



SUPPORT PROFESSIONALS,
POLICE, AND POLICE
ADMINISTRATORS

UNDERSTAND YOUR PHARMACY BENEFITS

YOUR PREFERRED DRUG LIST

Your health plan uses a drug list that determines:

- Whether a medication is covered;
- Which cost tier (1, 2, or 3) applies; and
- If there are any restrictions that apply to your medication.

The drug list is called a preferred drug list (PDL) and you can locate it at healthplanofnevada.com. Look for the list titled *3-Tier Large Group Plan Preferred Drug List (employers with 51+ employees)*.

HOW TO USE THE PREFERRED DRUG LIST

The plan's preferred drug list (PDL) groups medications by therapeutic class, or the types of conditions the medications are used to treat (e.g., infections, heart conditions, diabetes, hormone conditions, etc.).

Each drug is listed with its chemical or generic name. If a brand-name drug is available, the brand-name is listed next to the generic name. When an asterisk is shown next to a brand name, that means that a generic is available. When a generic alternative is available, your pharmacy will dispense the generic. If you request the brand-name drug instead of the generic, you will pay the difference between the cost of the medications plus the Tier 1 copay.

Brand-names in **BOLD PRINT** do not have a generic alternative.

Drug tiers are listed for each medication. The drug tier (1, 2, or 3) determines your copay amount.

Any restrictions that apply to your medication are shown in the "notes" column, next to the drug tier. Possible restrictions include:

- **Prior authorization (PA):** Approval to get a medication to ensure that it's the most appropriate, medically necessary option.
- **Step therapy (ST):** Trying one medication before another one will be approved.
- **Quantity limits (QL):** For safety reasons, only a certain amount of the medication will be dispensed.

Want to learn more? Visit healthplanofnevada.com.

The table below provides an example of the plan's PDL. For up-to-date coverage information, visit healthplanofnevada.com.

1-H Miscellaneous Antivirals			
Generic Name	Brand Name	Tier	Notes
acyclovir	*ZOVIRAX tablets and capsules	1	
baloxavir marboxil tab	XOFLUZA	3	QL
famciclovir tab	*FAMVIR	2	QL
letermovir	PREVYMIS	2	PA
oseltamivir	*TAMIFLU	2	QL
ribavirin	*REBETOL	1	SP
rimantadine tab	*FLUMADINE	1	
valacyclovir tab	*VALTREX	1	QL
valganciclovir HCL	*VALCYTE	3	QL
zanamivir inh	RELENZA DISKHALER	3	QL