

Addendum to Agreement

Between

Pennsylvania's State System of Higher Education (State System)

And

Association of Pennsylvania State College and University Faculties (APSCUF)

The parties' collective bargaining agreement in effect from July 1, 2011 to June 30, 2015, as well as the side letters appended thereto, are extended in full force and effective until June 30, 2016, except as modified below:

Article 22 – SALARIES

A. Salaries for Full-Time FACULY MEMBERS

Add new subsection d. to Section 3 as follows:

d. FACULTY MEMBERS who are at Step 13 of their present rank as of the spring 2016 semester shall receive a one-time cash payment of two and one-half percent (2.5%), which shall be paid the first full pay period following ratification by the Board of Governors. These payments are cash payments paid in lieu of longevity increases to employees who are at or above the maximum step of their pay range. The cash payment is applicable to those faculty members in an active pay status on the date of payment.

B. Annual Increments

Add new subsections to Section 1 as follows:

d. Effective with the pay period beginning June 11, 2016, all twelve (12) month (26.08 pay) FACULTY MEMBERS shall move one increment. This increment is in lieu of the increment provided in e. below.

e. Effective with the first pay of the fall semester 2016, all full-time regular FACULTY MEMBERS shall move one increment.

f. Those FACULTY MEMBERS promoted with an effective date of fall 2016 are not eligible for the annual increment under d. and e. above.

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FOR THE UNION:

FOR THE EMPLOYER:

Date

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State System Proposal
April 28, 2016

g. Those full-time regular FACULTY MEMBERS with summer 2016 contracts of employment with an effective date of May 9, 2016 or later shall be compensated one step higher per workload hour than their 2015-2016 academic year pay step based on the 2015 Summer Pay Schedule (APPENDIX J). This step increase is not applicable to any compensation earned during the 2015-2016 academic year and paid over the summer.

Article 21 – FRINGE BENEFITS

The following changes will be effective July 1, 2016 except where specifically provided that a provision will be effective on another date:

A. Health Benefits

1. Eligibility

Same-sex domestic partner health plan eligibility will be closed to new enrollments

- Existing same-sex domestic partners (and their children, if applicable) enrolled in the health plan will remain eligible for health benefits

2. Full-Time Employee Health Care Choices and Plan Design

- Elimination of the four regional HMO plan options
- Modification of the PPO Blue plan design to include an in-network deductible and member coinsurance (and increases to the out-of-network deductible and member coinsurance) for certain medical services
 - See attached PPO Benefit Summary

3. Full-Time Employee Premium Contribution

Effective with the July 22, 2016 pay date, increase full-time employee premium contributions as follows:

- 15% to 18% for Healthy U participants
- 25% to 28% for Healthy U nonparticipants

4. Part-Time Employee Health Care Choices and Plan Design

Same changes as provided to Full-Time Employees noted in 2. above.

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9. Prescription Drug Card

- Modification of the prescription drug plan to increase the retail and mail-order member copays
 - See attached Prescription Drug Plan Summary
- Add or expand several drug care management programs
 - See attached supporting information on drug care management programs
- Implementation of the Retail Exclusivity Program (Walgreens Specialty Pharmacy) for specialty drug dispensing
 - See attached current listing of specialty medications included in the Retail Exclusivity Program

10. Annuitant Health Care Coverage

a. Eligibility

Same sex domestic partners (and their dependents) who were enrolled prior to July 1, 2016 as a dependent under either the Annuitant Health Care Program (AHCP) or the active employee health care plan may continue to be covered as a dependent in the AHCP.

- No new same-sex domestic partners will be eligible for enrollment in the AHCP

NEW PROVISION

The parties further agree that negotiations for a successor collective bargaining agreement, to be effective July 1, 2016, will continue.

EXPIRATION OF OFFER

This proposal is valid through the close of business May 13, 2016. If the terms contained in this proposal are not tentatively agreed to by the parties by the close of business on May 13, 2016, the offer will be deemed to be withdrawn without further notification from the State System. If the parties reach a tentative agreement for the contract year 2015-2016 by May 13, 2016, APSCUF will expeditiously seek to ratify the tentative agreement and notify the State System of the result no later than June 1, 2016.

