

Arkansas State Police Preferred Drug List (PDL) - Effective August 1, 2020



This PDL is a list of the most commonly prescribed drugs. It is not all-inclusive and is not a guarantee of coverage. Plan Benefit Design is the final determinate of coverage. For drugs not listed, please call the pharmacy program number listed on the back of your ID card for benefit coverage information.

PLEASE NOTE: Use of generic drugs can save both you and your health plan money. Generics that are new to the market will require a copayment equal to its branded product. These are indicated in the PDL with *(NG) and are shown in bold type. These new generics will not have the standard Tier 1 copayment that older generic products have. In addition, brand-name medications that are available in the generic form may still appear in a tiered copay box, however, they will require a generic drug copayment **PLUS** the difference in the plan's cost between the generic and equivalent brand-name drug. If the brand name product is a reference-priced medication*(RP), the equivalent new generic will also become reference-priced instead of applying the difference in brand/generic cost.

Specialty drugs *may require* prior authorization (PA) by EBRx (833) 995-0946 to ensure appropriate usage. These medications are indicated in the PDL located under Tier 4.

Compounded medications require a Tier 3 copay.

Out of pocket expenses for Excluded drugs and Reference-Priced drugs will not apply to the out-of-pocket maximum threshold

Key: Certain drugs (*) may be subject to Day Supply (DS), Quantity Limits (QL), Prior Authorization (PA), Step Therapy (ST), Contingent Therapy (CT), New Generics (NG) or Reference Pricing (RP) requirements according to Benefit Design. **Items indicated as *(RP) require special copayment pricing and do not apply to the standard tier copayments. This PDL is subject to change at any time.**

Tier 1

Tier 2

Tier 3

Tier 4

ANTI-INFECTIVES

| | | | | |
|------------------------------|---|---|-----------------------------------|---------------|
| Antibiotics-Cephalosporins | cefaclor, cefadroxil, cefpodoxime, cefprozil, cephalixin, cefdinir | Cedax, Spectracef, Suprax 400 mg capsule*(QL) | | |
| Antibiotics-Macrolides | erythromycin, azithromycin*(QL), clarithromycin | Zmax Suspension | | |
| Antibiotics-Fluoroquinolones | ciprofloxacin, levofloxacin | | | Baxdela*(PA) |
| Antibiotics-Penicillins | amoxicillin, amoxicillin/clavulanate, ampicillin, penicillin | | | |
| Antibiotics-Other | minocycline | | Adoxa, linezolid*(PA) (NG) | Vabomere*(PA) |
| Antifungals | fluconazole, itraconazole*(PA), ketoconazole, nystatin, terbinafine | | | |

| | Tier 1 | Tier 2 | Tier 3 | Tier 4 |
|--|---|--|---|---|
| Antiretrovirals | abacavir, didanosine, lamivudine, lamivudine/zidovudine, nevirapine, zidovudine | ISENTRESS*(PA), ISENTRESS Chewable*(PA), PREZISTA tablets, REYATAZ, Sustiva, Viracept | Epivir, Evotaz, Reyataz powder, Vitekta | Aptivus, Atripla, Biktarvy, Cimduo, Combivir, Crixivan, Delstrigo, Descovy, Dovata*(PA), Emtriva, Epzicom, Invirase, ISENTRESS Powder*(PA), Juluca*(PA), Kaletra, Lexiva, Odefsey, Pifeltro, Prezobix, Prezista soln*(PA), Rescriptor, Selzentry*(PA), Stribild tablet*(QL)*(PA), Symfi Lo, Temixys, Tivicay, Trizivir, Truvada, Viread |
| Antivirals-Flu | amantadine, rimantadine | oseltamivir*(NG), Xofluza*(QL) | Relenza | |
| Antivirals-Herpes | acyclovir, famciclovir, valacyclovir | | | |
| Antivirals-Other-Interferons/Interferon combinations | ribavirin*(PA) | | | Zepatier*(PA), Mavyret*(PA) |
| CARDIOVASCULAR | | | | |
| Antihyperlipidemic-HMG (Statins) (NOTE: See Wellness/Preventive section.) | atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin | | | |
| | *(RP) Reference Priced Antihyperlipidemic-HMG (Statins): Plan pays \$0.30 per unit. Member is responsible for remaining cost. (Excluded for High Deductible Plan) | Altoprev, Crestor 5mg, 10mg & 20mg, fluvastatin, Lescol XL, Lipitor, Mevacor, Pravachol, Zocor | | |
| Other Antihyperlipidemic Agents | cholestyramine resin, colestipol, ezetimibe, gemfibrozil | Praluent*(PA), Welchol tablet | | Repatha*(PA) |
| Antiplatelet Agents | clopidogrel, dipyridamole, dipyridamole/aspirin, anagrelide, cilostazol | Brilinta, prasugrel*(NG) | | |
| Anticoagulants | warfarin | Eliquis, Xarelto | | |
| ACE Inhibitors and ACE Inhibitors combinations | amlodipine/benazepril, captopril, captopril hctz, enalapril, fosinopril, lisinopril, lisinopril hctz, moexipril/hctz, perindopril, quinapril/hctz, ramipril, trandolapril, trandolapril/verapamil | | | |

