

## Municipal Health Benefit Fund (MHBF) Preferred Drug List (PDL) - Effective January 1, 2019

This PDL is a list of the most commonly prescribed drugs. It is not all-inclusive and is not a guarantee of coverage. Plan Benefit Design is the final determinate of coverage. For drugs not listed, please call the pharmacy program number listed on the back of your Prescription Drug ID card for benefit coverage information.

**PLEASE NOTE:** The Fund enforces a Mandatory Generic Policy for brand-name drugs that are available generically. In the event a brand-name drug is chosen for which a generic exists, the member will pay their generic co-payment PLUS the difference in cost between the generic and brand-name drug. Members are encouraged to choose generic drugs, when possible, to reduce out-of-pocket cost. Most generic drugs are noted in *italics*.

**Specialty drugs** *may require* prior authorization (PA) by EBRx to ensure appropriate usage. These medications are indicated in the PDL located under Tier 4. Physicians may contact EBRx, toll-free, at (833) 339-8401.

**Medications listed as reference priced are considered non-covered by the Fund and out-of-pocket payments for these drugs are not applied to your maximum out-of-pocket limit. Note: Some generic drugs may be subject to reference pricing and identified within the appropriate section of the PDL and are in *italics*.**

**Key:** Certain drugs (\*) may be subject to Quantity Limits (QL), Prior Authorization (PA), Step Therapy (ST), Contingent Therapy (CT), or Reference Pricing (RP) requirements according to Benefit Design. **Items indicated as \*(RP) require special copayment pricing and do not apply to the standard tier copayments. This PDL is subject to change at any time.**

Tier 1

Tier 2

Tier 3

Tier 4

### ANTI-INFECTIVES

<b>Antibiotics- Cephalosporins</b>	<i>cephadroxil, cephalexin, cefaclor, cefprozil, cefuroxime, cefdinir, cefditoren, cefixime, cefpodoxime, ceftibuten</i>			
<b>Antibiotics-Macrolides</b>	<i>erythromycin, azithromycin, clarithromycin</i>			
<b>Antibiotics- Fluoroquinolones</b>	<i>ciprofloxacin, levofloxacin, moxifloxacin, ofloxacin,</i>		Factive	
<b>Antibiotics-Penicillins</b>	<i>amoxicillin, ampicillin, dicloxacillin, penicillin VK, amoxicillin/clavulanate,</i>			
<b>Antibiotics: Tetracyclines (doxycycline, minocycline)</b>	<i>doxycycline 50mg, 100mg minocycline 50mg, 75mg, 100mg, tetracycline caps</i> <b>*(RP) Reference Priced doxycycline- and minocycline-containing products: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> Acticlate, Adoxa, Avidoxy, <i>doxycycline</i> 40mg, 75mg, 150mg, Doryx, Monodox, Morgidox, Okebo, Oracea, Targidox, Vibramycin Coremino, Minocin, Solodyn		
<b>Antibiotics-Other</b>	<i>metronidazole, trimethoprim, trimethoprim/ sulfamethoxazole (SMX/TMP), vancomycin (oral), clindamycin, linezolid</i>		Xifaxin (PA), Zyvox (PA)	
<b>Antifungals</b>	<i>terbinafine, ketoconazole, fluconazole, itraconazole, voriconazole</i>		Noxafil	

