Preventive Drug List

Applies to the High Deductible Plan Only

What are Preventive Drugs?

They are drugs that may help prevent serious illnesses and complications. IRS guidelines for high-deductible health plans provide that preventive care, including prescription medications used for preventive purposes, can be excluded from the deductible. Taking preventive drugs, as directed by your doctor, may help you live a healthier life today and avoid serious illness in the future.

How Does My Health Plan Cover Preventive Drugs?

If you have a high-deductible health plan and your pharmacy benefit covers drugs on the Preventive Drug List, your plan will cover the drugs on this list before you meet your deductible. You may pay a copayment for them until you meet your out-of-pocket maximum.

Once you reach your out-of-pocket maximum, your benefit will cover your prescription drugs, including your preventive drugs, at 100 percent. Keep in mind that some drugs, usually those that are non-preferred,

may still be subject to a drug management program, such as prior authorization, quantity management or step therapy.

What Happens at the Pharmacy?

If your medication is on the Preventive Drug List, the pharmacy computer claims system will tell the pharmacist the copayment for your prescription or if you have reached your out-of-pocket maximum.

Which Medications are Included?

See the generic, preferred brand and non-preferred brand medications below. For the lowest out-of-pocket expense, you should always consider generics if you and your doctor decide they are right for you. Consider brand-name drugs if no generic drugs are available to treat your condition.

Generic drugs are noted with a (g). **Preferred brand-name** medications are noted with a (PB). **Non-preferred brand-name** medications are noted with a (NP).

