

DeSiard Pharmacy Network (DPN) is pleased to be Vantage Health Plan's preferred retail pharmacy network. The Tier I preferred generics listed below are available at any DPN participating pharmacy for a **\$0 copay**.

Medications on this list are subject to modification or discontinuation at any time without notice. Prior Authorization and Quantity Limits are applicable for some medications. This benefit is administered by DeSiard Pharmacy Network and is not available to all plans.

For questions about this benefit, please call Vantage's Member Services representatives at **1-866-704-0109, TTY 711**. Visit www.VantageHealthPlan.com/DPN for the most recent list of DPN participating pharmacies and other frequently asked questions about DPN benefits.

THIS LIST IS NOT COMPREHENSIVE. TO SEE A FULL LIST, VISIT VANTAGEHEALTHPLAN.COM/RX

ALLERGIES

Levocetirizine 5mg tabs

ARTHRITIS TREATMENTS & ANALGESICS

Allopurinol 100 or 300mg tabs
Baclofen 10 or 20 mg tabs
Dexamethasone 0.5, 0.75, 1, 1.5, 2, 4, or 6mg tabs
Flurbiprofen 100mg tabs
Gabapentin 100, 300, or 400mg caps
Ibuprofen 400, 600, or 800mg tabs
Meloxicam 7.5 or 15mg tabs
Naproxen tabs (excludes EC and DR tabs)
Prednisone 1, 2.5, 5, 10, 20, or 50mg tabs
Sulindac 150mg tabs
Tizanidine 2 or 4mg tabs

CHOLESTEROL MEDICATIONS

Amlodipine-Atorvastatin tabs
Atorvastatin tabs
Ezetimibe/Simvastatin tabs
Fluvastatin
Gemfibrozil 600mg tabs
Pravastatin tabs
Lovastatin tabs
Simvastatin tabs
Rosuvastatin

DIABETES MEDICATIONS

Glimepiride tabs
Glipizide tabs
Glipizide ER tabs
Glipizide-Metformin tabs
Glyburide tabs and micronized tabs
Glyburide-Metformin tabs
Metformin tabs
Metformin ER tabs
Nateglinide tabs
Pioglitazone tabs
Repaglinide tabs

FUNGAL INFECTION

Terbinafine 250mg tabs

GASTROINTESTINAL & STOMACH DISORDERS

Cimetidine 200, 300, 400, or 800mg tabs
Famotidine 20 or 40mg tabs
Metoclopramide 5 or 10mg tabs
Omeprazole 20 or 40mg caps
Ondansetron 4 or 8mg tabs
Pantoprazole 20 or 40mg tabs

GLAUCOMA & EYE CARE PRODUCTS

Levobunolol oph. solution
Sulfacetamide sodium oph. solution

HEART & BLOOD PRESSURE TREATMENTS

Amiodarone 200mg tabs
Amlodipine 2.5, 5, or 10mg tabs
Amlodipine - Benazepril caps
Amlodipine - Valsartan tabs
Amlodipine/Telmisartan
Amlodipine/Olmesartan
Amlodipine/Hydrochlorothiazide/Olmesartan
Atenolol 25, 50, or 100mg tabs
Atenolol/chlorthalidone 50/25 or 100/25mg tabs
Benazepril tabs
Benazepril/hctz tabs
Bisoprolol tabs
Bisoprolol/hctz 2.5/6.25, 5/6.25, or 10/6.25mg tabs
Candesartan tabs
Captopril tabs
Carvedilol 3.125, 6.25, 12.5, or 25mg tabs
Cilostazol 50 or 100mg tabs
Clonidine 0.1, 0.2, or 0.3mg tabs
Clopidogrel 75mg tabs
Enalapril tabs
Enalapril/hctz tabs
Fosinopril tabs
Fosinopril - Hydrochlorothiazide tabs
Furosemide 20, 40, or 80mg tabs
Hydrochlorothiazide 12.5mg caps or tabs
Hydrochlorothiazide 25 or 50mg tabs
Indapamide 1.25 or 2.5mg tabs
Irbesartan tabs

HEART & BLOOD PRESSURE TREATMENTS, CONT.

