

Arkansas State and Public School Employees Preferred Drug List (PDL) - Effective January 2023

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 copayment 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, cefditoren, cefpodoxime, cefprozil, cephalexin, cefdinir	Suprax 400 mg capsule*(QL)	
Antibiotics-Macrolides	erythromycin, azithromycin*(QL), clarithromycin		
Antibiotics-Fluoroquinolones	ciprofloxacin, levofloxacin		Baxdela*(PA)
Antibiotics-Penicillins	amoxicillin, amoxicillin/clavulanate, ampicillin, penicillin		
Antibiotics-Other	minocycline	linezolid*(PA) (NG)	Vabomere*(PA)
Antifungals	fluconazole, itraconazole*(PA), ketoconazole, nystatin, terbinafine		

	Tier 1	Tier 2	Tier 3	Tier 4
Antiretrovirals	abacavir tabs, didanosine, lamivudine, lamivudine/zidovudine, nevirapine, zidovudine	atazanavir caps*(NG) , Isentress tabs*(PA), Isentress Chewable*(PA), Prezista tablets, Sustiva caps	Evotaz, Reyataz powder	abacavir solution, abacavir-lamivudine*(NG) , Aptivus, Biktarvy, Cimduo, Crixivan, Delstrigo, Descovy, Dovato*(PA), efavirenz*(NG) , efavirenz/emtricitabine/tenofovir*(NG) , efavirenz/lamivudine/tenofovir*(NG) , emtricitabine / tenofovir disoproxil fumarate*(NG) , emtricitabine*(NG) , Invirase, Isentress Powder*(PA), Juluca*(PA), Kaletra, Lexiva, Odefsey, Pifeltro, Prezcobix, Prezista soln*(PA), Rescriptor, Rukobia*(PA,QL), Selzentry*(PA), Stribild tabs*(QL)*(PA), Temixys, Tivicay, Trizivir, Viracept, Viread
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	Altoprev, Crestor 5mg, 10mg & 20mg, fluvastatin, Lescol/XL, Lipitor, Zocor		
	*(RP) Reference Priced Antihyperlipidemic-HMG (Statins): Plan pays \$0.30 per unit. Member is responsible for remaining cost. (Excluded for Classic & Basic plans.)			
Other Antihyperlipidemic Agents	cholestyramine resin, colestipol, ezetimibe, gemfibrozil	colesevelam tablet		Praluent*(PA), Repatha*(PA)
Antiplatelet Agents	anagrelide, cilostazol, clopidogrel, dipyridamole tabs	prasugrel*(NG)		
Anticoagulants	warfarin	Eliquis, Xarelto		

	Tier 1	Tier 2	Tier 3	Tier 4
ACE Inhibitors and ACE Inhibitors combinations	amlodipine/benazepril, captopril, captopril hctz, enalapril, fosinopril/hctz, lisinopril, lisinopril hctz, moexipril, perindopril, quinapril/hctz, ramipril, trandolapril, trandolapril/verapamil			
	amlodipine/valsartan, irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, olmesartan HCTZ, olmesartan medoxomil, telmisartan, valsartan, valsartan/HCTZ			
Angiotensin II Rec Antagonist (ARB)/Direct Renin Inhibitor (DRI)	*(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/hctz*(NG) , Atacand HCT, Avalide, Avapro, Azor, Benicar, Benicar HCT, Cozaar, Diovan, Diovan HCT, Edarbi, Edarbyclor, Exforge, Exforge HCT, Hyzaar, Micardis, Micardis HCT, Tekturna, Tekturna HCT, Twynsta, telmisartan/amlodipine*(NG) , telmisartan HCTZ		
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), dexamethylphenidate tablets, dextroamphetamine*(QL), methylphenidate*(QL), methylphenidate ER*(QL)	atomoxetine*(NG)(QL) , Daytrana*(QL), methylphenidate patch*(NG,QL)	Adderall XR*(QL), dexamethylphenidate ER*(NG) , dextroamphetamine ER, dextroamphetamine/amp hetamine 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)		

	Tier 1	Tier 2	Tier 3	Tier 4
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, DiclofenacSodium 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 Sodium ER, Diclofenac/Misoprostol, Diclofenac Potassium 50mg tabs, 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)	Fycompa, Potiga*(PA), rufinamide*(PA)(NG) , Xcopri*(QL)	Diacomit*(PA), Fintepla*(PA), Sabril*(PA)
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, pregabalin ER(NG)		
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		