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PPO Blue Benefit Summary

**PPO Blue-~~100~~90%/~~80~~70%;\$~~0~~250 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	80 70% 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	80 70% after deductible
Primary Care Provider Office Visits & Virtual Visits (7)	100% after \$15 copayment	80 70% after deductible
Specialist Office Visits & Virtual Visits (8)	100% after \$25 copayment	80 70% after deductible
Virtual Visit Originating Site Fee (8)	90% after deductible	70% after deductible
Urgent Care Center Visits	100% after \$25 copayment	80 70% after deductible
Telemedicine Services (9)	100% after \$10 copayment	Not Covered
Preventive Care(4)		
Routine Adult		
Physical exams	100% no deductible	80 70% after deductible
Adult immunizations	100% no deductible	80 70% after deductible
Colorectal cancer screening	100% no deductible	80 70% after deductible
Routine gynecological exams, including a Pap Test	100% no deductible	80 70% no deductible
Mammograms, annual routine and medically necessary	100% no deductible	80 70% after deductible
Diagnostic services and procedures	100% no deductible	80 70% after deductible
Routine PSA Screening	100% no deductible	80 70% after deductible
Routine Pediatric		
Physical exams	100% no deductible	80 70% after deductible
Pediatric immunizations	100% no deductible	80 70% no deductible
Diagnostic services and procedures	100% no deductible	80 70% after deductible
Hospital and Medical/Surgical Expenses (including maternity)		
Hospital Inpatient	100% 90% after deductible	80 70% after deductible
Hospital Outpatient	100% 90% after deductible	80 70% after deductible
Maternity (non-preventive facility & professional services) Excludes Dependent Daughter except complications	100% 90% after deductible	80 70% after deductible
Medical Care (except office visits) Includes Inpatient Visits and Consultations	100% 90% after deductible	80 70% after deductible
Surgical Expenses (except office visits) Includes Assistant Surgery, Anesthesia, Sterilization and Reversal Procedures. Excludes Neonatal Circumcision	100% 90% after deductible	80 70% 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	80 70% 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 <u>includes Virtual Behavioral Health Visits</u>	100% after \$25 copayment	8070% after deductible
Outpatient Substance Abuse <u>includes Virtual Behavioral Health Visits</u>	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 \$5-10 Generic Copay \$18-30 Brand Formulary Copay \$36-50 Brand Non-Formulary Copay	90 day supply \$10-20 Generic Copay \$36-60 Brand Formulary Copay \$72-100 Brand Non-Formulary Copay
Formulary ^①	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	N/A Applies – selected high cost prescription drugs are covered only when they are dispensed through an exclusive pharmacy provider	
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	N/A Applies – certain drug therapies may be monitored for appropriate usage and subject to case evaluation if recommended guidelines are exceeded	
Managed Prior Authorizations****	Applies on select high cost drugs See below	

① 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](#)

Prescription Drug Program Administrative Changes

Nonrepresented, Nurses (OPEIU), Security/Police (SPFPA)



Pennsylvania's
STATE SYSTEM
of Higher Education

If you are currently taking a medication which is listed in any of the following programs, Highmark will be sending a letter in early December 2015 with further information and instructions. If you have questions now, you may call Highmark member services at 888-745-3212.

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.

MBxC Program

Medication Name	Drug Use
Abilify (aripiprazole)	atypical antipsychotic; varies by medication but includes major depressive disorder, schizophrenia, bipolar disorder, autism spectrum disorders
Accolate (zafirlukast)	varies: asthma, exercise induced bronchoconstriction, chronic urticaria, allergic rhinitis
Acthar H.P. (corticotropin)	multiple sclerosis, adrenocortical insufficiency diagnosis, infantile spasms
Alsuma™ (sumatriptan)	migraine
Ameltege® (naratriptan)	migraine
Ampyra (dalfampridine)	multiple sclerosis
Axert™ (almotriptan)	migraine
Brand Statin Edit: Altoprev®, Lescol®, Lescol® XL, Lipitor®, Lipitrozet™ Livalo®, Mevacor®, Pravachol®, Zocor®, Simcor®, Vytorin® (Applies to Brand formulation of medications ONLY)	hyperlipidemia
Caverject (alprostadil) ¹	erectile dysfunction
Cialis (tadalafil) ¹	erectile dysfunction
Cymbalta (duloxetine)	major depressive disorder, generalized anxiety disorder, diabetic peripheral neuropathy, fibromyalgia, chronic musculoskeletal pain
Edex (alprostadil) ¹	erectile dysfunction
Egrifta (resamorelin)	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

