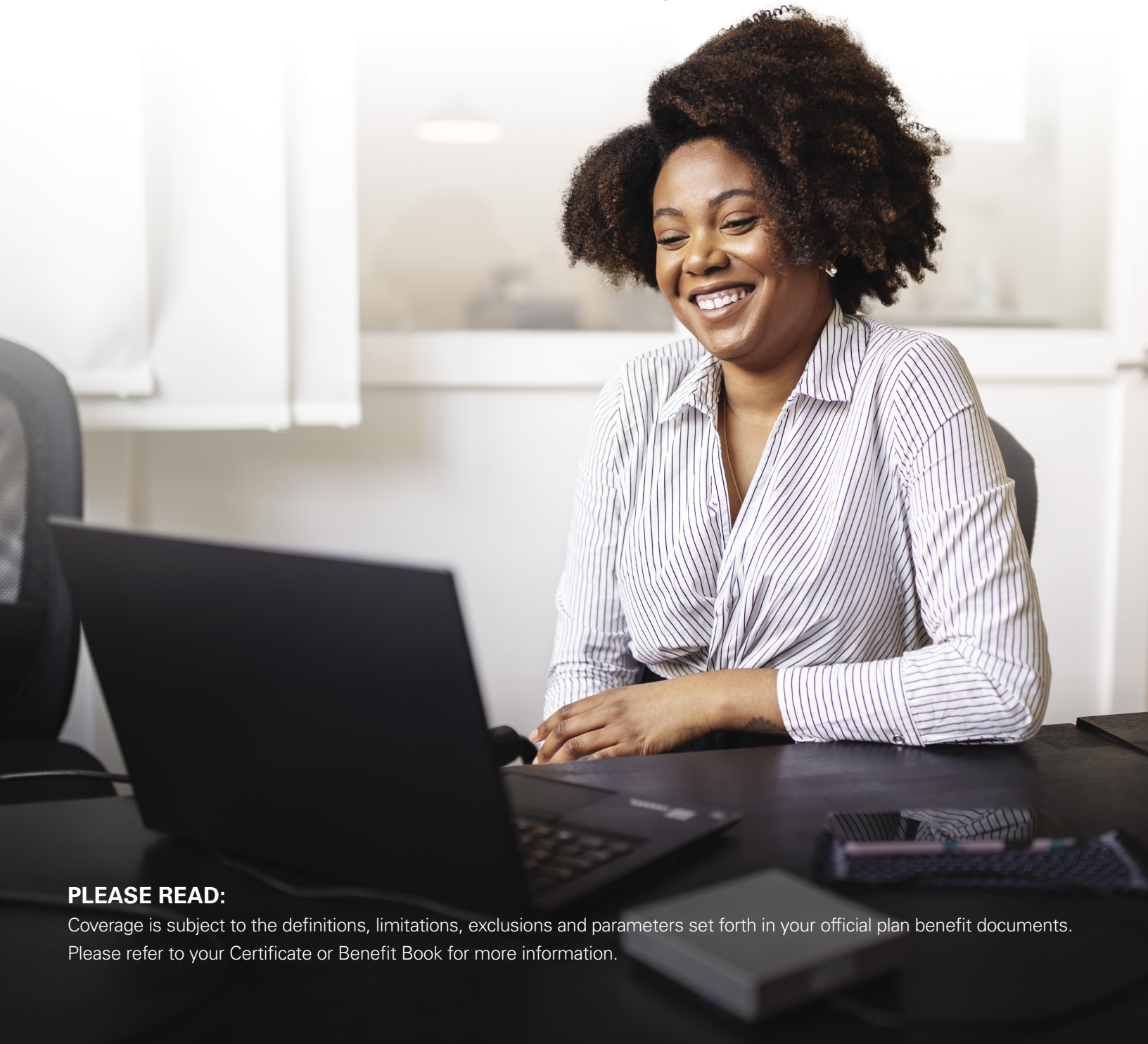


Drug Coverage Guide

Basic and Basic Plus Formulary



PLEASE READ:

Coverage is subject to the definitions, limitations, exclusions and parameters set forth in your official plan benefit documents. Please refer to your Certificate or Benefit Book for more information.

Frequently Asked Questions

What is the Basic/Basic Plus formulary?

The Basic and Basic Plus formulary is a list of medications covered by your plan. The formulary includes generic (typically lowest out-of-pocket cost), brand and specialty medications.

Refer to your Certificate or Benefit Book for information about your cost share, including copays, coinsurance and/or deductibles. If you are an existing member, you may log in to My Health Plan at [MedMutual.com/Rx](https://www.MedMutual.com/Rx) and click "Sign on to Express Scripts." On the Express Scripts website, select "Price a Medication" under "Prescriptions," enter your medication name and follow the instructions.

Your plan may exclude certain medications. Refer to your Certificate or Benefit Book for more information.

Does the Basic/Basic Plus formulary include generic and brand medications?

Yes. The Basic and Basic Plus formulary includes a variety of generic and brand medications to help you pay less out of pocket. Generics are approved by the U.S. Food and Drug Administration (FDA) as having the same active ingredient as their brand-name counterparts. In addition, the FDA requires generics to be just as safe and strong as their brand name counterparts, so you get the same medical benefit, but at a significantly lower cost. Generic medications are identified in the formulary search tool in several places. Please refer to Step 6 to see examples of the brand and generic identifiers.

