

Arkansas State and Public School Employees Preferred Drug List (PDL) - Effective October 2018

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 ARBenefits 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.** **Brand drugs with an equivalent generic available are non-covered on the Classic and Basic plans.**

Specialty drugs *may require* prior authorization (PA) by EBRx (1-866-564-8258) to ensure appropriate usage. These medications are indicated in the PDL located under Tier 4.

Compounded medications require a Tier 3 copay for Premium plan members. Deductible and/or coinsurance will apply for Classic and Basic plan members. General benefit guidelines apply.

Medications listed as reference priced are considered non-covered on the Classic and Basic plans.

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, cephalexin, 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		
Antiretrovirals	abacavir, didanosine, lamivudine, lamivudine/zidovudine, nevirapine, zidovudine	Isentress*(PA), Isentress Chewable*(PA), Prezista tablets, Reyataz, Sustiva, Viracept, Viread	Epivir, Evotaz, Reyataz powder, Vitekta Aptivus, Atripla, Biktarvy, Cimduo, Combivir, Crixivan, Descovy, Emtriva, Epzicom, Invirase, Isentress Powder*(PA), Juluca*(PA), Kaletra, Lexiva, Odefsey, Prezcobix, Prezista soln*(PA), Rescriptor, Selzentry*(PA), Stribild tablet*(QL)*(PA), Symfi Lo, Tivicay, Trizivir, Truvada

	Tier 1	Tier 2	Tier 3	Tier 4
Antivirals-Flu	amantadine, rimantadine	oseltamivir*(NG)	Relenza	
Antivirals-Herpes	acyclovir, famciclovir, valacyclovir			
Antivirals-Other-Interferons/Interferon combinations	ribavirin*(PA)			Zepatier*(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 Classic & Basic plans.)	Altoprev, Crestor 5mg, 10mg & 20mg, fluvastatin, Lescol XL, Lipitor, Mevacor, Pravachol, Zocor		
Other Antihyperlipidemic Agents	cholestyramine resin, colestipol, ezetimibe, gemfibrozil	Welchol tablet		
Antiplatelet Agents	clopidogrel, dipyridamole, dipyridamole/aspirin, anagrelide, cilostazol	prasugrel*(NG)	Brilinta	
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			
Angiotensin II Rec Antagonist (ARB)/Direct Renin Inhibitor (DRI)	amlodipine/valsartan, irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, 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 Classic & Basic plans.)	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		

	Tier 1	Tier 2	Tier 3	Tier 4
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), 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 Classic & Basic plans.)	Long Acting Amphetamines are <u>reference priced</u> for members 26 years of age or older; <u>*Quantity Limits</u> will still apply to <u>reference priced</u> 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)	
Analgesics-NSAIDs (NOTE: Topical NSAIDs are not covered by the plan.)	celecoxib, diclofenac tabs, etodolac, fenoprofen, ibuprofen, indomethacin, ketorolac*(QL), meloxicam, naproxen/sodium, sulindac			
Anticonvulsants	carbamazepine, levetiracetam, phenytoin, valproic acid, gabapentin, lamotrigine, divalproex delayed release, divalproex SR, topiramate, oxcarbazepine, zonisamide		Banzel*(PA), Fycompa, Potiga*(PA)	
Fibromyalgia	gabapentin			
	*(RP) Reference Priced Anticonvulsants: Plan pays \$0.35 per unit. Member is responsible for the remaining cost. (Excluded for Classic & Basic plans.)	Lyrica, Lyrica CR		

	Tier 1	Tier 2	Tier 3	Tier 4
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 Classic & Basic plans.) Cymbalta, Effexor XR, venlafaxine extended release tablets			
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 Classic & Basic plans.) Lexapro, Luvox CR, fluvoxamine ER, Paxil, Paxil ER, paroxetine ER, Pexeva, Zoloft			
Anti-Parkinson	carbidopa/levodopa, entacapone, pramipexole, ropinirole, selegiline,	rasagiline*(NG) , Tasmar	pramipexole SR*(NG)	Nuplazid*(PA)
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	Invega Sustenna, Invega Trinz*(PA)
Migraine Products	rizatriptan*(QL), rizatriptan ODT*(QL), sumatriptan tablets*(QL)		sumatriptan injectables*(QL)	
	RP Migraine Medications. Plan pays \$0.50 per unit. Member is responsible for remaining cost. (Excluded for Classic & Basic plans.) 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 Classic & Basic plans.) Sumatriptan Nasal Sprays (QL), Zomig nasal sprays(QL)			

