

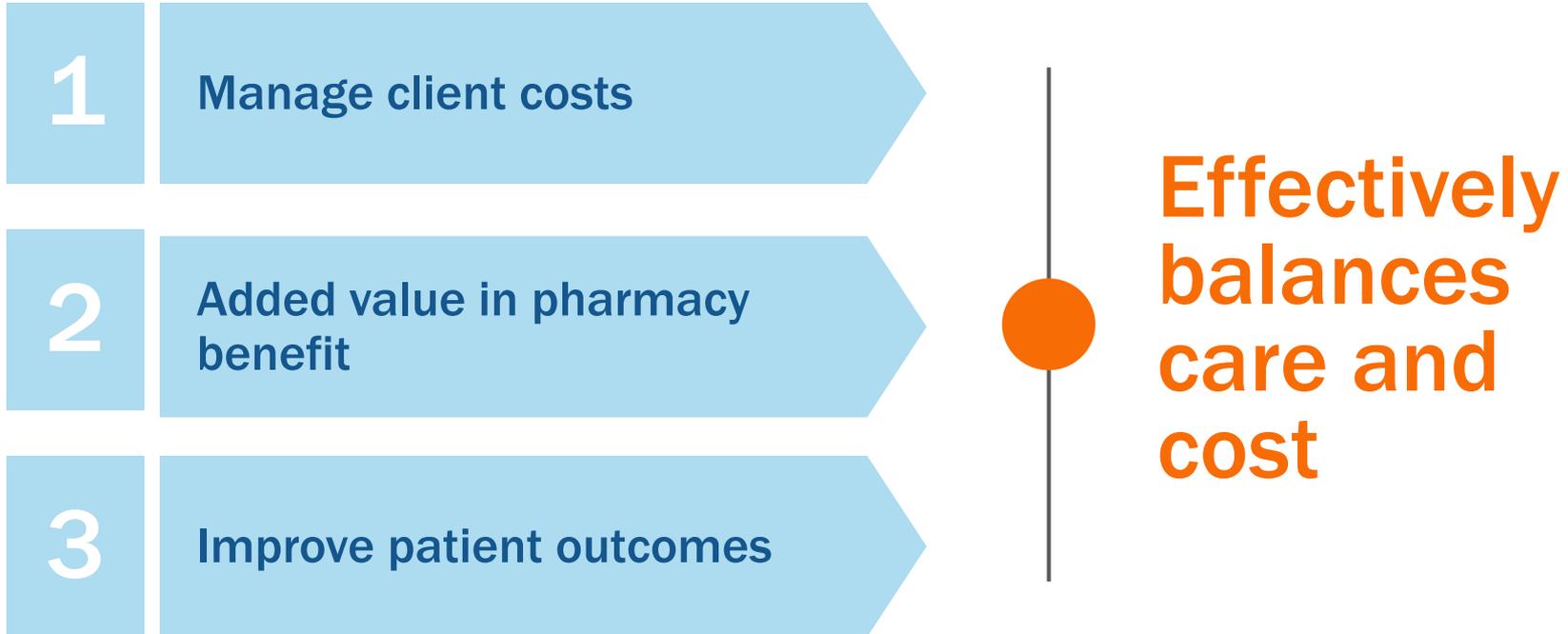


2016 National Preferred Formulary Update



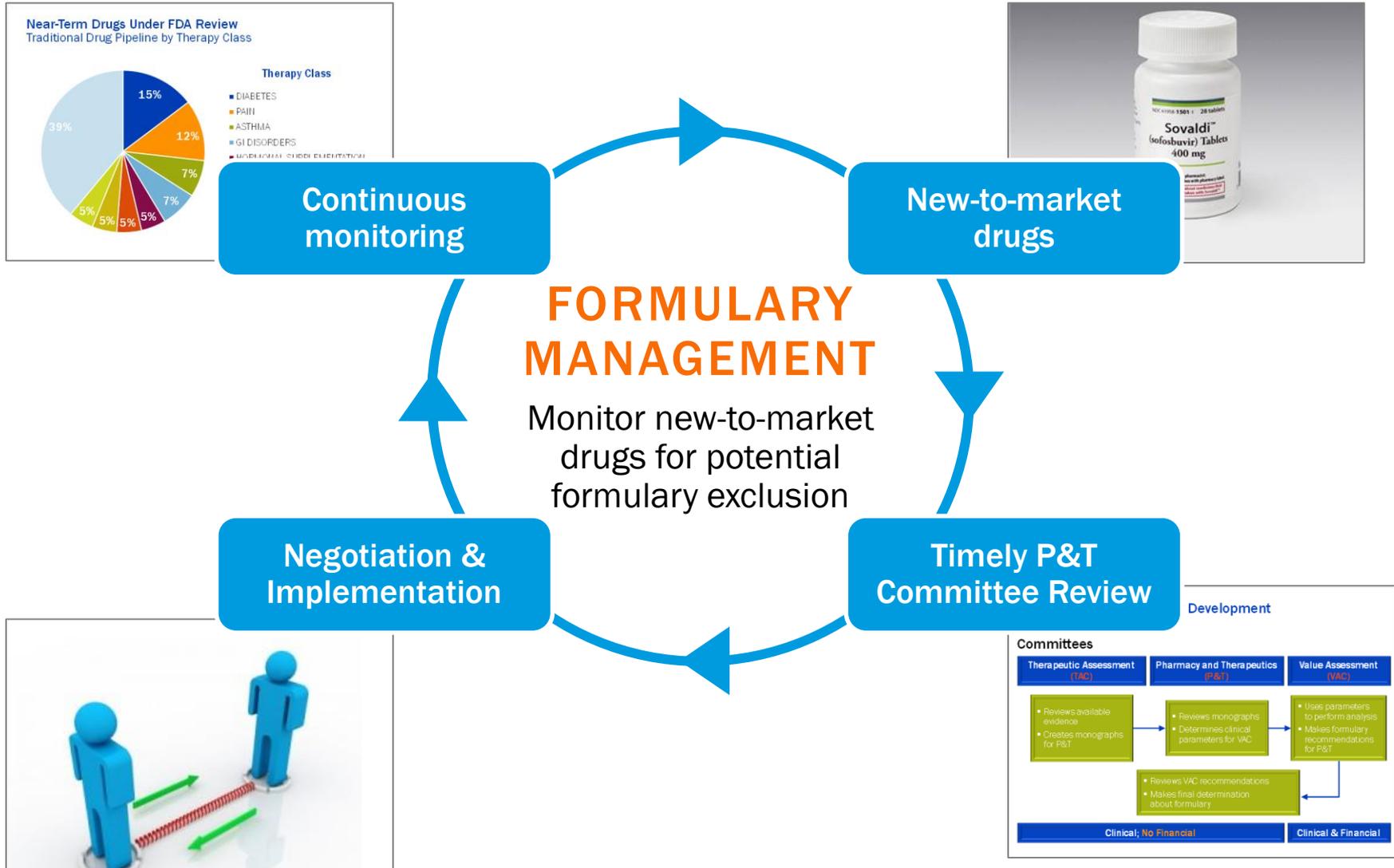
Smart Formulary Management

Achieved through National Preferred Formulary



Continually evolving to meet the needs of patients and clients

Ongoing Formulary Management



New 2016 National Preferred Formulary Exclusion Classes

Therapy Classes	2016 Exclusions	Alternatives
Dermatological	Doxycycline 40 mg capsules	Oracea
Dermatological	Fluorouracil 0.5% Cream	imiquimod 5% cream, Carac
Endocrine	Estrogel	Divigel
Gastrointestinal	Asacol HD, Delzicol, Dipentum	Apriso, Lialda, Pentasa, generics
Obstetrical & Gynecological	Ganirelix	Cetrotide
Obstetrical & Gynecological	Endometrin	Crinone 8% Gel
Ophthalmic	Istalol	levobunolol drops, timolol drops, Alphagan P 0.1%, Combigan
Ophthalmic	Acuvail	bromfenac drops, ketorolac drops, Ilevro, Nevanac, Prolensa
Weight Loss	Qsymia	phentermine

Building on the past two years, we were able to increase value while increasing choice within these classes.

