



# The State of New Mexico Group Benefits Prescription Plan Plan Year: January–December 2020



# About Express Scripts

- Express Scripts is the State of New Mexico's chosen partner for administering your prescription plan
- We are a leading pharmacy benefit manager that puts medicine in reach for tens of millions of people
- As an Express Scripts member, you have access to:
  - 60k+ retail pharmacies located across the United States
  - Convenient home delivery services
  - Express-Scripts.com and our mobile app for ordering and managing your prescriptions
  - Accredo specialty pharmacy for medications that treat complex and chronic health conditions
  - Specialized pharmacists, nurses and other clinicians in 20+ condition-specific Therapeutic Resource Centers



# Express Scripts Formulary

Your plan covers a broad range of medications that fall into three categories:

**First tier:**  
Generic drugs

**Second tier:**  
preferred brand-name drugs  
(lower cost)

**Third tier:**  
Non-preferred brand-name drugs  
(higher cost than First and Second tier)

**Excluded:** drugs that are not covered under your benefit



## 2019 Express Scripts National Preferred Formulary

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

**PLEASE NOTE:** Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your prescription plan. For specific questions about your coverage, please call the phone number printed on your member ID card.

<b>KEY</b> [INJ] - Injectable Drug Brand-name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters.	<b>A</b> ABILIFY MAINTENA [INJ] ABSORICA acetaminophen/codeine ACTEMRA [INJ] acyclovir ADEMPAS ADVAIR HFA ADTYLA [INJ] AMVIGLI [INJ] AJOVY [INJ] AMYZE O albuterol nebulization solution aleclronate allosurton ALPHAGAN P 0.1% alprazolam ALREX amiesone AMITIZA amitriptyline amiodipine amlodipine/benzapril amlodipine/valsartan amoxicillin amoxicillin/potassium clavulanate anastrozole ANDROX-EM ANORO ELLIPTA APRISO ARALAST NP [INJ] ARCAPTA NEOHALER ARKAYCE aripiprazole ARISTADA [INJ] ARMONAIR RESPICLICK ARNTITY ELLIPTA ARVIA ASMANEX HFA ASMANEX TWISTHALER atenolol atenolol/chlorothalidone atomoxetine atorvastatin AUSTEDO AVINEX [INJ] AZASITE azelastine nasal spray azithromycin	<b>B</b> baclofen BARACLUDE SOLUTION	<b>BO</b> AUTOSHIELD DUO NEEDLES BO ULTRAFINE INSULIN SPRINGES BO ULTRAFINE PEN NEEDLES BELBUCA benazepril benzoinata BEPREVE BECLASE-RON [INJ] BETHMIS BEVESPI AEROSPHERE BIKTRAVY bisoprolol/hctz blisovi fa BOSULIF BREO ELLIPTA BRILINTA budesonide nebulization suspension bupropion bupropion ext-release buspirone butalbital/acetaminophen/caffeine BYDUREON [INJ] BYETTA [INJ] BYSTOLIC BYVALSON	<b>C</b> CABOMETYX CARAC CARAFATE SUSPENSION carbidopa/levodopa carvedilol cefepime cefuroxime axetil celecoxib celestatin CERDELGA CERZYME [INJ] CEVRYDOTE [INJ] CHANTIX chlorhexidine gluconate chlorothalidone CIMOVI CIPRODEX ciprofloxacin citalopram clarithromycin CLENPIQ clindamycin hcl clindamycin phosphate topical clindamycin phosphate/benzoyl peroxide clobetasol propionate clonidine clonidine/clopidogrel	<b>CO</b> AUTOSHIELD DUO NEEDLES BO ULTRAFINE INSULIN SPRINGES BO ULTRAFINE PEN NEEDLES BELBUCA benazepril benzoinata BEPREVE BECLASE-RON [INJ] BETHMIS BEVESPI AEROSPHERE BIKTRAVY bisoprolol/hctz blisovi fa BOSULIF BREO ELLIPTA BRILINTA budesonide nebulization suspension bupropion bupropion ext-release buspirone butalbital/acetaminophen/caffeine BYDUREON [INJ] BYETTA [INJ] BYSTOLIC BYVALSON	<b>C</b> CABOMETYX CARAC 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doxazosin doxycycline hyclate doxycycline monohydrate DULERA duloxetine delayed-release DUPYENT [INJ] DYANAVEL XR DYMISTA	<b>E</b> EDARBY EDARBYCLOR ELDEL ELIQUIS ENCALITY [INJ] EMVERM enalapril ENBREL [INJ]	<b>en</b> oxaparin [INJ] ENSTILAR ENTRESTO EPICLUS EPIDIOLEX EPIDUO FORTE EPINEPHRINE AUTO-INJECTOR 0.15 MG (by MyLAN) [INJ] epinephrine auto-injector 0.30 mg (by MyLAN) [INJ] EPPEN EPPEN JR [INJ] ergocalciferol ERNEGEE ERLEADA erythromycin eye ointment ESBRIET esclatopram esomeprazole magnesium delayed-release estradiol estradiol patches estradiol/norethindrone acetate ESTRING eszopiclone EUFLIXXA [INJ] ezetimibe ezetimibe/simvastatin chlorpheniramine polistirex ext-release famotidine FARUGA fenofibrate fenofibrate micronized fenofibric acid delayed-release fenofibrate patches FINZIMA FINZICA FOAM finasteride FIRAZYR [INJ] FLECTOR FLOVENT DISKUS FLOVENT HFA flucanazole fluocinonide fluticasone nasal spray folic acid FORTED [INJ] FRAGMIN [INJ] FREESTYLE LIBRE READER, SENSOR furosemide FYCOMPA	<b>en</b> oxaparin [INJ] ENSTILAR ENTRESTO EPICLUS EPIDIOLEX EPIDUO FORTE EPINEPHRINE AUTO-INJECTOR 0.15 MG (by MyLAN) [INJ] epinephrine auto-injector 0.30 mg (by MyLAN) [INJ] EPPEN EPPEN JR [INJ] ergocalciferol ERNEGEE ERLEADA erythromycin eye ointment ESBRIET esclatopram esomeprazole magnesium delayed-release estradiol estradiol patches estradiol/norethindrone acetate ESTRING eszopiclone EUFLIXXA [INJ] ezetimibe ezetimibe/simvastatin chlorpheniramine polistirex ext-release famotidine FARUGA fenofibrate fenofibrate micronized fenofibric acid delayed-release fenofibrate patches FINZIMA FINZICA FOAM finasteride FIRAZYR [INJ] FLECTOR FLOVENT DISKUS FLOVENT HFA flucanazole fluocinonide fluticasone nasal spray folic acid FORTED [INJ] FRAGMIN [INJ] FREESTYLE LIBRE READER, SENSOR furosemide FYCOMPA	<b>G</b> gabapentin GANAVIA gemfibrozil GENTROPIN [INJ] GENVOYA	<b>G</b> GILENYA GILTRIF GLASSIA [INJ] glimepiride glipizide glipizide ext-release GLUCAGON [INJ] GLUCAGON [INJ] gburide GLYXAME GONAL-F GONAL-F RFF RED-JECT [INJ] GRALISE GRANIX [INJ] GRASITEK guanfacine ext-release	<b>H</b> HARVONI HELIXATE FS [INJ] HUMALOG [INJ] HUMIRA [INJ] HUMULIN [INJ] hydralazine hydrochlorothiazide hydrocodone/acetaminophen hydrocodone/ chlorpheniramine polistirex ext-release hydrocortisone topical hydromorphone hydroxychloroquine hydroxyzone hcl hydroxyzone pamoate HYSINGLA ER	<b>I</b> ibandronate IBRANCE ibuprofen ILEVRO INBRILIA INCRUSE ELLIPTA indomethacin INLYTA INVELTYS INVOKAMET INVOKAMET XR INVORANA irbesartan IRESSA isotretinoin mononitrate ext-release	<b>J</b> JANUMET, JANUMET XR JANUVIA JARDIANCE JENTADUETO JENTADUETO XR
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Go to [express-scripts.com/2019drugs](http://express-scripts.com/2019drugs) for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary. THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2019 THROUGH DECEMBER 31, 2019. THIS LIST IS SUBJECT TO CHANGE. You can find more information at [express-scripts.com](http://express-scripts.com).

