

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				ASTHMA SUPPLIES	
ADVAIR HFA	PB	ISUPREL	NP	NEBULIZERS	NP
albuterol sulfate	g	levalbuterol	g	RESPIRATORY THERAPY SUPPLIES -	
albuterol sulfate hfa	g	montelukast sodium	g	DEVICES	NP
aminophylline	g	PERFOROMIST	NP	SPACER/AEROSOL-HOLDING CHAMBER	
ANORO ELLIPTA	PB	PROAIR DIGIHALER	PB	SUPPLIES - BAGS	NP
arformoterol tartrate	g	PROAIR RESPICLICK	PB	SPACER/AEROSOL-HOLDING CHAMBER	
ARNUITY ELLIPTA	PB	PULMICORT FLEXHALER	PB	SUPPLIES - MASKS	NP
ATROVENT HFA	PB	QVAR REDIHALER	g	SPACER/AEROSOL-HOLDING	
BEVESPI AEROSPHERE	PB	roflumilast	PB	CHAMBERS	NP
BREO ELLIPTA	PB	SEREVENT DISKUS	PB	BLOOD THINNERS	
BREZTRI AEROSPHERE	PB	SPIRIVA HANDIHALER	PB	AGRYLIN	NP
budesonide	g	SPIRIVA RESPIMAT	PB	anagrelide hydrochloride	g
COMBIVENT RESPIMAT	PB	STIOLTO RESPIMAT	NP	aspirin/dipyridamole	g
cromolyn sodium	g	STRIVERDI RESPIMAT	PB	aspirin/dipyridamole er	g
DALIRESP	NP	SYMBICORT	g	BRILINTA	NP
elixophyllin	g	terbutaline sulfate	NP	cilostazol	g
fluticasone propionate/salmeterol	g	THEO-24	g	clopidogrel	g
fluticasone propionate/salmeterol	g	theophylline	g	dabigatran etexilate	g
diskus	g	theophylline er	PB	dipyridamole	g
formoterol fumarate	g	TRELEGY ELLIPTA	g	EFFIENT	NP
ipratropium bromide	g	wixela inhub	g	ELIQUIS	PB
ipratropium bromide/albuterol	g	zafirlukast	g	enoxaparin sodium	g
sulfate	g	zileuton er	g	fondaparinux sodium	g
isoproterenol hydrochloride	g			FRAGMIN	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 LOW	
warfarin sodium	g	imipramine pamoate	g	BLOOD SUGAR	PB
XARELTO	PB	MARPLAN	NP	GLUCOTROL XL	NP
ZONTIVITY	NP	mirtazapine	g	glyburide	g
CORONARY ARTERY DISEASE					
atorvastatin calcium	g	mirtazapine odt	g	glyburide micronized	g
cholestyramine	g	NARDIL	NP	glyburide/metformin hydrochloride	g
cholestyramine light	g	nefazodone hydrochloride	g	GLYNASE	NP
colesevelam hydrochloride	g	NORPRAMIN	NP	GLYXAMBI	PB
colestipol hydrochloride	g	nortriptyline hydrochloride	g	HUMALOG	NP
ezetimibe	g	PAMELOR	NP	HUMALOG JUNIOR KWIKPEN	NP
ezetimibe/simvastatin	g	PARNATE	NP	HUMALOG KWIKPEN	NP
fenofibrate	g	paroxetine hydrochloride	g	HUMALOG MIX 50/50	NP
fenofibrate micronized	g	paroxetine hydrochloride er	g	HUMALOG MIX 50/50 KWIKPEN	NP
fenofibric acid	g	phenelzine sulfate	g	HUMALOG MIX 75/25	NP
fenofibric acid dr	g	protriptyline hcl	g	HUMALOG MIX 75/25 KWIKPEN	NP
fluvastatin	g	REMERON	NP	HUMULIN 70/30	NP
fluvastatin sodium er	g	REMERON SOLTAB	NP	HUMULIN 70/30 KWIKPEN	NP
gemfibrozil	g	sertraline hydrochloride	g	HUMULIN N	NP
icosapent ethyl	g	tranlycypromine sulfate	g	HUMULIN N KWIKPEN	NP
LIVALO	NP	trazodone hydrochloride	g	HUMULIN R	NP
LOPID	NP	trimipramine maleate	g	HUMULIN R U-500 (CONCENTRATED)	
Lovastatin	g	TRINTELLIX	NP		
NEXLETOL	PB	venlafaxine hydrochloride	g	HUMULIN R U-500 KWIKPEN	PB
NEXLIZET	PB	venlafaxine hydrochloride er	g	INSULIN LISPRO	NP
niacin er	g	VIIBRYD STARTER PACK	NP	INSULIN LISPRO JUNIOR KWIKPEN	NP
NIASPAN	NP	vilazodone hydrochloride	g	INSULIN LISPRO KWIKPEN	NP
omega-3-acid ethyl esters	g	DIABETES			INSULIN LISPRO PROTAMINE/INSULIN
pravastatin sodium	g	acarbose	g	LISPRO KWIKPEN	NP
prevalite	g	ACTOPLUS MET	NP	JANUMET	PB
rosuvastatin calcium	g	AFREZZA	NP	JANUMET XR	PB
simvastatin	g	alogliptin	g	JANUVIA	PB
TRICOR	NP	alogliptin/metformin hydrochloride	g	JARDIANCE	PB
DEPRESSION					
amitriptyline hydrochloride	g	ALOGLIPTIN/PIOGLITAZONE	NP	JENTADUETO	NP
amoxapine	g	AMARYL	NP	JENTADUETO XR	NP
ANAFRANIL	NP	APIDRA	NP	KAZANO	NP
bupropion hydrochloride	g	APIDRA SOLOSTAR	NP	KOMBIGLYZE XR	NP
bupropion hydrochloride er (sr)	g	BAQSIMI	PB	LANTUS	PB
bupropion hydrochloride er (xl)	g	BASAGLAR KWIKPEN	NP	LANTUS SOLOSTAR	PB
citalopram	g	BYDUREON BCISE	NP	LEVEMIR	NP
citalopram hydrobromide	g	BYETTA	NP	LEVEMIR FLEXPEN	NP
clomipramine hydrochloride	g	CYCLOSET	NP	LEVEMIR FLEXTOUCH	NP
desipramine hydrochloride	g	diazoxide	g	metformin hydrochloride	g
desvenlafaxine er	g	DUETACT	NP	metformin hydrochloride er	g
DESVENLAFAXINE ER	NP	FARXIGA	PB	migliitol	g
doxepin hydrochloride	g	FIASP	PB	MOUNJARO	PB
duloxetine hydrochloride	g	glimepiride	g	nateglinide	g
EMSAM	NP	glipizide	g	NESINA	NP
escitalopram oxalate	g	glipizide er	g	NOVOLIN 70/30	PB
FETZIMA	NP	glipizide xl	g	NOVOLIN 70/30 FLEXPEN	PB
fluoxetine dr	g	glipizide/metformin hydrochloride	g	NOVOLIN N	PB
fluoxetine hydrochloride	g	GLUCAGEN HYPOKIT	PB	NOVOLIN N FLEXPEN	PB
		GLUCAGON EMERGENCY KIT	NP	NOVOLIN R	PB
				NOVOLIN R FLEXPEN	PB
				NOVOLOG	PB

