

November 3, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Calls Next Tuesday! (all plans)

ABC monthly conference call will be next Tuesday, Nov. 14. The **attached** agenda includes the webinar link.

Higher Ed -

Local Ed – Tuesday, Nov. 7 at 10 a.m. Central time

State

Local Government – Tuesday, Nov. 7 at 2 p.m. Central time

ABC Conference Call Notes (Local Ed/Local Gov)

The combined notes from the Nov. 7 ABC conference calls are **attached**.

Attachments: Methodist Memphis Termination Letter



of Tennessee

1 Cameron Hill Circle
Chattanooga, TN 37402

bcbst.com

<date>

<First Name> <Last Name>

<Address Line 1>

<Address Line 2>

<City>, <State> <Zip>

Dear <First Name>,

We're always working to make sure you have affordable access to a broad network of quality health care providers. Sometimes we have to make changes to our provider network. We want to make sure you know about it and have all the details you need to move forward.

Methodist Healthcare's Memphis adult care facilities will no longer be in Blue Network SSM starting Jan. 1, 2018. The facilities leaving your network are listed on the back of this letter.

Important details to keep in mind:

- Methodist-employed and affiliated doctors are staying in your network at this time. Just make sure to check with your doctor that any services you receive aren't billed through one of the hospitals leaving the network. These services may include diagnostic and imaging services, for example. You may have to pay more for services if they're being billed through an out-of-network facility.
- If you get care from any Methodist facilities on or before Dec. 31, we'll pay for your care as in-network. If you schedule care at these facilities beginning Jan. 1 or later, you'll have to pay more out of your own pocket.
- You may always go to any facility you want for your care. But you can pay less if you get care from an in-network facility instead. It's easy to use our Find a Doctor tool at bcbst.com to find in-network providers near you. Or you can call us at 1-800-558-6213.
- There are other leading providers available to meet your health care needs. Some in-network providers in your area include **Baptist Memorial, Saint Francis Hospital** and **Regional One Health**, among others.

We're right here to help you work out the details of this change. We can also help coordinate your future care. Just call our customer service center at 1-800-558-6213 (the number is also on the back of your Member ID card) Monday through Friday from 7 a.m. to 5 p.m. (CT).

Thanks for allowing us to be your health care partner.

Best of Health,

G. Henry Smith

Senior Vice President, Operations and Chief Marketing Officer

These Methodist facilities are leaving your network on Jan. 1, 2018:

- Margaret West Comprehensive Breast Center – Germantown
- Methodist Diagnostic Center - Midtown and/or Margaret West Comprehensive Breast Center – Midtown
- Methodist Diagnostic Center – Germantown
- Methodist Diagnostic Center – North
- Methodist Diagnostic Center – South
- Methodist Diagnostic Center – Southaven
- Southwind Endoscopy Center
- Methodist North Hospital
- Methodist South Hospital
- Methodist Healthcare - Olive Branch Hospital
- Methodist Healthcare - University Hospital (Bariatric Surgery)
- Methodist University Hospital
- South Comprehensive Wound Healing Center
- Methodist Sleep Disorders Center
- Methodist Le Bonheur Germantown Hospital*

**Please note that Methodist Le Bonheur Children's Hospital located in downtown Memphis will remain in Blue Network S. Only the adult care facilities are leaving the network.*

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan Issuer in the Health Insurance Marketplace.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-565-9140-1 (رقم هاتف الصم والبكم: 1-800-848-0298).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-565-9140 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-565-9140 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-565-9140 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-565-9140 (ATS : 1-800-848-0298).

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການຮູ້ວິການຊ່ວຍເຫຼືອ ຈາກພວກເຮົາ, ໂດຍບໍ່ ເສັຽ ວິໄນ ຈຳນວນ ພ້ອມທັງ ທ່ານ. ໂທສ 1-800-565-9140 (TTY: 1-800-848-0298).

ማስታወሻ: የግንኙነት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያግዙዎት ተዘጋጅተዋል: ወደ ማከተለው ቁጥር ይደውሉ 1-800-565-9140 (መስማት ለተሳናቸው: 1-800-848-0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-565-9140 (TTY: 1-800-848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-565-9140 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-565-9140 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-565-9140 (TTY:1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-565-9140 (TTY:1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-565-9140 (телетайп: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرد 1-800-565-9140 (TTY:1-800-848-0298)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, kojí' hódíłnih 1-800-565-9140 (TTY: 1-800-848-0298).

November 9, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Calls Next Tuesday! (All plans)

ABC monthly conference call will be next Tuesday, Nov. 14.

The **attached** agenda includes the webinar link.

Higher Ed – Tuesday, Nov. 14 at 8:30 a.m. Central time

Local Ed – Tuesday, Nov. 14 at 10 a.m. Central time

Central State – Tuesday, Nov. 14 at 12:30 p.m. Central time

Local Government – Tuesday, Nov. 14 at 2 p.m. Central time

Attached is a Hospital Safety Program Flier we will go over during ABC calls.

ABC Conference Call Notes (Local Ed/Local Gov)

The combined notes from the Nov. 7 ABC conference calls are **attached**.

Closed Friday, November 10

State offices and the Benefits Administration service center will be closed on Friday, Nov. 10 for the Veteran's Day holiday.

Attachments: How Safe is Your Hospital

How Safe is Your Hospital?

ParTNers for Health is committed to your health and peace of mind and wants to provide you with information to help you make good healthcare decisions.

While many hospitals are good at keeping their patients safe, some hospitals aren't. The **Hospital Safety Grade** rates hospitals on how safe they keep their patients from errors, injuries, accidents and infections. The safety grade is just one factor in choosing a hospital.



Did You Know?

- “A” hospitals do a better job at preventing errors
- As many as 440,000 people die every year from hospital errors, injuries, accidents, and infections
- You have a 1 in 25 chance of leaving the hospital with a new infection

What Can You Do?

- Check your hospital's **Safety Grade** to find a hospital doing better on patient safety so you can protect yourself and your loved ones.
- **Talk with your doctor** about which hospital is best for you and your family.
- **Research** your local hospitals in advance so that you are prepared when/if you need to seek care.
- **Be prepared** for your hospital stay by giving your doctors lists of your medications and all your medical records, and following checklists of steps to take in order to stay safe in the hospital.
- It is a good idea to have a designated person who can help you manage your care. A patient or **health care advocate** watches out for you while you are in the hospital. This allows you to focus on recovering and reduces the stress felt by your family members. Talk to your doctor to see if your hospital has a patient advocate.
- **Visit** www.hospitalsafetygrade.org for more tips on staying safe.
- **Never** refuse care in an emergency because of the Safety Grade.

To see if a hospital is in your plan's network, view your 2018 Provider Directory, or call the member services number on the back of your insurance card.

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you have a complaint regarding discrimination, please call 1.866.576.0029. If you speak a language other than English, help in your language is available for free. This tells you how to get help in a language other than English.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-576-0029 (TTY: 1-800-848-0298).
866-576-0029-رقم 1: قد جدر اتصل بـ المجان لك توافر في اللغة مساعد خدمات في اللغة، انك رت تحدثت إن ا: بملاحظة-576-0029 رقم 1
1: وال بكم الاصم هاتف

November 17, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Call Notes

The combined notes from the Nov. 14 ABC conference calls are **attached**.

Edison Down for Maintenance

Edison will be down for maintenance this Sunday, November 19, from 6 a.m. until 10 p.m. Central time.

Edison Upgrade – System Outage

On December 4, 2017, the Financial and Supply Chain Management (FSCM) applications within the Edison system will be upgraded. This will require an **outage of the entire Edison system from Friday, December 1 at 4 p.m. through Monday, December 4 at 7 a.m. Central time**. General users will be locked out of Edison beginning on Friday, December 1 at 4 p.m. The functionality changes resulting from this upgrade are minor and will only impact FSCM Edison Users.

Why do we need to upgrade?

Similar to how Microsoft periodically upgrades Word and Excel, the Edison software needs to be upgraded as well. Upgrades of this nature are critical to keeping the state current with advancing technology.

Where can I find information about the upgrade?

Upgrade alerts will be posted in the Edison News Alerts section of the Edison Portal. These alerts will help to familiarize you with more specific changes once the upgrade occurs. All prior alerts can be viewed by clicking the link 'View All Articles and Sections.'

NOTE: The My Links and My Favorites section of the NavBar will be refreshed due to this upgrade. This refresh will require users to recreate their former My Links and/or My Favorites under the NavBar. Please remember to research and document your links and favorites via the NavBar>Navigator, so they can be easily recreated after the upgrade.

Please click the link below to be directed to a document that will walk you through the process of adding a page within Edison to the My Links and My Favorites section under the NavBar as well as a video that will walk you through the entire process. This will help you recreate your favorites after the upgrade on December 4.

> My Links/My Favorites Document:

<https://upk.edison.tn.gov/EHD/MyFavoritesMyLinks.pdf>

> Video Link:

<https://www.youtube.com/embed/TdjFn1Dq1wk?rel=0&modestbranding=1;controls=0%22frameborder=%22%22allowfullscreen>

State and Benefits Administration Offices Closed

State offices and the Benefits Administration service center will be **closed** next **Thursday, November 23 and Friday, November 24** for the Thanksgiving holiday.

November 22, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

MedAmerica Long-term Care Insurance

We have **attached** two sample letters, a non-payroll version and a payroll deduction version, Benefits Administration mailed last week to members in our long term care insurance program. The **attached** Administrative Change Form was included in the letter to those who received the payroll deduction version.

MedAmerica will mail a letter in late December to the payroll deducted members.

State and Benefits Administration Holiday Hours

State offices and the Benefits Administration service center will be **closed this Thursday, November 23 and Friday, November 24** for the Thanksgiving holiday.

Also, State offices and the Benefits Administration service center will be **closed on Monday, December 25 and Tuesday, December 26** for the Christmas holiday, as well as closed on **Monday, January 1 and Tuesday, January 2** for the New Year's holiday.

Additionally, we've included the vendors' holiday hours below. Please note, for Cigna, these are the office hours – the call center is open 24/7.

Healthways Holiday Schedule		
Holiday	Date	Status
Thanksgiving Eve	Wednesday, November	Close at 5 p.m. CST
Thanksgiving Day	Thursday, November 23	Closed
Day after Thanksgiving	Friday, November 24	Closed
Saturday after Thanksgiving	Saturday, November 25	Call Ctr. Closed
Christmas Day	Monday, December 25	Closed
Day-after Christmas	Tuesday, December 26	Closed
New Year's Day	Monday, January 1	Closed

BCBS Holiday Closure Schedule		
Holiday	Date	Status
Thanksgiving Day	Thursday, November 23	Closed
Day after Thanksgiving	Friday, November 24	Closed
Christmas Day	Monday, December 25	Closed
Day-after Christmas	Tuesday, December 26	Closed
New Year's Day	Monday, January 1	Closed

Cigna Holiday Schedule – office hours – Call Center is open 24/7		
Holiday	Date	Status
Thanksgiving Day	Thursday, November 23	Closed
Day after Thanksgiving	Friday, November 24	Closed
Christmas Day	Monday, December 25	Closed
New Year's Day	Monday, January 1	Closed

MetLife Holiday Schedule		
Holiday	Date Observed	Closing Time
Day before Thanksgiving	Wednesday, 11/22/2017	Business As Usual
Thanksgiving	Thursday, 11/23/2017	CLOSED
Day after Thanksgiving	Friday, 11/24/2017	Close at 4 p.m. EST
Christmas Eve	Sunday, 12/24/2017	CLOSED
Christmas	Monday, 12/25/2017	CLOSED
New Year's Eve	Sunday, 12/31/2017	CLOSED
New Year's Day	Monday 1/1/2018	CLOSED

PayFlex Holiday Closure Schedule:		
Holiday	Date	Status
Thanksgiving Day	Thursday, November 23	Closed
Day after Thanksgiving	Friday, November 24	Closed
Christmas Day	Monday, December 25	Closed
New Year's Day	Monday, January 1	Closed

CVS/caremark Call Center:

Regular business hours: open 24 hours a day, 7 days a week.

Optum:

Regular business hours: open 24 hours a day, 7 days a week.

EyeMed Call Center (times are Central time):			
<i>Holiday Coverage</i>			
Date	Open	Closed	Open & Closed Hours
Wednesday (11/22)	x		Normal hours 7:30 a.m. to 11 p.m.
Thursday - Thanksgiving (11/23)		x	Closed all day
Friday (11/24)	x		Normal hours 7:30 a.m. to 11 p.m.
Friday (12/22)	x		Normal hours 7:30 a.m. to 11 p.m.
Saturday (12/23)	x		Normal hours 7:30 a.m. to 11 p.m.
Sunday - Christmas Eve (12/24)	x		12 p.m. to 6 p.m. (abbreviated)
Monday - Christmas Day (12/25)		x	Closed all day
Friday (12/29)	x		Normal hours 7:30 a.m. to 11 p.m.
Saturday (12/30)	x		Normal hours 7:30 a.m. to 11 p.m.
Sunday - New Year's Eve (12/31)	x		12 p.m. to 6 p.m. (abbreviated)

Monday - New Year's Day (1/1)	x		12 p.m. to 6 p.m. (abbreviated)
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Davis Vision Holiday Schedule (times are EST):		
Holiday	Date	Status
Thanksgiving Day	Thursday, November 23	Closed
Day after Thanksgiving	Friday, November 24	8 a.m. – 11 p.m. (normal hours)
	Friday, December 22	8 a.m. – 8 p.m. (reduced hours)
	Saturday, December 23	9 a.m. – 4 p.m. (normal hours)
Christmas Eve	Sunday, December 24	Closed
Christmas Day	Monday, December 25	Closed
	Friday, December 29	8 a.m. – 8 p.m. (reduced hours)
	Saturday, December 30	9 a.m. – 4 p.m. (normal hours)
New Year's Eve	Sunday, December 31	12 p.m. – 4 p.m. (normal hours)
New Year's Day	Monday, January 1	Closed

Minnesota Life Holiday Schedule:		
Holiday	Date	Status
Thanksgiving Day	Thursday, November 23	Closed
Christmas Day	Monday, December 25	Closed
New Year's Day	Monday, January 1	Closed

MedAmerica Holiday Schedule:		
Holiday	Date	Status
Day before Thanksgiving	Wednesday, November 22	Close at 4 p.m. EST
Thanksgiving Day	Thursday, November 23	Closed
Day-after Thanksgiving	Friday, November 24	Closed
Christmas Day	Monday, December 25	Closed
New Year's Day	Monday, January 1	Closed

Attachments: End of LTC Contract Non-Payroll
End of LTC Payroll
Trilogo



State of Tennessee Group Insurance Program

Department of Finance and Administration • Benefits Administration
Suite 1900 WRS Tennessee Tower • 312 Rosa L. Parks Avenue • Nashville, TN 37243
Phone: 800.253.9981 • www.tn.gov/finance

November 17, 2017

First Name Last Name

Address 1

Address 2

City ST ZIP

Dear Member:

RE: State of Tennessee's Contract with MedAmerica Insurance Company

You are receiving this letter because you are enrolled in the State's long term care insurance program. The State's contract with MedAmerica Insurance Company, the company that provides your coverage, is expiring and will not be renewed. The Insurance Committees decided that the current program would be difficult for the State to maintain without significant changes.

As stated in the 2018 Decision Guide, the end of the State's contract with MedAmerica **does not impact your coverage or benefits**. So long as your premium is paid to MedAmerica, under the terms of the insurance agreement, you may keep your coverage.

Please refer to the certificate of insurance issued by MedAmerica for details about your coverage. If you cannot find your certificate, you can contact MedAmerica. If you have questions for MedAmerica about coverage or benefits, you may contact them from 7:30 a.m. to 5 p.m. CST, Monday - Friday, at (800) 544-0327. *(After January 1, 2018, their customer service unit will be open until 4 p.m. CST).*

Sincerely,
Robert W. Smith, FLMI, ALHC
Director of Voluntary Benefits



State of Tennessee Group Insurance Program

Department of Finance and Administration • Benefits Administration
Suite 1900 WRS Tennessee Tower • 312 Rosa L. Parks Avenue • Nashville, TN 37243
Phone: 800.253.9981 • www.tn.gov/finance

November 13, 2017

First Name Last Name

Address 1

Address 2

City ST ZIP

Dear Employee or Retiree:

RE: Change - Payroll Deduction of Long Term Care Insurance Premiums

You are receiving this letter because you are paying premiums for the State's long term care insurance program by payroll or retirement deduction.

The State's contract with MedAmerica Insurance Company, the company that provides the coverage, is expiring and not being renewed. The Insurance Committees decided that the current program would be difficult for the State to maintain without significant changes.

Please note that the end of the State's contract with MedAmerica **does not impact coverage or benefits for you and/or family members**. So long as the premium is paid to MedAmerica, under the terms of the insurance agreement, you may keep this coverage.

However, **beginning January 1, 2018, the State will no longer offer payroll or retirement deduction** for the long term care program. Your last deduction of premiums will be for December 2017 coverage. MedAmerica will contact you directly in January 2018 about changing from payroll or retirement deduction to direct billing.

What, if anything, is there for you to do at this time?