ASTHMA/COPD		ISUPREL	NP	ASTHMA SUPPLIES	
ADVAIR HFA	PB	levalbuterol	g	NEBULIZERS	NP
albuterol sulfate	g	montelukast sodium	g	RESPIRATORY THERAPY SUPPLIES	S -
albuterol sulfate hfa	g	PERFOROMIST	NP	DEVICES	NP
aminophylline	g	PROAIR DIGIHALER	PB	SPACER/AEROSOL-HOLDING CHA	AMBER
ANORO ELLIPTA	PB	PROAIR RESPICLICK	PB	SUPPLIES - BAGS	NP
arformoterol tartrate	g	PULMICORT FLEXHALER	PB	SPACER/AEROSOL-HOLDING CHA	AMBER
ARNUITY ELLIPTA	PB	QVAR REDIHALER	PB	SUPPLIES - MASKS	NP
ATROVENT HFA	PB	roflumilast	g	SPACER/AEROSOL-HOLDING	
BEVESPI AEROSPHERE	PB	SEREVENT DISKUS	PB	CHAMBERS	NP
BREO ELLIPTA	PB	SPIRIVA HANDIHALER	PB	BLOOD THINNERS	
BREZTRI AEROSPHERE	PB	SPIRIVA RESPIMAT	PB	AGRYLIN	NP
budesonide	g	STIOLTO RESPIMAT	PB	anagrelide hydrochloride	
COMBIVENT RESPIMAT	PB	STRIVERDI RESPIMAT	NP	aspirin/dipyridamole	g
cromolyn sodium	g	SYMBICORT	PB	aspirin/dipyridamole er	g
DALIRESP	NP	terbutaline sulfate	g	BRILINTA	g NP
elixophyllin	g	THEO-24	NP	cilostazol	
fluticasone propionate/salmeterol	g	theophylline	g	clopidogrel	g
fluticasone propionate/salmeterol		theophylline er	g	dabigatran etexilate	g
diskus	g	TRELEGY ELLIPTA	PB	dipyridamole	g g
formoterol fumarate	g	wixela inhub	g	EFFIENT	Б NP
ipratropium bromide	g	zafirlukast	g	ELIQUIS	PB
ipratropium bromide/albuterol		zileuton er	g	enoxaparin sodium	
sulfate	g			fondaparinux sodium	g
isoproterenol hydrochloride	g			FRAGMIN	g NP
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heparin sodium	g	fluvoxamine maleate	g	glucagon emergency kit for low blood	
jantoven	g	fluvoxamine maleate er	g	sugar	g
prasugrel	g	imipramine hydrochloride	g	GLUCAGON EMERGENCY KIT FOR L	.OW
warfarin sodium	g	imipramine pamoate	g	BLOOD SUGAR	PB
XARELTO	PB	MARPLAN	NP	GLUCOTROL XL	NP
ZONTIVITY	NP	mirtazapine	g	glyburide	g
CORONARY ARTERY DISEAS	-	mirtazapine odt	g	glyburide micronized	g
CORONARY ARTERY DISEAS atorvastatin calcium		NARDIL	NP	glyburide/metformin hydrochlorid	
	g	nefazodone hydrochloride	g	GLYNASE	NP
cholestyramine	g	NORPRAMIN	NP	GLYXAMBI	PB
cholestyramine light	g	nortriptyline hydrochloride	g	HUMALOG	NP
colesevelam hydrochloride	g	PAMELOR	NP	HUMALOG JUNIOR KWIKPEN	NP
colestipol hydrochloride ezetimibe	g	PARNATE	NP	HUMALOG KWIKPEN	NP
	g	paroxetine hydrochloride	g	HUMALOG MIX 50/50	NP
ezetimibe/simvastatin fenofibrate	g	paroxetine hydrochloride er	g	HUMALOG MIX 50/50 KWIKPEN	NP
fenofibrate micronized	g	phenelzine sulfate	g	HUMALOG MIX 75/25	NP
	g	protriptyline hcl	g	HUMALOG MIX 75/25 KWIKPEN	NP
fenofibric acid	g	REMERON	NP	HUMULIN 70/30	NP
fenofibric acid dr	g	REMERON SOLTAB	NP	HUMULIN 70/30 KWIKPEN	NP
fluvastatin	g	sertraline hydrochloride	g	HUMULIN N	NP
fluvastatin sodium er	g	tranylcypromine sulfate	g	HUMULIN N KWIKPEN	NP
gemfibrozil	g	trazodone hydrochloride	g	HUMULIN R	NP
icosapent ethyl	g	trimipramine maleate	g	HUMULIN R U-500 (CONCENTRATE	D)
LIVALO	NP	TRINTELLIX	NP		РВ
LOPID	NP	venlafaxine hydrochloride	g	HUMULIN R U-500 KWIKPEN	РΒ
Lovastatin	g	venlafaxine hydrochloride er	g	INSULIN LISPRO	NP
NEXLETOL	PB	VIIBRYD STARTER PACK	NP	INSULIN LISPRO JUNIOR KWIKPEN	NP
NEXLIZET	PB	vilazodone hydrochloride	g	INSULIN LISPRO KWIKPEN	NP
niacin er	g		_	INSULIN LISPRO PROTAMINE/INSU	LIN
NIASPAN	NP	DIABETES		LISPRO KWIKPEN	NP
omega-3-acid ethyl esters	g	acarbose	g NP	JANUMET	РΒ
pravastatin sodium	g	ACTOPLUS MET		JANUMET XR	РΒ
prevalite rosuvastatin calcium	g	AFREZZA	NP	JANUVIA	РΒ
	g	alogliptin	g	JARDIANCE	РΒ
simvastatin	g	alogliptin/metformin hydrochloride	_	JENTADUETO	NP
TRICOR	NP	ALOGLIPTIN/PIOGLITAZONE	NP	JENTADUETO XR	NP
DEPRESSION		AMARYL	NP	KAZANO	NP
amitriptyline hydrochloride	g	APIDRA	NP	KOMBIGLYZE XR	NP
amoxapine	g	APIDRA SOLOSTAR	NP	LANTUS	РΒ
ANAFRANIL	NP	BAQSIMI	PB NP	LANTUS SOLOSTAR	РΒ
bupropion hydrochloride	g	BASAGLAR KWIKPEN	NP	LEVEMIR	NP
bupropion hydrochloride er (sr)	g	BYDUREON BCISE	NP	LEVEMIR FLEXPEN	NP
bupropion hydrochloride er (xl)	g	BYETTA CYCLOSET		LEVEMIR FLEXTOUCH	NP
citalopram	g		NP	metformin hydrochloride	g
citalopram hydrobromide	g	diazoxide	g	metformin hydrochloride er	g
