Pharmacy Benefit Dimensions Drug Formulary
The following information applies to most members enrolled in a Pharmacy Benefit Dimensions pharmacy plan.

Note: If you are reading a printed version of this drug formulary, content may have been updated since it was last printed. For the most up-to-date information, please visit www.pbdrx.com.

Drug Formulary Introduction

- Generic drugs appear in lower case. Brand name drugs are capitalized. This formulary lists all covered Tier 1 and Tier 2 drugs, but only lists representative products in Tier 3.

- Formulary/preferred generic drugs and select Over the Counter (OTC) and select Brand Name drugs listed on the Formulary are assigned to copay Tier 1. The formulary follows a “Mandatory Generic” policy which means that in most instances, once a generic product is available for which there are no bioequivalence concerns, the branded product is assigned to Copay Tier 3, and the generic product is assigned to Copay Tier 1. Certain non-preferred generic drugs may also be covered in the 3rd tier when efficacy, safety or cost factors suggest that better alternatives exist on the formulary. Not all tier 3 non-preferred drugs are listed in the formulary. For members with a 3 tier plan, most drugs not listed may be obtained, but the member will be responsible for their third tier copayment.

- Pharmacy Benefit Dimensions reserves the right to modify the copay tier of a particular drug as necessary. For example, the copay tier of a brand drug will be raised from Tier 2 to Tier 3 when a generic drug becomes available (the generic drug will be placed in copay Tier 1). The copay of a brand drug may be lowered from Tier 3 to Tier 2 if the generic equivalents are discontinued or no longer available.

- Some medications are considered non-formulary (not covered). To obtain a medication that is non-formulary your health care provider is encouraged to submit a prior authorization request for coverage through the exceptions process. If the request is approved, that particular medication will be covered at your Tier 3 copayment/coinsurance level.

- Certain self-funded employer groups may not follow this base formulary. Members in these pharmacy benefit management groups should refer to their summary plan description and/or their benefit administrator. Specific drugs may be Preferred Brand or Non-Preferred Brand based on individual group’s benefit design.
Prior-Authorization
Prior Authorization is required for certain medications. To obtain coverage for a medication requiring prior authorization, a prior authorization request for medical exception must be submitted by your health care provider and approved by us. Medications that require prior authorization are listed with a “PA” in the formulary.

Step Therapy
In some cases, you may be required to first try certain medications to treat your medical condition before we cover another medication for that condition. Step therapy is a way to help you get the best quality and value from your prescription medication benefit. This usually means that an equally effective generic medication is prescribed before a more expensive brand-name medication. Step therapy may also ensure that two medications are used together if they are more effective. Medications that require step therapy are listed with a “ST” in the formulary.

Quantity Limitations
Quantity limitations may apply to certain medications. Some medications are covered up to a specific quantity per 30 or 90 days. Some examples of medications with a quantity limitation are: sumatriptan (generic Imitrex®) and zolpidem tartrate (generic Ambien®). Medications with quantity limitations are listed with a “QL” in the formulary.

Specialty Medications
In order to add value and accessibility in your pharmacy benefits, we offer a specialized prescription medication program for certain specialty medications through Reliance Rx® Specialty Pharmacy. Specialty medications include those that are either self-injectable, require special distribution, handling and/or are at limited supply and certain oral oncology medications. These medications are restricted to designated pharmacies such as Reliance Rx. Reliance Rx specializes in providing high-quality service for complex chronic conditions such as hepatitis, multiple sclerosis, cancer and rheumatoid arthritis.

Along with providing these specialized medications, Reliance Rx also provides a convenient way for you to receive the medication, by arranging delivery at no charge directly to your home. They can also provide you with education on the medication you’re taking, refill reminders and even the necessary supplies, if applicable. Specialty medications are listed with an “SP” on the formulary. Reliance Rx can be reached at 1-800-809-4763.

Age Restriction
Some prescription medications are restricted by age due to safety reasons or Food and Drug Administration (FDA) recommended labeling. Medications with an age limit are listed with an “AL” in the formulary.

Maximum Daily Dose (MDD)
Certain medications are dose limited by a maximum daily dose (MDD) as recommended by the Food and Drug Administration (FDA) for safety reasons. Limits may be set by the number of tablets/capsules per day or the total daily dose.

Maintenance Medications
Pharmacy Benefit Dimensions allows up to a 90-day supply of certain medications to be filled. Medications eligible for up to a 90-day supply are listed with an “MO” on the formulary.

Over-the-Counter (OTC) Medications
Certain medications listed in the formulary are available over the counter. A prescription is required for coverage of the OTC products.

Sedative/Hypnotic Medications
Sedative/hypnotic medications are limited for all prescribers except sleep specialists to 14 tablets/capsules per month with a maximum of 3 fills per year (3 fills/365 days).
**Tablet Splitting**
Tablet splitting is the act of physically cutting a higher strength tablet in half to achieve your prescribed dosage. This provides an identical dose while increasing the number of total doses available. For example, by splitting pills in two, 30 tablets can be transformed into a 60-day supply for the same copayment/coinsurance. Not all medications are good candidates for tablet splitting. We recommend that you speak with your health care provider or pharmacist to see if your medication meets splitting requirements. Please note this is a voluntary program. Tablet splitting is not mandated by your plan. Medications eligible for tablet splitting are listed with an “HT” on the formulary.

**Compounded Prescription Medications**
Compounded prescriptions (medications that are not commercially manufactured) must be prepared by a participating pharmacy and contain at least one prescription component. The dispensing pharmacy is required to submit for prior approval and when covered the compounded prescription will be available at a Tier 2 copayment/coinsurance. Coverage is provided in accordance with our Compounding Medication Products Policy. Bulk products and powders are excluded from coverage because they are not prescription medication products that are approved under sections 505, 505(j) or 507 of the Federal Food, Drug and Cosmetic Act.