# Prescription Costs

	Participating retail pharmacies (30-day supply)	Home Delivery (90-day supply)
<b>Out-of-pocket (OOP) maximum</b>	BCBS Plans: \$4,000 single / \$12,000 family Presbyterian Plans: \$3,750 single / \$11,250 family (prescription and medical expenses count towards the OOP)	
<b>Deductible for brands only</b>	\$50 Individual / \$100 Family (prescription and medical expenses count toward the deductible)	
<b>Generic</b>	\$6	\$17
<b>Brand (Preferred)</b>	30% (\$35 min / \$95 max)	\$120
<b>Brand (Non-Preferred)</b>	40% (\$60 min / \$130 max)	\$155
Specialty Medications (30-day supply) – <b>Accredo specialty pharmacy</b>	\$60 Generic \$85 Preferred Brand \$125 Non-preferred Brand	

**\*\*\* If you choose a brand-name drug when a generic equivalent is available, you're responsible for the brand copayment plus the cost difference between the brand and the generic drug. This does not apply to specialty medications.**

# Use Express Scripts Home Delivery for your Maintenance Medications

Receive up to a 90-day supply with free standard shipping

Take advantage of our Automatic Refill Program for added convenience!

State of New Mexico Home Delivery Program:

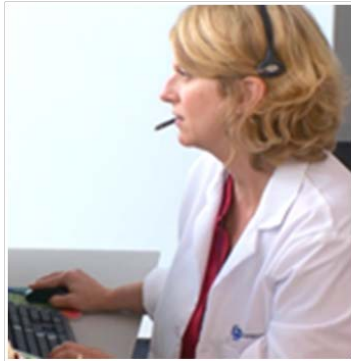
- 3 retail fills are allowed on maintenance medications before copay increases
- On the 4th fill at retail the copay will increase to the mail order copay for that drug tier (for a 30 day supply)

Maintenance Drugs	Retail Copay (30-day supply) Up to 3 fills	Retail Copay (30-day supply) Starting on 4 <sup>th</sup> fill
Generic	\$6	\$17
Brand (Preferred)	30% (\$35 min / \$95 max)	\$120
Brand (Non-Preferred)	40% (\$60 min / \$130 max)	\$155

# Vaccines

- State of NM members will pay \$0 on certain vaccines including:
  - Influenza (Flu), Pneumonia, Shingles, MMR, Hepatitis A & B, Meningococcal, Tetanus/Diphtheria/Pertussis, Varicella (chicken pox)...to name a few
- Vaccines through the pharmacy benefit are:
  - A key preventive measure for seasonal influenza and other viral conditions
  - More convenient and less expensive through your local pharmacy than at a private physician's practices
  - Likely to result in lower medical costs
  - Call Customer Service to locate a certified pharmacist near you

# Get Started With Express Scripts Mail Order



- **E-Prescribe (electronic prescribing)** - Have your physician send your prescription direct to Express Scripts pharmacy for processing
- **Phone** – Call into Express Scripts customer service and request that your maintenance medication be moved to home delivery. We will consult your physician and take it from there!
- **Register** – on [express-scripts.com](https://www.express-scripts.com) or Express Scripts mobile app and transfer medications to home delivery with a click of a button
- **Mail** – Complete a home delivery order form and submit it, along with a paper prescription, for processing
- **Payment Options** - check card or credit card is the preferred method for online orders. ESI accepts Visa, MasterCard, American Express and Discover. Provide your check card or credit card information or choose to be billed later for mail in orders.