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CALAN SR	NP	DIRECT RENIN INHIBITORS		SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)	
cartia xt	g	aliskiren	g	eplerenone	g
diltiazem hcl cd	g	DIURETICS		INSPIRA	NP
diltiazem hydrochloride	g	acetazolamide	g		
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		
nifedipine er	g	BUMEX	NP	OSTEOPOROSIS	
nimodipine	g	chlorthalidone	g	ACTONEL	NP
nisoldipine er	g	ethacrynic acid	g	alendronate sodium	g
SULAR	NP	furosemide	g	ATELVIA	NP
taztia xt	g	hydrochlorothiazide	g	BONIVA	NP
tiadylt er	g	indapamide	g	calcitonin-salmon	g
verapamil hydrochloride	g	MAXZIDE	NP	EVISTA	NP
verapamil hydrochloride er	g	MAXZIDE-25	NP	FOSAMAX	NP
CARDIOVASCULAR AGENTS - MISC.		methazolamide	g	ibandronate sodium	g
amlodipine besylate/atorvastatin		metolazone	g	raloxifene hydrochloride	g
calcium	g	spironolactone	g	risedronate sodium	g
BIDIL	NP	spironolactone/hydrochlorothiazide	g		
isosorbide dinitrate/hydralazine		torsemide	g		
hydrochloride	g	triamterene/hydrochlorothiazide	g		

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

1. 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

1. 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

1. 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.
 - 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.