

**NORTHERN BURLINGTON COUNTY REGIONAL
BOARD OF EDUCATION
PRESCRIPTION DRUG OVERVIEW**

Your prescription copayments are determined by the medical plan

SHIF Medical Plans	BeneCard/Rx Alliance Prescription Copayments
Aetna Choice POS II \$0 AmeriHealth PPO \$0	<p><u>Copayments for Retail (30 day supply)</u> Generic - \$3 Preferred - \$10 *Non-Preferred – Member pays Generic copay and cost difference between Generic and Brand.* <u>Copayments for Mail Order (90 day supply)</u> Generic - \$5 Preferred - \$15 *Non-Preferred - Member pays Generic copay and cost difference between Generic and Brand.*</p>
Aetna Choice POS II \$10 AmeriHealth PPO \$10 Aetna Choice POS II \$15 AmeriHealth PPO \$15 Aetna HMO \$10 AmeriHealth EPO \$10	<p><u>Copayments for Retail (30 day supply)</u> Generic - \$3 Preferred - \$10 Non-Preferred - \$10 <u>Copayments for Mail Order (90 day supply)</u> Generic - \$5 Preferred - \$15 Non-Preferred - \$15</p>
Aetna HMO \$15/\$25 AmeriHealth EPO \$15/\$25	<p><u>Copayments for Retail (30 day supply)</u> Generic - \$7 Preferred - \$16 Non-Preferred - \$35 <u>Copayments for Mail Order (90 day supply)</u> Generic - \$18 Preferred - \$40 Non-Preferred - \$88</p>
Aetna Choice POS II \$20/\$20 AmeriHealth PPO \$20/\$20	<p><u>Copayments for Retail (30 day supply)</u> Generic - \$3 Preferred - \$18 Non-Preferred - \$46 <u>Copayments for Mail Order (90 day supply)</u> Generic - \$5 Preferred - \$36 Non-Preferred - \$92</p>
Aetna Choice POS II \$20/\$35 AmeriHealth PPO \$20/\$35	<p><u>Copayments for Retail (30 day supply)</u> Generic - \$7 Preferred - \$21 *Non-Preferred – Member pays Generic copay and cost difference between Generic and Brand.* <u>Copayments for Mail Order (90 day supply)</u> Generic - \$18 Preferred - \$52 *Non-Preferred - Member pays Generic copay and cost difference between Generic and Brand.*</p>

**Non-Preferred Brand Co-pay – member is responsible for the generic co-pay plus the difference in cost between the generic medication and the non-preferred brand medication. If no generic medication is available, the member is responsible for the preferred brand co-pay plus the difference in cost between the preferred brand medication and the non-preferred brand medication.*

Attached is a condensed formulary list, for the full list members can log onto WWW.BenecardPBF.com under the member portal and find the full list.

BeneCard PBF

2019 Preferred Medication List

The following is an abbreviated version of the drug list (formulary) that is at the core of your prescription-drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate. THIS LIST IS SUBJECT TO CHANGE.

PLEASE NOTE: Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription drug benefit programs; check your benefit materials for the specific drugs covered and the copayments for your prescription drug benefit program. For specific questions about your coverage, please call the phone number printed on your member ID card.

KEY

[INJ] – Injectable Drug

Brand-name drugs are listed in CAPITAL letters. Example: ABILIFY
 Generic drugs are listed in lower-case letters. Example: ibuprofen

For the member: Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate.

A

ABILIFY MAINTENA [INJ]
 ABSORICA
 ACANYA
 acetaminophen/codeine
 ACTEMRA [INJ]
 acyclovir
 ADEMPAS
 ADVAIR DISKUS
 ADVAIR HFA
 AFSTYLA [INJ]
 AIMOVIG [INJ]
 AKYNZEO
 albuterol nebulization solution
 alendronate
 allopurinol
 ALPHAGAN P 0.1%
 alprazolam
 ALREX
 amiodarone
 AMITIZA
 amitriptyline
 amlodipine
 amlodipine/benazepril
 amlodipine/valsartan
 amoxicillin
 amoxicillin/potassium clavulanate
 AMPYRA
 anastrozole
 ANDRODERM
 ANDROGEL 1.62%
 ANORO ELLIPTA
 ARANESP [INJ]
 ARCAPTA NEOHALER
 aripiprazole
 ARISTADA [INJ]
 ARMONAIR RESPICLICK
 ARNUITY ELLIPTA
 ASMANEX HFA
 ASMANEX TWISTHALER
 atenolol
 atenolol/chlorthalidone
 atomoxetine
 atorvastatin
 AVONEX [INJ]
 AZASITE
 azelastine nasal spray