Frova™ (frovatriptan) migraine

MBxC Program

Medication Name	Drug Use
Gralise (gabapentin)	post-herpetic neuralgia
Imitrex® (sumatriptan)	migraine
Intuniv (guanfacine)	attention deficit hyperactivity disorder
Kapvay (clonidine)	attention deficit hyperactivity disorder
Kuvan (sapropterin)	hyperphenylalaninemia
Lamisil (terbinafine)	various fungal infections
Levitra (vardenafil) ¹	erectile dysfunction
Lidoderm (lidocaine)	post-herpetic neuralgia
Lyrica (pregabalin)	diabetic peripheral neuropathy pain, spinal cord injury related neuropathy, unspecified post-herpetic neuralgia, fibromyalgia, seizure
Maxalt® (rizatriptan)	migraine
Minocycline ER	acne
Migranal® (dihydroergotamine)	migraine
Muse (alprostadil) ¹	erectile dysfunction
naratriptan	migraine
Nuedexta (dextromethorphan/quindidine)	pseudobulbar affect
Opana ER (oxycodone);	management of moderate to severe pain when around the clock; analgesia is required for an extended period of time
Opana	moderate to severe pain
Oxy IR (oxycodone)	moderate to severe pain
oxycodone HCl	moderate to severe pain
OxyContin (oxycodone)	management of moderate to severe pain when around the clock; analgesia is required for an extended period of time
oxymorphone	moderate to severe pain
Pristiq (desvenlafaxine)	major depressive disorder
Relpax® (eletriptan)	migraine
Roxicodone (oxycodone)	moderate to severe pain
rizatriptan	migraine

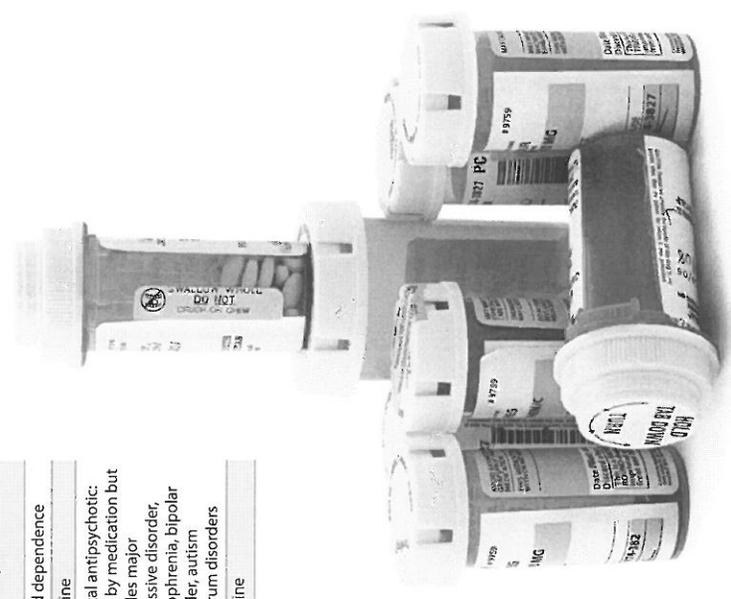
MBxC Program

Medication Name	Drug Use
Seroquel XR (quetiapine)	atypical antipsychotic; varies by medication but includes major depressive disorder, schizophrenia, bipolar disorder, autism spectrum disorders
Singulair (montelukast)	asthma, allergic rhinitis exercise induced bronchoconstriction, chronic urticaria, eosinophilic esophagitis
Solodyn® (minocycline ER)	acne
Sporanox (itraconazole)	various fungal infections
Staxyn (vardenafil) ¹	erectile dysfunction
Strattera (atomoxetine)	attention deficit hyperactivity disorder
Suboxone (buprenorphine and naloxone)	opioid dependence
Subutex (buprenorphine)	opioid dependence
Sumavel™ (sumatriptan)	migraine
Symbax (olanzapine/fluoxetine)	atypical antipsychotic; varies by medication but includes major depressive disorder, schizophrenia, bipolar disorder, autism spectrum disorders
sumatriptan	migraine

