



Champaign County 2019 Prescription Drug Benefits

Plan Benefits

This program utilizes a three-tier copay design for generic drugs, preferred brand drugs and non-preferred brand drugs. The generic and preferred brand drugs are on a formulary or preferred drug list. Your doctor should consult the Express Scripts Performance Drug List (formulary) before prescribing drugs to you or your dependents if you want your costs to be as low as possible. A copy of the Formulary List was included with your member materials or is available online at www.express-scripts.com. You pay the **lowest copay** when a generic drug is dispensed for your prescription. A generic drug is labeled with the medication's chemical name and generally has a brand-name equivalent. The U.S. Food and Drug Administration (FDA) requires generic drugs to have the same active chemical composition, same potency, and be offered in the same form as their brand-name equivalents. Preferred brand-name drugs generally have no generic equivalent and are provided at slightly higher copays than generic drugs. Non-preferred brand-name drugs and some additional brand medications are covered at the highest tier copay.

This program also includes a generic incentive feature that means you pay more for your prescription if a generic alternative is available and you still choose to have the brand-name drug dispensed. You will pay the applicable copay plus the difference in cost between the generic and brand-name drug.

Type of Prescription Drug	Days Supply Limit	Copayment
Retail Program: Generic Drugs Preferred Brand Drugs Non-Preferred Brand Drugs	30-day supply per Rx 30-day supply per Rx 30-day supply per Rx	\$10 per Rx \$25 per Rx \$40 per Rx
Mail Order Program: Generic Drugs Preferred Brand Drugs Non-Preferred Brand Drugs	90-day supply per Rx 90-day supply per Rx 90-day supply per Rx	\$20 per Rx \$50 per Rx \$80 per Rx
Maximum Out Of Pocket Single / Family		\$2,500/\$5,000
<p>*Some drug types may have supply limitations that differ from the standard 30 or 90 day supply noted here. If a generic drug is available and you request the brand-name drug, you must pay the brand-name copay plus the cost difference between the brand-name and generic drug.</p>		

Mail Order Program

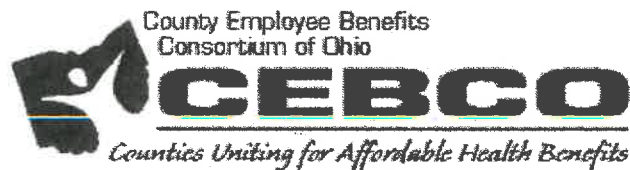
The mail service program provides a convenient and cost-effective way for you to order up to a 90-day supply of maintenance or long-term medications. The prescriptions are mailed directly to your home. **You will need to obtain a new prescription to use the mail service program. Ask your doctor for a prescription for up to a 90-day supply with three (3) refills.** Complete the mail service order form. Enclose the form, your prescription and co-pay (check, money order or credit card) in the self-addressed envelope.

You can re-order your mail prescription over the Internet at www.express-scripts.com or by telephone at **866-832-9250**. You can also mail your refill request, but online and telephone orders generally will arrive sooner. New prescriptions typically arrive within 10-14 days from the day you mail your order. Refills ordered online or by phone will usually arrive within 10 days. Mail order forms are available from your employer...

Specialty Medications

Certain injectable medications must be obtained through the **Accredo** program. This program offers a convenient and cost-effective way to order infused, injectable, and oral drugs that typically require added supervision of patient therapy. It is important for your physician to refer you to the **Accredo program** by calling **800-501-7210** and requesting a patient referral form that needs to be sent or faxed back to Express Scripts/Accredo. This toll-free number also puts you in touch with the customer service line if you have additional questions or need more information. This program provides medications for many chronic conditions such as multiple sclerosis, rheumatoid arthritis, hemophilia, Gaucher disease, cystic fibrosis, hepatitis C, respiratory syncytial virus, growth hormone deficiency, anemia, Crohn's disease, neutropenia, pulmonary hypertension and others. Accredo offers personalized care, 24-hour support, prompt, safe delivery, refill reminders and drug safety monitoring.

RxOC/Express Scripts CUSTOMER SERVICE: 1-866-832-9250





2019 Express Scripts National Preferred Formulary

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your prescription plan. For specific questions about your coverage, please call the phone number printed on your member ID card.

KEY [INJ] - Injectable Drug Brand-name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters.