# Ask your doctor if a generic medication will work for you

- When you receive a prescription from your doctor, or if you are taking brand-name drugs today, ask
  - If a generic version of the medication is available
  - If generic medications are right for you
  - If there are any risks if you change from a brand-name drug to a generic drug
- Generics have the same chemical makeup as brand-name counterparts and have the same effect on the body
- Makers of generics spend less on research and advertising, and the savings get passed on to you

**8 out of 10**  
prescriptions  
filled in  
the United States  
**are for**  
**generic drugs**



# Have a question about a medication?

Give us a call

Each specialist pharmacist has had specialized training in the medications used to treat a specific condition, such as:

- High cholesterol
- High blood pressure
- Depression
- Diabetes
- Asthma
- Osteoporosis
- Cancer

You can contact a pharmacist 24/7 to ask about:

- Drug interactions
- Side effects
- Risks and benefits of your medication
- Help taking your medication as prescribed – which is one of the best ways to help maintain or improve your health

Talk with an Express Scripts pharmacist for general counseling – or a specialist pharmacist for complex concerns – by calling the number on the back of your prescription drug ID card

**800-743-1720**

# Therapeutic Resource Centers

Personalized care for patients

## Retail pharmacists

- Typically generalists who dispense medications for many conditions
- Juggle many tasks: filling prescriptions, checking orders, overseeing pharmacy
- Setting offers minimal privacy to counsel patients
- **Average time talking to each patient is less than**

**2 minutes\***

## Specialist Pharmacists

- Extensively trained in medications for a single disease state
- Focused on disease and therapy management
- Speak to patients in their homes or wherever they prefer
- **Average time talking to each patient is**

**12 minutes**

\*Source: CVS data

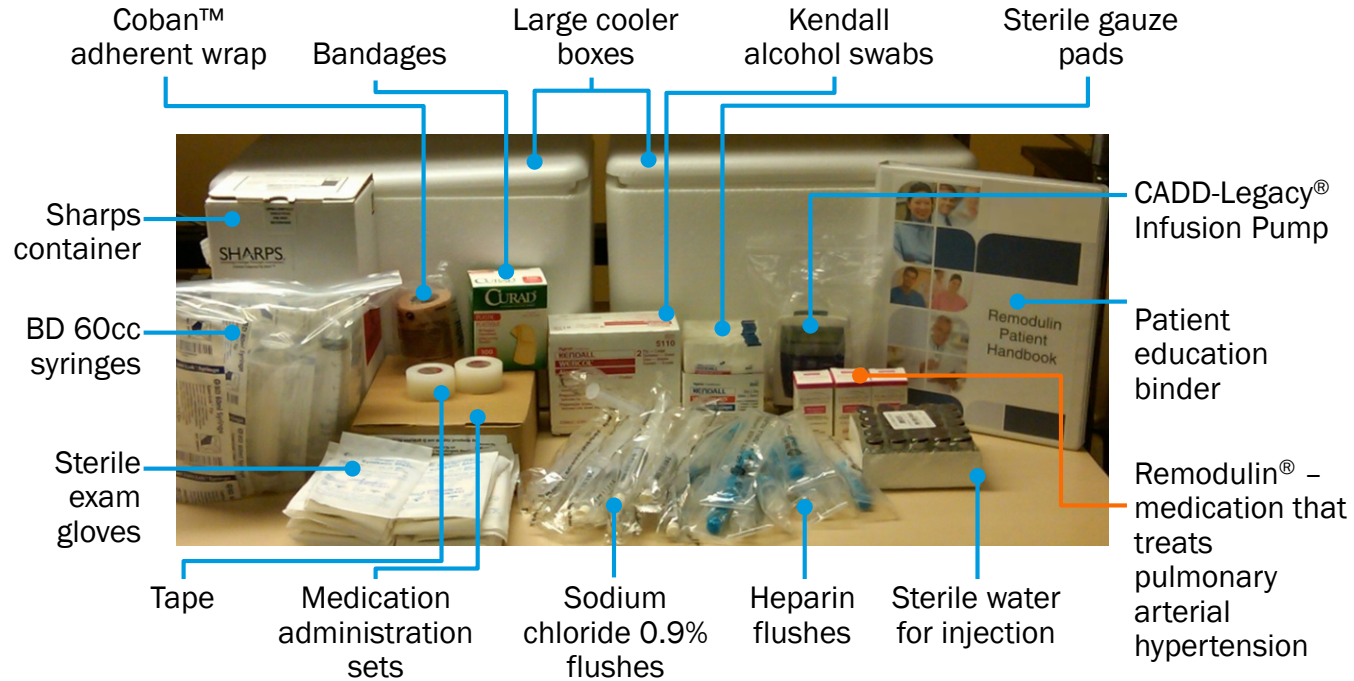
# Prior Authorization



- Some medications require a Prior Authorization – a process to ensure the medication prescribed is appropriate for the patient and/or the condition and is covered by the prescription drug plan
- Use the mobile app with your doctor to search if your medication requires a Prior Authorization.
- Many doctors can submit the required documentation electronically for a faster turnaround time!
- Most Prior Authorizations expire after 1 year