| | Tier 1 | Tier 2 | Tier 3 | Tier 4 |
|--|---|--|---|-----------------|
| Angiotensin II Rec Antagonist (ARB)/Direct Renin Inhibitor (DRI) | amlodipine/valsartan, irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, olmesartan HCTZ, olmesartan medoxomil, telmisartan, valsartan, valsartan/HCTZ | | | |
| | *(RP) Reference Priced Angiotensin Receptor Blockers (ARB): Plan pays \$0.81 per unit. Member is responsible for remaining cost. (Excluded for High Deductible Plan) | amlodipine/valsartan HCT*(NG) , Atacand, candesartan*(NG) , Atacand HCT, candesartan cilexetil/HCTZ, Avalide, Avapro, Azor, Benicar, Benicar HCT, Cozaar, Diovan, Diovan HCT, Edarbi, Edarbyclor, Exforge, Exforge HCT, Hyzaar, Micardis, Micardis HCT, Tekturna, Tekturna HCT, Teveten, Teveten HCT, Twynsta, telmisartan/amlodipine*(NG) , telmisartan HCTZ | | |
| Beta Blockers | acebutolol, atenolol, bisoprolol, labetalol, metoprolol, metoprolol hctz, metoprolol XL, propranolol, propranolol hctz | | | |
| Calcium Channel Blockers | amlodipine, diltiazem, felodipine, nicardipine, verapamil | | | nimodipine*(PA) |
| CENTRAL NERVOUS SYSTEM | | | | |
| ADHD Medications | amphetamine salts IR*(QL), dexamethylphenidate tablets, dextroamphetamine*(QL), methylphenidate*(QL), methylphenidate ER*(QL), amphetamine salts XR*(QL) | Concerta*(QL), Daytrana*(QL), Strattera*(QL), atomoxetine*(NG)(QL) | Adderall XR*(QL), dexamethylphenidate ER*(NG), dextroamphetamine ER, dextroamphetamine/amphetamine ER, Dexedrine*(QL), Metadate CD*(QL), ER*(QL), Ritalin LA*(QL), Vyvanse*(QL) | |
| | *(RP) Long Acting Amphetamines: Plan pays \$2.50 per unit. Member is responsible for remaining cost. (Excluded for High Deductible Plan) | Long Acting Amphetamines are reference priced for members 26 years of age or older; *Quantity Limits will still apply to reference priced long acting amphetamines. Adderall XR*(QL), amphetamine salts extended release*(QL), Dexedrine*(QL), dextroamphetamine extended release*(QL), Vyvanse*(QL) | | |
| Alzheimers | donepezil, galantamine, galantamine ER, memantine, rivastigmine | rivastigmine patch*(NG) | | |
| Analgesics-Narcotic | codeine-apap*(QL), fentanyl patch, hydrocodone combinations*(QL), meperidine, morphine sulfate, oxycodone combinations*(QL), oxycodone controlled release 12HR | | Fentora Tablet*(QL)*(PA), Oxycontin, Percocet*(QL), Percodan, Tylenol/w Codeine*(QL) | |

