# **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	
-	PB
ADVAIR DISKUS/HFA	
albuterol sulfate/er/hfa	g
aminophylline	g
ANORO ELLIPTA	PB
ARCAPTA NEOHALER	NP
arformoterol tartrate	g
ARNUITY ELLIPTA	PB
ATROVENT HFA	PB
BEVESPI AEROSPHERE	PB
BREO ELLIPTA	PB
budesonide	g
COMBIVENT RESPIMAT	PB
cromolyn sodium	g
DALIRESP	NP
difil-g forte	g
ELIXOPHYLLIN	NP
FLOVENT DISKUS	PB
FLOVENT HFA	PB
formoterol fumarate	g
ipratropium bromide	g
ipratropium bromide/albuterol	
sulfate	g
isoproterenol hydrochloride	g
ISUPREL	NP

levalbuterol/hydrochloride	g				
montelukast sodium	g				
PERFOROMIST	NP				
PROAIR DIGIHALER	PB				
PROAIR HFA/RESPICLICK	NP				
PULMICORT FLEXHALER	PB				
QVAR REDIHALER	PB				
roflumilast	g				
SEREVENT DISKUS	PB				
SPIRIVA HANDIHALER/RESPIMAT	PB				
STIOLTO RESPIMAT	PB				
STRIVERDI RESPIMAT	NP				
SYMBICORT	PB				
terbutaline sulfate	g				
THEO-24	NP				
theophylline/er	g				
TRELEGY ELLIPTA	PB				
zafirlukast	g				
zileuton er	g				
ZYFLO	NP				
ASTHMA SUPPLIES					
ADULT MASK	NP				
AEROBIKA	NP				
AEROCHAMBER	NP				
AEROECLIPSE II	NP				

AEROGEAR	N
AERONEB GO	NF
AEROVENT PLUS	NF
AIRIAL	NF
ALL FLOW	NF
ARIAL CHAMBER	NF
ASTHMAPACK	NF
AURA PORTANEB	NF
BREATHE EASE	NF
BREATHERITE	NF
CLEVER CHOICE	NF
CO MONITOR	NF
COMP AIR	NF
COMPACT SPACE CHAMBER/ANTI-	
STATIC	NF
COMPARE	NF
COMPRESSOR NEBULIZER	NF
EASIVENT	NF
EFLOW SCF	N
ELITE NEBULIZER SYSTEM	N
EQ SPACE CHAMBER ANTI-STATIC	N
FLEXICHAMBER	N
FLYP NEBULIZER	N
IN-CHECK	N
INNOSPIRE	N

## **Roper Technologies**

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INSPIRACHAMBER	NP	cilostazol	g	desipramine hydrochloride	g
INSPIRATION	NP	clopidogrel	g	desvenlafaxine er	g
INSPIREASE	NP	dabigatran	g	doxepin hydrochloride	g
LITEAIRE	NP	dipyridamole	g	duloxetine hydrochloride	g
LUMINEB II	NP	EFFIENT	NP	EMSAM	NP
MABIS COSMOCOMP	NP	ELIQUIS	PB	escitalopram oxalate	g
MASK VORTEX	NP	enoxaparin sodium	g	FETZIMA	NP
MEDNEB	NP	fondaparinux sodium	g	fluoxetine dr	g
MICRO AIR	NP	FRAGMIN	NP	fluoxetine hydrochloride	g
MICRO PLUS	NP	heparin sodium	g	fluvoxamine maleate/er	g
MICROAIR	NP	heparin sodium/d5w	g	imipramine hydrochloride	g
MICROCHAMBER	NP	heparin sodium/dextrose	g	imipramine pamoate	g
MICROELITE	NP	heparin sodium/nacl 0.45%	g	maprotiline hydrochloride	g
MICRONEB	NP	heparin sodium/sodium chloride	g	MARPLAN	NP
MICROSPACER	NP	heparin sodium/sodium chloride 0.	9%	mirtazapine/odt	g
MINI COMPRESSOR	NP	premix	g	NARDIL	NP
MINI PLUS	NP	jantoven	g	nefazodone hydrochloride	g
MINIELITE	NP	prasugrel	g	NORPRAMIN	NP
