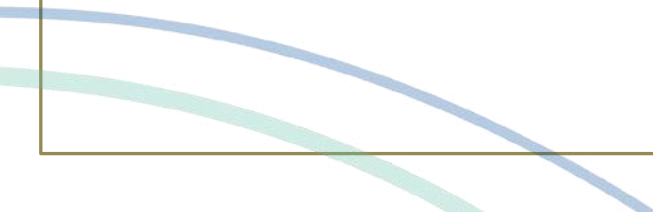




**Prescription Drug Plan Booklet**  
EFFECTIVE 10/1/2020-9/30/2021

*This contains proprietary and confidential information of TML Health.*



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# HELPFUL RESOURCES

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## **I Need To:**

- See if a drug is covered under my plan
- Ask someone a question about my prescription plan benefits
- Find an in-network pharmacy
- Find out why the plan would not pay for my drug
- Find out the status of a Prior Authorization
- Have my Healthcare Provider file an appeal for a Prior Authorization denial
- File a complaint

For these and other questions, call TML Health Customer Care at 800-282-5385 or check the TML Health Web Portal at [www.tmlhb.org](http://www.tmlhb.org).

# YOUR PRESCRIPTION DRUG PROGRAM

## Definitions

### **MANDATORY GENERIC PLAN (MAC-A)**

Refer to the prescription drug section of your Summary of Benefits & Coverage (SBC) to determine if you have a mandatory generic plan.

If a brand name drug is dispensed and a generic alternative drug exists, you will pay the difference between the brand name and generic price plus the appropriate copay for the brand name. The cost difference between the brand name and generic price does not apply to any individual deductibles or out-of-pocket amounts. The MAC differential applies to all prescriptions purchased through this program when a generic alternative is available.

### **NON-MANDATORY GENERIC PLAN (MAC-C)**

Refer to the prescription drug section of your Summary of Benefits & Coverage (SBC) to determine if you have a non-mandatory generic plan.

If a brand name drug is dispensed and a generic alternative drug exists, you will pay the appropriate copay.

### **LESSER OF BENEFIT**

If the actual cost of the drug is less than the applicable copay, you will only pay the actual cost of the drug.

### **COST SHARE DRUGS**

Certain drugs are classified as non-preferred (Cost Share) drugs as there is no clinical evidence to show that they perform

any better than therapeutic doses of less costly alternative drugs. The Plan will impose a higher Cost Share copay for these drugs.

### **DISEASE MANAGEMENT MAINTENANCE DRUGS**

Certain generic Disease Management Maintenance Drugs used to treat hypertension, high cholesterol, and diabetes are offered at a zero dollar or reduced copay.

### **SPECIALTY DRUGS**

Specialty drugs are typically medications requiring special storage, handling, administration, and patient monitoring, or are taken for complex or rare patient conditions. Specialty drugs are sometimes biotechnology medications. Most specialty medications are limited to no more than a 30-day supply of the medication per prescription fill and require clinical prior authorization.

### **STEP THERAPY**

Step Therapy is required on certain drugs. Step Therapy means trying less expensive options before “stepping up” to drugs that cost more. Step therapy ensures that medically sound and cost-effective medications are prescribed appropriately.

### **CLINICAL PRIOR AUTHORIZATIONS**

Certain drugs require Prior Authorizations. Clinical Prior Authorizations are based on evidence-based clinical criteria and nationally recognized peer-reviewed information. They may apply to an individual drug or a drug class on the formulary, including some preferred and non-preferred drugs.

### **LEGEND DRUG**

A legend drug is a drug approved by the U.S. Food and Drug Administration that can be dispensed to the public only with a prescription from a medical doctor or other licensed practitioner.

# YOUR COPAY/FINANCIAL RESPONSIBILITY

## Preferred Retail Pharmacy Copays\*

Retail Medications	Up to 30 Day Supply	31-60 Day Supply	61-90 Day Supply
Generic	\$5	\$10	\$15
Preferred Brand	\$38	\$76	\$114
Non-Preferred Brand	\$60	\$120	\$180

- The Preferred Network Retail Pharmacies include HEB and Walmart (not Sam's Club)

## Network Retail Copays

Retail Medications	UP to 30 Day Supply	31-60 Day Supply	61-90 Day Supply
Generic	\$10	\$20	\$30
Preferred Brand	\$57	\$114	\$171
Non-Preferred Brand	\$90	\$180	\$270

## Disease Management Maintenance (Diabetes, Hypertension & High Cholesterol)\*

Certain maintenance medications are covered under this program with the following reduced copays:

Medications	Up to 30 Day Supply	31-60 Day Supply	61-90 Day Supply
Generic	\$0	\$5	\$10
Preferred Brand	\$38	\$76	\$114
Non-Preferred Brand	\$60	\$120	\$180

*\*Not all medications for diabetes, hypertension, and high cholesterol qualify (e.g., Cost Share prescription exclusions). The High Deductible Health Plan wellness drug list will override the value tiered list.*