MBxC Program

Medication Name	Drug Use
Treximet® (sumatriptan)	migraine
Uloric (febuxostat)	gout
Viagra (sildenafil) ¹	erectile dysfunction
Vilbryd (vilazodone)	major depressive disorder
Xifaxan 550mg (rifaximin)	hepatic encephalopathy
Ximlino	acne
Zecuity® (sumatriptan) iontophoretic transdermal system	migraine
Zolmitriptan	migraine
Zomig®/Zomig® ZMT (zolmitriptan)	migraine
Zyflo (zileuton)	varies: asthma, exercise induced bronchoconstriction

¹ Applies to plans with ED coverage



Prior Authorization		Prior Authorization		Prior Authorization	
Medication Name	Drug Use	Medication Name	Drug Use	Medication Name	Drug Use
Actimmune (interferon gamma)	serious infections associated with chronic granulomatous disease, osteopetrosis	Iressa (gefitinib)	non-small cell lung cancer	Sprycel (dasatinib)	chronic myeloid leukemia; Philadelphia chromosome positive acute lymphoblastic leukemia
Adcirca (tadalafil)	pulmonary arterial hypertension	Jakafi (ruxolitinib)	myelofibrosis	Stelara (ustekinumab)	plaque psoriasis
Afinitor, Afinitor Disperz (everolimus)	progressive neuroendocrine tumors of pancreatic origin (PNET); subependymal giant cell astrocytoma (SEGA) associated with tuberous sclerosis (TS); renal angiomyolipoma and tuberous sclerosis complex (TSC); hormone receptor-positive, HER2-negative breast cancer	Juxtapid (lomitapide)	homozygous familial hypercholesterolemia	Stivarga (regorafenib)	metastatic colorectal cancer, metastatic gastrointestinal stromal tumor (GIST)
Anabolic Steroids	anemia, myelosuppression, red cell aplasia, promotion of weight gain	Kalydeco (ivacaftor)	cystic fibrosis	Sutent (sunitinib)	gastrointestinal stromal tumors, renal cancer, pancreatic cancer
Aplenzin (bupropion)	depression, seasonal affective disorder	Kineret (anakinra)	rheumatoid arthritis	Tafinlar (dabrafenib)	melanoma
Arcalyst (rilonacept)	Cryopyrin-associated periodic syndromes	Korlym (mifepristone)	Cushing's syndrome	Tarceva (erlotinib)	non-small cell lung cancer, pancreatic cancer
Aubagio (teriflumomide)	multiple sclerosis (MS)	Kynamro (mipomersen)	homozygous familial hypercholesterolemia	Tasigna (nilotinib)	chronic myelogenous leukemia
Belviiq (lorcaserin)	weight management	Letairis (ambisentan)	pulmonary arterial hypertension	Tecfidera (dimethyl fumarate)	hypogonadism, delayed puberty, and metastatic breast cancer
Bernert (CT esterase inhibitor (human))	hereditary inhibitor angioedema	Mekinist (trametinib)	melanoma	Testosterone	hypogonadism, delayed puberty, and metastatic breast cancer
Bosulfilf (bosutinib)	chronic myelogenous leukemia (CML)	Mozobil (plerixafor)	hematopoietic stem cell mobilization for collection and subsequent autologous transplantation	Thalomid (thalidomide)	multiple myeloma, erythema nodosum leprosum
Buphenyl (sodium phenylbutyrate)	urea cycle disorders	Nexavar (sorafenib)	renal cell cancer and metastatic liver cancer	Tracleer (bosentan)	pulmonary arterial hypertension
Caprelsa (vandetanib)	thyroid cancer	Nplate (romiplostim)	thrombocytopenia	Tykerb (lapatinib)	breast cancer
Carbaglu (carglumic acid)	urea cycle disorders	Orencia SubQ (abatacept)	rheumatoid arthritis	Victrelis (boceprevir)	chronic hepatitis C, genotype 1
Chenodal (chenodiol)	gallstones	Humira (adalimumab)	rheumatoid arthritis/psoriatic arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, Crohn's disease, ulcerative colitis	Votrient (pazopanib)	renal cancer, soft tissue sarcoma
Cimzia (certolizumab pegol)	Crohn's disease, rheumatoid arthritis	Horizant (gabapentin enacarbil)	restless leg syndrome, post-herpetic neuralgia	Wellbutrin (bupropion)	depression, seasonal affective disorder
Contraceptives	non-contraceptive use	Humira (adalimumab)	rheumatoid arthritis/psoriatic arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, Crohn's disease, ulcerative colitis	Xalkori (crizotinib)	lung cancer
Cometriq (cabozantinib)	medullary thyroid cancer	Intelectro (telaprevir)	chronic myelogenous leukemia (CML), Ph+ acute lymphoblastic leukemia (Ph+ ALL)	Xeljanz (tofacitinib)	rheumatoid arthritis
Enbrel (etanercept)	rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, psoriasis	Increlex (mecasermin)	primary insulin-like growth factor-1 deficiency or growth hormone gene deletion	Xenazine (tetrabenazine)	chorea associated with Huntington's disease
Erivedge (vismodegib)	advanced basal cell carcinoma	Inlyra (axitinib)	advanced renal cell carcinoma	Xtandi (enzalutamide)	prostate cancer
Fentanyl Citrate (immediate release)	cancer pain management	Inteferon Alpha	cancer treatment; liver disease	Xyrem (sodium oxybate)	narcolepsy
Fertility Medications	infertility	Inteferon Alpha	cancer treatment; liver disease	Zelboraf (vemurafenib)	melanoma
Firazyr (fingolimod)	hereditary angioedema	Inteferon Alpha	cancer treatment; liver disease	Zolanza (vorinostat)	cutaneous T-cell lymphoma
		Inteferon Alpha	cancer treatment; liver disease	Zyban (bupropion)	smoking cessation
		Inteferon Alpha	cancer treatment; liver disease	Zytiga (abiraterone acetate)	prostate cancer

