

# Regence High Deductible Health Plan 1 w/HSA - Alternative Care

Benefits Summary  
Effective January 1, 2021



cis benefits  
www.cisbenefits.org

These medical plans are insured by CIS, but administered by Regence BlueCross BlueShield (BCBS) of Oregon. This means that CIS, not Regence BCBS, pays for your covered medical services and supplies.

HDHP-1 w/HSA		
Deductible Per Calendar Year	\$1,500 Individual \$3,000 Family	
Out-of-Pocket Maximum Per Calendar Year <b>Category 1, 2, &amp; 3</b> – Preferred, Participating, Non-Preferred Providers (includes deductible, medical copays and prescription copays*)	\$2,300 Individual \$5,050 Family	
* <b>Important Note:</b> The family out-of-pocket maximum for a calendar year is satisfied when two or more family members' deductible and coinsurance for covered services for that calendar year total and meet the family's out-of-pocket maximum amount.		
Medical Services	Member Pays Category 1 - Preferred Category 2 - Participating	Member Pays Category 3 - Non-Preferred
<b>Preventive Care Services</b>		
Routine well-baby care, physical examinations, health screenings, and immunizations (for a list of covered services, visit our website <a href="http://regence.com">regence.com</a> , hover over "Member dashboard" at the top, select Preventive Care from the drop down)	0% for Category 1 & 2 (deductible waived) 40% for Category 3 (deductible applies)	
<b>Professional Services</b>		
<b>After Deductible – Member Pays</b>		
Office visits for illness or injury, mental/behavioral health or substance use disorder (primary care, specialist, naturopath or urgent/immediate care center)	20%	40%
Outpatient laboratory, radiology, and diagnostic procedures	20%	40%
Maternity care	20%	40%
Therapeutic injections including allergy shots	20%	40%
<b>Hospital/Facility Services</b>		
<b>After Deductible – Member Pays</b>		
Ambulatory Surgical Center	10% (20% for all other facilities)	40%
Emergency room care (including professional charges)	20%	
Inpatient/outpatient surgery and surgeon fees	20%	40%
Inpatient mental/behavioral health & substance use disorder	20%	40%
Skilled Nursing Facility – 120 inpatient days per year	20%	40%
<b>Other Services</b>		
<b>After Deductible – Member Pays</b>		
Ambulance	20%	
Rehabilitation Services: Inpatient: Unlimited / Outpatient: 77 visits per year	20%	40%
Hearing Aids- applies to children 18 years or younger or children 19 to 25 enrolled in an accredited education institution	20%	40%
Home health care - 180 visits per year	20%	40%
Hospice – 14 respite days/lifetime	0%	
Durable Medical Equipment	20%	40%
Weight Management/Nutritional Counseling and Bariatric Surgery:	0% (deductible waived)	
- Weight management and nutritional counseling visits Four visits per plan year per member		
- Bariatric surgery may be covered to treat morbid obesity (participant must meet participation requirements) Limited to one surgery per claimant lifetime	\$1,000 copay then 20% after deductible (does not accumulate towards the out-of-pocket maximum)	\$1,000 copay then 40% after deductible (does not accumulate towards the out-of-pocket maximum)

