



INFORMATION ABOUT YOUR PRESCRIPTION DRUG PLAN

Effective January 1, 2019, 40 Square Cooperative Solutions will use MedTrakRx to administer its Prescription Drug Plan.

Will I receive an ID card? Prior to your effective date you will receive a new 40 Square Cooperative Solutions' health insurance card. There is a MedTrakRx logo on this card. Show this card to your pharmacist when you get a prescription filled on or after January 1, 2019.

Where can I fill my prescriptions?

- **Retail Pharmacies.** To find out which pharmacies participate you can log onto our website and click on Pharmacy locator, or call MedTrakRx.
- **Performance 90 Pharmacies.** These pharmacies are able to fill 90-day supplies of maintenance medications. To find out which pharmacies participate you can log onto our website and click on Pharmacy locator, or call MedTrakRx.
- **EnvisionMail.** Mail order can be used to fill 90-day supplies of maintenance medications. The Orchard Mail Order Enrollment Form should be sent with *new* written prescriptions from your doctor. Once your initial order has been processed, subsequent new prescriptions can be faxed *from your doctor* or you can continue to mail in new written prescriptions you receive. Allow two weeks from receipt for delivery.

Is my drug a Formulary or non-Formulary drug? Please refer to the copay structure table within the tables below. You will pay either the Generic copay or the Brand copay for drugs on the formulary. To determine if your medication is covered, please refer to the **MedTrakRx Select Formulary**, which can be found by logging on to www.medtrakrx.com and clicking on Members → Login → Forms and Downloads. Please ask your doctor to prescribe a Generic or Formulary drug whenever possible.

If you have a combined Medical/Rx Deductible, how does MedTrakRx coordinate with my Health Plan? On January 1st, and the rest of the calendar year, Members are required to pay the total discounted cost of prescriptions until the combined Medical/Rx deductible under the High Deductible Health Plan is met. After meeting your deductible, you are responsible for the copays until you reach your Out-of-Pocket Maximum. MedTrakRx will automatically submit all Rx claims data to your Health Insurance Plan Administrator for reimbursement. These claims will be reimbursed in accordance with the High Deductible Health Plan rules.

Will I pay more if I choose to fill a Brand drug when a Generic equivalent is available? Yes. If your brand drug has a generic equivalent, you will pay higher copay in addition to the difference in cost between the brand and generic prescription. The difference in cost is not applicable towards the annual Deductible nor the annual Out of Pocket Maximum. This Plan encourages the use of Generic drugs because in most cases Generics are just as effective as Brands and much less expensive. Please ask your physician and your pharmacist to prescribe and dispense Generic drugs whenever possible.

How can I find out more about cost savings? Go to medtrakrx.com. Click on Rx Price Finder to find the cost of specific drugs and lower cost alternatives. Please discuss this information with your doctor. Switching to the preferred alternative will save you and your employer money.

What is the difference between a brand and a generic? Cost. The FDA requires that a generic drug have the same quality and performance as its brand counterpart. Generics are less expensive because they are not required to repeat costly clinical trials the brand drug completed, along with lower advertising, marketing and promotion costs. To find out if your drug offers a lower cost alternative, go to medtrakrx.com and price a medication under Rx Price Finder.

What if a doctor prescribes a drug and the pharmacy offers a generic instead? Generic drugs provide significant value to both you and your employer. The FDA requires that generics have the same strength, purity and stability as the original brand product so they work the same as their brand equivalent. Whenever possible, you should use the generic over the brand equivalent, which will save you and your plan money without sacrificing effectiveness.

\$1,500 Plan

Participating Pharmacy:	Retail	Performance 90	Mail Service
Maximum Day Supply Allowed:	31	90	90
Generic Copay:	\$10	\$25	\$25
Formulary Brand Copay:	\$40	\$100	\$100
Non-Formulary Brand Copay:	\$100	\$250	\$250
Specialty Medication Copay:	20% of the cost up to \$350 with a 30 day supply allowed per fill		
Annual Rx / Medical Combined Out-of-Pocket Maximum:	\$3,000 per Individual, \$6,000 per Family beginning every January 1 st . Once you have met this amount, you will pay \$0 copay until the end of the benefit year, December 31 st .		

\$2,500 Plan

Participating Pharmacy:	Retail	Performance 90	Mail Service
Maximum Day Supply Allowed:	31	90	90
Generic Copay:	\$10	\$25	\$25
Formulary Brand Copay:	\$40	\$100	\$100
Non-Formulary Brand Copay:	\$100	\$250	\$250
Specialty Medication Copay:	25% of the cost up to \$350 with a 30 day supply allowed per fill		
Annual Rx / Medical Combined Out-of-Pocket Maximum:	\$7,150 per Individual, \$14,300 per Family beginning every January 1 st . Once you have met this amount, you will pay \$0 copay until the end of the benefit year, December 31 st .		

\$3,500 Plan

Participating Pharmacy:	Retail	Performance 90	Mail Service
Maximum Day Supply Allowed:	31	90	90
Generic Copay:	20% of cost	20% of cost	20% of cost
Formulary Brand Copay:	20% of cost	20% of cost	20% of cost
Non-Formulary Brand Copay:	20% of cost	20% of cost	20% of cost
Preventive Generic*:	\$10	\$25	\$25
Preventive Formulary Brand*:	\$40	\$100	\$100
Preventive Non-Formulary Brand*:	\$100	\$250	\$250
Annual Rx / Medical Combined Deductible:	\$3,500 per Individual, \$7,000 per Family beginning every January 1 st . Once you have met this amount, you will pay the above copays until the end of the benefit year, December 31 st , or until you reach the Out-of-Pocket maximum as stated below. *Note: Preventive Medications are N/A towards Deductible.		
Annual Rx / Medical Combined Out-of-Pocket Maximum:	\$4,500 per Individual, \$9,000 per Family beginning every January 1 st . Once you have met this amount, you will pay \$0 copay until the end of the benefit year, December 31 st .		