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<b>Antivirals - Antiretrovirals</b>	<i>Atazanavir, abacavir, didanosine, lamivudine, stavudine, zidovudine, tenofovir, efavirenz, Nevirapine,</i>	Aptivus, Atripla, Complera, Crixivan, Descovy, Edurant, Emtriva, Evotaz, Intelence, Invirase, Isentress, Kaletra, Lexiva Susp., Norvir, Prezcoibix, Prezista, Rescriptor, Selzentry, Tivicay, Triumeq, Truvada, Viracept, Viread		Biktarvy, Cimduo, Symfi, Symfi-Lo
<b>Antivirals - Flu</b>	<i>oseltamivir</i>		Tamiflu	
<b>Antivirals - Herpes</b>	<i>acyclovir, valacyclovir, famciclovir, valganciclovir</i>		Sitavig	
<b>Antivirals - Other-Interferons/Interferon combinations</b>	<i>ribavirin (PA),</i>			Baraclude (PA), entecavir (PA), Peg-Intron (PA), Zepatier (PA), Harvoni (PA), Epclusa (PA), Mavvret (PA)
<b>CARDIOVASCULAR</b>				
<b>Lipid-Lowering Agents (Statins)</b> (NOTE: See Wellness/Preventive section.)	<i>atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>			
	<b>*(RP) Reference Priced Lipid Lowering Agents: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> Altoprev, Crestor, <i>ezetimibe/simvastatin, fluvastatin, fluvastatin ER</i> , Lescol XL, Lipitor, Livalo, Mevacor, Pravachol, Vytorin, Zocor		
<b>Lipid-Lowering Agents (Other)</b>	<i>cholestyramine, colestipol, ezetimibe, gemfibrozil</i>	Welchol		
<b>Antiplatelet Agents</b>	<i>anagrelide, aspirin/dipyridamole, cilostazol, clopidogrel, dipyridamole, prasugrel</i>	Brilinta		
<b>Anticoagulants</b>	<i>warfarin,</i>	Pradaxa, Xarelto	Eliquis	
<b>Antihypertensives - ACE Inhibitors and ACE Inhibitors combinations</b>	<i>benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril,</i>		Epaned Solution	
<b>Antihypertensives - Antihypertensive Combinations</b>	<i>eprosartan, irbesartan, losartan, valsartan (including combinations with HCTZ)</i>			
	<b>*(RP) Reference Priced Antihypertensive Agents: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> <i>Amlodipine/atorvastatin, Amlodipine/olmesartan, Amlodipine/valsartan, Amlodipine/telmisartan, Atacand, Atacand HCT, Avalide, Avapro, Azor, Benicar, Benicar HCT, Caduet, candesartan, Cozaar, Diovan, Diovan HCT, Edarbi, Edarbyclor, Exforge, Exforge HCT, Hyzaar, Micardis, Micardis HCT, olmesartan, omesartan/HCTZ, Tekturna, telmisartan, telmisartan/HCTZ, Tribenzor, Twynsta</i>		

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Beta Blockers	<i>acebutolol, atenolol, betaxolol, bisoprolol, carvedilol immediate-release, metoprolol, nadolol, pindolol, propranolol, sotalol, timolol,</i>	Bystolic		
	<b>*(RP) Reference Priced Beta Blockers: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> <i>carvedilol ER, Coreg CR, Inderal LA, Inderal XL, Innopram XL</i>		
Calcium Channel Blockers	<i>amlodipine, diltiazem, felodipine, isradipine, nifedipine, nimodipine, nisoldipine, verapamil</i>		Nymalize	
<b>CENTRAL NERVOUS SYSTEM</b>				
ADHD Medications	<i>amphetamine + dextroamphetamine, atomoxetine, dexamethylphenidate, dexamethylphenidate ER, dextroamphetamine, guanfacine ER, methylphenidate, methylphenidate ER</i>		Adzenys XR, Cotempla, Daytrana Patches, Dyanavel XR, Mydayis, Quillichew, Vyvanse	
	<b>*(RP) Reference Priced ADHD Agents: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> Long-Acting Stimulants (amphetamine-containing and methylphenidate products) are <b>reference priced</b> for members 20 years of age or older. <b>*Quantity Limits</b> apply to all drugs in this category, including <b>reference priced</b> long-acting products.		
Alzheimers Agents	<i>donepezil, galantamine, galantamine ER, memantine, rivastigmine patches,</i>		Namzaric	
Analgesics - Opioids	<i>buprenorphine patch, buprenorphine tab, buprenorphine/naloxone, fentanyl patch, hydromorphone, meperidine, methadone, morphine, morphine ER, oxycodone IR, oxycodone ER, tramadol,</i>		Abstral, Bunavail, Fentora	
	<b>*(RP) Reference Priced Opioid Analgesics: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> Conzip, <i>tramadol extended-release</i> , Ultracet, Ultram, Ultram ER, Zorvolex, Zipsor		
Opioid Antidotes	<i>naloxone injection</i>			

