Arkansas State and Public School Employees Preferred Drug List (PDL) - Effective October 2020

This PDL is a list of the most commonly prescribed drugs. It is not all-inclusive and is not a guarantee of coverage. Plan Benefit Design is the final determinate of coverage. For drugs not listed, please call the pharmacy program number listed on the back of your ARBenefits ID card for benefit coverage information.

PLEASE NOTE: Use of generic drugs can save both you and your health plan money. Generics that are new to the market will require a copyment equal to its branded product. These are indicated in the PDL with *(NG) and are shown in bold type. These new generics will not have the standard Tier 1 copayment that older generic products have. In addition, brand-name medications that are available in the generic form may still appear in a tiered copay box, however, they will require a generic drug copayment PLUS the difference in the plan's cost between the generic and equivalent brand-name drug. If the brand name product is a reference-priced medication*(RP), the equivalent new generic will also become reference-priced instead of applying the difference in brand/generic cost. *Brand drugs with an equivalent generic available are non-covered on the Classic and Basic plans.*

Specialty drugs *may require* prior authorization (PA) by EBRx (1-866-564-8258) to ensure appropriate usage. These medications are indicated in the PDL located under Tier 4.

Compounded medications require a Tier 3 copay for Premium plan members. Deductible and/or coinsurance will apply for Classic and Basic plan members. General benefit guidelines apply.

Medications listed as reference priced are considered non-covered on the Classic and Basic plans.

Key: Certain drugs (*) may be subject to Day Supply (DS), Quantity Limits (QL), Prior Authorization (PA), Step Therapy (ST), Contingent Therapy (CT), New Generics (NG) or Reference Pricing (RP) requirements according to Benefit Design. **Items indicated as *(RP) require special copayment pricing and do not apply to the standard tier copayments. This PDL is subject to change at any time.**

	Tier 1	Tier 2	Tier 3	Tier 4
ANTI-INFECTIVES				
Antibiotics-Cephalosporins	cefaclor, cefadroxil, cefpodoxime, cefprozil, cephalexin, cefdinir	Cedax, Spectracef, Suprax 400 mg capsule*(QL)		
Antibiotics-Macrolides	erythromycin, azithromycin*(QL), clarithromycin	Zmax Suspension		
Antibiotics-Fluoroquinolones	ciprofloxacin, levofloxacin			Baxdela*(PA)
Antibiotics-Penicillins	amoxicillin, amoxicillin/clavulanate, ampicillin, penicillin			
Antibiotics-Other	minocycline		Adoxa, linezolid*(PA) (**NG**)	Vabomere*(PA)
Antifungals	fluconazole, itraconazole*(PA), ketoconazole, nystatin, terbinafine			
Antiretrovirals	abacavir, didanosine, lamivudine, lamivudine/zidovudine, nevirapine, zidovudine	Isentress*(PA), Isentress Chewable*(PA), Prezista tablets, Reyataz, Sustiva, Viracept	Epivir, Evotaz, Reyataz powder, Vitekta	Aptivus, Atripla, Biktarvy, Cimduo, Combivir, Crixivan, Delstrigo, Descovy, Dovata*(PA), Emtriva, Epzicom, Invirase, Isentress Powder*(PA), Juluca*(PA), Kaletra, Lexiva, Odefsey, Pifeltro, Prezcobix, Prezista soln*(PA), Rescriptor, Rukobia*(PA,QL), Selzentry*(PA), Stribild tablet*(QL)*(PA), Symfi Lo, Temixys, Tivicay, Trizivir, Truvada, Viread

