

This is the enhanced offering for Copay "traditional" Plans.
 ALL drugs in all three columns are included in this benefit.

	ACA REQUIRED	STANDARD DRUGS	ENHANCED DRUGS	
Anticoagulant/ Antiplatelet	Cardiovascular Disease: Aspirin 81 mg Colorectal Cancer: Aspirin 81 mg Preeclampsia: Aspirin 81 mg		Cilostazol Clopidogrel Dipyridamole Warfarin	
Asthma			Albuterol Inhalation Solution Albuterol HFA (generic Proair/Proventil only) Budesonide Inhalation Suspension Cromolyn Neb Solution Epinephrine (Teva & Mylan only) Flovent Fluticasone-Salmeterol Diskus Ipratropium Inhalation Solution	Ipratropium/Albuterol Inhalation Solution Montelukast Pulmicort Symbicort Terbutaline Theophylline Wixela Inhub Zafirlukast
Cardiovascular	Atorvastatin 10 mg Lovastatin 20 mg Pravastatin 10 mg, 20 mg, 40 mg Rosuvastatin 5 mg Simvastatin 10 mg, 20 mg <i>For Ages 40 to 75 years</i>	Acebutolol Atenolol Bisoprolol Betaxolol Captopril Carvedilol Labetalol Lisinopril Metoprolol Propranolol Propranolol ER Ramipril Sotalol	Amiloride (+ HCTZ) Amlodipine Amlodipine/Benazepril Atenolol/Chlorthalidone Atorvastatin 20 mg, 40 mg, 80 mg Benazepril (+HCTZ) Bisoprolol/HCTZ Bumetanide Captopril/HCTZ Chlorothiazide Chlorthalidone Diltiazem (generics only) Fosinopril (+ HCTZ) Furosemide Gemfibrozil Hydralazine Hydrochlorothiazide Indapamide Isosorbide Mononitrate Isosorbide Dinitrate Lisinopril/HCTZ Losartan (+ HCTZ)	Lovastatin 10 mg, 40 mg Methyldopa (+HCTZ) Metoprolol/HCTZ Moexepil (+ HCTZ) Nadolol Nifedipine Nitroglycerin Olmesartan (+HCTZ) Pindolol Pravastatin 80 mg Prazosin Propranolol/HCTZ Quinapril (+HCTZ) Rosuvastatin 10 mg, 20 mg, 40 mg Simvastatin 40 mg, 80 mg Spironolactone (+HCTZ) Timolol Torsemide Triamterene (+HCTZ) Verapamil
Cancer	Colonoscopy Screening Bowel Preps: <i>For ages 45-75 years old</i> Breast Cancer Prevention: Tamoxifen Raloxifene Anastrozole Exemestane <i>Benefit copay may apply when used for breast cancer treatment</i>			
Contraceptive*	Barrier Emergency Hormonal Implants			
Diabetes		Humalog Humulin Lantus Levemir Lyumjev Toujeo Solostar Tresiba	Acarbose Glimepiride Glipizide Glipizide/Metformin Glyburide Glyburide/Metformin Metformin ER (generic Glucophage XR)	Metformin IR Miqlitol Nateglinide Pioglitazone Pioglitazone/Glimepiride Pioglitazone/Metformin Repaglinide
HIV Pre-Exposure Prophylaxis (PrEP)	Emtricitabine/Tenofovir			
Mental Health		Citalopram Escitalopram Fluoxetine Paroxetine Sertraline	Amitriptyline Aripiprazole Desipramine Fluvoxamine Imipramine Nortriptyline Olanzapine	Olanzapine/Fluoxetine Quetiapine Trazodone Venlafaxine ER (capsules) Venlafaxine IR
Osteoporosis			Alendronate Sodium Ibandronate Risedronate 5 mg, 35 mg, 150 mg	
Tobacco Cessation	Bupropion SR Varenicline Nicotine Gum Nicotine Inhaler Nicotine Lozenges Nicotine Patches Nicotrol NS (Nasal Spray)			
Vaccines	DTaP, Tdap, Td Gardasil Hepatitis A & B Hib Influenza Meningitis MMR Pneumonia Polio Rotavirus Shingles (For adults 50+) Varicella			
Vitamins/Minerals	Iron (For ages 6 - 12 months) Fluoride (For ages 6 months - 16 years) Folic Acid (400-800 mcg per day for females)		Prenatal Vitamins^	

Drugs on this list are subject to change as new drugs or clinical information becomes available.

Some generic drug manufacturers may be excluded from this benefit.

^ Includes prescription generic formulations, combination products excluded.

*A complete list of drugs is available upon request.

HCTZ = Hydrochlorothiazide