

Municipal Health Benefit Program (MHBP) Preferred Drug List (PDL) - Effective October 1, 2021

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 Prescription Drug ID card for benefit coverage information.

PLEASE NOTE: The Program enforces a Generic Incentive Policy for brand-name drugs that are available generically. In the event a brand-name drug is chosen for which a generic exists, the member will pay their generic co-payment PLUS the difference in cost between the generic and brand-name drug. Members are encouraged to choose generic drugs, when possible, to reduce out-of-pocket cost. Most generic drugs are noted in *italics*.

Specialty drugs *may require* prior authorization (PA) by EBRx to ensure appropriate usage. These medications are indicated in the PDL located under Tier 4. Physicians may contact EBRx, toll-free, at (833) 339-8401.

Medications listed as reference priced are considered non-covered by the Program and out-of-pocket payments for these drugs are not applied to your maximum out-of-pocket limit. Note: Some generic drugs may be subject to reference pricing and identified within the appropriate section of the PDL and are in *italics*.

Key: Certain drugs (*) may be subject to Quantity Limits (QL), Prior Authorization (PA), Step Therapy (ST), Contingent Therapy (CT), 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 | <i>cephadroxil, cephalixin, cefaclor, cefprozil, cefuroxime, cefdinir, cefditoren, cefixime, cefpodoxime, ceftibuten</i> | | | |
| Antibiotics-Macrolides | <i>erythromycin, azithromycin, clarithromycin</i> | | | |
| Antibiotics- Fluoroquinolones | <i>ciprofloxacin, levofloxacin, moxifloxacin, ofloxacin</i> | | | Baxdela (PA) |
| Antibiotics-Penicillins | <i>amoxicillin, ampicillin, dicloxacillin, penicillin VK, amoxicillin/clavulanate</i> | | | |
| Antibiotics: Tetracyclines (doxycycline, minocycline) | <i>doxycycline 50mg, 100mg minocycline 50mg, 75mg, 100mg, tetracycline caps</i> | | | |
| | *(RP) Reference Priced doxycycline- and minocycline-containing products: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost. | Drugs subject to Reference Pricing: Acticlate, Adoxa, Avidoxy, <i>doxycycline</i> 40mg, 75mg, 150mg, Doryx, Monodox, Morgidox, Okebo, Oracea, Targidox, Vibramycin Coremino, Minocin, Solodyn | | |
| Antibiotics-Other | <i>metronidazole, trimethoprim, trimethoprim/ sulfamethoxazole (SMX/TMP), vancomycin (oral), clindamycin, linezolid</i> | | Aemcolo (PA), Xifaxin (PA) | |
| Antifungals | <i>fluconazole, itraconazole*(PA), ketoconazole, nystatin, terbinafine</i> | | | |

Municipal Health Benefit Program (MHP) Preferred Drug List (PDL) - Effective October 1, 2021

