

PPO Blue Benefit Summary

**PPO Blue-~~400~~90%/8070%;\$0250 Network Deductible;
\$15/\$25 OV Copay; \$100 ER Copay**

On the chart below, you'll see what your plan pays for specific services. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

Benefit	Network	Out-of-Network
General Provisions		
Benefit Period(1)	Calendar Year	
Deductible (per benefit period)		
Individual	None \$250	\$250\$500
Family	\$500	\$500\$1,000
Plan Pays – payment based on the plan allowance	100% 90% after deductible	8070% after deductible
Out-of-Pocket Maximums (Once met, plan pays 100% for the rest of the benefit period)		
Individual	Not-Applicable \$1,000	\$1,500\$2,000
Family	\$2,000	\$3,000\$4,000
Total Maximum Out-of-Pocket (includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses, Network only.(2) Once met, the plan pays 100% of covered services for the rest of the benefit period.		
Individual	\$6,600 6,850	None
Family	\$13,200 13,700	None
Office/Clinic/Urgent Care Visits		
Retail Clinic Visits & Virtual Visits (7)	100% after \$25 copayment	8070% after deductible
Primary Care Provider Office Visits & Virtual Visits (7)	100% after \$15 copayment	8070% after deductible
Specialist Office Visits & Virtual Visits (8)	100% after \$25 copayment	8070% after deductible
Virtual Visit Originating Site Fee (8)	90% after deductible	70% after deductible
Urgent Care Center Visits	100% after \$25 copayment	8070% after deductible
Telemedicine Services (9)	100% after \$10 copayment	Not Covered
Preventive Care(4)		
Routine Adult		
Physical exams	100% no deductible	8070% after deductible
Adult immunizations	100% no deductible	8070% after deductible
Colorectal cancer screening	100% no deductible	8070% after deductible
Routine gynecological exams, including a Pap Test	100% no deductible	8070% no deductible
Mammograms, annual routine and medically necessary	100% no deductible	8070% after deductible
Diagnostic services and procedures	100% no deductible	8070% after deductible
Routine PSA Screening	100% no deductible	8070% after deductible
Routine Pediatric		
Physical exams	100% no deductible	8070% after deductible
Pediatric immunizations	100% no deductible	8070% no deductible
Diagnostic services and procedures	100% no deductible	8070% after deductible
Hospital and Medical/Surgical Expenses (including maternity)		
Hospital Inpatient	100% 90% after deductible	8070% after deductible
Hospital Outpatient	100% 90% after deductible	8070% after deductible
Maternity (non-preventive facility & professional services) Excludes Dependent Daughter except complications	100% 90% after deductible	8070% after deductible
Medical Care (except office visits) Includes Inpatient Visits and Consultations	100% 90% after deductible	8070% after deductible
Surgical Expenses (except office visits) Includes Assistant Surgery, Anesthesia, Sterilization and Reversal Procedures. Excludes Neonatal Circumcision	100% 90% after deductible	8070% after deductible
Emergency Services		
Emergency Room Services	100% after \$100 copayment (waived if admitted)	
Ambulance (emergency)	100% no deductible	
Ambulance (non-emergency)	100% 90% after deductible	8070% after deductible
Mental Health/Substance Abuse		