azithromycin

B

baclofen
 BARACLUDE SOLUTION
 BD AUTOSHIELD DUO NEEDLES
 BD ULTRAFINE INSULIN SYRINGES
 BD ULTRAFINE PEN NEEDLES
 BELBUCA
 benazepril
 benzonatate
 BEPREVE
 BETASERON [INJ]
 BETHKIS
 BEVESPI AEROSPHERE
 BIKTARVY
 bisoprolol/hctz
 blisovi fe
 BOSULIF
 BREO ELLIPTA
 BRILINTA
 budesonide nebulization suspension
 bupropion
 bupropion ext-release
 buspirone
 butalbital/acetaminophen/caffeine
 BUTRANS
 BYDUREON [INJ]
 BYETTA [INJ]
 BYSTOLIC
 BYVALSON

C

CABOMETYX
 CANASA
 CARAC
 CARAFATE SUSPENSION
 carbidopa/levodopa
 carvedilol
 cefdinir
 cefuroxime axetil
 celecoxib
 cephalixin
 CERDELGA
 CERZYME [INJ]
 CETROTIDE [INJ]

CHANTIX
 chlorhexidine gluconate
 chlorthalidone
 CIALIS
 CIMDUO
 CIPRODEX
 ciprofloxacin
 citalopram
 clarithromycin
 CLENPIQ
 clindamycin hcl
 clindamycin phosphate topical
 clindamycin phosphate/benzoyl peroxide
 clobetasol propionate
 clomiphene citrate
 clonazepam
 clonidine
 clopidogrel
 clotrimazole/betamethasone dipropionate
 COLCRYS
 COMBIGAN
 COMBIPATCH
 COMBIVENT RESPIMAT
 COPAXONE 40 MG [INJ]
 CORLANOR
 COSENTYX [INJ]
 CREON
 CRINONE
 cyanocobalamin [INJ]
 cyclobenzaprine

D

DALIRESP
 DARAPRIM
 DAYTRANA
 DELZICOL
 DESCOVY
 desloratadine
 desvenlafaxine succinate ext-release
 dexamethasone
 dexmethylphenidate ext-release
 dextroamphetamine/amphetamine
 dextroamphetamine/amphetamine ext-release
 diazepam
 diclofenac sodium delayed-release

dicyclomine
 digoxin
 diltiazem ext-release
 diphenoxylate/atropine
 divalproex delayed-release
 divalproex ext-release
 DIVIGEL
 donepezil
 doxazosin
 doxycycline hyclate
 doxycycline monohydrate
 DUAVEE
 DULERA
 duloxetine delayed-release
 DUPIXENT [INJ]
 DYMISTA

E

EDARBI
 EDARBYCLOR
 ELIDEL
 ELIQUIS
 EMVERM
 enalapril
 ENBREL [INJ]
 enoxaparin [INJ]
 ENSTILAR
 ENTRESTO
 EPCLUSA*
 EPIDUO FORTE
 EPINEPHRINE AUTOINJECTOR (by Mylan) [INJ]
 EPIPEN, EPIPEN JR [INJ]
 ergocalciferol
 ERIVEDGE
 ERLEADA
 erythromycin eye ointment
 ESBRIET
 escitalopram
 esomeprazole magnesium delayed-release
 estradiol
 estradiol patches
 estradiol/norethindrone acetate
 ESTRING
 eszopiclone
 EUFLEXXA [INJ]

