

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 DISKUS/HFA	PB	levalbuterol/hydrochloride	g	AEROGear	NP
albuterol sulfate/er/hfa	g	montelukast sodium	g	AERONEB GO	NP
aminophylline	g	PERFOROMIST	NP	AEROVENT PLUS	NP
ANORO ELLIPTA	PB	PROAIR DIGIHALER	PB	AIRIAL	NP
ARCAPTA NEOHALER	NP	PROAIR HFA/RESPICLIK	NP	ALL FLOW	NP
arformoterol tartrate	g	PULMICORT FLEXHALER	PB	ARIAL CHAMBER	NP
ARNUITY ELLIPTA	PB	QVAR REDIHALER	PB	ASTHMAPACK	NP
ATROVENT HFA	PB	roflumilast	g	AURA PORTANEB	NP
BEVESPI AEROSPHERE	PB	SEREVENT DISKUS	PB	BREATHE EASE	NP
BREO ELLIPTA	PB	SPIRIVA HANDIHALER/RESPIMAT	PB	BREATHERITE	NP
budesonide	g	STIOLTO RESPIMAT	PB	CLEVER CHOICE	NP
COMBIVENT RESPIMAT	PB	STRIVERDI RESPIMAT	NP	CO MONITOR	NP
cromolyn sodium	g	SYMBICORT	PB	COMP AIR	NP
DALIRESP	NP	terbutaline sulfate	g	COMPACT SPACE CHAMBER/ANTI-STATIC	NP
difil-g forte	g	THEO-24	NP	COMPARE	NP
ELIXOPHYLLIN	NP	theophylline/er	g	COMPRESSOR NEBULIZER	NP
FLOVENT DISKUS	PB	TRELEGY ELLIPTA	PB	EASIVENT	NP
FLOVENT HFA	PB	zafirlukast	g	EFLOW SCF	NP
formoterol fumarate	g	zileuton er	g	ELITE NEBULIZER SYSTEM	NP
ipratropium bromide	g	ZYFLO	NP	EQ SPACE CHAMBER ANTI-STATIC	NP
ipratropium bromide/albuterol sulfate	g	ASTHMA SUPPLIES		FLEXICHAMBER	NP
isoproterenol hydrochloride	g	ADULT MASK	NP	FLYP NEBULIZER	NP
ISUPREL	NP	AEROBIKA	NP	IN-CHECK	NP
		AEROCHAMBER	NP	INNOSPIRE	NP
		AEROECLIPSE II	NP		

