SHBP State Health Benefit Plan
A Division of the Georgia Department of Community Health

EVERNORTH HEALTH SERVICES

2027 Copayment-Coinsurance Waiver Medication List

As a State Health Benefit Plan member, if you enroll and actively participate in the Anthem Blue Cross and Blue Shield (Anthem) Case Management Program or UnitedHealthcare Disease Management programs for asthma, diabetes, or coronary artery disease (CAD), you may be eligible to receive the products listed below at no cost. Please call Anthem at **866.901.0746** and speak to an Anthem nurse, or the UnitedHealthcare Member Services number, **888.364.6352,** for more details about program participation requirements. For more information about these medications, call Express Scripts Member Services at **800.809.8593.**

Brand-name drugs are listed in CAPITAL letters. Generic drugs are listed in lower case letters.

*ASTHMA**

- ADVAIR HFA
- ASMANEX
- ASMANEX HFA
- BREO ELLIPTA
- BREYNA
- *budesonide nebulizer solution*
- *budesonide-formoterol*
- *fluticasone-salmetrol*
- *ipratropium-albuterol*
- *ipatropium bromide*
- SPIRIVA HANDIHALER
- SPIRIVA RESPIMAT
- *tiotropium bromide*
- TRELEGY ELLIPTA
- WIXELA INHUB

CORONARY ARTERY DISEASE (CAD)

- *benazepril*
- *benazepril-hctz*
- *captopril*
- *captropil-hctz*
- *enalapril*
- *enalapril-hctz*
- *fosinopril*
- *fosinopril-hctz*
- *lisinopril*
- *lisinopril-hctz*
- *moexipril*
- *perindopril*
- *quinapril*
- *quinapril-hctz*
- *ramipril*
- *trandolapril*

*DIABETES**

- *acarbose*
- *dapagliflozin*
- *dapagliflozin-metformin*
- *dapagliflozin-saxaglip*
- DEXCOM G6 SENSORS, TRANSMITTERS, AND RECEIVERS
- DEXCOM G7 SENSORS, TRANSMITTERS, AND RECEIVERS
- *exenatide*
- FREESTYLE METERS AND TEST STRIPS
- FREESTYLE LIBRE 2 SENSORS, TRANSMITTERS, AND RECEIVERS
- FREESTYLE LIBRE 3 SENSORS, TRANSMITTERS, AND RECEIVERS
- *glimepiride*
- *glipizide*
- *glipizide er*
- *glipizide xl*
- *glipizide-metformin*
- *glyburide*
- *glyburide micornized*
- *glyburide-metformin*
- GLYXAMBI
- HUMALOG
- HUMALOG JUNIOR KWIKPEN 100/ML
- HUMALOG KWIKPEN
- HUMALOG MIX
- HUMALOG TEMPO PEN U-10 100/ML
- HUMULIN
- HUMULIN N
- HUMULIN N KWIKPEN
- HUMULIN R
- HUMULIN R U-500 KWIKPE 500/ML
- *insulin glargine max s 300/ml*
- *insulin glargine solos 300/ml*
- *insulin glargine-yfgn*
- *insulin lispro*
- *insulin lispro junior*
- *insulin lispro kwikpen 100/ml*
- *insluing lispro protami*
- INSULIN SYRINGES AND NEEDLES
- JARDIANCE
- LANTUS
- LANTUS SOLOSTAR
- *linagliptin-metformin*
- *liraglutide*
- MERILOG
- MERILOG SOLOSTAR
- *metformin tab*
- *metformin er*
- *metformin solution*
- *miglitol*
- MOUNJARO
- *nateglinide*
- OMNIPOD GO PODS
- OMNIPOD 5
- OMNIPOD DASH
- OMNIPOD CLASSIC PODS
- OZEMPIC
- *proglitazone*
- *pioglitazone-glimepiri*
- *pioglitazone-metformin*
- PRECISION XTRA METERS AND TEST STRIPS
- *repaglinide*
- RYBELSUS
- *saxagliptin*
- *saxagliptin-metformin*
- SEMGLEE (YFGN)
- SEMGLEE (YFGN) PEN
- *sitagliptin phosphate*
- *sitagliptin phos-metfo*
- SOLIQUA
- SYMLINPEN
- SYNJARDY
- SYNJARDY XR
- TOUJEO MAX SOLOSTAR
- TOUJEO SOLOSTAR
- TRESIBA
- TRESIBA FLEXTOUCH
- TRIJARDY
- TRUE METERS AND TEST STRIPS
- TRULICITY
- TWIIST KIT
- V-GO
- XIGUDO XR

***Coverage Criteria (Prior Authorization and Step Therapy) may apply to certain medications**

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