	Tier 1	Tier 2	Tier 3	Tier 4
Multiple Sclerosis Drugs				Aubagio tablet*(PA)*(QL), Avonex*(PA), Betaseron*(PA), Extavia, Gilenya, glatopa*(NG) , 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 Classic & Basic plans.)			
Skeletal Muscle Relaxants	cyclobenzaprine, metaxalone, tizanidine, dantrolene, baclofen, chlorzoxazone			
ENDOCRINE				
Diabetes-Insulin	no generics available at this time	Humulin R 100, Humulin N, Humulin 70/30, Humulin R U-500 Kwikpen, Humalog, Humalog JR Kwikpen, Lantus, Toujeo, Toujeo Max Solostar		
Diabetes-Non-Insulin Injectable antihyperglycemic agents	no generics available at this time	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		

	Tier 1	Tier 2	Tier 3	Tier 4
Diabetic Supplies	<u>Diabetic testing strips</u> require a copay. Several <i>Tier 1</i> options are available. Covered test strips are listed below. Other diabetic testing supplies (lancets, needles & syringes) will be provided to members actively enrolled in the <u>Diabetes Management Program</u> through Kannact. Enroll by calling 1-844-279-4153 or online www.Kannact.com/ARBenefits .			
	Advocate, Agamatrix, Element, Embrace, Relion, Truetest, Truetrack, Prodigy, Wavesense Presto		Onetouch Ultra Blue, Onetouch Viero, Onetouch Basic, Bayer Contour, Bayer Breeze, Accu-Chek Aviva, Accu-Chek Compact, Accu-Chek Smartview, Accu-Chek Comfort Curve, Freestyle, Freestyle Lite	
Thyroid Agents	levothyroxine, Levoxyl			
GASTROINTESTINAL/URINARY				
Digestive Aids	pancrelipase	Creon, Viokace, Zenpep		
Gallstone Solubilizing Agents	ursodiol			
H-2 Antagonists	cimetidine, famotidine, nizatidine, ranitidine			
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 Classic & Basic plans.)	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 Classic & Basic plans.)	Detrol, tolterodine, Detrol LA, tolterodine (extended release), Ditropan XL, Enablex, Myrbetriq, trospium, trospium ER, Vesicare, oxybutynin extended release		
Inflammatory Bowel	budesonide, sulfasalazine	Delzicol	Apriso*(QL), Canasa, Entocort EC	mesalamine*(NG) , Pentasa

	Tier 1	Tier 2	Tier 3	Tier 4
Hyperparathyroid Agents	calcitriol	Hectorol, Zemplar	Rocaltrol	
MEN'S HEALTH				
Erectile Dysfunction		Muse*(QL)*(PA), Stendra*(QL)*(PA), sildenafil*(NG)(QL)(PA)	Cialis*(QL)*(PA), Levitra*(QL)*(PA), Staxyn *(QL)*(PA)	
Hormone Replacement	Testosterone Injectable(s)*(PA)			
Prostate Health	doxazosin, tamsulosin, terazosin	Dutasteride*(NG)	Rapaflo	
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 Classic & Basic plans.)			
Leukotriene Modulators	montelukast, zafirlukast*(ST)			
**Steroid Inhalants	budesonide solution	Asmanex, QVAR RediHaler		
**Beta Agonists-Short Acting	metaproterenol	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		Dulera*(ST), Symbicort*(ST)		
**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.				

	Tier 1	Tier 2	Tier 3	Tier 4
TOPICAL				
Ears	ofloxacin		Ciprodex	
Eye-Glaucoma	brimonidine, latanoprost, levobunolol, timolol, dorzolamide, dorzolamide - timolol	Alphagan P 0.1% (if no generic available), Azopt, Betimol, Betoptic, Lumigan	Alphagan P 0.15%, Cosopt, Timoptic, Trusopt, Xalatan	
Eye-Allergy	azelastine, cromolyn, epinastine, ketorolac, ketotifen fumarate	Acuvail	Alocril, Alomide, Bepreve, Elestat, Emadine, Lastacraft, olopatadine*(NG) , Patanol	
Eye-Miscellaneous	levofloxacin 0.5%	Alrex, Lotemax (ointment & suspension <i>ONLY</i>)	Vigamox, Zirgan	
Skin-All	betamethasone, clotrimazole/betamethasone topical lotion, lidocaine >5%*(PA), mometasone	Elidel	Diprolene AF, Ertaczo, Finacea Gel, Venelex Ointment	Dupixent*(PA)
Skin-Acne	benzoyl peroxide, benzoyl peroxide/erythromycin, clindamycin, clindamycin phosphate-benzoyl peroxide gel, 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)	Aczone Gel, 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 <u>COVERED BRAND</u> 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		