What do I do if my medication requires coverage review (prior authorization or step therapy) or has a quantity limit that I've exceeded?

Ask your healthcare provider to complete an electronic Prior Authorization request through their electronic health record (EHR) system. For assistance or alternative submission options, have your healthcare provider visit the Express Scripts online portal at [ESRX.com/PA](https://www.ESRX.com/PA) or call Express Scripts at 1-800-417-1764 to arrange a review.

Once complete, Express Scripts will notify you and your healthcare provider confirming if coverage has been approved (usually within two business days of receiving the necessary information).

- If you ordered your prescription through mail order, Express Scripts will automatically send it to you once coverage is approved if they already have your shipping and payment information on file. Call Express Scripts at the Rx Information number on your ID card to ensure that they have everything needed to process your order.
- If you tried to fill your prescription at a retail pharmacy, you will need to return to the pharmacy to pick up your medication. Contact your pharmacy in advance to make sure your prescription has been processed and is ready for pickup when you arrive.

Does the Basic/Basic Plus formulary include specialty medications?

Yes. Specialty medications are used to treat certain complex medical conditions and may require special handling, instruction, or monitoring. Specialty medications are identified in the formulary search tool in several places. Please refer to Step 7, Section E to see examples of the specialty identifiers. Many plans limit you to a 30-day supply for most specialty medications and/or require the use of a network specialty pharmacy for specialty drugs. Exclusive network specialty pharmacies include Accredo, Gentry Health Services or University Hospitals of Cleveland Specialty Pharmacy.

If you are a member of a plan that includes a preferred pharmacy network (e.g., CLE-Care), you may be required to use specific preferred pharmacies for specialty drugs.

Please check your Certificate or Benefit Book for more details about specialty drug coverage.

Are there other limitations or coverage rules in addition to what are listed in this guide?

Yes. Medications listed as covered may be subject to additional coverage rules and to your plan's benefits. In addition, Medical Mutual may limit the dose and/or overall quantity of medications you are able to receive to protect your safety. These limits are developed from evidence-based clinical best practices and both national and state prescribing guidelines. If you require a dose or quantity beyond the limits allowed, ask your healthcare provider to complete an electronic Prior Authorization request through their electronic health record (EHR) system. For assistance or alternative submission options, have your healthcare provider visit the Express Scripts online portal at esrx.com/PA or call Express Scripts at 1-800-417-1764 to arrange a review.

How can I save money on my prescriptions?

Always discuss using generics first with your healthcare provider. Generic drugs approved by the FDA are just as safe and strong as the corresponding brand name drugs. Depending on your plan, you will typically have a lower cost share for generic drugs as well as preferred brand drugs when compared to non-preferred brand drugs. The formulary search tool helps you identify drugs that have an approved generic. If you search for a brand drug that has a generic available, you will be asked for a reason you have selected a brand name product. To see the lowest cost options, select "I have no preference." Steps 2 through 4 below show you how to make generic selections. Generic medications will be identified when you search the formulary.

If you are an existing member, you can check medication coverage and pricing information (for both home delivery and retail pharmacies) by logging in to My Health Plan at MedMutual.com/Rx and signing in to Express Scripts. You can also contact Express Scripts by calling the Rx Information number on your ID card.

Check your benefit materials for more details.

Do I have to use mail order for my maintenance medications?

Depending on your plan, you may be required to use mail order for your maintenance medications (those you take for three months or more). Check your Certificate or Benefit Book for details. **(Note:** If you are a member of a CLE-Care plan, you must fill mail-order medications through the MetroHealth Central Fill Pharmacy. Visit MetroHealth.org/Pharmacy for more information and to download a form.)

Even if you are not required to do so, you may save money on your maintenance medications if you order them through the mail. Please refer to section “*How can I save money on my prescriptions?*” for how to look up pricing information for retail and home delivery.

You may be able to enroll in Express Script’s Extended Payment Program with no additional fees. This allows you to split your cost share into three equal monthly payments while still obtaining the full amount of your prescription (limitations may apply). To learn more about the Extended Payment Program, call the Rx Information number on your ID card.

To get started using mail order, ask your healthcare provider to write a prescription for up to the maximum days’ supply allowed by your plan, plus refills for up to one year, if appropriate. Your healthcare provider can e-prescribe or fax your prescription directly to Express Scripts; or you can mail your prescription with a completed mail-order form and payment to Express Scripts. You can also contact the Express Scripts Member number on your ID card. A Member Services representative can help you transfer your prescriptions to mail order. You can also transfer your existing prescription to mail order online through the Express Scripts website.

Existing members should log in to My Health Plan at MedMutual.com/Rx and click “Sign on to Express Scripts.” On the Express Scripts website, select “Pharmacy Options” under the “Prescriptions” menu and select the medication(s) you want to include in home delivery.

When ordering through mail order, your medication should be delivered in about eight days (10-14 days if it’s a new prescription).

Please have a one-month supply of your medicine on hand when you place your order. Once your prescription has been sent, call the Rx Information number on your medical Mutual ID card to confirm your prescription was received and to provide additional payment and allergy information. You can check your order status by visiting the Express Scripts website through My Health Plan, or by calling the Rx Information number on your ID card.

Terminology you should know:

OTC: Over the Counter

Coverage Review: Medical Mutual uses coverage management programs to make sure you get the right medication for your condition at the best value. This means that certain medications may not be covered until a review of your medical information has been approved.