- Take a moment to review the enclosed Administrative Change Form. If you have had a change of address, that hasn't been updated with MedAmerica, simply complete the enclosed form and return it to the company. Accurate addresses will help the transition to direct billing.
- If you know at this time that you would like to sign up for electronic premium payments with MedAmerica you can go ahead and fill out the change form and return it to the company.

Please refer to the certificate of insurance issued by MedAmerica for details about coverage. If you cannot find the certificate, you can contact MedAmerica. If you have questions for MedAmerica about coverage or premium payment options, you may contact them from 7:30 a.m. to 5 p.m. CST, Monday - Friday, at (800) 544-0327. *(After January 1, 2018 their customer service unit will be open until 4 p.m. CST).*

Sincerely,
Robert W. Smith, FLMI, ALHC
Director of Voluntary Benefits



An Excellus Company

MedAmerica Insurance Company Home Office: Pittsburgh, PA
MedAmerica Insurance Company of Florida Home Office: Orlando, FL
MedAmerica Insurance Company of New York Home Office: Rochester, NY

Mailing Address: LTC Operations
165 Court Street
Rochester, NY 14647
1-800-544-0327

Administrative Change Form

(COMPANY)

IDENTIFYING INFORMATION CURRENTLY ON FILE ALL INFORMATION IS REQUIRED
Name: Billing Account # (Certificateholder ID#):
Address: Phone #:
City: State: Zip: Date of Birth:
ADDRESS CHANGE (NOTE: NAME CHANGES REQUIRE VALID ID ATTACHED; FOR EXAMPLE: MARRIAGE CERTIFICATE, DRIVERS LICENSE)
New Name: New Phone #:
New Address:
City: State: Zip:
LAPSE DESIGNEE [] NEW [] CHANGE ALL INFORMATION IS REQUIRED IF COMPLETING THIS SECTION
Designee Name: Phone #:
Address: Relationship:
City: State: Zip:
BENEFICIARY FOR PREMIUM REFUNDS AT DEATH [] NEW [] CHANGE ALL INFORMATION IS REQUIRED IF COMPLETING THIS SECTION
Name: Phone #:
Address: Relationship:
City: State: Zip:
REQUEST TO TERMINATE MY COVERAGE
Please cancel my long term care coverage as of: (Enter Date You are requesting Termination):
CHANGE TO PAYMETHOD AND/OR PAYMENT FREQUENCY
MY CURRENT PAYMENT METHOD IS: (CHOOSE 1, 2, OR 3)
1) [] Direct Bill 2) [] Electronic Funds Transfer (EFT) 3) [] Payroll/Retirement Deduction
I WANT TO CHANGE MY PAYMENT METHOD AND/OR PAYMENT FREQUENCY TO: (CHOOSE 1 OR 2)
1) [] Direct Bill: Payment Frequency (Choose ONE) [] Quarterly [] Semi-Annual [] Annual
2) [] Electronic Funds Transfer (EFT): Payment Frequency (Choose ONE) [] Monthly [] Quarterly [] Semi-Annual [] Annual
Bank Name Bank Account # Routing Number (9 digits) Attach Voided Check
I authorize my financial institution to automatically make payments to the Company or other designated party acting on behalf of the Company for my long-term care insurance premiums. This authorization shall remain in force until I give notification of termination to my financial institution and the Company or other designated party acting on behalf of the Company in writing.
X Signature of Account Holder X Signature of Joint Account Holder
SIGNATURE(S) ---REQUIRED FOR ALL REQUESTS ON THIS FORM
X INSURED SIGNATURE (REQUIRED) DATE SIGNED

December 1, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

2018 New Hire PowerPoint and PDF Presentations

We have posted the 2018 new hire PowerPoint presentations on the [ABC webpage](#) by plan type.

Note: For **state and higher education**, due to large file size, there is a separate presentation for health insurance options and a separate presentation just for voluntary benefits.

We have also posted PDFs of the presentation with notes that you can share directly with your employees if they would like to review at their convenience.

As relayed last month, the 2018 wellness program details are still being finalized. Once we have more details to share about the program, BA will revise the PowerPoints and create a version with audio for your employees to use. We will let you know when we have the updated versions complete.

2018 Monthly ABC Call Schedule

Attached is the monthly ABC conference call schedule for 2018. This schedule has also been posted on the [ABC webpage](#) under Conference Call Notes.

Reminder: Edison Upgrade – System Outage

On December 4, 2017, the Financial and Supply Chain Management (FSCM) applications within the Edison system will be upgraded. This will require an **outage of the entire Edison system from Friday, December 1 at 4 p.m. through Monday, December 4 at 7 a.m. Central time. General users will be locked out of Edison beginning on Friday, December 1 at 4 p.m.** The functionality changes resulting from this upgrade are minor and will only impact FSCM Edison Users.

Where can I find information about the upgrade?

Upgrade alerts will be posted in the Edison News Alerts section of the Edison Portal. These alerts will help to familiarize you with more specific changes once the upgrade occurs. All prior alerts can be viewed by clicking the link 'View All Articles and Sections.'

NOTE: The My Links and My Favorites section of the NavBar will be refreshed due to this upgrade. This refresh will require users to recreate their former My Links and/or My Favorites under the NavBar. Please remember to research and document your links and favorites via the NavBar>Navigator, so they can be easily recreated after the upgrade.

Please click the link below to be directed to a document that will walk you through the process of adding a page within Edison to the My Links and My Favorites section under

the NavBar as well as a video that will walk you through the entire process. This will help you recreate your favorites after the upgrade on December 4.

> My Links/My Favorites Document:

<https://upk.edison.tn.gov/EHD/MyFavoritesMyLinks.pdf>

> Video Link:

<https://www.youtube.com/embed/TdjFn1Dq1wk?rel=0&modestbranding=1;controls=0%22frameborder=%220%22allowfullscreen>

Attachments: 2018 ABC Monthly Call Schedule



**2018 ABC Monthly Conference Call Schedule
January – December 2018**

Tuesday, January 9

Higher Education – Tuesday, January 9 at 8:30 a.m. Central
 Local Education – Tuesday, January 9 at 10:00 a.m. Central
 Central State – Tuesday, January 9 at 12:30 p.m. Central
 Local Government – Tuesday, January 9 at 2:00 p.m. Central

Tuesday, February 13

Higher Education – Tuesday, February 13 at 8:30 a.m. Central
 Local Education – Tuesday, February 13 at 10:00 a.m. Central
 Central State – Tuesday, February 13 at 12:30 p.m. Central
 Local Government – Tuesday, February 13 at 2:00 p.m. Central

Tuesday, March 13

Higher Education – Tuesday, March 13 at 8:30 a.m. Central
 Local Education – Tuesday, March 13 at 10:00 a.m. Central
 Central State – Tuesday, March 13 at 12:30 p.m. Central
 Local Government – Tuesday, March 13 at 2:00 p.m. Central

Tuesday, April 10

Higher Education – Tuesday, April 10 at 8:30 a.m. Central
 Local Education – Tuesday, April 10 at 10:00 a.m. Central
 Central State – Tuesday, April 10 at 12:30 p.m. Central
 Local Government – Tuesday, April 10 at 2:00 p.m. Central

Tuesday, May 8

Higher Education – Tuesday, May 8 at 8:30 a.m. Central
 Local Education – Tuesday, May 8 at 10:00 a.m. Central
 Central State – Tuesday, May 8 at 12:30 p.m. Central
 Local Government – Tuesday, May 8 at 2:00 p.m. Central

Tuesday, June 12

Higher Education – Tuesday, June 12 at 8:30 a.m. Central
 Local Education – Tuesday, June 12 at 10:00 a.m. Central
 Central State – Tuesday, June 12 at 12:30 p.m. Central
 Local Government – Tuesday, June 12 at 2:00 p.m. Central

Tuesday, July 10

Higher Education – Tuesday, July 10 at 8:30 a.m. Central
 Local Education – Tuesday, July 10 at 10:00 a.m. Central
 Central State – Tuesday, July 10 at 12:30 p.m. Central
 Local Government – Tuesday, July 10 at 2:00 p.m. Central

Tuesday, August 14

Higher Education – Tuesday, August 14 at 8:30 a.m. Central
 Local Education – Tuesday, August 14 at 10:00 a.m. Central
 Central State – Tuesday, August 14 at 12:30 p.m. Central
 Local Government – Tuesday, August 14 at 2:00 p.m. Central

Annual Enrollment weekly call schedule will be determined once 2019 benefits changes are finalized.

Tuesday, September 11

Higher Education – Tuesday, September 11 at 8:30 a.m. Central
 Local Education – Tuesday, September 11 at 10:00 a.m. Central
 Central State – Tuesday, September 11 at 12:30 p.m. Central
 Local Government – Tuesday, September 11 at 2:00 p.m. Central

Tuesday, October 9

Higher Education – Tuesday, October 9 at 8:30 a.m. Central
 Local Education – Tuesday, October 9 at 10:00 a.m. Central
 Central State – Tuesday, October 9 at 12:30 p.m. Central
 Local Government – Tuesday, October 9 at 2:00 p.m. Central

Tuesday, November 13

Higher Education – Tuesday, November 13 at 8:30 a.m. Central (date may change due to Veteran's Day holiday)
 Local Education – Tuesday, November 13 at 10:00 a.m. Central
 Central State – Tuesday, November 13 at 12:30 p.m. Central
 Local Government – Tuesday, November 13 at 2:00 p.m. Central

Tuesday, December 11

Higher Education – Tuesday, December 11 at 8:30 a.m. Central
 Local Education – Tuesday, December 11 at 10:00 a.m. Central
 Central State – Tuesday, December 11 at 12:30 p.m. Central
 Local Government – Tuesday, December 11 at 2:00 p.m. Central

December 8, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Calls Next Tuesday!

ABC monthly conference calls will be next Tuesday, Dec. 12.

The **attached** agenda includes the webinar link.

Higher Ed – Tuesday, Dec. 12 at 8:30 a.m. Central time

Local Ed – Tuesday, Dec. 12 at 10 a.m. Central time

Central State – Tuesday, Dec. 12 at 12:30 p.m. Central time

Local Government – Tuesday, Dec. 12 at 2 p.m. Central time

Long-term Care Insurance Final Reminder that Plan Ends 12/31/17

Don't forget that the contract with MedAmerica for long-term care insurance ends on 12/31/17 and will close to new applicants permanently. Any eligible employee or eligible dependent who enrolls prior to 12/31/17 and is approved can keep the plan for life as long as their premium is paid in a timely manner. (Approval will occur after this date.)

Please be sure your employees are aware of this since there will not be a replacement plan for 2018.

Here are three things your employees can do:

1. Go to www.ltc-tn.com for rates, enrollment information and online applications
2. Schedule a personal consultation at www.gotltci.com/ltciconsultations/ltc-tn
3. Email Lawrence Vivenzio for help at Lawrence@ltcconsultants.com

IMPORTANT: After the group contract with MedAmerica ends on 12/31/17, *LTC Consultants*, a third-party long-term care insurance firm, will be pleased to continue helping your employees and their families with long-term care insurance in the open market.

<https://www.gotltci.com/contact-us/> or Lawrence@ltcconsultants.com 615-590-0300, X
120

December 15, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

ABC Conference Call Notes

The combined notes from the Dec. 12 ABC conference calls are **attached**.

Securian (Minnesota Life) Life Insurance Premiums Due Report Information (state/higher ed only)

It has been discovered that Securian did not change the deduction amount for child term life riders for the December deductions. Therefore, the higher 2017 premiums were still deducted for January coverage. This is reflected on the current Premiums Due report.

Securian will send changes for the January deductions to correct the error and changes for February deductions to set the correct amounts going forward in 2018. Please review the Premiums Due reports for each month when they become available.

Revised New Hire Voluntary Benefits Presentation (state/higher ed only)

As mentioned during the state and higher education ABC calls this week, we have revised the 2018 new hire voluntary benefits presentation. Links to the revised versions (PowerPoint and PDF) have been posted on the [ABC](#) and [For New Employee](#) webpages.

The changes include capitalization of some words in the dental and disability sections, an explanation of who pays for voluntary benefits premiums, and more information about disability guaranteed issue for new hires. For the PowerPoint, it is recommended that you download and save the presentation so that the graphics appear correctly.

January Preferred Drug List (PDL)

Click here for the Jan. 2018 State of Tennessee Preferred Drug List (PDL). Also shown below are the additions and the drugs being removed from the PDL.

In the past four months, there were 606 members who filled a drug being removed from the PDL. CVS/caremark mailed a letter to these members letting them know about this change.

For drugs being removed or deleted from the list, plan members will need to be in compliance by Jan. 1, 2018, or they face higher copayments or coinsurance from drugs moving to a non-preferred status.

Drugs being added to the PDL Jan. 1, 2018, are as follows:

Drug name	Indication	Options/Comments
amlodipine-olmesartan tablet	hypertension	To provide an additional generic option for treatment of this condition
atomoxetine capsule	ADHD	To provide an additional generic

		option for treatment of this condition
clocortolone cream	inflammatory and pruritic conditions	To provide an additional generic option for treatment of this condition
desvenlafaxine ext-release tablet	depression	To provide an additional generic option for treatment of this condition
eletriptan tablet	migraine	To provide an additional generic option for treatment of this condition
estradiol vaginal tablet	atrophic vaginitis due to menopause	To provide an additional generic option for treatment of this condition
ezetimibe-simvastatin tablet	Hyperlipidemia	To provide an additional generic option for treatment of this condition
megestrol acetate solution	Anorexia, Cachexia	To provide an additional generic option for treatment of this condition
moxifloxacin ophthalmic solution	bacterial conjunctivitis	To provide an additional generic option for treatment of this condition
olmesartan tablet	Hypertension	To provide an additional generic option for treatment of this condition
olmesartan-HCTZ tablet	Hypertension	To provide an additional generic option for treatment of this condition
amlodipine-olmesartan-HCTZ tablet	Hypertension	To provide an additional generic option for treatment of this condition
prasugrel tablet	Acute Coronary Syndrome	To provide an additional generic option for treatment of this condition
prednisolone oral solution	inflammation	To provide an additional generic option for treatment of this condition
risedronate delayed-release tablet	postmenopausal osteoporosis	To provide an additional generic option for treatment of this condition
testosterone solution	Replacement therapy in males with a deficiency or absence	To provide an additional generic option for treatment of this condition
zileuton ext-rel. tablet	Asthma in adults and children \geq 12 years of age	To provide an additional generic option for treatment of this condition

Cerdelga	Gaucher disease Type 1	To provide an option for the treatment of Gaucher's disease
Cerezyme	Gaucher disease Type 1	To provide an option for the treatment of Gaucher's disease
Cimzia	TNF blocker for Crohn's Disease	To provide an additional treatment option
Cosentyx	Psoriasis or psoriatic arthritis	To provide an additional treatment option
Eligard	Prostate cancer	To provide an additional treatment option
Gelsyn-3	Osteoarthritis knee pain	To provide an additional treatment option
Ibrance	Breast cancer	To provide an additional treatment option
Iressa	Non small cell lung cancer	To provide an additional treatment option
Kevzara	Rheumatoid arthritis	To provide an additional treatment option
Kisqali	Breast cancer	To provide an additional treatment option
Opsumit	Pulmonary arterial hypertension	To provide an additional treatment option
Orencia Clickject	Rheumatoid arthritis	To provide an additional treatment option
Orencia Syr	Rheumatoid arthritis	To provide an additional treatment option
Otezla	Psoriatic arthritis	To provide an additional treatment option
Praluent	Heterozygous familial hypercholesterolemia	To provide an additional treatment option
Procrit	Anemia	To provide an additional treatment option
Prolia	Osteoporosis	To provide an additional treatment option
Simponi	Rheumatoid arthritis or psoriatic arthritis	To provide an additional treatment option
Rydapt	Leukemia	To provide an additional treatment option
Tymlos	Osteoporosis	To provide an additional treatment option
Tysabri	Multiple Sclerosis	To provide an additional treatment option
Uptravi	Pulmonary arterial hypertension	To provide an additional treatment option
Visco-3	Osteoarthritis knee pain	To provide an additional treatment option
Xtandi	Prostate cancer	To provide an additional treatment

		option
Vosevi	Hepatitis-C	To provide an additional treatment option
Drugs being deleted from the PDL Jan. 1, 2018, are as follows:		
Drug name	Indication	Options/comments
Trelstar	Palliative treatment of advanced prostate cancer	Availability of other preferred products including Eligard, Lupron Depot, and Zoladex
Alrex	Seasonal allergic conjunctivitis	Availability of other products on the preferred drug list
Atelvia	Postmenopausal osteoporosis	Availability of other products on the preferred drug list
Axiron	Replacement therapy in males with a deficiency or absence	Availability of other products on the preferred drug list
Azor	Hypertension	Availability of other products on the preferred drug list
Benicar	Hypertension	Availability of other products on the preferred drug list
Benicar HCT	Hypertension	Availability of other products on the preferred drug list
Cardura XL	BPH	Availability of other products on the preferred drug list
Cloderm	inflammatory and pruritic conditions	Availability of other products on the preferred drug list
Cosopt PF	IOP	Availability of other products on the preferred drug list
Effient	Thrombotic cardiovascular events	Availability of other products on the preferred drug list
Horizant	RLS / PHN	Availability of other products on the preferred drug list
Locoid	atopic dermatitis	Availability of other products on the preferred drug list
Lotemax	inflammation and pain following ocular surgery	Availability of other products on the preferred drug list
Megace ES	Anorexia, Cachexia	Availability of other products on the preferred drug list
Nitrolingual pump spray	angina pectoris	Availability of other products on the preferred drug list
Pataday	allergic conjunctivitis	Availability of other products on the preferred drug list
Pristiq	depression	Availability of other products on the preferred drug list
Prolensa	inflammation and pain following ocular surgery	Availability of other products on the preferred drug list

Relpax	migraines	Availability of other products on the preferred drug list
Seroquel XR	schizophrenia / bipolar disorder	Availability of other products on the preferred drug list
Strattera	ADHD	Availability of other products on the preferred drug list
Tribenzor	Hypertension	Availability of other products on the preferred drug list
Vagifem	Moderate to severe vulvar & vaginal atrophy	Availability of other products on the preferred drug list
Vigamox	bacterial conjunctivitis	Availability of other products on the preferred drug list
Vytorin	high cholesterol	Availability of other products on the preferred drug list
Zioptan	IOP	Availability of other products on the preferred drug list
Drugs being removed from the PDL Jan. 1, 2018, are as follows:		
Drug name	Indications	Options/comments
Elelyso	Gaucher's disease	Availability of other preferred products including Cerdelga (eliglustat) and Cerezyme (imiglucerase)
Entyvio	Ulcerative colitis	Availability of other preferred products including Cimzia (certolizumab), Humira (adalimumab) and Simponi (golimumab)
Hyalgan	Osteoarthritis knee pain	Availability of other preferred brand drugs for treatment of OA knee pain including Gel-One, Gelsyn-3, Supartz FX, and Visco-3
Mavyret	Hepatitis-C	Availability of other preferred brand drugs including Harvoni and Epclusa
Xeljanz XR	Rheumatoid arthritis	Availability of other preferred brand drugs for the treatment of RA including Enbrel, Humira, Kevzara, Orencia SC, and Orencia ClickJect

Attachments: Website Address Changes Presentation
Jan 2018 PDL

BA Website Address Changes



- 
- The seal of the State of Tennessee is visible in the background, featuring a plow, a sheaf of wheat, and a cotton plant, with the text "THE GREAT SEAL OF THE STATE OF TENNESSEE" and "1796" around the perimeter.
- The State of Tennessee moved to a new website content management system (CMS) Friday, December 8.