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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 HOLDING		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 hydrochloride	g
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
AGGRENEX	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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glipizide/er/xl	g	TRIJARDY XR	PB	methyldopa	g
glipizide/metformin hydrochloride	g	TRULICITY	PB	MINIPRESS	NP
GLUCAGEN HYPOKIT	PB	VICTOZA	PB	prazosin hydrochloride	g
glucagon	g	XIGDUO XR	PB	terazosin hydrochloride	g
GLUCOTROL/XL	NP	DIABETIC SUPPLIES		ANTIHYPERTENSIVES - MISC.	
glyburide/metformin hydrochloride	g	ALCOHOL SWABS	NP	VECAMEYL	NP
glyburide/micronized	g	B-D INSULIN NEEDLES	PB	BETA BLOCKERS	
GLYNASE	NP	B-D INSULIN SYRINGES	PB	acebutolol hydrochloride	g
GLYSET	NP	DEXCOM	NP	atenolol	g
GLYXAMBI	PB	FREESTYLE LIBRE	NP	betaxolol hydrochloride	g
HUMALOG MIX 50/50/KWIKPEN	NP	GLUCOSE CALIBRATION LIQUID	NP	bisoprolol fumarate	g
HUMALOG MIX 75/25/KWIKPEN	NP	GLUCOSE MONITORING DEVICES	NP	carvedilol/phosphate/er	g
HUMALOG/KWIKPEN	NP	GLUCOSE MONITORING SUPPLIES	NP	HEMANGEOL	NP
HUMULIN 70/30/KWIKPEN	NP	INSULIN NEEDLES	NP	labetalol hydrochloride	g
HUMULIN N/KWIKPEN	NP	INSULIN SYRINGES	NP	metoprolol succinate er	g
HUMULIN R	NP	LANCETS	PB	metoprolol tartrate	g
HUMULIN R U-500/KWIKPEN	PB	LANCET DEVICES	PB	nadolol	g
INSULIN LISPRO PROTAMINE/ KWIKPEN	NP	OMNIPOD	NP	nebivolol/hydrochloride	g
JANUMET/XR	PB	ONE-TOUCH TEST STRIPS	PB	pindolol	g
JANUVIA	PB	INFUSION PUMP SUPPLIES	NP	propranolol hydrochloride/er	g
JARDIANCE	PB	URINE TEST STRIPS	NP	sorine	g
JENTADUETO/XR	NP	HIGH BLOOD PRESSURE		sotalol hydrochloride	g
KAZANO	NP	ACE INHIBITORS		SOTYLIZE	NP
KOMBIGLYZE XR	NP	benazepril hydrochloride	g	timolol maleate	g
LANTUS/SOLOSTAR	PB	captopril	g	CALCIUM CHANNEL BLOCKERS	
LEVEMIR/FLEXTouch	NP	enalapril maleate	g	amlodipine besylate	g
metformin hydrochloride/er	g	fosinopril sodium	g	CALAN SR	NP
miglitol	g	lisinopril	g	cartia xt	g
nateglinide	g	LOTENSIN	NP	diltiazem hydrochloride/cd/er	g
NESINA	NP	moexipril hydrochloride	g	dilt-xr	g
NOVOLIN 70/30/FLEXPEN/RELION	PB	perindopril erbumine	g	felodipine er	g
NOVOLIN N/FLEXPEN/RELION	PB	QBRELIS	NP	matzim la	g
NOVOLIN R/FLEXPEN/RELION	PB	quinapril hydrochloride	g	nicardipine hydrochloride	g
NOVOLOG/MIX 70/30/FLEXPEN/ PENFILL	PB	ramipril	g	nifedipine/er	g
ONGLYZA	NP	trandolapril	g	nimodipine	g
OSENI	NP	AGENTS FOR PHEOCHROMOCYTOMA		nisoldipine/er	g
OZEMPIC	PB	DEMSEER	NP	NYMALIZE	NP
pioglitazone hydrochloride	g	DIBENZYLIN	NP	PROCARDIA	NP
pioglitazone hydrochloride/metformin hydrochloride	g	metyrosine	g	SULAR	NP
pioglitazone hydrochloride- glimepiride	g	phenoxybenzamine hydrochloride	g	taztia xt	g
PRECOSE	NP	ANGIOTENSIN II RECEPTOR ANTAGONISTS		tiadylt er	g
PROGLYCEM	NP	candesartan cilexetil	g	verapamil hydrochloride/er/sr	g
repaglinide	g	EDARBI	NP	COMBINATIONS	
RIOMET	NP	irbesartan	g	ACCURETIC	NP
RYBELSUS	PB	losartan potassium	g	amlodipine besylate/atorvastatin calcium	g
STARLIX	NP	olmesartan medoxomil	g	amlodipine besylate/benazepril hydrochloride	g
SYMLINPEN 60/120	NP	telmisartan	g	amlodipine besylate/valsartan	g
SYNJARDY/XR	PB	valsartan	g	amlodipine/olmesartan medoxomil	g
tolbutamide	g	ANTIADRENERGIC ANTIHYPERTENSIVES		amlodipine/valsartan/hctz	g
TOUJEO SOLOSTAR	PB	CARDURA	NP	amlodipine/valsartan/ hydrochlorothiazide	g
TRADJENTA	NP	CATAPRES	NP	atenolol/chlorthalidone	g
TRESIBA/FLEXTouch	NP	clonidine hydrochloride	g	AVALIDE	NP
		doxazosin/mesylate	g		
		guanfacine hydrochloride	g		

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

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 > Forms > Claims Forms > 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.