<p><b>Prescription Medication Benefit</b>  <i>If you need drugs to treat your illness or condition, your prescription drug coverage is administered through Express Scripts (ES). Please visit Express Scripts' web site at <a href="http://www.express-scripts.com">www.express-scripts.com</a> or contact their customer service at 1 (800) 496-4182. Regence BlueCross BlueShield of Oregon assumes no liability for the accuracy of your prescription drug benefits information.</i></p>	<p><b>At the Pharmacy (30-day supply) Member Pays</b></p>	<p><b>Mail Order and Retail Smart90 Programs (90-day supply) Member Pays</b></p>
<p>Individual deductible per calendar year</p>	<p>Shared with Medical Services</p>	
<p>Out-of-pocket maximum each calendar year</p>	<p>Shared with Medical Services</p>	
<p>Generic drugs</p>	<p>20% Retail/Mail Order Prescription</p>	
<p>Preferred brand drugs</p>		
<p>Non-Preferred brand drugs</p>		
<p>Specialty Drugs</p>	<p>Refer to generic, preferred brand and non-preferred brand drugs above, for specialty drugs or self-administrable cancer chemotherapy drug coverage.</p>	
<p>Limitations and Exceptions</p>	<p><b>Out-of-pocket limit</b> \$3,300 / claimant / year. Coverage is limited to 30-day supply retail or 90-day supply mail order. Long-term medication fills at participating retail pharmacies may be filled for up to a 90-day supply. Visit Express Scripts' website for details. Specialty drug coverage is limited to a 30-day supply.  Specialty medication filled at a retail pharmacy is subject to 100% copay/coinsurance, and this amount does not accumulate towards the out-of-pocket maximum.  Certain preventive items and services as defined by the Affordable Care Act are covered at zero-dollar cost share. <b>Deductible</b> waived for generic and preferred brand drugs designated as preventive for treatment of chronic diseases that are on the Preventive Medications List. You are responsible for the difference in cost between a dispensed brand-name drug and the equivalent generic drug, in addition to the <b>copayment</b> and/or <b>coinsurance</b>, unless your <b>provider</b> specifies "dispense as written."</p>	

**Additional Medical Services**

Alternative Care Services	
<p>Acupuncture and Chiropractic Spinal Manipulations</p>	<p>20% Category 1 &amp; 2, 40% Category 3 - Maximum allowance of \$1,000 per member per calendar year.</p>

Other services provided by Regence BlueCross BlueShield	Contact Information
<p>MDLIVE (Telehealth) - With MDLIVE's telehealth service, you can see a doctor or therapist from home, work or on the go, 24/7/365. Board-certified doctors visit with you by phone or secure video to treat non-emergency medical conditions. They can diagnose symptoms, prescribe medication, and send prescriptions to your pharmacy.</p>	<p>To learn more call 1 (888) 725-3097 or sign on to the CIS Health Manager at <a href="http://www.regence.com">www.regence.com</a> and hover on "Programs &amp; Resources", then click on Telehealth.</p>
<p>Chronic Condition Coaching supports and educates members with chronic conditions including hypertension, diabetes, COPD, CAD, CHF, asthma and obesity.</p>	<p>To learn more, please call 1 (866) 865-6725.</p>
<p>BeyondWell - A comprehensive well-being solution for members that integrates wellness activities, goals, rewards and challenges into a single location for a holistic wellness offering.</p>	<p>To learn more, please call 1 (866) 865-6725 or sign on to the CIS Health Manager at <a href="http://www.regence.com">www.regence.com</a> and click on BeyondWell.</p>
<p>Case Management - Supports and educates members with serious illnesses or injuries.</p>	<p>To learn more, please call 1 (866) 543-5765 or sign on to the CIS Health Manager at <a href="http://www.regence.com">www.regence.com</a> and hover on "Programs &amp; Resources", then click on Case Management.</p>
<p>BabyWise (Childbirth to Newborn resources).</p>	<p>To learn more, call 1 (888) 569-2229 or sign on to the CIS Health Manager at <a href="http://www.regence.com">www.regence.com</a> and hover on "Programs &amp; Resources", then click on Maternity.</p>
<p>BlueCard Program (Out of Area Services) – access hospital and physicians when outside the four-state area Regence services (Oregon, Idaho, Utah and Washington) as well as receive care in 200 countries around the world.</p>	<p>Find a provider near you at <a href="http://www.regence.com">www.regence.com</a> or call 1 (800) 810-BLUE (2583).</p>



Please note: This benefit summary provides a brief description of your health care plan benefits and is not a guarantee of payment. For a detailed description of your plan benefits, visit [www.regence.com](http://www.regence.com) on or after January 1, 2021. You must set up an account to review your specific plan booklet.

