Inflammatory Bowel Disease (IBD) Ulcerative Colitis * Aminosalicylates	ASACOL HD DELZICOL	balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA
	COLAZAL	balsalazide
Kidney Disease * Phosphate Binders	FOSRENOL	calcium acetate, PHOSLYRA, RENVELA, VELPHORO
Multiple Sclerosis	EXTAVIA	glatiramer, AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA, TYSABRI
Musculoskeletal	AMRIX	cyclobenzaprine
Narcolepsy Wakefulness Promoters	NUVIGIL	armodafinil
Opioid Reversal	EVZIO	naloxone injection, NARCAN NASAL SPRAY
Osteoarthritis * Viscosupplements	EUFLEXXA HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
Osteoporosis *	MIACALCIN INJECTION	alendronate, calcitonin-salmon, ibandronate, risedronate, FORTEO, PROLIA, TYMLOS
	MIACALCIN NASAL SPRAY	calcitonin-salmon

<b>Category Drug Class</b>	<b>Formulary Drug Removals</b>	<b>Formulary Options</b>
<i>Overactive Bladder / Incontinence *</i> Urinary Antispasmodics	DETROL LA ENABLEX OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ, VESICARE</i>
<i>Pain Headache *</i>	<i>butalbital-acetaminophen-caffeine capsule</i> CAFERGOT FIORICET CAPSULE	<i>eletriptan, ergotamine-caffeine, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
	SUMAVEL DOSEPRO	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan, ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY</i>
<i>Pain Opioid Analgesics</i>	PRIMLEV	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen, NUCYNTA</i>
<i>Pain and Inflammation *</i> Corticosteroids	DEXPAK MILLIPRED RAYOS	<i>dexamethasone, methylprednisolone, prednisolone solution, prednisone</i>
<i>Pain and Inflammation *</i> Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, meloxicam or naproxen WITH esomeprazole, lansoprazole, omeprazole, pantoprazole or DEXILANT</i>
	PENNSAID	<i>diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen, VOLTAREN GEL</i>
	INDOCIN NAPRELAN	<i>celecoxib, diclofenac sodium, meloxicam, naproxen</i>
	SPRIX	<i>diclofenac sodium, meloxicam, naproxen</i>
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin, GRALISE</i>
<i>Prostate Condition Benign Prostatic Hyperplasia *</i>	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLO</i>
	UROXATRAL	<i>alfuzosin ext-rel, doxazosin, tamsulosin, terazosin, RAPAFLO</i>
<i>Sleep Disorder Hypnotics, Non-benzodiazepines</i>	INTERMEZZO LUNESTA ROZEREM	<i>eszopiclone, zolpidem, zolpidem ext-rel, zolpidem sublingual, BELSOMRA, SILENOR</i>
<i>Testosterone Replacement *</i> Androgens	<i>testosterone gel 1%<sup>7</sup></i> ANDROGEL 1% FORTESTA NATESTO TESTIM VOGELXO	<i>testosterone gel 2%, testosterone solution, ANDRODERM, ANDROGEL 1.62%</i>

<b>Category Drug Class</b>	<b>Formulary Options</b>
Autoimmune and Hepatitis C *	For some clients, an Indication Based Formulary will be utilized for products in these classes and may result in additional exclusions.
Drugs for infusion into spaces other than the blood	A drug which must be infused into a space other than the blood will generally be excluded from the prescription benefit.
Generics	Limited source generics may be evaluated when appropriate and potentially removed from the formulary.
Hepatitis C	As new products launch in this class, all existing products in the class will be re-evaluated to determine appropriate formulary placement and potentially excluded, added back to formulary or not listed.
Hyperinflation	On a quarterly basis, products with significant cost inflation that have clinically appropriate and more cost-effective alternatives may be evaluated and potentially removed from the formulary.
New-to-Market Agents <sup>8</sup>	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark® National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.
Specialty	As new specialty products launch, all existing products in the class will be re-evaluated to determine appropriate formulary placement and potentially excluded, added back to formulary or not listed.

The listed formulary options are subject to change.