| | Tier 1 | Tier 2 | Tier 3 | Tier 4 |
|--|---|---|--|----------------------------|
| Analgesics-NSAIDs (NOTE: Topical NSAIDs are not covered by the plan.) | Celecoxib 50mg, 100mg,& 200mg, Diclofenac tabs, Ibuprofen, Indomethacin, ketorolac*(QL), Meloxicam, Nabumetone, Naproxen, Sulindac | | | |
| | *(RP) Reference Priced NSAIDs: Plan pays \$0.15 per unit. Member is responsible for the remaining cost. (Excluded for High Deductible Plan) | Celecoxib 400mg, Diclofenac ER, Diclofenac/Misoprostol, Diclofenac Pottasium, Etodolac, Etodolac ER, Fenoprofen 400mg & 600mg, Flurbiprofen, Indomethacin ER, Ketoprofen ER, Meclofenamate, Mefenamic Acid, Naproxen CR 500mg, Oxaprozin, Piroxicam | | |
| Anticonvulsants | carbamazepine, levetiracetam, phenytoin, valproic acid, gabapentin, lamotrigine, divalproex delayed release, divalproex SR, topiramate, oxcarbazepine, zonisamide | Nayzilam*(PA,QL) | Banzel*(PA), Fycompa, Potiga*(PA), Xcopri*(QL) | Diacomit*(PA), Sabril*(PA) |
| Fibromyalgia | gabapentin, pregabalin*(NG) | | | |
| | *(RP) Reference Priced Anticonvulsants: Plan pays \$0.35 per unit. Member is responsible for the remaining cost. (Excluded for High Deductible Plan) | Lyrica CR | | |
| Antidepressants-Other | amitriptyline, bupropion immediate release and SR, bupropion XL, desipramine, imipramine, mirtazapine, nortriptyline | | | |
| Antidepressants (SNRIs) | duloxetine, venlafaxine, venlafaxine XR capsule | | | |
| | *(RP) Serotonin norepinephrine reuptake inhibitors (SNRIs): Plan pays \$0.75 per unit. Member is responsible for remaining cost. (Excluded for High Deductible Plan) | Cymbalta, Effexor XR, venlafaxine extended release <i>tablets</i> | | |
| Antidepressants (SSRIs) | citalopram, escitalopram, fluoxetine 10, 20 & 40mg, fluvoxamine, paroxetine, sertraline | | | |
| | *(RP) Selective serotonin reuptake inhibitors (SSRIs): Plan pays \$0.30 per unit. Member is responsible for remaining cost. (Excluded for High Deductible Plan) | Lexapro, Luvox CR, fluvoxamine ER, Paxil, Paxil ER, paroxetine ER, Pexeva, Zoloff | | |
| Anti-Parkinson | carbidopa/levodopa, entacapone, pramipexole, rasagiline, ropinirole, selegiline, tolcapone | | Neupro*(PA), pramipexole SR*(NG) | Nourianz*(PA) |