	Tier 1	Tier 2	Tier 3	Tier 4
Antivirals-Flu	amantadine, rimantadine	oseltamivir*(**NG**), Xofluza*(QL)	Relenza	
Antivirals-Herpes	acyclovir, famciclovir, valacyclovir			
Antivirals-Other-Interferons/Interferon combinations	ribavirin*(PA)			Zepatier*(PA), Mavyret*(PA)
CARDIOVASCULAR				
Antihyperlipidemic-HMG (Statins) **(NOTE: See Wellness/Preventive section.)**	atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin			
	***(RP) Reference Priced Antihyperlipidemic-HMG (Statins): Plan pays $0.30 per unit. Member is responsible for remaining cost. (Excluded for Classic & Basic plans.)**	Altoprev, Crestor 5mg, 10mg & 20mg, fluvastatin, Lescol XL, Lipitor, Mevacor, Pravachol, Zocor		
Other Antihyperlipidemic Agents	cholestyramine resin, colestipol, ezetimibe, gemfibrozil	Praluent*(PA), Welchol tablet		Repatha*(PA)
Antiplatelet Agents	clopidogrel, dipyridamole, dipyridamole/aspirin, anagrelide, cilostazol	Brilinta, prasugrel***(NG)**		
Anticoagulants	warfarin	Eliquis, Xarelto		
ACE Inhibitors and ACE Inhibitors combinations	amlodipine/benazepril, captopril, captopril hctz, enalapril, fosinopril, lisinopril, lisinopril hctz, moexipril/hctz, perindopril, quinapril/hctz, ramipril, trandolapril, trandolapril/verapamil			
Angiotensin II Rec Antagonist (ARB)/Direct Renin Inhibitor (DRI)	amlodipine/valsartan, irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, olmesartan HCTZ, olmesartan medoxomil, telmisartan, valsartan, valsartan/HCTZ			
	***(RP) Reference Priced Angiotensin Receptor Blockers (ARB): Plan pays $0.81 per unit. Member is responsible for remaining cost. (Excluded for Classic & Basic plans.)**	**amlodipine/valsartan HCT*(NG)**, Atacand, **candesartan*(NG)**, Atacand HCT, candesartan cilexetil/HCTZ, Avalide, Avapro, Azor, Benicar, Benicar HCT, Cozaar, Diovan, Diovan HCT, Edarbi, Edarbyclor, Exforge, Exforge HCT, Hyzaar, Micardis, Micardis HCT, Tekturna, Tekturna HCT, Teveten, Teveten HCT, Twynsta, **telmisartan/amlodipine*(NG),** telmisartan HCTZ		

	Tier 1	Tier 2	Tier 3	Tier 4
Beta Blockers	acebutolol, atenolol, bisoprolol, labetalol, metoprolol, metoprolol hctz, metoprolol XL, propranolol, propranolol hctz			
Calcium Channel Blockers	amlodipine, diltiazem, felodipine, nicardipine, verapamil			nimodipine*(PA)
CENTRAL NERVOUS SYSTEM				
ADHD Medications	amphetamine salts IR*(QL), dexmethylphenidate tablets, dextroamphetamine*(QL), methylphenidate*(QL), methylphenidate ER*(QL), amphetamine salts XR*(QL)	Daytrana*(QL), Strattera*(QL), atomoxetine*(**NG**)(QL)	Adderall XR*(QL), dexmethylphenidate ER*(**NG**), dextroamphetamine ER, dextroamphetamine/amphetamine ER, Dexedrine*(QL), Metadate CD*(QL), ER*(QL), Ritalin LA*(QL), Vyvanse*(QL)	
	***(RP) Long Acting Amphetamines: Plan pays $2.50 per unit. Member is responsible for remaining cost. (Excluded for Classic & Basic plans.)**	Long Acting Amphetamines are ***reference priced*** for members 26 years of age or older; ****Quantity Limits*** will still apply to ***reference priced*** long acting amphetamines. Adderall XR*(QL), amphetamine salts extended release*(QL), Dexedrine*(QL), dextroamphetamine extended release*(QL), Vyvanse*(QL)		
Alzheimers	donepezil, galantamine, galantamine ER, memantine, rivastigmine	**rivastigmine patch*(NG)**		
Analgesics-Narcotic	codeine-apap*(QL), fentanyl patch, hydrocodone combinations*(QL), meperidine, morphine sulfate, oxycodone combinations*(QL), oxycodone controlled release 12HR		Fentora Tablet*(QL)*(PA), Oxycontin, Percocet*(QL), Percodan, Tylenol/w Codeine*(QL)	
Analgesics-NSAIDs (NOTE: Topical NSAIDs are not covered by the plan.)	Celecoxib 50mg, 100mg,& 200mg, Diclofenac tabs, Ibuprofen, Indomethacin, ketorolac*(QL), Meloxicam, Nabumetone, Naproxen, Sulindac			
	***(RP) Reference Priced NSAIDs: Plan pays $0.15 per unit. Member is responsible for the remaining cost. (Excluded for Classic & Basic plans.)**	Celecoxib 400mg, Diclofenac ER, Diclofenac/Misoprostol, Diclofenac Pottasium, Etodolac, Etodolac ER, Fenoprofen 400mg & 600mg, Flurbiprofen, Indomethacin ER, Ketoprofen ER, Meclofenamate, Mefenamic Acid, Naproxen CR 500mg, Oxaprozin, Piroxicam		
Anticonvulsants	carbamazepine, levetiracetam, phenytoin, valproic acid, gabapentin, lamotrigine, divalproex delayed release, divalproex SR, topiramate, oxcarbazepine, zonisamide	Nayzilam*(PA,QL)	Banzel*(PA), Fycompa, Potiga*(PA), Xcopri*(QL)	Diacomit*(PA), Fintepla*(PA), Sabril*(PA)

