



**Arkansas State University System
Preferred Drug List (PDL) - Effective July 1, 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 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.

Specialty drugs may require prior authorization (PA) by EBRx (1-833-339-8402) to ensure appropriate usage. These medications are indicated in the PDL located under Tier 3.

Compounded medications require a Tier 3 copay.

Out of pocket expenses for Excluded drugs and Reference-Priced drugs will not apply to the out-of-pocket maximum threshold

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			

	Tier 1	Tier 2	Tier 3	Tier 4
Antiretrovirals	abacavir, didanosine, lamivudine, lamivudine/zidovudine, nevirapine, zidovudine	atazanavir caps*(NG) , Isentress tabs*(PA), Isentress Chewable*(PA), Prezista tablets, Sustiva caps	Epivir, Evotaz, Reyataz powder, Vitekta	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			
	*(RP) Reference Priced Antihyperlipidemic-HMG (Statins): Plan pays \$0.30 per unit. Member is responsible for remaining cost. (Excluded for High Deductible Plan)	Altoprev, Crestor 5mg, 10mg & 20mg, fluvastatin, Lescol XL, Lipitor, Mevacor, Pravachol, Zocor		
Other Antihyperlipidemic Agents	cholestyramine resin, colestipol, ezetimibe, gemfibrozil	colesevelam tablet		Praluent*(PA), Repatha*(PA)
Antiplatelet Agents	clopidogrel, dipyridamole, dipyridamole/aspirin, anagrelide, cilostazol	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, lisinopril, lisinopril hctz, moexipril/hctz, 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 High Deductible Plan)	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		
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), amphetamine salts XR*(QL)	Daytrana*(QL), atomoxetine*(NG)(QL)	Adderall XR*(QL), dexamethylphenidate 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 High Deductible Plan)	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)		

	Tier 1	Tier 2	Tier 3	Tier 4
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 High Deductible Plan)	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)	Fycopma, 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 High Deductible Plan)	pregabalin ER (NG) , 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 High Deductible Plan)	Cymbalta, Effexor XR, venlafaxine extended release tablets		

	Tier 1	Tier 2	Tier 3	Tier 4
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 High Deductible Plan)	Lexapro, Luvox CR, fluvoxamine ER, Paxil, Paxil ER, paroxetine ER, Pexeva, Zolof		
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)		Acute Treatments: sumatriptan injectables*(QL), Nurtec ODT* (PA, QL) Chronic Treatments: Aimovig*(PA,QL), Emgality*(PA,QL)	
	RP Migraine Medications. Plan pays \$0.50 per unit. Member is responsible for remaining cost. (Excluded for High Deductible Plan)	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 High Deductible Plan)	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)

	Tier 1	Tier 2	Tier 3	Tier 4
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 High Deductible Plan)	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 High Deductible Plan)	Carisoprodol 250mg, Carisoprodol/Aspirin, Chlorzoxazone 250mg, 375mg, & 750mg, Dantrolene, Metaxalone, Tizanidine caps		
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, Semglee	
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		
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 when purchased through a network pharmacy with a prescription: Accu-Chek® Guide Me glucometer (\$0 Copay), Accu-Chek® Guide test strips*(QL) (Tier 1 Copay), TRUEplus® syringes/pen needles (Tier 1 Copay), 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 (833) 339-8402 for review. If approved, Dexcom Sensors will have an \$80 per month copay. 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 High Deductible Plan)	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 High Deductible Plan)	Detrol, tolterodine, Detrol LA, tolterodine (extended release), Ditropan XL, Enablex, Gemtesa, Myrbetriq, trospium, trospium ER, Vesicare, solifenacin(NG) , oxybutynin extended release		