Inpatient Mental Health	100%90% after deductible	8070% after deductible
Inpatient Detoxification/Rehabilitation	100%90% after deductible	8070% after deductible
Outpatient Mental Health includes Virtual Behavioral Health Visits	100% after \$25 copayment	8070% after deductible
Outpatient Substance Abuse includes Virtual Behavioral Health Visits	100% after \$25 copayment	8070% after deductible
Benefit	Network	Out-of-Network
Therapy and Rehabilitation Services		
Physical Medicine Outpatient	100% after \$25 copayment	8070% after deductible
Respiratory Therapy	100% after \$25 copayment	8070% after deductible
Spinal Manipulations	100% after \$25 copayment	8070% after deductible
Speech & Occupational Therapy Outpatient	100% after \$25 copayment	8070% after deductible
Other Therapy Services - Cardiac Rehabilitation, Chemotherapy, Radiation Therapy, Dialysis and Infusion Therapy	100% after \$25 copayment	8070% after deductible
Other Services		
Allergy Extracts and Injections	100%90% after deductible	8070% after deductible
Applied Behavior Analysis for ASD (3)	100%90% after deductible	8070% after deductible
Assisted Fertilization Procedures	Not Covered	
Dental Services Related to Accidental Injury	100%90% after deductible	8070% after deductible
Diabetes Treatment	100%90% after deductible	8070% after deductible
Diagnostic Services		
Advanced Imaging (MRI, CAT, PET scan, etc.)	100%90% after deductible	8070% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100%90% after deductible	8070% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	100%90% after deductible	8070% after deductible
Elective Abortion	Not Covered (except in cases of rape, incest, or to avert death of the mother)	
Home Health Care (Excludes Respite Care)	100%90% after deductible	8070% after deductible
Hospice (Includes Respite Care)	100%90% after deductible	8070% after deductible
Infertility Counseling, Testing and Treatment(5)	100%90% after deductible	8070% after deductible
Oral Surgery	100%90% after deductible	8070% after deductible
Private Duty Nursing	100%90% after deductible	8070% after deductible
Skilled Nursing Facility Care	100%90% after deductible	8070% after deductible
Transplant Services	100%90% after deductible	8070% after deductible
Precertification Requirements(6)	Yes	

(1)Your group's benefit period is based on a Calendar Year

(2)The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government, TMOOP must include deductible, coinsurance, copays, prescription drug cost share and any qualified medical expenses. Effective with plan years beginning on or after January 1, 2015-2016 the TMOOP cannot exceed \$6,6006,850 for individual and \$13,20013,700 for two or more persons.

(3)Coverage for eligible members to age 21. Services will be paid according to the benefit category (e.g. speech therapy). Treatment for autism spectrum disorders does not reduce visit/day limits.

(4)Services are limited to those listed on the Highmark Preventive Schedule and Women's Health Preventive Schedule. Gender, age and frequency limits may apply.

(5)Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.

(6)Highmark Medical Management & Policy (MM&P) must be contacted prior to a planned inpatient admission or within 48 hours of an emergency or maternity-related inpatient admission. Be sure to verify that your provider is contacting MM&P for precertification. If not, you are responsible for contacting MM&P. If this does not occur and it is later determined that all or part of the inpatient stay was not medically necessary or appropriate, you will be responsible for payment of any costs not covered.

(7)Virtual, Retail & Behavioral Health Virtual Vists – the purpose of this benefit is to allow a member to have a virtual visit through the use of secure telecommunications technology. The secure telecommunications technology must provide both audio and video streams. Virtual visits can be conducted for initial, follow-up, or maintenance care. The member's responsibility is the copayment that would normally apply for an in-person primary care, retail or behavioral visit.

(8)Virtual Specialist Office Visit – the purpose of this benefit is to allow a member to have a virtual follow-up visit with a specialist that may be located a significant distance away. The member's responsibility is the copayment that would normally apply for an in-person specialist visit and a fee from the "originating site". The PCP's office or clinic that provides access to the video conferencing equipment may also charge a fee. The originating fee will be applied to the deductible and/or coinsurance as determined by the member's specific benefit plan design.

(9)Services are provided for acute care for minor illnesses. Services must be performed by a Highmark approved telemedicine provider. Virtual behavioral health visits provided by a Highmark approved telemedicine provider are eligible under the Outpatient Mental Health/Substance Abuse benefit.