Prior Authorization		Prior Authorization		Prior Authorization	
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Buphenyl (sodium phenylbutyrate)	urea cycle disorders	Nexavar (sorafenib)	renal cell cancer and metastatic liver cancer	Tracleer (bosentan)	pulmonary arterial hypertension
Caprelsa (vandetanib)	thyroid cancer	Nplate (romiplostim)	thrombocytopenia	Tykerb (lapatinib)	breast cancer
Carbaglu (carglumic acid)	urea cycle disorders	Orencia SubQ (abatacept)	rheumatoid arthritis	Victrelis (boceprevir)	chronic hepatitis C, genotype 1
Chenodal (chenodiol)	gallstones	Humira (adalimumab)	rheumatoid arthritis/psoriatic arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, Crohn's disease, ulcerative colitis	Votrient (pazopanib)	renal cancer, soft tissue sarcoma
Cimzia (certolizumab pegol)	Crohn's disease, rheumatoid arthritis	Horizant (gabapentin enacarbil)	restless leg syndrome, post-herpetic neuralgia	Wellbutrin (bupropion)	depression, seasonal affective disorder
Contraceptives	non-contraceptive use	Humira (adalimumab)	rheumatoid arthritis/psoriatic arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, Crohn's disease, ulcerative colitis	Xalkori (crizotinib)	lung cancer
Cometriq (cabozantinib)	medullary thyroid cancer	Intelectro (telaprevir)	chronic myelogenous leukemia (CML), Ph+ acute lymphoblastic leukemia (Ph+ ALL)	Xeljanz (tofacitinib)	rheumatoid arthritis
Enbrel (etanercept)	rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, juvenile idiopathic arthritis, psoriasis	Increlex (mecasermin)	primary insulin-like growth factor-1 deficiency or growth hormone gene deletion	Xenazine (tetrabenazine)	chorea associated with Huntington's disease
Erivedge (vismodegib)	advanced basal cell carcinoma	Inlyra (axitinib)	advanced renal cell carcinoma	Xtandi (enzalutamide)	prostate cancer
Fentanyl Citrate (immediate release)	cancer pain management	Inteferon Alpha	cancer treatment; liver disease	Xyrem (sodium oxybate)	narcolepsy
Fertility Medications	infertility	Inteferon Alpha	cancer treatment; liver disease	Zelboraf (vemurafenib)	melanoma
Firazyr (fingolimod)	hereditary angioedema	Inteferon Alpha	cancer treatment; liver disease	Zolanza (vorinostat)	cutaneous T-cell lymphoma
		Inteferon Alpha	cancer treatment; liver disease	Zyban (bupropion)	smoking cessation
		Inteferon Alpha	cancer treatment; liver disease	Zytiga (abiraterone acetate)	prostate cancer

