

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					
ADVAIR HFA	PB	montelukast sodium	g	SPACER/AEROSOL-HOLDING CHAMBER	
albuterol sulfate	g	PERFOROMIST	NP	SUPPLIES - BAGS	
albuterol sulfate hfa	g	PROAIR DIGIHALER	PB	SPACER/AEROSOL-HOLDING CHAMBER	
aminophylline	g	PROAIR RESPICLICK	PB	SUPPLIES - MASKS	
ANORO ELLIPTA	PB	PULMICORT FLEXHALER	PB	SPACER/AEROSOL-HOLDING	
arformoterol tartrate	g	QVAR REDIHALER	PB	CHAMBERS	
ARNUITY ELLIPTA	PB	roflumilast	g		
ATROVENT HFA	PB	SEREVENT DISKUS	PB	BLOOD THINNERS	
BEVESPI AEROSPHERE	PB	SPIRIVA HANDIHALER	PB	AGRYLIN	NP
BREO ELLIPTA	PB	SPIRIVA RESPIMAT	PB	anagrelide hydrochloride	g
BREZTRI AEROSPHERE	PB	STIOLTO RESPIMAT	PB	aspirin/dipyridamole	g
budesonide	g	STRIVERDI RESPIMAT	NP	aspirin/dipyridamole er	g
COMBIVENT RESPIMAT	PB	SYMBICORT	PB	BRILINTA	NP
cromolyn sodium	g	terbutaline sulfate	g	cilostazol	g
elixophyllin	g	THEO-24	NP	clopidogrel	g
fluticasone propionate/salmeterol	g	theophylline	g	dabigatran etexilate	g
fluticasone propionate/salmeterol diskus	g	theophylline er	g	dipyridamole	g
formoterol fumarate	g	TRELEGY ELLIPTA	PB	EFFIENT	NP
ipratropium bromide	g	wixela inhub	g	ELIQUIS	PB
ipratropium bromide/albuterol sulfate	g	zafirlukast	g	enoxaparin sodium	g
isoproterenol hydrochloride	g			fondaparinux sodium	g
levalbuterol	g	ASTHMA SUPPLIES		FRAGMIN	NP
		NEBULIZERS	NP	heparin sodium	g
		RESPIRATORY THERAPY SUPPLIES - DEVICES	NP	jantoven	g
				prasugrel	g
				warfarin sodium	g

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XARELTO	PB	mirtazapine	g	glyburide micronized	g
ZONTIVITY	NP	mirtazapine odt	g	glyburide/metformin hydrochloride	g
CORONARY ARTERY DISEASE					
atorvastatin calcium	g	NARDIL	NP	GLYNASE	NP
cholestyramine	g	nefazodone hydrochloride	g	GLYXAMBI	PB
cholestyramine light	g	NORPRAMIN	NP	HUMALOG	NP
colesevelam hydrochloride	g	nortriptyline hydrochloride	g	HUMALOG JUNIOR KWIKPEN	NP
colestipol hydrochloride	g	PAMELOR	NP	HUMALOG KWIKPEN	NP
ezetimibe	g	PARNATE	NP	HUMALOG MIX 50/50	NP
ezetimibe/simvastatin	g	paroxetine hydrochloride	g	HUMALOG MIX 50/50 KWIKPEN	NP
fenofibrate	g	paroxetine hydrochloride er	g	HUMALOG MIX 75/25	NP
fenofibrate micronized	g	phenelzine sulfate	g	HUMALOG MIX 75/25 KWIKPEN	NP
fenofibric acid	g	protriptyline hcl	g	HUMULIN 70/30	NP
fenofibric acid dr	g	REMERON	NP	HUMULIN 70/30 KWIKPEN	NP
fluvastatin	g	REMERON SOLTAB	NP	HUMULIN N	NP
fluvastatin sodium er	g	sertraline hydrochloride	g	HUMULIN N KWIKPEN	NP
