



# PHARMACY BENEFIT SUMMARY

06/01/2019

**Prepared For:**



---

Accord Marketing and Management, Inc.

# No Changes

Effective: 06/01/2019

We are pleased to announce that there will be **NO** changes to your existing pharmacy benefit plan for the upcoming year!

You can continue to utilize the current ID card that you have.

## Summary of Copayments

Copayments are the dollar amount which will be collected at the pharmacy every time you receive a prescription. Generally, your copayment will be lowest for generic prescriptions and highest for medications that are considered Non-Preferred under your plan design. Below highlights your plan's copay levels:

### HSA Plan

20%	Copayment on any generic medication
20%	Copayment on any Preferred Brand Medication
20%	Copayment on any Non-Preferred Brand Medication
20%	Copayment on any Multi-Source Brand Medication (Brand Name Drugs that are dispensed when an exact generic is available) The <i>physician</i> will indicate "DAW" or "Dispense as Written" on the prescription.
20%	Copayment <b>plus the difference</b> in cost between the brand & generic on any Multi-Source Brand Prescription (Brand Name Drugs that are dispensed when an exact generic is available) The <i>patient</i> indicates the brand to be dispensed. DAW penalty does not count towards the OOP Max
20%	Copayment on all Specialty Medications (Example: Oncology, Multiple Sclerosis, Organ Transplant) Please contact EHIM at <b>800-311-3446</b>
Generic 20% Brand 20% NP Brand 20%	Standard Copayment for all eligible maintenance medication filled in a three month supply. Brand & Generic eligible maintenance medications can be filled through the Local Retail Pharmacy or through Mail Order in order to obtain them in a 3 month supply.
Single \$7,150 Family \$14,300	Out of Pocket Maximum: Once a member/contract spends the maximum in medical spend and pharmacy copays that member/contract will have a \$0 copay on all covered medications for the rest of the plan year. One person in a 2-person/Family contract will be capped at the single amount and the rest of the members under that contract will have to meet the other single max combined.

## Customer Service

800-311-3446 • 24/7/365

EHIM's primary mission is to provide our members with the best customer service possible. If you are experiencing a problem **filling a retail or mail order prescription**, contact EHIM's Pharmacy Help Desk.

For your convenience, our help desk has a representative available **24 hours a day, 7 days a week, 365 days a year**.

Our toll free number is **printed on the front of your ID card** for easy reference. EHIM values our clients and we appreciate the opportunity to continue to service our members.

## Summary of Deductibles

- Members must meet the deductible from combined medical & pharmacy spend.
- Once the deductible has been satisfied, members will pay the applicable copayment on all prescription medications for the rest of the plan year until the out-of-pocket maximum is met.

**\$5,000 (Member)**

Deductible (In Network)

**\$10,000 (Contract)**

Deductible (In Network)

### Quantity Limits for Certain Medications

Certain medications under your program may be subject to quantity limits. Medications that are subject to quantity limits are to help ensure these medications are not utilized inappropriately or recommended maximum dosages are not exceeded. EHIM's Quantity Limitations are based on FDA-approved dosing recommendations, pharmaceutical guidelines and have been reviewed and approved by our licensed, clinical staff.

### EHIM Maintenance List (Three Month Supplies)

EHIM has a list of commonly used medications that are eligible to be filled in higher quantities (three month supplies) This list of medications approved to be filled in three month supplies is known as EHIM's Maintenance List. This list is extensive, yet does NOT include every single medication. Types of medications found on the maintenance list are: Insulin, Blood Pressure medications, Heart medications, Cholesterol medications, and Thyroid medications. Your physician must write for a three month supply of medication to be dispensed at one time. You may pick up your three month supply at any participating retail pharmacy. To determine whether or not your medication is on the Maintenance List, please contact our Pharmacy Help Desk at 800-311-3446.

### Alliance Rx Walgreens + PRIME Mail Order

EHIM offers a mail order program through Alliance Rx Walgreens + PRIME Mail Order which allows you to receive a three month supply (61-90 days maximum) for the plan's designated number of copays. The program includes maintenance medications covered under the Prescription Plan. Prescriptions can be ordered through the Alliance Rx Walgreens + PRIME website ([Walgreens.com/MailService](http://Walgreens.com/MailService)) or by completing a hard copy prescription order form. You must complete a registration form for Alliance Rx Walgreens + PRIME prior to your prescription being filled. Included in the mail order brochure are step by step instructions on how to fill your first prescription. You may contact EHIM at 800-311-3446 for assistance with registering with Alliance Rx Walgreens + PRIME, or you may contact Alliance Rx Walgreens + PRIME directly at 800-345-1985.

Non-Preferred brand medications are in a higher copay tier under the pharmacy program. Highlighted in gray on the next page is a listing of Non-Preferred medications that may be covered under the pharmacy program. There are therapeutically preferred alternatives available to the right of the Non-Preferred section highlighted in white. The Preferred alternatives have the lowest copayment under the pharmacy program.

If you are utilizing a Non-Preferred medication in the 4th or 3rd tier, you may want to speak with your physician to determine if there is an alternative therapy that provides the same therapeutic efficacy, but is available at a lower cost to you. This document may be shared with your physician to evaluate potential preferred therapy options.

## Frequently Asked Questions About Generic Medications

### What is a generic drug?

A generic drug is a lower cost version of a brand name medication. They are just as safe and effective as the brand name, but they are more affordable.

### How are generic drugs different from brand name drugs?

The biggest difference between a generic and brand name drug is the price. Most generics cost 70-90% less than the brand name version. Generic drugs may also have a different shape, color or package, but these differences only affect how the medicine looks, not how it works.

### Are generics really the same as the brand name?

Yes. Generic drugs have the same medicine as the brand name, and the FDA will not approve them unless they are just as safe and effective as the brand name drug. There are a few special medical conditions where a generic drug might have a small difference in how it works, but that is very rare.

### How many people use generic drugs?

Millions of people use generic drugs every day. In fact, about 3 out of 4 prescriptions are for generic drugs, but there are still many people taking expensive brand name drugs who could save a lot of money by switching to the generic version.

### Do generic drugs cause more side effects than brand name drugs?

No. Brand name drugs and a generic drug have the same rates of side effects. Each medication can affect each person in a different way. If your medicine has side effects that you are worried about, call your doctor.

- All MULTISOURCE medications (DAW) (brand name medications that have an EXACT generic equivalent) are subject to the 3rd Tier Enhanced Non-Preferred copay (not all MULTISOURCE medications are listed on this formulary)
- All forms (oral, liquid, topical...) and dosages (DR, ER, LA, XR....) of the medications listed are classified as Non-Preferred
- This formulary is subject to change at any time without notice
- Some medications may require an approved Prior Authorization before being covered
- Some medications may be applicable to a Quantity Limitation
- Not all medications on this formulary may be covered by your plan



This document and the data and/or information contained in this document ("Information") are owned by EHIM. It contains legally privileged, confidential and proprietary information and/or intellectual property of EHIM that is protected from disclosure through agreement(s) and/or laws that require the recipient to keep the Information confidential. The Information may not be reproduced, disclosed, used and/or relied upon, in whole, or in part, without the prior written consent of EHIM. This Information is also intended solely for the recipient and/or others authorized by EHIM to receive it. If you are not the intended recipient, please notify EHIM and immediately delete, shred and/or otherwise destroy the Information. Any unauthorized reproduction, disclosure, access, use and/or action in reliance on the Information is strictly prohibited and may entitle EHIM to legal and/or equitable remedies and damages. © 2019 EHIM



Pharmacy Benefits. *Managed.*

Non-Preferred medications are highlighted in **GRAY**.  
Preferred generic medications are highlighted in **WHITE**.