	Tier 1	Tier 2	Tier 3	Tier 4
Fibromyalgia	gabapentin, pregabalin*(NG)			
	***(RP) Reference Priced Anticonvulsants: Plan pays $0.35 per unit. Member is responsible for the remaining cost. (Excluded for Classic & Basic plans.)**	Lyrica CR		
Antidepressants-Other	amitriptyline, bupropion immediate release and SR, bupropion XL, desipramine, imipramine, mirtazapine, nortriptyline			
Antidepressants (SNRIs)	duloxetine, venlafaxine, venlafaxine XR capsule			
	***(RP) Serotonin norepinephrine reuptake inhibitors (SNRIs): Plan pays $0.75 per unit. Member is responsible for remaining cost. (Excluded for Classic & Basic plans.)**	Cymbalta, Effexor XR, venlafaxine extended release ***tablets***		
Antidepressants (SSRIs)	citalopram, escitalopram, fluoxetine 10, 20 & 40mg, fluvoxamine, paroxetine, sertraline			
	***(RP) Selective serotonin reuptake inhibitors (SSRIs): Plan pays $0.30 per unit. Member is responsible for remaining cost. (Excluded for Classic & Basic plans.)**	Lexapro, Luvox CR, fluvoxamine ER, Paxil, Paxil ER, paroxetine ER, Pexeva, Zoloft		
Anti-Parkinson	carbidopa/levadopa, entacapone, pramipexole, rasagiline, ropinirole, selegiline, tolcapone		Neupro*(PA), **pramipexole SR*(NG)**	Kynmobi*(QL), Nourianz*(PA)
Antipsychotic Agents	aripiprazole tablet, clozapine tablets, olanzapine/fluoxetine, olanzapine, olanzapine ODT, risperidone tablets, quetiapine, ziprasidone	Abilify Tablet*(PA), Seroquel XR*(QL)	Abilify Solution*(PA), Equetro, Latuda*(PA)	Invega Sustenna, Invega Trinz*(PA)
Migraine Products	eletriptan*(QL), rizatriptan*(QL), rizatriptan ODT*(QL), sumatriptan tablets*(QL)		sumatriptan injectables*(QL), Aimovig*(PA,QL), Emgality*(PA,QL), Nurtec ODT*(PA)	
	***RP Migraine Medications. Plan pays $0.50 per unit. Member is responsible for remaining cost. (Excluded for Classic & Basic plans.)**	almotriptan*(QL), Axert*(QL), Frova*(QL), Frovatriptan*(QL), Naratriptan*(QL), Relpax*(QL), Zolmitriptan*(QL), Zolmitriptan ODT*(QL)		
	***RP Migraine Medications. Plan pays $6.00 per prescription. Member is responsible for remaining cost. (Excluded for Classic & Basic plans.)**	Sumatriptan Nasal Sprays*(QL), Tosymra *(QL), Zomig nasal sprays*(QL)		