gemfibrozil	g	tranlycypromine sulfate	g	HUMULIN R	NP
icosapent ethyl	g	trazodone hydrochloride	g	HUMULIN R U-500 (CONC)	PB
LIVALO	NP	trimipramine maleate	g	HUMULIN R U-500 KWIKPEN	PB
LOPID	NP	TRINTELLIX	NP	INSULIN LISPRO	NP
Lovastatin	g	venlafaxine hydrochloride	g	INSULIN LISPRO JUNIOR KWIKPEN	NP
NEXLETOL	PB	venlafaxine hydrochloride er	g	INSULIN LISPRO KWIKPEN	NP
NEXLIZET	PB	VIIBRYD STARTER PACK	NP	INSULIN LISPRO PROTAMINE/INSULIN	
niacin er	g	vilazodone hydrochloride	g	LISPRO KWIKPEN	NP
omega-3-acid ethyl esters	g	DIABETES			
pravastatin sodium	g	acarbose	g	JANUMET	PB
prevalite	g	ACTOPLUS MET	NP	JANUMET XR	PB
rosuvastatin calcium	g	AFREZZA	NP	JANUVIA	PB
simvastatin	g	alogliptin	g	JARDIANCE	PB
TRICOR	NP	alogliptin/metformin hydrochloride	g	JENTADUETO	NP
DEPRESSION					
amitriptyline hydrochloride	g	ALOGLIPTIN/PIOGLITAZONE	NP	JENTADUETO XR	NP
amoxapine	g	AMARYL	NP	KAZANO	NP
ANAFRANIL	NP	APIDRA	NP	KOMBIGLYZE XR	NP
bupropion hydrochloride	g	APIDRA SOLOSTAR	NP	LANTUS	PB
bupropion hydrochloride er (sr)	g	BAQSIMI	PB	LANTUS SOLOSTAR	PB
bupropion hydrochloride er (xl)	g	BASAGLAR KWIKPEN	NP	LEVEMIR	NP
citalopram	g	BYDUREON BCISE	NP	LEVEMIR FLEXPEN	NP
citalopram hydrobromide	g	BYETTA	NP	LEVEMIR FLEXTOUCH	NP
clomipramine hydrochloride	g	CYCLOSET	NP	LIRAGLUTIDE	P
desipramine hydrochloride	g	diazoxide	g	metformin hydrochloride	g
desvenlafaxine er	g	DUETACT	NP	metformin hydrochloride er	g
DESVENLAFAXINE ER	NP	FARXIGA	PB	miglitol	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
fluvoxamine maleate	g	GLUCAGON EMERGENCY KIT	NP	NOVOLIN R	PB
fluvoxamine maleate er	g	glucagon emergency kit for low blood sugar	g	NOVOLIN R FLEXPEN	PB
imipramine hydrochloride	g	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	PB	NOVOLOG	PB
imipramine pamoate	g	GLUCOTROL XL	NP	NOVOLOG FLEXPEN	PB
MARPLAN	NP	glyburide	g	NOVOLOG MIX 70/30	PB
				NOVOLOG MIX 70/30 PREFILLED	PB
				FLEXPEN	PB
				NOVOLOG PENFILL	PB
				ONGLYZA	NP

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OSENI	NP	QBRELIS	NP	telmisartan/amlodipine	g
OZEMPIC	PB	quinapril hydrochloride	g	telmisartan/hydrochlorothiazide	g
pioglitazone hcl/metformin hcl	g	ramipril	g	TENORETIC 100	NP
pioglitazone hcl-glimepiride	g	trandolapril	g	TENORETIC 50	NP
pioglitazone hydrochloride	g			trandolapril/verapamil hcl er	g
PROGLYCEM	NP	ANGIOTENSIN II RECEPTOR ANTAGONISTS		valsartan/hydrochlorothiazide	g
repaglinide	g	candesartan cilexetil	g	ZIAC	NP
RIOMET	NP	EDARBI	NP	ANTIHYPERTENSIVES - MISC.	