Removed Exclusions

Therapy Class	2015 Excluded Drugs	2016 Status
Beta Interferons for Multiple Sclerosis	Betaseron	Nonpreferred
Narcotic Analgesics Oral	Zohydro ER, Oxycodone, Kadian	Nonpreferred
Pegylated Interferons	Peg-Intron	Nonpreferred
Pulmonary Anti-Inflammatory/ Beta Agonist Combinations	Breo Ellipta	Preferred

Building on our success these past two years, we were able to increase the value in these classes while still increasing choice.

Test Strip Updates

Therapy Class	2016 Excluded	2016 Preferred
Blood Glucose Meters & Strips	Abbott (FreeStyle, Precision), Advocate , Bayer (Breeze, Contour), Nipro (TRUEtest, TRUEtrack), Omnis Health (Embrace) , Roche (Accu-Chek), UniStrip	LifeScan (OneTouch)

- Additional test strips added to the NPF exclusion list
- Lifescan (One Touch) is the market leader throughout the country

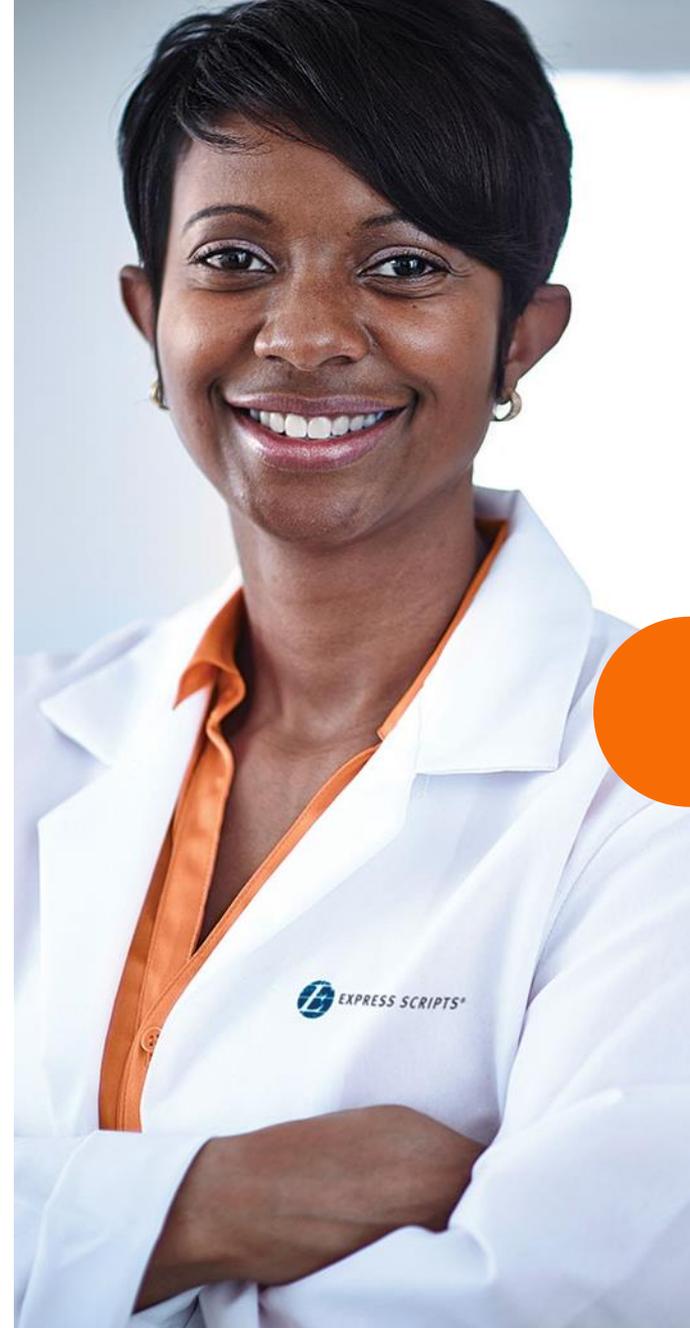
State of Delaware National Preferred Formulary Member Impact