A

- ABILIFY MAINTENA [INJ] ABSORICA ACANYA acetaminophen/codeine ACTEMRA [INJ] acyclovir ADEMPAS ADVAIR DISKUS ADVAIR HFA AFSTYLA [INJ] AIMOVIG [INJ] AKYNZEO albuterol nebulization solution alendronate allopurinol ALPHAGAN P 0.1% alprazolam ALREX amiodarone AMITIZA amitriptyline amlodipine amlodipine/benazepril amlodipine/valsartan amoxicillin amoxicillin/potassium clavulanate AMPYRA anastrozole ANDRODERM ANDROGEL 1.62% ANORO ELLIPTA APRISO ARCAPTA NEOHALER aripiprazole ARISTADA [INJ] ARMONAIR RESPICLICK ARNUITY ELLIPTA ASMANEX HFA ASMANEX TWISTHALER atenolol atenolol/chlorthalidone atomoxetine atorvastatin AVONEX [INJ] AZASITE azelastine nasal spray azithromycin

B

- baclofen

- BARACLUDE SOLUTION BD AUTOSHIELD DUO NEEDLES BD ULTRAFINE INSULIN SYRINGES BD ULTRAFINE PEN NEEDLES BELBUCA benazepril benzonatate BEPREVE BETASERON [INJ] BETHKIS BEVESPI AEROSPHERE BIKTARVY bisoprolol/hctz blisovi fe BOSULIF BREO ELLIPTA BRILINTA budesonide nebulization suspension bupropion bupropion ext-release buspirone butalbital/acetaminophen/caffeine BYDUREON [INJ] BYETTA [INJ] BYSTOLIC BYVALSON

C

- CABOMETYX CANASA CARAC CARAFATE SUSPENSION carbidopa/levodopa carvedilol cefdinir cefuroxime axetil celecoxib cephalixin CERDELGA CEREZYME [INJ] CETROTIDE [INJ] CHANTIX chlorhexidine gluconate chlorthalidone CIALIS CIMDUO CIPRODEX ciprofloxacin citalopram clarithromycin CLENPIQ clindamycin hcl clindamycin phosphate topical clindamycin phosphate/benzoyl peroxide

- clobetasol propionate clomiphene citrate clonazepam clonidine clopidogrel clotrimazole/betamethasone dipropionate COLCRYS COMBIGAN COMBIPATCH COMBIVENT RESPIMAT COPAXONE 40 MG [INJ] CORLANOR COSENTYX [INJ] CREON CRINONE cyanocobalamin [INJ] cyclobenzaprine

D

- DALIRESP DARAPRIM DAYTRANA DESCOVY desloratadine desvenlafaxine succinate ext-release dexamethasone dexmethylphenidate ext-release dextroamphetamine/amphetamine dextroamphetamine/amphetamine ext-release diazepam diclofenac sodium delayed-release dicyclomine digoxin diltiazem ext-release diphenoxylate/atropine divalproex delayed-release divalproex ext-release DIVIGEL donepezil doxazosin doxycycline hyclate doxycycline monohydrate DUAVEE DULERA duloxetine delayed-release DUPIXENT [INJ] DYMISTA

E

- EDARBI EDARBYCLOR ELIDEL ELIQUIS

- EMVERM enalapril ENBREL [INJ] enoxaparin [INJ] ENSTILAR ENTRESTO EPCLUSA EPIDUO FORTE EPINEPHRINE AUTO-INJECTOR (by Mylan) [INJ] EPIPEN, EPIPEN JR [INJ] ergocalciferol ERIVEDGE ERLEADA erythromycin eye ointment ESBRIET escitalopram esomeprazole magnesium delayed-release estradiol estradiol patches estradiol/norethindrone acetate ESTRING eszopiclone EUFLEXA [INJ] EVEKEO ezetimibe ezetimibe/simvastatin

F

- famotidine FARXIGA fenofibrate fenofibrate micronized fenofibric acid delayed-release fentanyl patches FETZIMA FINACEA finasteride FLECTOR FLOVENT DISKUS FLOVENT HFA fluconazole fluocinonide fluoxetine fluticasone nasal spray folic acid FORTEO [INJ] FRAGMIN [INJ] furosemide FYCOMPA

G

- gabapentin GELNIQUE gemfibrozil GENOTROPIN [INJ] GENVOYA GILENYA

- GILOTRIF glimepiride glipizide glipizide ext-release GLUCAGEN [INJ] GLUCAGON [INJ] glyburide GLYXAMBI GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT [INJ] GRALISE GRANIX [INJ] GRASTEK guanfacine ext-release