Any medication in the 1st Tier can be interchanged for any of the medications in the 3rd Tier

3rd Tier: 20%	1st Tier: 20%
<b>Analgesics/Narcotics (Pain)</b>	
Abstral (fentanyl)	buprenorphine/naloxone SL (Suboxone)
Actiq (fentanyl lozenge)	codeine
Avinza (morphine)	codeine/APAP
Belbuca (buprenorphine)	fentanyl patch (Duragesic)
Bunavail (buprenorphine/naloxone)	hydrocodone/APAP (Lortab, Norco, Vicodin, etc)
Butrans (buprenorphine)	hydrocodone/ibuprofen (Vicoprofen)
Conzip (tramadol)	hydromorphone (Dilaudid)
Demerol (meperidine)	hydromorphone XR (Exalgo)
Embeda (morphine/naltrexone)	levorphenol (Levo-Dromoran)
Exalgo (hydromorphone XR)	methadone
Fentora (fentanyl buccal)	morphine
Flowtuss (hydrocodone, guaifenesin)	morphine ER (MS Contin, Oramorph)
Hycofenix (hydrocodone, pseudoephedrine, guaifenesin)	oxycodone (OxyIR)
Hysingla ER (hydrocodone)	oxycodone/APAP (Percocet)
Kadian (morphine)	oxycodone/ibuprofen (Combunox)
Lazanda (fentanyl)	oxymorphone IR (Opana)
Morphabond (morphine sulfate)	tramadol (Ultram)
Nucynta, Nucynta ER (tapentadol)	tramadol/APAP (Ultracet)
Obredon (hydrocodone, guaifenesin)	
Onsolis (fentanyl buccal)	
Opana, Opana ER (oxymorphone)	
Oxaydo (oxycodone)	
Oxecta (oxycodone IR)	
Oxycontin (oxycodone)	
Rybix ODT (tramadol)	
Ryzolt (tramadol)	
Suboxone (buprenorphine naloxone)	
Subsys (fentanyl)	
Synalgos (dihydrocodeine, APAP, caffeine)	
Targiniq ER (oxycodone/naloxone)	
Trezix (dihydrocodeine, caffeine, APAP)	
Ultram ER (tramadol)	
Viberzi (eluxadoline)	
Vicodin (hydrocodone acetaminophen)	
Xartemis XR (oxycodone acetaminophen)	
Zohydro ER (hydrocodone)	
Zydone (hydrocodone, APAP)	
Zubsolv (buprenorphine/naloxone)	

3rd Tier: 20%	1st Tier: 20%
<b>Androgens/Hypogonadism</b>	
Androderm (testosterone)	First Testosterone Topical testosterone cypionate inj
Androgel (testosterone)	
Android (methyltestosterone)	
Androxy (fluoxymesterone)	
Aveed (testosterone undecanoate)	
Axiron (testosterone)	
Danocrine (danazol)	
Delatestryl (testosterone enanthate) Inj	
Depo-Testosterone (testosterone cyp) Inj	
Halotestin (fluoxymesterone)	
Methitest (methyltestosterone)	
Methyltestosterone (Testred)	
Natesto (testosterone) Nasal	
Oxandrin (oxandrolone)	
Striant XR (testosterone)	
Testim (testosterone)	
Testoprel (testosterone)	
Testred (methyltestosterone)	
Virilon (methyltestosterone)	
Vogelxo (testosterone)	
<b>Anti-Arthritics (Arthritis)</b>	
Arthrotec (diclofenac/misoprostol)	celecoxib (Celebrex)
Cambia (diclofenac) Packets	diclofenac (Cataflam, Voltaren, Voltaren XR)
Celebrex (celecoxib)	diclofenac/misoprostol (Arthrotec)
Flector Patch (diclofenac)	diclofenac 1% topical (Voltaren Gel)
Indocin (indomethacin) supp	diclofenac 1.5% topical (Pennsaid)
Lidoderm Patch (lidocaine)	etodolac (Lodine, Lodine XL)
Nalfon (fenoprofen)	ibuprofen (Motrin)
Naprelan (naproxen)	indomethacin (Indocin)
Nexcede (ketoprofen) Film	ketoprofen (Orudis, Oruvail)
Pennsaid Topical Solution (diclofenac)	lidocaine topical (Lidoderm)
Prevacid NapraPac (naproxen, lansoprazole)	meloxicam (Mobic)
Siprix Nasal Spray (ketorolac)	nabumetone (Relafen)
Solaraze 3% Gel (volatren)	naproxen (Naproxen)
Tivorbex (indomethacin)	naproxen DS (Anaprox DS)
Vivlodex (meloxicam)	oxaprozin (Daypro)
Volatren Gel (diclofenac)	piroxicam (Feldene)
Zipsor (diclofenac)	sulindac (Clinoril)
Zorvolex (diclofenac)	



Pharmacy Benefits. *Managed.*

Non-Preferred medications are highlighted in **GRAY**.  
Preferred generic medications are highlighted in **WHITE**.

Any medication in the 1st Tier can be interchanged for any of the medications in the 3rd Tier

3rd Tier: 20%	1st Tier: 20%
<b>Anticoagulants</b>	
Eliquis (apixaban) Pradaxa (dabigatran) Savaysa (edoxaban) Xarelto (rivaroxaban)	warfarin
<b>Anticonvulsants/Seizures</b>	
Aptiom (eslicarbazepine) Briviact (brivacetam) Carbatrol (carbamazepine) Diastat Rectal Delivery System (diazepam) Dilantin (phenytoin)* Elepsia XR (levetiracetam) Equetro (carbamazepine) Felbatol (felbamate) Fycompa (perampanel) Gabitril (tiagabine) Gralise (gabapentin) Horizant (gabapentin) Keppra XR (levetiracetam) Lamictal XR (lamotrigine) Lyrica (pregabalin) Mebaral (mephobarbital) Oxtellar XR (oxcarbazepine) Peganone (ethotoin) Phenytek (phenytoin)* Potiga (ezogabine) Qudexy XR (topiramate) Spritam (levetiracetam) Tegretol XR (carbamazepine) Trokendi XR (topiramate) Vimpat (lacosamide)	carbamazepine (Tegretol) carbamazepine XR (Tegretol XR) clonazepam (Klonopin) divalproex (Depakote)  divalproex ER (Depakote ER) ethosuximide (Zarontin) felbamate (Felbatol) gabapentin (Neurontin) lacosamide (Vimpat) lamotrigine (Lamictal) lamotrigine XR (Lamictal XR) levetiracetam (Keppra) oxcarbazepine (Trileptal) phenobarbital phenytoin (Dilantin) primidone (Mysoline) rufinamide (Banzel) topiramate (Topamax) valproate, valproic acid zonisamide (Zonegran)
<b>Antihistamines</b>	
Allerx (chlorpheniramine) Astepro (azelastine) Clarinx (desloratadine)  Clarinx D (desloratadine/pse)  Diclegis (doxylamine, pyridoxine) Karbinal ER (carbinoxamine) Patanase (olopatadine) Semprex D (acrivastine/pse) Vituz (chlorpheniramine, hydrocodone) Xyzal (levocetirizine) Zutripro (chlorpheniramine, hydrocodone, pse)	azelastine nasal cetirizine (Zyrtec) cetirizine / pseudoephedrine (Zyrtec-D)  chlorpheniramine, hydrocodone (Vituz)  desloratadine (Clarinx) doxylamine/pyridoxine (Diclegis) fexofenadine (Allegra) fexofenadine / pse (Allegra-D) levocetirizine (Xyzal)  loratadine (Claritin) loratidine / pseudoephedrine D 24 hour (Claritin-D) olopatadine (Patanase)

3rd Tier: 20%	1st Tier: 20%
<b>Antihypertensives/Angiotension Receptor Blockers &amp; Renin Inhibitors</b>	
Amturnide (aliskerin, amlodipine, HCTZ) Atacand, Atacand HCT (candesartan) Avapro, Avalide (irbesartan) Benicar, Benicar HCT (olmesartan) Byvalson (nebivolol, valsartan) Diovan, Diovan HCT (valsartan) Edarbi (azilsartan) Edarbychlor (azilsartan, chlorthalidone) Entresto (sacubitril, valsartan) Epaned (enalapril) Exforge, Exforge-HCT (valsartan, amlodipine) Micardis, Micardis HCT (telmisartan) Prestalia (perindopril, amlodipine) Qbrelis (lisinopril) Tekamlo (aliskerin, amlodipine) Tekturna, Tekturna-HCT (aliskerin) Tevetan, Tevetan HCT (eprosartan) Twynsta (telmisartan, amlodipine)	candesartan (Atacand)  candesartan/HCTZ (Atacand-HCT)  irbesartan (Avapro) irbesartan/HCTZ (Avalide) losartan (Cozaar) losartan/HCTZ (Hyzaar) olmesartan (Benicar) olmesartan/amlodipine (Azor)  olmesartan/HCTZ (Benicar-HCT) telmisartan (Micardis) telmisartan/amlodipine (Twynsta)  telmisartan/HCTZ (Micardis-HCT)  valsartan (Diovan) valsartan/amlodipine (Exforge) valsartan/HCTZ (Diovan-HCT)
<b>Antihypertensives/Beta-Blockers</b>	
Bystolic (nebivolol) Byvalson (nebivolol, valsartan) Coreg CR (carvedilol) Dutoprol (metoprolol, HCTZ) Hemangeol (propranolol) Innopran XL (propranolol) Sotylize (sotalol)	acebutolol (Sectral) atenolol (Tenormin) betaxolol (Kerlone) bisoprolol (Zebeta) carvedilol (Coreg) labetalol (Trandate) metoprolol (Lopressor) metoprolol XL (Toprol XL) pindolol (Visken) propranolol (Inderal) propranolol ER (Inderal LA) timolol (Blocadren)
<b>Antiulcer—Proton Pump Inhibitors</b>	
Aciphex (rabeprazole) Aciphex Sprinkles (rabeprazole)  Dexilant (dexlansoprazole) Esomeprazole Strontium Nexium (esomeprazole) Omeclamox (omeprazole, amoxicillin, clarithromycin) Prevacid NapraPac (naproxen, lansoprazole) PrevPac (lansoprazole, amoxicillin, clarithromycin)	esomeprazole (Nexium) lansoprazole (Prevacid, Prevacid SoluTab)  Nexium OTC omeprazole (Prilosec) pantoprazole (Protonix) Prevacid OTC  Prilosec OTC  rabeprazole  Zegerid OTC



Pharmacy Benefits. *Managed.*

Non-Preferred medications are highlighted in **GRAY**.  
Preferred generic medications are highlighted in **WHITE**.