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<p><b>Analgesics - Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b> (<i>NOTE: Topical NSAIDs are not covered by the plan</i>)</p>	<p><i>celecoxib, diclofenac, diclofenac ER, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meloxicam, nabumetone, naproxen, sulindac, tolmetin</i></p>			
	<p><b>*(RP) Reference Priced Non-Steroidal Anti-Inflammatory Agents (NSAIDs): Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b></p>	<p><b>Drugs subject to Reference Pricing:</b> Anaprox DS, Arthotec, Celebrex, Daypro, <i>diclofenac/misoprostol</i>, Feldene, <i>indomethacin ER</i>, <i>mefenamic acid</i>, <i>naproxen sod. 375mg, 550mg</i>, Mobic, Naprelan, <i>oxaprozin</i>, <i>piroxicam</i>, Ponstel, Vivlodex</p>		
<p>Anticonvulsants</p>	<p><i>carbamazepine, clonazepam, diazepam gel, divalproex, felbamate, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenytoin, tiagabine, topiramate,</i></p>		<p>Peganone, Potiga, Vimpat</p>	<p>Sabril (PA), <i>vigabatrin</i>,</p>
	<p><b>*(RP) Reference Priced Anticonvulsants: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b></p>	<p><b>Drugs subject to Reference Pricing:</b> Lyrica, Lyrica CR, Neurontin, Spritam</p>		

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Fibromyalgia	<i>gabapentin</i> , <b>*(RP) Reference Priced Fibromyalgia Agents: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>			<b>Drugs subject to Reference Pricing:</b> Gralise, Horizant, Lyrica, Lyrica CR, Savella
Antidepressants Miscellaneous	<i>amitriptyline, bupropion, bupropion XL, clomipramine, desipramine, doxepin, imipramine, mirtazapine, nefazodone, nortriptyline, trazodone,</i>		Emsam patches, Remeron, Wellbutrin XL	
Antidepressants (SNRIs)	<i>duloxetine, venlafaxine tab, venlafaxine extended release capsules</i> <b>*(RP) Reference Priced Antidepressants: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>			<b>Drugs subject to Reference Pricing :</b> desvenlafaxine ER, Cymbalta, Effexor XR, Fetzima, Khedezla ER, Pristiq, <i>venlafaxine extended release tablets</i>
Antidepressants (SSRIs)	<i>citalopram, escitalopram, fluoxetine 10, 20 &amp; 40mg, fluvoxamine, paroxetine, sertraline</i> <b>*(RP) Reference Priced Antidepressants: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>			<b>Drugs subject to Reference Pricing:</b> Celexa, Lexapro, Luvox CR, <i>fluoxetine 60mg &amp; 90mg</i> , Paxil, Paxil CR, Pexeva, Prozac, Prozac Weekly, Sarafem, Zoloft
Anti-Parkinsons Agents	<i>amantadine, carbidopa/levodopa, entacapone, pramipexole, rasagiline, ropinirole, ropinirole ER, selegiline, tolcapone,</i>		Neupro Patch, Rytary, Zelapar	Apokyn (PA)
Antipsychotic Agents	<i>aripiprazole, clozapine, haloperidol, loxapine, olanzapine, paliperidone, quetiapine, quetiapine ER, risperidone, ziprasidone</i>	Saphris	Eqetro, Fanapt, Vraylar	