	Tier 1	Tier 2	Tier 3	Tier 4
Multiple Sclerosis Drugs				Aubagio tablet*(PA)*(QL), Avonex*(PA), Betaseron*(PA), Extavia, Gilenya, **glatopa*(NG)**, Mavenclad*(PA), Rebif*(PA), Tecfidera*(PA)*(QL)
Sedative Hypnotics	temazepam 15mg, temezapam 30mg, triazolam, zaleplon, zolpidem			
	***(RP) Reference Priced Sedatives/Hypnotics: Plan pays $0.15 per unit. Member is responsible for remaining cost. (Excluded for Classic & Basic plans.)**	Ambiem, Ambien CR, zolpidem ER, eszopiclone*(NG), Lunesta, Rozerem, Sonata, temazepam 7.5mg, temazepam 22.5mg		
Skeletal Muscle Relaxants	Baclofen, Carisoprodol 350mg, Chlorzoxazone 500mg, Cyclobenzaprine, Methocarbamol, Orphenadrine tablets, Tizanidine tabs			
	***(RP) Reference Priced Skeletal Muscle Relaxants: Plan pays $0.15 per unit. Member is responsible for remaining cost. (Excluded for Classic & Basic plans.)**	Carisoprodol 250mg, Carisoprodol/Aspirin, Chlorzoxazone 250mg, 375mg, & 750mg, Dantrolene, Metaxalone, Tizanidine caps		
ENDOCRINE				
Diabetes-Insulin	insulin lispro	Humulin R 100, Humulin N, Humulin 70/30, Humulin R U-500 Kwikpen, Humalog, Humalog JR Kwikpen, Lantus, Lyumjev, Toujeo, Toujeo Max Solostar		
Diabetes-Non-Insulin Injectable antihyperglycemic agents	no generics available at this time	Ozempic*(PA), Trulicity*(PA), Victoza*(PA)		
Diabetes-Insulin Sensitizing Agents	metformin, pioglitazone			
Diabetes-Insulin Secreting Agents	chlorpropamide, glimepiride, glipizide, glyburide, nateglinide, repaglinide, tolazamide			
Diabetes – SGLT2		Jardiance*(PA), Synjardy*(PA), Synjardy XR*(PA)		
Diabetes-Combinations	Glyburide - Metformin, piogiltazone HCL - glimepiride			
Diabetes-Other Medications	acarbose	Glyset	Baqsimi, Gvoke Hypopen	

	Tier 1	Tier 2	Tier 3	Tier 4
Diabetic Supplies	**The following diabetic testing supplies will be covered 100% by the plan when purchased through a network pharmacy with a prescription:** Accu-Chek® Guide Me glucometer, Accu-Chek® Guide test strips*(**QL**), TRUEplus® syringes/pen needles, and any brand of Lancets. (Note: No other glucometer, test strips or syringes/pen needles will be covered.)			
	Continuous Glucose Monitors (CGMs): The Dexcom G6 CGM is covered with an approved prior authorization. Physicians may call the EBRx PA line at (866) 564-8258 for review. If approved, Dexcom Sensors will have an $80 per month copay for all plans. Dexcom Transmitters and Receivers will be covered 100% by the plan. These must be purchased from a network pharmacy.			
Thyroid Agents	levothyroxine, Levoxyl			
GASTROINTESTINAL/URINARY				
Digestive Aids	pancrelipase	Creon, Viokace, Zenpep		
Gallstone Solubilizing Agents	ursodiol			
H-2 Antagonists	cimetidine, famotidine, nizatidine, ranitidine			
Proton Pump Inhibitors	lansoprazole OTC, omeprazole 10mg, omeprazole 20mg, omeprazole 40mg, omeprazole OTC, pantoprazole 20 & 40 mg, pantoprazole inj, Prevacid 24hr OTC, Prilosec OTC			
	***(RP) Reference Priced Proton Pump Inhibitors: Plan pays $0.30 per unit. Member is responsible for remaining cost. (Excluded for Classic & Basic plans.)**	Aciphex, **rabeprazole*(NG)**, Dexilant, esomeprazole, lansoprazole non-OTC, Nexium, Nexium OTC, Prevacid, Prilosec, Protonix		
Bowel Preparation Drugs	*See Wellness/Preventive under the Miscellaneous section for agents covered with no copay.	Colyte, Golytely, MoviPrep	Clenpiq	
Overactive Bladder Agents	oxybutynin immediate release			
	***(RP) Reference Priced Overactive Bladder Agents: Plan pays $0.51 per unit. Member is responsible for remaining cost. (Excluded for Classic & Basic plans.)**	Detrol, tolterodine, Detrol LA, tolterodine (extended release), Ditropan XL, Enablex, Myrbetriq, trospium, trospium ER, Vesicare, **solifenacin*(NG)**, oxybutynin extended release		
Inflammatory Bowel	budesonide 3mg capsules, sulfasalazine	**mesalamine DR 400mg caps*(NG)**	**mesalamine ER 0.375gm caps*(NG,QL),** budesonide 9mg tablets*(PA), Canasa	mesalamine DR 1.2gm tabs, Pentasa
Hyperparathyroid Agents	calcitriol	Hectorol, Zemplar	Rocaltrol	