Any medication in the 1st Tier can be interchanged for any of the medications in the 3rd Tier

3rd Tier: 20%	1st Tier: 20%
<b>Bisphosphonates/Bone Health</b>	
Binosto (alendronate)	alendronate (Fosamax)
Forteo (teriparatide)	ibandronate (Boniva)
Fortical (calcitonin)	raloxifene (Evista)
Fosamax + D (alendronate w Vitamin D)	risendronate (Actonel, Atelvia)
Miacalcin (calcitonin)	
<b>CNS Stimulants</b>	
Adipex (phentermine)	armodafinil (Nuvigil)
Aptensio XR (methylphenidate)	atomoxetine (Strattera)
Belviiq (lorcaserin)	clonidine XL (Kapvay)
Belviiq XR (lorcaserin)	dexmethylphenidate (Focalin)
Concerta (methylphenidate CR)	dexmethylphenidate XR (Focalin XR)
Daytrana Patch (methylphenidate)	dextroamphetamine (Dexedrine)
Desoxyn (methamphetamine)	guanfacine XR (Intuniv)
Dynavel XR (amphetamine)	methamphetamine (Desoxyn)
Evekeo (amphetamine sulfate)	methylphenidate (Ritalin)
Focalin XR (dexmethylphenidate)	methylphenidate ER (Ritalin LA, Metadate CD)
Intuniv (guanfacine)	methylphenidate SR (Ritalin SR)
Kapvay (clonidine)	methylphenidate XR (Concerta)
Metadate CD (methylphenidate)	mixed amphetamine salts (Adderall)
Nuvigil (armodafinil)	mixed amphetamine salts ER (XR)
Provigil (modafinil)	modafinil (Provigil)
Qsymia (phentermine, topiramate)	
Quillichew (methylphenidate)	
Quillivant XR (methylphenidate)	
Ritalin LA (methylphenidate)	
Strattera (atomoxetine)	
Suprenza (phentermine)	
Vyvanse (lisdexamfetamine)	
<b>Dermatological/Oral</b>	
Absorica (isotretinoin)	doxycycline
Accutane (isotretinoin)	minocycline
Acitretin (isotretinoin)	
Acticlate (doxycycline)	
Adoxa (doxycycline)	
Amnesteem (isotretinoin)	
Claravis (isotretinoin)	
Doryx (doxycycline)	
Doxteric (doxycycline)	
Minocin (minocycline)	
Monodox (doxycycline)	
Myorisan (isotretinoin)	
Oracea (doxycycline)	
Solodyn (minocycline)	
Soriatane (isotretinoin)	
Sotret (isotretinoin)	
Tetracycline	
Ximino (minocycline)	
Zenatane (isotretinoin)	

3rd Tier: 20%	1st Tier: 20%
<b>Dermatological/Anti-Inflammatory &amp; Anti-Pruritics/Topical Products</b>	
Aczone (dapson)	aclometasone (Aclovote)
Alcortin A (iodoquinol, hydrocortisone)	amcinonide (Cyclocort)
Analpram-HC, Analpram-E (hydrocort, pram)	betamethasone dipropionate (Diprolene)
ApexiCon E (diflorasone)	betamethasone valerate (Valisone)
Capex Shampoo (fluocinolone)	calcipotriene, betamethasone (Taclonex)
Carmol-HC (hydrocort, urea)	clobetasol (Clobex, Embeline, Olux, Temovate)
Clobex Lotion, Shampoo, Spray (clobetasol)	clotrimazole, betamethasone (Lotrisone)
Cloderm (clocortolone)	desonide (DesOwen)
Cordran (flurandrenolide)	desoximetasone (Topicort)
Cortifoam Aerosol (hydrocortisone)	diflorasone (Psorcon)
Derma Smooth Oil (fluocinolone)	fluocinolone (Synalar)
Desonate (desonide)	fluocinonide (Lidex)
Epifoam (hydrocortisone, pramoxine)	flurandrenolide (Cordran)
Eucrisa (crisaborole)	fluticasone (Cutivate)
Estilar (betamethasone, calcipotriene)	halobetasol (Ultravate)
Halog (halcinonide)	hydrocortisone 0.5, 1, 2.5% (Cortaid, Hytone)
Kenalog Aerosol (triamcinolone)	hydrocort/pramox 2.5-1%, 1-1% (Analpram HC)
Lida Mantle HC (hydrocortisone, lidocaine)	hydrocortisone butyrate (Locoid)
Locoid Lotion (hydrocort butyrate)	hydrocortisone valerate (Westcort)
Locoid Lipocream (hydrocort butyrate)	mometasone (Elocon)
Luxiq Foam (betamethasone valerate)	prednicarbate (Dermatop)
Olux E (clobetasol)	triamcinolone (Kenalog)
Pandel (hydrocortisone buteprate) Cream	U-Cort (hydrocortisone, urea)
Pramosone, Pramoxine E (hydrocort, pramoxine)	
Prudoxin (doxepin) cream	
Rectiv (nitroglycerin)	
Soolantra (ivermectin) cream	
Taclonex (betamethasone, calcipotriene)	
Topicort Spray (desoximetasone)	
Ultravate (halobetasol)	
Vanos (fluocinonide)	
Vanoxide-HC (hydrocortisone, benzoyl peroxide)	
Verdeso Foam (desonide)	
Vytone (iodoquinol, hydrocortisone)	
Zonalon (doxepin) cream	



Pharmacy Benefits. *Managed.*

Non-Preferred medications are highlighted in **GRAY**.  
Preferred generic medications are highlighted in **WHITE**.

Any medication in the 1st Tier can be interchanged for any of the medications in the 3rd Tier

3rd Tier: 20%	1st Tier: 20%
<b>Dermatological/Topical Products/Acne &amp; Skin Diseases</b>	
Acanya (clindamycin/benz. perox)	adapalene 0.1% cream, gel (Differin)
Akne-Mycin (erythromycin)	benzoyl peroxide 2.5% gel, wash
Atralin (tretinoin)	benzoyl peroxide 5% gel, lotion, wash
Avage (tazarotene)	benzoyl peroxide 10% cream, gel, lotion, wash
Avita (tretinoin)	benzoyl peroxide 3%, 6% pads
Azelex (azelaic acid)	benzoyl peroxide 4% kit (Brevoxyl)
Benzaclin (clindamycin/benz.perox)	clindamycin 1% gel, lotion, solution, pledgets
Benzamycin (erythromycin/benz perox)	clindamycin 1%/benz.perox. 5% gel (Benzaclin)
Benziq (benzoyl peroxide)	clindamycin 1.2%/benz.perox. 2.5% gel (Acanya)
Brevoxyl (benzoyl peroxide)	clindamycin 1.2%/tretinoin 0.025% gel (Ziana)
Clinac (benzoyl peroxide)	clindamycin/benz.perox (Duac)
Clindagel (clindamycin)	erythromycin 2% gel, solution (Erygel)
Desquam (benzoyl peroxide)	erythromycin 3%/benz.perox. 5% gel (Benzamycin)
Differin (adapalene)	naftifine 1% cream (Naftin)
Duac (clindamycin/benz.perox)	naftifine 2% cream (Naftin)
Econza (econazole nitrate)	oxiconazole 1% (Oxistat)
Epiduo (adapalene/benz. perox)	tretinoin 0.01% gel (Retin-A)
Epiduo Forte (adapalene/benz. perox)	tretinoin 0.025% cream, gel (Retin-A)
Evoclin (clindamycin)	tretinoin 0.05% cream (Retin-A)
Fabior (tazarotene)	tretinoin 0.1% cream (Retin-A)
Finacea, Finacea Plus (azelaic acid)	tretinoin 0.1% gel (Retin-A Micro)
Luzu (luliconazole)	
Mirvaso (brimonidine)	
Naftin (naftifine)	
Neobenz Micro (benzoyl peroxide)	
Onexton (benzoyl peroxide, clindamycin)	
RE Benzoyl Peroxide (benzoyl peroxide)	
Refissa (emollient tretinoin)	
Renova (emollient tretinoin)	
Retin-A Micro (tretinoin)	
Rhofade (oxymetazoline)	
Tazorac (tazarotene)	
Tolak (fluorouracil)	
Tretin-X (tretinoin)	
Triaz (benzoyl peroxide)	
Xolegel (ketoconazole)	
Ziana (clindamycin/tretinoin)	