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	<i>rizatriptan(QL), rizatriptan ODT(QL), sumatriptan tablets(QL), sumatriptan injection (QL)</i>		Zecuity Pad (QL)	
<b>Migraine Products</b>	<b>*(RP) Reference Priced Anti-Migraine: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> <i>almotriptan (QL), Amerge (QL), Axert (QL), eletriptan( QL), Frova (QL), frovatriptan( QL), Imitrex tablets / nasal spray, injection (QL), Maxalt (QL), Maxalt-MLT (QL), naratriptan (QL), Relpax (QL), sumatriptan nasal spray (QL), sumatriptan/naproxen (QL), Treximet (QL), Zembrace injection (QL), zolmitriptan (QL), Zomig (QL)</i>		
<b>Multiple Sclerosis Drugs</b>				Avonex (PA), Aubagio (PA), Betaseron(PA), Extavia(PA), Gilenya(PA), Glatiramer 20mg(PA), Glatopa 20mg(PA), Rebif(PA), Tecfidera(PA)
	<i>temazepam 15mg, 30mg, zaleplon, zolpidem immediate release,</i>			
<b>Sedative Hypnotics</b>	<b>*(RP) Reference Priced Sedative/Hypnotics: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> <i>Ambien, Ambien CR, Belsomra, Edluar, eszopiclone, Intermezzo, Lunesta, Rozerem, Silenor, Sonata, temazepam cap 22.5mg, zolpidem ER, Zolpimist spray</i>		
<b>Skeletal Muscle Relaxants</b>	<i>baclofen, carisoprodol 350mg, chlorzoxazone, cyclobenzaprine, methocarbamol, orphenadrine, tizanidine</i>			
	<b>*(RP) Reference Priced Skeletal Muscle Relaxants: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> <i>Amrix, carisoprodol 250mg, Fexmid, Lorzone, metaxalone, Parafon Forte, Robaxin, Skelaxin, Soma, Zanaflex</i>		
<b>ENDOCRINE</b>				
<b>Anti-diabetic Agents Insulin</b>	no generics available at this time	Humalog, Humulin, Lantus, Levemir, Novolin, Novolog, Toujeo	Afrezza, Apridra, Basaglar, Fiasp	
<b>Anti-diabetic Agents Glucagon-like peptide receptor (GLP-1) Agonists</b>	no generics available at this time	Victoza*(PA)	<b>All other agents excluded</b>	
<b>Anti-diabetic Agents Insulin Sensitizing Agents</b>	<i>metformin, pioglitazone</i>		Avandia, Riomet Solution	
<b>Anti-diabetic Agents Insulin Secreting Agents</b>	<i>chlorpropamide, glimepiride, glipizide, glyburide, nateglinide, repaglinide, tolazamide</i>			
<b>Anti-diabetic Agents Sodium-glucose co-transporter-2 (SGLT2) Inhibitors</b>		Jardiance*(PA), Synjardy*(PA), Synjardy XR*(PA)	<b>All other agents excluded</b>	

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<b>Anti-diabetic Agents Combinations</b>	<i>Glyburide/Metformin, pioglitazone/metformin, pioglitazone HCL/glimepiride</i>			
<b>Anti-diabetic Agents Miscellaneous</b>	<i>acarbose</i>			
<b>Diabetic Supplies</b>	<b>Free Diabetic Supplies:</b> You can receive your blood glucose strips and lancets at your local pharmacy. These supplies are available for a \$0 co-payment when purchased within 100 days of your insulin or diabetic medication. The pharmacy must process the prescription for your insulin or diabetic medication before processing the supplies.			
	Multiple generic options	Accu-Chek, Diastix, One-Touch		
<b>Thyroid Agents</b>	<i>levothyroxine, Levoxyl, liothyronine</i>		Tirosint	
<b>GASTROINTESTINAL/URINARY</b>				
<b>Digestive Aids</b>		Creon, Zenpep	Pancreaze, Pertzye, Viokace	
<b>Gallstone Solubilizing Agents</b>	<i>ursodiol</i>		Chenodal	
<b>H-2 Antagonists</b>	<i>cimetidine, famotidine, nizatidine, ranitidine</i>			
<b>Bowel Preparation Drugs</b>	<i>PEG powder/solution,</i>		Clenpiq, Moviprep, Prepopik	
<b>Overactive Bladder Agents</b>	<i>oxybutynin immediate release</i>			
	<b>*(RP) Reference Priced Skeletal Muscle Relaxants: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> darifenacin, Detrol, Detrol LA, Ditropan XL, Enablex, Gelnique, Myrbetriq, oxybutynin Extended-Release (ER), Oxytrol Patches, tolterodine, tolterodine ER, Toviaz, trospium, trospium ER, Vesicare		
<b>Inflammatory Bowel</b>	<i>balsalazide, mesalamine, sulfasalazine</i>	Amitiza, Apriso, Canasa, Lialda	Asacol HD, Pentasa, Rowasa	
<b>MEN'S HEALTH</b>				
<b>Erectile Dysfunction</b>	<i>sildenafil (PA/QL)</i>	Cialis 10mg, 20mg (PA/QL) - Note: Cialis for daily use is excluded from coverage.	Caverject (PA/QL), Edex (PA/QL), Levitra (PA/QL), Muse (PA/QL), Staxyn (PA/QL)	
<b>Hormone Replacement</b>	<i>Testosterone Injectable(s)*(PA)</i>	All other testosterone products are excluded from coverage		
<b>Prostate Health</b>	<i>alfuzosin, dutasteride, finasteride, tamsulosin, dutasteride/tamsulosin</i>	Rapaflo	Cardura XL	

