

2021 Commercial — Injectable Medications List

The following is PreferredOne’s list of injectable medications which may be considered specialty medications under your pharmacy benefit. Coverage of the listed products is subject to the limitations of your prescription drug benefit plan, and there may be exceptions where a medication may be covered based on benefit design and not by tier. This list is not inclusive of all injectable medications and is subject to change. There may be drugs included on this list that are not covered by all prescription drug benefit plans.

Medications on this drug list may require prior authorization before coverage is provided. Please consult your benefit plan information or contact a customer service representative at 1-800-997-1750 or visit PreferredOne.com for more information.

ABILIFY MAINTENA	EDEX	heparin sodium
ACTEMRA	EMGALITY	HUMATROPE
ACTIMMUNE	ENBREL	HUMIRA
ADACEL TDAP	ENGERIX-B ADULT	hydroxyprogesterone caproate
ADLYXIN	enoxaparin sodium	INTRON A
AFLURIA QUAD	epinephrine	INVEGA
AIMOVIG	estradiol valerate	IPOL
AJOVY	FASENRA	ketamine hcl
ARANESP	FLUAD QUAD	ketorolac tromethamine
AVONEX PEN	FLUARIX QUAD	KEVZARA
BENLYSTA	FLUBLOK QUAD	KINERET
BETASERON	FLUCELVAX QUAD	leuprolide acetate
BEXSERO	FLULAVAL QUAD	lidocaine hcl
BOOSTRIX TDAP	FLUZONE HIGH-DOSE QUAD	LUPRON
BOTOX	FLUZONE QUAD	MAKENA
BYDUREON	FOLLISTIM AQ	medroxyprogesterone acetate
BYETTA	fondaparinux sodium	MENOPUR
ceftazidime	FORTEO	MENVEO A-C-Y-W-135-DIP
CETROTIDE	ganirelix acetate	methotrexate
chorionic gonadotropin	GARDASIL 9	midazolam hcl
CIMZIA	GENOTROPIN	M-M-R II VACCINE
colistimethate	gentamicin sulfate	naloxone hcl
COSENTYX	glatiramer acetate	NEUPOGEN
cyanocobalamin injection	glatopa	NORDITROPIN
DELESTROGEN	GLUCAGEN	NOVAREL
DEPO-ESTRADIOL	GLUCAGON EMERGENCY KIT	NUCALA
DEPO-SUBQ PROVERA	GONAL-F	NUTROPIN
dexamethasone sodium phosphate	GVOKE	OMNITROPE
dihydroergotamine mesylate	haloperidol decanoate	ORENCIA
diphenhydramine hcl	HAVRIX	OVIDREL
DUPIXENT	HEMLIBRA	OZEMPIC

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PLEGRIDY	sodium chloride	testosterone enanthate
PNEUMOVAX 23	SOLU-CORTEF	tobramycin sulfate
PRALUENT	SOLU-MEDROL	TREMFYA
PREGNYL	SOMAVERT	triamcinolone acetonide
PREVNAR 13	SPINRAZA	TRULICITY
progesterone	STELARA	TRUMENBA
PROLIA	SUBLOCADE	TYMLOS
RASUVO	sumatriptan succinate	TYPHIM VI
REBIF	SYMJEPI	VARIVAX
REPATHA	SYNAGIS	VICTOZA
RISPERDAL CONSTA	SYNVISC	VIVITROL
SAXENDA	TALTZ	water
SHINGRIX	TDVAX	XOLAIR
SIMPONI	TENIVAC	XYOSTED
SKYRIZI	testosterone cypionate	ZARXIO

PreferredOne Insurance Company Nondiscrimination Notice

PreferredOne Insurance Company (“PIC”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PIC:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
Email: customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Y: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າທ່ານບໍ່ເຂົ້າໃຈພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອອັດຕະໂນມາສາ, ໂດຍບໍ່ເສຍຄ່າ, ຄວນມາພົວພັນໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያግዝዎት ተዘጋጅተዋል: ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው: 763.847.4013) .

တံသိုလ်သး- နမူကတိ ကညီ ကိုဥဆယိ, နမူနို ကိုဥဆတိမတေလါ တလၢဝ်ဘူၣ်လၢဝ်စ့ၢ် နိတမံဘၣ်သ့န့ၣ်လိၤ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013) ។

ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

PreferredOne Community Health Plan Nondiscrimination Notice

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Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
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