As a result, many URLs, or website addresses, changed.

- The only URLs that remained the same are homepage URLs.

For the Department of Finance and Administration (F&A), this includes www.tn.gov/finance. This is where you can find the BA homepage.

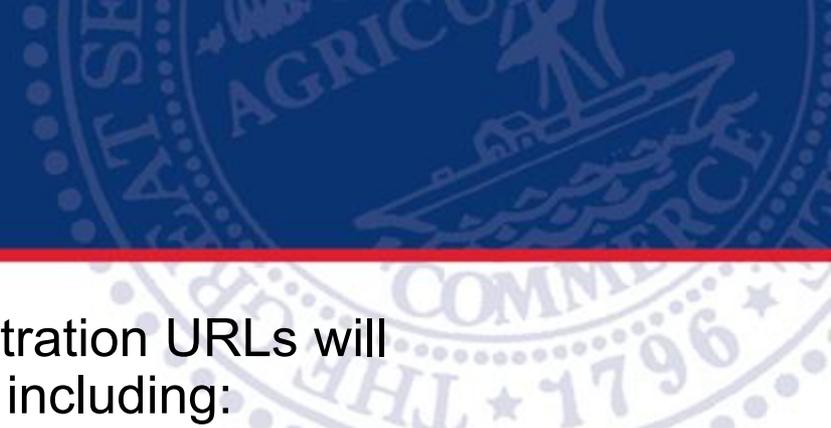
- 
- The seal of the University of Georgia is visible in the top right corner of the slide. It features a circular design with the text "THE UNIVERSITY OF GEORGIA" around the perimeter and "1796" at the bottom. In the center, there is a shield with a plow and a sheaf of wheat, and the word "AGRICULTURE" is written above it. The seal is rendered in a light blue color.
- URLs further within the F&A Benefits Administration website changed.

These URLs include many of the webpages you may use to access information such as publications, forms and the ABC webpage.

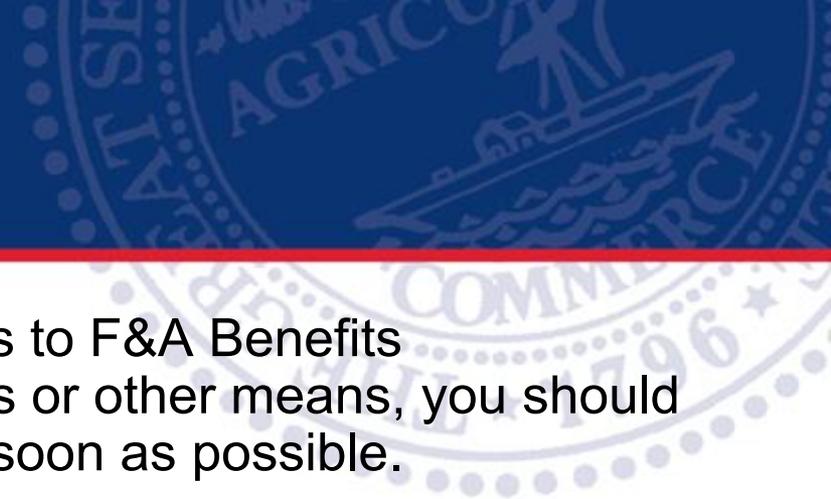


■ These include:

- tn.gov/finance/fa-benefits
- tn.gov/finance/fa-benefits/publications
- tn.gov/finance/fa-benefits/insurance-committees
- tn.gov/finance/fa-benefits/insurance-products
- tn.gov/finance/fa-benefits/other-benefits
- tn.gov/finance/fa-benefits/quicklinks
- tn.gov/finance/fa-benefits/annual-enrollment
- tn.gov/finance/fa-benefits/for-new-employees
- tn.gov/finance/fa-benefits/for-retirement
- tn.gov/finance/fa-benefits/customer-service
- tn.gov/finance/fa-benefits/premiums
- tn.gov/finance/fa-benefits/report-fraud
- tn.gov/finance/fa-benefits/hipaa-notice-of-privacy-practices
- tn.gov/finance/fa-benefits/sbc
- tn.gov/finance/fa-benefits/abc

- 
- For a few months, five Benefits Administration URLs will automatically redirect to the new URLs, including:
 - <https://www.tn.gov/finance/section/fa-benefits> (BA home page)
 - <https://www.tn.gov/finance/article/fa-benefits-publications>
 - <https://www.tn.gov/finance/article/fa-benefits-forms>
 - <https://www.tn.gov/finance/article/fa-benefits-sbc>
 - <https://www.tn.gov/finance/article/fa-benefits-abc> (ABC webpage)

- 
- The seal of the University of the South Pacific is visible in the top right corner. It features a central emblem with a ship and a palm tree, surrounded by the text "THE UNIVERSITY OF THE SOUTH PACIFIC" and "1796". The words "AGRICULTURE" and "COMMERCE" are also visible.
- Once the redirects expire, viewers will receive 404 errors that say “Page not found.”
 - The URLs without redirects will receive the 404 errors right off the bat.

- 
- The seal of the University of Tennessee is visible in the background, featuring a plow, a sheaf of wheat, and a cotton plant, with the text "THE UNIVERSITY OF TENNESSEE" and "1796" around the perimeter.
- If you direct employees and/or members to F&A Benefits Administration webpages in emails, pdfs or other means, you should make appropriate changes to URLs as soon as possible.
 - The best way to find and bookmark the new website URLs is to navigate to www.tn.gov/finance.

Under “Employee Resources,” click on “Insurance & Benefits.”

Before doing this, you should remove all old bookmarks.

State of Tennessee Drug List with Advanced Control Specialty Formulary™

The **State of Tennessee Drug List with Advanced Control Specialty Formulary™** is a list of preferred drugs for your prescription benefit. This list includes Generics and Preferred Brand drugs.

- **Generic** drugs are in lowercase *italics*. Not all covered generics are listed. Those listed are examples of what may be prescribed.
- **Preferred Brand** drugs are in CAPS. These are the most cost-effective brand-name drugs for you.
- **Non-preferred Brand** drugs are not listed. Most of these brand-name drugs are covered but will cost you the most.

Generics are available in drug classes marked with § and should be considered the first line of prescribing. If there is no generic available, there may be more than one brand-name drug to treat a condition.

PLAN MEMBER

Ask your doctor to consider prescribing a generic drug or a preferred brand-name drug from this list, if medically appropriate. Take this list along when you see your doctor.

Please note:

- If you have questions about your prescription coverage or copays¹ you can:
 - Visit www.caremark.com, or
 - Contact a CVS Caremark® Customer Care representative at 1-877-522-TNRX (8679).
- For mail service, CVS Caremark may contact your doctor after getting your prescription. They may ask your doctor to consider a preferred brand drug or a generic. Your doctor may choose, when medically appropriate, to prescribe a different brand-name drug or generic in place of your original prescription.
- In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market.

HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by CVS Caremark. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is necessary, consider prescribing a brand name on this list.

Please note:

- Generics should be considered the first line of prescribing.
- This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to www.caremark.com to check coverage and copay¹ information for a specific medicine.

ANALGESICS

§ NSAIDs

diclofenac sodium
meloxicam
naproxen

§ NSAIDs, COMBINATIONS

diclofenac sodium-
misoprostol

§ NSAIDs, TOPICAL

diclofenac sodium solution
VOLTAREN GEL

§ COX-2 INHIBITORS

celecoxib

§ GOUT

allopurinol
colchicine tablet

probenecid
COLCRYS
ULORIC

§ OPIOID ANALGESICS

codeine-acetaminophen (QL)
fentanyl transdermal (QL)
fentanyl transmucosal
lozenge (PA)
hydrocodone-
acetaminophen (QL)
hydromorphone (QL)
hydromorphone ext-rel (QL)
methadone (QL)
morphine (QL)
morphine ext-rel (QL)
morphine suppository
oxycodone (QL)
oxycodone-
acetaminophen (QL)
tramadol (QL)

tramadol ext-rel (QL)
BELBUCA (QL)
BUTRANS (QL)
FENTORA (PA)
HYSINGLA ER (QL)
NUCYNTA (QL)
NUCYNTA ER (QL)
OXYCONTIN (QL)
SUBSYS (PA)

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefdinir
cefprozil
cefuroxime axetil
cephalexin
SUPRAX

§ ERYTHROMYCINS / MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins
DIFICID

§ FLUOROQUINOLONES

ciprofloxacin
ciprofloxacin ext-rel
levofloxacin
moxifloxacin

§ PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

§ TETRACYCLINES

doxycycline hyclate
minocycline
tetracycline

§ ANTIFUNGALS

fluconazole
itraconazole (PA)
terbinafine tablet (PA)

ANTIVIRALS

§ CYTOMEGALOVIRUS AGENTS

valganciclovir

§ HERPES AGENTS

acyclovir
valacyclovir

§ INFLUENZA AGENTS

RELENZA (QL)
TAMIFLU (QL)

§ MISCELLANEOUS

clindamycin
ivermectin
metronidazole
nitrofurantoin
sulfamethoxazole-
trimethoprim
EMVERM
SIVEXTRO
XIFAXAN 550 MG

ANTINEOPLASTIC AGENTS**§ ALKYLATING AGENTS**

CYCLOPHOSPHAMIDE
CAPSULE
HEXALEN
LEUKERAN
MYLERAN

§ ANTIMETABOLITES

TABLOID

HORMONAL ANTINEOPLASTIC AGENTS**§ ANTIANDROGENS**

bicalutamide

§ MISCELLANEOUS

LYSODREN
MATULANE
VISTOGARD

CARDIOVASCULAR**§ ACE INHIBITORS**

fosinopril
lisinopril
quinapril
ramipril

§ ACE INHIBITOR / DIURETIC COMBINATIONS

fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

candesartan / candesartan-
hydrochlorothiazide
eprosartan
irbesartan / irbesartan-
hydrochlorothiazide
losartan / losartan-
hydrochlorothiazide
olmesartan / olmesartan-
hydrochlorothiazide
telmisartan / telmisartan-
hydrochlorothiazide
valsartan / valsartan-
hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan

§ ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER / DIURETIC COMBINATIONS

amlodipine-valsartan-
hydrochlorothiazide
olmesartan-amlodipine-
hydrochlorothiazide

§ ANTIARRHYTHMICS

sotalol
MULTAQ

ANTILIPEMICS**§ BILE ACID RESINS**

cholestyramine
WELCHOL

§ CHOLESTEROL ABSORPTION INHIBITORS

ezetimibe

§ FIBRATES

fenofibrate
fenofibric acid

§ HMG-CoA REDUCTASE INHIBITORS / COMBINATIONS

atorvastatin
ezetimibe-simvastatin
fluvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin

§ NIACINS

niacin ext-rel

§ OMEGA-3 FATTY ACIDS

omega-3 acid ethyl esters
VASCEPA

§ BETA-BLOCKERS

atenolol
carvedilol
metoprolol succinate ext-rel
metoprolol tartrate
nadolol
pindolol
propranolol
propranolol ext-rel
BYSTOLIC
COREG CR

§ CALCIUM CHANNEL BLOCKERS

amlodipine
diltiazem ext-rel²

nifedipine ext-rel
verapamil ext-rel

§ CALCIUM CHANNEL BLOCKER / ANTILIPEMIC COMBINATIONS

amlodipine-atorvastatin

§ DIGITALIS GLYCOSIDES

digoxin

DIRECT RENIN INHIBITORS / DIURETIC COMBINATIONS

TEKTURNA /
TEKTURNA HCT

§ DIURETICS

amiloride
furosemide
hydrochlorothiazide
metolazone
spironolactone-
hydrochlorothiazide
torsemide
triamterene-
hydrochlorothiazide

HEART FAILURE

BIDIL
CORLANOR
ENTRESTO (PA)

§ NITRATES

nitroglycerin lingual spray
nitroglycerin sublingual

§ MISCELLANEOUS

RANEXA

CENTRAL NERVOUS SYSTEM**§ ANTICONVULSANTS**

carbamazepine
carbamazepine ext-rel
diazepam rectal gel
divalproex sodium
divalproex sodium ext-rel
ethosuximide
gabapentin
lamotrigine
lamotrigine ext-rel
levetiracetam
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
primidone
tiagabine
topiramate
valproic acid
zonisamide
FYCOMPA
OXTELLAR XR
TROKENDI XR
VIMPAT

§ ANTIDEMENTIA

donepezil
galantamine
galantamine ext-rel
memantine
rivastigmine
rivastigmine transdermal
NAMENDA XR
NAMZARIC

ANTIDEPRESSANTS**§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)**

citalopram
escitalopram
fluoxetine
paroxetine
paroxetine ext-rel
sertraline
FLUOXETINE 60 MG
TRINTELLIX
VIIBRYD

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

desvenlafaxine ext-rel
duloxetine
venlafaxine
venlafaxine ext-rel capsule

§ MISCELLANEOUS AGENTS

bupropion
bupropion ext-rel
mirtazapine
trazodone

§ ANTIPARKINSONIAN AGENTS

amantadine
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-
entacapone
entacapone
pramipexole
ropinirole
ropinirole ext-rel
selegiline
AZILECT
MIRAPEX ER
NEUPRO

ANTIPSYCHOTICS**§ ATYPICALS**

aripiprazole
clozapine
olanzapine
quetiapine
risperidone
ziprasidone
ABILIFY MAINTENA
ARISTADA
LATUDA
RISPERDAL CONSTA

VRAYLAR**§ ATTENTION DEFICIT HYPERACTIVITY DISORDER**

amphetamine-
dextroamphetamine
mixed salts
amphetamine-
dextroamphetamine
mixed salts ext-rel
atomoxetine
guanfacine ext-rel
methylphenidate
methylphenidate ext-rel
APTENSIO XR
QUILLIVANT XR
VYVANSE

FIBROMYALGIA

LYRICA
SAVELLA

HYPNOTICS**§ NONBENZODIAZEPINES**

eszopiclone (QL)
zolpidem (QL)
zolpidem ext-rel (QL)
zolpidem sublingual
BELSOMRA

TRICYCLICS

SILENOR

MIGRAINE**§ ERGOTAMINE DERIVATIVES**

ergotamine-caffeine

§ SELECTIVE SEROTONIN AGONISTS

eletriptan (QL)
naratriptan (QL)
rizatriptan (QL)
sumatriptan (QL)
zolmitriptan (QL)
ONZETRA XSAIL (QL)
ZEMBRACE
SYMTOUCH (QL)
ZOMIG NASAL SPRAY (QL)

SELECTIVE SEROTONIN AGONIST / NONSTEROIDAL ANTI-INFLAMMATORY DRUG (NSAID) COMBINATIONS

TREXIMET (QL)

§ MUSCULOSKELETAL THERAPY AGENTS

cyclobenzaprine

§ NARCOLEPSY

armodafinil (PA)

POSTHERPETIC NEURALGIA (PHN)