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<b>RESPIRATORY</b>				
<b>Leukotriene Modulators</b>	<i>montelukast, zafirlukast</i>			
<b>Inhaled Corticosteroids</b>	<i>budesonide suspension</i>	Arnuity Ellipta, Flovent, QVAR	Aerospan, Alvesco, Asmanex	
<b>Short-Acting Beta Agonists (bronchodilators)</b>	<i>albuterol nebulizer solution, albuterol tablets, levalbuterol nebulizer solution</i>	ProAir, Ventolin	Proventil	
<b>Long-Acting Beta Agonists (bronchodilators)</b>		Serevent (ST)	Arcapta, Brovana(ST), Perforomist (ST)	
<b>Inhaled Corticosteroids / Long Acting Beta Agonists</b>		Advair(ST), Breo Ellipta(ST), Symbicort(ST)	AirDuo(ST), Dulera(ST)	
<b>Long-Acting Muscarinic Agents</b>		Incruse Ellipta, Spiriva	Tudorza	
<b>Long-Acting Muscarinic Agents + Long-Acting Beta Agonists</b>		Anoro Ellipta, Stiolto	Bevespi	
<b>Respiratory Miscellaneous</b>	<i>ipatropium</i>	Combivent	Atrovent HFA	
<b>TOPICAL</b>				
<b>Otic (Ear) Products</b>	<i>acetic acid, ciprofloxacin, fluocinolone, hydrocort/acetec acid, ofloxacin, tri-biotic susp.,</i>	Ciprodex	Coly-Mycin S Susp.	
<b>Ophthalmic Agents Glaucoma</b>	<i>betaxolol, bimatoprost, brimonidine, carteolol, dorzolamide, dorzolamide/timolol, latanoprost, levobunolol, timolol, travoprost</i>	Alphagan P, Azopt, Betoptic-S, Combigan, Lumigan, Travatan Z	Betimol	
<b>Ophthalmic Agents Allergy</b>	<i>azelastine, cromolyn, epinastine, olopatadine,</i>		Alocril, Bepreve	
<b>Ophthalmic Agents Miscellaneous</b>	<i>bi-biotic solution &amp; ointment, ciprofloxacin, diclofenac, erythromycin, gatifloxacin, gentamicin, ketorolac, levofloxacin, moxifloxacin, ofloxacin, prednisolone, sodium sulfacetamide, tobramycin, tobramycin/dexamethasone, tri-biotic solution &amp; ointment</i>	Moxeza		
<b>Dermatologicals Acne / Rosacea Agents</b>	<i>adapalene, benzoyl peroxide, benzoyl peroxide/erythromycin, clindamycin, clindamycin/benzoyl peroxide, dapsone, isotretinoin caps, metronidazole, sulfacetamide sodium, tretinoin</i>		Finacea	



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<p><b>Dermatologicals</b> Miscellaneous Anti-Infectives, Anti-Inflammatory Agents</p>	<p><i>clotrimazole, clotrimazole/betamethasone, cyclopirox cr/gel/shampoo, econazole, erythromycin, gentamicin, imiquimod, ketoconazole, miconazole, mupirocin, naftifine, nystatin, nystatin/triamcinolone, oxiconazole, tacrolimus</i></p>	<p>Elidel</p>	<p>Altabax</p>	
<p><b>Dermatologicals</b> Psoriasis Agents</p>	<p><i>acitretin, calcipotriene,</i></p>		<p>Tazorac</p>	<p>Cosentyx (PA/ST), Dupixent (PA/ST), Stelara (ST/PA), Taltz (PA/ST)</p>
<p><b>Dermatologicals</b> Topical Steroids</p>	<p><i>alclometasone, amcinonide, betamethasone dipropionate, betamethasone valerate, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, fluticasone, halobetasol, hydrocortisone, mometasone, triamcinolone</i></p>		<p>Apexicon, Capex, Cloderm, Halog, Psorcon, Verdeso</p>	