MISTASSIST	NP	warfarin sodium	g	nortriptyline hydrochloride	g
MISTERNEB	NP	XARELTO	PB	PAMELOR	NP
NEB-RITE4	NP	ZONTIVITY	NP	PARNATE	NP
NEBULIZER/PED	NP	CORONARY ARTERY DISEASE		paroxetine hydrochloride/er	g
NEBULIZER SYSTEM ALL-IN-ONE	NP	atorvastatin calcium	g	PAXIL/CR	NP
OMBRA	NP	cholestyramine/light	g	phenelzine sulfate	g
ONE FLOW	NP	colesevelam hydrochloride	g	protriptyline hydrochloride	g
OPTICHAMBER	NP	colestipol hydrochloride	g	REMERON/SOLTAB	NP
OPTIHALER	NP	ezetimibe/simvastatin	g	sertraline hydrochloride	g
OPTIONHOME	NP	fenofibrate	g	tranylcypromine sulfate	g
PARI	NP	fenofibric acid/dr	g	trazodone hydrochloride	g
PEDIATRIC COMPRESSOR		fluvastatin/sodium er	g	trimipramine maleate	g
NEBULIZER	NP	gemfibrozil	g	TRINTELLIX	NP
POCKET CHAMBER	NP	icosapent ethyl	g	venlafaxine hydrochloride/er	g
POCKET SPACER	NP	LESCOL XL	NP	VIIBRYD	NP
PRIMEAIRE DUAL-VALVED HOLDIN	NG	LIVALO	NP	vilazodone	g
CHAMBER	NP	LOPID	NP	ZOLOFT	NP
PRO COMFORT INHALER SPACER		lovastatin	g	DIABETES	
CHAMBER	NP	NEXLETOL	PB	acarbose	g
PROCARE SPACER CHAMBER	NP	NEXLIZET	PB	ACTOPLUS MET	NP
PRONEB ULTRA II	NP	niacin er	g	ACTOS	NP
PULMONEB LT	NP	NIASPAN	NP	AFREZZA	NP
QUAKE	NP	omega-3-acid ethyl esters	g	alogliptin	g
RITEFLO	NP	pravastatin sodium	g	alogliptin/metformin hydrochlorid	
SIDESTREAM	NP	prevalite	g	ALOGLIPTIN/PIOGLITAZONE	NP
SOOTHENEB	NP	rosuvastatin calcium	g	AMARYL	NP
SPIRO PD	NP	simvastatin	g	APIDRA/SOLOSTAR	NP
THRESHOLD PEP	NP	TRICOR	NP	AVANDIA	NP
VALVED HOLDING CHAMBER	NP	TRILIPIX	NP	BAQSIMI	NP
VIOS	NP	VASCEPA	NP	BASAGLAR KWIKPEN	NP
VORTEX	NP	DEPRESSION		BYDUREON/BCISE	NP
WATCHHALER	NP	amitriptyline hydrochloride	g	BYETTA	NP
BLOOD THINNERS		amoxapine	g	CYCLOSET	NP
AGGRENOX	NP	ANAFRANIL	NP	diazoxide	g
AGRYLIN	NP	bupropion hydrochloride	g	DUETACT	NP
anagrelide hydrochloride	g	bupropion hydrochloride er (sr/xl)	g	FARXIGA	PB
aspirin/dipyridamole/er	g	citalopram/hydrobromide	g	FIASP/FLEXTOUCH	PB
BRILINTA	NP	clomipramine hydrochloride	g	glimepiride	g
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## **Roper Technologies**

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Succession   Signature   Succession   Succ	<del></del>					
SULUNI LISPRO PROTAMINE/   MANUAL REPUBLIS   PB						
Syburide/metromin hydrochloride   g   g   gyburide/micronized   g   g   g   gyburide/micronized   g   g   g   g   g   g   g   g   g				ЬR		g