Time Period: 5-1-2015 to 8-31-2015

Disruption Type	2016 Formulary Status	Patients Impacted	% of Total Patients	Patients Filling at Mail	Patients Filling at Retail
PREFERRED TO NON-PREFERRED	Non Formulary	416	0.73%	10	406
NON-PREFERRED TO NOT COVERED	Not Covered	247	0.43%	1	246
PREFERRED TO NOT COVERED	Not Covered	232	0.41%	39	194

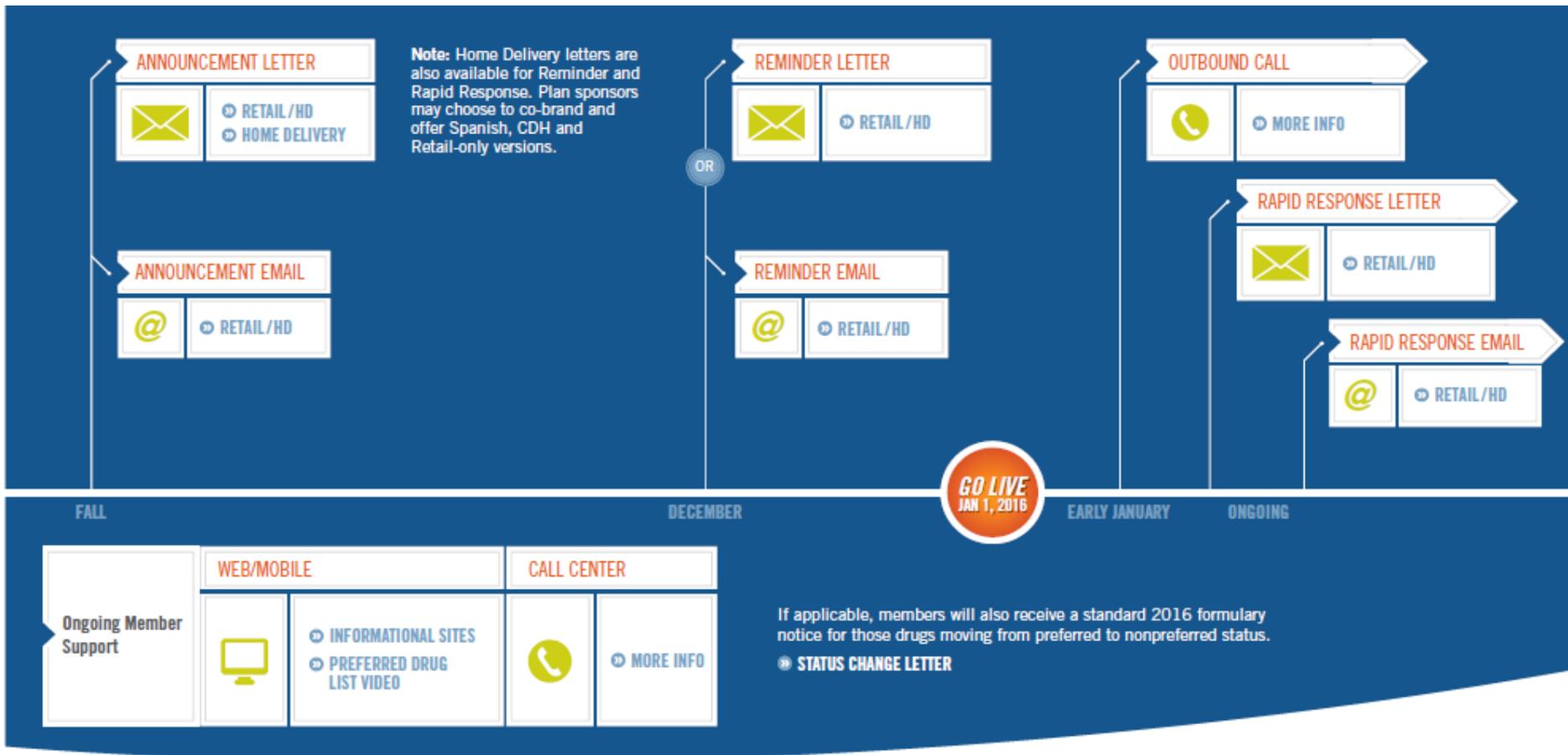
*The impact data is derived from the most recent 120 days and member utilization