Some medications require a review of your medical information to determine coverage. There are different types of coverage reviews:

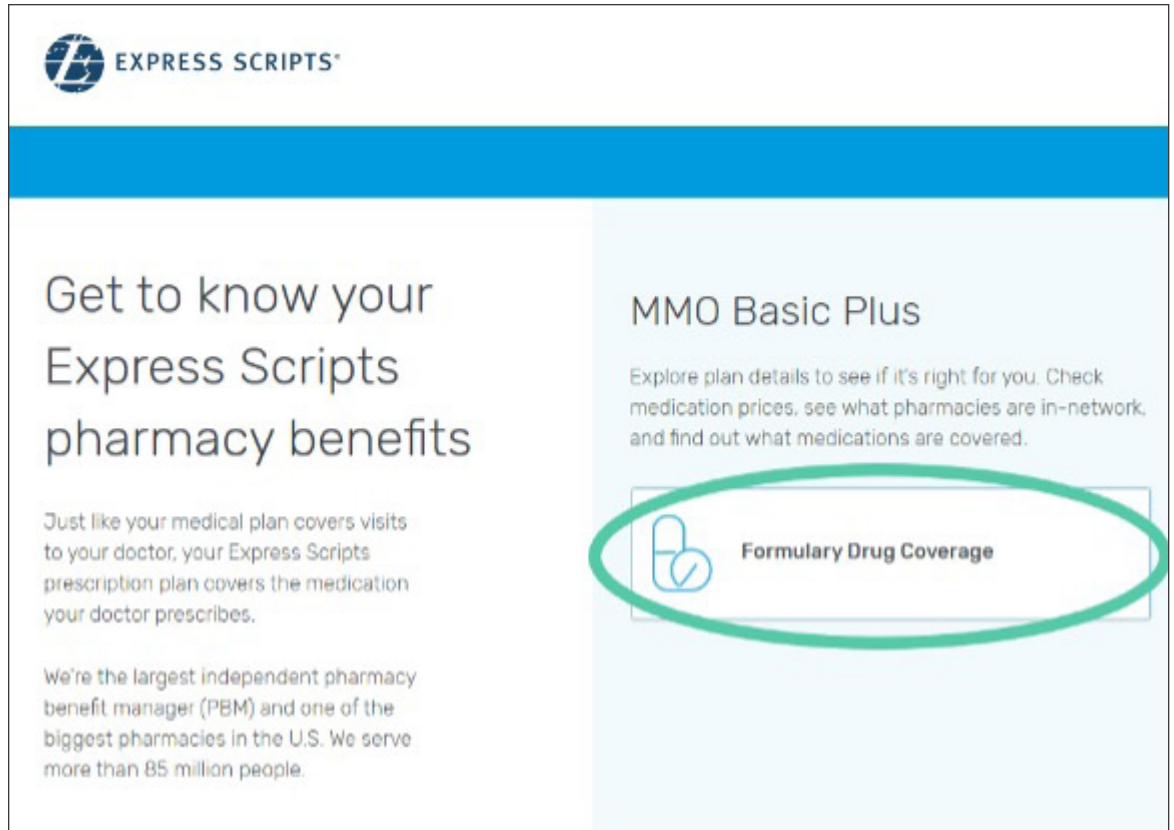
- **Prior authorization (PA)** is a check to make sure your drug is prescribed appropriately and is proven effective and safe for your condition. If you do not get prior authorization before filling your prescription, your medication will not be covered.
- **Step therapy (ST)** rules promote the use of lower-cost drugs in place of more costly medications.
- **Quantity limit (QL)** rules define the amount of the medication your plan will cover. Your plan may only cover a certain quantity per fill (such as six tablets at a time) or a certain quantity over a specific time (for example, 30 tablets within a 90-day period).

Using the Formulary search tool

Step 1: Visit the MMO Basic and Basic Plus Formulary search tool

A. Click this link: Express-Scripts.com/MMOBasicPlus

B. Click on Formulary Drug Coverage



The screenshot shows the Express Scripts website. At the top left is the Express Scripts logo. Below it is a blue horizontal bar. The main content area is divided into two columns. The left column has the heading "Get to know your Express Scripts pharmacy benefits" and two paragraphs of text. The right column has the heading "MMO Basic Plus" and a paragraph of text. Below the right column text is a button with a pill icon and the text "Formulary Drug Coverage", which is circled in green.

EXPRESS SCRIPTS®


Get to know your Express Scripts pharmacy benefits

Just like your medical plan covers visits to your doctor, your Express Scripts prescription plan covers the medication your doctor prescribes.

We're the largest independent pharmacy benefit manager (PBM) and one of the biggest pharmacies in the U.S. We serve more than 85 million people.

