

**Essential Health Benefits Listing**

Category	Brand Name	Generic Name	Criteria for Coverage
Aspirin	Aspirin EC 81 & 325 mg	aspirin	Requires Prescription*
Category	Brand Name	Generic Name	Criteria for Coverage
Bowel Preparations	Colyte with flavor packs;Gavilyte-G; Gavilyte-C	peg 3350/na sulf, bicarb,cl/kcl	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Gavilyte-H and Bisacodyl	bisac/nacl/nahco3/kcl/peg 3350	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Golytely	peg 3350/na sulf, bicarb,cl/kcl	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Halflytely-Bisacodyl	peg 3350/bisac/nacl/nahco3/kcl	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Moviprep	peg3350/sod svl/nacl/asb/c/kcl	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Osmoprep	naphos m-b m-h/na phos, di-ba	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Peg-3350 and Electrolytes	peg 3350/na sulf, bicarb,cl/kcl	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Peg-3350 with flavor packs	sodium chloride/nahco3/kcl/peg	50-75 years of age; Fill limit of 2/year
Bowel Preparations	PEG-Prep	peg 3350/bisac/nacl/nahco3/kcl	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Prepopik	sod picosulf/mag ox/citric ac	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Suclear	peg 3350-bowel 2,two part prep	50-75 years of age; Fill limit of 2/year
Bowel Preparations	Suprep	sodium, potassium, &mag sulfates	50-75 years of age; Fill limit of 2/year
Category	Brand Name	Generic Name	Criteria for Coverage
Fluoride	Flura-tab Karidium 1mg (2.2mg), 0.5(1.1) mg Flura-Drops 0.25mg/drp, 0.5mg/ml Fluor-A-Day 2.5mg/ml Fluorabon 0.25mg/0.6 Ludent Fluoride 0.25(0.55), 0.5(1.1), 1mg (2.2) mg tab chew	sodium fluoride	Children between 6 months and 6 years of age
Category	Brand Name	Generic Name	Criteria for Coverage
Folic Acid (0.4mg, 0.8mg)	Folic acid	folic acid	Requires Prescription*
Category	Brand Name	Generic Name	Criteria for Coverage
Iron	Fer-in-sol	ferrous sulfate	Children between 6 months and 12 months of age; Requires Prescription*

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Category	Brand Name	Generic Name	Criteria for Coverage
Vitamin D (400 units, 1000 units and 2000 units of Vitamin D3)	Vitamin D & D3	cholecalciferol (vitamin D3)	Adults 65 years and older; Requires Prescription*
Category	Brand Name	Generic Name	Criteria for Coverage
Birth Control	Amethyst	levonorgestrel-ethin estradiol	Generics only
Birth Control	Aranelle	norethindrone-ethinyl estrad	Generics only
Birth Control	Beyaz	drosipir/eth estra/levomefol ca	Generics only
Birth Control	Cyclessa	desogestrel-ethinyl estradiol	Generics only
Birth Control	Desogen	desogestrel-ethinyl estradiol	Generics only
Birth Control	Ella	ulipristal acetate	Generics only
Birth Control	Estrostep FE	norethindrone-e.estradiol-iron	Generics only
Birth Control	Femcon Fe	noreth-ethinyl estradiol/iron	Generics only
Birth Control	Generess Fe	noreth-ethinyl estradiol/iron	Generics only
Birth Control	Junel	norethindrone ac-eth estradiol	Generics only
Birth Control	Junel Fe 24	norethindrone-e.estradiol-iron	Generics only
Birth Control	Kelnor 1-35 Zovia 1-35E, 1-50E	ethynodiol d-ethinyl estradiol	Generics only
Birth Control	Kyleena	levonorgestrel	Generics only
Birth Control	Loestrin	norethindrone ac-eth estradiol	Generics only
Birth Control	Loestrin FE	norethindrone-e.estradiol-iron	Generics only
Birth Control	Lo-Ovral-28	norgestimate-ethinyl estradiol	Generics only
Birth Control	Loseasonique	l-norgest/e.estradiol-e.estrad	Generics only
Birth Control	Micronor	norethindrone	Generics only
Birth Control	Minastrin 24 Fe	norethindrone-e.estradiol-iron	Generics only
Birth Control	Mircette	desog-e.estradiol/e.estradiol	Generics only
Birth Control	Mirena	levonorgestrel	Generics only
Birth Control	Modicon 0.5-0.035 tab	norethindrone-ethinyl estrad	Generics only
Birth Control	Natazia	estradiol valerate/dienogest	Generics only
Birth Control	Necon	norethindrone-mestranol	Generics only
Birth Control	Next Choice	levonorgestrel	Generics only
Birth Control	Nordette-28	levonorgestrel-ethin estradiol	Generics only

