

## Arkansas State and Public School Employees Preferred Drug List (PDL) - Effective November 2019

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
<b>ANTI-INFECTIVES</b>			
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) ( <b>NG</b> )	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	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, Prezcobix, Prezista soln*(PA), Rescriptor, Selzentry*(PA), Stribild tablet*(QL)*(PA), Symfi Lo, Temixys, Tivicay, Trizivir, Truvada, Viread

	Tier 1	Tier 2	Tier 3	Tier 4
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)
<b>CARDIOVASCULAR</b>				
Antihyperlipidemic-HMG (Statins) (NOTE: See Wellness/Preventive section.)	atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin			
	<b>*(RP) Reference Priced Antihyperlipidemic-HMG (Statins): Plan pays \$0.30 per unit. Member is responsible for remaining cost. (Excluded for Classic &amp; Basic plans.)</b>			
Other Antihyperlipidemic Agents	cholestyramine resin, colestipol, ezetimibe, gemfibrozil	Praluent*(PA), Welchol tablet		Repatha*(PA)
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, olmesartan HCTZ, olmesartan medoxomil, telmisartan, valsartan, valsartan/HCTZ			
	<b>*(RP) Reference Priced Angiotensin Receptor Blockers (ARB): Plan pays \$0.81 per unit. Member is responsible for remaining cost. (Excluded for Classic &amp; Basic plans.)</b>			
<b>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</b>				

	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)
<b>CENTRAL NERVOUS SYSTEM</b>				
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)	
	<b>*(RP) Long Acting Amphetamines: Plan pays \$2.50 per unit. Member is responsible for remaining cost. (Excluded for Classic &amp; Basic plans.)</b>	Long Acting Amphetamines are <b>reference priced</b> for members 26 years of age or older; <b>*Quantity Limits</b> will still apply to <b>reference priced</b> 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	<b>rivastigmine patch*(NG)</b>		
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 <b>(NOTE: Topical NSAIDs are not covered by the plan.)</b>	celecoxib, diclofenac tabs, etodolac, fenoprofen 400mg & 600mg, ibuprofen, indomethacin, ketorolac*(QL), meloxicam, naproxen/sodium, sulindac			
Anticonvulsants	carbamazepine, levetiracetam, phenytoin, valproic acid, gabapentin, lamotrigine, divalproex delayed release, divalproex SR, topiramate, oxcarbazepine, zonisamide	Nayzilam*(PA,QL)	Banzel*(PA), Fycompa, Potiga*(PA)	Diacomit*(PA), Sabril*(PA)
Fibromyalgia	gabapentin, pregabalin*(NG)			
	<b>*(RP) Reference Priced Anticonvulsants: Plan pays \$0.35 per unit. Member is responsible for the remaining cost. (Excluded for Classic &amp; Basic plans.)</b>	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			
	<b>*(RP) Serotonin norepinephrine reuptake inhibitors (SNRIs): Plan pays \$0.75 per unit. Member is responsible for remaining cost. (Excluded for Classic &amp; Basic plans.)</b> Cymbalta, Effexor XR, venlafaxine extended release <b>tablets</b>			
Antidepressants (SSRIs)	citalopram, escitalopram, fluoxetine 10, 20 & 40mg, fluvoxamine, paroxetine, sertraline			
	<b>*(RP) Selective serotonin reuptake inhibitors (SSRIs): Plan pays \$0.30 per unit. Member is responsible for remaining cost. (Excluded for Classic &amp; Basic plans.)</b> Lexapro, Luvox CR, fluvoxamine ER, Paxil, Paxil ER, paroxetine ER, Pexeva, Zoloft			
Anti-Parkinson	carbidopa/levodopa, entacapone, pramipexole, rasagiline, ropinirole, selegiline, tolcapone		Neupro*(PA), <b>pramipexole SR*(NG)</b>	Nourianz*(PA), 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), Aimovig*(PA,QL), Emgality*(PA,QL)	
	<b>*RP Migraine Medications. Plan pays \$0.50 per unit. Member is responsible for remaining cost. (Excluded for Classic &amp; Basic plans.)</b> almotriptan*(QL), Axert*(QL), <b>eletriptan*(QL)</b> , Frova*(QL), Frovatriptan*(QL), Naratriptan*(QL), Relpax*(QL), Zolmitriptan*(QL), Zolmitriptan ODT*(QL)			
	<b>*RP Migraine Medications. Plan pays \$6.00 per prescription. Member is responsible for remaining cost. (Excluded for Classic &amp; Basic plans.)</b> Sumatriptan Nasal Sprays*(QL), Tosymra *(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, <b>glatopa*(NG)</b> , Mavenclad*(PA), Rebif*(PA), Tecfidera*(PA)*(QL)
Sedative Hypnotics	temazepam 15mg, temezapam 30mg, triazolam, zaleplon, zolpidem			
	<b>*(RP) Reference Priced Sedatives/Hypnotics: Plan pays \$0.15 per unit. Member is responsible for remaining cost. (Excluded for Classic &amp; Basic plans.)</b>	Ambiem, Ambien CR, zolpidem ER, eszopiclone*(NG), Lunesta, Rozerem, Sonata, temazepam 7.5mg, temazepam 22.5mg		
Skeletal Muscle Relaxants	cyclobenzaprine, metaxalone, tizanidine, dantrolene, baclofen, chlorzoxazone			
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		
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	