Irbesartan/hctz tabs
 Isosorbide dinitrate 5,10, 20, or 30mg tabs
 Isosorbide mononitrate 10 or 20mg tabs
 Isosorbide mononitrate ER 30 or 60 mg tabs
 Lisinopril tabs
 Lisinopril/hctz tabs
 Losartan tabs
 Losartan/hctz tabs
 Moexipril tabs
 Olmesartan tabs
 Olmesartan/Hydrochlorothiazide
 Olmesartan/Amlodipine/Hydrochlorothiazide
 Perindopril tabs
 Quinapril - Hydrochlorothiazide tabs
 Telmisartan - Amlodipine tabs
 Telmisartan tabs
 Trandolapril tabs
 Metoprolol tartrate 25, 50 or 100 mg tabs
 Quinapril tabs
 Ramipril caps
 Sotalol 80, 160, or 240mg tabs
 Spironolactone 25mg tabs
 Telmisartan/Hydrochlorothiazide
 Torsemide tabs
 Triamterene/hctz 37.5/25mg caps or tabs
 Triamterene/hctz 75/50mg tabs
 Valsartan
 Valsartan/hctz tabs
 Verapamil 40, 80, or 120mg tabs
 Warfarin 1, 2, 2.5, 3, 4, 5, 6, 7.5, or 10mg tabs

MEN'S HEALTH

Doxazosin 1,2, 4, or 8mg tabs
 Finasteride 5mg tabs
 Tamsulosin caps
 Terazosin 1, 2, 5, or 10mg caps

MENTAL HEALTH

Buspirone 5, 10, or 15mg tabs
 Citalopram 10, 20, 40mg tabs

MENTAL HEALTH, CONT.

Divalproex sodium DR 125, 250, or 500mg tabs
 Donepezil 5 or 10mg tabs
 Escitalopram 5, 10, or 20mg tabs
 Fluoxetine 10, 20, or 40mg caps
 Haloperidol 0.5, 1, 2, 5, 10, or 20mg tabs
 Lamotrigine 25, 100, 150, or 200mg tabs
 Lithium carbonate 150, 300, or 600 mg caps
 Lithium carbonate 300mg tabs
 Mirtazapine 15, 30, or 45mg tabs
 Olanzapine 2.5, 5, 7.5, 10, 15, or 20mg tabs
 Paroxetine 10, 20, 30, or 40mg tabs
 Quetiapine 25, 50, 100, 200, 300, or 400mg tabs
 Risperidone 0.25, 0.5, 1, 2, 3, and 4mg tabs
 Sertraline 25, 50, or 100mg tabs
 Thiothixene 1, 2, 5, or 10mg caps
 Trazodone 50, 100, or 150mg tabs
 Venlafaxine ER 37.5, 75, or 150mg caps

VIRUS TREATMENT

Acyclovir 200 mg caps
 Acyclovir 400 or 800mg tabs

WOMEN'S HEALTH

Anastrozole 1mg tabs
 Estradiol 0.5, 1, or 2mg tabs
 Letrozole 2.5mg tabs
 Medroxyprogesterone 2.5, 5, or 10mg tabs
 Tamoxifen 10 or 20mg tabs

OTHER MEDICAL CONDITIONS

Alendronate (Alendronic acid) 10, 35, or 70mg tabs
 Isoniazid 100 or 300mg tabs
 Levothyroxine sodium tablet
 Montelukast 4 or 5mg chewable tabs or 10mg tabs
 Oxybutynin 5mg tabs
 Oxybutynin ER tabs 5 mg, 10 mg, 15 mg
 Phenytoin ER 100, 200, or 300mg caps
 Pramipexole 0.125, 0.25, 0.5, 0.75, 1, or 1.5mg tabs
 Ropinirole 0.25, 0.5, 1, 2, 3, 4, or 5mg tabs
 Topiramate 25, 50, 100, or 200mg tabs

DESIARD PHARMACY NETWORK DIABETIC SUPPLIES PROGRAM:

\$0 Copay for GLUCOCARD Shine® blood glucose strips. Up to a 100-day supply from DPN pharmacies allowed with a valid prescription.

Free GLUCOCARD Shine® Meter from DPN Pharmacies available with a prescription for GLUCOCARD Shine® blood glucose strips. The free meter includes ten complementary strips, ten lancets, and a lancing device. Limited to one meter per member per year.

(Cost share applies to the Glucocard strips and meters at non-DPN pharmacies.)

Vantage Health Plan's pharmacy network includes limited lower-cost, preferred pharmacies in Louisiana, Arkansas, and Mississippi. There are an extremely limited number of preferred cost share pharmacies in Louisiana, Arkansas, and Mississippi. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 866-704-0109 (TTY 711) or consult the online pharmacy directory at www.VantageHealthPlan.com/rx. Other pharmacies are available in your network.

CURRENT AS OF DECEMBER 1, 2022

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