# The complexity of specialty medications

One prescription = 16 items



# Accredo Specialty Pharmacy



## 15 Areas of focus, including:

Hepatitis C	Oncology	Multiple sclerosis	Bleeding disorders	Rare diseases
Pulmonary hypertension	Rheumatoid Arthritis	Cardiovascular	Endocrine	Cystic fibrosis
Fertility	Immune disorders	HIV	Pulmonary	Transplant

**Unique clinical protocols**  
maximize safety, effectiveness  
and affordability

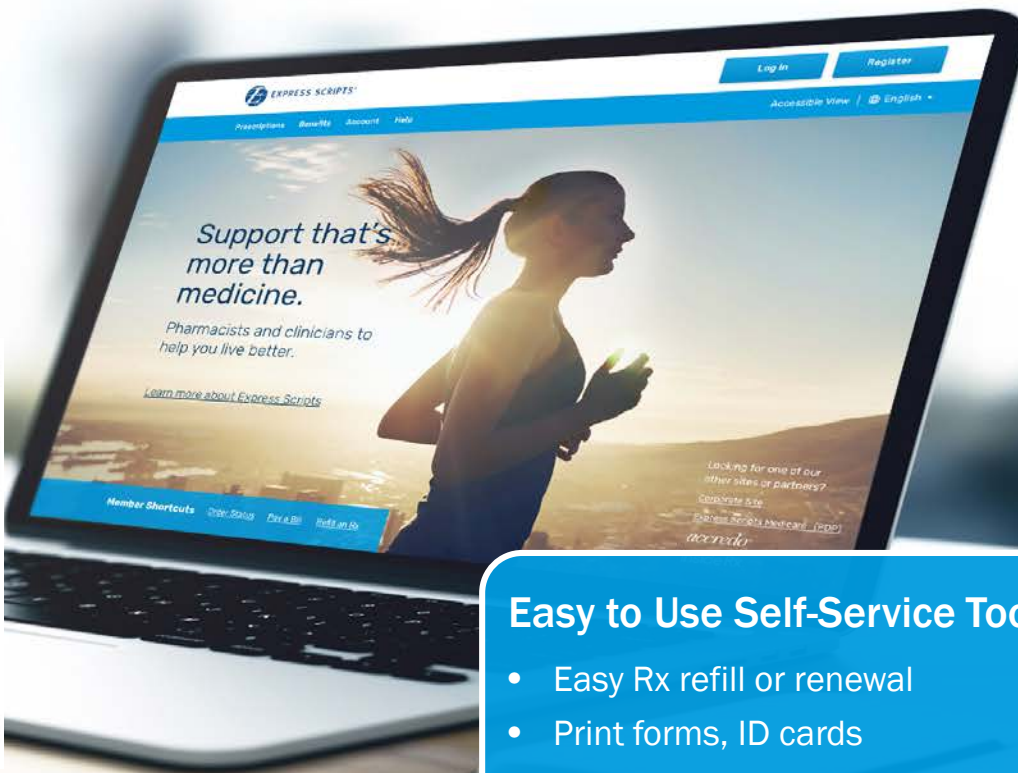
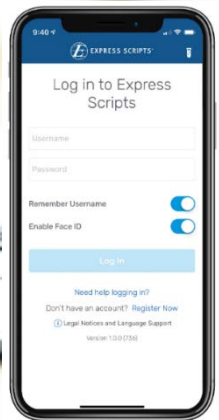
**One-on-one counseling**  
from specialty pharmacists  
and nurses



# Making information available

wherever and whenever

- Simple landing page
- Intuitive site navigation
- Interactive mobile app
- Multiple ways to get started



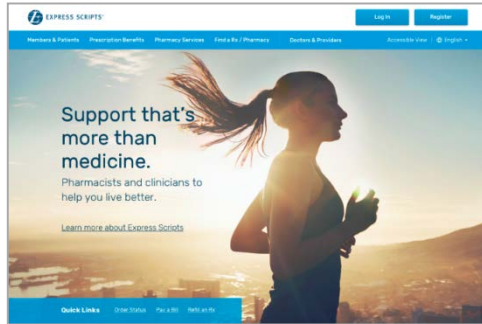
## Easy to Use Self-Service Tools

- Easy Rx refill or renewal
- Print forms, ID cards
- Submit reimbursement claims online

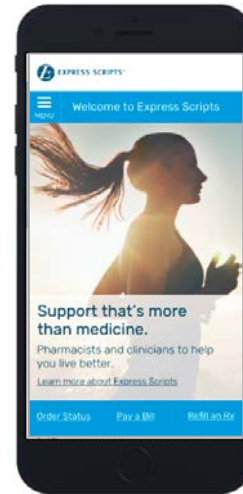
# Express Scripts Registration

Use [express-scripts.com](https://www.express-scripts.com) and the Express Scripts mobile app to manage your medications and prescription benefit plan.

There are two easy ways to register:



Register at [express-scripts.com](https://www.express-scripts.com) or ....



... download the **Express Scripts** mobile app for free and register

- Register using your member ID number or Social Security Number (SSN)
- One user name and password is all you need for web and mobile app access



# Informative and actionable express-scripts.com home page



Order status is **#1 REASON**  
members visit the website.

- Provides a one-stop shopping experience
- Offers the services patients expect right up front...
  - Order status with tracking
  - Refilling a prescription
  - Enrolling in automatic refills
  - Visibility to home delivery savings
  - Transferring a prescription to home delivery
  - Navigating to anywhere in the site

The screenshot displays the Express Scripts website interface. At the top, there is a navigation bar with the Express Scripts logo, a shopping cart icon labeled 'Items in Cart', and links for 'Prescriptions', 'Benefits', 'My Account', and 'Help'. There are also links for 'Accessible View' and 'Español'.