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WOMEN'S HEALTH				
<b>Contraceptives</b>	Plan will pay 100% for all <u>COVERED GENERIC contraceptives</u> . <u>COVERED BRANDS</u> with <b>no</b> generic available will be covered by the plan under <b>Tier 3 (limited to oral forms)</b> .			
	*** <u>Brand/Generic difference/penalty pricing will apply if member chooses a COVERED BRAND where a generic is available.</u> ***			
	<p><b>Examples of COVERED GENERICS paid at 100%:</b>                      Altavera, Amethia, Apri, Aranelle, Aubra, Aviane, Azurette, Balziva, Camilla, Camrese, Caziant, Cyclessa, Dasetta, Emoquette, Errin, Falmina, Gianvi, Gildess, Heather, Jencycla, Jolessa, Jolivette, Juleber, Junel, Kelnor, Larin, Leena, Loryna, Levonest, Lessina, Larin, Larissia, Levora, Low-Ogestrel, Lutera, Lyza, Marlissa, Microgestin, Mononessa, Natazia, Necon, Nikki, Nora-Be, norethindrone, Norlyda, Nortrel, Ocella, Orsythia, Portia, Rajani, Reclipsen, Sprintec, Sronyx, Tilia, Trinessa, Tri-Sprintec, Trivora, Velivet, Vestura, Zarah, Zenchent, Zovia</p>	Liletta IUD, Mirena IUD, Skyla IUD		
<p><b>Examples of COVERED BRANDS paid at 100%:</b>                      Nuvaring,</p>				
<b>Hormone Replacement Therapy (HRT)</b>	<i>estradiol, estradiol patch,</i>	Menest, Premarin	Alora, Enjuvia, Estrogel	
<b>Combination HRT</b>	<i>estradiol + norethindrone generic combinations available</i>	Premphase, Prempro	Angeliq, Combipatch	
<b>Osteoporosis Calcium Regulators</b>	<i>alendronate, etidronate, calcitonin nasal spray</i>		Miacalcin Injection	
	<b>*(RP) Reference Priced Osteoporosis Agents: Plan pays a defined amount per unit for drugs to the right. Member is responsible for the remaining cost.</b>	<b>Drugs subject to Reference Pricing:</b> Actonel, <i>alendronate 40mg</i> , Atelvia, Binosto, Boniva, Fosamax, Fosamax-D, <i>ibandronate, risedronate</i>		
<b>Osteoporosis Hormone Receptor Modulators</b>	<i>raloxifene</i>		Osphena	Prolia*(PA)
<b>Vaginal Products</b>	<i>clindamycin vag. cream, estradiol cr., metronidazole vaginal gel, terconazole vaginal cream, Yuvaferm vaginal tablets</i>	Cleocin Vag. Supp., Premarin Vaginal Cr.	Femring, Nuversa Gel	
MISCELLANEOUS				
<b>Antiemetics</b>	<i>aprepitant, granisetron(QL), ondansetron(QL), promethazine, scopolamine patch</i>		Anzemet (QL), Sancuso Patch(QL)	

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<b>Gout</b>	<i>allopurinol, probenecid,</i>	Colcrys, Uloric		
<b>Immunosuppressive Agents</b>	<i>azathioprine, cyclosporine, mycophenolate, sirolimus, tacrolimus</i>	Sandimmune oral solution	Envarsus, Zortress	
<b>Rheumatoid Arthritis</b>	<i>leflunomide, methotrexate,</i>			Actemra (PA/ST), Enbrel (PA/ST), Humira (PA/ST), Olumiant, Orencia (PA/ST), Otezla (PA/ST), (PA/ST), Simponi (PA/ST), Zeljanz (PA)

**WELLNESS/PREVENTIVE**

<b>Note:</b> Drug categories listed to the right include products that are provided by the Fund at no member cost as required by the Affordable Care Act (ACA)	<b>Drugs / Drug Categories</b>	<b>Coverage Parameters</b>
	Aspirin to Prevent Cardiovascular Disease	For members > 45 years of age. Quantity Limit of 100
	Iron Supplementation for Children	For children up to 1 year of age
	Oral Fluorides for Children	For children > 6 months and < 6 years of age
	Folic Acid Supplements	For female members < 55 years of age. Quantity Limit of 100
	Tobacco Cessation	For members > 18 years of age. Annual Limit: 2 cycles of treatment (12 weeks/cycle)
	Routine Vaccinations for Children & Adults	Please refer to the Preventive Care section of the Fund Booklet for detailed coverage policy
	All FDA approved contraceptive methods	Coverage limited to The Fund's custom list and is subject to change
	Breast Cancer Prevention	Tamoxifen, raloxifene
	Vitamin D Supplementation	For members > 65 years of age
	Cholesterol Reducers (Statins)	Please refer to the "Antihyperlipidemic (Statin)" section above