**Essential Health Benefits Listing**

Birth Control	Ogestrel	norgestimate-ethinyl estradiol	Generics only
Birth Control	Ortho-Cyclen Ortho Tri-Cyclen Ortho Tri-Cyclen Lo	norgestimate-ethinyl estradiol	Generics only
Birth Control	Ortho-Novum	norethindrone-ethinyl estrad	Generics only
Birth Control	Ovcon-35, 50	norethindrone-ethinyl estrad	Generics only
Birth Control	Quartette	l-norgest/e.estradiol-e.estradiol	Generics only
Birth Control	Safyral	drospir/eth estra/levomefol ca	Generics only
Birth Control	Seasonale	levonorgestrel-ethin estradiol	Generics only
Birth Control	Seasonique	l-norgest/e.estradiol-e.estradiol	Generics only
Birth Control	Yasmin 28	ethinyl estradiol/drospirenone	Generics only
Birth Control	Yaz	ethinyl estradiol/drospirenone	Generics only
Birth Control, Barrier Contraceptive	Today Contraceptive Sponge Ortho-diaphragm UCF Wide Seal Diaphragm FC Condom, Female Femcap Ortho all-Flex	monoxynol 9 diaphragms, arc-spring diaphragms, wide seal condoms, female cervical cap diaphragm filling set, arcsprng	Condoms: (QL of #30 per 30 days)/Female only
Birth Control, Emergency contraception	Take Action Aftera Plan B One-Step	levonorgestrel	Generics only
Birth Control, Implants	Implanon Nexplanon	etonogestrel	
Birth Control, Injections	Depo-provera Depo-Subq Provera 104	medroxyprogesterone acetate	
Birth Control, IUD	Liletta	levonorgestrel	
Birth Control, IUD	Paragard T 380-A	copper	
Birth Control, IUD	Skylla	levonorgestrel	
Birth Control, Transdermal Patch	Ortho Evra	norelgestromin/ethin.estradiol	Generics only
Birth Control, Vaginal Ring	Nuvaring	etonogestrel/ethinyl estradiol	

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Category	Brand Name	Generic Name	Criteria for Coverage
Breast Cancer Prevention	Soltamox	tamoxifen citrate	Covered at \$0 when used for breast cancer prevention
Breast Cancer Prevention	Evista	raloxifene hcl	Covered at \$0 when used for breast cancer prevention: PA Required (Requires previous trial of tamoxifen)
Category	Brand Name	Generic Name	Criteria for Coverage
Statins	Lipitor 10-20mg	atorvastatin 10-20mg	Age 40-75, no concurrent use of secondary prevention medications**, low to moderate intensity only, generic only
Statins	Livalo 1-4mg	pitavastatin 1-4mg	Age 40-75, no concurrent use of secondary prevention medications**, low to moderate intensity only
Statins	Pravachol 10-80mg	pravastatin 10-80mg	Age 40-75, no concurrent use of secondary prevention medications**, low to moderate intensity only, generic only
Statins	Crestor 5-10mg	rosuvastatin 5-10mg	Age 40-75, no concurrent use of secondary prevention medications**, low to moderate intensity only, generic only
Statins	Zocor 10-40mg	simvastatin 10-40mg	Age 40-75, no concurrent use of secondary prevention medications**, low to moderate intensity only, generic only
* Any OTC medication requires a prescription in order to be covered at \$0 copay			
**These medications identify patients as being treated for secondary prevention: Plavix, Brilinta, Effient, Zontivity, dipyridamole, Aggrenox, ticlodipine, nitroglycerin, Praluent, Repatha			