Prescription Drug Card Program Summary of Benefits

Rx - \$0; \$510/\$1830/\$36-50 Retail; \$1020/\$3660/\$72-100 Mail; Comprehensive

PRESCRIPTION DRUG	RETAIL PHARMACY	MAIL SERVICE PHARMACY
Deductible	None	
Prescription Drug Defined by the Premier 2012 National Pharmacy Network - Not Physician Network.	31 day supply \$ <u>5-10</u> Generic Copay \$ <u>48-30</u> Brand Formulary Copay \$ <u>36-50</u> Brand Non-Formulary Copay	90 day supply \$ <u>10-20</u> Generic Copay \$ <u>36-60</u> Brand Formulary Copay \$ <u>72-100</u> Brand Non-Formulary Copay
Formulary [Ⓞ]	Comprehensive	
Formulary Benefit Design	Incentive	
Generic Substitution	Soft -When you purchase a brand drug that has a generic equivalent you will be responsible for the brand drug copayment plus the difference in cost between the brand and generic drugs, unless your physician requests that the brand name drug be dispensed	
Out-of-Pocket Maximum	Not Applicable	
Claim Submission	Pharmacy Files at Point-of-Sale	
Non-Network Pharmacy	Member Files Claims	
PRESCRIPTION DRUG CATEGORIES		
Contraceptives (oral and injectable)	Covered	
Fertility Agents	Covered	
Fluoride Products	Covered	
Insulin and Diabetic Supplies	Covered	
Smoking Deterrents (prescription)	Covered	
Vitamins (prescription)	Covered	
Weight Loss Drugs	Covered	
Prescription Hair Growth Products	Not Covered	
CARE MANAGEMENT PROGRAMS		
Exclusive Specialty Pharmacy Provider	<u>N/AApplies – selected high cost prescription drugs are covered only when they are dispensed through an exclusive pharmacy provider</u>	
Quantity Level Limits on selected prescription drugs	Applies – the quantity dispensed under your plan per new or refill prescription may be limited per recommended guidelines.	
Managed Rx Coverage on selected prescription drugs	<u>N/AApplies – certain drug therapies may be monitored for appropriate usage and subject to case evaluation if recommended guidelines are exceeded</u>	
Managed Prior Authorizations****	Applies on select high cost drugs <u>See below</u>	

[Ⓞ] The formulary is an extensive list of Food and Drug Administration (FDA) approved prescription drugs selected for their quality, safety and effectiveness. It includes products in every major therapeutic category. The formulary was developed by the Highmark Pharmacy and Therapeutics Committee made up of clinical pharmacists and physicians. Your program includes coverage for both formulary and non-formulary drugs at the specific copayment or coinsurance amounts listed above.

****Prescription Drugs that require Prior Authorization: Growth Hormones See attached list



Managed Rx Coverage Program

The managed prescription drug coverage (MRxC) program consists of online edits that encourage the safe and effective use of targeted medications to meet the clinical needs of members. To better manage the rising cost of these medications, the MRxC program also promotes the use of lower cost brand and generic medications. Many of the criteria are automated in order to reduce the administrative burden on physicians and to reduce member disruption.

For a listing¹ of medications included in this program, click [here](#).

Managed Prior Authorization Program

Certain medications will require prior authorization to ensure the medical necessity and appropriateness of the prescription order as defined by Highmark prior authorization policies. The member's prescriber must obtain authorization from the Plan, prior to dispensing the medication by a retail pharmacy or through mail order, if applicable, otherwise the medication will not be covered by the Plan.

For a listing¹ of medications included in this program, click [here](#).

Step Edit Program

Generic medications can reduce prescription cost, and increase medication adherence while providing the same benefits as the brand name medication. This policy defines the criteria under which coverage for a brand name medication will be considered when generic products are available within the same therapeutic class. Medications targeted in program are used to treat acid reflux, cholesterol, and depression.

For a listing¹ of medications included in this program, click [here](#).

Note: 1. The medications included for each program are subject to change from time to time by Highmark.

MRxC Programs

The managed prescription drug coverage (MRxC) program consists of online edits that encourage the safe and effective use of targeted medications. Many of the criteria are automated in order to reduce the administrative burden on physicians and to reduce member disruption. The drugs in this category are covered with certain restrictions in place.

Please note, some drugs included under this program may be covered, excluded, or require additional authorization depending on the product and/or group specific requirements.