## Prescription Mail Service

Medications	31-60 Day Supply
Generic	\$15
Preferred Brand	\$114
Non-Preferred Brand	\$180

## Cost Share Drugs

Medications	Up to 30 Day Supply	31-60 Day Supply	61-90 Day Supply
Brand or Generic Cost Share (regardless of pharmacy or pharmacy network)	\$150	\$300	\$450

## Specialty Drugs

Medications	Up to 30 Day Supply	31-60 Day Supply	61-90 Day Supply
Specialty medications	\$100	N/A	N/A
Biosimilar and generic specialty medications	\$75	N/A	N/A



## Affordable Care Act Benefits

In accordance with the Affordable Care Act (ACA), the Plan provides coverage of the following preventive medication categories without imposing a copay, coinsurance, or deductible. Coverage of these medications, including over the counter (OTC) medications, requires a prescription from a licensed health care provider. Not all medications are covered in full under these categories.

Drugs on the ACA List are identified with a 'AC' on the Top 1000 Utilized Drugs List.

Benefit	30 Day Supply	31-60 Day Supply	61-90 Day Supply
Smoking deterrent medications: Nicorette Gum; Nicotine Replacement Lozenge; Nicotine Replacement Patch; Nicotrol* Inhaler; Nicotrol* Nasal Spray; Chantix*; Quantity limits apply (six months' supply per plan year)	\$0	\$0	N/A
Preventive statin medications: Includes low to mid-strength statin medications, atorvastatin, lovastatin, and simvastatin	\$0	N/A	N/A
Lovastatin covered without a prior authorization	\$0	N/A	N/A
Aspirin (men aged 45-79, women aged 55-79)	\$0	N/A	N/A
Fluoride tablets and solution (for children aged zero to five years old – toothpastes and rinses do not qualify)	\$0	N/A	N/A
Chemoprevention supplements for risk reduction of breast cancer in women who are at increased risk for breast cancer and at low risk for adverse medication effects: Tamoxifen; Raloxifene anastrozole; exemestane	\$0	N/A	N/A
HIV pre-exposure prophylaxis (PrEP) for the prevention of HIV**: Truvada; Descovy; tenofovir disoproxil fumarate	\$0	N/A	N/A
Iron deficiency supplements	\$0	N/A	N/A

*\*Step Therapy required for Chantix, Nicotrol NS and Inhaler. When the generic versions become available, the generics will be covered at \$0 copay and the brand name drugs will be covered under regular plan benefits.*

*\*\*Covered PrEP medications are available at \$0 cost-share when used for PrEP. Prior Authorization confirms member is using the medication for PrEP for the prevention of HIV infection and meets the preventive parameters of the United States Preventive Services Taskforce (USPSTF) recommendation. \$0 cost share requires prior authorization. For members who do not go through prior authorization, these medications will continue to be covered at current plan cost share.*

## Women's Preventive Health Services

Please Note: Not all medication/devices/products are covered by the Plan. Please refer to the formulary to see the list of eligible drugs and devices.

Benefit	Medical Plan You Pay	Prescription Plan You Pay
Aspirin, low-dose 81 mg/d as preventive medication after twelve (12) weeks of gestation in women who are at high risk for preeclampsia	N/A	\$0
Contraceptive management, including patient education and counseling	\$0	N/A
Diaphragm (cervical), Hormone Vaginal Ring, Hormone Patch, Cervical Cap, Spermicides, Sponges	N/A	\$0
Diaphragm (cervical) instruction and fitting fee	\$0	N/A
Emergency contraceptives	N/A	\$0
Female condoms	N/A	\$0
Female surgical sterilization	\$0	N/A
Folic Acid supplements for women who may become pregnant	N/A	\$0
Implant device	\$0	\$0
Injectable administration fee	\$0	N/A
Injectable contraceptives	\$0	\$0
Insertion and/or removal of contraceptive devices	\$0	N/A
IUD device	\$0	\$0
Medications for risk reduction of breast cancer in women who are at increased risk for breast cancer and at low risk for adverse medication effects: Tamoxifen or Raloxifene	N/A	\$0
Oral contraceptives, generic	N/A	\$0
Over the Counter (OTC) contraceptives (contraceptive films, foams, gels)	N/A	\$0
Permanent Implantable Contraceptive Coil and hysterosalpingography services related to the fitting	\$0	N/A
Urine pregnancy test, Urinalysis, Sonogram to detect placement of device	\$0	N/A

## MEDICATION REFILL RESTRICTIONS

Refills of medications are not covered until at least a percentage of the previous fill has been used (based on the days' supply on the last fill of the medication).