H

- HARVONI HELIXATE FS [INJ] HUMALOG [INJ] HUMIRA [INJ] HUMULIN [INJ] hydralazine hydrochlorothiazide hydrocodone/acetaminophen hydrocodone/chlorpheniramine polistirex ext-release hydrocortisone topical hydromorphone hydroxychloroquine hydroxyzine hcl hydroxyzine pamoate HYSINGLA ER

I

- ibandronate IBRANCE ibuprofen ILEVRO INCRUSE ELLIPTA indomethacin INLYTA INVOKAMET INVOKAMET XR INVOKANA irbesartan IRESSA isosorbide mononitrate ext-release

J

- JANUMET, JANUMET XR JANUVIA JARDIANCE JENTADUETO JENTADUETO XR junel junel fe

(continued)

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

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

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

Drug Class	Excluded Medications	Preferred Alternatives
AUTONOMIC & CENTRAL NERVOUS SYSTEM Anti-Migraine Therapy	SUMAVEL DOSEPRO	sumatriptan injection
Antiparkinsonism Agents	GOCOVRI ER, OSMOLEX ER	amantadine capsules, amantadine tablets, amantadine oral solution
	NEUPRO PATCHES	pramipexole tablets, pramipexole ER tablets, ropinirole tablets
	XADAGO	rasagiline, selegiline
Beta Interferons for Multiple Sclerosis	EXTAVIA	AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE
Duchenne Muscular Dystrophy (DMD) Agents	EMFLAZA	prednisone solution, prednisone tablets
	EXONDYS 51	No alternatives recommended
Long-Acting Opioid Oral Analgesics	EMBEDA, OXYCODONE ER	hydromorphone ER, morphine sulfate ER, oxymorphone ER, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
Narcotic Analgesics	BUTRANS	BELBUCA
Narcotic Antagonists	EVZIO	naloxone syringes, NARCAN NASAL SPRAY
Neuropathic Agents	LYRICA CR	gabapentin, GRALISE, LYRICA
Transmucosal Fentanyl Analgesics	ABSTRAL, FENTORA, LAZANDA	fentanyl citrate lozenges
CARDIOVASCULAR Anticoagulants	PRADAXA, SAVAYSA	ELIQUIS, XARELTO
HMG & Cholesterol Inhibitor Combinations	ALTOPREV, ZYPITAMAG	atorvastatin, lovastatin, rosuvastatin, simvastatin, LIVALO
PCSK9 Inhibitors	REPATHA	PRALUENT
DERMATOLOGICAL Oral Agents For Rosacea	DOXYCYCLINE 40 MG CAPSULES	ORACEA
Topical Acne/Antibiotic Combinations	AKTIPAK, VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ACANYA, ONEXTON
Topical Agents for Actinic Keratosis	FLUOROURACIL 0.5% CREAM, ZYCLARA	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, CARAC, PICATO
Topical Antiviral Agents	XERESE CREAM	acyclovir capsules, acyclovir tablets, famciclovir tablets, valacyclovir tablets, ZOVIRAX CREAM
Topical Corticosteroids	TOPICORT SPRAY, VERDESO FOAM	desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment
Miscellaneous Topical Dermatological Agents	ALCORTIN A	hydrocortisone, mupirocin
DIABETES Blood Glucose Meters & Test Strips	ABBOTT (FREESTYLE, PRECISION), BAYER (BREEZE, CONTOUR), NATIONAL MEDICAL (ADVOCATE), OMNIS HEALTH (EMBRACE, VICTORY), ROCHE (ACCU-CHEK), TRIVIDIA (TRUETEST, TRUETRACK), UNISTRIP ALL OTHER METERS & STRIPS THAT ARE NOT LIFESCAN BRAND	LIFESCAN (ONETOUCH)