\$4,500 Plan

Participating Pharmacy:	Retail	Performance 90	Mail Service
Maximum Day Supply Allowed:	31	90	90
Generic Copay:	20% of cost	20% of cost	20% of cost
Formulary Brand Copay:	20% of cost	20% of cost	20% of cost
Non-Formulary Brand Copay:	20% of cost	20% of cost	20% of cost
Preventive Generic*:	\$10	\$25	\$25
Preventive Formulary Brand*:	\$40	\$100	\$100
Preventive Non-Formulary Brand*:	\$100	\$250	\$250
Annual Rx / Medical Combined Deductible:	\$4,500 per Individual, \$9,000 per Family beginning every January 1 st . Once you have met this amount, you will pay the above copays until the end of the benefit year, December 31 st , or until you reach the Out-of-Pocket maximum as stated below. *Note: Preventive Medications are N/A towards Deductible.		
Annual Rx / Medical Combined Out-of-Pocket Maximum:	\$6,550 per Individual, \$13,100 per Family beginning every January 1 st . Once you have met this amount, you will pay \$0 copay until the end of the benefit year, December 31 st .		

\$5,500 Plan

Participating Pharmacy:	Retail	Performance 90	Mail Service
Maximum Day Supply Allowed:	31	90	90
Generic Copay:	25% of cost	25% of cost	25% of cost
Formulary Brand Copay:	25% of cost	25% of cost	25% of cost
Non-Formulary Brand Copay:	25% of cost	25% of cost	25% of cost
Preventive Generic*:	\$10	\$25	\$25
Preventive Formulary Brand*:	\$40	\$100	\$100
Preventive Non-Formulary Brand*:	\$100	\$250	\$250
Annual Rx / Medical Combined Deductible:	\$5,500 per Individual, \$11,000 per Family beginning every January 1 st . Once you have met this amount, you will pay the above copays until the end of the benefit year, December 31 st , or until you reach the Out-of-Pocket maximum as stated below. *Note: Preventive Medications are N/A towards Deductible.		
Annual Rx / Medical Combined Out-of-Pocket Maximum:	\$6,750 per Individual, \$13,500 per Family beginning every January 1 st . Once you have met this amount, you will pay \$0 copay until the end of the benefit year, December 31 st .		



\$6.550 Plan

Participating Pharmacy:	Retail	Performance 90	Mail Service
Maximum Day Supply Allowed:	31	90	90
Generic Copay:	30% of cost	30% of cost	30% of cost
Formulary Brand Copay:	30% of cost	30% of cost	30% of cost
Non-Formulary Brand Copay:	30% of cost	30% of cost	30% of cost
Preventive Generic*:	\$10	\$25	\$25
Preventive Formulary Brand*:	\$40	\$100	\$100
Preventive Non-Formulary Brand*:	\$100	\$250	\$250
Annual Rx / Medical Combined Deductible:	\$6,550 per Individual, \$13,100 per Family beginning every January 1 st . Once you have met this amount, you will pay the above copays until the end of the benefit year, December 31 st , or until you reach the Out-of-Pocket maximum as stated below. *Note: Preventive Medications are N/A towards Deductible.		
Annual Rx / Medical Combined Out-of-Pocket Maximum:	\$6,750 per Individual, \$13,500 per Family beginning every January 1 st . Once you have met this amount, you will pay \$0 copay until the end of the benefit year, December 31 st .		

\$7.900 Plan

Participating Pharmacy:	Retail	Performance 90	Mail Service
Maximum Day Supply Allowed:	31	90	90
Generic Copay:	Deductible then 100% covered		
Formulary Brand Copay:	Deductible then 100% covered		
Non-Formulary Brand Copay:	Deductible then 100% covered		
Preventive Generic*:	\$10	\$25	\$25
Preventive Formulary Brand*:	\$40	\$100	\$100
Preventive Non-Formulary Brand*:	\$100	\$250	\$250
Annual Rx / Medical Combined Deductible:	\$7,900 per Individual, \$15,800 per Family beginning every January 1 st . Once you have met this amount, you will pay the above copays until the end of the benefit year, December 31 st , or until you reach the Out-of-Pocket maximum as stated below. *Note: Preventive Medications are N/A towards Deductible.		
Annual Rx / Medical Combined Out-of-Pocket Maximum:	\$7,900 per Individual, \$15,800 per Family beginning every January 1 st . Once you have met this amount, you will pay \$0 copay until the end of the benefit year, December 31 st .		

What if I have more questions? We want to help you! We highly encourage you to call a MedTrakRx Pharmacy Benefit Advisor at 800- 771-4648 or visit our website at medtrakrx.com. In addition, if you encounter any issues when visiting your local pharmacy, please ask the pharmacist to call us so we can assist them right away!

This is practical information regarding your Prescription Benefit Plan. For a more detailed description of your Health Plan, please refer to your Summary Plan Description (SPD) provided to you by your employer and/or the Medical Benefits provider.

If you have any questions please call MedTrakRx at 1-800-771-4648.