Prior Authorization		Prior Authorization		Prior Authorization	
Medication Name	Drug Use	Medication Name	Drug Use	Medication Name	Drug Use
Actimmune (interferon gamma)	serious infections associated with chronic granulomatous disease, osteopetrosis	Iressa (gefitinib)	non-small cell lung cancer	Sprycel (dasatinib)	chronic myeloid leukemia; Philadelphia chromosome positive acute lymphoblastic leukemia
Adcirca (tadalafil)	pulmonary arterial hypertension	Jakafi (ruxolitinib)	myelofibrosis	Stelara (ustekinumab)	plaque psoriasis
Afinitor, Afinitor Disperz (everolimus)	progressive neuroendocrine tumors of pancreatic origin (PNET); subependymal giant cell astrocytoma (SEGA) associated with tuberous sclerosis (TS); renal angiomyolipoma and tuberous sclerosis complex (TSC); hormone receptor-positive, HER2-negative breast cancer	Juxtapid (lomitapide)	homozygous familial hypercholesterolemia	Stivarga (regorafenib)	metastatic colorectal cancer, metastatic gastrointestinal stromal tumor (GIST)
Anabolic Steroids	anemia, myelosuppression, red cell aplasia, promotion of weight gain	Kalydeco (ivacaftor)	cystic fibrosis	Sutent (sunitinib)	gastrointestinal stromal tumors, renal cancer, pancreatic cancer
Aplenzin (bupropion)	depression, seasonal affective disorder	Kineret (anakinra)	rheumatoid arthritis	Tafinlar (dabrafenib)	melanoma
Arcalyst (rilonacept)	Cryopyrin-associated periodic syndromes	Korlym (mifepristone)	Cushing's syndrome	Tarceva (erlotinib)	non-small cell lung cancer, pancreatic cancer
Aubagio (teriflumomide)	multiple sclerosis (MS)	Kynamro (mipomersen)	homozygous familial hypercholesterolemia	Tasigna (nilotinib)	chronic myelogenous leukemia
Belviiq (lorcaserin)	weight management	Letairis (ambisentan)	pulmonary arterial hypertension	Tecfidera (dimethyl fumarate)	hypogonadism, delayed puberty, and metastatic breast cancer
Bernert (CT esterase inhibitor (human))	hereditary inhibitor angioedema	Mekinist (trametinib)	melanoma	Testosterone	hypogonadism, delayed puberty, and metastatic breast cancer
Bosulfilf (bosutinib)	chronic myelogenous leukemia (CML)	Mozobil (plerixafor)	hematopoietic stem cell mobilization for collection and subsequent autologous transplantation	Thalomid (thalidomide)	multiple myeloma, erythema nodosum leprosum
Buphenyl (sodium phenylbutyrate)	urea cycle disorders	Nexavar (sorafenib)	renal cell cancer and metastatic liver cancer	Tracleer (bosentan)	pulmonary arterial hypertension
Caprelsa (vandetanib)	thyroid cancer	Nplate (romiplostim)	thrombocytopenia	Tykerb (lapatinib)	breast cancer
Carbaglu (carglumic acid)	urea cycle disorders	Orencia SubQ (abatacept)	rheumatoid arthritis	Victrelis (boceprevir)	chronic hepatitis C, genotype 1
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Cimzia (certolizumab pegol)	Crohn's disease, rheumatoid arthritis	Horizant (gabapentin enacarbil)	restless leg syndrome, post-herpetic neuralgia	Wellbutrin (bupropion)	depression, seasonal affective disorder
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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 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)

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)

Walgreens specialty pharmacy is your preferred provider for select specialty medications

As your health plan, we are proud to introduce a specialty pharmacy program that will simplify your access to these medications, improve the consistency of your quality pharmacy care and help control rising medication costs.