clomipramine hydrochloride	g	DUETACT	NP	miglitol	g
desipramine hydrochloride	g	FARXIGA	PB	MOUNJARO	PB
desvenlafaxine er	g	FIASP	РВ	nateglinide	g
DESVENLAFAXINE ER	NP	glimepiride	g	NESINA	NP
doxepin hydrochloride	g	glipizide	g	NOVOLIN 70/30	РΒ
duloxetine hydrochloride	g	glipizide er	g	NOVOLIN 70/30 FLEXPEN	РВ
EMSAM	NP	glipizide xl	g	NOVOLIN N	РΒ
escitalopram oxalate	g	glipizide/metformin hydrochloride	g	NOVOLIN N FLEXPEN	РВ
FETZIMA	NP	GLUCAGEN HYPOKIT	PB	NOVOLIN R	РВ
fluoxetine dr	g	GLUCAGON EMERGENCY KIT	NP	NOVOLIN R FLEXPEN	РВ
fluoxetine hydrochloride	g			NOVOLOG	РВ
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NOVOLOG FLEXPEN	РВ	NEEDLES & SYRINGES (OTHER)	NP	benazepril hydrochloride/	
NOVOLOG MIX 70/30	PB	OMNIPOD	NP	hydrochlorothiazide	g
NOVOLOG MIX 70/30 PREFILLED		ONE-TOUCH TEST STRIPS	PB	bisoprolol fumarate/	
FLEXPEN	PB	PEN NEEDLES (BD)	PB	hydrochlorothiazide	g
NOVOLOG PENFILL	PB	PEN NEEDLES (NOVOFINE)	PB	candesartan cilexetil/	
ONGLYZA	NP	PEN NEEDLES (NOVOTWIST)	PB	hydrochlorothiazide	g
OSENI	NP	PEN NEEDLES (OTHER)	NP	captopril/hydrochlorothiazide	g
OZEMPIC	PB	PUMP	NP	EDARBYCLOR	NP
pioglitazone hcl/metformin hcl	g	URINE GLUCOSE MONITORING		enalapril maleate/	
pioglitazone hcl-glimepiride	g	SUPPLIES	NP	hydrochlorothiazide	g
pioglitazone hydrochloride	g	URINE TEST STRIPS	NP	fosinopril sodium/	
PRECOSE	NP	HIGH BLOOD PRESSURE		hydrochlorothiazide	g
PROGLYCEM	NP	ACE INHIBITORS		irbesartan/hydrochlorothiazide	g
repaglinide	g	benazepril hydrochloride	g	lisinopril/hydrochlorothiazide	g
RIOMET	NP	captopril	g	losartan potassium/	
RYBELSUS	PB	enalapril maleate	g	hydrochlorothiazide	g
saxagliptin hydrochloride	g	fosinopril sodium	g	LOTENSIN HCT	NP
saxagliptin hydrochloride/metforn	nin	lisinopril	g	metoprolol/hydrochlorothiazide	g
hydrochloride er	g	LOTENSIN	NP	olmesartan medoxomil/	
SYMLINPEN 120	NP	moexipril hcl	g	amlodipine/hydrochlorothiazide	g
SYMLINPEN 60	NP	perindopril erbumine	g	olmesartan medoxomil/	
SYNJARDY	PB	QBRELIS	NP	hydrochlorothiazide	g
SYNJARDY XR	PB	quinapril hydrochloride	g	quinapril/hydrochlorothiazide	g
TOUJEO MAX SOLOSTAR	PB	ramipril	g	telmisartan/amlodipine	g
TOUJEO SOLOSTAR	PB	trandolapril	g	telmisartan/hydrochlorothiazide	8
TRADJENTA	NP	·		TENORETIC 100	NP
TRESIBA	NP	ANGIOTENSIN II RECEPTOR		TENORETIC 50	NP
TRESIBA FLEXTOUCH	NP	ANTAGONISTS candesartan cilexetil	_	trandolapril/verapamil hcl er	9
TRIJARDY XR	PB	EDARBI	g NP	valsartan/hydrochlorothiazide	8
TRULICITY	PB	irbesartan		ZIAC	NP
VICTOZA XIGDUO XR	PB PB	losartan potassium	g	ANTIHYPERTENSIVES - MISC.	
AIGDOO AK	РЬ	olmesartan medoxomil	g	VECAMYL	NP
DIABETIC SUPPLIES		telmisartan	g g	BETA BLOCKERS	
ALCOHOL PADS	NP	valsartan	g	acebutolol hydrochloride	٥
ALCOHOL SWABS	NP		0	atenolol	2
B-D INSULIN NEEDLES	PB	ANTIADRENERGIC		betaxolol hcl	2
B-D INSULIN SYRINGES	PB	ANTIHYPERTENSIVES		bisoprolol fumarate	g
BLOOD GLUCOSE CALIBRATION -		CARDURA	NP	carvedilol	g
LIQUID (ONETOUCH)	РВ	clonidine	g	carvedilol phosphate er	g
BLOOD GLUCOSE CALIBRATION -	NID	doxazosin	g	HEMANGEOL	NP
LIQUID (OTHER)	NP	doxazosin mesylate	g	labetalol hydrochloride	g
CONTINUOUS BLOOD GLUCOSE		guanfacine hydrochloride	g	metoprolol succinate er	g
SYSTEM RECEIVER/SENSOR/	ND	methyldopa MINIPRESS	g	metoprolol tartrate	g
TRANSMITTER	NP		NP	nadolol	g
DEXCOM	NP	prazosin hydrochloride	g	nebivolol	g
FREESTYLE LIBRE GLUCOSE MONITORING DEVICES	NP NP	terazosin hydrochloride	g	pindolol	g
GLUCOSE MONITORING SUPPLIES	NP	ANTIHYPERTENSIVE COMBINATION	NS	propranolol hydrochloride	g
INFUSION PUMP SUPPLIES	NP	ACCURETIC	NP	propranolol hydrochloride er	g
INSULIN INFUSION DISPOSABLE	INF	amlodipine besylate/benazepril		sorine	g
INSULIN NEEDLES	NP	hydrochloride	g	sotalol hydrochloride	g
INSULIN SYRINGES	NP	amlodipine besylate/valsartan	g	SOTYLIZE	NP
LANCET DEVICES	PB	amlodipine/olmesartan medoxomil	g	timolol maleate	g
LANCETS	PB	atenolol/chlorthalidone	g	CALCIUM CHANNEL BLOCKERS	
NEEDLES & SYRINGES (BD)	PB	benazepril hcl/hydrochlorothiazide	g	amlodipine besylate	ρ