GRALISE

**PARTNERS
FOR HEALTH**

PSYCHOTHERAPEUTIC - MISCELLANEOUS

§ OPIOID ANTAGONISTS

naloxone injection
NARCAN NASAL SPRAY

§ PARTIAL OPIOID AGONIST / OPIOID ANTAGONIST COMBINATIONS

buprenorphine-naloxone sublingual tablet (QL)
BUNAVAIL (QL)
SUBOXONE FILM (QL)
ZUBSOLV (QL)

PSEUDOBULBAR AFFECT AGENTS

NUEDEXTA

VASOMOTOR SYMPTOM AGENTS

BRISDELLE

ENDOCRINE AND METABOLIC

§ ANDROGENS

testosterone gel 2% (PA)
testosterone solution (PA)
ANDRODERM (PA)
ANDROGEL 1.62% (PA)

ANTIDIABETICS

AMYLIN ANALOGS

SYMLINPEN

§ BIGUANIDES

metformin
metformin ext-rel

§ BIGUANIDE / SULFONYLUREA COMBINATIONS

glipizide-metformin

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA
TRADJENTA

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS

JANUMET
JANUMET XR
JENTADUETO
JENTADUETO XR

INCRETIN MIMETIC AGENTS

TRULICITY
VICTOZA

INCRETIN MIMETIC AGENT / INSULIN COMBINATIONS

SOLIQUA

INSULINS

BASAGLAR
HUMALOG
HUMALOG MIX

HUMULIN 70/30
HUMULIN N
HUMULIN R
HUMULIN R U-500
LANTUS
LEVEMIR
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
TOUJEO
TRESIBA

§ INSULIN SENSITIZERS

pioglitazone

§ INSULIN SENSITIZER / BIGUANIDE COMBINATIONS

pioglitazone-metformin

§ INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS

pioglitazone-glimepiride

§ MEGLITINIDES

nateglinide
repaglinide

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA
INVOKANA
JARDIANCE

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS

INVOKAMET
INVOKAMET XR
SYNJARDY
SYNJARDY XR
XIGDUO XR

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS

GLYXAMBI
QTERN

§ SULFONYLUREAS

glimepiride
glipizide
glipizide ext-rel

SUPPLIES

BD ULTRAFINE INSULIN SYRINGES AND NEEDLES
ONETOUCH ULTRA STRIPS AND KITS³
ONETOUCH VERIO STRIPS AND KITS³

ANTIOBESITY

INJECTABLE
SAXENDA (PA)

ORAL

BELVIQ (PA)
BELVIQ XR (PA)
CONTRAVE (PA)

CALCIUM REGULATORS

§ BISPSPHONATES

alendronate
ibandronate
risedronate

§ CALCITONINS

calcitonin-salmon

§ CARNITINE DEFICIENCY AGENTS

levocarnitine

CONTRACEPTIVES

§ MONOPHASIC

ethinyl estradiol-drospirenone
ethinyl estradiol-norethindrone acetate
BEYAZ
LO LOESTRIN FE
MINASTRIN 24 FE
SAFYRAL

§ TRIPHASIC

ethinyl estradiol-norgestimate

FOUR PHASE

NATAZIA

§ EXTENDED CYCLE

ethinyl estradiol-levonorgestrel

§ TRANSDERMAL

ethinyl estradiol-norelgestromin

VAGINAL

NUVARING

ESTROGENS

§ ORAL

estradiol
estropipate
PREMARIN

§ TRANSDERMAL

estradiol
DIVIGEL
EVAMIST
MINIVELLE

§ VAGINAL

estradiol
ESTRACE CREAM
PREMARIN CREAM

ESTROGEN / PROGESTINS

§ ORAL

estradiol-norethindrone
PREMPHASE
PREMPRO

TRANSDERMAL

CLIMARA PRO
COMBIPATCH

ESTROGEN / SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS

DUAVEE

§ GLUCOCORTICOIDS

dexamethasone
methylprednisolone
prednisolone solution
prednisone

GLUCOSE ELEVATING AGENTS

GLUCAGEN HYPOKIT
GLUCAGON EMERGENCY KIT

§ PHOSPHATE BINDER AGENTS

calcium acetate
PHOSLYRA
REVELA
VELPHORO

POTASSIUM-REMOVING AGENTS

VELTASSA

PROGESTINS

§ ORAL

medroxyprogesterone
megestrol acetate
progesterone, micronized

VAGINAL

CRINONE

§ SELECTIVE ESTROGEN RECEPTOR MODULATORS

raloxifene
OSPHENA

§ THYROID SUPPLEMENTS

levothyroxine
SYNTHROID

GASTROINTESTINAL

§ ANTIEMETICS

dronabinol (QL)
granisetron (QL)
meclizine
metoclopramide
ondansetron (QL)
prochlorperazine
promethazine
trimethobenzamide
DICLEGIS
SANCUSO (QL)

VARUBI (QL)

§ H₂ RECEPTOR ANTAGONISTS

ranitidine

INFLAMMATORY BOWEL DISEASE

§ ORAL AGENTS

balsalazide
budesonide capsule
sulfasalazine
sulfasalazine delayed-rel
APRISO
LIALDA
PENTASA
UCERIS

§ RECTAL AGENTS

hydrocortisone enema
mesalamine rectal suspension
CANASA
CORTIFOAM

§ IRRITABLE BOWEL SYNDROME

AMITIZA (PA)
LINZESS (PA)
LOTRONEX (PA)
VIBERZI (PA)

§ LAXATIVES

lactulose
peg 3350-electrolytes
SUPREP

OPIOID-INDUCED CONSTIPATION

MOVANTIK

PANCREATIC ENZYMES

CREON
VIOKACE
ZENPEP

§ PROTON PUMP INHIBITORS

esomeprazole
lansoprazole
omeprazole
pantoprazole
DEXILANT (ST)

§ STEROIDS, RECTAL

PROCTOFOAM-HC

§ ULCER THERAPY COMBINATIONS

PYLERA

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA

alfuzosin ext-rel
doxazosin
dutasteride
dutasteride-tamsulosin

finasteride
tamsulosin
terazosin
RAPAFLO

**ERECTILE DYSFUNCTION
ALPROSTADIL AGENTS**
MUSE (QL)

**PHOSPHODIESTERASE
INHIBITORS**
CIALIS (QL)

**§ URINARY
ANTISPASMODICS**

darifenacin ext-rel
oxybutynin
oxybutynin ext-rel
tolterodine
tolterodine ext-rel
trospium
trospium ext-rel
MYRBETRIQ
TOVIAZ
VESICARE

HEMATOLOGIC

§ ANTICOAGULANTS

warfarin
ELIQUIS
XARELTO

**§ PLATELET AGGREGATION
INHIBITORS**

clopidogrel
dipyridamole ext-rel-aspirin
prasugrel
BRILINTA

**IMMUNOLOGIC
AGENTS**

ALLERGENIC EXTRACTS
GRASTEK (PA)
RAGWITEK (PA)

IMMUNOSUPPRESSANTS

§ ANTIMETABOLITES
AZASAN

**NUTRITIONAL /
SUPPLEMENTS**

§ ELECTROLYTES

potassium chloride liquid

VITAMINS AND MINERALS

§ PRENATAL VITAMINS
prenatal vitamins
CITRANATAL

RESPIRATORY

**§ ANAPHYLAXIS
TREATMENT AGENTS**

epinephrine auto-injector
EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS

ipratropium inhalation
solution
INCRUSE ELLIPTA
SPIRIVA

**ANTICHOLINERGIC / BETA
AGONIST COMBINATIONS**

§ SHORT ACTING
ipratropium-albuterol
inhalation solution
COMBIVENT RESPIMAT

LONG ACTING

ANORO ELLIPTA
BEVESPI AEROSPHERE
STIOLTO CARE

**BETA AGONISTS,
INHALANTS**

§ SHORT ACTING
albuterol inhalation solution
levolbuterol tartrate CFC-free
aerosol
PROAIR HFA
PROAIR RESPICLICK

LONG ACTING

Hand-held Active Inhalation
SEREVENT
STRIVERDI RESPIMAT

Nebulized Passive Inhalation
PERFORMIST

**§ LEUKOTRIENE
MODULATORS**

montelukast
zafirlukast
zileuton ext-rel

§ NASAL ANTIHISTAMINES

azelastine
olopatadine

**§ NASAL STEROIDS /
COMBINATIONS**

flunisolide
fluticasone
mometasone
triamcinolone
DYMISTA

**PHOSPHODIESTERASE-4
INHIBITORS**

DALIRESP

**STEROID / BETA AGONIST
COMBINATIONS**

ADVAIR
BREQ ELLIPTA
DULERA
SYMBICORT

§ STEROID INHALANTS

budesonide inhalation
suspension
ARNUITY ELLIPTA
ASMANEX
FLOVENT DISKUS
FLOVENT HFA
PULMICORT FLEXHALER
QVAR

TOPICAL

DERMATOLOGY

§ ACNE

adapalene (PA2)
benzoyl peroxide
clindamycin solution
clindamycin-benzoyl
peroxide
erythromycin solution
erythromycin-benzoyl
peroxide

tretinoin (PA2)
ACANYA
ATRALIN (PA2)
BENZACLIN
DIFFERIN (PA2)
EPIDUO
RETIN-A MICRO (PA2)
TAZORAC (PA)

§ ACTINIC KERATOSIS

fluorouracil cream 5%
fluorouracil solution
imiquimod
PICATO
ZYCLARA

§ ANTIFUNGALS

ciclopirox
clotrimazole
econazole
ketoconazole
nystatin
JUBLIA (PA)
LUZU
NAFTIN

§ ANTIPSORIATICS

acitretin
calcipotriene
methoxsalen
ENSTILAR
TACLONEX SUSPENSION

§ ATOPIC DERMATITIS

tacrolimus (ST)
ELIDEL (ST)

CORTICOSTEROIDS

§ Low Potency

desonide
hydrocortisone

§ Medium Potency

clocortolone
hydrocortisone butyrate
mometasone
triamcinolone

§ High Potency

desoximetasone
fluocinonide

§ Very High Potency

clobetasol cream, foam, gel,
lotion, ointment, shampoo

§ ROSACEA

metronidazole
FINACEA
ORACEA
SOOLANTRA

**MOUTH / THROAT /
DENTAL AGENTS
PROTECTANTS**

EPISIL

OPHTHALMIC

§ ANTIALLERGICS

azelastine
cromolyn sodium
olopatadine
LASTACAPT
PAZEO

§ ANTI-INFECTIVES

ciprofloxacin
erythromycin
gentamicin
levofloxacin
moxifloxacin
ofloxacin
sulfacetamide
tobramycin
BESIVANCE
CILOXAN OINTMENT
MOXEZA

**§ ANTI-INFECTIVE /
ANTI-INFLAMMATORY
COMBINATIONS**

neomycin-polymyxin B-
bacitracin-hydrocortisone
neomycin-polymyxin B-
dexamethasone
tobramycin-dexamethasone
TOBRADEX OINTMENT
TOBRADEX ST
ZYLET

ANTI-INFLAMMATORIES

§ Nonsteroidal

bromfenac
diclofenac
ketorolac
ACUVAIL
ILEVRO
NEVANAC

§ Steroidal

dexamethasone
prednisolone acetate 1%
DUREZOL
FLAREX
FML FORTE
FML S.O.P.
MAXIDEX
PRED MILD

BETA-BLOCKERS

§ Nonselective

timolol maleate solution
BETIMOL

Selective

BETOPTIC S

**§ CARBONIC ANHYDRASE
INHIBITORS**

dorzolamide
AZOPT

**§ CARBONIC ANHYDRASE
INHIBITOR / BETA-
BLOCKER COMBINATIONS**

dorzolamide-timolol

**CARBONIC ANHYDRASE
INHIBITOR /
SYMPATHOMIMETIC
COMBINATIONS**

SIMBRINZA

DRY EYE DISEASE

RESTASIS
XIIDRA

§ PROSTAGLANDINS

latanoprost
LUMIGAN
TRAVATAN Z

§ SYMPATHOMIMETICS

brimonidine
ALPHAGAN P

**SYMPATHOMIMETIC / BETA-
BLOCKER COMBINATIONS**

COMBIGAN

OTIC

**§ ANTI-INFECTIVE /
ANTI-INFLAMMATORY
COMBINATIONS**
CIPRODEX

QUICK REFERENCE DRUG LIST

A

ABILIFY MAINTENA
 ACANYA
acitretin
 ACUVAIL
acyclovir
adapalene (PA2)
 ADVAIR
albuterol inhalation solution
alendronate
alfuzosin ext-rel
 ALKERAN
allopurinol
 ALPHAGAN P
amantadine
amiloride
 AMITIZA (PA)
amlodipine
amlodipine-atorvastatin
amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan
amlodipine-valsartan-hydrochlorothiazide
amoxicillin
amoxicillin-clavulanate
amphetamine-dextroamphetamine mixed salts
amphetamine-dextroamphetamine mixed salts ext-rel
 ANDRODERM (PA)
 ANDROGEL 1.62% (PA)
 ANORO ELLIPTA
 APRISO
 APTENSIO XR
aripiprazole
 ARISTADA
armodafinil (PA)
 ARNUITY ELLIPTA
 ASMANEX
atenolol
atomoxetine
atorvastatin
 ATRALIN (PA2)
 AZASAN
azelastine
 AZILECT
azithromycin
 AZOPT

B

balsalazide
 BASAGLAR
 BD ULTRAFINE INSULIN SYRINGES AND NEEDLES
 BELBUCA (QL)
 BELSOMRA
 BELVIQ (PA)
 BELVIQ XR (PA)
 BENZACLIN
benzoyl peroxide
 BESIVANCE

BETIMOL
 BETOPTIC S
 BEVESPI AEROSPHERE
 BEYAZ
bicalutamide
 BIDIL
 BREO ELLIPTA
 BRILINTA
brimonidine
 BRISDELLE
bromfenac
budesonide capsule
budesonide inhalation suspension
 BUNAVAIL (QL)
buprenorphine-naloxone sublingual tablet (QL)
bupropion
bupropion ext-rel
 BUTRANS (QL)
 BYSTOLIC

C

calcipotriene
calcitonin-salmon
calcium acetate
 CANASA
candesartan
candesartan-hydrochlorothiazide
carbamazepine
carbamazepine ext-rel
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-entacapone
carvedilol
cefdinir
cefprozil
cefuroxime axetil
celecoxib
cephalexin
cholestyramine
 CIALIS (QL)
ciclopirox
 CILOXAN OINTMENT
 CIPRODEX
ciprofloxacin
ciprofloxacin ext-rel
citalopram
 CITRANATAL
clarithromycin
clarithromycin ext-rel
 CLIMARA PRO
clindamycin
clindamycin solution
clindamycin-benzoyl peroxide
clobetasol cream, foam, gel, lotion, ointment, shampoo
clocortolone
clopidogrel
clotrimazole
clozapine
codeine-acetaminophen (QL)

colchicine tablet
 COLCRYS
 COMBIGAN
 COMBIPATCH
 COMBIVENT RESPIMAT
 CONTRAVE (PA)
 COREG CR
 CORLANOR
 CORTIFOAM
 CREON
 CRINONE
cromolyn sodium
cyclobenzaprine
 CYCLOPHOSPHAMIDE CAPSULE

D

DALIRESP
darifenacin ext-rel
desonide
desoximetasone
desvenlafaxine ext-rel
dexamethasone
 DEXILANT (ST)
diazepam rectal gel
 DICLEGIS
diclofenac
diclofenac sodium
diclofenac sodium solution
diclofenac sodium-misoprostol
dicloxacillin
 DIFFERIN (PA2)
 DIFICID
digoxin
*diltiazem ext-rel*²
dipyridamole ext-rel-aspirin
divalproex sodium
divalproex sodium ext-rel
 DIVIGEL
donepezil
dorzolamide
dorzolamide-timolol
doxazosin
doxycycline hyclate
dronabinol (QL)
 DUAVEE
 DULERA
duloxetine
 DUREZOL
dutasteride
dutasteride-tamsulosin
 DYMISTA

E

econazole
eletriptan (QL)
 ELIDEL (ST)
 ELIQUIS
 EMVERM
 ENSTILAR
entacapone
 ENTRESTO (PA)
 EPIDUO
epinephrine auto-injector

EPIPEN
 EPIPEN JR
 EPISIL
eprosartan
ergotamine-caffeine
erythromycin
erythromycin solution
erythromycin-benzoyl peroxide
erythromycins
escitalopram
esomeprazole
 ESTRACE CREAM
estradiol
estradiol-norethindrone
estropipate
eszopiclone (QL)
ethinyl estradiol-drospirenone
ethinyl estradiol-levonorgestrel
ethinyl estradiol-norelgestromin
ethinyl estradiol-norethindrone acetate
ethinyl estradiol-norgestimate
ethosuximide
 EVAMIST
ezetimibe
ezetimibe-simvastatin

F

FARXIGA
fenofibrate
fenofibric acid
fentanyl transdermal (QL)
fentanyl transmucosal lozenge (PA)
 FENTORA (PA)
 FINACEA
finasteride
 FLAREX
 FLOVENT DISKUS
 FLOVENT HFA
fluconazole
flunisolide
fluocinonide
fluorouracil cream 5%
fluorouracil solution
fluoxetine
 FLUOXETINE 60 MG
fluticasone
fluvastatin
 FML FORTE
 FML S.O.P.
fosinopril
fosinopril-hydrochlorothiazide
furosemide
 FYCOMPA