MRxC Program	
Policy Topic/Medication Name	Drug Use
Abilify (aripiprazole) ¹	major depressive disorder, mania, schizophrenia, bipolar disorder, autism spectrum disorders
Accolate (zafirlukast)	varies: asthma, allergic rhinitis
Ampyra (dalfampridine)	multiple sclerosis
Avinza (morphine sulfate)	management of moderate to severe pain when around the clock analgesia is required for an extended period of time
Brand Statin Edit: Altoprev®, Lescol®, Lescol® XL, Lipitor®, Liptruzet™, Livalo®, Mevacor®, Pravachol®, Zocor®, Simcor®, Vytorin® (Applies to Brand form of medications ONLY)	hyperlipidemia
Brintellix (vortioxetine)	major depressive disorder
Bunavail (buprenorphine/naloxone)	opioid dependence
Butrans (buprenorphine)	pain management
Caverject (alprostadil) ²	erectile dysfunction
Cialis (tadalafil) ²	erectile dysfunction
codeine sulfate	pain management for breakthrough pain
Cymbalta (duloxetine) ¹	major depressive disorder, generalized anxiety disorder, diabetic peripheral neuropathy, fibromyalgia, chronic musculoskeletal pain
Demerol (meperidine)	pain management for breakthrough pain
desvenlafaxine fumarate	major depressive disorder
Dilaudid (hydromorphone)	pain management for breakthrough pain
Dolophine (methadone)	management of moderate to severe pain when around the clock analgesia is required for an extended period of time
Doxycycline Acne Products: Adoxa, Doryx, Monodox	acne
Duragesic (fentanyl) transdermal patch	management of moderate to severe pain when around the clock analgesia is required for an extended period of time
Edex (alprostadil) ²	erectile dysfunction
Egrifta (tesamorelin)	lipodystrophy
Embeda (morphine sulfate/naltrexone)	management of moderate to severe pain when around the clock analgesia is required for an extended period of time

Exalgo (hydromorphone)	management of moderate to severe pain when around the clock analgesia is required for an extended period of time
Fetzima (levomilnacipran) ¹	major depressive disorder
Gralise (gabapentin)	post-herpetic neuralgia
hydromorphone	pain management for breakthrough pain
Hysingla ER	management of moderate to severe pain when around the clock analgesia is required for an extended period of time
Interferon Beta	multiple sclerosis
Intuniv (guanfacine) ³	attention deficit hyperactivity disorder
Kadian (morphine sulfate)	management of moderate to severe pain when around the clock analgesia is required for an extended period of time
Kapvay (clonidine) ³	attention deficit hyperactivity disorder
Khedezla (desvenlafaxine) ¹	major depressive disorder
Kuvan (sapropterin)	hyperphenylalaninemia
Lamisil (terbinafine)	various fungal infections
Levitra (vardenafil) ²	erectile dysfunction
levorphanol tartrate	management of moderate to severe pain when around the clock analgesia is required for an extended period of time
Lidoderm (lidocaine)	post-herpetic neuralgia
Lyrica (pregabalin)	diabetic peripheral neuropathy pain, post-herpetic neuralgia, fibromyalgia, seizure
meperidine	pain management for breakthrough pain
methadone oral solution	management of moderate to severe pain when around the clock analgesia is required for an extended period of time
Migraine: various medications-refer to policy	migraine
Extended Release Minocycline HCl (e.g. Ximino, Solodyn)	acne
Mitigare (colchicine)	gout attack prophylaxis
morphine sulfate	pain management for breakthrough pain
MS Contin (morphine sulfate)	management of moderate to severe pain when around the clock analgesia is required for an extended period of time
Muse (alprostadil) ²	erectile dysfunction
Nucynta (tapentadol)	pain management for breakthrough pain
Nucynta ER (tapentadol ER)	management of moderate to severe pain when around the clock analgesia is required for an extended period of time
Nuedexta (dextromethorphan/quinidine)	pseudobulbar affect
Opana ER (oxymorphone); Oxycontin ER (oxycodoen)	management of moderate to severe pain when around the clock analgesia is required for an extended period of time
Oxy IR (oxycodone); Opana (oxymorphone) - immediate release opioids	pain management for breakthrough pain
OxyContin (oxycodone)	management of moderate to severe pain when around the clock analgesia is required for an extended period of time
Pristiq (desvenlafaxine) ¹	major depressive disorder

