

## The 2019 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) Personal Health Coach 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 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<sup>®</sup> Customer Care at 844-345-3241.

### Asthma

ADVAIR DISKUS  
ADVAIR HFA  
ASMANEX HFA  
ASMANEX TWISTHALER  
BREO ELLIPTA  
BUDESONIDE NEBULIZER SUSPENSION  
FLOVENT DISKUS  
FLOVENT HFA  
IPRATROPIUM BROMIDE  
IPRATROPIUM-ALBUTEROL  
PULMICORT FLEXHALER  
QVAR INHALER  
QVAR REDHALER  
SPIRIVA HANDIHALER  
SPIRIVA RESPIMAT  
SYMBICORT

### Coronary Artery Disease

BENAZEPRIL HCL  
CAPTOPRIL  
ENALAPRIL MALEATE  
FOSINOPRIL SODIUM  
LISINAPRIL  
MOEXIPRIL HCL  
PERINDOPRIL ERBUMINE  
QUINAPRIL  
RAMIPRIL  
TRANDOLAPRIL

### Diabetes

ACARBOSE  
ACCU-CHEK AVIVA TEST STRIPS  
ACCU-CHEK COMPACT TEST STRIPS  
ACCU-CHEK GUIDE TEST STRIPS  
ACCU-CHEK SMARTVIEW TEST STRIPS

BASAGLAR KWIKPEN  
CHLORPROPAMIDE  
DEXCOM G4/G5/G6 SENSORS, TRANSMITTERS AND RECEIVERS

FIASP  
GLIMEPIRIDE  
GLIPIZIDE  
GLIPIZIDE ER  
GLIPIZIDE XL  
GLIPIZIDE-METFORMIN  
GLYBURIDE  
GLYBURIDE MICRONIZED  
GLYBURIDE-METFORMIN HCL  
HUMULIN R U-500  
INSULIN SYRINGES AND NEEDLES\*  
LEVEMIR PEN  
LEVEMIR VIAL  
METFORMIN HCL  
METFORMIN HCL ER (PA)  
NATEGLINIDE  
NOVOLOG CARTRIDGE  
NOVOLOG MIX 70/30 PEN  
NOVOLOG MIX 70/30 VIAL  
NOVOLOG PEN  
NOVOLOG VIAL  
NOVOLIN 70/30 PEN  
NOVOLIN 70/30 VIAL  
NOVOLIN N PEN  
NOVOLIN N VIAL  
NOVOLIN R VIAL  
OMNIPOD INSULIN PUMP  
REPAGLINIDE  
REPAGLINIDE-METFORMIN  
TOLAZAMIDE  
TOLBUTAMIDE  
TRESIBA FLEXTOUCH

\*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.

**Please Note:** Accu-Chek meters and test strips are part of the copayment/coinsurance waiver program. If you are enrolled and actively participate in the Anthem Blue Cross and Blue Shield (Anthem) or UnitedHealthcare diabetes disease management program and want your copayment/coinsurance waived for your meters and strips, it will be necessary to change to Accu-Chek products. An Accu-Chek blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than Accu-Chek. For more information on how to obtain a blood glucose meter, call **877-418-4746**.