| | Tier 1 | Tier 2 | Tier 3 | Tier 4 |
|---------------------------|---|---|--|--|
| Antipsychotic Agents | aripiprazole tablet, clozapine tablets, olanzapine/fluoxetine, olanzapine, olanzapine ODT, risperidone tablets, quetiapine, ziprasidone | Abilify Tablet*(PA), Seroquel XR*(QL) | Abilify Solution*(PA), Equetro, Latuda*(PA) | Invega Sustenna, Invega Trinz*(PA) |
| Migraine Products | rizatriptan*(QL), rizatriptan ODT*(QL), sumatriptan tablets*(QL) | | sumatriptan injectables*(QL), Aimovig*(PA,QL), Emgality*(PA,QL), Nurtec ODT*(PA) | |
| | *RP Migraine Medications. Plan pays \$0.50 per unit. Member is responsible for remaining cost. (Excluded for High Deductible Plan) | almotriptan*(QL), Axert*(QL), eletriptan*(QL) , Frova*(QL), Frovatriptan*(QL), Naratriptan*(QL), Relpax*(QL), Zolmitriptan*(QL), Zolmitriptan ODT*(QL) | | |
| | *RP Migraine Medications. Plan pays \$6.00 per prescription. Member is responsible for remaining cost. (Excluded for High Deductible Plan) | Sumatriptan Nasal Sprays*(QL), Tosymra *(QL), Zomig nasal sprays*(QL) | | |
| Multiple Sclerosis Drugs | | | | Aubagio tablet*(PA)*(QL), Avonex*(PA), Betaseron*(PA), Extavia, Gilenya, glatopa*(NG) , Mavenclad*(PA), Rebif*(PA), Tecfidera*(PA)*(QL) |
| Sedative Hypnotics | temazepam 15mg, temezapam 30mg, triazolam, zaleplon, zolpidem | | | |
| | *(RP) Reference Priced Sedatives/Hypnotics: Plan pays \$0.15 per unit. Member is responsible for remaining cost. (Excluded for High Deductible Plan) | Ambiem, Ambien CR, zolpidem ER, eszopiclone*(NG), Lunesta, Rozerem, Sonata, temazepam 7.5mg, temazepam 22.5mg | | |
| Skeletal Muscle Relaxants | Baclofen, Carisoprodol 350mg, Chlorzoxazone 250mg, Cyclobenzaprine, Methocarbamol, Orphenadrine tablets, Tizanidine tabs | | | |
| | *(RP) Reference Priced Skeletal Muscle Relaxants: Plan pays \$0.15 per unit. Member is responsible for remaining cost. (Excluded for High Deductible Plan) | Carisoprodol 250mg, Carisoprodol/Aspirin, Chlorzoxazone 375mg, 500mg, & 750mg, Dantrolene 100mg caps, Metaxalone, Tizanidine caps | | |
| ENDOCRINE | | | | |
| Diabetes-Insulin | insulin lispro | Humulin R 100, Humulin N, Humulin 70/30, Humulin R U-500 Kwikpen, Humalog, Humalog JR Kwikpen, Lantus, Toujeo, Toujeo Max Solostar | | |

| | Tier 1 | Tier 2 | Tier 3 | Tier 4 |
|--|--|---|------------------------|--------|
| Diabetes-Non-Insulin Injectable antihyperglycemic agents | no generics available at this time | Ozempic*(PA), Trulicity*(PA), Victoza*(PA) | | |
| Diabetes-Insulin Sensitizing Agents | metformin, pioglitazone | | | |
| Diabetes-Insulin Secreting Agents | chlorpropamide, glimepiride, glipizide, glyburide, nateglinide, repaglinide, tolazamide | | | |
| Diabetes – SGLT2 | | Jardiance*(PA), Synjardy*(PA), Synjardy XR*(PA) | | |
| Diabetes-Combinations | Glyburide - Metformin, piogiltazone HCL - glimepiride | | | |
| Diabetes-Other Medications | acarbose | Glyset | Baqsimi, Gvoke Hypopen | |
| Diabetic Supplies | The following diabetic testing supplies will be covered when purchased through a network pharmacy with a prescription: Accu-Chek® Guide Me glucometer (\$0 Copay), Accu-Chek® Guide test strips*(QL) (Tier 1 Copay), TRUEplus® syringes/pen needles (Tier 1 Copay), and any brand of Lancets. (Note: No other glucometer, test strips or syringes/pen needles will be covered.) | | | |
| | Continuous Glucose Monitors (CGMs): The Dexcom G6 CGM is covered with an approved prior authorization. Physicians may call the EBRx PA line at (833) 339-8402 for review. If approved, Dexcom Sensors will have an \$80 per month copay. Dexcom Transmitters and Receivers will be covered 100% by the plan. These must be purchased from a network pharmacy. | | | |
| Thyroid Agents | levothyroxine, Levoxyl | | | |
| GASTROINTESTINAL/URINARY | | | | |
| Digestive Aids | pancrelipase | Creon, Viokace, Zenpep | | |
| Gallstone Solubilizing Agents | ursodiol | | | |
| H-2 Antagonists | cimetidine, famotidine, nizatidine, ranitidine | | | |

