

Generic Drug Incentive Program 2019

Your plan includes an enhanced pharmacy benefit where the copay is lowered or waived for selected preferred, high-value generic medications in the following therapeutic categories:

THERAPEUTIC CATEGORY	PREFERRED, HIGH-VALUE GENERIC MEDICATIONS
ANTI-COAGULANTS	warfarin
ANTI-VIRALS	acyclovir
ANTIBIOTICS	amoxicillin, cephalexin, ciprofloxacin, penicillin VK, sulfamethoxazole/trimethoprim
ALLERGIES – EYE DROPS	ketotifen
ALLERGIES – NASAL SPRAY	fluticasone propionate
BONE HEALTH (OSTEOPOROSIS)	alendronate (tablets)
DEPRESSION	citalopram (tablets), fluoxetine (capsules)
DIABETES	glimepiride, glipizide, glipizide ER/XL, glyburide, metformin, metformin ER (generic Glucophage XR), glipizide/metformin, glyburide/metformin
GLAUCOMA – EYE DROPS	timolol maleate
GASTROINTESTINAL HEALTH	cimetidine, dicyclomine, famotidine, lansoprazole, metoclopramide, nizatidine, omeprazole, pantoprazole, rabeprazole, ranitidine
GOUT	allopurinol
HIGH BLOOD PRESSURE	amlodipine, amlodipine/benazepril, amlodipine/olmesartan, amlodipine/olmesartan/HCTZ, amlodipine/telmisartan, amlodipine/valsartan, amlodipine/valsartan/HCTZ, atenolol, benazepril, benazepril/HCTZ, candesartan, candesartan/HCTZ, captopril, captopril/HCTZ, carvedilol, clonidine tab, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, furosemide, hydrochlorothiazide (HCTZ), irbesartan, irbesartan/HCTZ, lisinopril, lisinopril/HCTZ, losartan, losartan/HCTZ, metoprolol, moexipril, moexipril/HCTZ, olmesartan, olmesartan/HCTZ, perindopril, quinapril, quinapril/HCTZ, ramipril, spironolactone, telmisartan, telmisartan/HCTZ, trandolapril, trandolapril/verapamil, triamterene/HCTZ, valsartan, valsartan/HCTZ
HIGH CHOLESTEROL	atorvastatin, fluvastatin/XL, lovastatin, pravastatin, rosuvastatin, simvastatin
INSOMNIA	zolpidem regular release
THYROID	levothyroxine

If you or a covered family member takes a medication in one of these categories, please discuss the use of a preferred generic medication listed above with your doctor at the next office visit or at the time a new medicine is prescribed, as your doctor is able to determine what therapy is right for you. Remember, switching your prescription is voluntary.

Visit serve-you-rx.com to access the *Preferred Drug List* and the Member Portal. The Member Portal allows you to confirm copay amounts, locate a pharmacy, obtain your medication history, and research other useful prescription drug benefit information.

For more information about your prescription drug benefit, please call Serve You Rx customer service at **800-759-3203** or visit serve-you-rx.com.