| | | | | |
|--|--|---|---|--|
| Antivirals - Antiretrovirals | abacavir, didanosine, lamivudine, lamivudine/zidovudine, nevirapine, zidovudine | Isentress*(PA), Isentress Chewable*(PA), Prezista tablets, Reyataz, Sustiva, Viracept | Epivir, Evotaz, Reyataz powder, Vitekta | Aptivus, Biktarvy, Cimduo, Combivir, Crixivan, Delstrigo, Descovy, Dovata*(PA), efavirenz/emtricitabine/tenofovir*(NG) , Emtriva, Epzicom, Invirase, Isentress Powder*(PA), Juluca*(PA), Kaletra, Lexiva, Odefsey, Pifeltro, Prezcobix, Prezista soln*(PA), Rescriptor, Rukobia*(PA,QL), Selzentry*(PA), Stribild tablet*(QL)*(PA), Symfi Lo, Temixys, Tivicay, Trizivir, Truvada, Viread |
| Antivirals - Flu | <i>oseltamivir</i> | Xofluza (QL) | Tamiflu, Relenza | |
| Antivirals - Herpes | <i>acyclovir, valacyclovir, famciclovir, valganciclovir</i> | | Sitavig | |
| Antivirals - Other-Interferons/Interferon combinations | <i>ribavirin (PA)</i> | | | Baraclude (PA), entecavir (PA), Peg-Intron (PA), Zepatier (PA), Harvoni (PA), Eplclusa (PA), Mavyret (PA) |
| CARDIOVASCULAR | | | | |
| Lipid-Lowering Agents (Statins) (NOTE: See Wellness/Preventive section.) | <i>atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i> | | | |
| | *(RP) Reference Priced Lipid Lowering Agents: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost. | Drugs subject to Reference Pricing: Altoprev, Crestor, <i>ezetimibe/simvastatin, fluvastatin, fluvastatin ER</i> , Lescol XL, Lipitor, Livalo, Mevacor, Pravachol, Vytorin, Zocor | | |
| Lipid-Lowering Agents (Other) | <i>cholestyramine, colestipol, ezetimibe, gemfibrozil</i> | Welchol | Vascepa (PA) | <i>Praluent (PA), Repatha (PA)</i> |
| Antiplatelet Agents | <i>anagrelide, aspirin/dipyridamole, cilostazol, clopidogrel, dipyridamole, prasugrel</i> | | | |
| Anticoagulants | <i>warfarin</i> | Eliquis, Xarelto | All other agents excluded | |
| Antihypertensives -ACE Inhibitors and ACE Inhibitors combinations | <i>benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril</i> | | | |
| Antihypertensives - Antihypertensive Combinations | <i>eprosartan, irbesartan, losartan, olmesartan, omesartan/HCTZ, valsartan (including combinations with HCTZ)</i> | | | |
| | *(RP) Reference Priced Antihypertensive Agents: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost. | Drugs subject to Reference Pricing: <i>Amlodipine/atorvastatin, Amlodipine/olmesartan, Amlodipine/valsartan, Amlodipine/telmisartan, Atacand, Atacand HCT, Avalide, Avapro, Azor, Benicar, Benicar HCT, Caduet, candesartan, Cozaar, Diovan, Diovan HCT, Edarbi, Edarbyclor, Exforge, Exforge HCT, Hyzaar, Micardis, Micardis HCT, Tekturma, telmisartan, telmisartan/HCTZ, Tribenzor, Twynsta</i> | | |

Municipal Health Benefit Program (MHP) Preferred Drug List (PDL) - Effective October 1, 2021

| | | | | |
|---------------------------------|--|--|--|-----------------|
| Beta Blockers | <i>acebutolol, atenolol, betaxolol, bisoprolol, carvedilol immediate-release, metoprolol, nadolol, pindolol, propranolol, sotalol, timolol</i> | Bystolic | | |
| | *(RP) Reference Priced Beta Blockers: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost. | Drugs subject to Reference Pricing: <i>carvedilol ER</i> , Coreg CR, Inderal LA, Inderal XL, Innopran XL | | |
| Calcium Channel Blockers | <i>amlodipine, diltiazem, felodipine, isradipine, nicardipine, nifedipine, nimodipine, nisoldipine, verapamil</i> | | Nymalize | nimodipine (PA) |
| CENTRAL NERVOUS SYSTEM | | | | |
| ADHD Medications | <i>amphetamine + dextroamphetamine, atomoxetine, dexmethylphenidate, dexmethylphenidate ER, dextroamphetamine, guanfacine ER, methylphenidate, methylphenidate ER</i> | Vyvanse | Adzenys XR, Cotempla, Daytrana Patches, Dyanavel XR, Mydayis, Quillichew | |
| | *(RP) Reference Priced ADHD Agents: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost. | Drugs subject to Reference Pricing: Long-Acting Stimulants (amphetamine-containing and methylphenidate products) are reference priced for members 19 years of age or older. *Quantity Limits apply to all drugs in this category, including reference priced long-acting products. | | |
| Alzheimers Agents | <i>donepezil, galantamine, galantamine ER, memantine, rivastigmine patches</i> | Namzaric, rivastigmine patch*(NG) | | |
| Analgesics - Opioids | <i>buprenorphine patch, buprenorphine tab, buprenorphine/naloxone, fentanyl patch, hydromorphone, meperidine, methadone, morphine, morphine ER, oxycodone IR, oxycodone ER, tramadol</i> | | Abstral, Bunavail, Fentora | |
| | *(RP) Reference Priced Opioid Analgesics: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost. | Drugs subject to Reference Pricing: Conzip, <i>tramadol extended-release</i> , Ultracet, Ultram, Ultram ER, Zorvolex, Zipsor | | |