### Recent Order Status

Go to full order status

Synthroid 50 mcg tablet 50 mcg, brand <a href="#">View details</a>	Rx #: 123456789003	Chris (09/09/1945)	<a href="#">We need your approval</a>
Toprol XL 200 mg tablet 200 mg, brand <a href="#">View details</a>	Rx #: 123456789003	Chris (09/09/1945)	<a href="#">Address Verification Required</a>
Harvoni 90-400 mg tablet 90 mg - 400 mg, brand <a href="#">View details</a>	Accredo Rx #: 297-4444364-00	Vanessa (07/28/1969)	Shipped on XX/XX/XXXX <a href="#">Tracking # 12345678901234567890</a>
Lisinopril 20 mg tablet 20 mg, generic	Rx #: 123456789010	Vanessa (07/28/1969)	Shipped on XX/XX/XXXX <a href="#">Tracking # 12345678901234567890</a>

### Automatic Refills

[Manage automatic refills](#)

**3** Imagine the convenience of no longer ordering refills for 3 prescriptions. Just enroll eligible prescriptions in our automatic refill program, and we'll take care of the rest. [Start now](#) [Don't show again](#)

Atorvastatin 20 mg tablet 20 mg, generic <a href="#">View details</a>	Rx #: 123456789010	Chris (09/09/1945)	Will process after XX/XX/XXXX
Avodart 0.5 mg softgel capsule 0.5 mg, brand <a href="#">View details</a>	Rx #: 123456789011	Chris (09/09/1945)	Will process after XX/XX/XXXX
Lisinopril 20 mg tablet 20 mg, generic <a href="#">View details</a>	Rx #: 123456789012	Vanessa (07/28/1969)	Will process after XX/XX/XXXX
Zytiga 250 mg tablet	Rx #: 123456789013	Vanessa (07/28/1969)	Will process after XX/XX/XXXX

### Prescriptions You Can Order Today

[Find a prescription not listed below](#) [View Rx Archive](#)

Chris (09/09/1945)

Omeprazole dr 10 mg capsule 10 mg, generic <a href="#">View details</a>	Rx #: 123456788001 90-day supply 2 refills remaining	<a href="#">Refill past due</a> You may be running low on this medication	<input type="checkbox"/> Add to cart
----------------------------------------------------------------------------------	------------------------------------------------------------	------------------------------------------------------------------------------	--------------------------------------

# Order Status gives members real-time visibility

**Recent Order Status**

**Toprol XL 200 mg tablet** Rx #: 123456789003 Chris (09/19/1960) Chris (09/19/1960) **required**

[Hide details](#) [Go to full order status](#)

Thank you for your recent home delivery order. Before we can ship your medication, we need to make sure it's heading to the right place. ACTION REQUIRED: Please confirm the shipping address is correct, or choose the option to change the address. You may also verify your address with our friendly member services staff. The phone number can be found under the contact us link. If you've already taken care of this issue, our thanks.

Physician: Susan Jones Physician phone: 444-555-6666 Date received: 02/12/2015 Rx expiration: 04/22/2015	Quantity: 90 Days supply: 90 Refills remaining: 2	Shipping address: 3455 Mulholland Drive Apt 777 Rome, NY 33445
-------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------	-------------------------------------------------------------------------

[Ship to this address from now on](#) [need to change my address](#)

**Recent Order Status** Help

**Please Note:** For prescription renewals, the "Order placed on" date may change to reflect the date your new prescription is actually received from your physician. Please click on "View details" to view additional details on your order.

Order placed on: **January 6, 2016** Confirmation #: **901234658**

Invoice #: **12551093**

**SHIPPED** on 01/08/14 via UPS-Ground  
100 Parsons Pond Rd, Franklin Lakes, NJ 07417

**Simvastatin tabs 40mg tablet**  
Rx #: 123344455667 | For: Vanessa (07/18/1962)

Prior Authorization Expires on 12/23/2016

[Track Shipment](#)  
Estimated delivery by 01/18/14

Plan pays: \$150.00  
You pay: \$30.00

[View details](#)

**We got your order.**

[Check Order Status](#)

Thanks for your order.  
Your order number is **272392272**. You can see the details of the order we're processing in this message. We'll let you know when we ship it to you.

Prescriptions for \*\*\*\*

Prescription #: \*\*\*\* 4402  
We'll process your order after it is eligible to be filled on 09/24/2017.

- Clear, detailed order status
- Actionable self-service messages
- Track shipping
- Real-time email order confirmation

# My Rx Choices on express-scripts.com - explore options

**Price a medication**

Price another medication [Go to My Rx Choices for potential savings](#) [Help](#)

Accessible from Price a Medication

Choose alternatives for your doctor to consider and click the "continue" button to go to the next step. For your convenience, we've preselected the lowest-cost medication alternatives available at this time. There may be multiple lower-cost alternatives. To review other alternatives, which could have the same or similar pricing, click the "view other alternatives" link for each medication. To remain on your current medication, select the radio button to the left of the medication name. Learn about our [Extended Payment Program](#), which lets you pay for medications in 3 monthly installments. [Calculate your estimated monthly payments.](#)

If you received a letter from us regarding potential savings using **My Rx Choices**, the savings may be different from what is displayed below because **My Rx Choices** uses the most current pricing based on your plan.

