

DeSiard Pharmacy Network (DPN) is pleased to be Vantage Health Plan's preferred retail pharmacy network. The Tier I 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 **1-888-823-1910**. Visit [www.VantageHealthPlan.com/DPN](http://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](http://VANTAGEHEALTHPLAN.COM/RX)**

acyclovir cap	enalapril tab
allopurinol tab	enalapril/hydrochlorothiazide tab
amiloride tab	escitalopram tab
amiloride/hydrochlorothiazide tab	estradiol tab
amitriptyline tab	estradiol/norethindrone tab
amlodipine tab	famotidine tab
atenolol tab	fenofibrate cap 67mg, 134mg, 200mg
atenolol/chlorthalidone tab	fenofibrate tab 48mg, 54mg, 145mg, 160mg
atorvastatin tab 10mg, 20mg, 40mg, 80mg	fluocinonide cream 0.1%
baclofen tab	fluoxetine cap 10mg, 20mg, 40mg
benazepril tab	fluphenazine tab
benztropine tab	FLURBIPROFEN TAB
bisoprolol/hydrochlorothiazide tab	furosemide tab
buspirone tab	glimepiride tab
candesartan tab	glipizide tab or ER tab
captopril tab	GLUCOCARD SHINE TEST STRIPS
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	GLUCOCARD SHINE METER
carvedilol tab	glyburide micronized tab
cetirizine tab	glyburide tab
chlorhexidine gluconate soln	GUANABENZ TAB
chlorothiazide tab	guanfacine IR tab
chlorpromazine tab	GUANIDINE TAB
cholecalciferol cap 50000 unit	haloperidol tab
cimetidine tab	hydrochlorothiazide cap or tab
citalopram tab	ibuprofen tab
clonidine tab	indapamide tab
diclofenac sodium EC tab	irbesartan tab
dicyclomine cap or tab	irbesartan/hydrochlorothiazide tab
digoxin tab	isosorbide dinitrate ER or SL tab
doxazosin tab	isosorbide dinitrate tab

isosorbide mononitrate tab or ER tab  
 lisinopril tab  
 lisinopril/hydrochlorothiazide tab  
 loratadine tab  
 loratadine chew tab  
 losartan tab  
 losartan/hydrochlorothiazide tab  
 lovastatin tab  
 medroxyprogesterone tab  
 meloxicam tab  
 metformin tab or ER tab  
 methoxsalen cap  
 methyldopa tab  
 metoclopramide tab  
 metoprolol ER tab 25mg, 50mg  
 metoprolol tab  
 MULTI-LANCET DEVICE 2  
 multivitamin tab  
 MULTIVITAMIN/FLUORIDE CHEW TAB  
 multivitamin/minerals tab  
 naproxen tab  
 NIACOR TAB  
 nitroglycerin SL tab  
 nortriptyline cap  
 omeprazole cap  
 oxybutynin tab or ER tab  
 paroxetine tab 10mg, 20mg, 30mg, 40mg  
 pediatric multiple vitamins/fluoride chew tab  
 pediatric multiple vitamins/fluoride/iron soln  
 pilocarpine ophth soln  
 pravastatin tab

prednisone tab  
 PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS,  
 PRENAPLUS)  
 propranolol tab  
 RIGHT STEP PRENATAL VITAMINS  
 rosuvastatin tab 5mg, 10mg, 20mg, 40mg  
 seb-prev cream  
 sertraline tab 25mg, 50mg, 100mg  
 simvastatin tab  
 sodium sulfacetamide gel  
 sodium sulfacetamide/sulfur gel  
 spironolactone tab  
 SYNTHROID TAB  
 TECHLITE LANCET 28G, 30G  
 telmisartan tab  
 terazosin cap  
 thiothixene cap  
 tizanidine tab  
 trazodone tab 50mg, 100mg, 150mg  
 triamcinolone cream, lotion, ointment  
 triamterene/hydrochlorothiazide cap or tab  
 TRI-VIT/FLOURIDE/IRON DROPS  
 TRUPLUS LANCET  
 valsartan tab 40mg, 80mg, 160mg  
 VERAPAMIL CAP 100MG  
 VERAPAMIL ER CAP 200MG, 300MG  
 verapamil SR cap or tab  
 verapamil tab  
 warfarin tab  
 zonisamide cap



### **NEW FOR 2022! 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.)