Municipal Health Benefit Program (MHBP) Preferred Drug List (PDL) - Effective October 1, 2021

| | | | | |
|--|--|---|--|---|
| Opioid Antidotes | <i>naloxone injection</i> | | | |
| Analgesics - Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) | <i>celecoxib, diclofenac, diclofenac ER, diclofenac topical gel (generic), etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meloxicam, nabumetone, naproxen, sulindac, tolmetin</i> | | | |
| | *(RP) Reference Priced Non-Steroidal Anti-Inflammatory Agents (NSAIDs): Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost. | Drugs subject to Reference Pricing: Anaprox DS, Arthotec, Celebrex, Daypro, <i>diclofenac/misoprostol</i> , Feldene, <i>indomethacin ER</i> , <i>mefenamic acid</i> , <i>naproxen sod. 375mg, 550mg</i> , Mobic, Naprelan, <i>oxaprozin</i> , <i>piroxicam</i> , Ponstel, Vivlodex | | |
| Anticonvulsants | <i>carbamazepine, clonazepam, diazepam gel, divalproex, felbamate, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenytoin, tiagabine, topiramate</i> | Nayzilam*(PA,QL) | Banzel*(PA), Fycompa, Potiga*(PA), Xcopri*(QL) | Diacomit*(PA), Fintepla*(PA), Sabril*(PA) |
| | *(RP) Reference Priced Anticonvulsants: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost. | Drugs subject to Reference Pricing: Lyrica, Lyrica CR, Neurontin, <i>pregabalin</i> , Spritam | | |
| Fibromyalgia | <i>gabapentin</i> | | | |
| | *(RP) Reference Priced Fibromyalgia Agents: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost. | Drugs subject to Reference Pricing: Gralise, Horizant, Lyrica, Lyrica CR, <i>pregabalin</i> , <i>pregabalin ER</i> , Savella | | |
| Antidepressants Miscellaneous | <i>amitriptyline, bupropion, bupropion XL, clomipramine, desipramine, doxepin, imipramine, mirtazapine, nefazodone, nortriptyline, trazodone</i> | | Emsam patches | |
| Antidepressants (SNRIs) | <i>duloxetine, venlafaxine tab, venlafaxine extended release capsules</i> | | | |
| | *(RP) Reference Priced Antidepressants: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost. | Drugs subject to Reference Pricing : <i>desvenlafaxine ER</i> , Cymbalta, Effexor XR, Fetzima, Khedezla ER, Pristiq, <i>venlafaxine extended release tablets</i> | | |

Municipal Health Benefit Program (MHBP) Preferred Drug List (PDL) - Effective October 1, 2021