| | Tier 1 | Tier 2 | Tier 3 | Tier 4 |
|---------------------------|---|---|--|----------------------------------|
| Proton Pump Inhibitors | lansoprazole OTC, omeprazole 10mg, omeprazole 20mg, omeprazole 40mg, omeprazole OTC, pantoprazole 20 & 40 mg, pantoprazole inj, Prevacid 24hr OTC, Prilosec OTC | | | |
| | *(RP) Reference Priced Proton Pump Inhibitors: Plan pays \$0.30 per unit. Member is responsible for remaining cost. (Excluded for High Deductible Plan) | Aciphex, rabeprazole*(NG) , Dexilant, esomeprazole, lansoprazole non-OTC, Nexium, Nexium OTC, Prevacid, Prilosec, Protonix | | |
| Bowel Preparation Drugs | *See Wellness/Preventive under the Miscellaneous section for agents covered with no copay. | Colyte, Golytely, MoviPrep | Clenpiq | |
| Overactive Bladder Agents | oxybutynin immediate release | | | |
| | *(RP) Reference Priced Overactive Bladder Agents: Plan pays \$0.51 per unit. Member is responsible for remaining cost. (Excluded for High Deductible Plan) | Detrol, tolterodine, Detrol LA, tolterodine (extended release), Ditropan XL, Enablex, Myrbetriq, trospium, trospium ER, Vesicare, solifenacin*(NG) , oxybutynin extended release | | |
| Inflammatory Bowel | budesonide 3mg capsules, sulfasalazine | Delzicol | Apriso*(QL), budesonide 9mg tablets*(PA), Canasa | mesalamine*(NG) , Pentasa |
| Hyperparathyroid Agents | calcitriol | Hectorol, Zemplar | Rocaltrol | |
| MEN'S HEALTH | | | | |
| Erectile Dysfunction | | Muse*(QL)*(PA), Stendra*(QL)*(PA), sildenafil*(NG)(QL)(PA) | Cialis*(QL)*(PA), Staxyn *(QL)*(PA), ildenafil*(NG)(QL)(PA) | |
| Hormone Replacement | Testosterone Injectable(s)*(PA) | | | |
| Prostate Health | doxazosin, dutasteride, tamsulosin, terazosin | | silodosin*(NG) | |
| RESPIRATORY | | | | |
| Nasal Products | azelastine, flunisolide, fluticasone | | | |
| | *(RP) Reference Priced Nasal Steroids: Plan pays up to \$26.00 for a one month supply. Member is responsible for remaining cost. (Excluded for High Deductible Plan) | Beconase AQ, Flonase, Nasonex, Rhinocort AQ, budesonide, QNasl | | |

| | Tier 1 | Tier 2 | Tier 3 | Tier 4 |
|---|---|---|------------------|--------------------------|
| Leukotriene Modulators | montelukast, zafirlukast | | | |
| **Steroid Inhalants | budesonide solution | Asmanex, QVAR RediHaler | | |
| **Beta Agonists-Short Acting | albuterol sulfate HFA, metaproterenol | ProAir HFA, ProAir Respi Click | | |
| **Beta Agonists-Long Acting | no generics available at this time | Foradil*(ST), Serevent Diskus*(ST) | Perforomist*(ST) | |
| **Inhaled Corticosteroids / Long Acting Beta Agonists | fluticasone/salmeterol | Dulera, budesonide/formoterol fumarate*(NG) , Symbicort | | |
| **Long-Acting Muscarinic Agents + Long-Acting Beta Agonists | | Stiolto Respimat | | |
| **Long-Acting Anticholinergics | | Spiriva, Spiriva Respimat | | |
| **Respiratory-Other | albuterol/ipratropium, ipratropium, theophylline 200mg extended release | Combivent | | Nucala*(PA), Xolair*(PA) |

NOTE - NO OTHER BRAND-NAME MEDICATIONS ARE COVERED IN THE RESPIRATORY DRUG CATEGORIES THAT ARE MARKED WITH **. ONLY THOSE LISTED IN THIS PDL ARE COVERED. ALL OTHER BRANDED PRODUCTS ARE EXCLUDED FROM COVERAGE.