Sybunde/micronized   S   B-D INSULIN NEEDLES   PB   CAYNASE   NP   GLYSAT   NP   DEXCOM   NP   PRESTYLE LIBRE   NP   GLYSAMBI   NP   DEXCOM   NP   DEXCOM   NP   GLYAAMBI   NP   DEXCOM   NP   DEXCOM   NP   HUMALOG MIX 50/50/KWIKPEN   NP   HUMALOG MIX 50/50/KWIKPEN   NP   HUMALOG MIX 50/30/KWIKPEN   NP   HUMALOG MIX 50/30/KWIKPEN   NP   HUMALUR OR JOA/KWIKPEN   NP   HUMALUR 70/30/KWIKPEN   NP   HUMALUR 70/30/KWIKPEN   NP   HUMALUR 70/30/KWIKPEN   NP   HUMALUR 70/30/KWIKPEN   NP   HUMALUR RU-500/KWIKPEN   NP   HUMALOR RU-500/KWIKPEN   NP   H	•			NID.		
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GLYXAMBI HUMALOG MIX 50/50/KWIKPEN NP HUMALOG MIX 75/25/KWIKPEN NP HUMALOG MIX 75/25/KWIKPEN NP HUMALOG MIX 75/25/KWIKPEN NP HUMULIN 70/30/KWIKPEN NP HUMULIN 70/30/KWIKPEN NP HUMULIN N/KWIKPEN NP HUMULIN N/KWIKPEN NP HUMULIN R NP HIGH BLOOP RISSURE  NP					-	g
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HUMALIO 70/30/KWIKPEN NP INSULIN NEEDLES NP HUMULIN 70/30/KWIKPEN NP HUMULIN R NFWIKPEN NP HUMULIN R NFWIKPEN NP HUMULIN R NFWIKPEN NP HUMULIN R NFWIKPEN NP HUMULIN R U-500/KWIKPEN PB HUMULIN R U-500/KWIKPEN PB INSULIN SYRINGES NP HUMULIN R U-500/KWIKPEN PB INSULIN SYRINGES NP HUMULIN R U-500/KWIKPEN PB INSULIN SYRINGES NP I	HUMALOG MIX 50/50/KWIKPEN	NP	GLUCOSE CALIBRATION LIQUID	NP	•	g
HUMULIN 7/30/KWIKPEN NP	HUMALOG MIX 75/25/KWIKPEN	NP	GLUCOSE MONITORING DEVICES	NP	carvedilol/phosphate/er	g
HUMULIN R U-500/KWIKPEN NP HUMULIN R U-500/KWIKPEN PB LANCET DEVICES PB INSULIN LISPRO PROTAMINE/ KWIKPEN NP JANUVIA PB JENTADUETO/XR NP LANCET DEVICES NP INFUSION PUMP SUPPLIES NP JANUVIA PB JANUVIA PB JENTADUETO/XR NP KAZANO NP METORINI NYTOKOHOride/er g lisinopril g captopril g lisinopril g cartigoril g lisinopril g lisinopril g lisinopril g cartigoril g lisinopril g g mealapril hydrochloride g g perindopril erbumine g linipril g g lisinopril g g lisi	HUMALOG/KWIKPEN	NP	GLUCOSE MONITORING SUPPLIES	NP	HEMANGEOL	NP
HUMULIN R U-500/KWIKPEN PB JANDUME T/XR PB JANDUME T/XR PB JANDUME T/XR PB JARDIANCE PB	HUMULIN 70/30/KWIKPEN	NP	INSULIN NEEDLES	NP	labetalol hydrochloride	g
HUMULIN R U-SOJCKWIKPEN   PB   NSULIN LISPRO PROTAMINE/ KWIKPEN   NP   OMNIPOD   NP	HUMULIN N/KWIKPEN	NP	INSULIN SYRINGES	NP	metoprolol succinate er	g
HUMULIN R U-SOJCKWIKPEN PB INSULIN LISPRO PROTAMINE/ KWIKPEN NP JANUMET/XR PB JENTADUETO/XR NP KOMBIGLYZE XR NP KOMBIGLYZE XR NP KOMBIGLYZE XR NP KOMBIGLYZE XR NP LANTUS/SOLOSTAR PB LEVEMIR/FLEXTEOUCH NP metformin hydrochloride/er g miglitol g moexipril hydrochloride g miglitol g MCALAN SR NP metformin hydrochloride/er g miglitol g MCALAN SR NP moexipril hydrochloride g MCALAN SR NP moexipril hydrochloride g MCALAN SR NP moexipril hydrochloride g MCALAN SR NP MOVOLIN 70/30/FLEXPEN/RELION PB NOVOLIN 70/30/FLEXPEN/RELION PB NOVOLIN 70/30/FLEXPEN/RELION PB NOVOLIN R/FLEXPEN/RELION PB NO	HUMULIN R	NP	LANCETS	PB	metoprolol tartrate	g