| | | | | |
|---|---|--|---|---|
| | <i>citalopram, escitalopram, fluoxetine 10, 20 & 40mg, fluvoxamine, paroxetine, sertraline</i> | | | |
| Antidepressants (SSRIs) | *(RP) Reference Priced Antidepressants: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost. | Drugs subject to Reference Pricing: Celexa, Lexapro, Luvox CR, <i>fluoxetine 60mg</i> , Paxil, Paxil CR, Pexeva, Prozac, Prozac Weekly, Sarafem, Zoloft | | |
| Anti-Parkinsons Agents | <i>amantadine, carbidopa/levodopa, carbidopa/levodopa/entacapone, entacapone, pramipexole, rasagiline, ropinirole, ropinirole ER, selegiline, tolcapone</i> | | Neupro*(PA), pramipexole SR*(NG) | Kynmobi*(QL), Nourianz*(PA) |
| Antipsychotic Agents | <i>aripiprazole, clozapine, haloperidol, loxapine, olanzapine, paliperidone, quetiapine, quetiapine ER, risperidone, ziprasidone</i> | Abilify Tablet*(PA), Seroquel XR*(QL) | Abilify Solution*(PA), Equetro, Latuda*(PA) | Invega Sustenna, Invega Trinz*(PA) |
| Migraine Products (Triptans) | <i>eletriptan (QL), rizatriptan(QL), rizatriptan ODT(QL), sumatriptan tablets(QL), sumatriptan injection (QL)</i> | | | |
| Migraine Products (Calcitonin Gene-Related Peptide Inhibitors) | | | | Aimovig* (PA), Emgality* (PA), Nurtec ODT* (PA) |
| 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 | <i>temazepam 15mg, 30mg, zaleplon, zolpidem immediate release</i> | | | |
| Sedative Hypnotics | *(RP) Reference Priced Sedative/Hypnotics: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost. | Drugs subject to Reference Pricing: Ambien, Ambien CR, Belsomra, Edluar, <i>eszopiclone</i> , Intermezzo, Lunesta, Rozerem, Silenor, Sonata, <i>temazepam cap 22.5mg</i> , <i>zolpidem ER</i> , Zolpimist spray | | |

Municipal Health Benefit Program (MHBP) Preferred Drug List (PDL) - Effective October 1, 2021

| | | | | |
|---|--|---|--|----------------------------------|
| Skeletal Muscle Relaxants | baclofen, carisoprodol 350mg, chlorzoxazone, cyclobenzaprine, methocarbamol, orphenadrine, tizanidine | | | |
| | *(RP) Reference Priced Skeletal Muscle Relaxants: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost. | Drugs subject to Reference Pricing: Amrix, <i>carisoprodol 250mg</i> , Fexmid, Lorzone, <i>metaxalone</i> , Parafon Forte, Robaxin, Skelaxin, Soma, Zanaflex | | |
| ENDOCRINE | | | | |
| Anti-diabetic Agents Insulin | <i>insulin lispro</i> (generic for Humalog 100u/ml vials and pens) | Humalog, Humulin, Lantus, Lyumjev, Toujeo | Semglee | |
| Anti-diabetic Agents Glucagon-like peptide receptor (GLP-1) Agonists | no generics available at this time | Ozempic* (PA), Victoza*(PA), Trulicity* (PA) | All other agents excluded | |
| Anti-diabetic Agents Insulin Sensitizing Agents | <i>metformin, pioglitazone</i> | | Avandia, Riomet Solution | |
| Anti-diabetic Agents Insulin Secreting Agents | <i>chlorpropamide, glimepiride, glipizide, glyburide, nateglinide, repaglinide, tolazamide</i> | | | |
| Anti-diabetic Agents Sodium-glucose co-transporter-2 (SGLT2) Inhibitors | | Jardiance, Synjardy, Synjardy XR | All other agents excluded | |
| Anti-diabetic Agents Combinations | <i>Glyburide/Metformin, pioglitazone/metformin, pioglitazone HCL/glimepiride</i> | | | |
| Anti-diabetic Agents Miscellaneous | <i>acarbose</i> | | Baqsimi, Gvoke Hypopen | |
| Diabetic Supplies | Free Diabetic Supplies: You can receive your blood glucose strips and lancets at your local pharmacy. These supplies are available for a \$0 co-payment when purchased within 100 days of your insulin or diabetic medication. The pharmacy must process the prescription for your insulin or diabetic medication before processing the supplies. | | | |
| | Blood Glucose Test Strips | Accu-chek Guide strips, Accu-chek Guide Me meter | All other brands excluded | |
| | Insulin Syringes / Pen Needles | TruePlus Syringes, TruePlus Pen Needles | All other brands excluded | All other brands excluded |
| | Continual Blood Glucose (CGM) products | Dexcom Transmitter* (PA), Dexcom Receiver* (PA) | Dexcom Sensors* (PA) - requires Tier-3 copay/30 days' supply | All other brands excluded |
| Thyroid Agents | <i>levothyroxine, Levoxyl, liothyronine</i> | | Tirosint | |
| GASTROINTESTINAL/URINARY | | | | |
| Digestive Aids | | Creon, Zenpep | Pancreaze, Pertzeye, Viokace | |
| Gallstone Solubilizing Agents | <i>ursodiol</i> | | Chenodal | |
| H-2 Antagonists | <i>cimetidine, famotidine, nizatidine, ranitidine</i> | | | |