TOPICAL

| | | | | |
|---------------------|--|--|--|---------------|
| Ears | ofloxacin | | Ciprodex | |
| Eye-Glaucoma | brimonidine, latanoprost, levobunolol, timolol, dorzolamide, dorzolamide/timolol drops | Alphagan P 0.1% (if no generic available), Azopt, Betimol, Betoptic, Cosopt drops, Lumigan | Alphagan P 0.15%, Cosopt droperette, dorzolamide/timolol droperette, Timoptic, Trusopt, Xelpros, Xalatan | |
| Eye-Dry Eye Disease | | Cequa | | |
| Eye-Miscellaneous | cromolyn, ketorolac, levofloxacin 0.5% | Acuvail, Alrex, Lotemax (ointment & suspension <i>ONLY</i>) | Alocril, Alomide, Vigamox, Zirgan | |
| Skin-All | betamethasone, clotrimazole/betamethasone topical lotion, lidocaine >5%*(PA), mometasone | Pimecrolimus*(NG) | Diprolene AF, Ertaczo, Finacea Gel, Venelex Ointment | Dupixent*(PA) |

| | Tier 1 | Tier 2 | Tier 3 | Tier 4 |
|--|--|---|---|-------------|
| Skin-Acne | benzoyl peroxide, benzoyl peroxide/erythromycin, clindamycin (foam is excluded), Amnesteem, Claravis, sulfacetamide sodium 10% topical solution, tretinoin*(PA age 26 & over) | Retin-A 0.05% topical solution*(PA age 26 & over), Retin-A micro*(PA age 26 & over) | dapsone*(NG), Retin-A (other strengths)*(PA age 26 & over) | |
| WOMEN'S HEALTH | | | | |
| Combination HRT | Norethindrone Acetate/TE/Ethinyl Estradiol 1mg/5mcg | FemHRT 0.5mg/2.5mg, Prefest, Premphase, Prempro, Prempro Low Dose | Activella, Climara Pro, Combipatch | |
| Contraceptives | Plan will pay 100% for all <u>COVERED GENERIC contraceptives</u> . <u>COVERED BRANDS</u> with no generic available will be covered by the plan under Tier 3 (limited to oral forms) . | | | |
| | *** <u>Brand/Generic difference/penalty pricing will apply if member chooses a COVERED BRAND where a generic is available.</u> *** | | | |
| | <p>Examples of COVERED GENERICS paid at 100%:</p> <p>Amethia, Aviane, Azurette, Camrese, Camrese Lo, Cryselle, Daysee, Elinest, Emoquette, Enpresse, Gianvi, Gildess, Introvale, Jolessa, Junel 1/20, Junel 1.5/30, Junel FE 1/20, Junel FE 1.5/30, Kariva, Lessina, Levora, Loryna, Low-Ogestrel, Levonest, Lutera, Marlissa, Microgestin, Mono-Linyah, MonoNessa, Myzilra, Necon, Nortrel, Ocella, Ogestrel, Orsythia, Portia, Previfem, Quasense, Reclipsen, Sprintec, Sronyx, Syeda, Tilia, Trinessa, Trinessa Lo, Tri-Linyah, Tri-Lo- Estarylla, Tri-Sprintec, Tri-Lo-Sprintec, Trivora, Wymzya, Vestura, Viorele, Zarah, Zenchent</p> <p>Examples of COVERED BRANDS paid at 100%:</p> <p>Nuvaring and Ortho-Evra</p> | LoLoestrin FE | | |
| Hormone Replacement Therapy (HRT) | | Alora, Estrace Cream, Estrogel, Menest, Premarin, Prometrium, Vivelle-Dot, Yuvaferm | Climara, Divigel, Enjuvia, Estrace Tablet, Estring, Femring | |
| Osteoporosis-Calcium Regulators | alendronate, calcitonin nasal spray | Miacalcin Injection | | |
| | *(RP) Reference Priced Calcium Regulators: Plan pays up to \$0.10 per pill/unit. Member is responsible for remaining cost. (Excluded for High Deductible Plan) | Actonel, Atelvia, risedronate sodium*(NG) | | |
| Osteoporosis-Hormone Receptor Modulators | raloxifene | | | Prolia*(PA) |