INSULIN LISPRO PROTAMINE/   NP   ONE-TOUCH TEST STRIPS   PB   NP   ONE-TOUCH TEST STRIPS   PB   NP   ONE-TOUCH TEST STRIPS   PB   NP   INFUSION PUMP SUPPLIES   NP   NP   INFUSION PUMP SUPPLIES   NP   NP   INFUSION PUMP SUPPLIES   NP   INFUSION	HUMULIN R U-500/KWIKPEN	PB	LANCET DEVICES	PB	nadolol	
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JANUMET/XR PB JANUVIA PB JENTADUETO/XR NP KAZANO NP KAZANO NP KOMBIGLYZE XR NP KAZANO NP KOMBIGLYZE XR NP COALCIUM CHANNEL BLOCKERS LANTUS/SOLOSTAR PB Galapril maleate g milodipine besylate g CALCIUM CHANNEL BLOCKERS LANTUS/SOLOSTAR PB GALCIUM CHANNEL BLOCKERS amilodipine besylate g CALCIUM CHANNEL BLOCKERS amilodipine besylate g Solve diditare mlydrochlorid	KWIKPEN	NP	ONE-TOUCH TEST STRIPS	РВ	pindolol	
JANUVIA   PB	JANUMET/XR	PB	INFUSION PUMP SUPPLIES	NP	propranolol hydrochloride/er	
JARDIANCE PB JENTADUETO/JR KAZANO NP KALONIA NP KAZANO NP KALONIA NP KAZANO NP KALONIA NP KALON	JANUVIA	РВ	URINE TEST STRIPS	NP		
JENTADUETO/XR NP KAZANO NP benazepril hydrochloride g KOMBIGLYZE XR NP captopril g captopril g g methormin hydrochloride/er g lisinopril sodium g CALAN SR NP metformin hydrochloride/er g g lisinopril g g miglitol g g LOTENSIN NP perindopril erbumine g KOVOLIN 70/30/FLEXPEN/RELION PB QBRELIS NP NOVOLIN 70/30/FLEXPEN/RELION PB CABELIS NP NOVOLIN R/FLEXPEN/RELION PB GABELIS NP NOVOLIN R/FLEXPEN/RELION PB GABELIS NP NOVOLIN R/FLEXPEN/RELION PB CABENIA NP DEMSER NP OSENI NP DEMSER NP DEMSER NP OSENI NP DIBENZY LINE NP DIBENZ LINE NP DIBENZY LINE NP DIBENZ LINE NP DIBENZY LINE NP DIBENZ LINE NP DIBE					sotalol hydrochloride	
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KOMBIGLYZE XR NP LANTUS/SOLOSTAR PB LEVEMIR/FLEXTOUCH NP metformin hydrochloride/er g lisinopril sodium g cartia xt g g diltiazem hydrochloride/er g lisinopril ydrochloride g nateglinide g moexipril hydrochloride g dilt-xr g diltiazem hydrochloride/er g lisinopril g cartia xt g diltiazem hydrochloride/er g dilt-xr g diltiazem hydrochloride/er g g dilt-xr g g matzim la nicardipine hydrochloride g nifedipine/er g nifedipine/er g g nifedipine/er g g nifedipine/er g g nifedipine/er g nisoldipine/er g nisoldipine/er g p plenoxybenzamine hydrochloride g p plenoxybenzamine hydrochloride g g ploiglitazone hydrochloride/metformin hydrochloride g g pioglitazone hydrochloride/metformin hydrochloride g g ploiglitazone hydroch	•			g		