# Regence Vision Plan 1 (12/12/24)

## Benefits Summary

Effective January 1, 2021

Keep your eyes healthy with Regence Vision Plan 1, administered by the Vision Service Plan Insurance Company (VSP).



cis benefits  
www.cisbenefits.org

Benefit	Description	Copay
<b>Your coverage with a VSP Provider</b>		
<b>WellVision Examination®</b>	<ul style="list-style-type: none"> <li>Focuses on your eye health and overall wellness</li> <li>Every calendar year</li> </ul>	\$0
<b>Prescription Glasses</b>		
Frame	<ul style="list-style-type: none"> <li>\$120 allowance for a wide selection of frames (\$65 allowance at Costco, Walmart &amp; Sam's Club)</li> <li>20% savings on the amount over your allowance</li> <li>Every other calendar year</li> </ul>	\$0
Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Lenticular Lenses</li> <li>Standard, premium, and custom progressive lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every calendar year</li> </ul>	\$0 \$0 \$50 \$0
Lens Enhancements	<ul style="list-style-type: none"> <li>Average savings of 20-25% on lens enhancements</li> </ul>	
Contacts (instead of glasses)	<ul style="list-style-type: none"> <li>\$166 allowance for contact lenses (including the fitting examination and evaluation)</li> <li>15% savings on a contact lens exam</li> <li>Every calendar year</li> </ul>	\$0
<b>Safety Glasses (Employee-only Coverage)*</b>		
Frame	<ul style="list-style-type: none"> <li>\$65 frame allowance for safety frames</li> <li>Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li> <li>Every other calendar year</li> </ul>	\$0 for frame and lenses
Lenses	<ul style="list-style-type: none"> <li>Prescription single vision, lined bifocal, and lined trifocal lenses</li> <li>Certified according to the American National Standards Institute (ANSI) guidelines for impact protection</li> <li>Every calendar year</li> </ul>	\$0 combined with frames
Extra Savings and Discounts	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>20% off additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your routine examination. Or get 20% off from any VSP provider within 12 months of your last routine examination.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>	
<b>Your Coverage with Out-of-Network Providers</b>		
If you plan to see a provider other than a VSP doctor, visit <a href="http://regence.com">regence.com</a> for details. VSP guarantees coverage from VSP doctors only.		
Exam.....up to \$45	Lenticular Lenses.....up to \$100	
Single Vision Lenses.....up to \$30	Frame .....up to \$70	
Lined Bifocal Lenses.....up to \$50	Elective Contacts.....up to \$105	
Lined Trifocal Lenses.....up to \$65	Necessary Contacts .....up to \$210	
<b>Submit claims for out-of-network providers to: VSP OA Claims; PO Box 385018, Birmingham, AL 35238-5018</b>		

## Using your Benefits

- **Register at [regence.com](http://regence.com)** Once your plan is effective, review your benefit information.
- **Find any eye care provider who's right for you.** The decision is yours to make—with the largest national network of private-practice doctors, it's easy to find the in-network doctor who's right for you. To find a VSP doctor, visit [vsp.com](http://vsp.com) or call 844.299.3041.
- At your appointment, tell them you have VSP and show them your Regence member ID card. Use your member ID and member suffix (e.g. ABC123456789-00).
- The VSP Choice network offers more than 81,000 provider points of access across the country, including both community-based providers as well as the most popular retail chains\*, such as Costco®, Walmart®, Sam's Club®, ShopKo®, Visionworks® and any out-of-network provider (lower reimbursement rates).
  - Please note, participation in the VSP network is voluntary; therefore, not all doctors at a retail location may be in the VSP network.

## Personalized Care

A VSP doctor provides personalized care that focuses on keeping you and your eyes healthy year after year. Plus, when you see a VSP doctor, you'll get the most out of your benefits, have lower out-of-pocket costs, and your satisfaction is guaranteed.

## Choice in Eyewear

- From classic styles to the latest designer frames, you'll find hundreds of options for you and your family.
- Prefer to shop online? Check out all of the brands at [eyeconic.com](http://eyeconic.com), VSP's preferred online eyewear store.

Your vision plan is issued by Regence BlueCross BlueShield of Oregon and insured by CIS but administered by VSP. This means that CIS, not Regence BlueCross BlueShield of Oregon, pays for your covered vision services and supplies.