	Tier 1	Tier 2	Tier 3	Tier 4
Diabetic Supplies	<b>Diabetic testing strips</b> 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 <b>Diabetes Management Program</b> through Kannact. Enroll by calling 1-844-279-4153 or online <a href="http://www.Kannact.com/ARBenefits">www.Kannact.com/ARBenefits</a> .			
	Advocate, Agamatrix, Element, Embrace, Relion, Truetest, Truetrack, Prodigy, Wavesense Presto		Onetouch Ultra Blue, Onetouch Viero, Onetouch Basic, Bayer Contour, Bayer Breeze, Accu-Chek Aviva Plus, Accu-Chek Compact, Accu-Chek Smartview, Accu-Chek Comfort Curve, Freestyle, Freestyle Lite, Freestyle Precision Neo	
Thyroid Agents	levothyroxine, Levoxyl			
<b>GASTROINTESTINAL/URINARY</b>				
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			
	<b>*(RP) Reference Priced Proton Pump Inhibitors: Plan pays \$0.30 per unit. Member is responsible for remaining cost. (Excluded for Classic &amp; Basic plans.)</b>	Aciphex, <b>rabeprazole*(NG)</b> , 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			
	<b>*(RP) Reference Priced Overactive Bladder Agents: Plan pays \$0.51 per unit. Member is responsible for remaining cost. (Excluded for Classic &amp; Basic plans.)</b>	Detrol, tolterodine, Detrol LA, tolterodine (extended release), Ditropan XL, Enablex, Myrbetriq, trospium, trospium ER, Vesicare, <b>solifenacin*(NG)</b> , oxybutynin extended release		

	Tier 1	Tier 2	Tier 3	Tier 4
Inflammatory Bowel	budesonide, sulfasalazine	Delzicol	Apriso*(QL), Canasa, Entocort EC	mesalamine*(NG), Pentasa
Hyperparathyroid Agents	calcitriol	Hectorol, Zemplar	Rocaltrol	
<b>MEN'S HEALTH</b>				
Erectile Dysfunction		Muse*(QL)*(PA), Stendra*(QL)*(PA), sildenafil*(NG)(QL)(PA)	Cialis*(QL)*(PA), Staxyn *(QL)*(PA), vardenafil*(NG)(QL)(PA)	
Hormone Replacement	Testosterone Injectable(s)*(PA)			
Prostate Health	doxazosin, dutasteride, tamsulosin, terazosin		silodosin*(NG)	
<b>RESPIRATORY</b>				
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.) Beconase AQ, Flonase, Nasonex, Rhinocort AQ, budesonide, QNasl			
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*(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
<b>TOPICAL</b>				
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-Allergy	azelastine, cromolyn, epinastine, ketorolac, ketotifen fumarate	Acuvail	Alocril, Alomide, Bepreve, Elestat, Emadine, Lastacraft, <b>olopatadine*(NG)</b> , Patanol	
Eye-Miscellaneous	levofloxacin 0.5%	Alrex, Lotemax (ointment & suspension <i>ONLY</i> )	Vigamox, Zigan	
Skin-All	betamethasone, clotrimazole/betamethasone topical lotion, lidocaine >5%*(PA), mometasone	<b>Pimecrolimus*(NG)</b>	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)	
<b>WOMEN'S HEALTH</b>				
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 <b>no</b> generic available will be covered by the plan under <b>Tier 3 (limited to oral forms)</b> .			
	*** <u>Brand/Generic difference/penalty pricing will apply if member chooses a <u>COVERED BRAND</u> where a generic is available.</u> ***			
	<b>Examples of COVERED GENERICS paid at 100%:</b>  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	<b>Examples of COVERED BRANDS paid at 100%:</b>  Nuvaring and Ortho-Evra	LoLoestrin FE	



