2023 Benefit Summary of Changes

Prescription Information

Riverview Health will continue to offer the preventive drug list available at a $0 copay under all three health plans, when purchased at Riverview Health's outpatient pharmacy. The $0 copay applies to generic prescriptions only (if available). Brand name is included as a reference only.

Covered Medication, Brand Name for reference only

ASTHMA		**CHOLESTEROL**	
mometasone furoate, formoterol fumarate dihydrate inhalation	Dulera	atorvastatin	Lipitor
fluticasone/salmeterol	Advair	pravastatin	Pravachol
ASTHMA—$5 COPAY (PPO & HRA ONLY)		simvastatin	Zocor
albuterol sulfate inhalation aerosol	Ventolin HFA	lovastatin	Mevacor
		ezetimibe	Zetia
BLOOD PRESSURE		rosuvastatin	Crestor
amlodipine	Norvasc		
lisinopril	Zestril, Prinivil	**DIABETES**	
lisinopril/HCTZ	Zestoretic	metformin	Glucophage
valsartan	Diovan	metformin ER 500MG	Glucophage XR
valsartan/HCTZ	Diovan HCT	pioglitazone	Actos
hydrochlorothiazide	Microzide	glipizide	Glucotrol
olmesartan	Benicar	glipizide ER	Glucotrol XL
olmesartan/HCTZ	Benicar HCT	glimepiride	Amaryl
triamterene/HCTZ	Dyazide, Maxzide	glargine	Lantus vial
atenolol	Tenormin	lispro	Humalog pen
metoprolol succinate	Toprol XL		
metoprolol tartrate	Lopressor	**OTHER HEART MEDICATIONS**	
losartan	Cozaar	clopidogrel	Plavix
losartan/HCTZ	Hyzaar	Furosemide	Lasix
irbesartan	Avapro		
irbesartan/HCTZ	Avalide	**SSRI (ANTIDEPRESSANTS)**	
enalapril	Vasotec	citalopram	Celexa
enalapril/HCTZ	Vaseretic	fluoxetine	Prozac
benazepril	Lotensin	sertraline	Zoloft
spironolactone	Aldactone	escitalopram	Lexapro
carvedilol	Coreg	paroxetine	Paxil
clonidine	Catapres		
quinapril	Accupril	BIRTH CONTROL	
bisoprolol	Zebeta	*ALL FORMS OF BIRTH CONTROL	
bisoprolol/HCTZ	Ziac		

A summary of the prescription copay and tier changes are below, along with the pharmacies included in the different tiers.

Tier 1 - Riverview Health Outpatient Pharmacy
Tier 2 - Meijer, Kroger, Walmart
Tier 3 - CVS, Walgreens and other specialty pharmacies

	Preferred HRA and Premier PPO			Select HDHP		
Prescription	Tier 1 Riverview	Tier 2 Preferred	Tier 3 Out of Network	Tier 1 Riverview	Tier 2 Preferred	Tier 3 Out of Network
Generics	$5	$25	50% ($5 min/ $45 max)	Ded / 20%	Ded / 30%	50% min/max
Preferred Brand	$35	$60	50% ($65 min/ $125 max)	Ded / 20%	Ded / 30%	50% min/max
Non-preferred Brand	$55	$80	50% ($95 min/$175 max)	Ded / 20%	Ded / 30%	50% min/max
Specialty/Orphan	Not Covered			Not Covered		