3rd Tier: 20%	1st Tier: 20%
<b>Libido Enhancement (Formerly: Impotency)</b>	
Addyi (filbanserin)	
Cialis (tadalafil)	
Levitra (vardenafil)	
Staxyn (vardenafil)	
Stendra (avanafil)	
vardenafil (Staxyn)	
Viagra (sildenafil)	
<b>Lipotropics</b>	
Advicor (lovastatin/niacin)	atorvastatin (Lipitor)
Altoprev (lovastatin XL)	cholestyramine (Questran, Questran Lite)
Antara (fenofibrate)	colestipol (Colestid)
Caduet (atorvastatin/amlodipine)	ezetimibe (Zetia)
Crestor (rosuvastatin)	fenofibrate
Epanova (omega-3-carboxylic acids)	fenofibric acid (Fibracor)
Fenoglide (fenofibrate)	Fish Oil OTC
Fibracor (fenofibric acid)	fluvastatin (Lescol, Lescol XL)
Juvisync (sitagliptin/simvastatin)	gemfibrozil (Lopid)
Juxtapid (lomitapide)	lovastatin (Mevacor)
Kynamro (mipomersen)	Niacin OTC
Lescol, Lescol XL (fluvastatin)	omega-3-acid ethyl esters (Lovaza)
Lipitor (atorvastatin)	pitavastatin (Livalo)
Lipofen (fenofibrate)	pravastatin (Pravachol)
Liptruzet (atorvastatin, ezetimibe)	rosuvastatin (Crestor)
Livalo (pitavastatin)	simvastatin (Zocor)
Lovaza (omega-3-acid ethyl esters)	simvastatin/ezetimibe (Vytorin)
Omtryg (omega-3-acid ethyl esters A)	
Niaspan (niacin XR)	
Simcor (simvastatin/niacin)	
Tricor (fenofibrate)	
Triglide (fenofibrate)	
Trilipix (fenofibric acid)	
Vascepa (icosapent)	
Vytorin (simvastatin/ezetimibe)	
Welchol (colesevelam)	
Zetia (ezetimibe)	
<b>Migraine/Triptans</b>	
Alsuma (sumatriptan)	almotriptan (Axert)
Axert (almotriptan)	eletriptan (Relpax)
Frova (frovatriptan)	frovatriptan (Frova)
Maxalt (rizatriptan)	naratriptan (Amerge)
Maxalt MLT (rizatriptan ODT)	rizatriptan (Maxalt)
Migranal (dihydroergotamine)	sumatriptan (Imitrex)
Relpax (eletriptan)	sumatriptan injection vials (Imitrex)
Sumavel DosePro (sumatriptan needleless)	sumatriptan nasal (Imitrex)
Treximet (naproxen/sumatriptan)	zolmitriptan (Zomig)
Zecuity (sumatriptan)	
Zomig (zolmitriptan)	
Zomig Nasal Spray (zolmitriptan)	
Zomig ZMT (zolmitriptan ODT)	





Pharmacy Benefits. *Managed.*

Non-Preferred medications are highlighted in **GRAY**.  
Preferred generic medications are highlighted in **WHITE**.

Any medication in the 1st Tier can be interchanged for any of the medications in the 3rd Tier

3rd Tier: 20%	1st Tier: 20%
<b>Muscle Relaxants</b>	
Amrix (cyclobenzaprine)	baclofen (Lioresal)
Dantrium (dantrolene)	carisoprodol (Soma)
Fexmid (cyclobenzaprine)	chlorzoxazone (Parafon Forte)
Flexeril SR (cyclobenzaprine)	cyclobenzaprine (Flexeril)
Skelaxin (metaxalone)	dantrolene (Dantrium)
Soma (carisoprodol)	metaxalone (Skelaxin)
	methocarbamol (Robaxin)
	orphenadrine (Norflex)
	tizanidine (Zanaflex)
<b>Nasal Steroids</b>	
Beconase (beclomethasone)	budesonide nasal (Rhinacort)
Dymista (fluticasone, azelastine)	Flonase Allergy OTC
Nasacort AQ (triamcinolone)	flunisolide (Nasarel)
Nasacort HFA (triamcinolone)	fluticasone propionate (Flonase)
Nasonex (mometasone)	mometasone (Nasonex)
Omnaris (ciclesonide)	Nasacort AQ OTC
QNASL (beclomethasone)	Rhinocort OTC
Rhinacort AQ (budesonide)	triamcinolone acetonide (Nasacort)
Veramyst (fluticasone)	
Zetonna (ciclesonide)	
<b>Ophthalmic Agents</b>	
Alamast (pemirolast)	atropine solution
Alocril (nedocromil)	azelastine ophthalmic (Optivar)
Alomide (lodoxamide)	betaxolol 0.5% (Betoptic)
Alphagan 0.1%, 0.15% (brimonidine)	bimatoprost 0.03% (Lumigan)
Alrex (loteprednol)	brimonidine 0.2% (Alphagan)
Azopt (brinzolamide)	carteolol 1% (Ocupress)
Bepreve (bepotastine)	cromolyn ophthalmic (Crolom, Opticrom)
Betimol (timolol hemihydrate)	cyclopentolate 0.5% (Cyclogel)
Betoptic-S (betaxolol)	cyclopentolate 1% (Cyclogel)
Combigan (brimonidine/timolol)	dorzolamide solution (Trusopt)
Cosopt PF (timolol, dorzolamide)	gatifloxacin 0.5% ophthalmic (Zymaxid)
Elestat (epinastine)	Isopto-carbachol solution
Emadine (emedastine)	Isopto-homatropine solution
Istalol (timolol)	ketotifen ophthalmic (Zaditor)
Izba (travoprost)	ketorolac ophthalmic (Acular)
Lastacaft (acetaftadine)	latanoprost (Xalatan)
Lumigan (bimatoprost)	levobunolol (Betagan)
Pataday (olopatadine)	olopatadine 0.1% (Patanol)
Pazeo (olopatadine)	olopatadine 0.2% (Pataday)
Patanol (olopatadine)	pilocarpine (Isopto-Carpine)
Pilopine (pilocarpine)	timolol (Timoptic, Istalol)
Simbrinza (brimonidine, brinzolamide)	timolol GFS (Timoptic-XE)
Travatan, Travatan Z (travoprost)	timolol/dorzolamide (Cosopt)
Zioptan (tafluprost)	travoprost 0.004% (Travatan-Z)

3rd Tier: 20%	1st Tier: 20%
<b>Ophthalmic Agents/Anti-Inflammatory - Steroidal</b>	
<b>Steroidal</b>	<b>Steroidal</b>
Alrex (loteprednol)	dexamethasone sodium phosphate (Decadron)
Durezol (difluprednate)	fluorometholone (FML)
Flarex (fluorometholone)	prednisolone acetate (Econopred, Pred Forte)
FML, FML Forte (fluorometholone)	prednisolone sodium phosphate (Inflamase Forte)
Lotemax (loteprednol)	
Pred Mild (prednisolone acetate)	
Maxidex (dexamethasone)	
Vexol (rimexolone)	
<b>Ophthalmic Agents/Anti-Inflammatory - Non-Steroidal</b>	
<b>Non-Steroidal</b>	<b>Non-Steroidal</b>
Acuvail (ketorolac)	bromfenac (Xibrom)
Ilevro 0.3% (nepafenac)	diclofenac (Voltaren)
Nevanac (nepafenac)	flurbiprofen (Ocufen)
Prolensa (bromfenac)	ketorolac (Acular, Acular LS)
Restasis (cyclosporine)	
Xibrom (bromfenac)	
Xiidra (lifitegrast)	
<b>Overactive Bladder</b>	
Anturol (oxybutynin)	darifenacin (Enablex)
Detrol, Detrol LA (tolterodine)	fesoterodine (Toviaz)
Elmiron (pentosan)	oxybutynin (Ditropan)
Enablex (darifenacin)	oxybutynin ER (Ditropan XL)
Gelnique (oxybutynin)	solifenacin (Vesicare)
Myrbetriq (mirabegron)	tolterodine (Detrol)
Sanctura XR (trospium)	tolterodine SR (Detrol LA)
Toviaz (fesoterodine)	trospium (Sanctura)
Urispas (flavoxate)	trospium XR (Sanctura XR)
Vesicare (solifenacin)	
<b>Prostate Agents/5-alpha Reductase Inhibitors</b>	
Avodart (dutasteride)	dutasteride (Avodart)
Jalyn (dutasteride/tamulosin)	dutasteride/tamulosin (Jalyn)
	finasteride (Proscar)
<b>Prostate Agents/Alpha-Adrenergic Blockers/Symptomatic Relief</b>	
Cialis (tadalafil)	alfuzosin (Uroxatrol)
	doxazosin (Cardura)
	prazosin (Minipress)
	sildosin (Rapaflo)
	tamulosin (Flomax)
	terazosin (Hytrin)