	Tier 1	Tier 2	Tier 3	Tier 4
Anti-Parkinson	carbidopa/levodopa, 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	dihydroergotamine mesylate nasal*(PA), eletriptan*(QL), rizatriptan*(QL), rizatriptan ODT*(QL), sumatriptan tablets*(QL)		sumatriptan injectables*(QL), Aimovig*(PA,QL), Emgality*(PA,QL), Nurtec ODT*(PA,QL)	
	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)		
Multiple Sclerosis Drugs				Aubagio tablet*(PA)*(QL), Avonex*(PA), Betaseron*(PA), Dimethyl Fumarate*(NG)(PA)(QL) , Extavia, glatopa*(NG) , Rebif*(PA), Zeposia* (PA)
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, ramelteon, 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		

	Tier 1	Tier 2	Tier 3	Tier 4
ENDOCRINE				
Diabetes-Insulin	insulin lispro (generic for Humalog), insulin glargine (generic for Lantus)	Humulin R 100, Humulin N, Humulin 70/30, Humulin R U-500 Kwikpen, Humalog, Humalog JR Kwikpen, Lantus, Lyumjev, Toujeo, Toujeo Max Solostar	insulin glargine - YFGN (generic for Semglee YFGN)	
Diabetes-Non-Insulin Injectable antihyperglycemic agents	no generics available at this time	Ozempic*(PA), Rybelsus*(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, Synjardy, Synjardy XR		
Diabetes-Combinations	Glyburide - Metformin, piogiltazone HCL - glimepiride	Soliqua*(PA)		
Diabetes-Other Medications	acarbose	migliitol	Baqsimi, Gvoke Hypopen	
Diabetic Supplies	<p>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.)</p> <p>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.</p>			
Thyroid Agents	levothyroxine			
GASTROINTESTINAL/URINARY				
Digestive Aids		Creon, Viokace, Zenpep		
Constipation		Linzess	lubiprostone*(PA,QL)	
Gallstone Solubilizing Agents	ursodiol			
H-2 Antagonists	cimetidine, famotidine, nizatidine			

	Tier 1	Tier 2	Tier 3	Tier 4
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.)			
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.)			
Inflammatory Bowel	budesonide ER 3mg capsules, sulfasalazine	mesalamine DR 400mg caps*(NG)	budesonide ER 9mg tablets*(PA), mesalamine ER 0.375gm caps*(NG,QL), mesalamine 1000mg supp*(NG)	mesalamine DR 1.2gm tabs, mesalamine ER 500mg caps*(NG) , Pentasa 400mg ER caps
Hyperparathyroid Agents	calcitriol caps, paricalcitol caps	Hectorol		
MEN'S HEALTH				
Erectile Dysfunction	sildenafil*(QL), tadalafil*(QL)	Muse*(QL)*(PA)		
Hormone Replacement	Testosterone Injectable(s)*(PA)			
Prostate Health	doxazosin, tamsulosin, terazosin	dutasteride	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.)			

	Tier 1	Tier 2	Tier 3	Tier 4
Leukotriene Modulators	montelukast, zafirlukast			
**Steroid Inhalants	budesonide solution	Asmanex, QVAR RediHaler		
**Beta Agonists-Short Acting	albuterol sulfate HFA, metaproterenol	ProAir HFA, ProAir RespiClick		
**Beta Agonists-Long Acting	no generics available at this time	Foradil*(ST), Serevent Diskus*(ST)	formoterol fumarate*(ST,NG)	
**Inhaled Corticosteroids / Long Acting Beta Agonists	fluticasone/salmeterol	Dulera, budesonide/formoterol fumarate*(NG)		
**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		
**Respiratory-Biologics for Moderate - Severe Asthma and Chronic Rhinosinusitis w/nasal polyps				Dupixent*(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 / dexamethasone*(NG)	
Eye-Glaucoma	brimonidine, brimonidine tartrate 0.15% drops, latanoprost, levobunolol, timolol, dorzolamide, dorzolamide/ timolol drops	Alphagan P 0.1% (if no generic available), Betimol, Betoptic, brimonidine tartrate/timolol*(NG), brinzolamide*(NG), Lumigan	Alphagan P 0.15%, Cosopt droperette, dorzolamide/timolol droperette, Xelpros, Xalatan	
Eye - Dry Eye Disease		Cequa		
Eye-Miscellaneous	cromolyn, ketorolac, levofloxacin 0.5%	Acuvail, Alrex, Lotemax ointment, loteprednol suspension drops*(NG)	Alocril, Alomide, moxifloxacin*(NG), Zirgan	