	Tier 1	Tier 2	Tier 3	Tier 4
MEN'S HEALTH				
Erectile Dysfunction		Muse*(QL)*(PA), Stendra*(QL)*(PA), **sildenafil*(NG)**(QL)(PA)	Cialis*(QL)*(PA), Staxyn *(QL)*(PA), **vardenafil*(NG)(QL)(PA)**	
Hormone Replacement	Testostrone Injectable(s)*(PA)			
Prostate Health	doxazosin, dutasteride, tamsulosin, terazosin		**silodosin*(NG)**	
RESPIRATORY				
Nasal Products	azelastine, flunisolide, fluticasone			
	***(RP) Reference Priced Nasal Steroids: Plan pays up to $26.00 for a one month supply. Member is responsible for remaining cost. (Excluded for Classic & Basic plans.)**	Beconase AQ, Flonase, Nasonex, Rhinocort AQ, budesonide, QNasl		
Leukotriene Modulators	montelukast, zafirlukast			
**Steroid Inhalants	budesonide solution	Asmanex, QVAR RediHaler		
**Beta Agonists-Short Acting	albuterol sulfate HFA, metaproterenol	ProAir HFA, ProAir Respi Click		
**Beta Agonists-Long Acting	no generics available at this time	Foradil*(ST), Serevent Diskus*(ST)	Perforomist*(ST)	
**Inhaled Corticosteroids / Long Acting Beta Agonists	fluticasone/salmeterol	Dulera, **budesonide/formoterol fumarate*(NG)**, Symbicort		
**Long-Acting Muscarinic Agents + Long-Acting Beta Agonists		Stiolto Respimat		
**Long-Acting Anticholinergics		Spiriva, Spiriva Respimat		
**Respiratory-Other	albuterol/ipratropium, ipratropium, theophylline 200mg extended release	Breztri, Combivent		Nucala*(PA), Xolair*(PA)
NOTE - NO OTHER BRAND-NAME MEDICATIONS ARE COVERED IN THE RESPIRATORY DRUG CATEGORIES THAT ARE MARKED WITH **. ONLY THOSE LISTED IN THIS PDL ARE COVERED. ALL OTHER BRANDED PRODUCTS ARE EXCLUDED FROM COVERAGE.				
TOPICAL				
Ears	ofloxacin		**ciprofloxacin / dexamethason*(NG)**, Ciprodex	