G

gabapentin
galantamine
galantamine ext-rel
gentamicin

glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
 GLUCAGEN HYPOKIT
 GLUCAGON EMERGENCY KIT
 GLYXAMBI
 GRALISE
granisetron (QL)
 GRASTEK (PA)
guanfacine ext-rel

H

HEXALEN
 HUMALOG
 HUMALOG MIX
 HUMULIN 70/30
 HUMULIN N
 HUMULIN R
 HUMULIN R U-500
hydrochlorothiazide
hydrocodone-acetaminophen (QL)
hydrocortisone
hydrocortisone butyrate
hydrocortisone enema
hydromorphone (QL)
hydromorphone ext-rel (QL)
 HYSINGLA ER (QL)

I

ibandronate
 ILEVRO
imiquimod
 INCRUSE ELLIPTA
 INVOKAMET
 INVOKAMET XR
 INVOKANA
ipratropium inhalation solution
ipratropium-albuterol inhalation solution
irbesartan
irbesartan-hydrochlorothiazide
itraconazole (PA)
ivermectin

J

JANUMET
 JANUMET XR
 JANUVIA
 JARDIANCE
 JENTADUETO
 JENTADUETO XR
 JUBLIA (PA)

K

keetoconazole
ketorolac

L

lactulose
 lamotrigine
 lamotrigine ext-rel
 lansoprazole
 LANTUS
 LASTACRAFT
 latanoprost
 LATUDA
 LEUKERAN
 levalbuterol tartrate CFC-free
 aerosol
 LEVEMIR
 levetiracetam
 levetiracetam ext-rel
 levocarnitine
 levofloxacin
 levothyroxine
 LIALDA
 LINZESS (PA)
 lisinopril
 lisinopril-hydrochlorothiazide
 LO LOESTRIN FE
 losartan
 losartan-hydrochlorothiazide
 LOTRONEX (PA)
 lovastatin
 LUMIGAN
 LUZU
 LYRICA
 LYSODREN

M

MATULANE
 MAXIDEX
 meclizine
 medroxyprogesterone
 megestrol acetate
 meloxicam
 memantine
 mesalamine rectal
 suspension
 metformin
 metformin ext-rel
 methadone (QL)
 methoxsalen
 methylphenidate
 methylphenidate ext-rel
 methylprednisolone
 metoclopramide
 metolazone
 metoprolol succinate ext-rel
 metoprolol tartrate
 metronidazole
 MINASTRIN 24 FE
 MINIVELLE
 minocycline
 MIRAPEX ER
 mirtazapine
 mometasone
 montelukast
 morphine (QL)
 morphine ext-rel (QL)
 morphine suppository
 MOVANTI-K
 MOXEZA
 moxifloxacin
 MULTAQ

MUSE (QL)
 MYLERAN
 MYRBETRIQ

N

nadolol
 NAFTIN
 naloxone injection
 NAMENDA XR
 NAMZARIC
 naproxen
 naratriptan (QL)
 NARCAN NASAL SPRAY
 NATAZIA
 nateglinide
 neomycin-polymyxin B-
 bacitracin-hydrocortisone
 neomycin-polymyxin B-
 dexamethasone
 NEUPRO
 NEVANAC
 niacin ext-rel
 nifedipine ext-rel
 nitrofurantoin
 nitroglycerin lingual spray
 nitroglycerin sublingual
 NOVOLIN 70/30
 NOVOLIN N
 NOVOLIN R
 NOVOLOG
 NOVOLOG MIX 70/30
 NUCYNТА (QL)
 NUCYNТА ER (QL)
 NUEDEXTA
 NUVARING
 nystatin

O

ofloxacin
 olanzapine
 olmesartan
 olmesartan-amlodipine-
 hydrochlorothiazide
 olmesartan-
 hydrochlorothiazide
 olopatadine
 omega-3 acid ethyl esters
 omeprazole
 ondansetron (QL)
 ONETOUCH ULTRA
 STRIPS AND KITS ³
 ONETOUCH VERIO STRIPS
 AND KITS ³
 ONZETRA XSAIL (QL)
 ORACEA
 OSPHENA
 oxcarbazepine
 OXTELLAR XR
 oxybutynin
 oxybutynin ext-rel
 oxycodone (QL)
 oxycodone-
 acetaminophen (QL)
 OXYCONTIN (QL)

P

pantoprazole
 paroxetine
 paroxetine ext-rel
 PAZEO
 peg 3350-electrolytes
 penicillin VK
 PENTASA
 PERFORMIST
 phenobarbital
 phenytoin
 phenytoin sodium extended
 PHOSLYRA
 PICATO
 pindolol
 pioglitazone
 pioglitazone-glimepiride
 pioglitazone-metformin
 potassium chloride liquid
 pramipexole
 prasugrel
 pravastatin
 PRED MILD
 prednisolone acetate 1%
 prednisolone solution
 prednisone
 PREMARIN
 PREMARIN CREAM
 PREMPHASE
 PREMPRO
 prenatal vitamins
 primidone
 PROAIR HFA
 PROAIR RESPICLIK
 probenecid
 prochlorperazine
 PROCTOFOAM-HC
 progesterone, micronized
 promethazine
 propranolol
 propranolol ext-rel
 PULMICORT FLEXHALER
 PYLERA

Q

QTERN
 quetiapine
 QUILLIVANT XR
 quinapril
 quinapril-hydrochlorothiazide
 QVAR

R

RAGWITEK (PA)
 raloxifene
 ramipril
 RANEXA
 ranitidine
 RAPAFLO
 RELENZA (QL)
 RENVELA
 repaglinide
 RESTASIS
 RETIN-A MICRO (PA2)
 risedronate
 RISPERDAL CONSTA

risperidone
 rivastigmine
 rivastigmine transdermal
 rizatriptan (QL)
 ropinirole
 ropinirole ext-rel
 rosuvastatin

S

SAFYRAL
 SANCUSO (QL)
 SAVELLA
 SAXENDA (PA)
 selegiline
 SEREVENT
 sertraline
 SILENOR
 SIMBRINZA
 simvastatin
 SIVEXTRO
 SOLIQUA
 SOOLANTRA
 sotalol
 SPIRIVA
 spirinolactone-
 hydrochlorothiazide
 STIOLTO RESPIMAT
 STRIVERDI RESPIMAT
 SUBOXONE FILM (QL)
 SUBSYS (PA)
 sulfacetamide
 sulfamethoxazole-
 trimethoprim
 sulfasalazine
 sulfasalazine delayed-rel
 sumatriptan (QL)
 SUPRAX
 SUPREP
 SYMBICORT
 SYMLINPEN
 SYNJARDY
 SYNJARDY XR
 SYNTHROID

T

TABLOID
 TACLONEX SUSPENSION
 tacrolimus (ST)
 TAMIFLU (QL)
 tamsulosin
 TAZORAC (PA)
 TEKTRUNA
 TEKTRUNA HCT
 telmisartan
 telmisartan-
 hydrochlorothiazide
 terazosin
 terbinafine tablet (PA)
 testosterone gel 2% (PA)
 testosterone solution (PA)
 tetracycline
 tiagabine
 timolol maleate solution
 TOBRADEX OINTMENT
 TOBRADEX ST
 tobramycin
 tobramycin-dexamethasone
 tolterodine

tolterodine ext-rel
 topiramate
 torsemide
 TOUJEO
 TOVIAZ
 TRADJENTA
 tramadol (QL)
 tramadol ext-rel (QL)
 TRAVATAN Z
 trazodone
 TRESIBA
 tretinoin (PA2)
 TREXIMET (QL)
 triamcinolone
 triamterene-
 hydrochlorothiazide
 trimethobenzamide
 TRINTELLIX
 TROKENDI XR
 trospium
 trospium ext-rel
 TRULICITY

U

UCERIS
 ULORIC

V

valacyclovir
 valganciclovir
 valproic acid
 valsartan
 valsartan-hydrochlorothiazide
 VARUBI (QL)
 VASCEPA
 VELPHORO
 VELTASSA
 venlafaxine
 venlafaxine ext-rel capsule
 verapamil ext-rel
 VESICARE
 VIBERZI (PA)
 VICTOZA
 VIIBRYD
 VIMPAT
 VIOKACE
 VISTOGARD
 VOLTAREN GEL
 VRAYLAR
 VYVANSE

W

warfarin
 WELCHOL

X

XARELTO
 XIFAXAN 550 MG
 XIGDUO XR
 XIIDRA

Z

zafirlukast
 ZEMBRACE
 SYMTOUCH (QL)
 ZENPEP
 zileuton ext-rel
 ziprasidone

zolmitriptan (QL)
zolpidem (QL)

zolpidem ext-rel (QL)
zolpidem sublingual

ZOMIG NASAL SPRAY (QL)
zonisamide

ZUBSOLV (QL)
ZYCLARA

ZYLET

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This drug list is a list of preferred drugs for your prescription benefit. It is not all-inclusive and does not guarantee coverage. In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market. This list represents brand products in CAPS and generic products in lowercase *italics*. Not all covered generics are listed. Those listed are examples of what may be prescribed. Unless specifically indicated, drug list products will include all dosage forms. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to www.caremark.com to check coverage and copay¹ information for a specific medicine.

§ Generics are available in this class and should be considered the first line of prescribing.

¹ Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

² Listing does not include generic CARDIZEM LA.

³ A ONETOUGH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUGH.
For more information on how to obtain a free blood glucose meter, call: 1-800-588-4456.

(PA) Prior Authorization required.

(PA2) Prior Authorization required for 36 years of age and older.

(QL) Quantity Limits apply.

(ST) Step Therapy required.

Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.

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www.caremark.com

For specific information, visit www.caremark.com or contact a CVS Caremark Customer Care representative at 1-877-522-TNRX (8679).

**PARTNERS
FOR HEALTH**

December 22, 2017

The following email was sent to agency benefits coordinators (ABCs) today.

Due to the holidays, this should be the last regular weekly ABC email for 2017. We hope you have a very happy holiday season! We'll talk to you next year!

Caremark Pharmacy Mailing Issue (all plans)

Benefits Administration was notified by our pharmacy benefits manager, CVS/Caremark, earlier this week that approximately 12,000 incorrect welcome kits and pharmacy ID cards were mailed out. The error was that the affected members with no dependents will receive one card with their name on it, but those members with at least one dependent are receiving no ID card for the primary cardholder (head of contract) and two cards for some dependents. This was an issue with the card vendor's coding method.

Caremark's internal team was able to quickly correct the issue Monday morning and they will be resending the affected members' materials out again along with a copy of the **attached** apology letter.

Cigna ID Card Issue Letter (all plans)

Recently, approximately 770 Cigna health insurance head of contracts received two medical ID cards in the mail. The only difference between the cards is the name of the plan. One included the 2017 plan name, and the other included the 2018 plan information.

Cigna is mailing a letter to these impacted members letting them know they can dispose of the incorrect card with the 2017 information. Should members have any questions they can call the number on the back of the ID card. They can also print a temporary ID card by going to myCigna.com.

We have **attached** a sample of the letter that will be mailed. We apologize for any confusion this may have caused our members.

Employer Shared Responsibility Letter (state only)

The IRS has announced that it will start assessing penalties for the Employer Shared Responsibility Payments. They are assessing these penalties on anyone who received a premium tax credit on the Federal Marketplace Healthcare Exchange who should have been offered coverage through their employer. The letters will start going out soon for the **2015** tax year. We expect for the letter to come directly to Benefits Administration, but it is possible that it could be sent to another address instead, based on the address that employees may have used when filing for their tax credit.

If your agency receives this letter (**sample attached**), it is **VERY IMPORTANT** that you notify BA immediately by sending an email to benefits.info@tn.gov. Please attach a copy of the letter to the email if possible. We only have 30 days to respond to the letter.

Employer Shared Responsibility Letter (local ed, local gov and higher ed)

The IRS has announced that it will start assessing penalties for the Employer Shared Responsibility Payments. They are assessing these penalties on anyone who received a premium tax credit on the Federal Marketplace Healthcare Exchange that should have been offered coverage through their employer. The letters will start going out soon for the **2015** tax year. We have **attached** a sample of this letter to this email. Please note that once you receive it, you will only have **30 days** to respond to the letter.

Premiums Due/Collections Applied Report (higher ed only)

The Disability premiums have now been added to the Premiums Due/Collections Applied report. They will show on the report on December 28th, after the next payroll calc.

Updated New Hire Letter (state only)

BA has revised the new hire benefits letter (titled **Pre-Enrollment Benefits Information**) with updated URLs and links. You can find the updated version on the [ABC webpage](#), under the State Plan header. Please use this version going forward and delete any old copies you have in your files.

State and Benefits Administration Holiday Hours

State offices and the Benefits Administration Service Center will be **closed** on **Monday, December 25 and Tuesday, December 26** for the Christmas holiday, as well as closed on **Monday, January 1 and Tuesday, January 2** for the New Year's holiday.

We've also included the vendors' call center holiday hours below. Please note, for **Cigna**, these are the office hours – the call center is open 24/7.

Healthways Holiday Schedule		
Holiday	Date	Status
Christmas Day	Monday, December 25	Closed
Day-after Christmas	Tuesday, December 26	Closed
New Year's Day	Monday, January 1	Closed

BCBS Holiday Closure Schedule		
Holiday	Date	Status
Christmas Day	Monday, December 25	Closed
Day-after Christmas	Tuesday, December 26	Closed
New Year's Day	Monday, January 1	Closed

Cigna Holiday Schedule – office hours – Call Center is open 24/7		
Holiday	Date	Status
Christmas Day	Monday, December 25	Closed
New Year's Day	Monday, January 1	Closed

MetLife Holiday Schedule		
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Holiday	Date Observed	Closing Time
Christmas Eve	Sunday, 12/24/2017	Closed
Christmas	Monday, 12/25/2017	Closed
New Year's Eve	Sunday, 12/31/2017	Closed
New Year's Day	Monday 1/1/2018	Closed

PayFlex Holiday Closure Schedule:		
Holiday	Date	Status
Christmas Day	Monday, December 25	Closed
New Year's Day	Monday, January 1	Closed

CVS/caremark Call Center:

Regular business hours: open 24 hours a day, 7 days a week.

Optum:

Regular business hours: open 24 hours a day, 7 days a week.

EyeMed Call Center (times are Central time):			
<i>Holiday Coverage</i>			
Date	Open	Closed	Open & Closed Hours
Friday (12/22)	x		Normal hours 7:30 a.m. to 11 p.m.
Saturday (12/23)	x		Normal hours 7:30 a.m. to 11 p.m.
Sunday - Christmas Eve (12/24)	x		12 p.m. to 6 p.m. (abbreviated)
Monday - Christmas Day (12/25)		x	Closed all day
Friday (12/29)	x		Normal hours 7:30 a.m. to 11 p.m.
Saturday (12/30)	x		Normal hours 7:30 a.m. to 11 p.m.
Sunday - New Year's Eve (12/31)	x		12 p.m. to 6 p.m. (abbreviated)
Monday - New Year's Day (1/1)	x		12 p.m. to 6 p.m. (abbreviated)

Davis Vision Holiday Schedule (times are EST):		
Holiday	Date	Status
Christmas Eve	Sunday, December 24	Closed
Christmas Day	Monday, December 25	Closed
	Friday, December 29	8 a.m. – 8 p.m. (reduced hours)
	Saturday, December 30	9 a.m. – 4 p.m. (normal hours)
New Year's Eve	Sunday, December 31	12 p.m. – 4 p.m. (normal hours)
New Year's Day	Monday, January 1	Closed

Minnesota Life Holiday Schedule:		
Holiday	Date	Status
Christmas Day	Monday, December 25	Closed

New Year's Day	Monday, January 1	Closed
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MedAmerica Holiday Schedule:		
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Holiday	Date	Status
Christmas Day	Monday, December 25	Closed
New Year's Day	Monday, January 1	Closed

Attachments: 2018 CVS Caremark Member Letter
Cigna ID Card Letter
Sample IRS Assessment Letter

State of Tennessee Drug List with Advanced Control Specialty Formulary™

The **State of Tennessee Drug List with Advanced Control Specialty Formulary™** is a list of preferred drugs for your prescription benefit. This list includes Generics and Preferred Brand drugs.

- **Generic** drugs are in lowercase *italics*. Not all covered generics are listed. Those listed are examples of what may be prescribed.
- **Preferred Brand** drugs are in CAPS. These are the most cost-effective brand-name drugs for you.
- **Non-preferred Brand** drugs are not listed. Most of these brand-name drugs are covered but will cost you the most.

Generics are available in drug classes marked with § and should be considered the first line of prescribing. If there is no generic available, there may be more than one brand-name drug to treat a condition.

PLAN MEMBER

Ask your doctor to consider prescribing a generic drug or a preferred brand-name drug from this list, if medically appropriate. Take this list along when you see your doctor.

Please note:

- If you have questions about your prescription coverage or copays¹ you can:
 - Visit www.caremark.com, or
 - Contact a CVS Caremark® Customer Care representative at 1-877-522-TNRX (8679).
- For mail service, CVS Caremark may contact your doctor after getting your prescription. They may ask your doctor to consider a preferred brand drug or a generic. Your doctor may choose, when medically appropriate, to prescribe a different brand-name drug or generic in place of your original prescription.
- In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market.