	Tier 1	Tier 2	Tier 3	Tier 4
Inflammatory Bowel	budesonide 3mg capsules, sulfasalazine	Linzess, mesalamine DR 400mg caps*(NG)	<i>lubiprostone</i> * (PA, QL), mesalamine ER 0.375gm caps*(NG,QL) , budesonide 9mg tablets*(PA), Canasa	mesalamine DR 1.2gm tabs, Pentasa
Hyperparathyroid Agents	calcitriol	Hectorol, Zemplar	Rocaltrol	
MEN'S HEALTH				
Erectile Dysfunction	sildenafil* (QL), tadalafil* (QL)	Muse*(QL)*(PA),		
Hormone Replacement	Testosterone 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 High Deductible Plan)	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)	formoterol fumarate*(ST, NG)	
**Inhaled Corticosteroids / Long Acting Beta Agonists	fluticasone/salmeterol	Dulera, budesonide/formoterol fumarate*(NG) , Symbicort		
**Long-Acting Muscarinic Agents + Long-Acting Beta Agonists		Stiolto Respimat		

	Tier 1	Tier 2	Tier 3	Tier 4
**Long-Acting Anticholinergics		Spiriva, Spiriva Respimat		
**Respiratory-Other	albuterol/ipratropium, ipratropium, theophylline 200mg extended release	Breztri, Combivent		
**Respiratory-Biologics for Moderate-to-severe asthma and chronic rhinosinusitis w/nasal				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 / dexamethason*(NG) , Ciprodex	
Eye-Glaucoma	brimonidine, 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	
Skin-All	betamethasone, clotrimazole/betamethasone topical lotion, lidocaine >5%*(PA), mometasone		azelaic acid gel*(NG) , Ertaczo, Finacea foam, Venelex Ointment	
Skin-Atopic Dermatitis	Topical steroids, tacrolimus	pimecrolimus*(NG)		Dupixent*(PA), Opzelura* (PA), Rinvoq*(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	

	Tier 1	Tier 2	Tier 3	Tier 4
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%:		LoLoestrin FE	
	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, Marliisa, 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			
Examples of COVERED BRANDS paid at 100%:				
Nuvaring and Ortho-Evra				
Hormone Replacement Therapy (HRT)		Alora, Estrace Cream, Estrogel, Menest, Premarin, Prometrium, Vivelle-Dot, Yuvaferm	Climara, Divigel, Enjuvia, Estrace Tablet, 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 High Deductible Plan)	Actonel, Atelvia, risedronate sodium(NG)		
Osteoporosis-Hormone Receptor Modulators	raloxifene			Prolia*(PA)
Prenatal Vitamins	*Multiple prenatal vitamins are covered. Please call EBRx at (833) 339-8402 to verify coverage.			
Vaginal Products	clotrimazole, fluconazole, metronidazole vag gel, terconazole	Gynazole-1	Clindesse, Diflucan, Metrogel Vaginal, Terazol	

	Tier 1	Tier 2	Tier 3	Tier 4
MISCELLANEOUS				
Antiemetics	granisetron*(QL), ondansetron*(QL)	Emend*(QL), Varubi	Anzemet*(QL), Sancuso*(QL)(PA)	
Antipsoriatics	acitretin, tazarotene*(PA)		Zithranol Shampoo	
Botulinum Toxins				Xeomin® (PA)
Colony Stimulating Factors				Zarxio (filgrastim), Fulphila (pegfilgrastim)
Gout	allopurinol, colchicine		febuxostat*(NG)(PA),	
Growth Hormone	no generics available at this time	Norditropin*(PA)		Saizen*(PA), Serostim*(PA),
Immunosuppressive Agents	azathioprine, cyclosporine, mycophenolate mofetil, tacrolimus capsule			Nulojix*(PA), Prograf injection, 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), Simponi*(PA), Stelara*(PA), Xeljanz*(PA), **Ruxience*(PA)(medical plan benefit)
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 (Smoking Cessation) is covered by prior authorization. Bupropion is also covered.			
	*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			
	*Breast cancer prevention: tamoxifen, exemestane			
*Some statin medications may be covered with a \$0 copay for eligible members. Preventive care restrictions apply.				