Continued

Drug Class	Excluded Medications	Preferred Alternatives
DIABETES (continued) Dipeptidyl Peptidase-4 Inhibitors & Combinations	ALOGLIPTIN, NESINA, ONGLYZA	JANUVIA, TRADJENTA
	ALOGLIPTIN/METFORMIN, KAZANO, KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
Glucagon-Like Peptide-1 Agonists	ADLYXIN, TANZEUM, VICTOZA	BYDUREON, BYETTA, OZEMPIC, TRULICITY
Insulins	NOVOLIN	HUMULIN
	ADMELOG, APIDRA, FIASP, NOVOLOG	HUMALOG
EAR/NOSE Nasal Steroids	BECONASE AQ, OMNARIS, ZETONNA	budesonide, flunisolide, fluticasone, mometasone, QNASL
Otic Fluoroquinolone Antibiotics	CETRAXAL	ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX, OTOVEL
ENDOCRINE (OTHER) Combination Patches	CLIMARA PRO	COMBIPATCH
Estrogen and Estrogen Modifiers for Vaginal Symptoms	FEMRING	estradiol patches, estradiol tablets, yuvafem, ESTRING, PREMARIN CREAM, PREMARIN TABLETS
Gonadotropin Releasing Hormone (GnRH) Agonists (for Central Precocious Puberty)	LUPRON DEPOT-PED	TRIPTODUR
Growth Hormones	HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZENPREP, ZOMACTON	GENOTROPIN, NORDITROPIN FLEXPOR
Somatostatin Analogs	SANDOSTATIN LAR DEPOT, SIGNIFOR LAR	SOMATULINE DEPOT
Topical Estrogen Gels	ESTROGEL	DIVIGEL
Topical Testosterone Products	FORTESTA, NATESTO, TESTOSTERONE GEL	ANDROGEL 1.62%
GASTROINTESTINAL Corticosteroids (Rectal Formulations)	CORTIFOAM	hydrocortisone enema, UCERIS FOAM
Inflammatory Bowel Agents	ASACOL HD, DELZICOL, DIPENTUM	balsalazide disodium, mesalamine 1.2 gm delayed release, sulfasalazine, APRISO, PENTASA
Pancreatic Enzymes	PANCREAZE, PERTZYE	CREON, ZENPEP
Proton Pump Inhibitors	ACIPHEX SPRINKLE, PRILOSEC SUSPENSION, PROTONIX SUSPENSION	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, NEXIUM PACKETS
HEMATOLOGICAL Erythropoiesis-Stimulating Agents	ARANESP, EPOGEN, MIRCERA	PROCRIT
Factor VIII Recombinant Products	ELOCTATE, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE	ADVATE, ADYNOVATE, AFSTYLA, HELIXATE FS, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
Granulocyte Colony Stimulating Factors	NEUPOGEN	GRANIX, ZARXIO
HEPATITIS Hepatitis C	DAKLINZA, MAVYRET, OLYSIO, SOVALDI	EPCLUSA, HARVONI, VOSEVI, ZEPATIER
HIV Antiretrovirals	ATRIPLA	BIKTARVY, GENVOYA, ODEFSEY, STRIBILD, SYMFI, SYMFI LO, TRIUMEQ
MUSCULOSKELETAL & RHEUMATOLOGY Gout Therapy	COLCHICINE	COLCRYS, MITIGARE
	DUZALLO, ZURAMPIC	allopurinol, probenecid
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	FENOPROFEN CAPSULES, FENORTHO, NALFON	fenoprofen calcium tablets, diclofenac, indomethacin, ibuprofen, meloxicam, nabumetone, naproxen
OBSTETRICAL & GYNECOLOGICAL Gonadotropin-Releasing Hormone (GnRH) Antagonists (for Infertility)	GANIRELIX ACETATE	CETROTIDE