Prescriptions filled at retail pharmacies	Prescriptions filled at Mail Service Pharmacy
Refill not covered until 75% of days' supply of previous fill has passed	Refill not covered until 70% of days' supply of previous fill has passed
Opioids not covered until 90% of days' supply of previous fill has passed	Opioids not covered until 80% of days' supply of previous fill has passed

# CLINICAL PROGRAMS

TML Health reserves the right to modify and/or amend all clinical programs: clinical prior authorization, step therapy, cost share drugs, and quantity limits without notice to accommodate new drug entries to the marketplace and in response to adjustments in established medical and pharmacy practice guidelines.

## Clinical Prior Authorization

If a Clinical Prior Authorization is required, please have your healthcare provider call the Member Services number on the ID card to request one. Your healthcare provider will be asked a series of questions and the request will either be approved or denied. A Prior Authorization is active for no more than one year.

Certain drugs in the following categories typically require Prior Authorizations. Some of these drug categories include, but are not limited to, the following:

- Acne Medications
- Analgesics/Anti-inflammatory/Pain Agents
- Antifungals
- Congestive Heart Failure
- Gastrointestinal Medications
- Gout Medications
- Lipid Reducers
- Migraine Medications
- Narcolepsy Medications
- Specialty/Biotech Medications
- Topical Anesthetics

Drugs requiring Prior Authorization are identified with a 'PA' on the Top 1000 Utilized Drugs List.

## Step Therapy

If a Prior Authorization is required, please have your healthcare provider call the Member Services number on your ID card to request one. Your healthcare provider will be asked a series of

questions and the request will either be approved or denied. A Prior Authorization is active for no more than one year.

Example of what will occur at the Pharmacy: Claim is processing for Advair® & the following message will alert the pharmacist: Step Therapy after inhaled steroid 1st or Prior Authorization call toll free.

Drugs requiring Step Therapy are identified with an 'ST' on the Top 1000 Utilized Drugs List.

## ADHD

Must try appropriate equivalent of at least two generic IR or ER formulations (for release formulation prescribed) for a period of 30 days each, before receiving the following medications

Adzenys	Mydayis
Cotempla	Quillichew
Daytrana	Quillivant
Dyanavel XR	

## Asthma

Required for members less than 40 years of age who have not demonstrated adherence to an inhaled corticosteroid (ICS) (at least 90 days of therapy in the past 120 days).

### Category A

Inhaled corticosteroid (ICS) – Member must demonstrate adherence to an inhaled steroid and/or satisfy specific clinical criteria prior to obtaining a Category B medication.

### Category B

(Only after demonstrated compliance and/or failure with a Category A medication)

Advair®	Fluticasone-salmeterol inhaler
Airduo®	Perforomist®
Breo Ellipta®	Serevent®
Brovana®	Symbicort®
Dulera®	Wixela Inhub®

## Diabetes

Member must try and fail Metformin 2,000mg per day before receiving one of the following medications:

*Treatment plan adherence is required for authorization to be approved*

Adlyxin	Jardiance	Soliqua
Alogliptin/Pioglit	Jentadueto	Stelatro
Alogliptin	Jentadueto XR	Steglujan
Alogliptin/Metformin	Kazano	Synjardy
Bydureon	Kombiglyze XR	Synjardy XR
Byetta	Nesina	Tanzeum
Farxiga	Oseni	Trulicity
Glyxambi	Ozempic	Victoza
Janumet	Qtern	Xigduo XR
Janumet XR	Rybelsus	Xultophy
Januvia	Segluromet	

## Cost Share Drugs

Certain drugs are classified as non-preferred as there is no clinical evidence to show that they perform any better than therapeutic doses of less costly alternative drugs. The Plan will impose the highest copay for these drugs.

Drugs on the Cost Share list are identified with a 'CS' on the Top 1000 Utilized Drugs List.

## Quantity Limits

Quantity Limits are set on certain drugs and are intended to promote safe, appropriate use of medications, enhance patient

safety and discourage misuse, waste and abuse. Overuse of medications can lead to poor health outcomes and may unnecessarily drive up the cost of healthcare.

Quantity limits are based on generally accepted pharmaceutical guidelines, FDA labeling, efficient dosing regimens and dosing recommendations. **The following types of quantity limits are in place:**

- **Dose Efficiency Edits** – Limits coverage of medications to a specific number of doses per day based upon common prescribing practices and FDA labeling. Examples include one dose per day for drugs that are approved for once-daily dosing, two doses per day of drugs that are dosed twice daily.
- **Maximum Daily Dose** – Coverage is provided up to a specific limit per day, such as a number of milligrams. A message is sent to the pharmacy if a prescription exceeds the highest allowed dose.
- **Quantity Limits Over Time** – Limits coverage of prescriptions to a specific number of units in a defined period of time. Examples include one course of therapy in a year.
- **Quantity Limits Per Fill** – A member may obtain a specific amount of medication each time the prescription is filled.

Drugs with Quantity Limits are identified with a 'QL' on the Top 1000 Utilized Drugs List.

## NEW DRUGS TO MARKET

All new drugs to market (NDTM) are automatically excluded for six (6) months to allow the plan to consult with clinicians and determine whether or not to include as covered drugs.