	Tier 1	Tier 2	Tier 3	Tier 4
Skin-All	betamethasone, clotrimazole/betamethasone topical cream & lotion, lidocaine >5%*(PA), mometasone		azelaic acid gel*(NG), Ertaczo, Finacea foam, Venelex Ointment	
Skin-Atopic Dermatitis	Topical steroids	pimecrolimus*(NG)		Cinbinqo*(PA), Dupixent*(PA), Opzelura*(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)	dapsone gel*(NG), Retin-A (other strengths)*(PA age 26 & over)	
WOMEN'S HEALTH				
Combination HRT	estradiol patch, Lyllana patch, Norethindrone/Ethinyl Estradiol	Prefest, Premphase, Prempro	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 pricing will apply if member chooses a COVERED BRAND where a generic is available.</u> ***			
	Examples of COVERED GENERICS paid at 100%: Alyacen, Amethia, Aranelle, Aurovela/FE, Aviane, Azurette, Balziva, Blisovi/FE, Briellyn, Camila, Camrese, Camrese Lo, Cryselle, Dasetta, Daysee, Elinest, Eluryng, Enpresse, Errin, Hailey, Jolessa, Junel/FE, Kariva, Larin/FE, Leena, Lessina, Levora, Loryna, Low-Ogestrel, Levonest, Lutera, Marlissa, Microgestin/FE, Mono-Linyah, Necon, Nora-Be, Norethindrone, Nortrel, Nylia, Ocella, Philith, Pirmella, Portia, Reclipsen, Sprintec, Sronyx, Syeda, Tarina/FE, Tilia/FE, Tri-Legest FE, Tri-Linyah, Tri-Lo- Estarylla, Tri-Sprintec, Tri-Lo-Sprintec, Trivora, Vestura, Viorele, Vyfemla, Wera, Wymzya, Zarah		LoLoestrin FE	
	Examples of COVERED BRANDS paid at 100%: Nuvaring			
Hormone Replacement Therapy (HRT)	estradiol tablets, estradiol patches, progesterone capsules	estradiol cream, Estrogel, Menest, Premarin, Yuvaferm	Divigel, Estring, Femring	
Miscellaneous Products		Oriahnn*(PA)		
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)			

	Tier 1	Tier 2	Tier 3	Tier 4
Osteoporosis-Hormone Receptor Modulators	raloxifene			Prolia*(PA)
Prenatal Vitamins	*Multiple prenatal vitamins are covered. Please call (855) 757-9526 to verify coverage.			
Vaginal Products	clotrimazole, fluconazole, metronidazole vag gel, terconazole	Gynazole-1	Clindesse	
MISCELLANEOUS				
Antiemetics	granisetron*(QL), ondansetron*(QL)	aprepitant*(QL)	Anzemet*(QL), Sancuso*(QL)(PA)	
Antipsoriatics	acitretin	tazarotene cream*(PA)	Zithranol Shampoo	
Botulinum Toxins				Xeomin® (PA)
Colony Stimulating Factors				Zarxio (filgrastim), Fulphila (pegfilgrastim)
Gout	allopurinol, colchicine		febuxostat*(NG)	
Growth Hormone	no generics available at this time	Norditropin*(PA)		Saizen*(PA), Serostim*(PA)
Immunosuppressive Agents	azathioprine 50mg, cyclosporine caps, mycophenolate mofetil, mycophenolic acid, sirolimus, tacrolimus capsule			Nulojix*(PA), Prograf injection, Simulect
Rheumatoid Arthritis	methotrexate, leflunomide	Trexall		
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), Simponi*(PA), Stelara*(PA), Xeljanz*(PA), **Ruxience*(PA)(medical plan benefit)
Wellness/Preventive	<p>The following medications are covered 100% by the plan due to federal regulations.</p> <p>*Aspirin, Folic Acid, Iron Supplement (for children up to 1 year of age), Vitamin D (for adults age 65 and older)</p> <p>*Chantix, bupropion & nicotine patches for smoking cessation. Limit of two(2) attempts per plan year.</p> <p>*All preventive vaccines recommended by the CDC Advisory Committee on Immunization Practices</p> <p>*Generic bowel prep products (Gavilyte-C/G/H/N, Peg 3350/Electrolytes, Peg-Prep, Peg-3350/KCL Sol /Sodium)</p> <p>*Some statin medications may be covered with a \$0 copay for eligible members. Preventive care restrictions apply.</p>			