3rd Tier: 20%	1st Tier: 20%
<b>Psychostimulants/Antidepressants</b>	
Abilify (aripiprazole)	bupropion HCL (Wellbutrin)
Aplenzin (bupropion)	bupropion HCL SR (Wellbutrin SR, Zyban)
Brisdelle (paroxetine)	bupropion HCL XL (Wellbutrin XL)
Contrave (bupropion, naltrexone)	citalopram (Celexa)
Cymbalta (duloxetine)	desvenlafaxine succinate (Pristiq)
Desvenlafaxine Fumarate	duloxetine (Cymbalta)
Desvenlafaxine XR	fluoxetine (Prozac)
Effexor XR (venlafaxine XR)	fluvoxamine (Luvox)
Emsam (selegiline)	fluvoxamine CR (Luvox CR)
Fetizma (levomilnacipran)	mirtazepine, mirtazepine ODT (Remeron)
Forfivo XL (bupropion)	nefazodone (Serzone)
Khedezla (desvenlafaxine)	paroxetine HCL (Paxil)
Lexapro (escitalopram)	paroxetine HCL CR (Paxil CR)
Luvox CR (fluvoxamine)	sertraline (Zoloft)
Oleptro (trazadone ER)	trazadone (Desyrel)
Paxil, Paxil CR (paroxetine)	venlafaxine HCL (Effexor)
Pexeva (paroxetine)	venlafaxine HCL ER/XR (Effexor XR)
Pristiq (desvenlafaxine)	
Prozac, Prozac Weekly (fluoxetine)	
Sarafem (fluoxetine)	
Selfemra (fluoxetine)	
Trintellix (vortioxetine)	
Viibryd (vilazodone)	
<b>Psychostimulants/Antipsychotics</b>	
Fanapt (iloperidone)	aripiprazole (Abilify)
Invega Sustenna (paliperidone) Inj	chlorpromazine (Thorazine)
Latuda (lurasidone)	clozapine (Clozaril)
Nuplazid (pimavanserin)	haloperidol (Haldol)
Rexulti (brexpiprazole)	haloperidol decanoate inj (Haldol)
Risperdal Consta (risperidone inj)	fluoxetine/olanzapine (Symbyax)
Saphris (asenapine)	fluphenazine (Prolixin)
Seroquel XR (quetiapine)	fluphenazine decanoate inj (Prolixin)
Vraylar (cariprazine)	iloperidone (Fanapt)
Zyprexa Relprev (olanzapine) Inj	olanzapine (Zyprexa, Zyprexa Zydys)
	olanzapine/fluoxetine (Symbyax)
	paliperidone (Invega)
	quetiapine (Seroquel)
	perphenazine (Trilafon)
	risperidone (Risperdal)
	thioridazine (Mellaril)
	trifluoperazine (Stelazine)
	ziprasidone (Geodon)

3rd Tier: 20%	1st Tier: 20%
<b>Sedative/Non-Barbituates</b>	
Belsomra (suvorexant)	doxepin (Silenor)
Doral (quazepam)	eszopiclone (Lunesta)
Edluar (zolpidem)	flurazepam (Dalmane)
Hetlioz (tasimelteon)	ramelteon (Rozerem)
Zolpimist (zolpidem) Oral Spray	temazepam (Restoril)
	triazolam (Halcion)
	zaleplon (Sonata)
	zolpidem (Ambien)
	zolpidem CR (Ambien CR)
	zolpidem SL (Edluar, Intermezzo)



This document and the data and/or information contained in this document ("Information") are owned by EHIM. It contains legally privileged, confidential and proprietary information and/or intellectual property of EHIM that is protected from disclosure through agreement(s) and/or laws that require the recipient to keep the Information confidential. The Information may not be reproduced, disclosed, used and/or relied upon, in whole, or in part, without the prior written consent of EHIM. This Information is also intended solely for the recipient and/or others authorized by EHIM to receive it. If you are not the intended recipient, please notify EHIM and immediately delete, shred and/or otherwise destroy the Information. Any unauthorized reproduction, disclosure, access, use and/or action in reliance on the Information is strictly prohibited and may entitle EHIM to legal and/or equitable remedies and damages. © 2019 EHIM

In an effort to support the wellness of our employees, we are pleased to announce that we are offering a Smoking Cessation program! The smoking cessation benefits will include the following:

**Both over the counter (OTC) medications and prescription medications are covered!**

Sample of Over-the-Counter (OTC) Medications Included:	
• Commit 2mg Lozenges	\$0
• Commit 4mg Lozenges	\$0
• Nicotine 7/24 Hr. TD Patch	\$0
• Nicotine 14/24 Hr. TD Patch	\$0
• Nicotine 21/24 Hr. TD Patch	\$0
• Nicotine Polacrilex 2mg (Nicotine Gum)	\$0
• Nicotine Polacrilex 4mg (Nicotine Gum)	\$0

Sample of Prescription Medications Included:	
• bupropion hcl 150mg SA	\$0
• Chantix Continuing Pack	\$0
• Chantix Starting Pack	\$0
• Nicotine Cartridge Inhaler	\$0
• Nicotine Nasal Inhaler	\$0

Talk to your physician about which treatment may be right for you!

### How to Use the Smoking Cessation Program:

1. Talk to your doctor about which anti-smoking treatment may be right for you.
2. Obtain a prescription for either the over the counter (OTC) medication or the prescription strength medication.
3. Present that prescription to the pharmacist.
4. Pharmacist will bill the prescription to EHIM.
5. You will receive the medication for a \$0.00 copay.



This document and the data and/or information contained in this document ("Information") are owned by EHIM. It contains legally privileged, confidential and proprietary information and/or intellectual property of EHIM that is protected from disclosure through agreement(s) and/or laws that require the recipient to keep the Information confidential. The Information may not be reproduced, disclosed, used and/or relied upon, in whole, or in part, without the prior written consent of EHIM. This Information is also intended solely for the recipient and/or others authorized by EHIM to receive it. If you are not the intended recipient, please notify EHIM and immediately delete, shred and/or otherwise destroy the Information. Any unauthorized reproduction, disclosure, access, use and/or action in reliance on the Information is strictly prohibited and may entitle EHIM to legal and/or equitable remedies and damages. © 2019 EHIM

26711 Northwestern Highway, Suite 400 :: Southfield, MI 48033-2154  
800-311-3446 :: 248-948-9900 :: www.ehimrx.com

6/4/2019

## List of Preventive Care Drugs - Covered for \$0.00 copayment

With preventive care services under the Affordable Care Act, several therapeutic classes of medications must have therapies available to members without any member cost-share. In short, the following list of medications are available to members for a \$0 copayment. If a member opts to use a medication within these therapy classes and the medication is NOT listed below, the member will have a cost-share based on the plan design (**20% Copay on Alternative**). However, in the case of the contraceptives, this list is merely a guide and not all-inclusive. Members are encouraged to speak to their providers regarding the treatment that best fits their needs.