\* Lens enhancements not covered, but members will receive a 20-25% discount if purchasing an enhancement



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# Welcome to Express Scripts

CIS and Express Scripts want you to know that Express Scripts manages your prescription plan. We care about your health and work to make medications safer and more affordable. We encourage you to take advantage of the services and resources available to help you and your dependents manage your pharmacy benefit. We look forward to serving you soon!



## Why pay more? Make the move to a 3-month supply.

Under your prescription plan, you have the option to order 3-month supplies of long-term medications from certain participating retail pharmacies or through home delivery from Express Scripts Pharmacy®.<sup>1</sup>

To start ordering a 3-month supply from Express Scripts Pharmacy, register or log in at [express-scripts.com](https://www.express-scripts.com). (Standard shipping is free with home delivery.<sup>2</sup>)

To find a retail pharmacy that participates in 3-month supplies, log in at [express-scripts.com](https://www.express-scripts.com) and choose Find a Pharmacy from the menu under Prescriptions. The pharmacy can tell you how to transfer your prescription or start a new one. Search results will indicate whether a pharmacy is eligible to dispense up to a 3-month supply.

According to your plan, you can keep filling one month at a time but you could miss out on convenience and savings.

<sup>1</sup>Long-term medications are taken for an ongoing condition, such as high blood pressure, high cholesterol and asthma.

<sup>2</sup>Cost of standard shipping is included as part of your prescription plan.

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## Accredo, Your Specialty Pharmacy



Accredo is the Express Scripts specialty pharmacy. A specialty pharmacy provides medication and therapy for patients with serious, chronic conditions like cancer and hepatitis C. Accredo offers teams of pharmacists, nurses and clinicians who are specially trained on your condition. This level of individualized, focused care gives you the most comprehensive, compassionate and customized care available.

Accredo offers many patient support services, including:

- Personal care and health advocacy assistance from patient care coordinators
- Coordination of financial assistance (availability varies by plan)
- Guidance for patients and caregivers for taking specialty medications most effectively
- All necessary ancillary supplies such as syringes and sharps containers

Specialty medications must be filled through Accredo to receive coverage. Included with these materials is a list of specialty drugs. To learn more about Accredo, please visit [accredo.com](https://www.accredo.com).

CIS has partnered with SaveonSP to provide a specialty pharmacy copayment assistance program. If you attempt to fill a specialty prescription that falls under this program, an Accredo representative will assist you with enrollment in the program by transferring you to SaveonSP. More information about this program can be found in your Regence Plan Booklet.



## Network Retail Pharmacies

Network pharmacies are retail pharmacies that are preferred by your prescription plan. Use them for prescriptions you need on a short-term basis, like an antibiotic to treat an infection. When you go to an in-network pharmacy for up to a 30-day supply of medication, you'll typically pay less than at a retail pharmacy that's out of your network.

**To find an in-network pharmacy near you**, go to [express-scripts.com/CIS4](https://www.express-scripts.com/CIS4) and select Locate a Pharmacy. Search results will indicate whether a pharmacy is eligible to dispense up to a 3-month supply. You may also log in at [express-scripts.com](https://www.express-scripts.com) and choose **Find a Pharmacy** from the menu under **Prescriptions** or call Express Scripts at 800.496.4182.

**If you're new to Regence BCBS coverage**, be sure to show your new Express Scripts ID card at the pharmacy. You can also access your ID card by downloading the Express Scripts® mobile app. If you don't show your ID card and instead choose to pay the entire cost of the medication, you must submit a claim form to Express Scripts for reimbursement. You'll be reimbursed based on the covered medication's contracted rate minus the appropriate copayment. This amount will be lower than the amount you paid out of pocket at the retail pharmacy.

**If you need to transfer your prescription from an out-of-network pharmacy** to an in-network pharmacy, just choose one of the following:

- Bring your prescription vial or container to an in-network pharmacy, and the pharmacist will transfer it.
- Call a pharmacy in your network, and ask the pharmacist to transfer your medication.
- Ask your doctor to send your prescription in to an in-network pharmacy using e-prescribing.



## Manage Your Prescription

One of the great things about being an Express Scripts member is that you can manage your medication easily on your laptop, tablet, desktop or phone. Whether you want to check your order status, look for savings opportunities, look up information about your benefit, get a refill or even find a pharmacy, the Express Scripts website and mobile app can help!