Continued

Drug Class	Excluded Medications	Preferred Alternatives
OBSTETRICAL & GYNECOLOGICAL (continued) Human Chorionic Gonadotropin	CHORIONIC GONADOTROPIN, PREGNYL	NOVAREL, OVIDREL
Ovulatory Stimulants (Follitropins)	BRAVELLE, FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
Vaginal Progestones	ENDOMETRIN	CRINONE 8% GEL
OPHTHALMIC Antiglaucoma Drugs (Beta-Adrenergic Blockers)	TIMOPTIC OCUDOSE	betaxolol drops, levobunolol drops, timolol drops, ALPHAGAN P 0.1%, COMBIGAN
Antiglaucoma Drugs (Ophthalmic Prostaglandins)	ZIOPTAN	bimatoprost drops, latanoprost drops, LUMIGAN, TRAVATAN Z
Ophthalmic Anti-Allergic	ALOCRIIL, ALOMIDE, EMADINE	azelastine drops, cromolyn drops, olopatadine drops, ALREX, BEPREVE, PAZEO
Ophthalmic Anti-Inflammatory	FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD	dexamethasone drops, fluorometholone drops, prednisolone drops, LOTEMAX
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops, ILEVRO, PROLENSA
OSTEOARTHRITIS Hyaluronic Acid Derivatives	DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNVISC, SYNVISC-ONE, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
RENAL DISEASE Phosphate Binders	FOSRENOL POWDER PACKETS, RENAGEL	lanthanum, sevelamer carbonate, PHOSLYRA, VELPHORO
RESPIRATORY Epinephrine Auto-Injector Systems	AUVI-Q, EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, IMPAX & LINEAGE)	EPINEPHRINE AUTO-INJECTOR (BY MYLAN), EPIPEN, EPIPEN JR
Long-Acting Beta Agonist Nebulized	BROVANA	PERFOROMIST
Pulmonary Anti-Inflammatory Inhalers	ALVESCO	ARMONAIR RESPICLICK, ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
Short-Acting Beta ₂ -Agonist Inhalers	LEVALBUTEROL HFA, PROVENTIL HFA, XOPENEX HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
UROLOGICAL Erectile Dysfunction Oral Agents	LEVITRA, STAXYN	sildenafil, CIALIS
WEIGHT LOSS Weight Loss Agents	CONTRACE ER, QSYMIA	benzphetamine, diethylpropion, phentermine
MISCELLANEOUS AGENTS	ENDARI	Over-the-Counter glutamine powder or tablets
	SIKLOS	DROXIA
	MEBOLIC, OMNIVEX, XYZBAC, ZYVIT	Over-the-Counter multivitamin combination plus folic acid
	NOCTIVA	desmopressin tablets
Hereditary Angioedema	BERINERT	RUCONEST

Indication Based Management

Drug Class	Nonpreferred Medications	Preferred Alternatives
INFLAMMATORY CONDITIONS‡	All other Brand Name medications for Inflammatory Conditions are Nonpreferred. Approval may be granted following a coverage review. A trial of one or more Preferred medications is required prior to initiating therapy with a Nonpreferred medication. A formulary exception may be granted for patients already established on therapy with a Nonpreferred medication.	ACTEMRA, COSENTYX, ENBREL, HUMIRA, INFLECTRA, OTEZLA, REMICADE, RENFLEXIS, SIMPONI 100 MG (FOR ULCERATIVE COLITIS ONLY), STELARA SC, TREMFYA*, XELJANZ, XELJANZ XR

‡ Please note that product placement for treatment for Inflammatory Conditions are subject to change throughout the year based upon changes in market dynamics, new indications for existing products, biosimilar and new product launches.

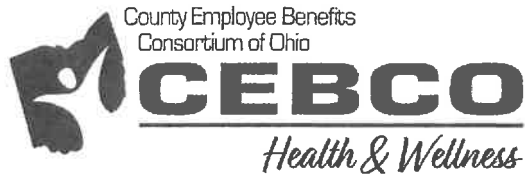
* This medication may be subject to step therapy.

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Excluded Medications/Products at a Glance