HEALTH CARE PROVIDER

Your patient is covered under a prescription benefit plan administered by CVS Caremark. As a way to help manage health care costs, authorize generic substitution whenever possible. If you believe a brand-name product is necessary, consider prescribing a brand name on this list.

Please note:

- Generics should be considered the first line of prescribing.
- This drug list represents a summary of prescription coverage. It is not all-inclusive and does not guarantee coverage.
- Unless specifically indicated, drug list products will include all dosage forms.
- Log in to www.caremark.com to check coverage and copay¹ information for a specific medicine.

ANALGESICS

§ NSAIDs

diclofenac sodium
meloxicam
naproxen

§ NSAIDs, COMBINATIONS

diclofenac sodium-
misoprostol

§ NSAIDs, TOPICAL

diclofenac sodium solution
VOLTAREN GEL

§ COX-2 INHIBITORS

celecoxib

§ GOUT

allopurinol
colchicine tablet

probenecid
COLCRYS
ULORIC

§ OPIOID ANALGESICS

codeine-acetaminophen (QL)
fentanyl transdermal (QL)
fentanyl transmucosal
lozenge (PA)
hydrocodone-
acetaminophen (QL)
hydromorphone (QL)
hydromorphone ext-rel (QL)
methadone (QL)
morphine (QL)
morphine ext-rel (QL)
morphine suppository
oxycodone (QL)
oxycodone-
acetaminophen (QL)
tramadol (QL)

tramadol ext-rel (QL)
BELBUCA (QL)
BUTRANS (QL)
FENTORA (PA)
HYSINGLA ER (QL)
NUCYNTA (QL)
NUCYNTA ER (QL)
OXYCONTIN (QL)
SUBSYS (PA)

ANTI-INFECTIVES

ANTIBACTERIALS

§ CEPHALOSPORINS

cefdinir
cefprozil
cefuroxime axetil
cephalexin
SUPRAX

§ ERYTHROMYCINS / MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins
DIFICID

§ FLUOROQUINOLONES

ciprofloxacin
ciprofloxacin ext-rel
levofloxacin
moxifloxacin

§ PENICILLINS

amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

§ TETRACYCLINES

doxycycline hyclate
minocycline
tetracycline

§ ANTIFUNGALS

fluconazole
itraconazole (PA)
terbinafine tablet (PA)

ANTIVIRALS

§ CYTOMEGALOVIRUS AGENTS

valganciclovir

§ HERPES AGENTS

acyclovir
valacyclovir

§ INFLUENZA AGENTS

RELENZA (QL)
TAMIFLU (QL)

§ MISCELLANEOUS

clindamycin
ivermectin
metronidazole
nitrofurantoin
sulfamethoxazole-
trimethoprim
EMVERM
SIVEXTRO
XIFAXAN 550 MG

ANTINEOPLASTIC AGENTS**§ ALKYLATING AGENTS**

CYCLOPHOSPHAMIDE
CAPSULE
HEXALEN
LEUKERAN
MYLERAN

§ ANTIMETABOLITES

TABLOID

HORMONAL ANTINEOPLASTIC AGENTS**§ ANTIANDROGENS**

bicalutamide

§ MISCELLANEOUS

LYSODREN
MATULANE
VISTOGARD

CARDIOVASCULAR**§ ACE INHIBITORS**

fosinopril
lisinopril
quinapril
ramipril

§ ACE INHIBITOR / DIURETIC COMBINATIONS

fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS

candesartan / candesartan-
hydrochlorothiazide
eprosartan
irbesartan / irbesartan-
hydrochlorothiazide
losartan / losartan-
hydrochlorothiazide
olmesartan / olmesartan-
hydrochlorothiazide
telmisartan / telmisartan-
hydrochlorothiazide
valsartan / valsartan-
hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan

§ ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER / DIURETIC COMBINATIONS

amlodipine-valsartan-
hydrochlorothiazide
olmesartan-amlodipine-
hydrochlorothiazide

§ ANTIARRHYTHMICS

sotalol
MULTAQ

ANTILIPEMICS**§ BILE ACID RESINS**

cholestyramine
WELCHOL

§ CHOLESTEROL ABSORPTION INHIBITORS

ezetimibe

§ FIBRATES

fenofibrate
fenofibric acid

§ HMG-CoA REDUCTASE INHIBITORS / COMBINATIONS

atorvastatin
ezetimibe-simvastatin
fluvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin

§ NIACINS

niacin ext-rel

§ OMEGA-3 FATTY ACIDS

omega-3 acid ethyl esters
VASCEPA

§ BETA-BLOCKERS

atenolol
carvedilol
metoprolol succinate ext-rel
metoprolol tartrate
nadolol
pindolol
propranolol
propranolol ext-rel
BYSTOLIC
COREG CR

§ CALCIUM CHANNEL BLOCKERS

amlodipine
diltiazem ext-rel²

nifedipine ext-rel
verapamil ext-rel

§ CALCIUM CHANNEL BLOCKER / ANTILIPEMIC COMBINATIONS

amlodipine-atorvastatin

§ DIGITALIS GLYCOSIDES

digoxin

DIRECT RENIN INHIBITORS / DIURETIC COMBINATIONS

TEKTURNA /
TEKTURNA HCT

§ DIURETICS

amiloride
furosemide
hydrochlorothiazide
metolazone
spironolactone-
hydrochlorothiazide
torsemide
triamterene-
hydrochlorothiazide

HEART FAILURE

BIDIL
CORLANOR
ENTRESTO (PA)

§ NITRATES

nitroglycerin lingual spray
nitroglycerin sublingual

§ MISCELLANEOUS

RANEXA

CENTRAL NERVOUS SYSTEM**§ ANTICONVULSANTS**

carbamazepine
carbamazepine ext-rel
diazepam rectal gel
divalproex sodium
divalproex sodium ext-rel
ethosuximide
gabapentin
lamotrigine
lamotrigine ext-rel
levetiracetam ext-rel
oxcarbazepine
phenobarbital
phenytoin
phenytoin sodium extended
primidone
tiagabine
topiramate
valproic acid
zonisamide
FYCOMPA
OXTELLAR XR
TROKENDI XR
VIMPAT

§ ANTIDEMENTIA

donepezil
galantamine
galantamine ext-rel
memantine
rivastigmine
rivastigmine transdermal
NAMENDA XR
NAMZARIC

ANTIDEPRESSANTS**§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)**

citalopram
escitalopram
fluoxetine
paroxetine
paroxetine ext-rel
sertraline
FLUOXETINE 60 MG
TRINTELLIX
VIIBRYD

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

desvenlafaxine ext-rel
duloxetine
venlafaxine
venlafaxine ext-rel capsule

§ MISCELLANEOUS AGENTS

bupropion
bupropion ext-rel
mirtazapine
trazodone

§ ANTIPARKINSONIAN AGENTS

amantadine
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-
entacapone
entacapone
pramipexole
ropinirole
ropinirole ext-rel
selegiline
AZILECT
MIRAPEX ER
NEUPRO

ANTIPSYCHOTICS**§ ATYPICALS**

aripiprazole
clozapine
olanzapine
quetiapine
risperidone
ziprasidone
ABILIFY MAINTENA
ARISTADA
LATUDA
RISPERDAL CONSTA

VRAYLAR**§ ATTENTION DEFICIT HYPERACTIVITY DISORDER**

amphetamine-
dextroamphetamine
mixed salts
amphetamine-
dextroamphetamine
mixed salts ext-rel
atomoxetine
guanfacine ext-rel
methylphenidate
methylphenidate ext-rel
APTENSIO XR
QUILLIVANT XR
VYVANSE

FIBROMYALGIA

LYRICA
SAVELLA

HYPNOTICS**§ NONBENZODIAZEPINES**

eszopiclone (QL)
zolpidem (QL)
zolpidem ext-rel (QL)
zolpidem sublingual
BELSOMRA

TRICYCLICS

SILENOR

MIGRAINE**§ ERGOTAMINE DERIVATIVES**

ergotamine-caffeine

§ SELECTIVE SEROTONIN AGONISTS

eletriptan (QL)
naratriptan (QL)
rizatriptan (QL)
sumatriptan (QL)
zolmitriptan (QL)
ONZETRA XSAIL (QL)
ZEMBRACE
SYMTOUCH (QL)
ZOMIG NASAL SPRAY (QL)

SELECTIVE SEROTONIN AGONIST / NONSTEROIDAL ANTI-INFLAMMATORY DRUG (NSAID) COMBINATIONS

TREXIMET (QL)

§ MUSCULOSKELETAL THERAPY AGENTS

cyclobenzaprine

§ NARCOLEPSY

armodafinil (PA)

POSTHERPETIC NEURALGIA (PHN)

GRALISE

PARTNERS
FOR HEALTH

PSYCHOTHERAPEUTIC - MISCELLANEOUS

§ OPIOID ANTAGONISTS

naloxone injection
NARCAN NASAL SPRAY

§ PARTIAL OPIOID AGONIST / OPIOID ANTAGONIST COMBINATIONS

buprenorphine-naloxone sublingual tablet (QL)
BUNAVAIL (QL)
SUBOXONE FILM (QL)
ZUBSOLV (QL)

PSEUDOBULBAR AFFECT AGENTS

NUEDEXTA

VASOMOTOR SYMPTOM AGENTS

BRISDELLE

ENDOCRINE AND METABOLIC

§ ANDROGENS

testosterone gel 2% (PA)
testosterone solution (PA)
ANDRODERM (PA)
ANDROGEL 1.62% (PA)

ANTIDIABETICS

AMYLIN ANALOGS

SYMLINPEN

§ BIGUANIDES

metformin
metformin ext-rel

§ BIGUANIDE / SULFONYLUREA COMBINATIONS

glipizide-metformin

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA
TRADJENTA

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS

JANUMET
JANUMET XR
JENTADUETO
JENTADUETO XR

INCRETIN MIMETIC AGENTS

TRULICITY
VICTOZA

INCRETIN MIMETIC AGENT / INSULIN COMBINATIONS

SOLIQUA

INSULINS

BASAGLAR
HUMALOG
HUMALOG MIX

HUMULIN 70/30
HUMULIN N
HUMULIN R
HUMULIN R U-500
LANTUS
LEVEMIR
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
TOUJEO
TRESIBA

§ INSULIN SENSITIZERS

pioglitazone

§ INSULIN SENSITIZER / BIGUANIDE COMBINATIONS

pioglitazone-metformin

§ INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS

pioglitazone-glimepiride

§ MEGLITINIDES

nateglinide
repaglinide

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA
INVOKANA
JARDIANCE

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS

INVOKAMET
INVOKAMET XR
SYNJARDY
SYNJARDY XR
XIGDUO XR

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS

GLYXAMBI
QTERN

§ SULFONYLUREAS

glimepiride
glipizide
glipizide ext-rel

SUPPLIES

BD ULTRAFINE INSULIN SYRINGES AND NEEDLES
ONETOUCH ULTRA STRIPS AND KITS³
ONETOUCH VERIO STRIPS AND KITS³

ANTIOBESITY INJECTABLE
SAXENDA (PA)

ORAL

BELVIQ (PA)
BELVIQ XR (PA)
CONTRAVE (PA)

CALCIUM REGULATORS

§ BISPSPHONATES

alendronate
ibandronate
risedronate

§ CALCITONINS

calcitonin-salmon

§ CARNITINE DEFICIENCY AGENTS

levocarnitine

CONTRACEPTIVES

§ MONOPHASIC

ethinyl estradiol-drospirenone
ethinyl estradiol-norethindrone acetate
BEYAZ
LO LOESTRIN FE
MINASTRIN 24 FE
SAFYRAL

§ TRIPHASIC

ethinyl estradiol-norgestimate

FOUR PHASE

NATAZIA

§ EXTENDED CYCLE

ethinyl estradiol-levonorgestrel

§ TRANSDERMAL

ethinyl estradiol-norelgestromin

VAGINAL

NUVARING

ESTROGENS

§ ORAL

estradiol
estropipate
PREMARIN

§ TRANSDERMAL

estradiol
DIVIGEL
EVAMIST
MINIVELLE

§ VAGINAL

estradiol
ESTRACE CREAM
PREMARIN CREAM

ESTROGEN / PROGESTINS

§ ORAL

estradiol-norethindrone
PREMPHASE
PREMPRO

TRANSDERMAL

CLIMARA PRO
COMBIPATCH

ESTROGEN / SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS

DUAVEE

§ GLUCOCORTICOIDS

dexamethasone
methylprednisolone
prednisolone solution
prednisone

GLUCOSE ELEVATING AGENTS

GLUCAGEN HYPOKIT
GLUCAGON EMERGENCY KIT

§ PHOSPHATE BINDER AGENTS

calcium acetate
PHOSLYRA
REVELA
VELPHORO

POTASSIUM-REMOVING AGENTS

VELTASSA

PROGESTINS

§ ORAL

medroxyprogesterone
megestrol acetate
progesterone, micronized

VAGINAL

CRINONE

§ SELECTIVE ESTROGEN RECEPTOR MODULATORS

raloxifene
OSPHENA

§ THYROID SUPPLEMENTS

levothyroxine
SYNTHROID

GASTROINTESTINAL

§ ANTIEMETICS

dronabinol (QL)
granisetron (QL)
meclizine
metoclopramide
ondansetron (QL)
prochlorperazine
promethazine
trimethobenzamide
DICLEGIS
SANCUSO (QL)

VARUBI (QL)

§ H₂ RECEPTOR ANTAGONISTS

ranitidine

INFLAMMATORY BOWEL DISEASE

§ ORAL AGENTS

balsalazide
budesonide capsule
sulfasalazine
sulfasalazine delayed-rel
APRISO
LIALDA
PENTASA
UCERIS

§ RECTAL AGENTS

hydrocortisone enema
mesalamine rectal suspension
CANASA
CORTIFOAM

§ IRRITABLE BOWEL SYNDROME

AMITIZA (PA)
LINZESS (PA)
LOTRONEX (PA)
VIBERZI (PA)

§ LAXATIVES

lactulose
peg 3350-electrolytes
SUPREP

OPIOID-INDUCED CONSTIPATION

MOVANTIK

PANCREATIC ENZYMES

CREON
VIOKACE
ZENPEP

§ PROTON PUMP INHIBITORS

esomeprazole
lansoprazole
omeprazole
pantoprazole
DEXILANT (ST)

§ STEROIDS, RECTAL

PROCTOFOAM-HC

§ ULCER THERAPY COMBINATIONS

PYLERA

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA

alfuzosin ext-rel
doxazosin
dutasteride
dutasteride-tamsulosin

finasteride
tamsulosin
terazosin
RAPAFLO

**ERECTILE DYSFUNCTION
ALPROSTADIL AGENTS**
MUSE (QL)

**PHOSPHODIESTERASE
INHIBITORS**
CIALIS (QL)

**§ URINARY
ANTISPASMODICS**

darifenacin ext-rel
oxybutynin
oxybutynin ext-rel
tolterodine
tolterodine ext-rel
trospium
trospium ext-rel
MYRBETRIQ
TOVIAZ
VESICARE

HEMATOLOGIC

§ ANTICOAGULANTS

warfarin
ELIQUIS
XARELTO

**§ PLATELET AGGREGATION
INHIBITORS**

clopidogrel
dipyridamole ext-rel-aspirin
prasugrel
BRILINTA

IMMUNOLOGIC AGENTS

ALLERGENIC EXTRACTS

GRASTEK (PA)
RAGWITEK (PA)

IMMUNOSUPPRESSANTS

§ ANTIMETABOLITES
AZASAN

NUTRITIONAL / SUPPLEMENTS

§ ELECTROLYTES

potassium chloride liquid

VITAMINS AND MINERALS

§ PRENATAL VITAMINS
prenatal vitamins
CITRANATAL

RESPIRATORY

**§ ANAPHYLAXIS
TREATMENT AGENTS**

epinephrine auto-injector
EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS

ipratropium inhalation
solution
INCRUSE ELLIPTA
SPIRIVA

**ANTICHOLINERGIC / BETA
AGONIST COMBINATIONS**

§ SHORT ACTING
ipratropium-albuterol
inhalation solution
COMBIVENT RESPIMAT

LONG ACTING

ANORO ELLIPTA
BEVESPI AEROSPHERE
STIOLTO CARE

**BETA AGONISTS,
INHALANTS**

§ SHORT ACTING
albuterol inhalation solution
levolbuterol tartrate CFC-free
aerosol
PROAIR HFA
PROAIR RESPICLICK

LONG ACTING

Hand-held Active Inhalation
SEREVENT
STRIVERDI RESPIMAT

Nebulized Passive Inhalation
PERFORMIST

**§ LEUKOTRIENE
MODULATORS**

montelukast
zafirlukast
zileuton ext-rel

§ NASAL ANTIHISTAMINES

azelastine
olopatadine

**§ NASAL STEROIDS /
COMBINATIONS**

flunisolide
fluticasone
mometasone
triamcinolone
DYMISTA

**PHOSPHODIESTERASE-4
INHIBITORS**

DALIRESP

**STEROID / BETA AGONIST
COMBINATIONS**

ADVAIR
BREQ ELLIPTA
DULERA
SYMBICORT

§ STEROID INHALANTS

budesonide inhalation
suspension
ARNUITY ELLIPTA
ASMANEX
FLOVENT DISKUS
FLOVENT HFA
PULMICORT FLEXHALER
QVAR