EVEKEO
ezetimibe
ezetimibe/simvastatin

F

famotidine
FARXIGA
fenofibrate
fenofibrate micronized
fenofibric acid delayed-release
fentanyl patches
FETZIMA
FIASP [INJ]
FINACEA
finasteride
FLECTOR
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fluocinonide
fluoxetine
fluticasone nasal spray
folic acid
FORTEO [INJ]
FRAGMIN [INJ]
FREESTYLE KITS/METERS;
FREESTYLE FREEDOM,
FREESTYLE FREEDOM LITE,
FREESTYLE INSULINX,
FREESTYLE LITE
FREESTYLE TEST STRIPS;
FREESTYLE, FREESTYLE
INSULINX, FREESTYLE LITE
furosemide
FYCOMPA

G

gabapentin
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
GENVOYA
GILENYA
GILOTRIF
glimpiride
glipizide
glipizide ext-release
GLUCAGEN [INJ]
GLUCAGON [INJ]
glyburide
GLYXAMBI
GONAL-F, GONAL-F RFF, GONAL-F
RFF REDI-JECT [INJ]
GRALISE
GRANIX [INJ]
GRASTEK
guanfacine ext-release

H

HARVONI*
HELIXATE FS [INJ]
HUMALOG [INJ]
HUMATROPE [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydralazine

hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/chlorpheniramine polistirex
ext-release
hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYSINGLA ER

I

ibandronate
IBRANCE
ibuprofen
ILEVRO
INCRUSE ELLIPTA
indomethacin
INFLECTRA [INJ]
INLYTA
INVOKAMET
INVOKAMET XR
INVOKANA
irbesartan
IRESSA
isosorbide mononitrate ext-release

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO
JENTADUETO XR
junel
junel fe

K

ketoconazole topical
ketorolac
KITABIS PAK
KOGENATE FS [INJ]
KOVALTRY [INJ]
KYLEENA

L

labetalol
lamotrigine
lansoprazole delayed-release
LANTUS [INJ]
latanoprost eye solution
LATUDA
LETAIRIS
LEVEMIR [INJ]
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
lidocaine patches
LINZESS
liothyronine
LIPOFEN
lisinopril
lisinopril/hctz
LIVALO
LO LOESTRIN FE

lorazepam
losartan
losartan/hctz
LOTEMAX
lovastatin
LUMIGAN
LYRICA

M

MAKENA MULTIDOSE VIAL [INJ]
meclizine
medroxyprogesterone
meloxicam
MESTINON SYRUP
metaxalone
metformin
metformin ext-release
methimazole
methocarbamol
methotrexate
methylphenidate
methylphenidate ext-release
methylprednisolone
metoclopramide
metoprolol succinate ext-release
metoprolol tartrate
metronidazole
metronidazole topical
metronidazole vaginal
microgestin fe
MINIVELLE
minocycline
MIRENA
mirtazapine
MIRVASO
MITIGARE
moderiba
mometasone
MONOVISC [INJ]
montelukast
morphine sulfate ext-release
MOVANTIK
MOXEZA
moxifloxacin eye solution
mupirocin
MUSE
MYDAYIS
MYRBETRIQ

N

nabumetone
NAMZARIC
naproxen, naproxen sodium
NARCAN NASAL SPRAY
NASCOBAL
neomycin/polymyxin/hydrocortisone
ear solution
NEUPOGEN [INJ]
NEVANAC
NEXIUM PACKETS
niacin ext-release
nifedipine ext-release
nitrofurantoin macrocrystal
NITYR
NORDITROPIN [INJ]
nortriptyline
NOVAREL [INJ]
NOVOEIGHT [INJ]

NOVOFINE AUTOSHIELD NEEDLES
NOVOFINE NEEDLES
NOVOLIN [INJ]
NOVOLOG [INJ]
NOVOTWIST NEEDLES
NUCALA [INJ]
NUCYNTA, NUCYNTA ER
NUEDEXTA
NUVARING
NUWIQ [INJ]
nystatin
nystatin topical