Rx Name	Drug Type	Rx Name	Drug Type
<b>Contraceptives - Oral (\$0.00 Copay)</b>		<b>Contraceptives - Oral (\$0.00 Copay)</b>	
apri	Generic	necon 1/50-28	Generic
aranelle	Generic	necon 10/11-28	Generic
aviane	Generic	necon 7/7/7	Generic
azurette	Generic	nora-BE	Generic
balziva	Generic	norinyl	Generic
camila	Generic	nortrel 0.5/35 (28)	Generic
caziant	Generic	nortrel 1/35 (21)	Generic
cesia	Generic	nortrel 1/35 (28)	Generic
cryselle-28	Generic	nortrel 7/7/7	Generic
enpresse-28	Generic	ocella	Generic
errin	Generic	ogestrel	Generic
gianvi	Generic	orsythia	Generic
gildess FE 1/20	Generic	portia	Generic
gildess FE 1.5/30	Generic	quasense	Generic
heather	Generic	reclipsen	Generic
jolivette	Generic	solia	Generic
jolessa	Generic	sprintec-28	Generic
junel 1/20	Generic	sronyx	Generic
junel FE 1/20	Generic	tilia FE	Generic
junel 1.5/30	Generic	tri-legest FE	Generic
junel FE 1.5/30	Generic	trinessa	Generic
kariva	Generic	tri-sprintec	Generic
kelnor 1/30	Generic	tri-lo-sprintec	Generic
leena	Generic	trivora-28	Generic
levora	Generic	velivet	Generic
low-orgestrel	Generic	zenchent	Generic
lutera	Generic	zenchent FE	Generic
microgestin 1/20	Generic	zovia 1/35E	Generic
microgestin 1.5/30	Generic	zovia 1/50E	Generic
microgestin FE	Generic		
microgestin FE 1.5/30	Generic		
mononessa	Generic		
necon 0.5/35-28	Generic		
necon 1/35-28	Generic		
		<b>Contraceptives - Patch (\$0.00 Copay)</b>	
		Ortho Evra	Brand
		<b>Contraceptives - Ring (\$0.00 Copay)</b>	
		Nuvaring	Brand



This document and the data and/or information contained in this document ("Information") are owned by EHIM. It contains legally privileged, confidential and proprietary information and/or intellectual property of EHIM that is protected from disclosure through agreement(s) and/or laws that require the recipient to keep the Information confidential. The Information may not be reproduced, disclosed, used and/or relied upon, in whole, or in part, without the prior written consent of EHIM. This Information is also intended solely for the recipient and/or others authorized by EHIM to receive it. If you are not the intended recipient, please notify EHIM and immediately delete, shred and/or otherwise destroy the Information. Any unauthorized reproduction, disclosure, access, use and/or action in reliance on the Information is strictly prohibited and may entitle EHIM to legal and/or equitable remedies and damages. © 2019 EHIM

## List of Preventive Care Drugs - Covered for \$0.00 copayment

With preventive care services under the Affordable Care Act, several therapeutic classes of medications must have therapies available to members without any member cost-share. In short, the following list of medications are available to members for a \$0 copayment. If a member opts to use a medication within these therapy classes and the medication is NOT listed below, the member will have a cost-share based on the plan design (**20% Copay on Alternative**). However, in the case of the contraceptives, this list is merely a guide and not all-inclusive. Members are encouraged to speak to their providers regarding the treatment that best fits their needs.

Rx Name	Drug Type	Rx Name	Drug Type
<b>Contraceptives - Diaphragm (\$0.00 Copay)</b>		<b>Statins (\$0.00 Copay, Men &amp; Women Age 40-75, Effective 1-1-18)</b>	
Femcap	Brand	atorvastatin 10mg, 20mg	Generic
Ortho All Flex	Brand	fluvastatin 20mg, 40mg	Generic
Ortho-Diaphragm	Brand	fluvastatin ER 80 mg	Generic
<b>Contraceptives - Emergency (\$0.00 Copay)</b>		lovastatin 10mg, 20mg, 40mg	Generic
levonorgestrel, next choice	Generic	pravastatin 10mg, 20mg, 40mg, 80mg	Generic
<b>Contraceptives - Implantable (\$0.00 Copay)</b>		rosuvastatin 5mg, 10mg, 20mg, 40mg	Generic
Paraguard	Brand	simvastatin 5mg, 10mg, 20mg, 40mg	Generic
Nexplanon	Brand	<b>Preventive Medications (\$0.00 Copay)</b>	
<b>Contraceptives - Injectable (\$0.00 Copay)</b>		aspirin 81mg (males 45-79 yrs, females 55-79 yrs)	Generic
medroxyprogesterone	Generic	folic acid .4mg - .8mg (females 18-45 yrs)	Generic
<b>Smoking Cessation - Oral (\$0.00 Copay)</b>		iron supplement (6mos - 1yr)	Generic
bupropion SR 150	Generic	oral fluoride (under 5yrs old)	Generic
Chantix Starting Pack	Brand	vitamin D (65 years or older)	Generic
Chantix Continuing Pack	Brand	tamoxifen	Generic
<b>Smoking Cessation - Inhaler (\$0.00 Copay)</b>		<b>Bowel Prep Agents (Men &amp; Women Age 50-75)</b>	
Nicotrol	Brand	gavilyte	Generic
<b>Smoking Cessation - Gum (\$0.00 Copay)</b>		gavilyte N/flavor pack	Generic
Nicotine Gum	OTC	gavilyte-G	Generic
<b>Smoking Cessation - Lozenge (\$0.00 Copay)</b>		PEG 3350/electrolytes	Generic
Nicotine Lozenge	OTC	PEG 3350NAACL/NA	Generic
<b>Smoking Cessation - Patch (\$0.00 Copay)</b>		bicarbonate/KCL	Generic
Nicotine Patch	OTC	trilyte	Generic



This document and the data and/or information contained in this document ("Information") are owned by EHIM. It contains legally privileged, confidential and proprietary information and/or intellectual property of EHIM that is protected from disclosure through agreement(s) and/or laws that require the recipient to keep the Information confidential. The Information may not be reproduced, disclosed, used and/or relied upon, in whole, or in part, without the prior written consent of EHIM. This Information is also intended solely for the recipient and/or others authorized by EHIM to receive it. If you are not the intended recipient, please notify EHIM and immediately delete, shred and/or otherwise destroy the Information. Any unauthorized reproduction, disclosure, access, use and/or action in reliance on the Information is strictly prohibited and may entitle EHIM to legal and/or equitable remedies and damages. © 2019 EHIM

Medication	Strength	Quantity Limits / 30 Days
<b>Analgesics (Pain)</b>		
Abstral	All strengths	128 tablets
Actiq	All strengths	120 lozenges
Avinza	All strengths	60 capsules
Butrans	All strengths	4 patches
Duragesic	All strengths	20 patches
Embeda	All strengths	60 capsules
Exalgo	All strengths	60 capsules
Fentora	All strengths	120 tablets
Flector	All strengths	60 patches
MS Contin	All strengths	120 tablets
Kadian	All strengths	120 capsules
Nucynta	All strengths	120 tablets
Nucynta ER	All strengths	60 tablets
Onsolis	All strengths	120 films
Opana	All strengths	100 tablets
Opana ER	All strengths	60 tablets
Oramorph	All strengths	120 tablets
Oxycontin	All strengths	120 tablets
Oxecta	All strengths	120 tablets
Oxycodone IR	All strengths	240 capsules
Pennsaid	All strengths	2 (150 ml) btl
Rybix ODT	All strengths	90 tablets
Ryzolt	All strengths	30 tablets
Sprix	All strengths	5 (1.7 g) btl
Ultram	All strengths	240 tablets
Ultram ER	All strengths	30 tablets
Voltaren Gel	All strengths	10 (100 g) tubes
<b>Anticonvulsants (Seizures)</b>		
Lamictal	All strengths	60 tablets
Lamictal XR	All strengths	30 tablets
<b>Migraine Headaches</b>		
Alsuma	6 mg/0.5 ml	4 injector (2 bx)
Amerge	All strengths	9 tablets
Axert	All strengths	9 tablets
Frova	2.5 mg	9 tablets
Imitrex	All strengths	9 tablets
Imitrex Injection	6 mg/0.5 ml	5 vials (1 bx)
Imitrex Kits/Refills	All strengths	2 kits
Imitrex Nasal	All strengths	6 dispensers
Maxalt/Maxalt MLT	All strengths	9 tablets
Migranal	4 mg/ml	1 pk (8 x1 mL btl)

Medication	Strength	Quantity Limits / 30 Days
Relpax	All strengths	9 tablets
Stadol Nasal	All strengths	1 bottle
Sumavel	6 mg/0.5 ml	6 vials (1 bx)
Treximet	85 mg/500 mg	9 tablets
Zomig Nasal	All strengths	1 package (6 btl)
Zomig/Zomig ZMT	All strengths	6 tablets
<b>AntiNausea</b>		
Anzemet	All strengths	10 tablets
Emend	80 mg	4 tablets
Emend	125 mg	2 tablets
Kytril	All strengths	28 tablets
Sancuso	3.1 mg	2 patches
Zofran Solution	4 mg/5 ml	50 ml
Zuplenz	All strengths	20 films
<b>Antipsychotics</b>		
Abilify/ Abilify ODT	All strengths	30 tablets
Fanapt	All strengths	60 tablets
Geodon	All strengths	60 capsules
Invega	All strengths	30 capsules
Latuda	All strengths	30 tablets
Saphris	All strengths	60 tablets
Seroquel	<300 mg	90 tablets
Seroquel	≥300 mg	60 tablets
Seroquel XR	All strengths	60 tablets
Symbyax	All strengths	30 tablets
Zyprexa	All strengths	30 tablets
Zyprexa Zydis	All strengths	30 tablets
<b>Anti-Ulcer Agents (Acid Reflux)</b>		
Aciphex	All strengths	30 tablets
Dexilant	All strengths	30 capsules
Nexium	All strengths	30 capsules
Prevacid	All strengths	30 capsules
Zegerid	All strengths	30 capsules
<b>Bisphosphonates/Anti-Resorptive Agents</b>		
Actonel	35 mg	4 tablets
Actonel	75 mg	2 tablets
Actonel	150 mg	1 tablet
Actonel	5 mg, 30 mg	30 tablets
Actonel/Cal	35 mg/1250 mg	28 tablets
Atelvia	All strengths	4 tablets
Boniva	150 mg	1 tablet
Fosamax	5/10/40 mg	30 tablets
Fosamax	35 mg, 70 mg	4 tablets





Pharmacy Benefits. Managed.