TOPICAL

DERMATOLOGY

§ ACNE

adapalene (PA2)
benzoyl peroxide
clindamycin solution
clindamycin-benzoyl
peroxide
erythromycin solution
erythromycin-benzoyl
peroxide

tretinoin (PA2)
ACANYA
ATRALIN (PA2)
BENZACLIN
DIFFERIN (PA2)
EPIDUO
RETIN-A MICRO (PA2)
TAZORAC (PA)

§ ACTINIC KERATOSIS

fluorouracil cream 5%
fluorouracil solution
imiquimod
PICATO
ZYCLARA

§ ANTIFUNGALS

ciclopirox
clotrimazole
econazole
ketoconazole
nystatin
JUBLIA (PA)
LUZU
NAFTIN

§ ANTIPSORIATICS

acitretin
calcipotriene
methoxsalen
ENSTILAR
TACLONEX SUSPENSION

§ ATOPIC DERMATITIS

tacrolimus (ST)
ELIDEL (ST)

CORTICOSTEROIDS

§ Low Potency

desonide
hydrocortisone

§ Medium Potency

clocortolone
hydrocortisone butyrate
mometasone
triamcinolone

§ High Potency

desoximetasone
fluocinonide

§ Very High Potency

clobetasol cream, foam, gel,
lotion, ointment, shampoo

§ ROSACEA

metronidazole
FINACEA
ORACEA
SOOLANTRA

**MOUTH / THROAT /
DENTAL AGENTS**

PROTECTANTS
EPISIL

OPHTHALMIC

§ ANTIALLERGICS

azelastine
cromolyn sodium
olopatadine
LASTACAPT
PAZEO

§ ANTI-INFECTIVES

ciprofloxacin
erythromycin
gentamicin
levofloxacin
moxifloxacin
ofloxacin
sulfacetamide
tobramycin
BESIVANCE
CILOXAN OINTMENT
MOXEZA

**§ ANTI-INFECTIVE /
ANTI-INFLAMMATORY
COMBINATIONS**

neomycin-polymyxin B-
bacitracin-hydrocortisone
neomycin-polymyxin B-
dexamethasone
tobramycin-dexamethasone
TOBRADEX OINTMENT
TOBRADEX ST
ZYLET

ANTI-INFLAMMATORIES

§ Nonsteroidal

bromfenac
diclofenac
ketorolac
ACUVAIL
ILEVRO
NEVANAC

§ Steroidal

dexamethasone
prednisolone acetate 1%
DUREZOL
FLAREX
FML FORTE
FML S.O.P.
MAXIDEX
PRED MILD

BETA-BLOCKERS

§ Nonselective

timolol maleate solution
BETIMOL

Selective

BETOPTIC S

**§ CARBONIC ANHYDRASE
INHIBITORS**

dorzolamide
AZOPT

**§ CARBONIC ANHYDRASE
INHIBITOR / BETA-
BLOCKER COMBINATIONS**

dorzolamide-timolol

**CARBONIC ANHYDRASE
INHIBITOR /
SYMPATHOMIMETIC
COMBINATIONS**

SIMBRINZA

DRY EYE DISEASE

RESTASIS
XIIDRA

§ PROSTAGLANDINS

latanoprost
LUMIGAN
TRAVATAN Z

§ SYMPATHOMIMETICS

brimonidine
ALPHAGAN P

**SYMPATHOMIMETIC / BETA-
BLOCKER COMBINATIONS**

COMBIGAN

OTIC

**§ ANTI-INFECTIVE /
ANTI-INFLAMMATORY
COMBINATIONS**

CIPRODEX

QUICK REFERENCE DRUG LIST

A

ABILIFY MAINTENA
 ACANYA
acitretin
 ACUVAIL
acyclovir
adapalene (PA2)
 ADVAIR
albuterol inhalation solution
alendronate
alfuzosin ext-rel
 ALKERAN
allopurinol
 ALPHAGAN P
amantadine
amiloride
 AMITIZA (PA)
amlodipine
amlodipine-atorvastatin
amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan
amlodipine-valsartan-hydrochlorothiazide
amoxicillin
amoxicillin-clavulanate
amphetamine-dextroamphetamine mixed salts
amphetamine-dextroamphetamine mixed salts ext-rel
 ANDRODERM (PA)
 ANDROGEL 1.62% (PA)
 ANORO ELLIPTA
 APRISO
 APTENSIO XR
aripiprazole
 ARISTADA
armodafinil (PA)
 ARNUITY ELLIPTA
 ASMANEX
atenolol
atomoxetine
atorvastatin
 ATRALIN (PA2)
 AZASAN
azelastine
 AZILECT
azithromycin
 AZOPT

B

balsalazide
 BASAGLAR
 BD ULTRAFINE INSULIN SYRINGES AND NEEDLES
 BELBUCA (QL)
 BELSOMRA
 BELVIQ (PA)
 BELVIQ XR (PA)
 BENZACLIN
benzoyl peroxide
 BESIVANCE

BETIMOL
 BETOPTIC S
 BEVESPI AEROSPHERE
 BEYAZ
bicalutamide
 BIDIL
 BREO ELLIPTA
 BRILINTA
brimonidine
 BRISDELLE
bromfenac
budesonide capsule
budesonide inhalation suspension
 BUNAVAIL (QL)
buprenorphine-naloxone sublingual tablet (QL)
bupropion
bupropion ext-rel
 BUTRANS (QL)
 BYSTOLIC

C

calcipotriene
calcitonin-salmon
calcium acetate
 CANASA
candesartan
candesartan-hydrochlorothiazide
carbamazepine
carbamazepine ext-rel
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-entacapone
carvedilol
cefdinir
cefprozil
cefuroxime axetil
celecoxib
cephalexin
cholestyramine
 CIALIS (QL)
ciclopirox
 CILOXAN OINTMENT
 CIPRODEX
ciprofloxacin
ciprofloxacin ext-rel
citalopram
 CITRANATAL
clarithromycin
clarithromycin ext-rel
 CLIMARA PRO
clindamycin
clindamycin solution
clindamycin-benzoyl peroxide
clobetasol cream, foam, gel, lotion, ointment, shampoo
clocortolone
clopidogrel
clotrimazole
clozapine
codeine-acetaminophen (QL)

colchicine tablet
 COLCRYS
 COMBIGAN
 COMBIPATCH
 COMBIVENT RESPIMAT
 CONTRAVE (PA)
 COREG CR
 CORLANOR
 CORTIFOAM
 CREON
 CRINONE
cromolyn sodium
cyclobenzaprine
 CYCLOPHOSPHAMIDE CAPSULE

D

DALIRESP
darifenacin ext-rel
desonide
desoximetasone
desvenlafaxine ext-rel
dexamethasone
 DEXILANT (ST)
diazepam rectal gel
 DICLEGIS
diclofenac
diclofenac sodium
diclofenac sodium solution
diclofenac sodium-misoprostol
dicloxacillin
 DIFFERIN (PA2)
 DIFICID
digoxin
diltiazem ext-rel ²
dipyridamole ext-rel-aspirin
divalproex sodium
divalproex sodium ext-rel
 DIVIGEL
donepezil
dorzolamide
dorzolamide-timolol
doxazosin
doxycycline hyclate
dronabinol (QL)
 DUAVEE
 DULERA
duloxetine
 DUREZOL
dutasteride
dutasteride-tamsulosin
 DYMISTA

E

econazole
eletriptan (QL)
 ELIDEL (ST)
 ELIQUIS
 EMVERM
 ENSTILAR
entacapone
 ENTRESTO (PA)
 EPIDUO
epinephrine auto-injector

EPIPEN
 EPIPEN JR
 EPISIL
eprosartan
ergotamine-caffeine
erythromycin
erythromycin solution
erythromycin-benzoyl peroxide
erythromycins
escitalopram
esomeprazole
 ESTRACE CREAM
estradiol
estradiol-norethindrone
estropipate
eszopiclone (QL)
ethinyl estradiol-drospirenone
ethinyl estradiol-levonorgestrel
ethinyl estradiol-norelgestromin
ethinyl estradiol-norethindrone acetate
ethinyl estradiol-norgestimate
ethosuximide
 EVAMIST
ezetimibe
ezetimibe-simvastatin

F

FARXIGA
fenofibrate
fenofibric acid
fentanyl transdermal (QL)
fentanyl transmucosal lozenge (PA)
 FENTORA (PA)
 FINACEA
finasteride
 FLAREX
 FLOVENT DISKUS
 FLOVENT HFA
fluconazole
flunisolide
fluocinonide
fluorouracil cream 5%
fluorouracil solution
fluoxetine
 FLUOXETINE 60 MG
fluticasone
fluvastatin
 FML FORTE
 FML S.O.P.
fosinopril
fosinopril-hydrochlorothiazide
furosemide
 FYCOMPA

G

gabapentin
galantamine
galantamine ext-rel
gentamicin

glimperide
glipizide
glipizide ext-rel
glipizide-metformin
 GLUCAGEN HYPOKIT
 GLUCAGON EMERGENCY KIT
 GLYXAMBI
 GRALISE
granisetron (QL)
 GRASTEK (PA)
guanfacine ext-rel

H

HEXALEN
 HUMALOG
 HUMALOG MIX
 HUMULIN 70/30
 HUMULIN N
 HUMULIN R
 HUMULIN R U-500
hydrochlorothiazide
hydrocodone-acetaminophen (QL)
hydrocortisone
hydrocortisone butyrate
hydrocortisone enema
hydromorphone (QL)
hydromorphone ext-rel (QL)
 HYSINGLA ER (QL)

I

ibandronate
 ILEVRO
imiquimod
 INCRUSE ELLIPTA
 INVOKAMET
 INVOKAMET XR
 INVOKANA
ipratropium inhalation solution
ipratropium-albuterol inhalation solution
irbesartan
irbesartan-hydrochlorothiazide
itraconazole (PA)
ivermectin

J

JANUMET
 JANUMET XR
 JANUVIA
 JARDIANCE
 JENTADUETO
 JENTADUETO XR
 JUBLIA (PA)

K

ketconazole
ketorolac

L

lactulose
 lamotrigine
 lamotrigine ext-rel
 lansoprazole
 LANTUS
 LASTACRAFT
 latanoprost
 LATUDA
 LEUKERAN
 levalbuterol tartrate CFC-free
 aerosol
 LEVEMIR
 levetiracetam
 levetiracetam ext-rel
 levocarnitine
 levofloxacin
 levothyroxine
 LIALDA
 LINZESS (PA)
 lisinopril
 lisinopril-hydrochlorothiazide
 LO LOESTRIN FE
 losartan
 losartan-hydrochlorothiazide
 LOTRONEX (PA)
 lovastatin
 LUMIGAN
 LUZU
 LYRICA
 LYSODREN

M

MATULANE
 MAXIDEX
 meclizine
 medroxyprogesterone
 megestrol acetate
 meloxicam
 memantine
 mesalamine rectal
 suspension
 metformin
 metformin ext-rel
 methadone (QL)
 methoxsalen
 methylphenidate
 methylphenidate ext-rel
 methylprednisolone
 metoclopramide
 metolazone
 metoprolol succinate ext-rel
 metoprolol tartrate
 metronidazole
 MINASTRIN 24 FE
 MINIVELLE
 minocycline
 MIRAPEX ER
 mirtazapine
 mometasone
 montelukast
 morphine (QL)
 morphine ext-rel (QL)
 morphine suppository
 MOVANTI-K
 MOXEZA
 moxifloxacin
 MULTAQ

MUSE (QL)
 MYLERAN
 MYRBETRIQ

N

nadolol
 NAFTIN
 naloxone injection
 NAMENDA XR
 NAMZARIC
 naproxen
 naratriptan (QL)
 NARCAN NASAL SPRAY
 NATAZIA
 nateglinide
 neomycin-polymyxin B-
 bacitracin-hydrocortisone
 neomycin-polymyxin B-
 dexamethasone
 NEUPRO
 NEVANAC
 niacin ext-rel
 nifedipine ext-rel
 nitrofurantoin
 nitroglycerin lingual spray
 nitroglycerin sublingual
 NOVOLIN 70/30
 NOVOLIN N
 NOVOLIN R
 NOVOLOG
 NOVOLOG MIX 70/30
 NUCYNТА (QL)
 NUCYNТА ER (QL)
 NUEDEXTA
 NUVARING
 nystatin

O

ofloxacin
 olanzapine
 olmesartan
 olmesartan-amlodipine-
 hydrochlorothiazide
 olmesartan-
 hydrochlorothiazide
 olopatadine
 omega-3 acid ethyl esters
 omeprazole
 ondansetron (QL)
 ONETOUCH ULTRA
 STRIPS AND KITS ³
 ONETOUCH VERIO STRIPS
 AND KITS ³
 ONZETRA XSAIL (QL)
 ORACEA
 OSPHENA
 oxcarbazepine
 OXTELLAR XR
 oxybutynin
 oxybutynin ext-rel
 oxycodone (QL)
 oxycodone-
 acetaminophen (QL)
 OXYCONTIN (QL)

P

pantoprazole
 paroxetine
 paroxetine ext-rel
 PAZEO
 peg 3350-electrolytes
 penicillin VK
 PENTASA
 PERFORMIST
 phenobarbital
 phenytoin
 phenytoin sodium extended
 PHOSLYRA
 PICATO
 pindolol
 pioglitazone
 pioglitazone-glimepiride
 pioglitazone-metformin
 potassium chloride liquid
 pramipexole
 prasugrel
 pravastatin
 PRED MILD
 prednisolone acetate 1%
 prednisolone solution
 prednisone
 PREMARIN
 PREMARIN CREAM
 PREMPHASE
 PREMPRO
 prenatal vitamins
 primidone
 PROAIR HFA
 PROAIR RESPICLIK
 probenecid
 prochlorperazine
 PROCTOFOAM-HC
 progesterone, micronized
 promethazine
 propranolol
 propranolol ext-rel
 PULMICORT FLEXHALER
 PYLERA

Q

QTERN
 quetiapine
 QUILLIVANT XR
 quinapril
 quinapril-hydrochlorothiazide
 QVAR

R

RAGWITEK (PA)
 raloxifene
 ramipril
 RANEXA
 ranitidine
 RAPAFLO
 RELENZA (QL)
 RENVELA
 repaglinide
 RESTASIS
 RETIN-A MICRO (PA2)
 risedronate
 RISPERDAL CONSTA

risperidone
 rivastigmine
 rivastigmine transdermal
 rizatriptan (QL)
 ropinirole
 ropinirole ext-rel
 rosuvastatin

S

SAFYRAL
 SANCUSO (QL)
 SAVELLA
 SAXENDA (PA)
 selegiline
 SEREVENT
 sertraline
 SILENOR
 SIMBRINZA
 simvastatin
 SIVEXTRO
 SOLIQUA
 SOOLANTRA
 sotalol
 SPIRIVA
 spirinolactone-
 hydrochlorothiazide
 STIOLTO RESPIMAT
 STRIVERDI RESPIMAT
 SUBOXONE FILM (QL)
 SUBSYS (PA)
 sulfacetamide
 sulfamethoxazole-
 trimethoprim
 sulfasalazine
 sulfasalazine delayed-rel
 sumatriptan (QL)
 SUPRAX
 SUPREP
 SYMBICORT
 SYMLINPEN
 SYNJARDY
 SYNJARDY XR
 SYNTHROID

T

TABLOID
 TACLONEX SUSPENSION
 tacrolimus (ST)
 TAMIFLU (QL)
 tamsulosin
 TAZORAC (PA)
 TEKTRUNA
 TEKTRUNA HCT
 telmisartan
 telmisartan-
 hydrochlorothiazide
 terazosin
 terbinafine tablet (PA)
 testosterone gel 2% (PA)
 testosterone solution (PA)
 tetracycline
 tiagabine
 timolol maleate solution
 TOBRADEX OINTMENT
 TOBRADEX ST
 tobramycin
 tobramycin-dexamethasone
 tolterodine

tolterodine ext-rel
 topiramate
 torsemide
 TOUJEO
 TOVIAZ
 TRADJENTA
 tramadol (QL)
 tramadol ext-rel (QL)
 TRAVATAN Z
 trazodone
 TRESIBA
 tretinoin (PA2)
 TREXIMET (QL)
 triamcinolone
 triamterene-
 hydrochlorothiazide
 trimethobenzamide
 TRINTELLIX
 TROKENDI XR
 trospium
 trospium ext-rel
 TRULICITY

U

UCERIS
 ULORIC

V

valacyclovir
 valganciclovir
 valproic acid
 valsartan
 valsartan-hydrochlorothiazide
 VARUBI (QL)
 VASCEPA
 VELPHORO
 VELTASSA
 venlafaxine
 venlafaxine ext-rel capsule
 verapamil ext-rel
 VESICARE
 VIBERZI (PA)
 VICTOZA
 VIIBRYD
 VIMPAT
 VIOKACE
 VISTOGARD
 VOLTAREN GEL
 VRAYLAR
 VYVANSE

W

warfarin
 WELCHOL

X

XARELTO
 XIFAXAN 550 MG
 XIGDUO XR
 XIIDRA

Z

zafirlukast
 ZEMBRACE
 SYMTOUCH (QL)
 ZENPEP
 zileuton ext-rel
 ziprasidone

zolmitriptan (QL)
zolpidem (QL)

zolpidem ext-rel (QL)
zolpidem sublingual

ZOMIG NASAL SPRAY (QL)
zonisamide

ZUBSOLV (QL)
ZYCLARA

ZYLET

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. This drug list is a list of preferred drugs for your prescription benefit. It is not all-inclusive and does not guarantee coverage. In most instances, a brand-name drug for which a generic product becomes available will be designated as a non-preferred option upon release of the generic product to the market. This list represents brand products in CAPS and generic products in lowercase *italics*. Not all covered generics are listed. Those listed are examples of what may be prescribed. Unless specifically indicated, drug list products will include all dosage forms. Listed products may be available generically in certain strengths or dosage forms. Dosage forms on this list will be consistent with the category and use where listed. Log in to www.caremark.com to check coverage and copay¹ information for a specific medicine.