# DISEASE MANAGEMENT MAINTENANCE

Certain medications used to treat the chronic conditions of diabetes, high blood pressure, and high cholesterol are covered under this program; however, please consult your formulary for specifics.

Drugs on the Disease Management Maintenance list are identified with a 'DM' on the Top 1000 Utilized Drugs List.

## Diabetes – Generic Copay

glimepiride	metformin
glipizide	metformin ER (generic Glu-cophage XR only)
glyburide	pioglitazone
glyburide/metformin	

## Diabetes – Insulin – Brand Copay

Humulin – vials only	Lantus – vials only
Humalog – vials only	

## High Blood Pressure – Generic Copay

amlodipine	furosemide
atenolol	hydrochlorothiazide (hctz)
benazepril	lisinopril
benazepril/hctz	lisinopril/hctz
carvedilol	metoprolol
clonidine	propranolol
diltiazem ER	verapamil
doxazosin	verapamil ER/SR

## High Cholesterol – Generic Copay

atorvastatin	rosuvastatin
lovastatin	simvastatin
pravastatin	

# SPECIALTY DRUGS

## Oral Oncology Split Fill Program

Forty-nine percent of patients discontinue their oncology drug therapy within ninety days due to incompatibility with medication. To allow you time to adjust to your medication and avoid waste, the mandatory oral oncology split fill program enables twice-monthly prescription refills at 50% copay for the first 6 fills.

## Steps necessary for specialty/ biotech medication

If a Clinical Prior Authorization is required, please have your healthcare provider call the Member Services number on the ID card to request one. Your healthcare provider will be asked a series of questions and the request will either be approved or denied.

Coverage for eligible injectable and non-injectable biotech and/or biosimilar prescriptions that are available through the Prescription Drug Plan but are purchased from medical providers will be paid per the Medical Benefit Plan.

Prescription Drug Plan non-injectables purchased outside of the pharmacy benefit manager will not be an eligible benefit under the Medical Benefit Plan other than the biotech/biosimilar prescriptions mentioned in this section.

Specialty Drugs are identified with an 'SP' on the Top 1000 Utilized Drugs List.

*Note: Not all specialty biotech/biosimilar pharmacy medications are eligible for coverage under the prescription drug plan. Non-specialty alternatives may be a recommended first-line therapy to treat your condition. Please consult your physician for further information.*

# EXCLUDED DRUGS

Certain drugs are excluded from what is covered by your plan, but may still be filled at a contracted rate that may be less than standard retail. These drugs are 100% member pay. Excluded

Drugs are identified with an 'EX' on the Top 1000 Utilized Drugs List.

# LOWER COST DRUG ALTERNATIVES

If you are looking for a lower cost alternative for a cost share or excluded drug you may wish to refer to the table below when consulting with your healthcare provider. This is not a complete list and is subject to change as new drugs are added to the market.

*Please Note: Drugs starting with an uppercase letter or that have the ® symbol are brand name drugs. Drugs starting with a lowercase letter are generic drugs.*

Analgesics/Anti-Inflammatory/Pain Agents	
<b>Instead of:</b>	
Duragesic®	
Lazanda®	
Subsys®	
<b>Instead of:</b>	
Anaprox®	mefenamic acid
Arthrotec®	Mobic®
Celebrex®	Nalfon®
Celecoxib	Naprelan CR®
Daypro®	naproxen sodium 550mg
diclofenac/misoprostol	naproxen CR
Feldene®	oxaprozin
Fenoprofen®	piroxicam
Fenortho®	Ponstel®
indomethacin ER	Tivorbex®
Ketoprofen®	Vivlodex®
Ketoprofen ER®	Zipsor®
Meclofen Sod®	Zorvolex®
<b>Covered Alternatives:</b>	
fentanyl patch	
fentanyl lozenge	
<b>Covered Alternatives:</b>	
diclofenac	
ibuprofen	
meloxicam	
naproxen	

## Analgesics/Anti-Inflammatory/Pain Agents continued

### Instead of:

Allzital®	Fioricet®
Bupap®	Fiorinal®
butalbital/acetaminophen	phrenilin cap forte
butalbital/acetaminophen/caffeine	Tencon®
Esgic® tablet	Vanatol LQ® Solution

### Instead of:

Conzip®	Ultram®
tramadol ER	Ultram ER®
Ultracet®	

### Covered Alternatives:

anolor	capacet
butalbital/acetaminophen 50-325mg tablet (for Bupap® and Allzital®)	Esgic capsule
butalbital/acetaminophen/caffeine tablet	marten tablet
butalbital/aspirin/caffeine tablet (for Fiorinal®)	zebutal