	Tier 1	Tier 2	Tier 3	Tier 4
Hormone Replacement Therapy (HRT)		Alora, Cenestin, Estrace Cream, Estrogel, Menest, Premarin, Prometrium, Vivelle-Dot, Yuvaferm	Climara, 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 Classic & Basic plans.) Actonel, Atelvia, risedronate sodium(NG)			
Osteoporosis-Hormone Receptor Modulators	raloxifene			Prolia*(PA)
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, Tandem DHA, Virt-PN, Zatean-PN	Complete-RF Prenatal, Folivane-OB, HemeNatal OB+DHA, NatalVit, Prenatal Vitamins Plus, Prenaisance Balance/Plus, O-Cal FA, O-Cal Prenatal, Venatal-FA, Venate, Vol-Nate, VP-CH-PNV, Zatean-CH	
Vaginal Products	clotrimazole, fluconazole 150*(QL), metronidazole vaginal, terconazole	Gynazole-1	Clindesse, Diflucan 150mg*(QL), Metrogel Vaginal, Terazol	
MISCELLANEOUS				
Antiemetics	granisetron*(QL), ondansetron*(QL)	Emend*(QL), Varubi	Anzemet*(QL), Sancuso*(QL)	
Antipsoriatics	acitretin	Tazorac*(PA)	Zithranol Shampoo	Amevive*(PA)
Botulinum Toxins				Xeomin® (PA), Dysport® (PA)
Gout	allopurinol, colchicine		Uloric*(PA), Zyloprim	
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)		

	Tier 1	Tier 2	Tier 3	Tier 4
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)		Actemra*(PA), Cimzia*(PA), Cosentyx*(PA), Entyvio*(PA), Inflixtra*(PA), Kevzara*(PA), Kineret*(PA), Olumiant*(PA, QL), Orencia*(PA), Otezla*(PA), Remicade*(PA), Rituxan*(PA), Simponi*(PA), Stelara*(PA), Tysabri*(ST), Xeljanz*(PA)
Wellness/Preventive	<p>The following medications are covered 100% by the plan due to federal regulations.</p> <ul style="list-style-type: none"> *Aspirin, Folic Acid, Iron Supplement (for children up to 1 year of age), Vitamin D (for adults age 65 and older) *Chantix & bupropion when enrolled in the ARBenefits Smoking Cessation Program *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. 			

Specialty Drug List--October 2018

This Specialty Drug List includes medications that are classified as **Tier 4** drugs (by plan coverage) and **most** will require pre-authorization by EBRx (1-866-564-8258) when obtained from the pharmacy or administered in the physician's office.

***NOTE:** Samples of medication will not be recognized as a means of establishing prior drug use during the step therapy/prior authorization criteria review for Targeted Immune Modulators (ex; Humira, Enbrel, etc).

ACROMEGALY

Sandostatin	Somatuline Depot
Sandostatin LAR	Somavert

BOTULINUM TOXINS

Dysport	Xeomin
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CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES

Arcalyst

CYSTIC FIBROSIS

Cayston	Orkambi
Kalydeco	Pulmozyme

ENZYME DEFICIENCY OR LYSOSOMAL STORAGE

Aldurazyme	Lumizyme
Cerdelga	Myozyme
Cerezyme	Naglazyme
Cystadane	Nityr
Cystaran	Sucraid
Elaprase	Zavesca
Fabrazyme	

GROWTH HORMONE & RELATED DISORDERS

Saizen	Somavert
Serostim	Zorbtive

HEMATOPOIETICS

Aranesp	Mozobil
Epogen	Neulasta

HORMONAL THERAPIES

Eligard	Synarel
Firmagon	Vantas
Supprelin LA	

IGF-1 Deficiency

Increlex

IMMUNE DEFICIENCY & RELATED DISORDERS

Bivigam	Gamastan S/D
Flebogamma	Octagam

IMMUNE THROMBOCYTO-PENIC PURPURA

Promacta

IRON OVERLOAD

Exjade	Jadenu
Ferriprox	Jadenu Sprinkle

MACULAR DEGENERATION

Eylea	Visudyne
Macugen	

MULTIPLE SCLEROSIS

Aubagio	Glatopa
Avonex	Rebif
Betaseron	Tecfidera
Extavia	Tysabri
Gilenya	

ONCOLOGY – ORAL

Braftovi	Tafinlar
Gleevec	Tarceva

HEMATOPOIETICS (CONTINUED)