Seroquel XR (quetiapine) ¹	major depressive disorder, schizophrenia, bipolar
Singulair (montelukast)	varies: asthma, allergic rhinitis
Sporanox (itraconazole)	various fungal infections
Staxyn (vardenafil) ²	erectile dysfunction
Strattera (atomoxetine) ³	attention deficit hyperactivity disorder
Suboxone (buprenorphine and naloxone)	opioid dependence
Subutex (buprenorphine)	opioid dependence
Symbyax (olanzapine/fluoxetine) ¹	bipolar disorder
Targiniq ER (oxycodone/naloxone)	management of moderate to severe pain when around the clock analgesia is required for an extended period of time
Uloric (febuxostat)	gout
Viagra (sildenafil) ²	erectile dysfunction
Vilbryd (vilazodone) ¹	major depressive disorder
Xifaxan 550mg (rifaximin)	hepatic encephalopathy
Zohydro ER (hydrocodone)	pain
Zubsolv (buprenorphine/naloxone)	opioid dependence
Zyflo (zileuton)	varies: asthma, allergic rhinitis

1. These drugs may be excluded if the group excludes Psychotherapeutic Agents.

2. These drugs may be excluded if the group excludes impolency coverage.

3. These drugs may be excluded if the group excludes Attention Deficit Disorder Agents.

Prior Authorization Program

Prior authorization is necessary for coverage for certain medications. In these cases, clinical criteria, based on plan coverage conditions approved by the Pharmacy and Therapeutics Committee, must be met or other information must be provided before coverage is considered. The provider must submit documentation of the rationale for the use of the medication before the member is eligible for coverage. Drugs that typically require prior authorization and their uses are listed below.

To request a drug that requires prior authorization, please complete the medication request form and fax to 1-866-240-8123. If you do not have a form, please call 1-800-600-2227 and one will be faxed to the provider.

Please note, some drugs included under this program may be covered, excluded, or require additional authorization depending on the product and/or group specific requirements.

Prior Authorization	
Policy Topic	Drug Use
Actemra (tocilizumab)	rheumatoid arthritis
Acthar (corticotropin)	adrenocortical insufficiency diagnosis, infantile spasms, multiple sclerosis
Adcirca (tadalafil)	pulmonary arterial hypertension
Adempas (riociguat)	pulmonary arterial hypertension
Afinitor/Afinitor Disperz (everolimus)	advanced renal cell carcinoma
Androgens / Anabolic Steroids	hormone deficiency
Arcalyst (rilonacept)	cryopyrin-associated periodic syndromes
Aubagio (teriflunomide)	multiple sclerosis
Belviq (lorcaserin) ¹	obesity
Berineret (C1 esterase inhibitor (human))	hereditary angioedema
Bosulif (bosutinib)	chronic myelogenous leukemia
Buphenyl (sodium phenylbutyrate)	hyperammonemia
Caprelsa (vandetanib)	thyroid cancer
Carbaglu (carglumic acid)	hyperammonemia
Cerdelga (eliglustat)	type 1 Gaucher disease
Chenodal (chenodiol)	gallstones
Cimzia (certolizumab pegol)	Crohn's disease, psoriatic arthritis, rheumatoid arthritis, ankylosing spondylitis
Cometriq (cabozantinib)	thyroid cancer
Contraceptives (oral/injectable)	non-contraceptive use
Contrave (bupropion/naltrexone)	obesity
Enbrel (etanercept)	rheumatoid arthritis/psoriatic arthritis, ankylosing spondylitis, juvenile rheumatoid arthritis, psoriasis
Erivedge (vismodegib)	advanced basal cell carcinoma
Esbriet (pirfenidone)	idiopathic pulmonary fibrosis
Fentanyl Citrate (immediate release)	cancer pain management
Fertility Medications	infertility
Firazyr (icatibant)	hereditary angioedema
Forteo (teriparatide)	osteoporosis
Gattex (teduglutide)	short bowel syndrome
Gilenya (fingolimod)	multiple sclerosis
Gilotrif (afatinib)	non-small cell lung cancer
Gleevec (imatinib)	cancer treatment for chronic myeloid leukemia