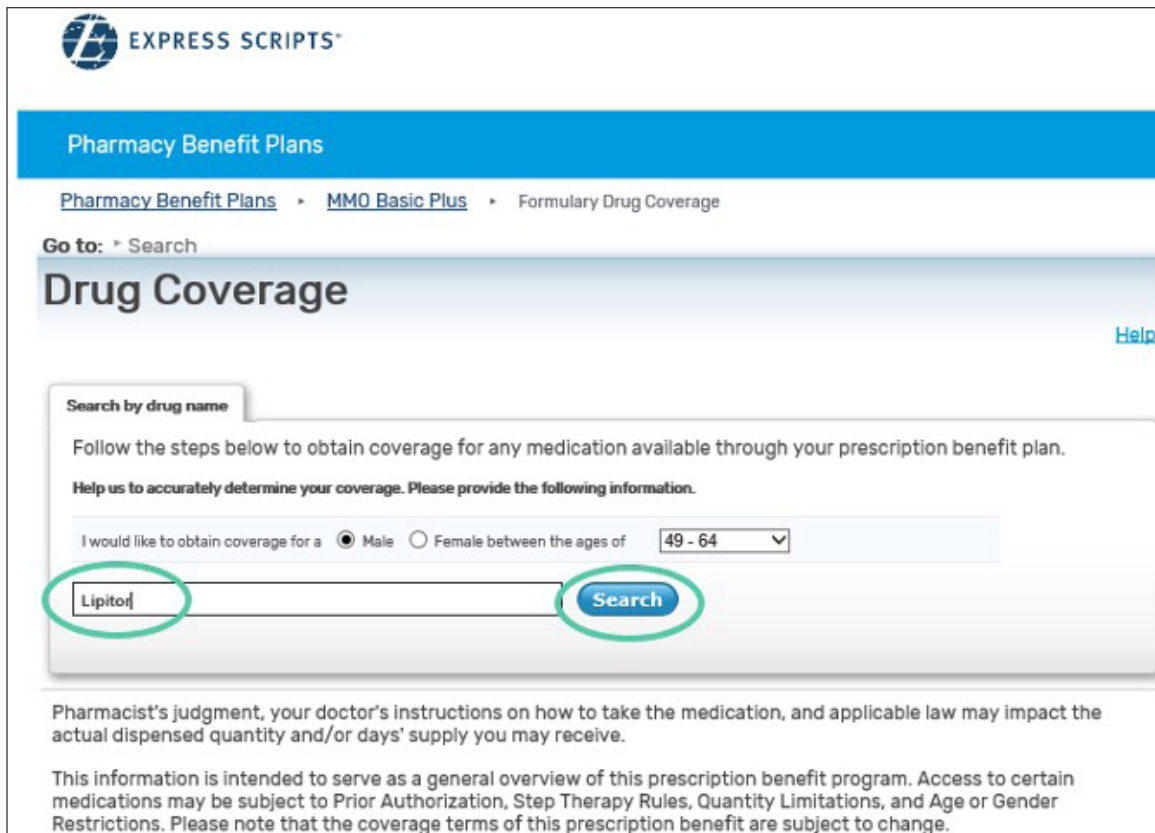
MMO Basic Plus

Explore plan details to see if it's right for you. Check medication prices, see what pharmacies are in-network, and find out what medications are covered.

 **Formulary Drug Coverage**

Step 2: Search by drug name

A. Enter the name of the medication and click on Search.



EXPRESS SCRIPTS[®]

Pharmacy Benefit Plans

[Pharmacy Benefit Plans](#) > [MMO Basic Plus](#) > Formulary Drug Coverage

Go to: > Search

Drug Coverage

[Help](#)

Search by drug name

Follow the steps below to obtain coverage for any medication available through your prescription benefit plan.

Help us to accurately determine your coverage. Please provide the following information.

I would like to obtain coverage for a Male Female between the ages of

Pharmacist's judgment, your doctor's instructions on how to take the medication, and applicable law may impact the actual dispensed quantity and/or days' supply you may receive.

This information is intended to serve as a general overview of this prescription benefit program. Access to certain medications may be subject to Prior Authorization, Step Therapy Rules, Quantity Limitations, and Age or Gender Restrictions. Please note that the coverage terms of this prescription benefit are subject to change.

Step 3: Drug strength

- A. You will be prompted to select the strength of the drug you entered.
- B. This screen has helpful information showing you if the drug you entered is a brand, generic or over the counter (OTC) product. It will also show if there is a generic equivalent for each of the listed products.
- C. Select the drug strength and click on continue.

EXPRESS SCRIPTS[®]

Pharmacy Benefit Plans

Pharmacy Benefit Plans > MMO Basic Plus > Formulary Drug Coverage

Go to: > Search

Drug strength

Select the drug name below to choose the drug strength and form.

| Name | Form | Strength | Brand/ Generic/ OTC | Generic Equivalent Available |
|---|--------|----------|---------------------------|------------------------------------|
| <input checked="" type="radio"/> Lipitor 10 Mg Tablet | Tablet | 10 mg | Brand | Yes |
| <input type="radio"/> Lipitor 20 Mg Tablet | Tablet | 20 mg | Brand | Yes |
| <input type="radio"/> Lipitor 40 Mg Tablet | Tablet | 40 mg | Brand | Yes |
| <input type="radio"/> Lipitor 80 Mg Tablet | Tablet | 80 mg | Brand | Yes |

[Continue](#) [Or search for another drug](#)

Pharmacists... actual dispensed quantity and/or days' supply you may receive.

This information is intended to serve as a general overview of this prescription benefit program. Access to certain medications may be subject to Prior Authorization, Step Therapy Rules, Quantity Limitations, and Age or Gender Restrictions. Please note that the coverage terms of this prescription benefit are subject to change.

Step 4: Quantity and days' supply

A. Select the quantity and frequency. The frequency indicates how often you take the medication (daily, every other day, weekly, monthly, every 3 months, yearly).