Fulphila	Neumega
Granix	Procrit
Leukine	Zarxio

HEMOPHILIA & RELATED BLEEDING DISORDERS

Advate	Koate-DVI
Adynovate	Kogenate FS
Alphanate	Monoclate-P
Alphanine SD	Mononine
Alprolix	NovoEight
Bebulin	NovoSeven RT
Bebulin VH	Nuwiq
Benefix	Obizur
Feiba NF	Profilnine SD
Feiba VH	Rebinyon
Helixate FS	Recombinate
Hemlibra	Stimate
Hemofil M	Wilate
Humate-P	Xyntha
Idelvion	

HEPATITIS B

Baraclude	Lamivudine
Epivir HBV	Tyzeka
Hepsera	Vemlidy

HEPATITIS C

Zepatier

HEREDITARY ANDIOEDEMA

Cinryze	Haegarda
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HIV

Aptivus	Selzentry
Atripla	Odefsey
Biktarvy	Prezcobix
Cimduo	Prezista
Combivir	Rescriptor
Complera	Retrovir
Crixivan	Reyataz
Descovy	Stavudine
Edurant	Stribild
Egrifta	Sustiva
Emtriva	Symfi Lo

ONCOLOGY – ORAL (CONTINUED)

Hycamtin	Targretin
Ibrance	Tasigna
Imbruvica	Temodar
Jakafi	Thalomid
Matulane	Tykerb
Mekinist	Votrient
Mektovi	Xeloda
Myleran	Xtandi
Nexavar	Zelboraf
Ninlaro	Zolinza
Revlimid	Zydelig
Sprycel	Yonsa
Sutent	

ONCOLOGY - SUPPORTIVE CARE

Elitek	Zometa
Xgeva	

OSTEOPOROSIS

Prolia	Reclast
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PULMONARY ARTERIAL HYPERTENSION

Adcirca	sildenafil 20mg
Adempas	Tracleer
Flolan	Tyvaso
Letairis	Uptravi
Opsumit	Veletri
Remodulin	Ventavis

RESPIRATORY SYNCYTIAL VIRUS

Synagis

TRANSPLANT

Cellcept	Prograf
Gengraf	Rapamune
Myfortic	Sandimmune
Neoral	Zortress
Nulojix	

OTHER THERAPIES

Aranesp	Nucala
Dupixent	Soliris
Esbriet	Siklos
Invega Sustenna	Vivitrol
Invega Trinz	Xenazine

HIV (CONTINUED)

Epzicom	Symtuza
Fuzeon	Triumeq
Genvoya	Trizivir
Intelence	Truvada
Invirase	Tybost
Isentress	Videx
Juluca	Viracept
Kaletra	Viramune
Lexiva	Viread
Norvir	Zerit
	Ziagen

OTHER THERAPIES (CONTINUED)

Krystrexxa	Xolair
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2018 Changes to Preferred Drug List (PDL)

