

## The 2025 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, or coronary artery disease (CAD) you may be eligible to receive the products listed below at no cost. Please call Anthem at **1-866-901-0746** and speak to an Anthem nurse, or UnitedHealthcare Member Services number, **1-888-364-6352**, for more details about program participation requirements. For more information about these medications, call CVS Caremark® Customer Care at **1-844-345-3241**.

### Asthma

- ASMANEX HFA
- BREO ELLIPTA\*
- BREYNA
- BUDESONIDE/  
FORMOTEROLINH\*\*\*\*
- BUDESONIDE  
NEBULIZERSUSP
- FLUTICASONE-  
SALMETEROL  
AER POWDER\*\*
- IPRATROPIUM  
BROMIDE –  
ORAL INHALER
- IPRATROPIUM-  
ALBUTEROL
- PULMICORT  
FLEXHALER
- SPIRIVA HANDIHALER
- SPIRIVA RESPIMAT
- TRELEGY ELLIPTA
- WIXELA INHUB

### Coronary Artery Disease

- BENAZEPRIL & HCTZ
- BENAZEPRIL HCL
- CAPTOPRIL
- CATOPRIL & HCTZ
- ENALAPRIL & HCTZ
- ENALAPRIL MALEATE
- FOSINOPRIL
- FOSINOPRIL & HCTZ
- LISINOPRIL
- LISINOPRIL & HCTZ
- MOEXIPRIL
- MOEXIPRIL & HCTZ
- PERINDOPRIL  
ERBUMINE
- QUINAPRIL
- QUINAPRIL & HCTZ
- RAMIPRIL
- TRANDOLAPRIL

### Diabetes

- ACARBOSE
- ACCU-CHEK AVIVA TEST  
STRIPS
- ACCU-CHEK GUIDE TEST  
STRIPS
- ACCU-CHEK LANCETS
- ACCU-CHEK SMART TEST  
STRIPS
- CHLOROPAMIDE
- DEXCOM G6 SENSORS,  
TRANSMITTERS AND  
RECEIVERS
- DEXCOM G7 SENSORS AND  
RECEIVERS\*\*\*
- FARXIGA
- FIASP
- GLIMEPIRIDE
- GLIPIZIDE
- GLIPIZIDE ER
- GLIPIZIDE XL
- GLIPIZIDE-METFORMIN
- GLYBURIDE
- GLYBURIDE MICRONIZED
- GLYBURIDE- METFORMIN
- GLYXAMBI
- HUMULIN R U-500
- INSULIN-GLARGINE-  
YFGN^
- INSULIN SYRINGES AND  
NEEDLES\*\*\*\*
- JARDIANCE
- LANTUS
- LIRAGLUTIDE^^
- METFORMIN
- METFORMIN ER (PA)
- MOUNJARO (PA)
- NATEGLINIDE
- NOVOLOG CARTRIDGE
- NOVOLOG MIX 70/30 PEN
- NOVOLOG 70/30 VIAL
- NOVOLIN PEN
- NOVOLIN N VIAL
- NOVOLIN R VIAL
- OMNIPODINSULIN PUMP/  
DASH
- ONETOUCH LANCETS
- ONETOUCH ULTRATEST  
STRIPS
- ONETOUCH VERIO FLEX TEST  
STRIPS
- ONETOUCH VERIO REFLECT  
TESTSTRIPS
- ONETOUCH VERIO TEST  
STRIPS
- OZEMPIC (PA)
- PIOGLITAZONE
- PIOGLITAZONE-GLIMEPIRIDE
- PIOGLITAZONE-METFORMIN
- RYBELSUS (PA)
- SAXAGLIPTIN
- SAXAGLIPTIN-METFORMIN  
EXT REL
- SITAGLIPTIN
- SOLIQUA
- SYMLIN
- SYNJARDY
- SYNJARD XR
- TOLAZAMIDE
- TOLBUTAMIDE
- TOUJEO
- TRESIBA FLEXTOUCH
- TRIJARDY XR
- TRULICITY (PA)
- TWIIST KIT
- XIGDUO JR
- XULTOPHY
- ZITUVIO
- ZITUVIMET/XR

### Medication for Addiction

#### Treatment

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

*\*Enrollment and participation in the Copayment/Coinsurance Waiver Program is not required to receive the listed MAT medications at a \$0 cost share. All listed medications are zero copay for all members at all times. However, behavioral health case management is also available for free for any members who are taking a medication for addiction treatment to help members achieve their health goals. Call the same number listed above to get connected to a licensed clinician.*

\*BREO ELLIPTA – Covered NDC's 00173085910, 00173088210, 00173091610

\*\*FLUTICASONE- SALMETEROL – Covered NDC's 00054032656, 00093751731, 00054032756, 00093751831, 00093751631

\*\*FLUTICASONE- SALMETEROL – **NOT Covered** NDC's 66993058497, 66993058597, 6699305869, 66993008696, 66993008796, 66993008896, 00093360782, 00093360882, 00093360982

\*\*\*The DEXCOMG7 May be compatible with certain pumps please check pump for compatibility.

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

\*\*\*\*\*Generic for SYMBICORT

^Generic for Semglee

^^Generic for VICTOZA

The symbol (PA) next to a drug name indicates that 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 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. ©2025 CVS Health and/or one of its affiliates. All rights reserved. 106-43258A 030325