

The 2024 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 **1-844-345-3241**.

Asthma

- BREO ELLIPTA*
- BUDESONIDE NEBULIZER SUSP
- 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 SYRINGES AND NEEDLES****
- JANUMET/ JANUMETXR
- JANUVIA
- JARDIANCE
- LANTUS
- METFORMIN
- METFORMIN ER (PA)
- MOUNJARO (PA)
- 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 LANCETS
- ONETOUCH ULTRA TEST STRIPS
- ONETOUCH VERIO FLEX TEST STRIPS
- ONETOUCH VERIO REFLECT TESTSTRIPS

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

Medication for Addiction Treatment

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

*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 DEXCOM G7 May be compatible with certain pumps please check pump for compatibility.

****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.

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