**Just register at [express-scripts.com](https://www.express-scripts.com) or download the mobile app** to your mobile device for free by searching your app store for Express Scripts. (Availability and features may vary.)



## Formulary

A preferred drug list, also called a formulary, helps keep healthcare costs down for everybody. It's a list of medications that have been reviewed and approved for safety and effectiveness by a panel of doctors and pharmacists. This list is continually reviewed and updated as new medications become available.

Note that certain medications are excluded from your formulary, which means they're not covered. An equally effective and safe alternative may be available. To check pricing and coverage for a medication, visit [express-scripts.com/CIS4](https://www.express-scripts.com/CIS4). Drug classes with excluded medications include Autonomic and Central Nervous System, Cardiovascular and Dermatological.

Unless otherwise noted, all brand and generic formulations of a product are considered specialty.

## ALPHA 1 DEFICIENCY

Aralast NP®  
Glassia™  
Zemaira®

## ANTICOAGULANT

Arixtra®\* (fondaparinux sodium)  
Fragmin®\*  
Iprivask®  
Lovenox®\* (enoxaparin sodium)

## ASTHMA & ALLERGY

Dupixent®  
Durysta™  
Fasenra™  
Nucala®  
Xolair®

## BLOOD CELL DEFICIENCY

Aranesp®  
Doptelet®  
Epogen®  
Fulphila™  
Granix™  
Leukine®  
Mozobil®  
Mullepla®  
Neulasta®  
Neupogen®  
Nivestym™  
Nplate®  
Procrit®  
Promacta®  
Retacrit™  
Udenyca™  
Zarxio™  
Ziextenzo®

## CANCER

Abraxane®  
Adcetris™  
Afinitor® (everolimus)  
Alecensa®  
Alunbrig™  
Arranon®  
Arzerra®  
Avastin®  
Belrapzo®  
Bendamustine®  
Bendeka™  
Besponsa®  
Bosulif®  
Cabometyx™  
Cometriq™  
Cotellic®  
Cyramza™  
Dacogen® (decitabine)  
Darzalex®  
Darzalex Faspro™  
Daurismo™  
Eligard®  
Empliciti™  
Enhertu®  
Eribitux®  
Erivedge™  
Erleada™  
Farydak®  
Firmagon®  
Foloty®  
Gazyva™  
Gilotrif™  
Gleevec® (imatinib)  
Halaven™  
Herceptin®  
Herceptin Hylecta™  
Herzuma®  
Hycamtin® (capsules)  
Hycamtin® (topotecan injection)  
Ibrance®  
Idhifa®  
Imfinzi™  
Inlyta®

## CANCER (cont'd)

Inrebic®  
Intron A®  
Iressa®  
Istodax® (romidepsin)  
Ixempra®  
Jakafi™  
Jevtana®  
Kadcyla™  
Kanjinti™  
Kepivance®  
Kisqali®  
Kisqali Femara®  
Lartruvo™  
Lenvima™  
Lonsurf®  
Lorbrena®  
Lupron Depot®  
Lynparza™  
Mekinist™  
Mvasi™  
Nerlynx™  
Nexavar®  
Ninlaro®  
Nubeqa®  
Odomzo®  
Ogivri™  
Ontruzant®  
Onureg®  
Opdivo®  
Pegasys®  
Peg-Intron®  
Perjeta™  
Phesgo™  
Piqray®  
Polivy™  
Pomalyst®  
Portrazza™  
Proleukin®  
Retevmo™  
Revlimid®  
Rituxan®  
Rituxan Hycela®  
romidepsin  
Rozlytrek™  
Rubraca™  
Ruxience™  
Rydapt®  
Sprycel®  
Stivarga®  
Sutent®  
Sylvant™  
Tabrecta™  
Tafinlar®  
Tagrisso™  
Talzenna™  
Tarceva® (erlotinib)  
Targretin® (bexarotene)  
Tasigna®  
Tecentriq™  
Temodar® (temozolomide)  
Thalomid®  
Torisel® (temsirolimus)  
Trazmiera™  
Treanda®  
Truxima®  
Tykerb®  
Valchlor™  
Valstar®  
Vantas®  
Vectibix®  
Velcade®  
Verzenio™  
Vidaza® (azacitidine)  
Vitkravi®  
Vizimpro®  
Votrient®  
Xalkori®  
Xeloda® (capecitabine)  
Xgeva™  
Xtandi®  
Yervoy™  
Yonsa®  
Zaltrap®  
Zelboraf™