The following is a list of the most commonly prescribed brand medications. It represents an abbreviated version of the formulary list that is at the core of your prescription drug benefit plan. The list is not all-inclusive and does not guarantee coverage. Some preferred medications overlap with other clinical programs and may not be covered. In addition to drugs on this list, the majority of generic medications are covered under your plan and you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate. Search complete formulary drug information at medtrakrx.com.



2019 Select Formulary

PLEASE NOTE: Preferred brand drugs may move to non-preferred status if a generic version becomes available during the year. Any medication approved to enter the market will not be covered until reviewed by MedTrakRx's Clinical Care Center. Not all drugs listed are covered by all prescription drug benefit programs. For specific questions about your coverage, please visit www.medtrakrx.com or call 800-771-4648

KEY [INJ] - Injectable Drug	COLCRYS COMBIGAN COMBIPATCH COMBIVENT RESPIMAT COPAXONE 40 MG [INJ] CORLANOR COSENTYX [INJ] CREON CRINONE	GLYXAMBI GONAL-F, GONAL-F RFF, GONAL-F RFF REDJ-JECT [INJ] GRALISE GRANIX [INJ] GRASTEK	MYRBETRIQ	PYLERA	TOBRADEX OINTMENT TOBRADEX ST TOUJEO [INJ] TOVIAZ TRACLEER TRAJENTA TRAVATAN Z TRELEGY ELLIPTA TREMIFYA [INJ] TRIPTODUR [INJ] TRULANCE TUDORZA PRESSAIR TYMLOS [INJ]
A	D	H	N	Q	
ABILIFY MAINTENA [INJ] ABSORICA ACANYA ACTEMRA [INJ] ADEMPAS ADVAIR DISKUS ADVAIR HFA AFSTYLA [INJ] AIMOVIG [INJ] AKYNZEO ALPHAGAN P 0.1% ALREX AMITIZA AMPYRA ANDRODERM ANDROGEL 1.62% ANORO ELLIPTA APRISO ARCAPTA NEOHALER ARISTADA [INJ] ARMONAIR RESPICLICK ARNUITY ELLIPTA ASMANEX HFA ASMANEX TWISTHALER AVONEX [INJ] AZASITE	DALIRESP DARAPRIM DAYTRANA DESCOVY DIVIGEL DUAVEE DULERA DUPIXENT [INJ] DYMISTA	HARVONI HELIXATE FS [INJ] HUMIRA [INJ] HYSINGLA ER	NAMZARIC NARCAN NASAL SPRAY NASCOBAL NEXIUM PACKETS NITYR NORDITROPIN [INJ] NOVAREL [INJ] NOVOEIGHT [INJ] NOVOLIN NOVOLOG [INJ] NUCALA [INJ] NUCYNTA, NUCYNTA ER NUEDEXTA NUVARING NUWIQ [INJ]	QNASL QUDEXY XR QUILLICHEW ER QUILLIVANT XR QVAR QVAR REDIHALER	
B	E	I	O	R	U
BARACLUDE SOLUTION BASAGLAR [INJ] BELBUCA BEPREVE BETASERON [INJ] BETHKIS BEVESPI AEROSPHERE BIKTARVY BOSULIF BREO ELLIPTA BRILINTA BYDUREON [INJ] BYETTA [INJ] BYSTOLIC BYVALSON	EDARBI EDARBYCLOR ELIDEL ELIQUIS EMVERM ENBREL [INJ] ENSTILAR ENTRESTO EPCLUSA EPIDUO FORTE EPINEPHRINE AUTO- INJECTOR (by Mylan) [INJ] EPIPEN, EPIPEN JR [INJ] ERIVEDGE ERLEADA ESBRIET ESTRING EUFLEXXA [INJ] EVEKEO	IBRANCE ILEVRO INCRUSE ELLIPTA INLYTA INVOKAMET INVOKAMET XR INVOKANA IRESSA	ODACTRA OFEV ONETOUCH KITS/ METERS; ULTRA 2, ULTRAMINI, VERIO, VERIO FLEX, VERIO IQ, VERIO SYNC ONETOUCH TEST STRIPS; ULTRA, VERIO ONEXTON OPSUMIT ORACEA ORFADIN ORTHOVISC [INJ] OTEZLA OTOVEL OTREXUP [INJ] OVIDREL [INJ] OXYCONTIN OZEMPIC [INJ]	RAGWITEK RANEXA RAPAFLO RASUVO [INJ] REBIF [INJ] RECTIV RELISTOR [INJ] RESTASIS REVLIMID RHOPRESSA RUCONEST [INJ]	UCERIS FOAM ULORIC UPTRAVI
C	F	J	P	S	V
CABOMETYX CANASA CARAC CARAFATE SUSPENSION CERDELGA CEREZYME [INJ] CETROTIDE [INJ] CHANTIX CIALIS CIMDUO CIPRODEX CLENPIQ	FARXIGA FETZIMA FINACEA FLECTOR FLOVENT DISKUS FLOVENT HFA FORTEO [INJ] FRAGMIN [INJ] FYCOMPA	JANUMET JANUMET XR JANUVIA JENTADUETO JENTADUETO XR	PAZEO PENTASA PERFOROMIST PHOSLYRA PICATO PLEGRIDY [INJ] POMALYST PRALUENT [INJ] PREMARIN CREAM PREMARIN TABS PREMPHASE PREMPRO PREPOIK PROAIR HFA PROAIR RESPICLICK PROCRIT [INJ] PROLASTIN C [INJ] PROLENSA PULMICORT FLEXHALER	SANCUSO SAVELLA SEREVENT DISKUS SIMPONI 100 MG (for ulcerative colitis only) [INJ] SKYLA SOLIQUA [INJ] SOLODYN SOMATULINE DEPOT [INJ] SOOLANTRA SPIRIVA RESPIMAT SPRYCEL STELARA SC [INJ] STIOLTO RESPIMAT STRENSIQ [INJ] STRIVERDI RESPIMAT SUBOXONE SL FILM SUPREP SUTENT SYMBICORT SYMFI SYMFI LO SYMLINPEN [INJ] SYMPROIC	VARUBI VASCEPA VELPHORO VELTASSA VENTOLIN HFA VESICARE VIBERZI VICTOZA [INJ] VIIBRYD VIMPAT VIOKACE VOSEVI VYVANSE
	G	K	L	T	X
	GELNIQUE GENOTROPIN [INJ] GENVOYA GILENYA GILOTRIF GLUCAGEN [INJ] GLUCAGON [INJ]	KITABIS PAK KOGENATE FS [INJ] KOVALTRY [INJ] KYLEENA	LANTUS [INJ] LATUDA LETAIRIS LINZESS LIPOFEN LIVALO LO LOESTRIN FE LOTEMAX LUMIGAN LYRICA	TACLONEX SUSPENSION TARCEVA TASIGNA TAYTULLA TAZORAC GEL TAZORAC 0.05% CREAM TECFIDERA TEKTURN TEKTURN HCT THALOMID TOBI PODHALER	XALKORI XARELTO XELJANZ XELJANZ XR XIFAXAN XIGDUO XR XIIDRA XOLAIR [INJ] XTANDI XULTOPHY [INJ]
		L	M		Y
		LANTUS [INJ] LATUDA LETAIRIS LINZESS LIPOFEN LIVALO LO LOESTRIN FE LOTEMAX LUMIGAN LYRICA	MAKENA MULTIDOSE VIAL [INJ] MESTINON SYRUP MINIVELLE MIRENA MIRVASO MITIGARE MONOVISC [INJ] MOVANTIK MOXEZA MUSE MYDAYIS		YONSA
					Z
					ZARXIO [INJ] ZENPEP ZEPATIER ZOMIG NASAL ZONTIVITY ZOVIRAX CREAM ZUBSOLV ZYLET ZYTIGA