	Tier 1	Tier 2	Tier 3	Tier 4
Eye-Glaucoma	brimonidine, latanoprost, levobunolol, timolol, dorzolamide, dorzolamide/ timolol drops	Alphagan P 0.1% (if no generic available), Azopt, Betimol, Betoptic, Cosopt drops, Lumigan	Alphagan P 0.15%, Cosopt droperette, dorzolamide/timolol droperette, Timoptic, Trusopt, Xelpros, Xalatan	
Eye - Dry Eye Disease		Cequa		
Eye-Miscellaneous	cromolyn, ketorolac, levofloxacin 0.5%	Acuvail, Alrex, Lotemax (ointment & suspension *ONLY*)	Alocril, Alomide, Vigamox, Zirgan	
Skin-All	betamethasone, clotrimazole/betamethasone topical lotion, lidocaine >5%*(PA), mometasone	**Pimecrolimus*(NG)**	Diprolene AF, Ertaczo, Finacea Gel, Venelex Ointment	Dupixent*(PA)
Skin-Acne	benzoyl peroxide, benzoyl peroxide/erythromycin, clindamycin (foam is excluded), Amnesteem, Claravis, sulfacetamide sodium 10% topical solution, tretinoin*(PA age 26 & over)	Retin-A 0.05% topical solution*(PA age 26 & over), Retin-A micro*(PA age 26 & over)	**dapsone*(NG),** Retin-A (other strengths)*(PA age 26 & over)	
WOMEN'S HEALTH				
Combination HRT	Norethindrone Acetate/TE/Ethinyl Estradiol 1mg/5mcg	FemHRT 0.5mg/2.5mg, Prefest, Premphase, Prempro, Prempro Low Dose	Activella, Climara Pro, Combipatch	
Contraceptives	Plan will pay 100% for all <u>*COVERED GENERIC contraceptives*</u>. <u>*COVERED BRANDS*</u> with **no** generic available will be covered by the plan under ***Tier 3*** **(limited to *oral* forms).** ***** <u>*Brand/Generic difference/penalty*</u> *pricing will apply if member chooses a* <u>*COVERED BRAND*</u> *where a generic is available.**** **<u>Examples of COVERED GENERICS paid at 100%:</u>** Amethia, Aviane, Azurette, Camrese, Camrese Lo, Cryselle, Daysee, Elinest, Emoquette, Enpresse, Gianvi, Gildess, Introvale, Jolessa, Junel 1/20, Junel 1.5/30, Junel FE 1/20, Junel FE 1.5/30, Kariva, Lessina, Levora, Loryna, Low-Ogestrel, Levonest, Lutera, Marlissa, Microgestin, Mono-Linyah, MonoNessa, Myzilra, Necon, Nortrel, Ocella, Ogestrel, Orsythia, Portia, Previfem, Quasense, Reclipsen, Sprintec, Sronyx, Syeda, Tilia, Trinessa, Trinessa Lo, Tri-Linyah, Tri-Lo- Estarylla, Tri-Sprintec, Tri-Lo-Sprintec, Trivora, Wymzya, Vestura, Viorele, Zarah, Zenchent **<u>Examples of COVERED BRANDS paid at 100%:</u>** Nuvaring and Ortho-Evra		LoLoestrin FE	
Hormone Replacement Therapy (HRT)		Alora, Estrace Cream, Estrogel, Menest, Premarin, Prometrium, Vivelle-Dot, Yuvafem	Climara, Divigel, Enjuvia, Estrace Tablet, Estring, Femring	