Specialty Drug List--January 2023

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	Somatuline Depot
Sandostatin LAR	Somavert

BOTULINUM TOXINS

Dysport	Xeomin
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CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES

Arcalyst

CYSTIC FIBROSIS

Cayston	Pulmozyme
Kalydeco	Symdeko
Orkambi	Trikafta

ENZYME DEFICIENCY OR LYSOSOMAL STORAGE

Aldurazyme	Fabrazyme
Cerdelga	Lumizyme
Cerezyme	Naglazyme
Cystadane	Nityr
Cystaran	Zavesca

GROWTH HORMONE & RELATED DISORDERS

Saizen	Somavert
Serostim	Zorbtive

HEMATOPOIETICS

Aranesp	Procrit
Epogen	Pyrukynd
Fulphila	Zarxio
Mozobil	

HORMONAL THERAPIES

Eligard	Supprelin LA
Firmagon	

IGF-1 Deficiency

Increlex

IMMUNE DEFICIENCY & RELATED DISORDERS

Bivigam	Octagam
Flebogamma	Xembify
Gamastan S/D	

IMMUNE THROMBOCYTO-PENIC PURPURA

Cablivi	Promacta
Doptelet	Tavalisse

IRON OVERLOAD

Exjade
Ferriprox

MULTIPLE SCLEROSIS

Aubagio	Glatopa
Avonex	Rebif
Betaseron	Zeposia
dimethyl fumarate	
Extavia	

ONCOLOGY – ORAL

Alecensa	Sprycel
Ayvakit	Sutent
Braftovi	Stivarga
Brukinsa	Tafinlar
Daurismo	Tagrisso

HEMOPHILIA & RELATED BLEEDING DISORDERS

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

HEPATITIS B

Baraclude	Lamivudine
Epivir HBV	Vemlidy
Hepsera	

HEPATITIS C

Mavyret	Zepatier
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HEREDITARY ANDIOEDEMA

Haegarda

HIV

Aptivus	Pifeltro
Atripla	Prezcobix
Biktarvy	Prezista
Cimduo	Retrovir
Combivir	Reyataz
Complera	Selzentry
Crixivan	Stavudine
Delstrigo	Stribild
Descovy	Sustiva
Dovato	Symtuza
Edurant	Temixys
Emtriva	Triumeq
Epzicom	Trizivir
Fuzeon	Truvada
Genvoya	Tybost
Intelence	Videx
Odefsey	

ONCOLOGY – ORAL (CONTINUED)

Erleada	Talzenna
Gleevec	Tarceva
Hycamtin	Tasigna
Ibrance	Temodar
Iclusig	Thalomid
Imbruvica	Tibsovo
Inlyta	Tykerb
Jakafi	Venclexta
Kisqali	Verzenio
Lynparza	Vitrakvi
Matulane	Vizimpro
Mekinist	Votrient
Mektovi	Xeloda
Myleran	Xospata
Nexavar	Xpovio
Ninlaro	Xtandi
Nubeqa	Zelboraf
Onureg	Zolinza
Pomalyst	Zydelig
Revlimid	Zytiga
Rydapt	

OSTEOPOROSIS

Prolia

PULMONARY ARTERIAL HYPERTENSION

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

RESPIRATORY SYNCYTIAL VIRUS

Synagis

TRANSPLANT

Cellcept	Prograf
Gengraf	Rapamune
Myfortic	Sandimmune
Neoral	Zortress
Nulojix	

HIV (CONTINUED)

Invirase
Isentress
Juluca
Kaletra
Lexiva
Norvir

Symfi Lo
Viracept
Viramune
Viread
Zerit
Ziagen

OTHER THERAPIES

Aranesp
Arcalyst
Benlysta
Cibinqo
Cystadrops
Dupixent
Esbriet
Invega Sustenna

Invega Trinz
Livtensity
Nucala
Soliris
Vivitrol
Xenazine
Xolair