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THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2019 THROUGH DECEMBER 31, 2019. THIS LIST IS SUBJECT TO CHANGE.

The excluded medications shown below are not covered on the Select Formulary. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

Take action to avoid paying full price. If you're currently using one of the excluded medications, please ask your doctor to consider writing you a new prescription for one of the following preferred alternatives. Additional covered alternatives may be available. Costs for covered alternatives may vary. Some preferred medications overlap with other clinical programs and may not be covered without prior authorization. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your plan. For specific questions about your coverage, please visit www.medtrakrx.com or call 800-771-4648.

Therapeutic Category	Preferred Products	Formulary Exclusion
AUTONOMIC & CENTRAL NERVOUS SYSTEM		
Anti-Migraine Therapy	sumatriptan injection	Sumavel dosepro
	amantadine capsules, amantadine tablets, amantadine oral solution	Gocovri ER, Osmolex ER
Antiparkinsonism Agents	pramipexole tablets, pramipexole ER tablets, ropinirole tablets	Neupro patches
	rasagiline, selegiline	Xadago
Beta Interferons for Multiple Sclerosis	Avonex administration pack, Avonex pen, Betaseron, Plegriby, Rebif, Rebif rebidose	Extavia
Duchenne Muscular Dystrophy (DMD) Agents	prednisone solution, prednisone tablets	Emflaza
	No alternatives recommended	Exondys 51
Long-Acting Opioid Oral Analgesics	hydromorphone ER, morphine sulfate ER, oxymorphone ER, Hysingla ER, Nucynta ER, Oxycontin	Embeda, oxycodone ER
Narcotic Analgesics	Belbuca	Butrans
Narcotic Antagonists	naloxone syringes, Narcan nasal spray	Evzio
Neuropathic Agents	gabapentin, Gralise, Lyrica	Lyrica CR
Transmucosal Fentanyl Analgesics	fentanyl citrate lozenges	Abstral, Fentora, Lazanda
CARDIOVASCULAR		
Anticoagulants	Eliquis, Xarelto	Pradaxa, Savaysa
HMG & Cholesterol Inhibitor Combinations	atorvastatin, lovastatin, rosuvastatin, simvastatin, Livalo	Altoprev, Zypitamag
DERMATOLOGICAL		
Oral Agents for Rosacea	Oracea	doxycycline 40 MG capsules
Topical Acne/Antibiotic Combinations	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, Acanya, Onexton	Aktipak, Veltin
Topical Agents for Actinic Keratosis	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, Carac, Picato	fluorouracil 0.5% Cream, Zyclara
Topical Antiviral Agents	acyclovir capsules, acyclovir tablets, famciclovir tablets, valacyclovir tablets, Zovirax cream	Xerese cream
Topical Corticosteroids	desonide 0.05% cream/lotion/ointment, desoximetasone 0.25% cream/ointment	Topicort spray, Verdeso foam
Miscellaneous Topical Dermatological Agents	hydrocortisone, mupirocin	Alcortin A
DIABETES		
Blood Glucose Meters & Test Strips	LifeScan (OneTouch)	Abbott (FreeStyle, Precision), Bayer (Breeze, Contour), National Medical (Advocate), Omnis Health (Embrace, Victory) Roche (Accu-Chek), Trividia (TRUEtest, TRUEtrack), UniStrip, all other meters & strips that are not LifeScan brand
Dipeptidyl Peptidase-4 Inhibitors & Combinations	Januvia, Tradjenta	alogliptin, Nesina, Onglyza
	Janumet, Janumet XR, Jentadueto, Jentadueto XR	alogliptin/metformin, Kazano, Kombiglyze XR
Glucagon-Like Peptide-1 Agonists	Byetta, Bydureon, Ozempic, Victoza	Adlyxin, Tanzeum, Trulicity
Insulins	Basaglar, Lantus, Toujeo	Levemir, Tresiba
	Novolin	Humulin
	Novolog	Admelog, Apidra, Fiasp, Humalog
Sodium-Glucose Cotransporter-2 Inhibitors	Invokamet, Invokamet XR, Xigduo XR	Segluromet, Synjardy, Synjardy XR
	Farxiga, Invokana	Jardiance, Steglatro
EAR/NOSE		
Nasal Steroids	budesonide, flunisolide, fluticasone, mometasone, Qnasl	Beconase AQ, Omnaris, Zetonna
Otic Fluoroquinolone Antibiotics	ciprofloxacin ear solution, ofloxacin ear solution, Ciprodex, Otovel	Cetraxal
ENDOCRINE (OTHER)		
Combination Patches	Combipatch	Climara Pro
Estrogen and Estrogen Modifiers for Vaginal Symptoms	estradiol patches, estradiol tablets, yuvafem, Estring, Premarin Cream, Premarin Tablets	Femring
Gonadotropin Releasing Hormone (GnRH) Agonists (for Central Precocious Puberty)	Triptodur	Lupron Depot-Ped
Growth Hormones	Genotropin, Norditropin Flexpro	Humatrope, Nutropin AQ Nuspin, Omnitrope, Saizen, Saizenprep, Zomacton

