

## The 2022 State Health Benefit Plan Copayment/Coinsurance Waiver Medication List

As a State Health Benefit Plan member, if you enroll and actively participate in the Anthem Blue Cross and Blue Shield (Anthem) Case Management Program or UnitedHealthcare Disease Management programs for asthma, diabetes, coronary artery disease (CAD) or Medication for Addiction Treatment (MAT), you may be eligible to receive the products listed below at no cost. Please call the Anthem Member Services number, 855-641-4862, or UnitedHealthcare Member Services number, 888-364-6352, for more details about program participation requirements. For more information about these medications, call CVS Caremark® Customer Care at 844-345-3241.

### **Medication for**

#### **Addiction Treatment**

- ACAMPROSATE
- CALCIUM DR
- BUPRENORPHINE HCL SL
- BUPRENORPHINE HCL/NALOXONE
- DISULFIRAM
- NALTREXONE HCL

#### **Asthma**

- ADVAIR DISKUS
- ADVAIR HFA
- ARNUITY ELLIPTA
- BREO ELLIPTA
- BUDESONIDE NEBULIZER SUSP
- FLOVENT DISKUS
- FLOVENT HFA
- IPRATROPIUM BROMIDE
- IPRATROPIUM-ALBUTEROL
- PULMICORT FLEXHALER
- QVAR REDHALER
- SPIRIVA HANDIHALER
- SPIRIVA RESPIMAT
- SYMBICORT
- TRELEGY ELLIPTA

#### **Coronary Artery Disease**

- BENAZEPRIL HCL
- BENAZEPRIL & HCTZ
- CAPTOPRIL
- CATOPRIL & HCTZ

- ENALAPRIL MALEATE
- ENALAPRIL & HCTZ
- FOSINOPRIL
- FOSINOPRIL & HCTZ
- LISINOPRIL
- LISINOPRIL & HCTZ
- MOEXIPRIL
- MOEXIPRIL & HCTZ
- PERINDOPRIL ERBUMINE
- QUINAPRIL
- QUINAPRIL & HCTZ
- RAMIPRIL
- TRANDOLAPRIL

#### **Diabetes**

- ACARBOSE
- ACCU-CHEK COMPACT TEST STRIPS
- ACCU-CHEK AVIVA TEST STRIPS
- ACCU-CHEK SMART TEST STRIPS
- ACCU-CHEK GUIDE TEST STRIPS
- BASAGLAR KWIKPEN
- CHLOROPAMIDE
- DEXCOM G6 SENSORS, TRANSMITTERS AND RECEIVERS
- FARXIGA
- FIASP
- GLIMEPIRIDE
- GLIPIZIDE
- GLIPIZIDE ER
- GLIPIZIDE XL
- GLIPIZIDE-METFORMIN
- GLYBURIDE

- GLYBURIDE MICRONIZED
- GLYBURIDE-METFORMIN
- GLYXAMBI
- HUMULIN R U-500
- INSULIN SYRINGES AND NEEDLES\*
- JANUMET/JANUMET XR
- JANUVIA
- JARDIANCE
- LANCETS
- LEVEMIR PEN
- LEVEMIR VIAL
- METFORMIN
- METFORMIN ER (PA REQUIRED)
- NATEGLINIDE
- NOVOLOG CARTRIDGE
- NOVOLOG MIX 70/30 PEN
- NOVOLOG MIX 70/30 VIAL
- NOVOLOG PEN
- NOVOLOG VIAL
- NOVOLIN MIX 70/30 PEN
- NOVOLIN MIX 70/30 VIAL
- NOVOLIN N PEN
- NOVOLIN N VIAL
- NOVOLIN R VIAL
- OMNIPOD INSULIN PUMP/DASH
- ONETOUCH VERIO TEST STRIPS
- ONETOUCH VERIO FLEX TEST STRIPS

- ONETOUCH VERIO REFLECT TEST STRIPS
- ONETOUCH ULTRA TEST STRIPS
- OZEMPIC (PA REQUIRED)
- PIOGLITAZONE
- PIOGLITAZONE-METFORMIN
- PIOGLITAZONE-GLIMEPIRIDE
- REPAGLINIDE
- REPAGLINIDE-METFORMIN
- RYBELSUS (PA REQUIRED)
- SOLIQUA
- SYMLIN (PA REQUIRED)
- SYNJARDY/SYNJARDY XR
- TOLAZAMIDE
- TOLBUTAMIDE
- TOUJEO
- TRESIBA FLEXTOUCH
- TRIJARDY XR
- TRULICITY (PA REQUIRED)
- VICTOZA (PA REQUIRED)
- XIGDUO XR
- XULTOPHY

\*BD ULTRAFINE syringes and needles are the only preferred options.

The symbol (PA) next to a drug name indicates that a prior authorization is required for coverage. All rights in the product names of all third-party products listed, whether or not appearing with the trademark symbol, belong exclusively to their respective owners.

This document contains confidential and proprietary information of CVS Caremark and may not be reproduced, distributed or printed without written permission from CVS Caremark. This list is subject to change. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark. ©2021 CVS Caremark. All rights reserved. 106-43258A 120321