Medication	You pay	Lower-cost choice	You pay	YOU SAVE
<input type="radio"/> <b>Accupril</b> 500 MG Tablet (brand) Dosage: 1 Tablet, once a day Pharmacy: Retail \$216.00 per year \$18.00 for 30 days <a href="#">Control costs, save money.</a> <a href="#">How much does my plan pay?</a> <a href="#">Get different results with different drug supply and quantity.</a>	\$216.00 per year \$18.00 for 30 days	<input checked="" type="radio"/> <b>quinapril tabs</b> 500 MG Tablet (generic equivalent) Dosage: 1 Tablet, once a day Pharmacy: Express Scripts Pharmacy™ \$0.00 per year \$0.00 for 90 days <a href="#">Control costs, save money.</a> <a href="#">How much does my plan pay?</a> <a href="#">Compare drug information.</a>	\$0.00 per year \$0.00 for 90 days	\$216.00 per year <a href="#">Explore my savings</a> <a href="#">View other alternatives</a>
<input type="radio"/> <b>Glucophage Tabs</b> 500 MG Tablet (brand) Dosage: 1 Tablet, once a day Pharmacy: Retail \$319.20 per year \$26.60 for 30 days <a href="#">Control costs, save money.</a> <a href="#">How much does my plan pay?</a> <a href="#">Get different results with different drug supply and quantity.</a>	\$319.20 per year \$26.60 for 30 days	<input checked="" type="radio"/> <b>metformin hcl tabs</b> 500 MG Tablet (generic equivalent) Dosage: 1 Tablet, once a day Pharmacy: Express Scripts Pharmacy™ \$58.84 per year \$14.71 for 90 days <a href="#">Control costs, save money.</a> <a href="#">How much does my plan pay?</a> <a href="#">Compare drug information.</a>	\$58.84 per year \$14.71 for 90 days	\$260.36 per year <a href="#">Explore my savings</a> <a href="#">View other alternatives</a>
<input type="radio"/> <b>Lescol</b> 25 MG Capsule (brand) Dosage: 1 Capsule, once a day Pharmacy: Retail \$201.12 per year \$16.76 for 30 days <a href="#">Control costs, save money.</a> <a href="#">How much does my plan pay?</a> <a href="#">Get different results with different drug supply and quantity.</a>	\$201.12 per year \$16.76 for 30 days	<input checked="" type="radio"/> <b>rosuvastatin</b> 10 MG Tablet (generic equivalent) Dosage: 1 Tablet, once a day Pharmacy: Express Scripts Pharmacy™ \$60.00 per year \$15.00 for 90 days <b>BEST BUY DRUGS</b> <a href="#">View reports</a> <a href="#">Control costs, save money.</a> <a href="#">How much does my plan pay?</a> <a href="#">Compare drug information.</a>	\$60.00 per year \$15.00 for 90 days	\$141.12 per year <a href="#">Explore my savings</a> <a href="#">View other alternatives</a>
<input type="radio"/> <b>Tenormin Tabs</b> 50 MG Tablet (brand) Dosage: 1 Tablet, once a day Pharmacy: Retail \$527.28 per year \$43.94 for 30 days <a href="#">Control costs, save money.</a> <a href="#">How much does my plan pay?</a> <a href="#">Get different results with different drug supply and quantity.</a>	\$527.28 per year \$43.94 for 30 days	<input checked="" type="radio"/> <b>atenolol</b> 50 MG Tablet (generic equivalent) Dosage: 1 Tablet, once a day Pharmacy: Retail \$120.00 per year \$10.00 for 30 days <b>BEST BUY DRUGS</b> <a href="#">View reports</a> <a href="#">Control costs, save money.</a> <a href="#">How much does my plan pay?</a> <a href="#">Compare drug information.</a>	\$120.00 per year \$10.00 for 30 days	\$407.28 per year <a href="#">Explore my savings</a> <a href="#">View other alternatives</a>
Savings per year:				<b>\$1024.76</b>

[<< previous](#) Your choices could save you \$1024.76 out of a possible \$1024.76 once your doctor approves. When you click the "continue" button, your choices will also be checked for possible drug interactions. [Continue](#)

- Side-by-side drug comparisons to help you select the right medication at the best cost
- See potential savings by moving to home delivery
- Helpful drug information
- Ability to print research for doctor review
- Access to Consumer Reports Best Buy Drug information
- Displays 25+ possible lower-cost options to help you shop smart

# Easy to locate in-network retail pharmacies



Search by zip code  
or city/state

Locate a pharmacy [← Back](#) | [Vaccine Administration Program Information](#)

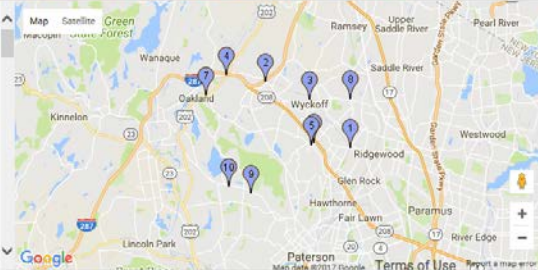
07417 Enter Zip Code or City, State:  [Locate Pharmacy](#)

Show pharmacies starting with the letter:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [Show all](#)

**1** ACME PHARMACY #1054 5.9 mi  
136 LAKE AVE  
MIDLAND PARK, NJ - 07432  
201-612-3070  
- Preferred pharmacy. You may get up to a one month supply. [1](#)  
[Get directions\\*](#)

**2** STOP AND SHOP #0829  
816 FRANKLIN AVE



\*When you click on a link to "Get directions" to any pharmacy above, you will be leaving the member website which is governed by separate Terms of Use and Privacy Policy.