Growth Hormones	hormone deficiency
Hetlioz (tasimelteon)	non-24 sleep-wake disorder
Horizant (gabapentin enacarbil)	restless leg syndrome
Humira (adalimumab)	rheumatoid arthritis/psoriatic arthritis, ankylosing spondylitis, juvenile rheumatoid arthritis, psoriasis and Crohn's disease
Iclusig (ponatinib)	chronic myeloid leukemia
Ilaris (canakinumab)	cryopyrin-associated periodic syndromes
Imbruvica (ibrutinib)	mantle cell lymphoma
Incivek (telaprevir)	chronic hepatitis C, genotype 1
Increlex (mecasermin)	primary insulin-like growth factor-1 deficiency or growth hormone gene deletion
Inlyta (axitinib)	advanced renal cell carcinoma
Interferons	cancer treatment; liver disease
Iressa (gefitinib)	non-small cell lung cancer, pancreatic cancer
Jakafi (ruxolitinib)	myelofibrosis
Kalydeco (ivacaftor)	cystic fibrosis
Kineret (anakinra)	rheumatoid arthritis
Korlym (mifepristone)	Cushing's syndrome
Letairis (ambrisentan)	pulmonary arterial hypertension
Mekinist (trametinib)	melanoma
Movantik (naloxegol)	opioid-induced constipation
Mozobil (plerixafor)	hematopoietic stem cell mobilization for collection and subsequent autologous transplantation
Myalept (metreleptin)	general lipodystrophy
Nexavar (sorafenib)	renal cell cancer, metastatic liver cancer, metastatic thyroid cancer
Northera (droxidopa)	neurogenic orthostatic hypotension
Nplate (romiplostim)	thrombocytopenia purpura
Ofev (nintedanib)	idiopathic pulmonary fibrosis
Olysio (simeprevir)	chronic hepatitis C, genotype 1
Opsumit (macitentan)	pulmonary arterial hypertension
Orencia SubQ (abatacept)	rheumatoid arthritis
Orenitram (treprostinil)	pulmonary hypertension
Otezla (apremilast)	Psoriatic arthritis
Pomalyst (pomalidomide)	multiple myeloma
Procysbi (cysteamine bitartrate)	nephropathic cystinosis
Prolia (denosumab)	osteoporosis
Promacta (eltrombopag)	thrombocytopenia purpura
Provigil/Nuvigil (modafinil/armodafinil)	narcolepsy, obstructive sleep apnea
Qsymia (phentermine/topiramate) ¹	obesity
Ravicti (glycerol phenylbutyrate)	hyperammonemia
Revatio (sildenafil)	pulmonary arterial hypertension
Revlimid (lenalidomide)	multiple myeloma, myelodysplastic syndrome
Ruconest (C1 esterase inhibitor (recombinant))	hereditary angioedema
Savella (milnacipran)	fibromyalgia
Signifor (pasireotide)	Cushing's disease