### Covered Alternatives:

tramadol
tramadol/acetaminophen

## Antibiotics/Anti-Infective Agents

### Instead of:

Acticlate®	monodoxyne NL
Adoxa®	morgidox
Amoxicillin® (brand only)	Moxatag®
Coremino	Nuzyra®
Doryx®	Okebo
doxycycline monohydrate capsules (except 50 and 100mg)	Oracea®
doxycycline monohydrate tablets 150mg	Seysara®
doxycycline hyclate	Solodyn®
doxycycline hyclate DR	soloxide DR
Minocin®	Targadox®
minocycline tablets	Vibramycin®
minocycline ER	Xepi® cream
Minolira®	Ximino ER®
Monodox®	

### Covered Alternatives:

amoxicillin
doxycycline monohydrate capsules 50 or 100mg
doxycycline monohydrate tablets (except 150mg)
minocycline capsules
mupirocin ointment

## Anticonvulsants

### Instead of:

Sympazan® oral film
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### Covered Alternatives:

clobazam
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## Antidepressants/Fibromyalgia

Instead of:		Covered Alternatives:	
Aplenzin®	Paroxetine® 7.5mg capsule	citalopram	sertraline
Brisdelle®	trazodone tablet 300mg	duloxetine	trazodone (other than 300mg)
branded Bupropion ER	Trintellix®	escitalopram	venlafaxine
Forfivo XL®		fluoxetine	venlafaxine ER (capsules only)
		paroxetine	

## Antihypertensive Agents (High Blood Pressure)

Instead of:		Covered Alternatives:	
amlodipine/Olmesartan	Eprosartan®	any generic ACE Inhibitor	telmisartan
amlodipine/olmesartan/ HCTZ	Exforge®	generic ARB Agents	telmisartan HCTZ
amlodipine/valsartan	Exforge HCT®	candesartan	valsartan
amlodipine/valsartan/HCTZ	Hyzaar®	candesartan HCTZ	valsartan/HCTZ
Atacand®	Inderal LA	losartan	generic Beta Blocker Agents
Atacand HCT®	Inderal XL	losartan/HCTZ	carvedilol (for Coreg CR)
Avalide®	InnoPran XL®	irbesartan	propranolol IR/ER (for Inderal LA/XL, InnoPran XL)
Avapro®	Micardis®	irbesartan/HCTZ	
Azor®	Micardis HCT®		
Benicar®	Olmesartan		
Benicar HCT®	olmesartan HCTZ		
Coreg CR®	Tekturna®		
Cozaar®	Tekturna HCT®		
Diovan®	telmisartan/amlodipine		
Diovan HCT®	Tribenzor®		
Edarbi®	Twynsta®		
Edarbyclor®			



## Central Nervous System: Sedative Hypnotics

Instead of:	
Ambien®	Rozerem®
Ambien CR®	Silenor®
Belsomra®	Sonata®
Edluar®	zolpidem ER
Intermezzo®	zolpidem sublingual
Lunesta®	Zolpimist®

Covered Alternatives:
doxepin
zaleplon
zolpidem immediate release

## Lipid-Lowering Agents – Statins (High Cholesterol)

Instead of:	
Altoprev®	Lescol XL®
amlodipine/atorvastatin combination	Lipitor®
Caduet®	Livalo®
Crestor®	Mevacor®
ezetimibe- simvastatin	Pravachol®
Flolipid®	Vytorin®
Fluvastatin	Zetia®
fluvastatin ER	Zocor®
Lescol®	Zypitamig®

Covered Alternatives:
atorvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin

## Migraine Headaches

Instead of:	
Almotriptan	Onzetra XSAI®
Amerge®	Relpax®
Axert®	sumatriptan spray
Frova®	sumatriptan/naproxen
Frovatriptan	Sumavel®
Eletriptan	Treximet®
Imitrex® (brand)	Zembrace
Imitrex® Spray	Zolmitriptan
Maxalt®	Zomig®
Maxalt-MLT®	Zomig® nasal spray
Naratriptan	Zomig ZMT®

Covered Alternatives:
rizatriptan
sumatriptan

## Osteoporosis Drugs

Instead of:	
Actonel®	Fosamax®
Alendronate® (brand)	Fosamax-D®
Atelvia®	Ibandronate
Binosto®	risedronate
Boniva®	

Covered Alternatives:
alendronate

## Overactive Bladder Drugs

Instead of:	
Darifenacin	Oxytrol® patches
Detrol®	Solifenacin
Detrol LA®	Tolterodine
Ditropan XL®	tolterodine ER
Enablex®	Toviaz®
Gelnique®	tropium CL
Myrbetriq®	tropium CL ER
oxybutynin ER®	Vesicare®

Covered Alternatives:
generic: oxybutynin immediate release

## Skeletal Muscle Relaxants

Instead of:	
Amrix®	Parafon Forte®
carisoprodol 250mg tablet	Robaxin®
Chlorzoxazone®	Skelaxin
cyclobenzaprine ER	Soma®
Fexmid®	Tabradol®
Lorzone®	tizanidine (capsules only)
Metaxall	Zanaflex®
Metaxalone	

Covered Alternatives:
carisoprodol (except 250mg tablet)
chlorzoxazone
cyclobenzaprine
methocarbamol
tizanidine tablets

