

Finding Excluded Drugs and Preferred Alternatives

Some drugs are excluded from the ClearScript Formulary. Excluded drugs are not covered by your benefit.

There are a few ways to determine if your drug is excluded and find other covered preferred alternatives to discuss with your health care provider.

Visit clearscript.org/kh:

- View the **ClearScript Drug Exclusions – 1/1/24** list found at clearscript.org/kh.
- Use the Drug Pricing Feature by clicking on the **2024 Pharmacy Benefit** button.

Or call ClearScript Member Services at 1-800-819-5479.

At clearscript.org/kh:

ClearScript Drug Exclusions – 1/1/24



FORMULARY EXCLUSIONS

Excluded Drug	Preferred Alternative
ABRILADA	Enbrel, Humira, Rinvoq, Xeljanz, Xeljanz XR, Amjevita, Cyltezo, Hyrimoz, Adalimumab-ADAZ, Taltz, Tremfya, Skyrizi, Otezla
ADHANSIA XR	generic methylphenidate ER/LA/CD or lisdexamfetamine or dextroamphetamine/amphetamine XR
ADLARITY	generic donepezil
ADLYXIN	Ozempic, Rybelsus, Trulicity, Byetta, Bydureon, Bydureon Bcise, Mounjaro
ADMELOG	Humalog, Humalog Kwikpen, Lyumjev, Lyumjev Kwikpen
ADMELOG SOLISTAR	Humalog, Humalog Kwikpen, Lyumjev, Lyumjev Kwikpen





Welcome Kootenai Health Members

Please use these resources to help you understand your 2024 pharmacy benefits.

Resources

- [2024 Pharmacy Benefit Summary for Open Enrollment](#)
- [2024 ClearScript Formulary](#)
- [Your 2024 Pharmacy Benefit FAQ](#)
- [Pharmacy Locator](#)

Click the button below for 2024 pharmacy benefit information.

[2024 Pharmacy Benefit](#)



Welcome

Your resource for a healthier, more informed you. Here, you can view benefit and medication information, check drug prices and find participating pharmacies.

Get started by selecting a plan below

Medical Plan 1 - 4 Northern Counties

POS - Deductible \$1500 - Individual \$3,000 - Family Out of Pocket Max \$3,900 - Individual \$7,800 - Family -- For Participants residing in the 4 Northern Idaho Counties

[Select Plan](#)

Medical Plan 1 - Inside Kootenai County

POS - Deductible \$1,500 - Individual \$3,000 Out of Pocket Max \$3,900 - Individual \$7,800 - Family -- For Participants residing in Kootenai county

[Select Plan](#)

Medical Plan 1 - Outside 5 Northern Idaho Counties

PPO - Deductible \$1,500 - Individual \$3,000 - Family Out of Pocket Max \$3,900 - Individual \$7,800 - Family -- For Participants residing outside of the 5 Northern Idaho Counties

[Select Plan](#)

Medical Plan 1 Blue Value \$2400

POS - Deductible \$2,400 - Individual \$4,800 Family Out of Pocket Max \$4,800 - Individual \$9,600 - Family -- For St. Mary's Hospital/Clinics & Clearwater Valley Hospital/Clinics

Medical Plan 2 - 4 Northern Counties

POS - Deductible \$2,400 - Individual \$4,800 Family Out of Pocket Max \$7,200 - Individual \$14,400 - Family -- For Participants residing in the 4 Northern Idaho Counties

Medical Plan 2 - Inside Kootenai County

POS - Deductible \$2,400 - Individual \$4,800 - Family Out of Pocket Max \$7,200 - Individual \$14,400 - Family -- For Participants residing in Kootenai county

Using the Drug Pricing Feature:

At clearscript.org/kh

1. Click on the green 2024 Pharmacy Benefit button.
2. Select the plan you want to view.

Click on the Drug Pricing tab, enter your drug name and your location and click the search button.

CLEARSCRIPT Home My Prescriptions My Benefits Documents More

Drug Pricing Pharmacy Search

Enter Drug Name
LANTUS SOLOSTAR - 100/ML (3) INSULN PEN

City, State or Zip Code
83814

Locate Me Search

An excluded product will show a **Message** and the Savings Calculator tab will indicate “See other options”

LANTUS SOLOSTAR® (INSULIN GLARGINE,HUM.REC.ANLOG) View Detailed Drug Info

Brand / Generic: LANTUS SOLOSTAR (Brand) Form: INSULIN PEN (ML) Dosage: 100/ML (3)

Local Price Mail Order Price Savings Calculator See other options

Quantity: 15 Days: 34 Update Search Results Preferred Pharmacies Only

Pickup locally Items below may be picked up at your local pharmacy Sort by: PRICE Enter Zipcode Use My Location

Your Price	Status
\$26 (\$0.87 per day)	Tier 3 (Brand) Non Formulary

Message: The requested product is not covered as submitted. (ref. 284)~

Clicking the Savings Calculator tab will show the excluded drug at the top, and preferred products with pricing below.

Local Price Mail Order Price **Savings Calculator**
See other options

My Savings
Below are the few ways to help you save money on your prescription [Discover More Ways To Save](#)

[KOOTENAI HEALTH PHARMACY](#) 700 IRONWOOD DR 4.24 mi [Change Pharmacy](#) ▾

Similar Drugs
You may be able to save by switching to a similar drug [? You may need to consult your physician](#) [More Info](#)

Drug Name	Dosage	Quantity	Days	Total Cost
Lantus Solostar	100/ml (3)	15 inss	34 days	⚠ Pricing Unavailable
Semglee (Yfgn) Pen	100/ml (3)	15 inss	34 days	\$ per day Get Pricing
Levemir Flexpen	100/ml (3)	15 inss	34 days	\$ per day Get Pricing
Tresiba Flextouch U-100	100/ml (3)	15 inss	34 days	\$ per day Get Pricing
Tresiba Flextouch U-200	200/ml (3)	15 inss	34 days	\$ per day Get Pricing

- A preferred product will display pricing
- A preferred product will also state “No savings for this drug” under the Savings Calculator

< HOME | DRUG PRICE CHECK

Print

NO IMAGE
AVAILABLE

SEMGLEE (YFGN) PEN® (INSULIN GLARGINE-YFGN)

[View Detailed Drug Info](#)

~~\$11.11~~ - ~~\$11.11~~ per day \$2.00 copay

Brand / Generic

SEMGLEE (YFGN) PEN (Brand) ▾

Form

INSULIN PEN (ML) ▾

Dosage

100/ML (3) ▾

Local Price

As low as ~~\$11.11~~ per day

Mail Order Price

As low as ~~\$11.11~~ per day

Savings Calculator

No savings for this drug

Quantity

15 ▾

Days

30 ▾

[Update Search Results](#)

Preferred Pharmacies Only [i](#)

Pickup locally

Items below may be picked up at your local pharmacy

Sort by **PRICE** ▾

Enter Zipcode

[Use My Location](#)

Your Price

Plan Share: \$11.11

KOOTENAI HEALTH PHARMACY

4.24 mi

700 Ironwood Dr
Coeur D Alene, Id, 83814
(208) 625-3190

8:00 AM - 8:00 PM

In-Store Pickup

[Get Directions](#)