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THERAPEUTIC CATEGORY	PREFERRED PRODUCTS	FORMULARY EXCLUSION
Somatostatin Analogs	Somatuline Depot	Sandostatin LAR Depot, Signifor LAR
Topical Estrogen Gels	Divigel	Estrogel
Topical Testosterone Products	AndroGel 1.62%	Fortesta, Natesto, testosterone Gel
GASTROINTESTINAL		
Corticosteroids (Rectal Formulations)	hydrocortisone enema, Uceris Foam	Cortifoam
Inflammatory Bowel Agents	balsalazide disodium, mesalamine 1.2 gm delayed release, sulfasalazine, Apriso, Pentasa	Asacol HD, Delzicol, Dipentum
Pancreatic Enzymes	Creon, Zenpep	Pancreaze, Pertzey
Proton Pump Inhibitors	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, Nexium packets	Aciphex Sprinkle, Prilosec suspension, Protonix suspension
HEMATOLOGICAL		
Erythropoiesis-Stimulating Agents	Procrit	Aranesp, Epogen, Mircera
Factor VIII Recombinant Products	Advate, Adynovate, Afstyl, Helixate FS, Kogenate FS, Kovaltry, Novoeight, Nuwiq	Eloctate, Recombinate, Xyntha, Xyntha Solofuse
Granulocyte Colony Stimulating Factors	Granix, Zarxio	Neupogen
HEPATITIS		
Hepatitis C	Epclusa, Harvoni, Vosevi, Zepatier	Daklinza, Mavyret, Olysio, Sovaldi
HIV		
Antiretrovirals	Biktarvy, Genvoya, Odefsey, Stribild, Symfi, Symfi Lo, Triumeq	Atripla
MUSCULOSKELETAL & RHEUMATOLOGY		
Gout Therapy	Colcrys, Mitigare	colchicine
	allopurinol, probenecid	Duzallo, Zurampic
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	fenoprofen calcium tablets, diclofenac, indomethacin, ibuprofen, meloxicam, nabumetone, naproxen	Fenoprofen capsules, Fenortho, Nalfon
OBSTETRICAL & GYNECOLOGICAL		
Gonadotropin-Releasing Hormone (GnRH) Antagonists (for Infertility)	Cetrotide	Ganirelix Acetate
Human Chorionic Gonadotropin	Novarel, Ovidrel	Chorionic Gonadotropin, Pregnyl
Ovulatory Stimulants (Follicotropins)	Gonal-f, Gonal-f RFF, Gonal-f RFF Redi-ject	Bravelle, Follistim AQ
Vaginal Progestones	Crinone 8% Gel	Endometrin
OPHTHALMIC		
Antiglaucoma Drugs (Beta-Adrenergic Blockers)	betaxolol drops, levobunolol drops, timolol drops, Alphagan P 0.1%, Combigan	Timoptic Ocodose
Antiglaucoma Drugs (Ophthalmic Prostaglandins)	bimatoprost drops, latanoprost drops, Lumigan, Travatan Z	Zioptan
Ophthalmic Anti-Allergic	azelastine drops, cromolyn drops, olopatadine drops, Alrex, Bepreve, Pazeo	Alocril, Alomide, Emadine
Ophthalmic Anti-Inflammatory	dexamethasone drops, fluorometholone drops, prednisolone drops, Lotemax	Flarex, FML Forte, FML S.O.P, Maxidex, Pred Mild
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	Bromfenac drops, diclofenac drops, ketorolac drops, Ilevro, Prolensa	Acuvail, Nevanac
OSTEOARTHRITIS		
Hyaluronic Acid Derivatives	Euflexxa, Monovisc, Orthovisc	Durolane, Gel-One, Gelsyn-3, Genvisc 850, Hyalgan, Hymovis, Supartz FX, Synvisc, Synvisc-One, Visco-3
RENAL DISEASE		
Phosphate Binders	lanthanum, sevelamer carbonate, Phoslyra, Velphoro	Fosrenol powder packets, Renagel
RESPIRATORY		
Epinephrine Auto-Injector Systems	Epinephrine Auto-Injector (by Mylan), EpiPen, EpiPen Jr	Auvi-Q, epinephrine Auto-Injector (by A-S Medication, Impax & Lineage)
Long-Acting Beta Agonist Nebulized	Performist	Brovana
Pulmonary Anti-Inflammatory Inhalers	ArmonAir RespiClick, Arnuity Ellipta, Asmanex HFA/Twisthaler, Flovent Diskus/HFA, Pulmicort Flexhaler, QVAR	Alvesco
Short-Acting Beta2-Agonist Inhalers	ProAir HFA/RespiClick, Ventolin HFA	levalbuterol HFA, Proventil HFA, Xopenex HFA
UROLOGICAL		
Erectile Dysfunction Oral Agents	Cialis, sildenafil	Levitra, Staxyn
WEIGHT LOSS		
Weight Loss Agents	benzphetamine, diethylpropion, phentermine	Contrave ER, Qsymia