	Tier 1	Tier 2	Tier 3	Tier 4
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		
	<b>*(RP) Reference Priced Calcium Regulators: Plan pays up to \$0.10 per pill/unit. Member is responsible for remaining cost. (Excluded for Classic &amp; Basic plans.)</b> Actonel, Atelvia, <b>risedronate sodium*(NG)</b>			
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, Tamdem 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, metronidazole vag gel, terconazole	Gynazole-1	Clindesse, Diflucan, Metrogel Vaginal, Terazol	
<b>MISCELLANEOUS</b>				
Antiemetics	granisetron*(QL), ondansetron*(QL)	Emend*(QL), Varubi	Anzemet*(QL), Sancuso*(QL)(PA)	
Antipsoriatics	acitretin	Tazorac*(PA)	Zithranol Shampoo	Amevive*(PA)
Botulinum Toxins				Xeomin® (PA), Dysport® (PA)
Gout	allopurinol, colchicine		<b>febuxostat*(NG)(PA)</b> , 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), 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	<p>The following medications are covered 100% by the plan due to federal regulations.</p> <ul style="list-style-type: none"> <li>*Aspirin, Folic Acid, Iron Supplement (for children up to 1 year of age), Vitamin D (for adults age 65 and older)</li> <li>*Chantix, bupropion &amp; nicotine patches when enrolled in the ARBenefits Smoking Cessation Program</li> <li>*All preventive vaccines recommended by the CDC advisory Committee on Immunization Practices</li> <li>*Generic bowel prep products (Gavilyte-C/G/H/N, Peg 3350/Electrolytes, Peg-Prep, Peg-3350/KCL Sol /Sodium, Trilyte</li> <li>*Some statin medications may be covered with a \$0 copay for eligible members. Preventive care restrictions apply.</li> </ul>			

# Specialty Drug List--November 2019

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	Pulmozyme
Kalydeco	Symdeko
Orkambi	

## 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	Procrit
Fulphila	Udenyca

## 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

Cablivi	Promacta
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## IRON OVERLOAD

Exjade  
Ferriprox

## MACULAR DEGENERATION

Eylea	Visudyne
Macugen	

## MULTIPLE SCLEROSIS

Aubagio	Glatopa
Avonex	Mavenclad
Betaseron	Rebif
Extavia	Tecfidera
Gilenya	Tysabri

## ONCOLOGY – ORAL

Alecensa	Sutent
Braftovi	Stivarga
Daurismo	Tafinlar

**HEMATOPOIETICS (CONTINUED)**

Granix	Zarxio
Leukine	

**HEMOPHILIA & RELATED BLEEDING DISORDERS**

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

**HEPATITIS B**

Baraclude	Lamivudine
Epivir HBV	Tyzeka
Hepsera	Vemlidy

**HEPATITIS C**

Mavyret	Zepatier
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**HEREDITARY ANDIOEDEMA**

Cinryze	Haegarda
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**HIV**

Aptivus	Odefsey
Atripla	Pifeltro
Biktarvy	Prezcobix
Cimduo	Prezista
Combivir	Rescriptor
Complera	Retrovir
Crixivan	Reyataz
Delstrigo	Selzentry
Descovy	Stavudine
Dovato	Stribild
Edurant	Sustiva

**ONCOLOGY – ORAL (CONTINUED)**

Erleada	Tagrisso
Gleevec	Talzenna
Hycamtin	Tarceva
Ibrance	Targetetin
Imbruvica	Tasigna
Inlyta	Temodar
Jakafi	Thalomid
Kisqali	Tykerb
Lynparza	Venclexta
Matulane	Verzenio
Mekinist	Vitrakvi
Mektovi	Vizimpro
Myleran	Votrient
Nexavar	Xeloda
Ninlaro	Xospata
Nubeqa	Xtandi
Pomalyst	Zelboraf
Revlimid	Zolinza
Rydapt	Zydelig
Sprycel	

**ONCOLOGY - SUPPORTIVE CARE**

Elitek	Zometa
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**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	
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**TRANSPLANT**

Cellcept	Prograf
Gengraf	Rapamune
Myfortic	Sandimmune
Neoral	Zortress
Nulojix	

**HIV (CONTINUED)**

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

**OTHER THERAPIES**

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