The screenshot shows the Express Scripts website interface. At the top left is the Express Scripts logo. Below it, the navigation bar includes 'Pharmacy Benefit Plans'. A breadcrumb trail shows 'Pharmacy Benefit Plans > MMO Basic Plus > Formulary Drug Coverage'. A modal window titled 'Drug Quantity and days' supply' is open, with a 'CLOSE X' button in the top right corner. The modal content includes: 'Go to: > Search by: Follow the Help us to I would like Lipitor'. The main heading is 'Drug Quantity and days' supply'. Below this, a message states: 'You've selected Lipitor 10 Mg Tablet. If you need coverage for a different medicine or dose, choose a different medicine. To get the most accurate information, please pay careful attention when you tell us the amount of medicine you take and how often you take it.' The form fields are: 'I take or use: [] tablet(s) per [Select one v]', 'You've chosen to search for a medication for which there is a generic equivalent. Please select a reason: [Select one v]', 'Determine coverage for home delivery: [90] days' supply', and 'Determine Coverage for retail: [30] days' supply'. A blue 'Continue' button is at the bottom of the modal. Below the modal, a disclaimer reads: 'This information is intended to serve as a general overview of this prescription benefit program. Access to certain medications may be subject to Prior Authorization, Step Therapy Rules, Quantity Limitations, and Age or Gender Restrictions. Please note that the coverage terms of this prescription benefit are subject to change.'

Step 4: Quantity and days' supply (continued)

B. If the drug you selected is a brand drug that has a generic available, you will be prompted to select a reason you chose the brand product. **To identify the lowest cost generic option**, select "I have no preference" and click continue.

EXPRESS SCRIPTS

Pharmacy Benefit Plans

Pharmacy Benefit Plans > MMO Basic Plus > Formulary Drug Coverage

Go to: * Se

Drug **Quantity and days' supply** CLOSE X

You've selected **Lipitor 10 Mg Tablet**. If you need coverage for a different medicine or dose, [choose a different medicine](#). To get the most accurate information, please pay careful attention when you tell us the amount of medicine you take and how often you take it.

Lipitor 10 Mg Tablet

I take or use: tablet(s) per

You've chosen to search for a medication for which there is a generic equivalent.
Please select a reason:

Determine coverage for *home delivery*: days' supply

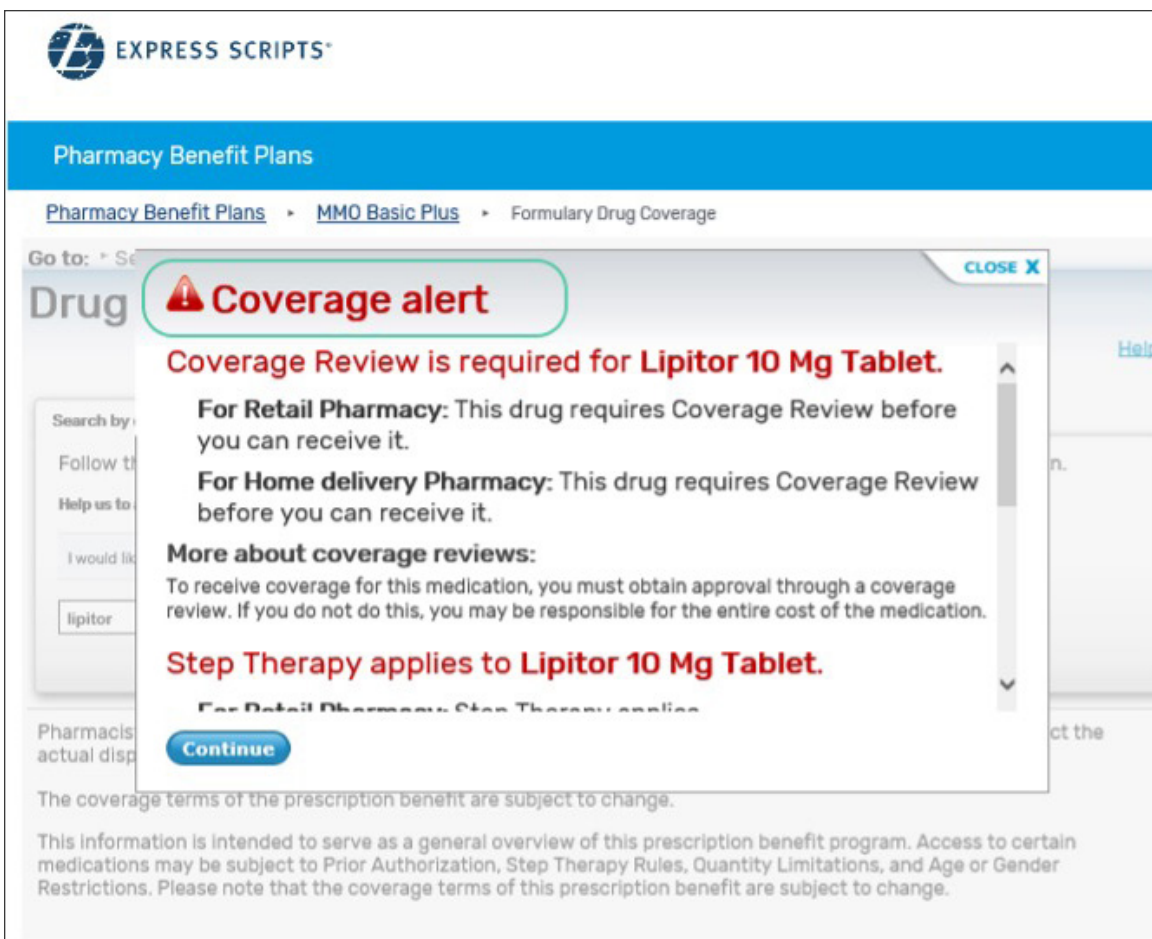
Determine Coverage for *retail*: days' supply

Pharmacis
actual disp

This information is intended to serve as a general overview of this prescription benefit program. Access to certain medications may be subject to Prior Authorization, Step Therapy Rules, Quantity Limitations, and Age or Gender Restrictions. Please note that the coverage terms of this prescription benefit are subject to change.