ABBOTT (FREESTYLE, PRECISION)	FENTORA	PRED MILD
ABILIFY^	FIASP	PREGNYL
ABSTRAL	FLAREX	PREVACID^, PREVACID SOLUTAB^
ACIPHEX^	FLUOROURACIL 0.5% CREAM	PRILOSEC SUSPENSION
ACIPHEX SPRINKLE	FML FORTE, FML S.O.P.	PRISTIQ^
ACUVAIL	FOLLISTIM AQ	PROTONIX^
ADCIRCA^	FORTESTA	PROTONIX SUSPENSION
ADDERALL^	FOSRENOL CHEWABLE TABLETS^	PROVENTIL HFA
ADLYXIN	FOSRENOL POWDER PACKETS	PROVIGIL^
ADMELOG	GANIRELIX ACETATE	PROZAC^
AKTIPAK	GEL-ONE	PULMICORT RESPULES^
ALCORTIN A	GELSYN-3	QSYMIA
ALOCRIAL	GENVISC 850	RECOMBINATE
ALOGLIPTIN	GLEEVEC^	RENAGEL
ALOGLIPTIN/METFORMIN	GLUCOPHAGE^, GLUCOPHAGE XR^	REPATHA
ALOMIDE	GLUMETZA^	ROCHE (ACCU-CHEK)
ALTOPREV	GOCOVRI ER	SAIZEN, SAIZENPREP
ALVESCO	HUMATROPE	SANDOSTATIN LAR DEPOT
ANDROGEL 1% [^]	HYALGAN	SAVAYA
ANUSOL-HC^	HYMOVIS	SEROQUEL^, SEROQUEL XR^
APIDRA	IMITREX^	SIGNIFOR LAR
ARANESP	INDERAL LA^	SIKLOS
ARIMIDEX^	INTUNIV^	SINGULAIR^
ASACOL HD	ISTALOL^	SOVALDI
ATACAND^, ATACAND HCT^	KAZANO	STAXYN
ATRIPLA	KEPPRA^, KEPPRA XR^	STRATTERA^
AUVI-Q	KOMBIGLYZE XR	SUMAVEL DOSEPRO
AVALIDE^, AVAPRO^	LAMICTAL^, LAMICTAL ODT^, LAMICTAL XR^	SUPARTZ FX
AVODART^	LAZANDA	SYNVISC, SYNVISC-ONE
AZOR^	LEVALBUTEROL HFA	TANZEUM
BAYER (BREEZE, CONTOUR)	LEVITRA	TESTIM^
BECONASE AQ	LEXAPRO^	TESTOSTERONE GEL
BENICAR^, BENICAR HCT^	LIBRAX^	TIKOSYN^
BERINERT	LIDODERM^	TIMOPTIC OCULOSE
BRAVELLE	LIPITOR^	TOBI SOLUTION^
BRISDELLE^	LOESTRIN^, LOESTRIN FE^	TOPAMAX^
BROVANA	LOTREL^	TOPICORT SPRAY
BUPAP^	LOVENOX^	TRIBENZOR^
BUTRANS	LUNESTA^	TRICOR^
CELEBREX^	LUPRON DEPOT-PED	TRILEPTAL^
CELEXA^	LYRICA CR	TRIVIDIA (TRUETEST, TRUETRACK)
CETRAXAL	MAVYRET	UNISTRIP
CHORIONIC GONADOTROPIN	MAXALT^, MAXALT MLT^	UROXATRAL^
CLIMARA PRO	MAXIDEX	VAGIFEM^
COLCHICINE	MEBOLIC	VALIUM^
CONTRACE ER	MICARDIS^, MICARDIS HCT^	VALTREL^
COREG^	MINASTRIN 24 FE^	VELTIN
CORTIFOAM	MIRCERA	VERDESO FOAM
COSOPT^	NALFON	VIAGRA^
COZAAR^, HYZAAR^	NAMENDA XR^	VICTOZA
CRESTOR^	NASONEX^	VISCO-3
CYMBALTA^	NATESTO	VIVELLE- DOT^
CYTOMEL^	NATIONAL MEDICAL (ADVOCATE)	VOGELXO^
DAKLINZA	NESINA	VYTORIN^
DELZICOL	NEUPOGEN	WELLBUTRIN SR^
DETROL^, DETROL LA^	NEUPRO PATCHES	XADAGO
DIOVAN^, DIOVAN HCT^	NEURONTIN^	XALATAN^
DIPENTUM	NEVANAC	XANAX^, XANAX XR^
DOXYCYCLINE 40 MG CAPSULES	NOCTIVA	XENAZINE^
DUROLANE	NORCO^	XERESE CREAM
DUZALLO	NORVASC^	XOPENEX HFA
EFFEXOR XR^	NOVOLIN	XYNTHA, XYNTHA SOLOFUSE
ELOCTATE	NOVOLOG	XYZBAC
EMADINE	NUTROPIN AQ NUSPIN	YASMIN^
EMBEDA	NUVIGIL^	ZEGERID^
EMFLAZA	OLYSIO	ZETIA^
ENDARI	OMNARIS	ZETONNA
ENDOMETRIN	OMNIS HEALTH (EMBRACE, VICTORY)	ZIOPTAN
EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, IMPAX & LINEAGE)	OMNITROPE	ZOCOR^
EPOGEN	OMNIVEX	ZOLOFT^
ESTROGEL	ONGLYZA	ZOMACTON
EVZIO	ORTHO TRI-CYCLEN^, ORTHO TRI-CYCLEN LO^	ZOMIG TABLETS^, ZOMIG ZMT^
EXFORGE^, EXFORGE HCT^	OSMOLEX ER	ZONEGRAN^
EXONDYS 51	OXYCODONE ER	ZURAMPIC
EXTAVIA	PANCREAZE	ZYCLARA
FEMRING	PERTZYE	ZYFLO CR^
FENOPROFEN CAPSULES	PLAQUENIL^	ZYPITAMAG
FENORTHO	PLAVIX^	ZYVIT
	PRADAXA	

[^] Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your plan. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance. As new generic medications become available, additional multisource brand products may become excluded.