	Tier 1	Tier 2	Tier 3	Tier 4
Osteoporosis-Calcium Regulators	alendronate, calcitonin nasal spray	Miacalcin Injection		
	***(RP) Reference Priced Calcium Regulators: Plan pays up to $0.10 per pill/unit. Member is responsible for remaining cost. (Excluded for Classic & Basic plans.)**	Actonel, Atelvia, **risedronate sodium*(NG)**		
Osteoporosis-Hormone Receptor Modulators	raloxifene			Prolia*(PA)
Prenatal Vitamins	CompleteNate, CO-Natal FA, MACNATAL CN DHA, M-Vit, Mynatal Plus, Mynatal-Z, OB-Natal One, PNV-Select, Prenafirst, PrenataPlus, Prenatabs FA, Prenatal Low Iron, Se-Tan DHA, Taron EC Calcium, Taron-Prex, Trinatal RX 1, Ultimatecare One, Vinate IC	Concept DHA, Concept OB, Folcal DHA, Folcaps Omega 3, Folivane-PRx DHA NF, Gesticare DHA, Levomefolate DHA, Levomefolate PNV, L-Methylfolate PNV DHA, Tamdem DHA, Virt-PN, Zatean-PN	Complete-RF Prenatal, Folivane-OB, HemeNatal OB+DHA, NatalVit, Prenatal Vitamins Plus, Prenaissance Balance/Plus, O-Cal FA, O-Cal Prenatal, Venatal-FA, Venate, Vol-Nate, VP-CH-PNV, Zatean-CH	
Vaginal Products	clotrimazole, fluconazole, metronidazole vag gel, terconazole	Gynazole-1	Clindesse, Diflucan, Metrogel Vaginal, Terazol	
MISCELLANEOUS				
Antiemetics	granisetron*(QL), ondansetron*(QL)	Emend*(QL), Varubi	Anzemet*(QL)**,** Sancuso*(QL)(PA)	
Antipsoriatics	acitretin, tazarotene*(PA)		Zithranol Shampoo	
Botulinum Toxins				Xeomin® (PA), Dysport® (PA)
Gout	allopurinol, colchicine		**febuxostat*(NG)(PA),** Zyloprim	
Growth Hormone	no generics available at this time	Norditropin*(PA)		Saizen*(PA), Serostim*(PA), Zorbitive*(PA)
Immunosuppressive Agents	azathioprine, cyclosporine, mycophenolate mofetil, tacrolimus capsule			Myfortic, Nulojix*(PA), Prograf capsule, Prograf injection, Rapamune, Simulect
Rheumatoid Arthritis	methotrexate, leflunomide	Trexall*(PA)		
Saliva Stimulants	cevimeline			
Targeted Immune Modulators (Step Therapy--Use Preferred Agents First) (NOTE: Samples of medication will not be recognized as a means of establishing prior drug use.)		Enbrel*(PA), Humira*(PA), Olumiant*(PA, QL), Renflexis*(PA), Rinvoq*(PA), Skyrizi*(PA), Taltz*(PA)		Actemra*(PA), Cimzia*(PA), Cosentyx*(PA), Entyvio*(PA), Inflectra*(PA), Kevzara*(PA), Kineret*(PA), Orencia*(PA), Otezla*(PA), Rituxan*(PA), Simponi*(PA), Stelara*(PA), Tysabri*(ST), Xeljanz*(PA)
Wellness/Preventive	The following medications are covered 100% by the plan due to federal regulations. *Aspirin, Folic Acid, Iron Supplement (for children up to 1 year of age), Vitamin D (for adults age 65 and older) *Chantix, bupropion & nicotine patches when enrolled in the ARBenefits Smoking Cessation Program *All preventive vaccines recommended by the CDC advisory Committee on Immunization Practices *Generic bowel prep products (Gavilyte-C/G/H/N, Peg 3350/Electrolytes, Peg-Prep, Peg-3350/KCL Sol /Sodium, Trilyte *Some statin medications may be covered with a $0 copay for eligibile members. Preventive care restrictions apply.			

Specialty Drug List--August 2020

*This Specialty Drug List includes medications that are classified as **Tier 4** drugs (by plan coverage) and **most** will require pre-authorization by EBRx (1-866-564-8258) when obtained from the pharmacy or administered in the physician's office.*

***NOTE:** Samples of medication will not be recognized as a means of establishing prior drug use during the step therapy/prior authorization criteria review for Targeted Immune Modulators (ex; Humira, Enbrel, etc).*

ACROMEGALY

Sandostatin
Sandostatin LAR
Somatuline Depot
Somavert

BOTULINUM TOXINS

Dysport
Xeomin

CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES

Arcalyst

CYSTIC FIBROSIS

Cayston
Kalydeco
Orkambi
Pulmozyme
Symdeko
Trikafta

ENZYME DEFICIENCY OR LYSOSOMAL STORAGE

Aldurazyme
Cerdelga
Cerezyme
Cystadane
Cystaran
Elaprase
Fabrazyme
Lumizyme
Myozyme
Naglazyme
Nityr
Sucraid
Zavesca