O

ODACTRA
OFEV
ofloxacin
olanzapine
olmesartan
olmesartan/hctz
olopatadine eye solution
omega-3 acid ethyl esters
omeprazole delayed-release
ondansetron
ondansetron orally disintegrating tablets
ONETOUCH KITS/METERS;
ULTRA 2, ULTRAMINI, VERIO,
VERIO FLEX, VERIO IQ, VERIO
SYNC
ONETOUCH TEST STRIPS;
ULTRA, VERIO
ONEXTON
OPSUMIT
ORACEA
ORFADIN
ORTHOVISC [INJ]
oseltamivir
OTEZLA
OTOVEL
OTREXUP [INJ]
OVIDREL [INJ]
oxcarbazepine
oxybutynin ext-release
oxycodone
oxycodone/acetaminophen
OXYCONTIN
OZEMPIC [INJ]

P

pantoprazole delayed-release
paroxetine hcl
PAZEO
penicillin v potassium
PENTASA
PERFOROMIST
PHOSLYRA
PICATO
pioglitazone
PLEGRIDY [INJ]
polymyxin/trimethoprim eye solution
POMALYST
potassium chloride ext-release
PRALUENT [INJ]
pramipexole
pravastatin
prednisolone acetate eye suspension
prednisolone sodium
phosphate

prednisone
PREMARIN CREAM
PREMARIN TABLETS
PREMPHASE
PREMPRO
PREPOPIK
PROAIR HFA
PROAIR RESPICLICK
PROCRT [INJ]
progesterone micronized
PROLASTIN C [INJ]
PROLENSA
promethazine
promethazine/dextromethorphan
propranolol
propranolol ext-release
PULMICORT FLEXHALER
PYLERA

Q

QNASL
QUDEXY XR
quetiapine
QUILLICHEW ER
QUILLIVANT XR
quinapril
QVAR
QVAR REDIHALER

R

rabeprazole delayed-release
RAGWITEK
raloxifene
ramipril
RANEXA
ranitidine
RAPAFLO
RASUVO [INJ]
REBIF [INJ]
RECTIV
RELISTOR [INJ]
REMICADE [INJ]
RENFLXIS [INJ]
REPATHA [INJ]
RESTASIS
REVLIMID
RHOPRESSA
risperidone
rizatriptan
ropinirole

rosuvastatin
RUCONEST [INJ]

S

SANCUSO
SAVELLA
SEEBRI NEOHALER
SEGLUROMET
SEREVENT DISKUS
sertraline
sildenafil
SIMPONI 100 MG [INJ]
simvastatin
SKYLA
SOLQUA [INJ]
SOLODYN
SOMATULINE DEPOT [INJ]
SOOLANTRA
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
spironolactone
sprintec
SPRYCEL
STEGLATRO
STELARA SC [INJ]
STIOLTO RESPIMAT
STRENSIQ [INJ]
STRIVERDI RESPIMAT
SUBOXONE SL FILM
sulfamethoxazole/trimethoprim
sumatriptan
SUPREP
SUTENT
SYMBICORT
SYMFI
SYMFI LO
SYMLINPEN [INJ]
SYMPROIC
SYNJARDY, SYNJARDY XR

T

TACLONEX SUSPENSION
tacrolimus topical
tamoxifen
tamsulosin ext-release
TARCEVA
TASIGNA
TAYTULLA
TAZORAC GEL
TAZORAC 0.05% CREAM

TECFIDERA
TEKTURNA, TEKTURNA HCT
terazosin
terconazole vaginal
testosterone cypionate [INJ]
THALOMID
timolol maleate eye solution
tizanidine
TOBI PODHALER
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin eye solution
tobramycin/dexamethasone
eye suspension
topiramate
TOUJEO [INJ]
TOVIAZ
TRACLEER
TRADJENTA
tramadol
TRAVATAN Z
trazodone
TRELEGY ELLIPTA
TREMIFYA [INJ]
TRESIBA [INJ]
triamcinolone topical
triamterene/hctz
tri-lo-marzia
trinessa
TRIPTODUR [INJ]
tri-sprintec
TRULICITY [INJ]
TUDORZA PRESSAIR
TYMLOS [INJ]