Municipal Health Benefit Program (MHBP) Preferred Drug List (PDL) - Effective October 1, 2021

| | | | | |
|--|--|--|--|--|
| Bowel Preparation Drugs | <i>PEG powder/solution</i> | | Clenpiq, Moviprep, Prepopik | |
| Overactive Bladder Agents | <i>oxybutynin immediate release</i> | | | |
| | *(RP) Reference Priced Skeletal Muscle Relaxants: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost. | Drugs subject to Reference Pricing: darifenacin, Detrol, Detrol LA, Ditropan XL, Enablex, Gelnique, Gemtesa, Myrbetriq, oxybutynin Extended-Release (ER), Oxytrol Patches, tolterodine, tolterodine ER, Toviaz, trospium, trospium ER, Vesicare | | |
| Inflammatory Bowel | <i>balsalazide, mesalamine, sulfasalazine</i> | <i>lubiprostone (PA, QL), Lialda, Linzess</i> | Apriso, Asacol HD, Canasa, Pentasa, Rowasa | |
| MEN'S HEALTH | | | | |
| Erectile Dysfunction | <i>sildenafil*(QL), tadalafil*(QL)</i> | Cialis 10mg, 20mg (PA/QL) - Note: <i>Cialis for daily use is excluded from coverage.</i> | Caverject (PA/QL), Edex (PA/QL), Levitra (PA/QL), Muse (PA/QL), Staxyn (PA/QL) | |
| Hormone Replacement | <i>Testosterone Injectable(s)*(PA)</i> | All other testosterone products are excluded from coverage | | |
| Prostate Health | <i>alfuzosin, dutasteride, finasteride, tamsulosin, dutasteride/tamsulosin</i> | | silodosin*(NG) | |
| RESPIRATORY | | | | |
| Leukotriene Modulators | <i>montelukast, zafirlukast</i> | | | |
| Inhaled Corticosteroids | <i>budesonide suspension</i> | Asmanex, QVAR | All other brands excluded | |
| Short-Acting Beta Agonists (bronchodilators) | <i>albuterol nebulizer solution, albuterol tablets, levalbuterol nebulizer solution</i> | ProAir HFA, ProAir Respiclick | All other brands excluded | |
| Long-Acting Beta Agonists (bronchodilators) | | Serevent (ST) | formoterol fumarate (ST, NG) | |
| Inhaled Corticosteroids / Long Acting Beta Agonists | <i>fluticasone/salmeterol (generic for Advair), Wixela</i> | budesonide/formoterol, Dulera, Symbicort | All other brands excluded | |
| Long-Acting Muscarinic Agents | | Spiriva | All other brands excluded | |
| Long-Acting Muscarinic Agents + Long-Acting Beta Agonists | | Stiolto | All other brands excluded | |
| Inhaled Corticosteroids / Long-Acting Muscarinic Agents / Long-Acting Beta Agonists | | Breztri | All other brands excluded | |