GROWTH HORMONE & RELATED DISORDERS

Saizen
Serostim
Somavert
Zorbtive

HEMATOPOIETICS

Aranesp
Epogen
Fulphila
Mozobil
Procrit
Zarxio

HORMONAL THERAPIES

Eligard
Firmagon
Supprelin LA
Synarel
Vantas

IGF-1 Deficiency

Increlex

IMMUNE DEFICIENCY & RELATED DISORDERS

Bivigam
Flebogamma
Gamastan S/D
Octagam
Xembify

IMMUNE THROMBOCYTO-PENIC PURPURA

Cablivi
Promacta

IRON OVERLOAD

Exjade
Ferriprox

MACULAR DEGENERATION

Eylea
Macugen
Visudyne

MULTIPLE SCLEROSIS

Aubagio
Avonex
Betaseron
Extavia
Gilenya
Glatopa
Mavenclad
Rebif
Tecfidera
Tysabri
Vumerity

HEMATOPOIETICS (CONTINUED)

Leukine

HEMOPHILIA & RELATED BLEEDING DISORDERS

Advate
Adynovate
Alphanate
Alphanine SD
Alprolix
Bebulin
Bebulin VH
Benefix
Feiba NF
Feiba VH
Helixate FS
Hemlibra
Hemofil M
Humate-P
Idelvion
Jivi
Koate-DVI
Kogenate FS
Monoclate-P
Mononine
NovoEight
NovoSeven RT
Nuwiq
Obizur
Profilnine SD
Rebinyn
Recombinate
Stimate
Wilate
Xyntha

HEPATITIS B

Baraclude
Epivir HBV
Hepsera
Lamivudine
Tyzeka
Vemlidy

HEPATITIS C

Mavyret
Zepatier

HEREDITARY ANDIOEDEMA

Cinryze
Haegarda

HIV

Aptivus
Atripla
Biktarvy
Cimduo
Combivir
Complera
Crixivan
Delstrigo
Descovy
Dovato
Edurant
Egrifta
Emtriva
Odefsey
Pifeltro
Prezcobix
Prezista
Rescriptor
Retrovir
Reyataz
Selzentry
Stavudine
Stribild
Sustiva
Symtuza
Temixys

ONCOLOGY – ORAL

Alecensa
Braftovi
Daurismo
Erleada
Gleevec
Hycamtin
Ibrance
Imbruvica
Inlyta
Jakafi
Kisqali
Lynparza
Matulane
Mekinist
Mektovi
Myleran
Nexavar
Ninlaro
Nubeqa
Pomalyst
Revlimid
Rydapt
Sprycel
Sutent
Stivarga
Tafinlar
Tagrisso
Talzenna
Tarceva
Targretin
Tasigna
Temodar
Thalomid
Tykerb
Venclexta
Verzenio
Vitrakvi
Vizimpro
Votrient
Xeloda
Xospata
Xtandi
Zelboraf
Zolinza
Zydelig

ONCOLOGY - SUPPORTIVE CARE

Zometa

OSTEOPOROSIS

Prolia
Reclast

PULMONARY ARTERIAL HYPERTENSION

Adcirca
Adempas
Flolan
Letairis
Opsumit
Remodulin
sildenafil 20mg
Tracleer
Tyvaso
Uptravi
Veletri
Ventavis

RESPIRATORY SYNCYTIAL VIRUS

Synagis

TRANSPLANT

Cellcept
Gengraf
Prograf
Rapamune

HIV (CONTINUED)

Epzicom
Fuzeon
Genvoya
Intelence
Invirase
Isentress
Juluca
Kaletra
Lexiva
Norvir
Symfi Lo
Triumeq
Trizivir
Truvada
Tybost
Videx
Viracept
Viramune
Viread
Zerit
Ziagen

TRANSPLANT (CONTINUED)

Myfortic
Neoral
Nulojix
Sandimmune
Zortress

OTHER THERAPIES

Aranesp
Dupixent
Esbriet
Invega Sustenna
Invega Trinz
Nucala
Siklos
Soliris
Vivitrol
Xenazine
Xolair