RYBELSUS	PB	irbesartan	g	VECAMYL	NP
saxagliptin hydrochloride	g	losartan potassium	g	BETA BLOCKERS	
saxagliptin hydrochloride/metformin hydrochloride er	g	olmesartan medoxomil	g	acebutolol hydrochloride	g
SYMLINPEN 120	NP	telmisartan	g	atenolol	g
SYMLINPEN 60	NP	valsartan	g	betaxolol hcl	g
SYNJARDY	PB	ANTIADRENERGIC ANTIHYPERTENSIVES		bisoprolol fumarate	g
SYNJARDY XR	PB	CARDURA	NP	carvedilol	g
TOUJEO MAX SOLOSTAR	PB	clonidine	g	carvedilol phosphate er	g
TOUJEO SOLOSTAR	PB	doxazosin	g	HEMANGEOL	NP
TRADJENTA	NP	doxazosin mesylate	g	labetalol hydrochloride	g
TRESIBA	NP	guanfacine hydrochloride	g	metoprolol succinate er	g
TRESIBA FLEXTOUCH	NP	MINIPRESS	NP	metoprolol tartrate	g
TRIJARDY XR	PB	prazosin hydrochloride	g	nadolol	g
TRULICITY	PB	terazosin hydrochloride	g	nebivolol	g
VICTOZA	PB	ANTIHYPERTENSIVE COMBINATIONS		pindolol	g
XIGDUO XR	PB	ACCURETIC	NP	propranolol hydrochloride	g
DIABETIC SUPPLIES		amlodipine besylate/benazepril hydrochloride	g	propranolol hydrochloride er	g
ALCOHOL PADS	NP	amlodipine besylate/valsartan	g	sorine	g
BLOOD GLUCOSE CALIBRATION - LIQUID (ONETOUCH)	PB	amlodipine/olmesartan medoxomil	g	sotalol hydrochloride	g
BLOOD GLUCOSE CALIBRATION - LIQUID (OTHER)	NP	atenolol/chlorthalidone	g	SOTYLIZE	NP
CONTINUOUS BLOOD GLUCOSE SYSTEM RECEIVER/SENSOR/ TRANSMITTER	NP	benazepril hcl/hydrochlorothiazide	g	timolol maleate	g
INSULIN INFUSION DISPOSABLE PUMP	NP	benazepril hydrochloride/ hydrochlorothiazide	g	CALCIUM CHANNEL BLOCKERS	
LANCETS	PB	bisoprolol fumarate/ hydrochlorothiazide	g	amlodipine besylate	g
NEEDLES & SYRINGES (BD)	PB	candesartan cilexetil/ hydrochlorothiazide	g	CALAN SR	NP
NEEDLES & SYRINGES (OTHER)	NP	captopril/hydrochlorothiazide	g	cartia xt	g
PEN NEEDLES (BD)	PB	EDARBYCLOR	NP	diltiazem hcl cd	g
PEN NEEDLES (NOVOFINE)	PB	enalapril maleate/ hydrochlorothiazide	g	diltiazem hydrochloride	g
PEN NEEDLES (NOVOTWIST)	PB	fosinopril sodium/ hydrochlorothiazide	g	diltiazem hydrochloride er	g
PEN NEEDLES (OTHER)	NP	irbesartan/hydrochlorothiazide	g	felodipine er	g
URINE GLUCOSE MONITORING SUPPLIES	NP	lisinopril/hydrochlorothiazide	g	nicardipine hydrochloride	g
HIGH BLOOD PRESSURE ACE INHIBITORS		losartan potassium/ hydrochlorothiazide	g	nifedipine	g
benazepril hydrochloride	g	LOTENSIN HCT	NP	nifedipine er	g
captopril	g	metoprolol/hydrochlorothiazide	g	nimodipine	g
enalapril maleate	g	olmesartan medoxomil/ amlodipine/hydrochlorothiazide	g	nisoldipine er	g
fosinopril sodium	g	olmesartan medoxomil/ hydrochlorothiazide	g	SULAR	NP
lisinopril	g	quinapril/hydrochlorothiazide	g	taztia xt	g
LOTENSIN	NP			tiadyt er	g
moexipril hcl	g			verapamil hydrochloride	g
perindopril erbumine	g			verapamil hydrochloride er	g
				CARDIOVASCULAR AGENTS - MISC.	
				amlodipine besylate/atorvastatin calcium	g
				BIDIL	NP
				isosorbide dinitrate/hydralazine hydrochloride	g

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DIRECT RENIN INHIBITORS				OSTEOPOROSIS	
aliskiren	g	MAXZIDE	NP	ACTONEL	NP
		MAXZIDE-25	NP	alendronate sodium	g
DIURETICS		methazolamide	g	ATELVIA	NP
acetazolamide	g	metolazone	g	calcitonin-salmon	g
acetazolamide er	g	spironolactone	g	EVISTA	NP
ALDACTAZIDE	NP	spironolactone/hydrochlorothiazide	g	FOSAMAX	NP
amiloride hydrochloride	g	torsemide	g	ibandronate sodium	g
amiloride/hydrochlorothiazide	g	triamterene/hydrochlorothiazide	g	raloxifene hydrochloride	g
bumetanide	g	SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		risedronate sodium	g
BUMEX	NP	eplerenone	g	risedronate sodium dr	g
chlorthalidone	g	INSPIRA	NP		
ethacrynic acid	g	VASODILATORS			
furosemide	g	hydralazine hydrochloride	g		
hydrochlorothiazide	g	minoxidil	g		
indapamide	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.