Excluded Medications/Products at a Glance

Abbott (Freestyle, Precision)	Effexor XR [^]	Lunesta [^]	Singular [^]
Abilify [^]	Eloctate	Lupron Depot-Ped	Sovaldi
Abstral	Emadine	Lyrica Cr	Staxyn
Aciphex [^]	Embeda	Mavyret	Steglatro
Aciphex Sprinkle	Emflaza	Maxalt [^] , Maxalt Mlt [^]	Strattera [^]
Acuvail	Endari	Maxidex	Sumavel Dosepro
Adcirca [^]	Endometrin	Meibolic	Supartz Fx
Adderall [^]	Epinephrine Auto-Injector	Micardis [^] , Micardis HCT [^]	Synjardy, Synjardy XR
Adlyxin	(By A-S Medication, Impax & Lineage)	Minastrin 24 Fe [^]	Synvisc, Synvisc-One
Admelog	Epogen	Mircera	Tanzeum
Aktipak	Estrogel	Nalfon	Testim [^]
Alcortin A	Evzio	Namenda XR [^]	testosterone Gel
Alocril	Exforge [^] , Exforge HCT [^]	Nasonex [^]	Tikosyn [^]
Alogliptin	Exondys 51	Natesto	Timoptic Ocudose
Alogliptin/metformin	Extavia	National Medical (Advocate)	Tobi Solution [^]
Alomide	Femring	Nesina	Topamax [^]
Altprev	Fenoprofen Capsules	Neupogen	Topicort Spray
Alvesco	Fenortho	Neupro Patches	Tresiba
Androgel 1% [^]	Fentora	Neurontin [^]	Tribenzor [^]
Anusol-Hc [^]	Fiasp	Nevanac	Tricor [^]
Apidra	Flarex	Noctiva	Trileptal [^]
Aranesp	Fluorouracil 0.5% Cream	Norco [^]	Trividia (Truetest, Truetrack)
Arimidex [^]	Fml Forte, Fml S.O.P.	Norvasc [^]	Trulicity
Asacol Hd	Follistim Aq	Nutropin Aq Nuspin	Unistrip
Atacand [^] , Atacand HCT [^]	Fortesta	Nuvigil [^]	Uroxatral [^]
Atripia	Fosrenol Chewable Tablets [^]	Olysio	Vagifem [^]
Auvi-Q	Fosrenol Powder Packets	Omnaris	Valium [^]
Avalide [^] , Avapro [^]	Ganirelix Acetate	Omnis Health (Embrace, Victory)	Valtrex [^]
Avodart [^]	Gel-One	Omnitrope	Veltin
Azor [^]	Gelsyn-3	Omnivex	Verdeso Foam
Bayer (Breeze, Contour)	Genvisc 850	Onglyza	Viagra [^]
Beconase Aq	Gleevec [^]	Ortho Tri-Cyclen [^] , Ortho Tri-Cyclen Lo [^]	Visco-3
Benicar [^] , Benicar HCT [^]	Glucophage [^] , Glucophage XR [^]	Osmolex ER	Vivelle-Dot [^]
Berinerl	Glumetza [^]	Oxycodone ER	Vogelxo [^]
Bravelle	Gocovri ER	Pancreaze	Vytorin [^]
Brisdelle [^]	Humatrope	Pertzye	Wellbutrin SR [^]
Brovana	Humalog	Plaquenil [^]	Xadago
Bupap [^]	Humulin	Plavix [^]	Xalatan [^]
Butrans	Hyalgan	PradaxaPred Mild	Xanax [^] , Xanax XR [^]
Celebrex [^]	Hymovis	Pregnyl	Xenazine [^]
Celexa [^]	Imitrex [^]	Prevacid [^] , Prevacid Solutab [^]	Xerese Cream
Cetraxal	Inderal La [^]	Prilosec Suspension	Xopenex HFA
Chorionic Gonadotropin	Intuniv [^]	Pristiq [^]	Xyntha, Xyntha Solofuse
Climara Pro	Istalol [^]	Protonix [^]	Xyzbac
colchicine	Jardiance	Protonix Suspension	Yasmin [^]
Contrave ER	Kazano	Proventil HFA	Zegerid [^]
Coreg [^]	Keppra [^] , Keppra XR [^]	Provigil [^]	Zetia [^]
Cortifoam	Kombiglyze XR	Prozac [^]	Zetonna
Cosopt [^]	Lamictal [^] , Lamictal ODT [^] , Lamictal XR [^]	Pulmicort Respules [^]	Zioptan
Cozaar [^] , Hyzaar [^]	Lazanda	Qsymia	Zocor [^]
Crestor [^]	Levalbuterol HFA	Recombinant	Zolof [^]
Cymbalta [^]	Levemir	Renagel	Zomacton
Cytomel [^]	Levitra	Repatha	Zomig Tablets [^] , Zomig Zmt [^]
Daklinza	Lexapro [^]	Roche (Accu-Chek)	Zonegran [^]
Delzicol	Librax [^]	Saizen, Saizenprep	Zurampic
Detrol [^] , Detrol LA [^]	Lidoderm [^]	Sandostatin Lar Depot	Zyclara
Diovan [^] , Diovan HCT [^]	Lipitor [^]	Savaysa	Zyflo CR [^]
Dipentum	Loestrin [^] , Loestrin Fe [^]	Seroquel [^] , Seroquel XR [^]	Zypitamag
Doxycycline 40 Mg Capsules	Lotrel [^]	Segluromet	Zyvit
Durolane	Lovenox [^]	Signifor LAR	
Duzallo		Siklos	