LEVEMIR/FLEXTOUCH NP fosinopril sodium g CALAN SR NP metformin hydrochloride/er g lisinopril g metformin hydrochloride/er g metformin hydrochloride/er g moexipril hydrochloride g novolun 70/30/FLEXPEN/RELION PB NOVOLIN 70/						
CALAN SR   NP   metformin hydrochloride/er   g   lisinopril sodium   g   cartia xt   g   diltiazem hydrochloride/cd/er   g   diltiazem hydrochloride   g   nicardipine er   matzim la   g   nicardipine hydrochloride   g   nica						
metformin hydrochloride/er miglitol g LOTENSIN NP NP ACCURETION B NP NP DIBENZYLINE NP DIBENZYLINE NP DIBENZYLINE NP DIGIItazone hydrochloride g pioglitazone hydrochloride g limipiride g limipiride g limipiride g limipiride g limipiride g logilitazone hydrochloride g logilitaz			-		-	
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NOVOLIN 70/30/FLEXPEN/RELION PB quinapril hydrochloride g nicardipine hydrochloride g nicardipine/er g nimodipine/er p nimodipine/er nimodipine/er nimodipine/er p nimodipine/			The state of the s			
NOVOLIN N/FLEXPEN/RELION PB vainapril hydrochloride g nifedipine/er g nimodipine g nimodipine/er g nimodipine g nimodipine g nimodipine g nimodipine g nimodipine/er g nimodipine g nimodipine g nimodipine g nimodipine g nimodipine/er g nimodipine g nimodipine g nimodipine/er g nimodipine g nimodipine/er g nimodipine/e						
NOVOLIN R/FLEXPEN/RELION PB NOVOLOG/MIX 70/30/FLEXPEN/ PENFILL PB ONGLYZA NP ONGLYZA NP OZEMPIC PB pioglitazone hydrochloride g pioglitazone hydrochloride g glimepiride g PRECOSE NP PROGLYCEM NP PROGLYCEM NP PROGLYCEM NP PROGLYCEM NP PROGLYCEM NP ROGLYCEM NP PROGLYCEM NP ROGLYCEM NP ROGLYCEM NP ROGLYCEM NP ROGLYCEM NP ROGLYCEM NP ROGLYCEM NP RYBELSUS PB STARLIX NP STARLIX						
NOVOLOG/MIX 70/30/FLEXPEN/ PENFILL PB ONGLYZA NP OSENI NP DIBENZYLINE NP DIBENZYLINE NP PROCARDIA NP DIBENZYLINE NP PROCARDIA NP pioglitazone hydrochloride g pioglitazone hydrochloride glimepiride g precose NP PRECOSE NP PROGLYCEM NP ROGLYCEM NP ROBLYCEM NP RYBELSUS PB STARLIX NP STARLIX NP SYMLINPEN 60/120 NP SYNJARDY/XR PB CARDURA NP CATAPRES NP TOUJEO SOLOSTAR PB CIonidine hydrochloride g TRADJENTA NP CATAPRES NP TOUJEO SOLOSTAR PB COMSINATIONS  pimodipine g nisoldipine/r g nisoldipine/r np NYMALIZE NY						
PENFILL PB AGENTS FOR PHEOCHROMOCYTOMA NP OSENI NP DIBENZYLINE NP		РБ	· ·		• •	
