



**Diocese of Yakima**

# 2019-2020 PHARMACY BENEFITS PROGRAMS

## Diabetes Medication Program (DMP)

Your Pharmacy Benefit Plan includes a Diabetes Medication Program allowing one copay to be charged for all diabetic related medications purchased at the same time. Here are a few points to help your better understand the program.

- This program benefit is available via mail order or retail.
- The annual outpatient prescription drug deductible must be met before the DMP benefit applies.
- The DMP includes all diabetic supplies, insulin, and oral medications.
- **Mail Order**  
Diabetic medications submitted in the same Rx order incur one copay. Preferred diabetic supplies are \$0 copay. *DMP Benefit Explanation: If multiple diabetic medications are included in the same Rx order, only one copay will apply (rather than one copay per medication). No copay is charged for the preferred diabetic supplies.*
- **Retail**  
Diabetic medications incur regular copays. Preferred diabetic supplies are \$0 copay. *DMP Benefit Explanation: No copay is charged for the preferred diabetic supplies.*

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## Value Medication List

This program lowers copays for the medications listed on the Value Priced Medication List. This list of generic drugs is available at retail or mail order for the following copays:

- **\$3.00 per 30-day supply**
- **\$7.50 per 90-day supply**

### ARTHRITIS OR PAIN

MELOXICAM 15 MG TABLET
MELOXICAM 7.5 MG TABLET

### MENTAL HEALTH

CITALOPRAM TAB 20MG
CITALOPRAM HBR 20 MG TABLET
CITALOPRAM HBR 40 MG TABLET

### DIABETES

METFORMIN TAB 500MG
METFORMIN TAB 500MG ER
METFORMIN ER TAB 1000MG
METFORMIN HCL 1,000 MG TABLET
METFORMIN HCL 500 MG TABLET
METFORMIN HCL ER 500 MG TABLET
METFORMIN HCL ER 750 MG TABLET

### THYROID

LEVOTHYROXIN TAB 100MCG
LEVOTHYROXIN TAB 112MCG
LEVOTHYROXINE 112 MCG TABLET
LEVOTHYROXINE 125 MCG TABLET
LEVOTHYROXINE 150 MCG TABLET
LEVOTHYROXINE 50 MCG TABLET
LEVOTHYROXINE 75 MCG TABLET
LEVOTHYROXINE 88 MCG TABLET

### HEART HEALTH / BLOOD PRESSURE

HYDROCHLOROTHIAZIDE TAB 25MG
HYDROCHLOROTHIAZIDE 25 MG TAB
LISINAPRIL TAB 10MG
LISINAPRIL TAB 20MG
LISINAPRIL TAB 40MG
LISINAPRIL 10 MG TABLET
LISINAPRIL 2.5 MG TABLET
LISINAPRIL 20 MG TABLET
LISINAPRIL 40 MG TABLET
LOSARTAN POT TAB 100MG
LOSARTAN POT TAB 50MG
LOSARTAN POTASSIUM 100 MG TAB
LOSARTAN POTASSIUM 50 MG TAB
LOSARTAN/HCT TAB 100-12.5
LOSARTAN/HCT TAB 100-25
SPIRONOLACTONE 25 MG TABLET
TRIAMTERENE-HCTZ 37.5-25 MG TB

### CHOLESTEROL

SIMVASTATIN TAB 20MG
SIMVASTATIN TAB 40MG
SIMVASTATIN 10 MG TABLET
SIMVASTATIN 20 MG TABLET
SIMVASTATIN 40 MG TABLET

Ask MaxorPlus if your medication is a value-priced generic.

List of drugs subject to change. Above Value Medication List is in effect as of 07/01/2017.

## Have Questions?

Please contact MaxorPlus at 800.687.0707, or TPSC at 800.426.9786 x210 or [BenefitSupport@trustedplans.com](mailto:BenefitSupport@trustedplans.com).