# COVERED AND NON-COVERED DRUGS

## Drugs Covered under this Benefit

1. Legend drugs;
2. Insulin or oral diabetic drugs;
3. Disposable insulin needles/syringes and physician prescribed needles/syringes/supplies;
4. Disposable blood/urine/glucose/acetone testing agents (e.g. Acetest Tablets, Clinitest Tablets, Glucometer (one per calendar year), Lancets, Diastix Strips, Tes-Tape and Chemstrips);
5. Diabetic supplies will be purchased with order for insulin or oral diabetic prescription. The plan will allow needles, syringes, lancets, and testing strips at no charge if ordered within 30 days of a prescription at the same pharmacy;
6. Compound medication of which at least one ingredient is a legend drug to maximum \$200.00 per prescription payment;
7. Any other drug which under the applicable State Law may only be dispensed upon the written prescription of a physician or other lawful prescriber;
8. Contraceptives: Oral, Brand Extended cycle (mail order only), Generic Extended cycle (Network at 90 days copay), Transdermal patches, Contraceptive devices, Levonorgestrel (Norplant), Prescription Strength Only;
9. Depo-Provera;
10. Prescribed smoking deterrent medications containing nicotine or any other smoking cessation aids, all dosage forms;
11. Growth hormones (requires a prior authorization);
12. Extended Release anti-depressive agents: Wellbutrin XL, Effexor XR; and
13. Extended Release migraine prophylactic agents: Depakote ER.
2. Non-FDA approved medications.
3. Therapeutic devices or appliances, including support garments and other non-medicinal substances, regardless of intended use.
4. Charges for the administration or injection of any drug.
5. Drugs labeled "Caution - limited by Federal Law to investigational use" or experimental drugs even though a charge is made to the individual.
6. Medications given to an individual, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar premises which operates on its premises or allows to be operated on its premises, a facility for dispensing pharmaceuticals.
7. Any prescription refilled more than the number of times specified by the physician or any refill dispensed after one year from the physician's original order.
8. Prescription which an eligible individual is entitled to receive without charges from any Workers' Compensation Laws or which is prescribed for an injury or illness which is excluded from any medical coverage which is provided in conjunction with this prescription plan.
9. Prescribed prenatal vitamins are not covered under the prescription plan. Claims for prescribed prenatal vitamins with a pregnancy diagnosis may be submitted to us for payment consideration under the medical benefit.
10. Immunization agents, biological sera blood, or blood plasma.
11. Dietary supplements, vitamins or formulas, vitamins individually, or in combination.
12. Nutritional Supplements (i.e. Deplin®, Metanx®).
13. Fertility medications.
14. Anti-obesity medications.
15. Agents used for cosmetic purposes.
16. Male pattern baldness medications; hair growth stimulants.
17. Lifestyle convenience prescriptions (i.e. erectile dysfunction prescriptions, topical and buccal testosterone products).

## Drugs Not Covered under this Benefit

Plan exclusions apply to both the brand and generic version of the medication unless otherwise noted.