## CANCER (cont'd)

Zirabev™  
Zoladex®  
Zolinza®  
Zometa® (zoledronic acid)  
Zydelig®  
Zykadia™  
Zytiga™ (abiraterone acetate)

## CONTRACEPTIVES

Liletta™  
Nexplanon®

## CYSTIC FIBROSIS

Bethkis®  
Cayston®  
Kalydeco™  
Kitabis Pak™  
Orkambi™  
Pulmozyme®\*  
Symdeko™  
Tobi® (tobramycin)  
Tobi Podhaler™  
Trikafta™

## ENDOCRINE DISORDERS

Bynfezia Pen™  
Crysvita®  
Egrifta®  
Lupaneta Pack™  
Lupron Depot-Ped®  
Myalept™  
Natpara®  
Samsca® (tolvaptan)  
Sandostatin® (octreotide acetate)  
Sandostatin LAR Depot®  
Signifor® LAR  
Signifor®  
Somatuline Depot®  
Somavert®  
Supprelin LA®  
teriparatide

## ENZYME DEFICIENCIES

Aldurazyme®  
Carbaglu™  
Cerdelga™  
Cerezyme®  
Elaprase®  
Elelyso™  
Fabrazyme®  
Galafold™  
Kanuma™  
Kuvan® (sapropterin)  
Lumizyme™  
Mepsevii™  
Naglazyme®  
nitisinone  
Nityr™  
Palynziq™  
Ravicti™  
Sucraid™  
Vimizim™  
VPRIV™  
Zavesca® (miglustat)

## GROWTH DEFICIENCY

Genotropin®  
Humatrope®  
Increlex®  
Macrilen®  
Norditropin Flexpro®  
Nutropin AQ®  
Omnitrope®  
Saizen®  
Serostim®  
Zomacton®  
Zorbtive®

## HEMOPHILIA

Advate®  
Adynovate™  
Afstyla®



### Confidential Information

1. Some products may be dispensed from Accredo and/or Freedom Fertility Pharmacy
2. Xyrem® is distributed through Express Scripts Specialty Distribution Services, Inc.

Disclaimer: Note that additional generic versions of listed medications may be available. Please consult your pharmacist to determine if a generic version of any particular specialty medication is available.

\* Your plan may require most specialty medications to be dispensed exclusively by Accredo. Those medications marked by an asterisk (\*) may have allowances for one or more retail fills.

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**HEMOPHILIA (cont'd)**

Alphanate®  
 Alphanine SD®  
 Alprolix™  
 Benefix®  
 Corifact®  
 DDAVP® (desmopressin acetate) (oral/nasal forms are not specialty)  
 Elocate™  
 Esperoct®  
 Feiba NF®  
 Hemlibra®  
 Hemofil M®  
 Humate-P®  
 Idelvion®  
 Ixinity®  
 Jivi®  
 Koate®  
 Kogenate FS®  
 Kovaltry®  
 Mononine®  
 Novoeight®  
 Novoseven RT®  
 Nuwiq®  
 Profilnine SD®  
 Rebinyn®  
 Recombinate™  
 RiaSTAP®  
 Rixubis™  
 Sevenfact®  
 Stimate®  
 Tretten®  
 Vonvendi™  
 Wilate®  
 Xyntha®  
 Xyntha Solofuse®

**HEPATITIS C**

Epclusa® (sofosbuvir/velpatasvir)  
 Harvoni® (ledipasvir/sofosbuvir)  
 Mavyret™  
 Ribavirin (Rebetol®, Ribasphere®, Ribapak®, Moderiba™)  
 Sovaldi®  
 Viekira Pak®  
 Vosevi®  
 Zepatier®