INTRODUCING SMART90!

As part of your plan managed by Express Scripts through CEBCO, you can get a three-month supply of long-term medicines through home delivery from the Express Scripts PharmacySM or from any retail CVSTM.

Getting a single three-month supply saves you money over three one-month supplies. Plus, you'll make fewer trips to the pharmacy and you'll be less likely to miss a dose since you won't have to refill as often. Below are some frequently asked questions about filling your long-term medications.

Q. What is a long-term medicine?

A. A long-term medicine is one you take regularly to treat conditions such as high blood pressure, diabetes, or high cholesterol.

Q. What happens if I keep filling my long-term medicine like I'm doing now?

A. Per your plan, if you are filling a one-month supply at CVS or any retail pharmacy instead of a three-month supply, you could miss out on savings.

Q. Why is a three-month supply better with long-term medicine?

A. With a three-month supply, **you're less likely to miss a dose, which can keep you healthier. Also, you don't have to refill as often, which can save you time and money.**

Q. How do I get a three-month supply of my medicine?

A. You can have the Express Scripts Pharmacy deliver it (with FREE standard shipping) by visiting express-scripts.com/3month, or you can get it from most CVS retail locations.

Q. How can I find a retail pharmacy that fills a three-month supply?

A. Log in or register at express-scripts.com/3month, select "Prescriptions," and click "Find a Pharmacy" to find your closest pharmacy that fills three-month supplies.

Q. How do I get my medicine delivered from the Express Scripts Pharmacy?

A. Go to express-scripts.com/3month, choose the medicine you want delivered, add it to your cart, then check out. You may also call Express Scripts at **1-866-832-9250** and they will assist you.

They will work with your doctor to get you set up, and there's no additional cost to you. Your medicine will be delivered in a confidential, tamper-evident, weather-resistant package.

Q. How soon will my medicine be delivered after it's ordered?

A. Orders are usually processed within 48 hours from when they are received. Your medicine should be delivered in about 8 days (10 to 14 days if it's a new prescription). Please have a one-month supply of your medicine on hand when you place your order. You can check your order status by going online anytime.

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The Express Scripts Mobile App

Pharmacy That Goes Farther.SM



Get the app that drives better decisions and healthier outcomes for members on the go.

The **Express Scripts mobile app** helps you stay on track with instant access to your personal medication information. Go to your mobile device's app store*, search for "Express Scripts" and download the app for free!

After downloading the app, log in with your Express-Scripts.com username and password. If you haven't yet registered with Express-Scripts.com, you can create a username and password right from the app – and use the same user name and password to access the website. From the mobile app, you'll have instant access to these great features:



Refills and renewals[†]

Quickly and easily refill and renew your home delivery prescriptions.



Order status[†]

Track the status of your home delivery prescription orders.



Medicine cabinet

View your medications and set reminders to take them or notify you when you are running low. Get personalized alerts if there is a risk of a medication-related safety issue between your prescription and OTC medications, vitamins or supplements.



Transfer to home delivery[†]

Request home delivery for medications taken on an ongoing basis that are currently obtained from a retail pharmacy.



My Rx Choices^{®†}

View lower-cost prescription options available under your plan and discuss them with your doctor—while still in the doctor's office!



Pharmacy care alerts[†]

Review personalized alerts to help ensure you are following the treatment plan as prescribed by your doctor.



Locate a pharmacy[†]

Use your current location or enter a zip code to search for the nearest in-network, preferred retail pharmacies, view contact information and access directions.



Virtual member ID card[†]

Use your phone to display your virtual ID card at the pharmacy.



Drug information

Search detailed drug information by medication name, condition or drug category, and see potential side effects, drug interactions, pill images and more.

Download the Express Scripts Mobile App today—for free!

* The Express Scripts mobile app is available to members using the following mobile devices:

Apple – iPhone® 4/iPhone® 4s/iPhone® 5/iPad®, Android™ – OS 2.3 & later

BlackBerry® – Bold/Tour (OS 4.5 & later), Curve/Curve 2 (OS 4.5 & later) and Storm/Storm 2 (OS 4.7 & later)

† Available if these features are turned on for your group on Express-Scripts.com