[^] Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your plan. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance. As new generic medications become available, additional multisource brand products may become excluded.

2019 Preventive Medication List

Brands and Generics

Your pharmacy benefit plan includes coverage before your deductible has been met for certain preventive medications. You may or may not have a copay for these medications. These drugs help protect against or manage a medical condition. Preventive drugs are intended to maintain your quality of life and keep you from developing other health conditions.

This is a listing of the most commonly prescribed preventive drugs. The list is not all-inclusive and is subject to change. It also does not account for drugs which are excluded and/or limited by your specific plan design and/or formulary. For questions regarding medications not listed or other pharmacy related inquiries, please call MedTrakRx at 800-771-4648

Anticoagulants/Antiplatelets

ASA/dipyridamole
BEVYXXA
BRILINTA
Cilostazol
Clopidogrel
Dipyridamole
EFFIENT
ELIQUIS
Enoxaparin
Fondaparinux
FRAGMIN
Jantoven
SAVAYSA
Warfarin
XARELTO

Bone Disease

Alendronate
Calcitonin Spray
FOSAMAX+D
Ibandronate
Risendronate

Cardiovascular Agents

Anti-Arrhythmic Agents

Amiodarone
Disopyramide
Dofetilide
Flecainide
Mexiletine
MULTAQ
Pacerone
Propafenone
Quinidine
Sorine

Anti-Anginal Agents:

Isosorbide Dinitrate
Isosorbide Mononitrate
Minitran injections
Nitroglycerin capsule
Nitroglycerin patch
Nitroglycerin sub-lingual

Cathartics and Laxatives

Bisacodyl
Enemas
Fiber tablets/powders
Magnesium Citrate
Metamucil
Milk of magnesia
PEG-3350/electrolytes
Stool Softeners

Cholesterol Lowering Agents

HMG-CoA Reductase Inhibitors

Atorvastatin
Fluvastatin
LIVALO
Lovastatin
Pravastatin
Rosuvastatin
Simvastatin
Simvastatin/Ezetimibe

Other agents

ANTARA
Colesevelam
Cholestyramine Light Powder
Cholestyramine Powder
Colestipol granules

Colestipol tablets
Ezetimibe
Fenofibrate
Fenofibrate Micronized
FIBRICOR
Gemfibrozil
LIPOFEN
Niacin ER
Omega-3-Acids
VASCEPA

Hormonal Contraceptives

Oral
Injectable
PATCH

Diabetes

Diagnostic Agents & Supplies

GLUCAGON
INSULIN SYRINGES
LANCETS
LANCET DEVICES
METERS
PEN NEEDLES
TEST STRIPS

Insulins

ADMELOG
AFREZZA
APIDRA
BASAGLAR
FIASP
HUMALOG/HUMULIN
LANTUS
LEVEMIR
NOVOLOG/NOVOLIN

TOUJEO
TRESIBA

Non-Insulin Agents

Acarbose
ADLYXIN
ALOGLIPTAN
BYDUREON
BYETTA
CHLORPROPAMIDE
FARXIGA
Glimeperide
Glipizide
Glipizide/Metformin
Glyburide
Glyburide/Metformin
INVOKANA
JANUVIA
JARDIANCE
Metformin
Metformin ER
Miglitol
Nateglinide
NESINA
ONGLYZA
OZEMPIC
Pioglitazone
Pioglitazone/Glimeperide
Pioglitazone/Metformin
Repaglinide
SEGLUROMET
STEGLATRO
STEGLUJAN
SYMLINPEN
TANZEUM
Tolazamide
Tolbutamide
TRADJENTA
TRULICITY
VICTOZA

Hypertension

ACE Inhibitors and Combinations

Benazepril
Benazepril/HCTZ

Captopril
Captopril/HCTZ
Enalapril
Enalapril/HCTZ
Fosinopril
Fosinopril/HCTZ
Lisinopril
Lisinopril/HCTZ
Moexipril
Moexipril/HCTZ
Perindopril
Quinapril
Quinapril/HCTZ
Ramipril
Trandolapril