**HEREDITARY ANGIOEDEMA**

Berinert®  
 Cinryze®  
 Firazy® (icatibant)  
 Haegarda®  
 Kalbitor®  
 Ruconest®  
 Takhzyro™

**HIGH BLOOD CHOLESTEROL**

Juxtapid®

**HIV**

Aptivus®\*  
 Atripla®\*  
 Biktarvy®  
 Cimduo™  
 Combivir®\* (lamivudine/zidovudine)  
 Complera®\*  
 Crixivan®\*  
 Delstrigo™\*  
 Descovy®\*  
 Dovato®  
 Edurant®\*  
 Emtriva®\*  
 EpiVir®\* (lamivudine)  
 Epzicom®\* (abacavir/lamivudine)  
 Evotaz™ \*  
 Fuzeon®\*  
 Genvoya®\*  
 Intelence®\*  
 Invirase®\*  
 Isentress®\*  
 Juluca®  
 Kaletra®\* (lopinavir/ritonavir)  
 Lexiva®\* (fosamprenavir)  
 Norvir®\* (ritonavir)  
 Odefsey®\*  
 Pifeltro™\*

**HIV (cont'd)**

Prezcobix™\*  
 Prezista®\*  
 Rescriptor®\*  
 Retrovir®\* (zidovudine)  
 Reyataz®\* (atazanavir)  
 Rukobia™  
 Sustiva®\*(efavirenz)  
 Selzentry®\*  
 Stribild®\*  
 SymFi™ (efavirenz/lamivudine/tenofovir disoproxil fumarate)  
 SymFi Lo™ (efavirenz/lamivudine/tenofovir disoproxil fumarate)  
 Symtuza™  
 Temixys™  
 Tivicay®\*  
 Triumeq®\*  
 Trizivir®\*(abacavir/lamivudine/zidovudine)  
 Trogarzo™  
 Truvada®\*  
 Tybost®\*  
 Videx®\* (didanosine)  
 Videx EC®\*(didanosine DR)  
 Viracept®\*  
 Viramune®\* (nevirapine)  
 Viramune XR®\*(nevirapine ER)  
 Viread®\*(tenofovir disoproxil fumarate)  
 Vitecta®\*  
 Zerit®\* (stavudine)  
 Ziagen®\*(abacavir)

**IDIOPATHIC PULMONARY FIBROSIS**

Esbriet™  
 OFEV®

**IMMUNE DEFICIENCY**

Asceniv™  
 Bivigam™  
 Cuvitru™  
 Cutaquig®  
 Cytogam®  
 Gamastan S-D®  
 Gammagard Liquid®  
 Gammagard S-D®  
 Gammaked™  
 Gammalex®  
 Gamunex-C®  
 Hizentra™  
 HyQvia™  
 Panzyga®  
 Privigen®  
 Xembify®

**INFERTILITY<sup>1</sup>**

(oral forms are not specialty)  
 Bravelle®  
 Cetrotide®  
 Chorionic Gonadotropin (brands include Novarel®, Pregnyl®)  
 Crinone®  
 Endometrin®  
 Follistim AQ®  
 Ganirelix (ganirelix acetate)  
 Gonaf-F®  
 leuprolide  
 Menopur®  
 Ovidrel®  
 progesterone injection

**INFLAMMATORY CONDITIONS**

Actemra®  
 Arcalyst®  
 Benlysta®  
 Cimzia®  
 Cosentyx™  
 Enbrel®  
 Entyvio™  
 Humira®  
 Ilaris®  
 Ilumya™  
 Inflectra™  
 Kevzara®  
 Olumiant®  
 Orenia®  
 Otezla®  
 Remicade®  
 Renflexis™

**INFLAMMATORY CONDITIONS (cont'd)**

Rinvoq ER™  
 Siliq™  
 Simponi™  
 Simponi Aria®  
 Skyrizi™  
 Stelara™  
 Taltz®  
 Tremfya™  
 Xeljanz®  
 Xeljanz XR®