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CALAN SR	NP	DIRECT RENIN INHIBITORS		SELECTIVE ALDOSTERONE RECEI	PTOR
cartia xt	g	aliskiren	g	ANTAGONISTS (SARAS)	
diltiazem hcl cd	g	DIURETICS		eplerenone	g
diltiazem hydrochloride	g	acetazolamide	g	INSPRA	NP
diltiazem hydrochloride er	g	acetazolamide er	g		
felodipine er	g	ALDACTAZIDE	NP	VASODILATORS	
matzim la	g	amiloride hydrochloride	g	hydralazine hydrochloride	g
nicardipine hydrochloride	g	amiloride/hydrochlorothiazide	g	minoxidil	g
nifedipine	g	bumetanide	g	OSTEODOROSIS	
nifedipine er	g	BUMEX	NP	OSTEOPOROSIS ACTONEL	NP
nimodipine	g	chlorthalidone	g	alendronate sodium	
nisoldipine er SULAR	g NP	ethacrynic acid	g	ATELVIA	g NP
taztia xt		furosemide	g	BONIVA	NP NP
tiadylt er	g	hydrochlorothiazide	g	calcitonin-salmon	
verapamil hydrochloride	g	indapamide	g	EVISTA	g NP
verapamil hydrochloride er	g	MAXZIDE	NP	FOSAMAX	NP
verapariii riyarociiioriae ei	g	MAXZIDE-25	NP	ibandronate sodium	
CARDIOVASCULAR AGENTS - MISC.		methazolamide	g	raloxifene hydrochloride	g g
amlodipine besylate/atorvastatin		metolazone	g	risedronate sodium	g
calcium	g	spironolactone	g	Tiscaronate sociam	ь
BIDIL	NP	spironolactone/hydrochlorothiazio	le g		
isosorbide dinitrate/hydralazine		torsemide	g		
hydrochloride	g	triamterene/hydrochlorothiazide	g		
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This list may contain trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with your health plan. This list may change or expand from time to time without prior notice.