Our specialty pharmacy services are different from your neighborhood Walgreens because we focus only on pharmacy care for patients who are taking medications that treat chronic (long-term) conditions.

Depending on your benefit structure, you will only be able to purchase these specialty medications through Walgreens specialty pharmacy as a retail days supply (typically a 30-day supply) at the retail copay. Your medications will be delivered the next day to your home every month. The following list of medications are included in the program.*

Actemra SC®	Epogen®	Oral Hycamtin®	Neulasta®	Revatio™	Temodar®
Actimmune®	Erivedge™	Iclusig™	Neumega®	Revatio™	Tev-Tropin®
Adcirca®	Esbriet®	Incivek™	Neupogen®	(oral solution)	Thalomid®
Afinitor®	etoposide	Infergen®	Nexavar®	Revlimid®	TOBI®
Ampyra®	Exjade®	Inlyta®	Norditropin®	Ribapak®	TOBI®Podhaler™
Apokyn®	Extavia®	Intron® A	(all products)	Ribasphere®	Tracleer®
Aranesp®	Firazyr®	Jakafi™	Nplate®	Ruconest®	Tykerb®
Aubagio®	Firmagon®	Kalbitor®	Nutropin®	Saizen®	Viekira Pak™
Avonex®	Follistim®	Kalydeco™	Ofev®	Sandostatin®	Victrelis™
Baraclude®	(all products)	Kineret®	Olysio™	Sandostatin	Votrient®
Berinerit®	Forteo®	Kuvan®	Omnitrope®	LAR®	Xalkori®
Betaseron®	Fuzeon®	Kynamro®	Opsumit®	Sensipar®	Xeljanz®
Bethkis®	ganirelix	Letairis®	Orencia®	Serostim®	Xeloda®
Bosulif®	Gattex®	Leukine®	Otezla®	Simponi®	Xgeva™
Bravelle®	Genotropin®	leuprolide	Pegasys®	Sovaldj™	Xtandi®
Cerdelga™	(all products)	Lioresal-	Peg-Intron®	Sprycel®	Zelboraf™
Cerezyme®	Gilenya™	Intrathecal®	Plegriby™	Stelara®	Zoladex®
Cetrotide®	Gleevec®	Lupaneta Pack™	Pomalyst®	Stivarga®	Zolinza®
Cimzia®	Gonal-F®	Lupron®	Procrit®	Sutent®	Zorbtive®
Copaxone®	H.P. Acthar®	(includes	Prolia™	Sylatron™	Zykadia™
Copegus®	Harvoni®	Depot and Ped)	Promacta®	Tafinlar®	Zytiga™
Cystaran™	Hepsera®	Matulane®	Pulmozyme®	Tarceva®	
Egrifta®	Hetlioz™	Mekinist™	Rebetol®	Targretin®	
Eligard®	Humatrope®	Menopur®	Rebif®	Tasigna®	
Enbrex®	Humira®	Mozobil®	Repronex®	Tecfidera™	

Brand names listed in capital letters; generics in lowercase.*All products listed above may not be covered for all members. Please refer to your summary of benefits for detailed description about the program and summary information. This list is subject to change.

In addition to providing these medications to members, we offer:

- A patient care coordinator dedicated to your needs
- 24-hour pharmacist on-call
- Free, discreet overnight delivery of all prescription medication orders
- Monthly refill reminders and free bilingual educational materials
- Most specialty medication supplies at no charge

Monday – Friday: 8 a.m. – 7 p.m. Saturday: 9 a.m. – 5 p.m. ET

Customer service lines available until 9 p.m. ET

To switch your prescription to Walgreens specialty pharmacy, please call toll free at 888-347-3416.

Walgreens specialty pharmacy locations are ACHC and URAC accredited.