Step 5: Coverage alert pop-up

- A. This pop-up may appear if a coverage review is required for the specific product you chose or if there are additional requirements related to that product.
- B. Please review the information in the alert box carefully.
- C. Refer to section “What do I do if my medication requires coverage review (prior authorization or step therapy) or has a quantity limit that I’ve exceeded?” for instructions on how to obtain an approval.



EXPRESS SCRIPTS®

Pharmacy Benefit Plans

Pharmacy Benefit Plans > MMO Basic Plus > Formulary Drug Coverage

Go to: > Search

Drug

Search by:
Follow the
Help us to
I would like
lipitor

Pharmacy
actual disp

The coverage terms of the prescription benefit are subject to change.

This information is intended to serve as a general overview of this prescription benefit program. Access to certain medications may be subject to Prior Authorization, Step Therapy Rules, Quantity Limitations, and Age or Gender Restrictions. Please note that the coverage terms of this prescription benefit are subject to change.

Coverage alert

Coverage Review is required for Lipitor 10 Mg Tablet.

For Retail Pharmacy: This drug requires Coverage Review before you can receive it.

For Home delivery Pharmacy: This drug requires Coverage Review before you can receive it.

More about coverage reviews:
To receive coverage for this medication, you must obtain approval through a coverage review. If you do not do this, you may be responsible for the entire cost of the medication.

Step Therapy applies to Lipitor 10 Mg Tablet.

For Retail Pharmacy: Step Therapy applies

Continue

CLOSE X

Help

Step 6: Drug coverage information

- A. Information about the coverage of the drug you selected will appear on this screen.
- B. If there is a generic equivalent available, a notification will appear (as denoted below by the star).
- C. In this case, where there is a generic medication available, the information regarding the generic is shown.
- D. The yield sign with the exclamation point indicates there is coverage review criteria or other requirements for this product.
- E. The green checkmark indicates the drug does not have coverage review criteria.

Drug Coverage [Search for Another Medication](#)

IMPORTANT MESSAGE
Because your future refills may change, please come back to review drug coverage before your next fill.

You searched for:

Lipitor 10 Mg Tablet
10 Mg Tablet, **Brand**
Pfizer Us Pharm
[View drug information](#)
[View formulary alternatives](#)

| Pharmacy / day's supply | When | Is this drug covered? |
|--|---------------|-----------------------|
| Home delivery pharmacy 90-day supply | each fill | YES |
| Participating Retail Pharmacy 30-day supply | up to 3 fills | YES |

★ Generic equivalent available:

atorvastatin 10 mg tablet
10 Mg Tablet, **Generic**
Apotex Corp
[View drug information](#)
[View formulary alternatives](#)

| Pharmacy / day's supply | When | Is this drug covered? |
|--|---------------|-----------------------|
| Home delivery pharmacy 90-day supply | each fill | YES |
| Participating Retail Pharmacy 30-day supply | up to 3 fills | YES |

Note: Review the information on the drug coverage page. This information is intended to serve as a general overview of your prescription benefit program. Access to certain medications may be subject to prior authorization, step therapy rules, quantity limitations, and age or gender restrictions. Please note that the coverage terms of your prescription benefit are subject to change.

Step 6: Drug coverage information (continued)

F. To view formulary alternatives, select the green box "View Formulary Alternatives."

G. Formulary alternatives will be shown in the pop-up window along with other covered drug options.

The screenshot displays the Express Scripts website interface. At the top, the logo and name "EXPRESS SCRIPTS" are visible. Below it, a blue header reads "Pharmacy Benefit Plans". A breadcrumb trail shows "Pharmacy Benefit Plans > MMO Basic Plus > Formulary Drug Coverage".

A pop-up window titled "Drug" is open, showing "Other formulary alternatives". It includes links for "What are 'formulary alternatives'?" and "How do I use this information?". The main content area is titled "Drug information: Lipitor 10 Mg Tablet".

Under the heading "Formulary alternatives for Lipitor 10 Mg Tablet included by your benefit", there is a table:

| Medication | Type | Price this drug |
|---------------------------|---------|-----------------|
| Atorvastatin 10 Mg Tablet | Generic | Select |

