

## Prescription Drugs Not Covered

- There are no benefits payable under the plan if a drug is purchased from a non-participating pharmacy, or a participating pharmacy when the covered person's ID card is not used.
- Accutane for anyone 19 or older.
- Any drug used for cosmetic purposes, except Tretinoin agents (Retin A) through age 18 and with prior authorization.
- Injectable contraceptives or contraceptive devices.
- Implants (Norplant), diaphragms and IUDS.
- Fertility drugs.
- Erectile dysfunction drugs.
- Weight management drugs (agents used to suppress appetite and control fat absorption).
- Injectables, except insulin or if an injectable is addressed in any other category.
- Serums, toxoids, vaccines, including but not limited to FluMist.
- Legend fluoride products.
- Smoking cessation products.
- Prescription drugs with over the counter equivalent products.
- Durable medical equipment.
- Legend homeopathic drugs.
- Non-legend drugs.
- Experimental or investigational drugs and medicines.
- Drugs not approved by Food and Drug Administration.
- Statin drugs, including but not limited to: Lipitor, Zocor, Crestor, Pravachol and Vytarin (and their generic equivalents).
- Synthetic Hormone Replacement Therapy drugs, including but not necessarily limited to:

Activella/17 beta-estradiol and norethindrone acetate  
Aygestin/Norethindrone Acetate  
Cenestin/Conjugated estrogens  
Climara Pro/17 beta-estradiol and levonorgestrel  
Combipatch/17 beta-estradiol and norethindrone acetate  
Covaryx/esterified estrogens/methyltestosterone  
Delatestryl/Testosterone enanthate  
Delestrogen/Estradiol valerate

Depo-Estradiol/Estradiol cypionate  
Depo-testosterone/Testosterone cypionate  
EEMT DS/EEMT HS/esterified estrogens/methyltestosterone  
Enjuvia/Synthetic conjugated estrogen  
Essian/Essian HS/esterified estrogens/methyltestosterone  
Estinyl/Ethinyl estradiol  
EstraTest/EstraTest HS/Methyltestosterone acetate  
Estrogen/Methyltestosterone  
Femhrt/Norethindrone acetate  
Menest/Esterified estrogen  
Nor-QD/Norethindrone  
Ogen/Estropipate (modified estrone)-plants  
Ortho-Est/Estropipate (modified estrone)-plants  
Prefest/17 beta-estradiol and norgestimate  
Premarin/Medroxyprogesterone acetate  
Premphase/Medroxyprogesterone acetate  
Prempro/Medroxyprogesterone acetate  
Provera/Medroxyprogesterone acetate

- COX-2 inhibitors, including but not limited to: Vioxx, Celebrex, and Bextra.
- Drugs specifically listed below
  - Meprobamate (Only over the age of 55)
  - Amitriptyline (Only over the age of 55)
  - Injectable Midazolam
  - Injectable Amytal
  - Injectable Nembutal
  - Injectable GPI #'s with 6030
  - Seroquel
  - Nexium
  - Prilosec 20 mg (over the counter)
  - Omeprazole 20 mg (generic equivalent of Prilosec 20 mg over the counter)
- Proton Pump Inhibitors/Acid Reflux medications, including but not limited to: Nexium, Prevacid, Protonix, Prilosec (and their generic equivalents).
- Bisphosphonates, including but not limited to: Fosamax, Boniva and Actonel.
- Tumor Necrosis Factor-Alpha (TNF-A) Inhibitors/Blockers, including but not limited to: Enbrel, Humira, Remicade and Cimzia.
- Thiazolidinediones (TZDs), including but not limited to: Actos and Avandia.
- Drugs used to treat mental health conditions, (e.g., anxiety, depression, ADD, ADHD, Bipolar Disorder).
- Supplements not covered. Refer to Covered Medical Expenses for details on Covered Supplements.

This is a selection of the drug exclusions and may not be all inclusive. Please refer to the current formulary or [www.employersresource.com](http://www.employersresource.com) for a complete list of drug exclusions or contact **Envision RX Options customer service phone number: 800-361-4542** or visit [www.envisionrx.com](http://www.envisionrx.com)