ONGLYZA NP OSENI NP OSENI NP OZEMPIC PB pioglitazone hydrochloride g pioglitazone hydrochloride/metformin hydrochloride g pioglitazone hydrochloride/metformin hydrochloride g pioglitazone hydrochloride/metformin hydrochloride g pioglitazone hydrochloride/metformin hydrochloride g pioglitazone hydrochloride glimepiride g plenoxybenzamine hydrochloride g pioglitazone hydrochloride glimepiride g pioglitazone hydrochloride glimepiride g plenoxybenzamine hydrochloride g phenoxybenzamine hydrochl		DD			•	
OSENI NP OZEMPIC PB pioglitazone hydrochloride g phenoxybenzamine hydrochloride g phenox						
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TRADJENTA NP doxazosin/mesylate g AVALIDE NP	tolbutamide	g	CATAPRES	NP		g
	TOUJEO SOLOSTAR	PB	clonidine hydrochloride	g	atenolol/chlorthalidone	g
	TRADJENTA	NP		g	AVALIDE	NP
	TRESIBA/FLEXTOUCH	NP	guanfacine hydrochloride	g		

### **Roper Technologies**

benazepril hydrochloride/		quinapril/hydrochlorothiazide	g	methazolamide	g
hydrochlorothiazide	g	TEKTURNA HCT	NP	metolazone	g
BIDIL	NP	telmisartan/amlodipine	g	spironolactone/hydrochlorothiazio	
bisoprolol fumarate/		telmisartan/hydrochlorothiazide	g	torsemide	g
hydrochlorothiazide	g	TENORETIC 50/100	NP	triamterene/hydrochlorothiazide	g
candesartan cilexetil/		trandolapril/verapamil		SELECTIVE ALDOSTERONE RECEP	TOR
hydrochlorothiazide	g	hydrochloride er	g	ANTAGONISTS (SARAS)	
captopril/hydrochlorothiazide	g	TWYNSTA	NP	eplerenone	g
EDARBYCLOR	NP	valsartan/hydrochlorothiazide	g	INSPRA	NP
enalapril maleate/		ZIAC	NP	VASODILATORS	
hydrochlorothiazide	g	DIRECT RENIN INHIBITORS		hydralazine hydrochloride	g
fosinopril sodium/		aliskiren	g	minoxidil	g
hydrochlorothiazide	g	TEKTURNA	NP	OSTEOPOROSIS	
irbesartan/hydrochlorothiazide	g	DIURETICS		ACTONEL	NP
lisinopril/hydrochlorothiazide	g	acetazolamide/er	g	alendronate sodium	g
LOPRESSOR HCT	NP	ALDACTAZIDE	NP	ATELVIA	NP
losartan potassium/		amiloride hydrochloride	g	BONIVA	NP
hydrochlorothiazide	g	amiloride/hydrochlorothiazide	g	calcitonin salmon	g
LOTENSIN HCT	NP	bumetanide	g	EVISTA	NP
methyldopa/hydrochlorothiazide	g	BUMEX	NP	FOSAMAX	NP
metoprolol/hydrochlorothiazide	g	chlorthalidone	g	ibandronate sodium	g
olmesartan medoxomil/amlodipir	ie/	ethacrynic acid	g	raloxifene	g
hydrochlorothiazide	g	furosemide	g	risedronate sodium/dr	g
olmesartan medoxomil/		hydrochlorothiazide	g		
hydrochlorothiazide	g	indapamide	g		
propranolol/hydrochlorothiazide	g	MAXZIDE/25	NP		

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**

- 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 > Forms > Claims Forms > 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.