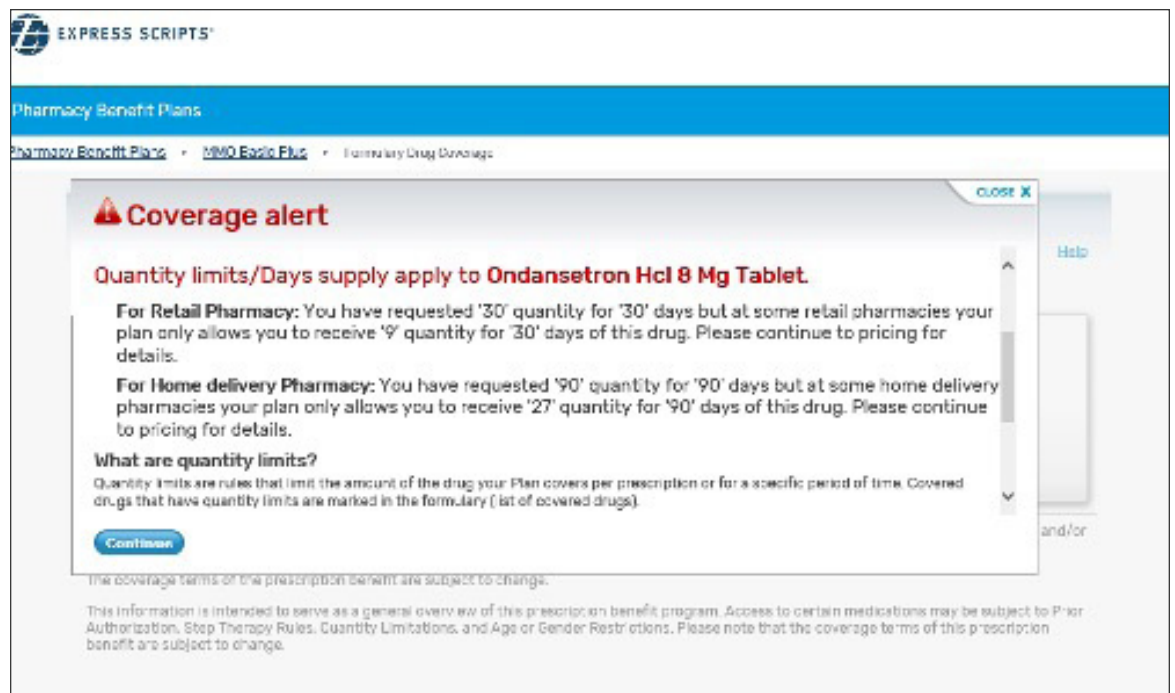
Below this, under the heading "Other covered drug options for Lipitor 10 Mg Tablet included by your benefit", there is another table:

| Medication | Type | Price this drug |
|-------------------------|---------|-----------------|
| Lovastatin 40 Mg Tablet | Generic | Select |
| Altoprev Tab 40mg Er | Brand | Select |

At the bottom of the page, it states "Participating Retail Pharmacy 30-day supply up to 3 fills" with a green "YES" icon. A star icon indicates "Generic equivalent available: atorvastatin 10 mg tablet". Below this, it lists "10 Mg Tablet, Generic" by "Apotex Corp" and provides a link to "View drug information". A green button labeled "View formulary alternatives" is also present.

Step 7: Examples of various coverage alert messages or drug coverage messages

A. Quantity limits (QL) coverage alert



The screenshot shows a web interface for Express Scripts Pharmacy Benefit Plans. A blue header bar contains the Express Scripts logo and the text "EXPRESS SCRIPTS®". Below the header, the page title is "Pharmacy Benefit Plans". A breadcrumb trail shows "Pharmacy Benefit Plans" > "MMO Basic Plus" > "Formulary Drug Coverage". A modal window titled "Coverage alert" is displayed, featuring a red warning icon. The alert text reads: "Quantity limits/Days supply apply to **Ondansetron Hcl 8 Mg Tablet**". It provides details for retail and home delivery pharmacies, explaining that the requested quantity exceeds the plan's allowance. A "Continue" button is located at the bottom of the alert. Below the alert, a disclaimer states: "The coverage terms of the prescription benefit are subject to change." and "This information is intended to serve as a general overview of this prescription benefit program. Access to certain medications may be subject to Prior Authorization, Step Therapy Rules, Quantity Limitations, and Age or Gender Restrictions. Please note that the coverage terms of this prescription benefit are subject to change."

Note: Review the coverage alert carefully for the quantity allowed prior to coverage review. Refer to the section *“What do I do if my medication requires coverage review (prior authorization or step therapy) or has a quantity limit that I’ve exceeded?”* for instructions on how to obtain an approval for a higher quantity.

Step 7: Examples of various coverage alert messages or drug coverage messages (continued)

B. Non-covered drug coverage alert

The screenshot displays the Express Scripts website interface. At the top left is the Express Scripts logo. Below it, a blue navigation bar contains the text "Pharmacy Benefit Plans". Underneath, a breadcrumb trail reads "Pharmacy Benefit Plans > MMD Basic Plus > Formulary Drug Coverage". A search bar is visible with the text "Go to: * Search".

A prominent "Coverage alert" message is shown in a white box with a red border and a red warning icon. The message text reads: "This drug is not covered. Please share your formulary with your doctor to find an appropriate covered alternative drug." A "Continue" button is located below the message. A "CLOSE X" button is in the top right corner of the alert box. A "Help" link is visible on the right side of the page.

Below the alert, there is a section for user input. It includes a "Search by drug name" field with "pregenaa" entered. Below this is a "Follow the steps" section with a "Continue" button. Further down, there is a form for "I would like to obtain coverage for a" with radio buttons for "Male" (selected) and "Female" and a dropdown menu for "between the ages of" set to "49 - 64". A "Search" button is located to the right of the input fields.

At the bottom of the page, there is a disclaimer: "Pharmacist's judgment, your doctor's instructions on how to take the medication, and applicable law may impact the actual dispensed quantity and/or days' supply you may receive." Below this is another disclaimer: "This information is intended to serve as a general overview of this prescription benefit program. Access to certain medications may be subject to Prior Authorization, Step Therapy Rules, Quantity Limitations, and Age or Gender Restrictions. Please note that the coverage terms of this prescription benefit are subject to change."