**IRON TOXICITY**

Exjade® (deferasirox)  
 Jadenu™

**MISCELLANEOUS DISEASES**

Acthar H.P. Gel®  
 Actimmune®  
 Apokyn®  
 Arestin®  
 Austedo®  
 Botox®  
 Botox Cosmetic®  
 Ceprotin™  
 Duopa™  
 Dojolvi™  
 Dysport®  
 Enspryng™  
 Epidiolex®  
 Gattex®  
 Givlaari™  
 Hetlioz™  
 Inbrija™  
 Krystexxa®  
 Makena™ (hydroxyprogesterone caproate)  
 Myobloc®  
 Northera™  
 Nuplazid™  
 Ocaliva™  
 Probuphine®  
 Procsybi™  
 Sabril® (vigabatrin)  
 Solesta®  
 Soliris®  
 Sublocade™  
 Tegsedi™  
 Thyrogen®  
 Ultomiris™  
 Vivitrol®  
 Vyndamax™  
 Vyndaquel®  
 Wakix®  
 Xenazine® (tetrabenazine)  
 Xeomin®  
 Xyrem®<sup>2</sup>

**MULTIPLE SCLEROSIS**

Ampyra® (dalfampridine)  
 Aubagio®  
 Avonex®  
 BAFIERTAM™  
 Betaseron®  
 Copaxone® (glatiramer, Glatopa®)  
 Extavia®  
 Gilenya®  
 Lemtrada®  
 Mavenclad®  
 Mayzent®  
 mitoxantrone®  
 Ocrevus®  
 Plegridy®  
 Rebif®  
 Tecfidera® (dimethyl fumarate)  
 Tysabri®  
 Vumerity™  
 Zeposia®

**MUSCULAR DYSTROPHIES**

Emflaza™  
 Spinraza™  
 Zolgensma®

**Confidential Information**

1. Some products may be dispensed from Accredo and/or Freedom Fertility Pharmacy  
 2. Xyrem® is distributed through Express Scripts Specialty Distribution Services, Inc.  
 Disclaimer: Note that additional generic versions of listed medications may be available. Please consult your pharmacist to determine if a generic version of any particular specialty medication is available.  
 \* Your plan may require most specialty medications to be dispensed exclusively by Accredo. Those medications marked by an asterisk (\*) may have allowances for one or more retail fills.  
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## OPHTHALMIC CONDITIONS

Beovu®  
Eylea®  
Iluvien™  
Kesimpta Pen®  
Lucentis®  
Luxturna™  
Macugen®  
Oxervate™  
Ozurdex™  
Retisert®  
Tepezza™  
Visudyne®

## OSTEOARTHRITIS

Durolane®  
Euflexxa®  
Gel-One®  
Gelsyn-3™  
Hyalgan®  
Hymovis®  
Monovisc®  
Orthovisc®  
Supartz FX®  
Synvisc®  
Synvisc-One®

## OSTEOARTHRITIS (cont'd)

Triluron™  
Visco-3™

## OSTEOPOROSIS

Boniva® (ibandronate) (*oral forms are not specialty*)  
Evenity™  
Forteo®  
Prolia™  
Reclast® (zoledronic acid)  
Tymlos™

## PULMONARY HYPERTENSION

Adcirca® (tadalafil)  
Adempas®  
Flolan® (epoprostenol)  
Flolan Diluent® (epoprostenol diluent)  
Letairis® (ambisentan)  
Opsumit®  
Orenitram™  
Remodulin® (treprostinil)  
Remodulin Diluent® (treprostinil diluent)  
Revatio® (sildenafil citrate)  
Tracleer® (bosentan)  
Tyvaso®  
Uptravi®  
Veletri®  
Ventavis®

## RESPIRATORY SYNCYTIAL VIRUS

Synagis®

## SICKLE CELL DISEASE

Oxbryta™

## TRANSPLANT

azathioprine (AZASAN, IMURAN)  
Astagraf XL™\*  
Cellcept®\* (mycophenolate mofetil)  
Neoral®, Sandimmune®\* (cyclosporine,  
Gengraf® )  
Envarsus® XR\*  
Myfortic®\* (mycophenolic acid)  
Nulojix®\*  
Prograf®\*(tacrolimus)  
Rapamune®\*(sirolimus)  
Simulect®\*  
Thymoglobulin®\*  
Zortress®\* (everolimus)



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