## List of Formulary Drug Removals

<p>           ABILIFY            ACCU-CHEK STRIPS AND KITS <sup>6</sup>            ACTEMRA            ACTOS            ADDERALL XR            AEROSPAN            ALCORTIN A            ALLISON MEDICAL INSULIN SYRINGES <sup>4</sup>            ALOQUIN            ALTOPREV            ALVESCO            AMRIX            ANDROGEL 1%            APEXICON E            APIDRA            ARTHROTEC            ASACOL HD            ATACAND            ATACAND HCT            BECONASE AQ            BENICAR            BENICAR HCT            BENSAL HP            BETAPACE            BETAPACE AF            BREEZE 2 STRIPS AND KITS <sup>6</sup>  <i>butalbital-acetaminophen-caffeine capsule</i>            BYDUREON            BYETTA            CAFERGOT            CARAC            CARDIZEM            CARDIZEM CD            CARDIZEM LA (and its generics)            CARNITOR            CARNITOR SF            CIMZIA  <i>clobetasol spray</i>            CLOBEX SPRAY            COLAZAL            CONTOUR NEXT STRIPS AND KITS <sup>6</sup>            CONTOUR STRIPS AND KITS <sup>6</sup>            CRESTOR            CYMBALTA            DAKLINZA            DELZICOL            DETROL LA            DEXPAK            DIOVAN            DIOVAN HCT            DORYX            DORYX MPC            DULERA            DUTOPROL            DYRENIUM            EDARBI            EDARBYCLOR            E.E.S. GRANULES            EFFEXOR XR            ELELYSO            ENABLEX            ENTYVIO            ERYPED            EUFLEXXA         </p>	<p>           EVZIO            EXFORGE            EXFORGE HCT            EXTAVIA            FANAPT            FIORICET CAPSULE  <i>fluorouracil cream 0.5%</i>            FOLLISTIM AQ            FORTAMET            FORTESTA            FOSRENOL            FREESTYLE STRIPS AND KITS <sup>6</sup>            GENOTROPIN            GLEEVEC            GLUMETZA            HELIXATE FS            HORIZANT            HUMALOG            HUMALOG MIX 50/50            HUMALOG MIX 75/25            HUMULIN 70/30 <sup>3</sup>            HUMULIN N <sup>3</sup>            HUMULIN R <sup>3</sup>            HYALGAN            INDOCIN            INTERMEZZO            INTUNIV            JALYN            JARDIANCE            KAZANO            KINERET            KOMBIGLYZE XR            LANOXIN TABLET (125 MCG and 250 MCG only)            LANTUS            LESCOL XL            LIPITOR            LIVALO            LUNESTA            MACRODANTIN  <i>Matzim LA</i>            MAVYRET            MIACALCIN INJECTION            MIACALCIN NASAL SPRAY            MILLIPRED            MINOCIN            MONODOX            MONOVISC            NAPRELAN            NATESTO            NESINA            NEUPOGEN            NEXIUM            NILANDRON            NORITATE            NORVASC            NOVACORT            NOVO NORDISK NEEDLES <sup>4</sup>            NUTROPIN AQ            NUVIGIL            OLEPTRO            OLUX-E            OLYSIO            OMNARIS            OMNITROPE            ONGLYZA         </p>	<p>           ORENCIA CLICKJECT            ORENCIA INTRAVENOUS            ORENCIA SUBCUTANEOUS            ORTHOVISC            OSENI            OWEN MUMFORD NEEDLES <sup>4</sup>            OXYTROL            PENNSAID            PERRIGO NEEDLES <sup>4</sup>            PLAVIX            PRADAXA            PRED FORTE            PREVACID            PRIMLEV            PROTONIX            PROVENTIL HFA            QNASL            QSYMIA            RAYOS            RELISTOR            RHINOCORT AQUA            RIMSO-50            RIOMET            ROZEREM            SAIZEN            SEROQUEL XR            SIMPONI            SPRIX            STENDRA            SUMAVEL DOSEPRO            SYNJARDY            SYNJARDY XR            SYNVISC            SYNVISC-ONE            TALTZ            TANZEUM            TASIGNA            TECHNIVIE            TESTIM  <i>testosterone gel 1% <sup>7</sup></i>            TOBI            TOBI PODHALER            TOUJEO            TRICOR            TRIVIDIA INSULIN SYRINGES <sup>4</sup>            TUDORZA            ULTIMED INSULIN SYRINGES <sup>4</sup>            ULTIMED NEEDLES <sup>4</sup>            UROXATRAL            VALCYTE            VALTREX            VANOXIDE-HC  <i>venlafaxine ext-rel tablet (except 225 mg)</i>            VENLAFAXINE EXT-REL TABLET (except 225 MG)            VENTOLIN HFA            VIAGRA            VIEKIRA PAK            VOGELXO            XELJANZ            XELJANZ XR            XENAZINE            XOPENEX HFA            ZEGERID            ZEPATIER            ZETIA            ZETONNA            ZONEGRAN         </p>
--	--	---

This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug options. Log in to [www.caremark.com](http://www.caremark.com) to check coverage and copay information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change. There may be additional plan restrictions. Please consult your plan for further information.

Subject to applicable laws and regulations.

\* This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

<sup>1</sup> For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

<sup>2</sup> If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.

<sup>3</sup> Rebranded or private label formulations are not covered (i.e., RELION).

<sup>4</sup> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>5</sup> A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-800-588-4456.

<sup>6</sup> ONETOUCH brand test strips are the only preferred options.

<sup>7</sup> Listing reflects the authorized generics for TESTIM and VOGELXO.

<sup>8</sup> An exception process may exist for specific clinical or regulatory circumstances that require coverage of an excluded medication.

**Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.**

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the doctor.