1. Non-legend drugs other than those listed above.

18. All non-injectable testosterone (including pellet and buccal formulations), Brand injectable testosterone is also excluded.
19. All nasal steroids (e.g. Beconase® AQ, Nasonex®, QNASL®, etc.).
20. All non-sedating/low-sedating antihistamines (e.g. Claritin®, Clarinex®, desloratadine, levocetirizine, Zyrtec®, etc.).
21. All proton pump inhibitors (e.g. Dexilant®, Nexium®, Prilosec®, Protonix, etc.) and H2 Antagonists (e.g. Pepcid®, Tagamet®, Zantac®, etc.).
22. All topical non-narcotic pain medications (e.g. Sinelee®, Flector®, Solaraze®, etc.).
23. Certain acne medications: Absorica®, all benzoyl peroxide, Altreno®, Cleocin-T® gel, Clindagel®, Clindamycin® gel, Duac® gel, Fabior®, Refissa®, Renova®, tretinoin emulsion cream, Retin-A®, and Riax®.
24. Certain analgesic/anti-inflammatory/pain agents: Acetaminophen/Caffeine/Dihydrocodone®, Apadaz®, Aspirin/Caffeine/Dihydrocodone®, Arymo® ER, Belbuca®, benzhy/acetaminophen, Bunavail®, Dsuvia®, Embeda®, Exalgo®, hydromorphone ER (generic Exalgo only), Hysingla® ER, Kadian® CR/ER, Levorphanol®, Morphabond® ER, morphine sulphate ER capsules (generic Kadian only), Nalocet®, Nucynta®, Nucynta® ER, Opana® ER, Oxaydo®, oxymorphone, Oxymorphone® ER, Roxybond®, Sprix spray®, Suboxone®, bupren/naloxone (generic Suboxone®), Synalgos-DC®, Trezix®, Xtampza® ER, Zohydro® ER, and Zubsolv®.
25. Certain combination analgesic and gastric reflux/stomach ulcer medications: Duexis®, Vimovo® and Yosprala®.
26. Certain antibiotics: Impavido®, Furadantin® suspension, and its generic if over 7 years old.
27. Certain anticonvulsants: Briviact®, Keppra® XR; Lamictal®, Lamictal XR®, levetiracetam ER, Qudexy XR®, roweepra XR, Topiramate® ER, and Trokendi XR.
28. Certain antidiabetic medications: Glumetza®, metformin ER (certain 1000mg and certain 500mg strengths), Fortamet® Symlin®; Invokana®, Invokamet®, and Invokamet® XR.
29. Certain antiemetics: Akynzeo®, Bonjesta®, Cinvanti®, Diclegis®, Emend® (suspension and tripack), Emend® for injection, Sustol®, and Varubi®.
30. Certain antifungals: Cresemba®, Extina® Aer 2%, Jublia®, Kerydin®, Luliconazole®, Luzu®, Naftin®, Onmel®, Tolsura®, Vytone®, and Xolegel®.
31. Certain antipsychotics: Abilify® Myci (only), Aristada®, Nuplazid®, and Rexulti®.
32. Certain cholesterol/triglyceride-lowering Agents: Lovaza®, Niaspan®, niacin ER, niacor, Flolipid® suspension, and all Fenofibrates (e.g. Antara®, Lipofen®, Fenoglide®, Tricor®, etc.).
33. Certain COPD medications: Daliresp®, Lonhala Magn®, Trelegy®, and Yupelri®.
34. Certain gastrointestinal agents: Motegrity®, Mytesi®, Relistor®, Symproic®, Viberzi®, and Xermelo®.
35. Certain gout agents: Duzallo® and Zurampic®.
36. Certain ophthalmic agents: Acular®, Acuvail®, Altrex®, Azopt®, Bromfenac®, Bromsite®, Flubiprofen®, Ilevro®, Inveltys®, Lotemax®, Nevanac®, Prolensa®, Rhopressa®, and Vyzulta®, Xelpros®, Zylet®.
37. Certain topical steroids: Enstilar®, Bryhali®, Impoyz®, Trianex®, Triderm®, Ultravate®, all brands with generics available, all gels, aerosols, sprays, shampoos, tapes, and lotions.
38. Most convenience Kits and Paks such as but not limited to: Flanax Pain Kit Relief, Morgidox Kit, Naproxen Comfort Kit, Nutridox Kit, etc.
39. Zolgensma injectable for the treatment of spinal muscular atrophy.

*Note: This is not a complete list of covered and non-covered drugs. This list is subject to change as new drugs are added to the market or for cost containment purposes. For a complete and current list of covered drugs, please log into our website at [tmlhb.org](http://tmlhb.org) and select prescription benefits under the benefits tab.*

# PRESCRIPTION DRUG FORMULARY

The most effective way to control costs is through the use of generic drugs and a drug formulary. As such, drugs that are not categorized as Specialty Drugs, Cost Share Drugs, or Excluded Drugs are assigned to a certain tier, as described below.

Drug Tier	Includes
Tier 1	Lower cost generics and some brand name drugs. <b>Use Tier 1 drugs for the lowest out-of-pocket costs.</b>
Tier 2	Mid-range cost preferred brand-name drugs. <b>Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.</b>
Tier 3	Highest-cost non-preferred drugs. <b>Some low-cost brands may be included. Many Tier 3 drugs have lower cost options in Tier 1 or 2.</b> Ask your doctor if they could work for you.
Tier i-P	<b>Preferred</b> specialty injectables. Check your benefit plan documents to find out your specific prescription plan costs.
Tier i-NP	<b>Non-preferred</b> specialty injectables. Check your benefit plan documents to find out your specific prescription plan costs.

Please see the Top 1000 Utilized Drugs List, located on the TML Health website at [tmlhb.org](http://tmlhb.org). The list represents the top 1000 drugs that are prescribed for our members. The list is NOT the entire formulary list. Some of the medications on the list may NOT be covered by your plan or have additional restrictions. Their presence on the list does NOT guarantee coverage. Where

differences are noted between the list and your benefit plan documents, the benefit plan documents will rule.

For verification of what is covered under your plan please log on to [tmlhb.org](http://tmlhb.org).

# OTHER PHARMACY RESOURCES

## Mobile App

The convenient Navitus app makes the online pharmacy experience as simple as possible. From your mobile phone, you can:

- View all medications in a clear and concise format using the “Medicine Cabinet” feature
- Refill and renew home delivery prescriptions
- Transfer a retail prescription to home delivery
- Find drug prices and lower cost options
- View your prescription claims history or order status
- Locate a pharmacy: Enjoy the convenience of our pharmacy locator to locate an in-network retail location at any time.
- Set up refill reminders: Set text message reminders for refills or taking a medication
- Track your order

When you receive your doctor’s order, visit [Navitus.com](https://www.Navitus.com), register, and follow the simple step-by-step instructions. You can manage your medication(s) online.