Date	Change
1/1/2018	<p>*Added notations "Compounded medications require a Tier 3 copay for Premium plan members. Deductible and/or coinsurance will apply for Classic and Basic plan members. General benefit guidelines apply." This has been in place but was not listed on the drug list.</p> <p>*Removed Noritate from Tier 2.</p>
3/1/2018	<p>*Added Baxdela to Tier 4</p> <p>*Added Vabomere to Tier 4</p> <p>*Added Juluca to Tier Tier 4.</p> <p>*Removed Tamiflu from Tier 2 and added the generic oseltamivir*(NG) in its place. Brand drug Tamiflu will now apply the brand/generic copay difference.</p> <p>*Added generic nimodipine*(PA) to T4.</p> <p>*Added 10, 20 & 40mg next to fluoxetine.</p> <p>*Added Humalog JR Kwikpen to Tier 2.</p> <p>*Replaced QVAR with QVAR Redihaler</p> <p>*Removed Desonate Gel from Tier 2. Excluded.</p>
5/1/2018	<p>*Added Toujeo Max Solostar to Tier 2.</p> <p>*Removed Vagifem from Tier 2 since it applies a brand/generic difference now. Added the generic Yuvaferm to Tier 2 in its place.</p> <p>*Removed Humatrope, Genotropin, Nutropin from Tier 3. Excluded as of 5/1/18. Moved Norditropin*(PA) to Tier 2. Removed Tev-Tropin*(PA) because the products are all obsolete. Added Zorbitive to Tier 3 because that's another cov'd GH.</p>
5/22/2018	<p>*Added Symfi Lo and Biktarvy to tier 4. New drugs.</p> <p>*Move ezetimibe to tier 1 and remove PA.</p> <p>*Added generic telmisartan HCTZ to RBP just for clarity</p> <p>*Move memantine to Tier 1 and remove PA</p> <p>*Add celecoxib and fenoprofen to tier 1</p> <p>*Add Lyrica CR to RBP. New drug.</p> <p>*Move Aripiprazole tablet to Tier 1 and remove PA.</p> <p>*Removed Zegerid Powder Packets from Tier 3 (now excluded). Removed Zegerid capsules and generic omeprazole/sodium bicarb capsules from RBP. Now excluded.</p> <p>*Added Clenpiq to T3. New drug.</p> <p>*Added >5% to lidocaine (lower strengths now excluded)</p> <p>*Removed ibandrontate and Boniva. Now excluded.</p>
7/1/2018	<p>*Added generic eletriptan*(QL) to RBP box for clarity.</p> <p>*Added new category under Miscellaneous section for "Botulinum Toxins"; added Xeomin and Dysport to the Tier 4 box.</p> <p>*Under the Cardiovascular section - Antiplatelet Agents---removed the brand drug Effient from the Tier 2 box. It no longer has a flat copay since a generic is available. The generic equivalent prasugrel was added to the Tier 2 box.</p>

10/16/2018	<ul style="list-style-type: none"> *Added the word "tablets" and removed "ODT" from Clozapine ODT (100mg) because the ODT is now excluded from coverage. *Added the word "tablets" and removed "ODT" from Risperidone ODT (0.5mg and 3mg) because the ODT is now excluded from coverage. *Removed the medications Actoplus Met XR & pioglitazone-metformin. Now excluded. *Added Siklos to the Specialty Drug List under "Other Therapies" (Covered for members age <= 4 years. Quantity limit of 30 per month.) *Added Cimduo to the Specialty Drug List under "HIV" and to the PDL under "Antiretrovirals". Tier 4. *Added Symtuza to the Specialty Drug List under "HIV" *Added Yonsa to the Specialty Drug List under "Oncology - Oral". PA is required. *Added Olumiant to the PDL, Tier 4, under the Targeted Immune Modulators category. PA is required. Quantity limit of 30 per 30 days. *Added Braftovi to the Specialty Drug list under "Oncology - Oral" PA is required. *Added Mektovi to the Specialty Drug list under "Oncology - Oral" PA is required. *Added Fulphila to the Specialty Drug List under "Hematopoietics" PA is required. *Added Prezcobix to the Specialty Drug List under "HIV" and to the PDL under "Antiretrovirals". Moved from Tier 3 to Tier 4. *Move generic tobramycin 200mg/5ml ampule to Tier 4. *Move generic temozolomide to Tier 4 *Add Retacrit to Tier 4 *The following drugs are now excluded. They are now available over-the-counter: Centrutex, Dailyvite, Enlyte, Fabb, Ferocon, Ferrex, Ferrocite Plus, Folbee Plus, Folgard, Folivane-F, Folivane Plus, Folplex, Hematinic Plus, Hemocyte Plus, Icar-C Plus, Iferex 150 Forte, Integra F / Plus, Multigen Folic / Plus, *The following drugs are now excluded. They are now available over-the-counter: Multivitamin w/Fluoride, Nephro-Vite Rx, Se-Tan Plus, Sodium Fluoride, Tandem Plus, Tozal , Triphrocaps, Virt-Caps, Virt-Vite / Plus, Vol-Care Rx, Vol-Plus, Irospan, Vasculera, Rheumate *Epiceram is now excluded *Actoplus Met XR & the generic pioglitazone-metformin combination is now excluded. *Oxaydo is now excluded *Removed Nuvigil and generic modafinil from the PDL. They were listed under the ADHD Medications and do not belong in that category. They are still covered with approved prior authorization. *Removed "PA Required" from the drug pioglitazone/glimepiride combo product. No longer requires PA. *Changed the wording for Diabetic Supplies to include the website and phone number for Kannact. *Removed generic Estradiol from Tier 1 under Hormone Replacement Therapy. This generic has multiple brand names so the generic does not always have a tier 1 copay. The newer generic versions will require the brand drug copay.
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