| | Tier 1 | Tier 2 | Tier 3 | Tier 4 |
|---|--|--|--|---|
| Prenatal Vitamins | CompleteNate, CO-Natal FA, MACNATAL CN DHA, M-Vit, Mynatal Plus, Mynatal-Z, OB-Natal One, PNV-Select, Prenafirst, PrenataPlus, Prenatabs FA, Prenatal Low Iron, Se-Tan DHA, Taron EC Calcium, Taron-Prex, Trinatal RX 1, Ultimatecare One, Vinate IC | Concept DHA, Concept OB, Folcal DHA, Folcaps Omega 3, Folivane-PRx DHA NF, Gesticare DHA, Levomefolate DHA, Levomefolate PNV, L-Methylfolate PNV DHA, Tamdem DHA, Virt-PN, Zatean-PN | Complete-RF Prenatal, Folivane-OB, HemeNatal OB+DHA, NatalVit, Prenatal Vitamins Plus, Prenaissance Balance/Plus, O-Cal FA, O-Cal Prenatal, Venatal-FA, Venate, Vol-Nate, VP-CH-PNV, Zatean-CH | |
| Vaginal Products | clotrimazole, fluconazole, metronidazole vag gel, terconazole | Gynazole-1 | Clindesse, Diflucan, Metrogel Vaginal, Terazol | |
| MISCELLANEOUS | | | | |
| Antiemetics | granisetron*(QL), ondansetron*(QL) | Emend*(QL), Varubi | Anzemet*(QL), Sancuso*(QL)(PA) | |
| Antipsoriatics | acitretin, tazarotene*(PA) | | Zithranol Shampoo | |
| Botulinum Toxins | | | | Xeomin® (PA), Dysport® (PA) |
| Gout | allopurinol, colchicine | | febuxostat*(NG)(PA), Zylprim | |
| Growth Hormone | no generics available at this time | Norditropin*(PA) | | Saizen*(PA), Serostim*(PA), Zorbitive*(PA) |
| Immunosuppressive Agents | azathioprine, cyclosporine, mycophenolate mofetil, tacrolimus capsule | | | Myfortic, Nulojix*(PA), Prograf capsule, Prograf injection, Rapamune, Simulect |
| Rheumatoid Arthritis | methotrexate, leflunomide | Trexall*(PA) | | |
| Saliva Stimulants | cevimeline | | | |
| Targeted Immune Modulators (Step Therapy--Use Preferred Agents First) (NOTE: Samples of medication will not be recognized as a means of establishing prior drug use.) | | Enbrel*(PA), Humira*(PA), Olumiant*(PA, QL), Renflexis*(PA), Rinvoq*(PA), Skyrizi*(PA), Taltz*(PA) | | Actemra*(PA), Cimzia*(PA), Cosentyx*(PA), Entyvio*(PA), Inflectra*(PA), Kevzara*(PA), Kineret*(PA), Orencia*(PA), Otezla*(PA), Rituxan*(PA), Simponi*(PA), Stelara*(PA), Tysabri*(ST), Xeljanz*(PA) |
| Wellness/Preventive | The following medications are covered 100% by the plan due to federal regulations. | | | |
| | *Aspirin, Folic Acid, Iron Supplement (for children up to 1 year of age), Vitamin D (for adults age 65 and older) | | | |
| | *Chantix (Smoking Cessation) is covered by prior authorization. Bupropion is also covered. | | | |
| | *All preventive vaccines recommended by the CDC advisory Committee on Immunization Practices | | | |
| | *Generic bowel prep products (Gavilyte-C/G/H/N, Peg 3350/Electrolytes, Peg-Prep, Peg-3350/KCL Sol /Sodium, Trilyte | | | |
| *Some statin medications may be covered with a \$0 copay for eligible members. Preventive care restrictions apply. | | | | |