**Diabetic Supplies/Medications**
OneTouch blood glucose meters, lancets, test strips, and supplies are our preferred diabetic supplies and do not require Prior Authorization. Test strips are limited to 100 strips per 30 days, for up to a 90-day supply. Copayments vary by plan.

OneTouch will provide a glucose meter to you with no copayment. Quantities are limited to one meter per member. Please have your ID number available when you contact the manufacturer. One Touch Glucose Meters can be obtained by calling LifeScan, Inc. at 1-888-377-5227, please reference offer code 289IHA001.

**Antibiotic Medications**
Antibiotics are generally limited to a 10-day supply with one refill within 15 days after the original fill.

**Affordable Care Act (ACA)**
Preventive Services Medications listed on the formulary that are covered as preventive services under the Affordable Care Act may be covered. Certain restrictions may apply.

**Lost/Stolen/Damaged Medications**
Replacement of any lost, stolen or damaged medications is the responsibility of the member.

**Emergency Room Prescriptions**
Emergency Room prescriptions are limited to a 10-day supply.

**Dental Formulary**
Drugs covered on our Dental Formulary are available when prescribed by a dental provider. Unless otherwise specified, all products are limited to a 10-day supply with one refill. Drugs included in our Dental Formulary are listed with a “DF” on the formulary. Drugs without a “DF” will not be covered when written by a dental provider.
Additional Formulary Information

- Appetite suppressants/weight-loss medications are excluded from coverage.
- Medications used for cosmetic purposes are excluded from coverage.
- Medical devices (which may or may not require a prescription) are excluded from coverage.
- Medical foods other than PKU supplements (which may or may not require a prescription) are excluded from coverage.
- Drugs used for the treatment of impotence (ED Drugs) are limited to male patients only. Duplicate therapy with other ED medications is not allowed.
- Prenatal vitamins classified as medical foods are not covered. Multivitamins are NOT included in the Formulary as various OTC products are available.
- Medications listed on the drug formulary as covered without restriction may require prior authorization or may not be covered if it is determined that they are being used in conjunction with a procedure or treatment not covered under the employer group’s benefit design.
- Medications not recognized by the FDA without a National Drug Code (NDC) are excluded from coverage.

Key

AL – Age Limit
DF – Dental Formulary
HT – Tablet Splitting
MO – 90-day supply
PA – Prior Authorization Required
QL – Quantity Limits Apply
SP – Specialty Pharmacy
ST – Step Therapy
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<thead>
<tr>
<th><strong>AFFORDABLE CARE ACT PREVENTATIVE SERVICES</strong> <strong>where applicable</strong></th>
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<tbody>
<tr>
<td>Prescription and OTC versions (where applicable) will be covered only with a prescription written by a licensed healthcare provider.</td>
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<tr>
<th>Service Description</th>
<th>Coverage Details</th>
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<tr>
<td><strong>Aspirin for Cardiovascular Disease Prevention</strong></td>
<td>Aspirin will be covered for men and women (ages 50 to 59) when the benefits outweigh the potential bleeding risks for cardiovascular disease prevention.</td>
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<td><strong>Bowel Prep for Colonoscopy</strong></td>
<td>Prescription and OTC products will be covered for adults older than age 50 and younger than age 75 receiving screening for colorectal cancer.</td>
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<td><strong>Contraceptive Coverage</strong></td>
<td>All formulary generic and preferred brand name drugs (without a generic equivalent) will have a zero dollar ($0) copayment. Cervical caps, diaphragms, female condoms and spermicides will have a zero ($0) copayment. Both prescription and over-the-counter (OTC) products will be covered only when prescribed by a licensed healthcare provider.</td>
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<td><strong>Fluoride</strong></td>
<td>Oral fluoride products (chewable tablets and solutions) will be covered for children 6 months of age and older who do not receive the recommended amount of fluoride in their water supply.</td>
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<td><strong>Folic Acid supplements</strong></td>
<td>Supplements containing 0.4mg to 0.8mg of folic acid will be covered for women who are planning or are capable of pregnancy.</td>
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<td><strong>Iron Supplementation for Children</strong></td>
<td>Iron supplements will be covered for children aged 6 months to 12 months who are at high risk for iron deficiency anemia.</td>
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<td><strong>Statins</strong></td>
<td>The USPSTF recommends that adults without a history of cardiovascular disease (CVD) use a low- to moderate-dose statin for the prevention of CVD events and mortality. Low- to moderate-dose statins will be covered at a zero dollar ($0) copayment for those who meet the following criteria: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (ie, dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater.</td>
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<td><strong>Tobacco Cessation Products (FDA Approved)</strong></td>
<td>Prescription and OTC products will be covered for adults 18 years of age and older and for pregnant women with no age limit. The following products are covered: patches, gums, nasal sprays, inhalers, lozenges, Chantix and bupropion sr (generic version of Zyban).</td>
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<td><strong>Vaccines</strong></td>
<td>Flu, Pneumonia vaccinations will be covered when administered at a network pharmacy.</td>
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<td><strong>Vitamin D</strong></td>
<td>Prescription and OTC products will be covered for adults aged 65 years and older who are at an increased risk for falls.</td>
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<td><strong>Women, Increased Risk for Breast Cancer</strong></td>
<td>The USPSTF recommends that clinicians engage in shared, informed decision making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen or raloxifene.</td>
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