Step 7: Examples of various coverage alert messages or drug coverage messages (continued)

C. Under Drug Coverage, select the green “View formulary alternatives” for covered products.

Drug Coverage

[Search for Another Medication](#)

You searched for:

Pregenna Tablet
20 Mg-1 Mg Tablet, [Brand](#)
Redmont Pharmac
[View drug information](#)
[View formulary alternatives](#)

| Pharmacy / day's supply | Is this drug covered? |
|--|-----------------------|
| Home delivery pharmacy 90-day supply | NO |
| Participating Retail Pharmacy 30-day supply | NO |

[†] Learn about our [Extended Payment Program](#), which lets you pay for medications in 3 monthly installments.

Pharmacist's judgment, your doctor's instructions on how to take the medication, and applicable law may impact the actual dispensed quantity and/or days' supply you may receive.

This information is intended to serve as a general overview of this prescription benefit program. Access to certain medications may be subject to Prior Authorization, Step Therapy Rules, Quantity Limitations, and Age or Gender Restrictions. Please note that the coverage terms of this prescription benefit are subject to change.

Step 7: Examples of various coverage alert messages or drug coverage messages (continued)

D. Review formulary medications with your healthcare provider to find an appropriate covered alternative.

The screenshot displays the Express Scripts website interface. At the top, the logo and 'EXPRESS SCRIPTS' are visible. Below is a navigation bar for 'Pharmacy Benefit Plans' with a sub-menu for 'MMO Basic Plus' and 'Formulary Drug Coverage'. A search bar is present with the text 'Go to: Search'. The main content area features a 'Drug Coverage' section with a 'You see' sidebar listing 'Pregenna Tablet' (20 Mg-1 Mg, Radmont Pl) and a 'View formulary' button. The central alert box, titled 'Other formulary alternatives', contains links for 'What are "Formulary alternatives"?' and 'How do I use this information?'. It lists 'Drug information: Pregenna Tablet' and states 'Formulary alternatives for Pregenna Tablet included by your benefit'. A table follows with columns for 'Medication', 'Type', and 'Price this drug'. The table lists two generic alternatives: 'Prenatal Vitamin Plus Low Iron' and 'Preplus Ca-fa 27 Mg-fa 1 Mg Tb', each with a 'Select' button. Below the table, it states 'Other covered drug options for Pregenna Tablet included by your benefit' and includes a red warning: 'Sorry, your plan does not include any other drug options that are covered.' with a 'back to top' link. At the bottom, there is a link to the 'Extended Payment Program' and a disclaimer: 'Pharmacist's judgment, your doctor's instructions on how to take the medication, and applicable law may impact the actual dispensed quantity and/or days' supply you may receive. The coverage terms of the prescription benefit are subject to change. This information is intended to serve as a general overview of this prescription benefit program. Access to certain medications may be subject to Prior Authorization, Step Therapy Rules, Quantity Limitations, and Age or Gender Restrictions. Please note that the coverage terms of this prescription benefit are subject to change.'

EXPRESS SCRIPTS[®]

Pharmacy Benefit Plans

Pharmacy Benefit Plans + MMO Basic Plus + Formulary Drug Coverage

Go to: Search

Drug Coverage

What are "Formulary alternatives"? | How do I use this information?

Drug information:
Pregenna Tablet

Formulary alternatives for Pregenna Tablet included by your benefit

| Medication | Type | Price this drug |
|--------------------------------|---------|-----------------|
| Prenatal Vitamin Plus Low Iron | Generic | Select |
| Preplus Ca-fa 27 Mg-fa 1 Mg Tb | Generic | Select |

Other covered drug options for Pregenna Tablet included by your benefit
Sorry, your plan does not include any other drug options that are covered.
[back to top](#)

† Learn about our [Extended Payment Program](#), which lets you pay for medications in 3 monthly installments.

Pharmacist's judgment, your doctor's instructions on how to take the medication, and applicable law may impact the actual dispensed quantity and/or days' supply you may receive.

The coverage terms of the prescription benefit are subject to change.

This information is intended to serve as a general overview of this prescription benefit program. Access to certain medications may be subject to Prior Authorization, Step Therapy Rules, Quantity Limitations, and Age or Gender Restrictions. Please note that the coverage terms of this prescription benefit are subject to change.

Step 7: Examples of various coverage alert messages or drug coverage messages (continued)



E. Specialty drug indicator

Drug Coverage [Search for Another Medication](#)

IMPORTANT MESSAGE
Please note, certain medications may not be covered at all retail locations under the pharmacy benefit. Please contact the Express Scripts Special Care Pharmacy - Accredo at 1-800-803-2523, Monday through Friday, 8:00 a.m. to 8:00 p.m. eastern time, for help in determining coverage for your medication.

You searched for:

Otezla 30 Mg Tablet
30 Mg Tablet, Brand
This drug is a specialty medication
Amgen
[View drug information](#)
[View formulary alternatives](#)

| Pharmacy / day's supply | Is this drug covered? |
|--|---|
| Specialty Pharmacy 30-day supply |  YES |
| Participating Retail Pharmacy 30-day supply |  NO |

If you have questions, please call the Rx Information number listed on your member ID card.



MEDICAL MUTUAL®

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Cleveland, OH 44115-1355

MedMutual.com