Municipal Health Benefit Program (MHBP) Preferred Drug List (PDL) - Effective October 1, 2021

| | | | | |
|--|---|--|--|----------------------------|
| Biologics for Moderate-to-severe asthma and chronic rhinosinusitis w/nasal polyps | | | | Dupixent*(PA), Xolair*(PA) |
| Respiratory Miscellaneous | <i>ipatropium</i> | Combivent | Atrovent HFA | |
| TOPICAL | | | | |
| Otic (Ear) Products | <i>acetic acid, ciprofloxacin, fluocinolone, hydrocort/ acetic acid, ofloxacin, tri-biotic susp.</i> | Ciprodex | Coly-Mycin S Susp. | |
| Ophthalmic Agents Glaucoma | brimonidine, latanoprost, levobunolol, timolol, dorzolamide, dorzolamide/ timolol drops | Alphagan P 0.1% (if no generic available), Betimol, Betoptic, brinzolamide*(NG) , Combigan, Cosopt drops, Lumigan | Alphagan P 0.15%, Cosopt droperette, dorzolamide/timolol droperette, Timoptic, Trusopt, Xelpros, Xalatan | |
| Ophthalmic Agents Allergy | <i>cromolyn</i> | | Alocril | |
| Ophthalmic Agents Dry Eyes | | Cequa | All other brands excluded | |
| Ophthalmic Agents Miscellaneous | <i>bi-biotic solution & ointment, ciprofloxacin, diclofenac, erythromycin, gatifloxacin, gentamicin, ketorolac, levofloxacin, moxifloxacin, ofloxacin, prednisolone, sodium sulfacetamide, tobramycin, tobramycin/dexamethasone, tri-biotic solution & ointment</i> | | Moxeza | |
| Dermatologicals Acne / Rosacea Agents | <i>adapalene, benzoyl peroxide, benzoyl peroxide/erythromycin, clindamycin, clindamycin/benzoyl peroxide, dapsone, isotretinoin caps, metronidazole, sulfacetamide sodium, tretinoin</i> | | Finacea | |
| Dermatologicals Miscellaneous Anti-Infectives, Anti-Inflammatory Agents | <i>clotrimazole, clotrimazole/betamethasone, cycl opirox cr/gel/shampoo, econazole, erythromycin, gentamicin, imiquimod, ketoconazole, miconazole, mupirocin, naftifine, nystatin, nystatin/triamcinolone, oxiconazole, tacrolimus</i> | | Altanax, Elidel | |
| Dermatologicals Psoriasis Agents | <i>acitretin, calcipotriene</i> | | Tazorac | Taltz (PA/ST) |
| Dermatologicals -Atopic Dermatitis | Topical steroids, tacrolimus | Pimecrolimus*(NG) | | Dupixent*(PA) |

Municipal Health Benefit Program (MHBP) Preferred Drug List (PDL) - Effective October 1, 2021

| | | | | |
|--|---|----------------|---|--|
| <p>Dermatologicals Topical Steroids</p> | <p><i>alclometasone, amcinonide, betamethasone dipropionate, betamethasone valerate, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, fluticasone, halobetasol, hydrocortisone, mometasone, triamcinolone</i></p> | <p>Psorcon</p> | <p>Capex, Cloderm, Halog, Verdeso</p> | |
|--|---|----------------|---|--|

Municipal Health Benefit Program (MHP) Preferred Drug List (PDL) - Effective October 1, 2021