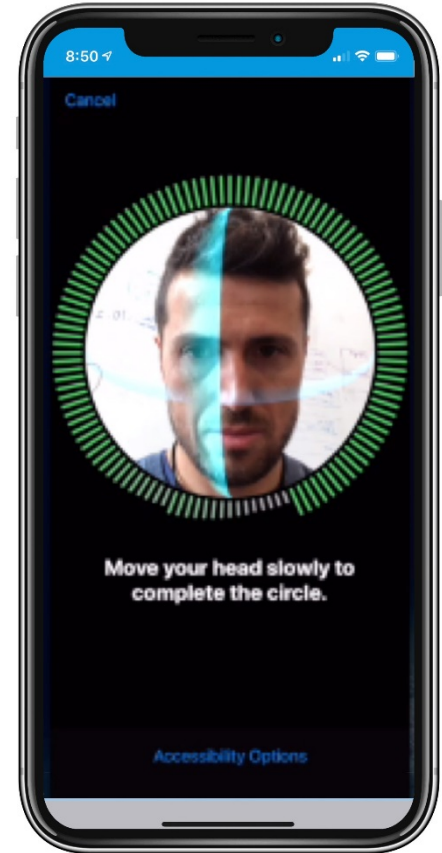
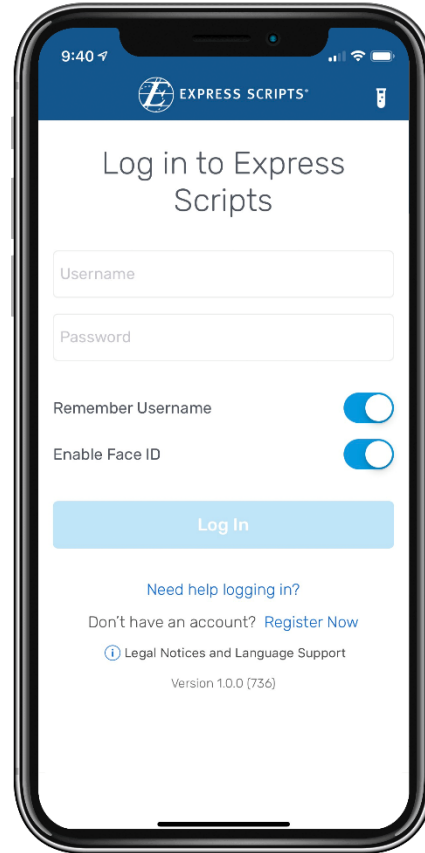
Results provide:

- **Nearby in-network pharmacies** with address and contact details in Google Maps
- Link to **Price a Medication** from the selected pharmacy
- Link for **directions using Google Maps**

# CONVENIENCE & SIMPLICITY

## Register or Login

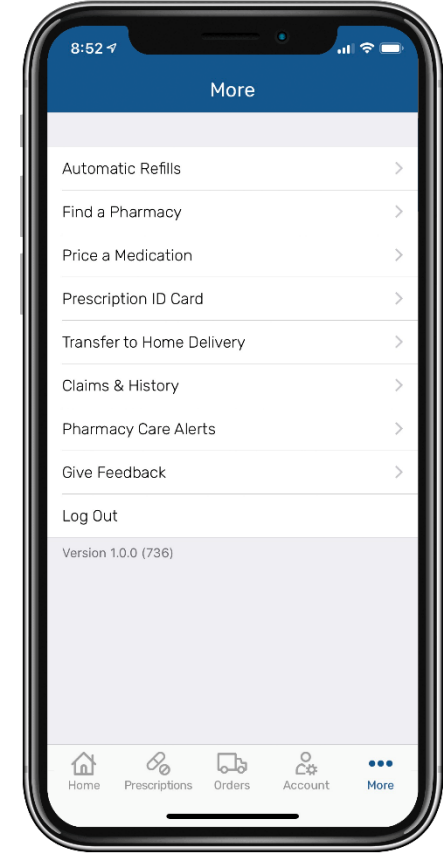
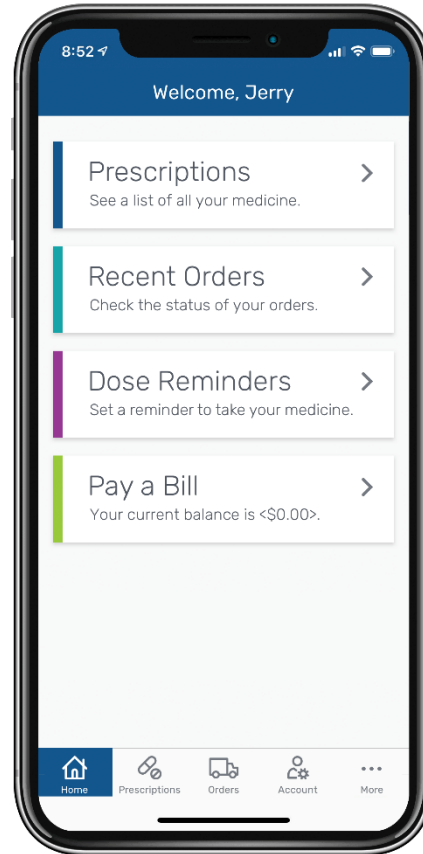
- Biometric authentication