# Quantity Limits

Medication	Strength	Quantity Limits / 30 Days
Fosamax/Vitamin D	All strengths	4 tablets
Forteo	All strengths	1 pen
Bronchodilators (Asthma/Breathing)		
Accuneb Neb	All strengths	375 ml
Advair Diskus/HFA	All strengths	1 inh
Albuterol Neb	0.083%	375 ml
Albuterol Neb	0.5%	60 ml
Alvesco	All strengths	1 inh
Arcapta	All strengths	1 box (30 caps)
Asmanex	All strengths	1 inh
Atrovent	All strengths	1 inh
Atrovent Neb	All strengths	300 ml
Azmacort	All strengths	1 inh
Brovana Neb	All strengths	60 vials (120 ml)
Combivent	All strengths	1 inh
Dulera	All strengths	1 inh
Foradil Aerolizer	All strengths	1 inh
Flovent Diskus		
HFA/Rotadisk	All strengths	1 inh
Maxair	All strengths	1 inh
Perforomist	All strengths	60 vials (120 ml)
Pro-Air HFA	All strengths	2 inhs
Proventil HFA	All strengths	2 inhs
Pulmicort Respules	All strengths	60 vials (120 ml)
Pulmicort Turbohaler	All strengths	1 inh
QVAR	All strengths	1 inh
Servent Diskus	All strengths	1 inh
Spiriva	All strengths	1 box
Symbicort	All strengths	1 inh
Ventolin HFA	All strengths	2 inhs
Xopenex HFA	All strengths	2 inhs
Xopenex Neb	All strengths	72 vials (3 bx)
Nasal Antihistamines/Corticosteroids		
Astelin	All strengths	1 inh (30 ml)
Astepro	All strengths	1 inh (30 ml)
Atrovent	All strengths	1 inh (30 ml)
Beconase AQ	All strengths	1 inh (25 g)
Flonase	All Strengths	1 inh (16 g)
Nasacort AQ	All strengths	1 inh (16.5 g)
Nasarel	All strengths	1 inh (25 ml)
Nasonex	All strengths	1 inh (17 g)
Omnaris	All strengths	1 inh (12.5 g)
Patanase	All strengths	1 inh (30.5 g)

Medication	Strength	Quantity Limits / 30 Days
Rhinocort AQ	All strengths	1 inh (8.6 g)
Veramyst	All strengths	1 inh (10 g)
Sleep Aids		
Ambien/ Ambien CR	All strengths	30 tablets
Doral	All strengths	30 capsules
Edluar	All strengths	30 tablets
Intermezzo	All strengths	30 tablets
Lunesta	All strengths	30 tablets
Rozerem	All strengths	30 tablets
Silenor	All strengths	30 capsules
Sonata	All strengths	30 capsules
Zolpimist	5 mg	7.7 ml
Topical		
Taclonex	All strengths	240 gm
Anaphylaxis (Allergic Reaction)		
Epinephrine Auto-Injector	All strengths	4 pen injectors
Epinephrine Auto-Injector Jr.	All strengths	4 pen injectors

- The EHIM Quantity Limit list is a comprehensive universal list which includes medications that may be excluded from your specific pharmacy plan. Please contact the EHIM Pharmacy Call Center at 800-311-3446 to inquire about coverage.
- Affects Brand & Generic equivalent when available.
- Limits represent a 1 month supply of medication. If medication is available in a 3 month supply, the limits are tripled.
- This formulary can change at any time without notice.



**EHIM**

26711 Northwestern Highway, Suite 400 :: Southfield, MI 48033-2154  
800-311-3446 :: 248-948-9900 :: www.ehimrx.com

6/4/2019

# Prescriptions that deliver in every way.

## Alliance Rx Walgreens Prime

As a member of EHIM, you are eligible to enroll in Alliance Rx Walgreens Prime, offering you convenient delivery of your ongoing maintenance medications from Walgreens to the location of your choice.

It's easy to register and order prescriptions, just have the following ready:

- **Member ID Number** (Located on ID Card)
- **Group Number**
- **Payment Information**

Select the option that works for you and follow the steps to get started.

	Online	Fax	Mail	Phone
<p><b>1</b> <b>REGISTER</b></p>	Register or Sign In at Walgreens.com/MailService. Follow the prompts to complete enrollment.	Not available	Send completed <i>Registration and Prescription Order Form</i> to: Alliance Rx Walgreens Prime P.O. Box 29061 Phoenix, AZ 85038	Call 800-345-1985 and ask to be registered for Walgreens mail service. Please have your insurance information handy.
<p><b>2</b> <b>ORDER</b> your first prescription.</p>	Ask your doctor if he or she can prescribe your medications electronically. If he or she is unable, select an alternative option.	Have your doctor complete and fax the Prescriber Fax Form to: 800-332-9581*	Send completed <i>Registration and Prescription Order Form</i> along with your original prescription to: Alliance Rx Walgreens Prime P.O. Box 29061 Phoenix, AZ 85038	Call 800-345-1985 and request that Walgreens reach out to your doctor for a new prescription.†
<p><b>3</b> <b>REFILL‡</b></p>	Prescriptions eligible for refills are listed in your member profile at Walgreens.com/MailService.	Not available	Send completed <i>Preprinted Refill Order Form</i> enclosed with your last order to: Alliance Rx Walgreens Prime P.O. Box 29061 Phoenix, AZ 85038	Call 800-345-1985 and select “refill a prescription” or ask to speak with a customer service representative.

\*By law, prescriber fax forms and e-prescriptions are valid only if sent from a prescriber's office.

†You will need to provide your doctor's contact information as well as the name and dosage of your medication. Walgreens will notify you if your doctor doesn't respond.

‡To automatically receive refills of your medications, select the “Auto Refill” option in your online profile or on the Registration and Prescription Order Form.

§Scripts that cannot be transferred and require a new written prescription include: expired prescriptions, no refills remaining, controlled substances & compound medications.





# Sample Maintenance Medications List

## The EHIM maintenance list includes certain medications in the following drug classes:

The maintenance list below is a **sample** list containing the primary maintenance medications across all of the EHIM plans. The maintenance list does vary by plan. For specific questions regarding your plan's maintenance list, please call EHIM at (800) 311-3446.

### Antiarthritics, NSAIDs:

Brand	Generic
Anaprox	naproxen sodium
Ansaid	flurbiprofen
Cataflam	diclofenac potassium
Feldene	prioxicam
Indocin	indomethacin
Lodine, Lodine XL	etodalac
Motrin	ibuprofen
Naprosyn	naproxen
Voltaren	diclofenac sodium
Piroxicam	feldene

### Available for a 30 day supply only!

Celebrex	celecoxib
Mobic	meloxicam

### Cholesterol Lowering Medications, Lipotropics:

Brand	Generic
Antara	fenofibrate micronized
Crestor	rosuvastatin
Lipitor	atorvastatin
LoFibra	fenofibrate
Lopid	gemfibrozil
Mevacor	lovastatin
Pravachol	pravastatin
Tricor	fenofibrate nanocrystallized
Vytorin	exetimibe-simvastatin
Welchol	<i>no generic equivalent</i>
Zetia	exetimibe
Zocor	simvastatin

### Anti-Ulcer, Gastric Acid Reducer:

Brand	Generic
Aciphex	rabeprazole
Pepcid	famotidine
Prevacid	lansoprazole
Prilosec 10mg, 40mg	omeprazole
Prilosec 20mg	omeprazole
Protonix	pantoprazole
Tagamet	cimetidine
Zantac	ranitidine hcl

### Available for a 30 day supply only!

Nexium	esomeprazole magnesium
--------	------------------------

### Diabetic Medications, Hypoglycemics:

Brand	Generic
Actos	pioglitazone
Avandia	<i>no generic equivalent</i>
Diabeta/Micronase	glyburide
Glucophage	metformin hcl
Glucotrol	glipizide
Glucovance	glyburide/metformin
MetaGlip	glipizide/metformin
Prandin	repaglinide

The maintenance list is updated regularly and subject to change. For specific questions regarding your plan's maintenance list, please call EHIM at (800) 311-3446.