U

UCERIS FOAM
ULORIC
UPTRAVI
UTIBRON NEOHALER

V

valacyclovir
valsartan
valsartan/hctz
VARUBI
VASCEPA
VELPHORO
VELTASSA
venlafaxine

venlafaxine ext-release
VENTOLIN HFA
verapamil ext-release
VESICARE
VIBERZI
VICTOZA [INJ]
VIIBRYD
VIMPAT
VIOKACE
VOSEVI*
VYVANSE

W

warfarin

X

XALKORI
XARELTO
XELJANZ, XELJANZ XR
XIFAXAN
XIGDUO XR
XIIDRA
XOLAIR [INJ]
XTANDI
XULTOPHY [INJ]

Y

YONSA
yuvafem

Z

ZARXIO [INJ]
ZENPEP
ZEPATIER*
zolpidem
zolpidem ext-release
ZOMIG NASAL
ZONTIVITY
ZOVIRAX CREAM
ZUBSOLV
ZYLET
ZYTIGA

* This product may be reassessed to reflect anticipated product launches.

Non-Preferred Medications With Covered Preferred Alternatives

The following is a list of non-preferred brand-name medications with covered preferred alternatives that are on the formulary.

Column 1 lists non-preferred medications.

Column 2 lists covered preferred alternatives that can be prescribed.

Non-Preferred Medications	Covered Preferred Alternative(s)
ACCU-CHEK METERS/STRIPS	FREESTYLE METERS/STRIPS, ONETOUCH METERS/STRIPS
ADLYXIN	BYDUREON, BYETTA, OZEMPIC, TRULICITY, VICTOZA
AIRDUO RESPICLICK	ADVAIR DISKUS/HFA, BREO ELLIPTA, DULERA, SYMBICORT
ALVESCO	ARMONAIR RESPICLICK, ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR/REDIHALER
APIDRA	FIASP, HUMALOG, NOVOLOG
AUVI-Q	EPINEPHRINE AUTO-INJECTOR (by Mylan), EPIPEN, EPIPEN JR
BASAGLAR	LANTUS, LEVEMIR, TOUJEO, TRESIBA
BECONASE AQ	budesonide, flunisolide, fluticasone, mometasone, QNASL
BREEZE, CONTOUR METERS/STRIPS	FREESTYLE METERS/STRIPS, ONETOUCH METERS/STRIPS
GEL-ONE	EUFLEXXA, MONOVISC, ORTHOVISC
GENVISC 850	EUFLEXXA, MONOVISC, ORTHOVISC
HYALGAN	EUFLEXXA, MONOVISC, ORTHOVISC
KADIAN	hydromorphone ext-release, morphine sulfate ext-release, oxymorphone ext-release, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
KAZANO	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
LEVITRA	sildenafil, CIALIS
NESINA	JANUVIA, TRADJENTA
NUTROPIN AQ NUSPIN	GENOTROPIN, HUMATROPE, NORDITROPIN
OMNARIS	budesonide, flunisolide, fluticasone, mometasone, QNASL
OMNITROPE	GENOTROPIN, HUMATROPE, NORDITROPIN
ONGLYZA	JANUVIA, TRADJENTA
PROVENTIL HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
SAIZEN, SAIZEN PREP	GENOTROPIN, HUMATROPE, NORDITROPIN
STAXYN	sildenafil, CIALIS
STENDRA	sildenafil, CIALIS
SUPARTZ FX	EUFLEXXA, MONOVISC, ORTHOVISC
SYNVISC, SYNVISC-ONE	EUFLEXXA, MONOVISC, ORTHOVISC
TANZEUM	BYDUREON, BYETTA, OZEMPIC, TRULICITY, VICTOZA
TRUETEST, TRUETRACK METERS/STRIPS	FREESTYLE METERS/STRIPS, ONETOUCH METERS/STRIPS
XOPENEX HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
ZETONNA	budesonide, flunisolide, fluticasone, mometasone, QNASL
ZOHYDRO ER	hydromorphone ext-release, morphine sulfate ext-release, oxymorphone ext-release, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
ZOMACTON	GENOTROPIN, HUMATROPE, NORDITROPIN