## Mobile Friendly Website

### Access your Account Anytime, Anywhere.

Manage your prescription drug benefits on your smartphone, iPad, Android tablet, or other handheld device. Navitus Mobile makes it easy to:

- Refill mail service pharmacy prescriptions
- Check the status of and track orders
- Locate a pharmacy by ZIP code
- View your prescription history
- Set up text message medication reminders
- Search your formulary by generic or brand-name drug, status, or class

### How do I find the mobile site?

Open your smartphone browser and type in [m.Navitus.com](https://m.Navitus.com). You also can type in our full address, [Navitus.com](https://www.Navitus.com), and you will automatically be directed to the mobile version of our site. Once the site is loaded on your phone, you can bookmark it.

### Can I use the mobile site on any smartphone?

Yes. Just enter [Navitus.com](https://www.Navitus.com) into the web browser of your smartphone.

### Can I use both the full site and the mobile site?

Yes. If you make a change to your account or manage your prescriptions on one site, that information will be updated on the other site as well.

## How to refill prescriptions

1. On the home page, click “My Prescriptions”. Click “Refill Prescriptions”. (If you are not logged in, you will be prompted to log in first.)
2. Select the prescription(s) you would like refilled by checking the box(es).
3. Click “Add to Cart” to proceed to the shopping cart page.
4. Review your selections. You can remove items from your cart, keep shopping, or check out. When you are finished, click “Check Out”.
5. Review your shipping information and your order summary. You may change your shipping address or add a new one.
6. Review your order summary. To make changes to your order, click “Back”. If your order is complete, click “Submit”.

## How to set up text message medication reminders

1. On the home page, click “My Prescriptions”. Click “Medication Reminders”. (If you are not logged in, you will be prompted to log in first.)
2. Enter the mobile phone number where you want the text message reminder(s) to be sent.
3. Select your time zone.
4. Select your mobile carrier.
5. Choose the type of reminder you would like to receive. You can get reminders when mail order prescriptions are ready for refill and renewal, when prescriptions are eligible for transfer to mail service, and when orders have been shipped. You can also set reminders for specific times of day and for specific medications.
6. When you are done, click “Save”.

## Consumer Portal

The Navitus® consumer portal empowers you to become an informed advocate of your own health by allowing you to easily manage and gain deeper insight into your prescription benefits.

- **Simple:** The responsive design makes it easy for you to access your complete profile to manage your prescription benefits on any device.
- **Smart:** With accurate drug pricing, proactive messaging on cost savings, and detailed order status information, all of your real time benefits information is readily available.
- **Seamless:** You can enroll in text message reminders for taking your medications as well as when you need to refill or renew prescriptions, and when orders have shipped.

Register or sign in to [Navitus.com](https://www.navitus.com) to take advantage of these features.

## My Medicine Cabinet

Upon login, you will see your My Medicine Cabinet dashboard. This makes it easy for you to view your realtime benefits and access the many tools and features to help you manage your medications and health from a single page.

**Once registered on the website, you can access:**

1. **Household prescriptions** – Ability to manage prescriptions on behalf of family members
2. **Order status** – You are able to track where your home delivery order is within the process and view order hold information if applicable
3. **Proactive savings messaging** – Advocates for you by providing proactive ways to save such as transferring retail prescriptions to home delivery
4. **Member tools** – Provides easy access to the most commonly used member tools throughout the site
5. **Medicine cards** – Provides visibility to the most relevant information for medications

## Mail Order Service

Navitus's state-of-the-art mail service pharmacy sends prescription medications, including refrigerated injectable medications (shipped via express delivery) to your location of choice, or to your provider to administer to you in the office. Our goal is to meet and exceed your needs when it comes to how, when, and where you receive your medications.

### How do I use Navitus mail service pharmacy for new prescriptions?

Ordering a new medication is easy with our website. Just log on to [Navitus.com](https://www.navitus.com). From there go to "My Account" then click on "Manage My Mail Service" to fill a new prescription through our easy-to-use online tools. Or, if you prefer to speak to someone on the phone, call (855) 673-6504 to order through home delivery anytime.

### How will I order refills from Navitus mail service pharmacy?

**Once you place your first order with Navitus, you can choose from three different ways to order refills:**

- **Online:** Order refills by logging into [Navitus.com](https://www.navitus.com), selecting "Manage my Prescriptions" and viewing your refills.
- **Mail:** Complete the reorder form included with each medication shipment and then mail it to us for processing.
- **Phone:** Call customer service at (855-673-6504) (TTY 711). You can choose to use our automated system or speak with a representative.

Also, if you register at [Navitus.com](https://www.navitus.com), you will receive e-mail reminders when it is time to refill your prescription.

### How long will it take to receive my mail service prescription orders?

New prescription orders should arrive in about 10 business days after we receive complete order information, while refills should arrive in about 7 business days.