ARBs and Combinations

Candesartan
Candesartan/HCTZ
Irbesartan
Irbesartan/HCTZ
Losartan
Losartan/HCTZ
Olmesartan
Olmesartan/HCTZ
Telmisartan
Telmisartan/HCTZ
Valsartan
Valsartan/HCTZ

Beta Blockers

Acebutolol
Atenolol
Atenolol/Chlorthalidone
Betaxolol
Bisoprolol
Bisoprolol/HCTZ
Carvedilol
Esmolol Injection
Labetalol
Metoprolol
Metoprolol/HCTZ
Nadolol
Pindolol
Propranolol
Sotalol

Calcium Channel Blockers

Afedatab CR
Amlodipine
Cartia XT
Diltiazem
Felodipine
Isradipine
Matzim LA
Nicardipine
Nifedipine
Nimodipine
Nisoldipine
Taztia XT
Verapamil

Mixed Combination Agents

Amlodipine/Atorvastatin
Amlodipine/Benazepril
Amlodipine/Olmesartan
Amlodipine/Valsartan
Amlodipine/Valsartan/HCTZ
Olmesartan/Amlodipine/HCTZ
Telmisartan/Amlodipine
Trandolapril/Verapamil

Diuretics

Acetazolamide
Amiloride
Amiloride/HCTZ
Bumetamide
Chlorothiazide
Chlorthalidone
Furosemide
Hydrochlorothiazide
Indapamide
Mannitol Inj
Methazolamide
Metolazone
Osmitrol Injections
Spironolactone
Spironolactone/HCTZ
Torsemide

Immunizations

DIPHTHERIA
HAEMOPHILUS INFLUENZAE B

HEPATITIS A and B
HUMAN PAPILLOMAVIRUS
INFLUENZA
MEASLES
MENINGOCOCCAL
MUMPS
PERTUSSIS
PNEUMOCOCCAL
POLIOVIRUS
ROTAVIRUS
RUBELLA
SHINGLES
TETANUS
TYPHOID
VARICELLA

Respiratory Disorders

ADVAIR
AIRDUO
Albuterol Tablets
Albuterol Nebulizer Soln
Albuterol Syrup
ALVESCO
ARCAPTA
ARMONAIR
ASMANEX
ATROVENT HFA
BEVESPI
BREO ELLIPTA
BROVANA
Budesonide Suspension
COMBIVENT
Cromolyn Sodium
DULERA
Epinephrine Injection
EPIPEN
EPIPEN JR
FLOVENT
Ipratropium Soln
Ipratropium/Albuterol Soln
Levalbuterol HFA
Levalbuterol Soln
Montelukast
PROAIR
PROVENTIL
PULMICORT

QVAR
SEREVENT
SPACER DEVICES
SPIRIVA
STIOLTO
SYMBICORT
Terbutaline
Theophylline
TRELEGY ELLIPTA
VENTOLIN
Zafirlukast

Smoking Deterrents

Bupropion SR 150mg
CHANTIX
Nicotine Gum
Nicotine Lozenge
Nicotine Patch
NICOTROL INHALER
NICOTROL NASAL SPRAY

Vitamins

Fluoride Preparations
Children's Multivitamin
PRENATAL VITAMINS



Performance 90 Pharmacy Network



This list includes the most commonly used pharmacies within the Network. For a complete listing, please visit our website at www.medtrakrx.com or call 800-771-4648. Members can receive up to a 90-day supply at these participating pharmacies if the medication is routinely used for a chronic condition.

A

A & P
Access Health
Acme
AFS – Stop & Shop
Aurora
AWG Network

B

Bashas'
Bi-Mart Drugs
Big A Drugstore
Brookshire Grocery

C

Clinic
Coborn's
Community Independent
Pharmacy Network

Costco

Cub

D

Dept. of Veteran Affairs
Dierbergs
Dillons
Discount Drug Mart
Dominicks
Drug Fair
Duane Reade

E

Epic

F

Family Care Network
Farm Fresh
Food City
Fred's Stores
Fred Meyer
Fruth
Fry's Food & Drug

G

Giant Eagle
Good Neighbor PPN

H

Harp/Price Cutter
Harris Teeter
Harveys Supermarket
H.D. Smith Third Party
Network

Health Mart

Hen House

Henry Ford Med. Center
Hy- Vee

I

IHC
Ingles Markets
InstyMeds

K

K-Mart
Kerr Drug
Keystone
King Soopers

Kroger

L

LeaderNet/Cardinal

M

Major Value
Marc's
Martin's Supermarkets
Med- Fast

Medicap

Medicine Shoppe

Med-X

Meijer

Morton Drug Co.

N

Navarro Discount

O

Omnicare/NCS

P

Pamida
Pathmark
Price Chopper
Publix

Q

QOL Meds

R

Raleys
Rite Aid
Roundy's Supermarkets

S

Safeway
Schnucks
Shaws
Shop N Save
ShopKo
ShopRite
SuperValu/Shoppers

T

Third Party Station/TPS-CP
Times
Tom Thumb
Tops Markets

U

United Supermarkets
University of Wisconsin / Clinic
USA Drugs
U-Save

V

Von's

W

Walgreens (excl. AK, GA,
HI, MA, Puerto Rico)
Wal-Mart (incl. Sam's Club)
Weis Markets
Wilkinson
Winn-Dixie

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