# CONVENIENCE & SIMPLICITY

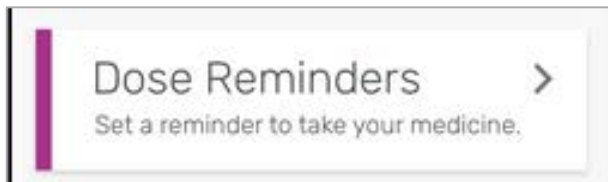
## Dashboard

- Quick access to popular actions and easy access to the full menu

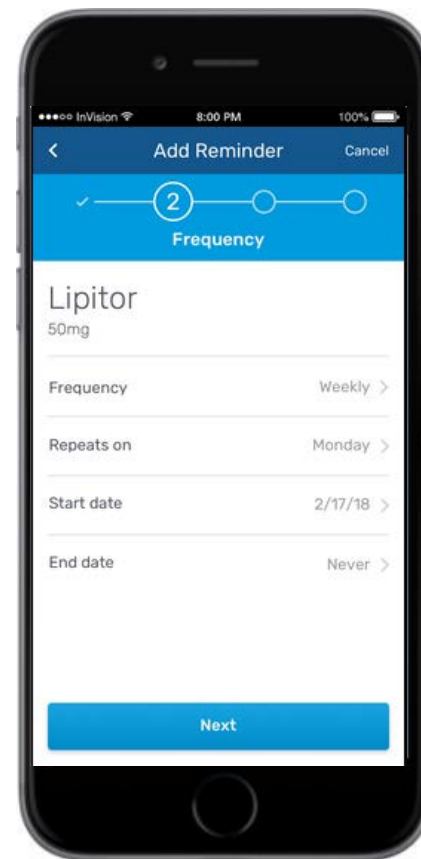
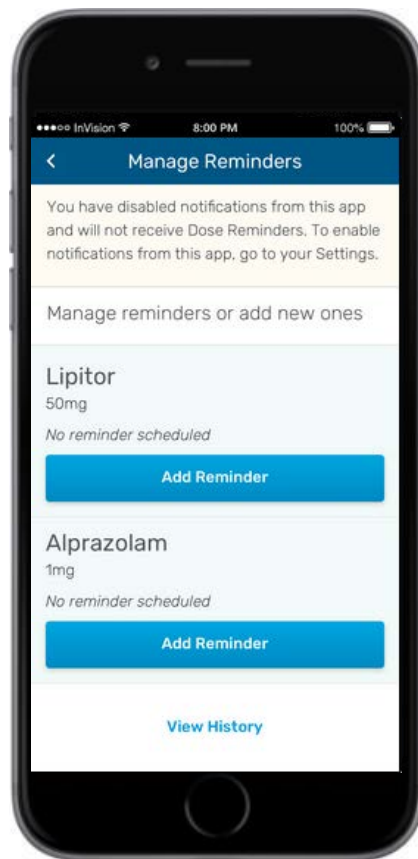
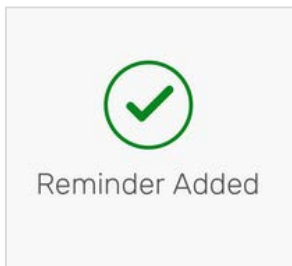


# PEACE OF MIND & VERSATILITY

## Dose Reminders



- Easy step-by-step instructions accommodate multiple medicines

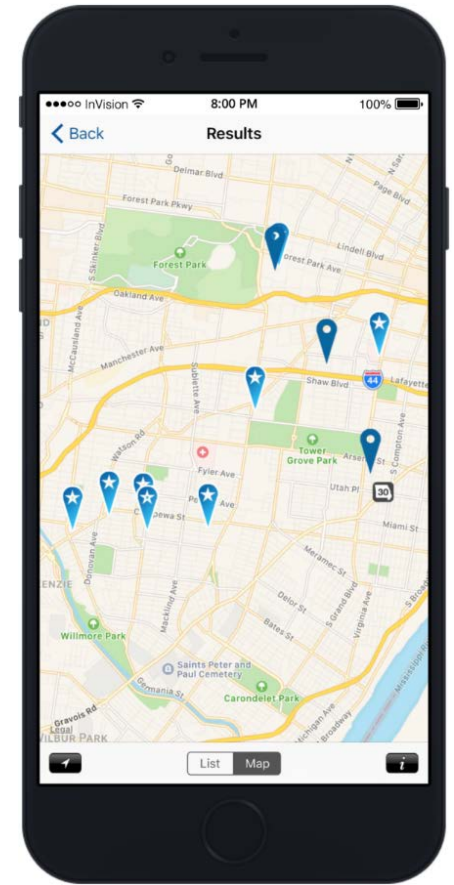
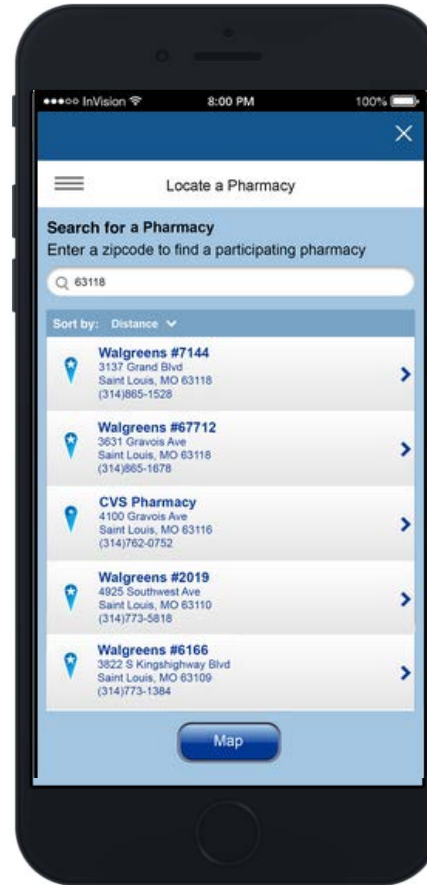




CONVENIENCE & SIMPLICITY

# Pharmacy Options Find a Pharmacy

- Find nearby in-network pharmacies and access driving directions



## CONVENIENCE & SIMPLICITY

# Member ID Card

- Two-sided virtual ID card goes where the member goes



# Express Scripts:

We're here for you

- Register at [Express-Scripts.com](https://www.express-scripts.com), using the information on your member ID card
- Download the [Express Scripts mobile app](#) from your app store to manage your medicines anywhere, anytime
- Call the Member Services number on the back of your member ID card:  
**800-743-1720**



Thank you