WOMEN'S HEALTH

| | | | | |
|---|---|---|---|---|
| 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%: Altavera, Amethia, Apri, Aranelle, Aubra, Aviane, Azurette, Balziva, Camila, Camrese, Caziant, Cyclessa, Dasetta, Emoquette, Errin, Falmina, Gianvi, Gildess, Heather, Jencycla, Jolessa, Jolivette, Juleber, Junel, Kelnor, Larin, Leena, Loryna, Levonest, Lessina, Larin, Larissia, Levora, Low-Ogestrel, Luter, Lyza, Marlissa, Microgestin, Mononessa, Natazia, Necon, Nikki, Nora-Be, norethindrone, Norlyda, Nortrel, Ocella, Orsythia, Portia, Rajani, Reclipsen, Sprintec, Sronyx, Tilia, Trinessa, Tri-Sprintec, Trivora, Velivet, Vestura, Zarah, Zenchent, Zovia | Liletta IUD, Mirena IUD, Skyla IUD | | |
| | Examples of COVERED BRANDS paid at 100%: Nuvaring | | | |
| Hormone Replacement Therapy (HRT) | <i>estradiol, estradiol patch</i> | Menest, Premarin | Alora, Divigel packets, Estrogel | |
| Combination HRT | <i>estradiol + norethindrone generic combinations available</i> | Premphase, Prempro | Angeliq, Combipatch | |
| Osteoporosis Calcium Regulators | <i>alendronate, etidronate, calcitonin nasal spray</i> | | Miacalcin Injection | |
| | *(RP) Reference Priced Osteoporosis Agents: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost. | Drugs subject to Reference Pricing: Actonel, <i>alendronate 40mg</i> , Atelvia, Binosto, Boniva, Fosamax, Fosamax-D, <i>ibandronate</i> , <i>risedronate</i> | | |
| Osteoporosis Hormone Receptor Modulators | <i>raloxifene</i> | | Osphena | Prolia*(PA) |
| Vaginal Products | <i>clindamycin vag. cream, estradiol cr., metronidazole vaginal gel, terconazole vaginal cream, Yuvaferm vaginal tablets</i> | Cleocin Vag. Supp., Premarin Vaginal Cr. | Femring, Nuversa Gel | |
| Miscellaneous Products | | Oriahnn (PA) | | |
| MISCELLANEOUS | | | | |
| Anaphylaxis (allergic reactions) | | Symjepi (QL) | | |
| Antiemetics | <i>aprepitant, granisetron(QL), ondansetron(QL), promethazine, scopolamine patch</i> | | Anzemet (QL), Sancuso Patch(QL), (PA), Sustol Inj. (PA) | |
| Botulinum Toxins | | | | Xeomin® (PA) |
| Colony Stimulating Factors | | | | Zarxio (filgrastim), Fulphila (pegfilgrastim) |
| Gout | <i>allopurinol, probenecid</i> | Colcrys, <i>febuxostat</i> | | |
| Immunosuppressive Agents | <i>azathioprine, cyclosporine, mycophenolate, sirolimus, tacrolimus</i> | Sandimmune oral solution | Envarsus, Sandimmune oral capsules, Zortress | |

Municipal Health Benefit Program (MHP) Preferred Drug List (PDL) - Effective October 1, 2021

| | | | |
|---|----------------------------------|---|---|
| Immune Modulators (rheumatoid arthritis, Crohns disease, plaque psoriasis, etc.) | <i>leflunomide, methotrexate</i> | 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), Tysabri*(ST), Xeljanz*(PA), **Ruxience*(PA)(medical plan benefit) |
|---|----------------------------------|---|---|

WELLNESS/PREVENTIVE

| | Drugs / Drug Categories | Coverage Parameters |
|---|--|---|
| Note: Drug categories listed to the right include products that are provided by the Program at no member cost as required by the Affordable Care Act (ACA) | Aspirin to Prevent Cardiovascular Disease | For members > 45 years of age. Quantity Limit of 100 |
| | Iron Supplementation for Children | For children up to 1 year of age |
| | Oral Fluorides for Children | For children > 6 months and < 6 years of age |
| | Folic Acid Supplements | For female members < 55 years of age. Quantity Limit of 100 |
| | Tobacco Cessation | For members > 18 years of age. Annual Limit: 2 cycles of treatment (12 weeks/cycle) |
| | Routine Vaccinations for Children & Adults | Please refer to the Preventive Care section of the Program Booklet for detailed coverage policy |
| | All FDA approved contraceptive methods | Coverage limited to The Program's custom list and is subject to change |
| | Breast Cancer Prevention | Tamoxifen, raloxifene |
| | Vitamin D Supplementation | For members > 65 years of age |
| | Cholesterol Reducers (Statins) | The following low-to-moderate potency agents are covered for members between 40 - 75 y/o for primary prevention: Atorvastatin 10mg, 20mg: Lovastatin 10mg, 20mg, 40mg: Pravastatin 10mg, 20mg, 40mg, 80mg: Rosuvastatin 5mg, 10mg: Simvastatin 5mg, 10mg, 20mg, 40mg |