IRS Expanded Preventive Medical List

The following services will be covered In-Network at no charge to you as part of the IRS Expanded Preventive Care list for members with the high deductible health plan.

- Retinopathy screening for diabetes procedure code 92227
- Peak flow meter for asthma procedure code A4614
- Glucometer for diabetes procedure codes E0607, E2100, E2101
- Hemoglobin A1c testing for diabetes procedure codes 82947, 82962, 83021, 83036, 83037
- International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders procedure codes 85610, 93792, 93793
- Low-density Lipoprotein (LDL) testing for heart disease procedure codes 80061, 82465, 83700,83701, 83704, 83718, 83719, 83721, 84478
- Blood pressure monitor for hypertension procedure codes 93784, 93786, 93788, 93790

ADDITIONAL NOTES

Insulin Infusion Pumps/Supplies

- For pharmacy, we cover Omnipod at NO CHARGE. Prior authorization (PA) is required. All other brands are only covered on appeal and if approved on appeal, would pay at non-preferred pharmacy tier.
- 2. For medical, covered at normal DME benefits subject to deductible and coinsurance when medically necessary; no brand restrictions. May be subject to PA if cost exceeds \$1,000. Please note disposable devices/supplies are not covered under medical.

Continuous Glucose Monitors/Supplies

- For pharmacy, we cover Freestyle Libre and Dexcom at NO CHARGE. Prior authorization (PA) is required. All other brands are only covered on appeal and if approved on appeal, would pay at non-preferred pharmacy tier.
- 2. For medical, covered at normal DME benefits subject to deductible and coinsurance when medically necessary; no brand restrictions. May be subject to PA if cost exceeds \$1,000.

Traditional Glucometers

- Not covered under pharmacy. Members can obtain a free meter from OneTouch if they have not received a free meter from them in the past 12 months at https://www.onetouch.com/offers. The One Touch test strips are covered under the preventive benefit at 100% no BYD.
- 2. For medical, codes on page 5 are covered under medical at 100% no BYD. Any other codes covered at normal DME benefits subject to deductible and coinsurance when medically necessary; no brand restrictions. May be subject to PA if cost exceeds \$1,000.

Pharmacy Appeals:

- Must be filed by the ordering physician via fax.
- Submit fax to Managed Care at 803-264-0181 Attn: RX Appeals for Medical Necessity.
- Included with the fax should be a cover letter with the Member's full name, date of birth, ID card
 #, Provider's Name, NPI#, Name of Drug, Dosage, and Diagnosis. Along with the cover letter,
 include any and all clinical to substantiate medical necessity of the prescription. Appeals can only
 be submitted via fax. Provider can contact Managed Care at 888-376-6544 to build it over the
 phone but the appeal is not considered on file until the fax is received.
- Member can call Managed Care directly at 888-376-6544 to follow up on the status of the appeal.

Medical Appeals:

Ways to obtain the necessary forms:

- MyHealthToolkitFL.com Home page > Manage Your Plan > Find Forms and Documents > Claim Appeal Form.
 - O The Appeal Form should be completed in full, signed by the patient or Authorized Representative, dated and include a copy of the Explanation of Benefits (EOB). For someone to appeal on our member's behalf, the member must appoint that person in writing by completing a form called "Designation of Authorized Representative to Appeal". Medical records are required to process an appeal. Medical records are considered medical history and physical, office notes, medications records, lab tests and x-ray records, progress notes, and doctor's orders.
- Contact Member Services by calling the number on the back of your ID card.

Please refer to your Preferred Provider Plan of Benefits (or Summary Plan Description (SPD)) for complete appeals language, as well as timely filing requirements.