Communications Plan



Member Communication Timeline

Plan members will be notified prior to the changes taking effect so they can take action and avoid paying full price for their medications. In the Fall, Express Scripts will send letters and e-mails alerting members to covered alternatives that their doctors may consider prescribing. After January 1, members who do not move to a covered alternative will receive a call, and those who try to fill an excluded drug (and do not fill a covered alternative) will receive a letter and e-mail through our ongoing Rapid Response program. Our Rapid Response Program automatically generates a letter to the member when they try to fill a drug that is no longer covered on the National Preferred Formulary or if the medication moved to non-preferred status.



STATE OF DELAWARE DETAIL MEMBER IMPACT APPENDIX

Time Period: 5-1-2015 to 8-31-2015

Drug Name	Maintenance Status	Therapy Class	Current Formulary Status	2016 Formulary Status	# of Unique Patients	# of Impacted Rxs	Mail Rxs	Retail Rxs
GANIRELIX ACETATE	ACUTE	Endocrine	Y	NC*	20	22	0	22
EMBRACE	MAINT	Blood Glucose Monitoring Supplies	N	NC*	4	5	0	5
DOXYCYCLINE IR-DR	ACUTE	Anti-infectives	N	NC*	6	8	0	8
ONGLYZA	MAINT	Diabetes Therapy	Y	NC*	85	122	20	102
ADVOCATE REDI-CODE+	MAINT	Blood Glucose Monitoring Supplies	N	NC*	23	37	0	37
PRAMOSONE	ACUTE	Antipsoriatic agent	Y	N*	1	1	0	1
ACZONE	ACUTE	Acne Therapy	Y	N*	108	122	3	119
SYNVISC-ONE	MAINT	Non-narcotic analgesic	Y	NC*	4	4	4	0
ESTRING	MAINT	Estrogen Therapy	Y	N*	24	33	4	29
KOMBIGLYZE XR	MAINT	Diabetes Therapy	Y	NC*	65	96	12	84
MOVIPREP	ACUTE	Bowel evacuant	Y	N*	34	35	0	35
DENAVIR	ACUTE	Topical Antiviral	Y	N*	32	35	1	34
ISTALOL	MAINT	Ophthalmic beta-blocker	N	NC*	3	4	1	3
ESTROGEL	MAINT	Estrogen Therapy	N	NC*	3	3	0	3
FLUOROURACIL	ACUTE	Dermatological Agent	N	NC*	8	8	0	8
DELZICOL	MAINT	Gastrointestinal Agent	Y	NC*	21	34	7	27
UNISTRIP1	MAINT	Blood Glucose Monitoring Supplies	N	NC*	186	611	0	611
ASACOL HD	MAINT	Gastrointestinal Agent	Y	NC*	36	57	7	50
EVAMIST	ACUTE	Estrogen Therapy	Y	N*	13	17	2	15
TRANSDERM-SCOP	ACUTE	Anti-vertigo agent	Y	N*	121	127	0	127
NEXIUM	MAINT	Gastrointestinal Agent	Y	N*	15	32	0	32
QSYMIA	MAINT	Weight Loss therapy	N	NC*	19	37	0	37
TREXIMET	ACUTE	Headache therapy	Y	N*	26	55	3	52
BESIVANCE	ACUTE	Ophthalmic antibiotic	Y	N*	44	58	0	58
ENDOMETRIN	ACUTE	Estrogen Therapy	Y	NC*	2	2	0	2
DOXYCYCLINE IR-DR	ACUTE	Anti-infectives	N	NC*	4	5	0	5

*The impact data is derived from the most recent 120 days and member utilization.

*N = Non-Formulary

*NC = Not Covered

THANK YOU