This document and the data and/or information contained in this document ("Information") are owned by EHIM. It contains legally privileged, confidential and proprietary information and/or intellectual property of EHIM that is protected from disclosure through agreement(s) and/or laws that require the recipient to keep the Information confidential. The Information may not be reproduced, disclosed, used and/or relied upon, in whole, or in part, without the prior written consent of EHIM. This Information is also intended solely for the recipient and/or others authorized by EHIM to receive it. If you are not the intended recipient, please notify EHIM and immediately delete, shred and/or otherwise destroy the Information. Any unauthorized reproduction, disclosure, access, use and/or action in reliance on the Information is strictly prohibited and may entitle EHIM to legal and/or equitable remedies and damages. © 2019 EHIM

26711 Northwestern Highway, Suite 400 :: Southfield, MI 48033-2154  
 800-311-3446 :: 248-948-9900 :: [www.ehimrx.com](http://www.ehimrx.com)  
 6/4/2019

### Diuretics, "Water Pills":

Brand	Generic
Bumex	bumetanide
Dyazide/Maxide	triameterene/HCTZ
Hydrodiuril	hydrochlorothiazide
Lasix	furosemide

### Insulins:

All brands are covered

### Osteoporosis:

Brand	Generic
Fosamax	alendronate

### Hormone Medications:

Brand	Generic
Activella	estradiol & norethindrone
Climara	estradiol
Estrace	estradiol
Estraderm	estradiol
Ogen	estropipate
Provera	medroxyprogesterone

### Thyroid Medications:

Brand	Generic
Armour Thyroid	thyroid
Cytomel	liothyronine sodium
Lexoxyl	levothyroxine
Synthroid	levothyroxine

### Antidepressants: ONLY GENERICS WILL BE AVAILABLE FOR 3 MONTH SUPPLY

Brand	Generic
Celexa	citalopram HBR
Desyrel	trazodone hcl
Effexor	venlafaxine
Elavil	amitriptyline hcl
Limbitrol DS	amitriptyline/chlordiazepoxi
Ludiomil	maprotiline hcl
Luvox	fluvoxamine maleate
Pamelor	nortriptyline hcl
Paxil	paroxetine hcl
Prozac	Fluoxetine hcl
Remeron	mirtazapine
Sinequan	doxepine
Tofranil PM	Imipramine pamoate
Triavil	amitriptyline/perphenazine
Wellbutrin	bupropion hcl
Zoloft	sertraline hcl

### Available for a 30 day supply only!

Cymbalta	duloxetine hcl
----------	----------------

### Heart Medication, Cardiovascular:

Brand	Generic
Cardizem CD	diltiazem hcl
Imdur	isosorbide MN
Lanoxin	digoxin
Lopressor	metoprolol tartrate
Monoket	isosorbide DN
Norvasc	amlodipine besylate
Plendil	felodipine
Tenormin	atenolol
Toprol XL	metoprolol succinate ER
Vasotec	enalapril

### Hypotensives, ACE Inhibitors:

Brand	Generic
Altace	ramipril
Avapro	<i>no generic equivalent</i>
Cozaar	losartan potassium
Diovan	valsartan/HCTZ
Diovan HCT	<i>no generic equivalent</i>
Hyzaar	losartan HCTZ
Lotensin	benazepril hcl
Lotensin HCT	benazepril/HCTZ
Lotrel	amlodipine besylate & benazepril hcl
Prinivil, Zestril	lisinopril
Vasotec	enalapril

### Contraceptives: ONLY GENERICS WILL BE AVAILABLE FOR 3 MONTH SUPPLY

Brand	Generic
Alesse	All generics
Cyclessa	All generics
Demulen 1/35	All generics
Desogen	All generics
Loestrin 21	All generics
Loestrin 28 Fe	All generics
Lo-Ovral	All generics
Mircette	All generics
Nordette	All generics
Norinyl 1 + 35	All generics
Ortho Tri-Cyclen	All generics
Ortho Cyclen	All generics
Ortho Micronor	All generics
Ovral	All generics
Tri-Norinyl	All generics
Tri-Phasil	All generics



This document and the data and/or information contained in this document ("Information") are owned by EHIM. It contains legally privileged, confidential and proprietary information and/or intellectual property of EHIM that is protected from disclosure through agreement(s) and/or laws that require the recipient to keep the Information confidential. The Information may not be reproduced, disclosed, used and/or relied upon, in whole, or in part, without the prior written consent of EHIM. This Information is also intended solely for the recipient and/or others authorized by EHIM to receive it. If you are not the intended recipient, please notify EHIM and immediately delete, shred and/or otherwise destroy the Information. Any unauthorized reproduction, disclosure, access, use and/or action in reliance on the Information is strictly prohibited and may entitle EHIM to legal and/or equitable remedies and damages. © 2019 EHIM

26711 Northwestern Highway, Suite 400 :: Southfield, MI 48033-2154  
800-311-3446 :: 248-948-9900 :: [www.ehimrx.com](http://www.ehimrx.com)  
6/4/2019

# Frequently Asked Questions

## What is a generic drug?

A generic drug is a lower cost version of a brand-name medication. They are **just as safe and effective as the brand-name**, but they are more affordable.

## How are generic drugs different from brand-name drugs?

The biggest difference between a generic and brand-name drug is the price. **Most generics cost 70-90% less than the brand-name version.** Generics drugs may also have a different shape, color or package. But these differences only affect how the medicine looks, not how it works.

## How many people use generic drugs?

Millions of people use generic drugs every day. In fact, about 2 out of 3 prescriptions are for generic drugs. But there are still many people taking expensive brand-name drugs who could save a lot of money by switching to the generic version.

## Are generics really the same as the brand-name?

Yes. Generic drugs have the same medicine as the brand-name, and the FDA will not approve them unless they are just as safe and effective as the brand-name drug. There are a few special medical conditions where a generic drug might have a small difference in how it works, but that is very rare.

## Why are generic drugs so much cheaper than brand-name drugs?

Most drugs cost pennies to make. Brand-name drugs are more expensive because they don't have any competition to drive the price down. Also the companies that make brand-name drugs spend billions on advertising and must make a profit to succeed as a company and justify their spending.

## Why did my doctor prescribe a generic drug?

Doctors know that generic drugs are just as effective as brand-name medicines and a lot more affordable. Doctors know that generics have a longer safety record, and therefore prescribe generics because they want their patient to have a drug that is safe, effective, and affordable.

## If generic drugs are so good, why are brand-name drugs still prescribed?

Several reasons exist. For newer medicines, brand-names are prescribed because generic equivalents are not available yet. Generic drugs cannot be sold until the brand-name drug's patent ends, which may be 10 years or more. Some people insist on using expensive brand-name drugs because they do not understand that generics are just as safe and effective.



They think that “you get what you pay for” so a brand-name drug must be “better” because they cost more. However, this is not true – generics have the same medicine as the brand-name, and the reason generics cost less is because they only cost pennies to make. Advertising is another reason why people continue to use brand-name drugs over a more affordable generic. Brand-name drug companies spend billions on advertising every year to convince patients and doctors that their drugs are “better” than more affordable generic drugs. Generic drugs are not advertised, which helps keep their prices low.

### **Why should I take a generic drug if my doctor offers me free samples of brand name drugs?**

Generic drugs are usually the most affordable option in the long-run. Some doctors offer free samples to patients to let them try a new medicine. Nonetheless, doctors can usually give free samples for a short period of time. It is usually better to start on a generic drug, which are often available for as little as \$4 a month, than to start on a brand-name and later have to pay a much higher price.

### **Do generic drugs cause more side effects than brand-name drugs?**

No. Brand-name drugs and a generic drug have the same rates of side effects. Each medication can affect each person in a different way. If your medicine is causing side effects that you are worried about, call your doctor.

### **Why should I take generic drugs?**

Because they are safe, effective, and affordable. If your medications cost too much, it is likely because of brand-name drugs. Many patients skip important medications rather than pay these high prices, putting their health at risk. With generic drugs, you can get the same health benefits at a lower cost.

### **What can I do to make sure that I get a generic drug?**

- ↳ When your doctor talks to you about your medications, tell your doctor that you prefer generic drugs if they are available.
- ↳ If no generic exists for your particular drug, ask your doctor if there is another drug that is available as a generic that treats the same condition. Often, many drugs do the same thing – such as lowering cholesterol or preventing heart burn – but some will have generics while others will not.
- ↳ Ask your pharmacist whether generic drugs are available for your medicines. The pharmacist can check with your doctor, if necessary.



**EHIM**

26711 Northwestern Highway, Suite 400 :: Southfield, MI 48033-2154  
800-311-3446 :: 248-948-9900 :: [www.ehimrx.com](http://www.ehimrx.com)



**EHIM Pharmacy Call Center**

800-311-3446

[www.ehimrx.com](http://www.ehimrx.com)