§ Generics are available in this class and should be considered the first line of prescribing.

¹ Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

² Listing does not include generic CARDIZEM LA.

³ A ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ONETOUCH.
For more information on how to obtain a free blood glucose meter, call: 1-800-588-4456.

(PA) Prior Authorization required.

(PA2) Prior Authorization required for 36 years of age and older.

(QL) Quantity Limits apply.

(ST) Step Therapy required.

Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

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www.caremark.com

For specific information, visit www.caremark.com or contact a CVS Caremark Customer Care representative at 1-877-522-TNRX (8679).

**PARTNERS
FOR HEALTH**

December 18, 2017



RE: Cigna ID card Error through the Tennessee Group Insurance Program –
New Benefits Information Effective 1/1/2018

Dear Cigna State of Tennessee Group Insurance Program Member

Recently you may have received two sets of your Cigna medical ID cards in the mail. Please dispose of the ID card that reflects your 2017 plan information, we sent this card out in error. You only need to keep the ID card that reflects your 2018 benefit plan selection. The only difference between the cards is the name of the plan for which you enrolled.

We are very sorry for this error, and any confusion it has caused you. We assure you your 2018 plan information is correct in our system. Please call Cigna toll free at 1.800.997.1617 for assistance in determining your correct 2018 ID card.

Please note, you can always obtain and or view your card on myCigna.com or by using the myCigna Mobile App.

How to request and or get a temporary Cigna ID card

Here are two simple ways:

1. Go to myCigna.com to print a temporary card.
2. Use the myCigna Mobile App to show the card on your smartphone.

Questions or concerns?

We're happy to help. Please call us at the dedicated customer service number on the back of your Cigna ID card 1.800.997.1617. Customer Service Advocates are available 24/7.

Sincerely,

Cigna Healthcare

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Department of the Treasury
Internal Revenue Service
Group 2219
7300 Turfway Road, Suite 410
Florence, KY 41042

Tax year:

Letter date:

Employer ID number:

Contact name:

Contact ID number:

Contact telephone number:

Contact e-fax number:

Response date:

Dear

We have made a preliminary calculation of the Employer Shared Responsibility Payment (ESRP) that you owe.

Proposed ESRP \$ [XXXXXX]

Our records show that you filed one or more Forms 1095-C, Employer-Provided Health Insurance Offer and Coverage, and one or more Forms 1094-C, Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns, with the IRS. Our records also show that for one or more months of the year at least one of the full-time employees you identified on Form 1095-C was allowed the premium tax credit (PTC) on his or her individual income tax return filed with the IRS. Based on this information, we are proposing that you owe an ESRP for one or more months of the year.

You generally owe an ESRP for a month if either:

- You did not offer minimum essential coverage (MEC) to at least []% of your full-time employees (and their dependents) and at least one of your full-time employees was certified as being allowed the PTC; or

Letter 226J (10-2017)
Catalog Number 67905G

- You offered MEC to at least [] % of your full-time employees (and their dependents), but at least one of your full-time employees was certified as being allowed the PTC (because the coverage was unaffordable or did not provide minimum value, or the full-time employee was not offered coverage).

This letter certifies, under Section 1411 of the Affordable Care Act, that for at least one month in the year, one or more of your full-time employees was enrolled in a qualified health plan for which a PTC was allowed. Based on this certification and information contained in our records, we are proposing that you owe an ESRP of \$[].

What you must do

Review this letter carefully. It explains the proposed ESRP and what you should do if you agree or disagree with this proposal. You must tell us whether you agree or disagree with the proposed ESRP by the Response date on the first page of this letter.

The following items are included:

- An explanation of the employer shared responsibility provisions in Internal Revenue Code (IRC) Section 4980H, which are the basis for the ESRP. See **About the ESRP**;
- An **ESRP Summary Table** itemizing your proposed ESRP by month;
- An **Explanation of the ESRP Summary Table**;
- Form 14764, **ESRP Response**; and
- Form 14765, **Employee Premium Tax Credit (PTC) Listing (Employee PTC Listing)**

It will be useful to have the Form(s) 1094-C and 1095-C that you filed with the IRS for the tax year shown on the first page of this letter available when you review this letter.

If you agree with the proposed ESRP

- Complete, sign, and date the enclosed Form 14764, ESRP Response, and return it to us by the Response date on the first page of this letter.
- Include your payment of \$[XXXXXX]. If you're enrolled in the Electronic Federal Tax Payment System (EFTPS), you can pay electronically instead of by check or money order.
- If you don't pay the entire agreed-upon ESRP, you will receive a Notice and Demand (your "bill") for the balance due. For additional payment options, refer to Publication 594, The IRS Collection Process, or call the telephone number on your bill. We will begin the collection process if you do not make payment in full and on time after you receive your bill.

If you disagree with the proposed ESRP

- Complete, sign, and date the enclosed Form 14764, ESRP Response, and send it to us so we receive it by the Response date on the first page of this letter.
 - Include a signed statement explaining why you disagree with part or all of the proposed ESRP. You may include documentation supporting your statement.
 - Make sure your statement describes changes, if any, you want to make to the information reported on your Form(s) 1094-C or Forms 1095-C. Do not file a corrected Form 1094-C with the IRS to report any changes you want to make to your Form 1094-C filed for the tax year shown on the first page of this letter.

- Make changes, if any, on the **Employee PTC Listing** using the indicator codes in the Instructions for Forms 1094-C and 1095-C for the tax year shown on the first page of this letter. Do not file corrected Forms 1095-C with the IRS to report requested changes to the Employee PTC Listing; and
- Include your revised Employee PTC Listing, if necessary, and any additional documentation supporting your changes with your Form 14764, ESRP Response, and signed statement.

About the Form 14765, Employee PTC Listing

The Employee PTC Listing shows the name and truncated social security number of each full-time employee for whom you filed a Form 1095-C if:

- The employee was allowed a PTC on his or her individual income tax return for one or more months of the tax year shown on the first page of this letter; and
- You did not report an affordability safe harbor or other relief from the ESRP on the employee's Form 1095-C for one or more of the months the employee was allowed a PTC.

These employees are referred to as assessable full-time employees.

Each monthly box on the Employee PTC Listing has two rows. The first row reflects the codes, if any, that were entered on line 14 and line 16 of the employee's Form 1095-C for each month. For each employee, if the month is **not highlighted**, the employee is an assessable full-time employee for that month. If the month is highlighted, the employee is not an assessable full-time employee for that month.

Employees who are not considered assessable full-time employees **for all twelve** months of the year (either because the employee was not allowed a PTC for any month in the calendar year or a safe harbor or other provision providing relief was reported on Form 1095-C for each month the employee was allowed a PTC) are not included on the Employee PTC Listing.

Specific instructions for making changes to the Employee PTC Listing

- If the information reported on an assessable full-time employee's Form 1095-C was inaccurate or incomplete, you may make changes to the Employee PTC Listing using the applicable indicator codes for lines 14 and 16 that are described in the Instructions for Forms 1094-C and 1095-C. Make any changes, for each employee, as necessary, by entering new codes on the 2nd row of each monthly box.
- When making changes, first enter the indicator code for line 14 and then enter the indicator code for line 16. Separate the two codes with a slash (e.g., 1H/2A).
- If the same indicator code applies for all 12 months of the calendar year, enter that code in the "All 12 Months" column, and do not make entries for any of the months.
- If you are providing additional information about the changes for an employee, enter a check in the column titled "Additional Information Attached." Otherwise, leave this column blank.

NOTE: If more than one indicator code could apply for a month, enter only one code for that month on the Employee PTC Listing. Note any additional indicator codes that could apply for the affected employee in your signed statement. Include the employee's name, the applicable months and the additional indicator codes for each month.

We will review what you submit and will contact you.

Please ensure the signed statement and all documents submitted include the tax year and your employer ID number in the top right corner.

If we don't hear from you

If you don't respond by the Response date on the first page of this letter, we will send you a Notice and Demand for the ESRP that we proposed and assessed. The ESRP will be subject to IRS lien and levy enforcement actions. Interest will accrue from the date of the Notice and Demand and continue until you pay the total ESRP balance due.

About the ESRP

The ESRP rules only apply to an employer that is an applicable large employer (ALE). In general, an employer is an ALE for a year if it had an average of 50 or more full-time employees (including full-time equivalent employees) during the preceding calendar year.

The ESRP applies and is calculated on a monthly basis. Each month is a taxable period. An ALE may be liable for an ESRP for any month under either IRC Section 4980H (a) or (b) if it:

- **Did not offer** MEC to at least []% of its full-time employees (and their dependents) and at least one full-time employee was allowed the PTC (**IRC Section 4980H(a)**); or
- **Did offer** MEC to at least [] % of its full-time employees (and their dependents), and at least one full-time employee was allowed the PTC (because the coverage was unaffordable or did not provide minimum value, or the full-time employee was not offered coverage) (**IRC Section 4980H(b)**).

The ESRP is not deductible for income tax purposes.

Our authority for proposing the ESRP is IRC Section 4980H. For more information about IRC Section 4980H, including definitions of key terms, such as full-time employee, how to determine ALE status and whether the ALE has made an offer of coverage visit the ACA Information Center for Applicable Large Employers (ALEs) at www.irs.gov, keyword "ALEs." In addition, for information about completing Forms 1094-C and 1095-C and available transition relief, see the Instructions for Forms 1094-C and 1095-C for the tax year shown at the top of the page. You can find prior year Instructions at www.irs.gov (at the top of the screen select "Forms and Pubs," under the "Browse" heading choose "List of Prior Year Forms & Pubs" and in the "Find" box enter "1094-C" or "1095-C").

ESRP Summary Table

	Information Reported to IRS						
Month	a. Form 1094-C, Part III, Col (a) Minimum essential coverage offer indicator offered to at least [70% or 95%]	b. Form 1094-C, Part III, Col (b) Full-time employee count for ALE member	c. Allocated reduction of full-time employee count for IRC Section 4980H(a)	d. Count of assessable full-time employees with a PTC for IRC Section 4980H(a)	e. Count of assessable full-time employees with a PTC for IRC Section 4980H(b)	f. Applicable IRC Section 4980H provision	g. Monthly ESRP amount
Jan	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
Feb	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
March	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
Apr	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
May	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
June	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
July	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
Aug	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
Sep	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
Oct	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
Nov	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
Dec	[Yes/No]	[xxx]	[xx]	[x]	[x]	[4980H(a)/4980H(b)]	[\$xx,xxx]
						Total Proposed ESRP	[\$xxx,xxx]

Explanation of the ESRP Summary Table

The ESRP summary table includes the following information.

Column (a). Form 1094-C, Part III, Col (a), Minimum essential coverage offer indicator (offered to at least []%)

This column shows the information you reported on the Form 1094-C, Part III, Column (a) filed with the IRS about whether you offered MEC to at least [] % of your full-time employees and their dependents. If there was no entry on Form 1094-C, Part III, Column (a) for one or more months, each missing entry is shown as “No” in column (a).

Column (b). Form 1094-C, Part III, Col (b), Full-time employee count for ALE member

This column shows the information you reported on the Form 1094-C, Part III, Column (b) filed with the IRS reporting the number of your full-time employees. However, if you did not report the number of full-time employees for any month of the year, the full-time employee count in column (b) will reflect the number you reported on Form 1094-C, Part II, line 20, “Total number of Forms 1095-C filed by and/or on behalf of ALE Member.” If you reported the number of full-time employees for some, but not all months of the year, the full-time employee count in column (b) for each month for which you did not report will reflect the greatest number of full-time employees you reported for any one month of the year.

Column (c). Allocated reduction of full-time employee count for IRC Section 4980H(a)

This column shows the number by which the full-time employee count in column (b) is reduced when computing an ESRP under IRC Section 4980H(a). In general, under IRC Section 4980H(a), an ALE’s number of full-time employees is reduced by its allocable share of 30. If the ALE is not part of an Aggregated ALE Group, the ALE’s allocable share is 30. If the ALE is a member of an Aggregated ALE Group, the ALE’s allocable share is based upon the number of ALE members reported in Part IV of Form 1094-C. For the 2015 year only, transition relief increased 30 to 80 for an employer that certified on Form 1094-C, Line 22 and entered B on Form 1094-C, Part III, Column (e), reporting that it met the criteria for the transition relief. Even if “yes” is entered in column (a) (meaning no ESRP under IRC Section 4980H(a) applies for the month), this column (c) will be filled in because the amount of a potential ESRP under IRC Section 4980H(a) for a month caps the amount of an ESRP under IRC Section 4980H(b) for a month.

Column (d). Count of assessable full-time employees with a PTC for IRC Section 4980H(a)

The number shown for each month is the number of your full-time employees who were allowed a PTC on their individual income tax returns and for whom no provision providing relief is applicable under IRC Section 4980H(a). These employees are listed on the Employee PTC Listing and are referred to as assessable full-time employees. You are subject to an ESRP for any month that IRC Section 4980H(a) applies to you, if there is at least one assessable full-time employee for that month.

Column (e). Count of assessable full-time employees with a PTC for IRC Section 4980H(b)

The number shown for each month is the number of your full-time employees who were allowed a PTC and for whom no safe harbor or other provision providing relief is applicable under IRC Section 4980H(b). These employees are listed on the Employee PTC Listing and are referred to as assessable full-time employees. You are subject to an ESRP for these employees for any month that IRC Section 4980H(b) applies to you, if there is at least one assessable full-time employee for that month.

Column (f). Applicable IRC Section 4980H provision

This column shows whether the ESRP, if any, has been computed under IRC Section 4980H(a) or (b).

Column (g). Monthly ESRP amount

This column shows the proposed ESRP amount per month, if any. Each month is a separate taxable period. The total proposed ESRP amount for the year is shown at the bottom. For more information, see “Calculation of your ESRP” below.

Calculation of your ESRP

Note: References to all columns relate to the ESRP Summary Table above.

We computed your ESRP amount on a month-by-month basis as shown in column (g). For any month, an employer may owe no ESRP or an ESRP under either IRC Section 4980H(a) or 4980H(b) as described below, but not both. (See column (f) for the ESRP provision, if any, that applies to you for each month.)

IRC Section 4980H(a) applies for a month when column (a) Minimum essential coverage offer indicator (offered to at least [70% or 95%]) is marked “No” and column (d) Count of assessable full-time employees with a PTC for IRC Section 4980H(a) is at least one for that same month. An IRC Section 4980H(a) ESRP is computed by taking the number in column (b), IRC Section 4980H full-time employee count for ALE member, subtracting the number in column (c), Allocated reduction of full-time employee count for IRC Section 4980H(a), and multiplying the resulting number by [\$2,080/12 or \$173.33] to arrive at the monthly ESRP amount.

IRC Section 4980H(b) applies for a month when column (a) Minimum essential coverage indicator (offered to at least [70% or 95%]) is marked “Yes” and column (e) Count of assessable full-time employees with a PTC for IRC Section 4980H(b) is at least one for that same month. An IRC Section 4980H(b) ESRP is computed by taking the number in column (e), Count of assessable full-time employees with a PTC for 4980H(b), and multiplying that number by [\$3,120/12 or \$260.00] to arrive at the monthly ESRP amount.

Note: The ESRP amount under IRC Section 4980H(b) in column (g) cannot be more than the amount that would have been proposed under IRC Section 4980H(a) had it applied to you for that same month. If you are a member of an Aggregated ALE Group and are subject to an ESRP under IRC Section 4980H(a) or are subject to an ESRP under IRC Section 4980H(b) that may be limited by IRC Section 4980H(a) cap, please contact the person identified on the first page of this letter to ensure the allocation has been correctly computed.

Additional information

- For more information about this letter, visit www.irs.gov/ltr226J.
- For information about the ESRP and the PTC, visit www.irs.gov/aca.
- For information about the collection process visit www.irs.gov/Publication 594
- For tax forms, instructions and publications, visit www.irs.gov/forms-pubs or call 800-TAX-FORM (800-829-3676).
- Keep this letter for your records.

If you need assistance, please don't hesitate to contact us.

Sincerely,

Enclosures:
Publication 1
Notice 609
Form 14764
Form 14765
Envelope