Simponi (golimumab)	rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, ulcerative colitis
Smoking cessation medications	smoking cessation
Sovaldi (sofosbuvir)	chronic hepatitis C, genotypes 1, 2, 3, or 4
Sprycel (dasatinib)	cancer treatment for refractory chronic myeloid leukemia; treatment of refractory Philadelphia chromosome positive acute lymphoblastic leukemia
Stelara (ustekinumab)	plaque psoriasis
Stivarga (regorafenib)	metastatic colorectal cancer
Sublingual Immunotherapy [Oralair, Ragwitek, Grastek]	Allergen induced allergic rhinitis
Sutent (sunitinib)	gastrointestinal stromal tumors, renal cancer, pancreatic cancer
Tafinlar (dabrafenib)	melanoma
Tarceva (erlotinib)	non-small cell lung cancer, pancreatic cancer
Tasigna (nilotinib)	chronic myelogenous leukemia
Tecfidera (dimethyl fumarate)	multiple sclerosis
Testosterone	hypogonadism, delayed puberty, and metastatic breast cancer
Thalomid (thalidomide)	multiple myeloma, erythema nodosum leprosum
Tracleer (bosentan)	pulmonary arterial hypertension
Tykerb (lapatinib)	breast cancer
Valchlor (mechlorethamine)	cutaneous T-cell lymphoma
Viekira Pak (ombitasvir/paritaprevir/ritonavir; dasabuvir)	chronic hepatitis C, genotype 1
Victrelis (boceprevir)	chronic hepatitis C, genotype 1
Votrient (pazopanib)	renal cancer
Wellbutrin (bupropion) ²	depression
Xalkori (crizotinib)	lung cancer
Xeljanz (tofacitinib)	rheumatoid arthritis
Xenazine (tetrabenazine)	Huntington's disease
Xtandi (enzalutamide)	metastatic castration-resistant prostate cancer (CRPC)
Xyrem (sodium oxybate)	narcolepsy
Zelboraf (vemurafenib)	melanoma
Zolinza (vorinostat)	cutaneous T-cell lymphoma
Zydelig (idelalisib)	chronic lymphocytic leukemia, follicular B-cell non-Hodgkin lymphoma, small lymphocytic lymphoma
Zykadia (ceritinib)	(ALK)-positive metastatic non-small cell lung cancer (NSCLC)
Zytiga (abiraterone acetate)	prostate cancer

1. These drugs may be excluded if the group excludes Anti-Obesity coverage.

2. These drugs may be excluded if the group excludes Psychotherapeutic Agents.

STEP EDIT PROGRAM

Generic medications can reduce prescription cost, increase medication adherence while providing the same benefits as the brand name medication. This policy defines the criteria under which coverage for a brand name medication will be considered when generic products are available within the same therapeutic class.

The policy will apply to the following classes:

- Proton pump inhibitors
- HMG-CoA reductase inhibitors (statins)
- Selective serotonin (norepinephrine) reuptake inhibitors (SSRI/SNRI)

This policy will be superseded if the medication requested is included in a separate policy specific to that medication (i.e., prior authorization). Similarly, the formulary status of the medication and other edits may still apply. This policy will only apply to adults 18 years of age and older.

Members who meet the criteria as outlined below will receive automatic authorization at the level of the pharmacy without documentation of additional information:

- When provided as a benefit, coverage for a brand PPI will be approved if:
 - The member has tried and failed any generic PPI within the last 120 days.
- Coverage for a brand statin will be approved if:
 - The member has tried and failed any generic statin within the last 24 months.
- When provided as a benefit, coverage for a brand SSRI/SNRI will be approved if:
 - For new starts, the member must try and fail any generic SSRI/SNRI prior to trying a brand SSRI/SNRI
 - For changes to existing therapy, the member has tried any brand or generic SSRI/SNRI within the last 180 days

Proton Pump Inhibitors
Aciphex (rabeprazole)
Dexilant (dexlansoprazole)
First-Lansoprazole
First-Omeprazole
Kapidex (dexlansoprazole)
Nexium (esomeprazole)
Omeprazole powder
Prevacid (lansoprazole)
Prilosec (omeprazole)
Protonix (pantoprazole)
Zegerid (omeprazole/ sodium bicarbonate)

Brand Statins
Altoprev (lovastatin)
Lescol (fluvastatin)
Lescol XL (fluvastatin)
Lipitor (atorvastatin)
Liptruzet (ezetimibe and atorvastatin)
Livalo (pitavastatin)
Mevacor (lovastatin)
Pravachol (pravastatin)
Simcor (niacin and simvastatin)
Vytorin (ezetimibe and simvastatin)
Zocor (simvastatin)

Brand SSRI/SNRIs
Celexa (citalopram)
Cymbalta (duloxetine)
Effexor (venlafaxine)
Effexor XR (venlafaxine)
Fluoxetine HCl powder and 60 mg tablet
Lexapro (escitalopram)
Luvox CR (fluvoxamine)
Paxil (paroxetine)
Paxil CR (paroxetine)
Pexeva (paroxetine)
Prozac (fluoxetine)
Prozac Weekly (fluoxetine)
Sarafem (fluoxetine)
Sertraline HCl Powder
Venlafaxine HCl ER Brand
Zoloft (sertraline)