

# HPN Balance Plans

## What you need to know about your prescriptions.

Your HPN Balance Plan pharmacy network includes the following pharmacies:

- Walgreens\*
- Smiths Food & Drug
- VONS
- Albertsons/Sav-on
- Any other contracted pharmacy in the HPN Balance Plan network

Your HPN Balance Plan pharmacy network does not include:

- CVS Pharmacy
- CVS Pharmacy inside Target
- Walmart
- Sam's Club

If you have filled prescriptions at these pharmacies, you will need to have your provider send them to a pharmacy in your HPN Balance Plan network.

You may also have your prescriptions transferred from your old pharmacy.

*\*Please note: Your **HPN Balance Plan** has a partnership with Walgreens that allows you to get up to a 90-day supply of your medications.*

**Are you filling one of the drugs listed below?** If yes, please note that your drug is not covered in your **HPN Balance Plan**. Please consult your provider about your medications and if a listed alternative might be right for you.

DRUG NAME**	ALTERNATIVES
Famotidine	Over-the-counter famotidine (Pepcid)
Meclizine	Over-the-counter meclizine
Lansoprazole	Over-the-counter lansoprazole (Prevacid)
Vyvanse	Adderall XR
Lo Loestrin FE	Multiple other generics iron-containing birth controls
Eletriptan	Rizatriptan, sumatriptan
Prempro	Premphase, medroxyprogesterone, estrogen
Restasis	Over-the-counter eye drops

\*\*The list of drugs is not all inclusive of the HPN Balance Plan PDL. There may be less common drugs also excluded. This is not a comprehensive list of drugs that will have a higher copay.

To see a full list of medications or find information on a specific drug, view the HPN Balance Plan Preferred Drug List (PDL) at [HealthPlanofNevada.com](http://HealthPlanofNevada.com).

If you have any questions, please call Member Services at the number on the back of your health plan ID card.



# Walgreens

**Are you filling one of the drugs listed below?** If yes, please note your copay may be higher than you are used to.

DRUG NAME**	
Fluticasone	Bystolic
Fenofibrate	Tivicay
Lantus	Entresto
Azelastine	Glipizide/Metformin
Humalog	Triumeq
Humira	Otezla
Tenofovir	Viibryd



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We do not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your health plan ID card or plan documents.

### **Español (Spanish)**

Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan o los documentos de su plan.

### **Tagalog (Tagalog)**

May karapatan kang makakuha ng tulong at impormasyon sa sinasalita mong wika nang libre. Upang humiling ng interpreter, tawagan ang toll-free na numero ng telepono para sa miyembro na nakalista sa iyong ID card sa planong pangkalusugan o sa mga dokumento ng plano.

**Carry**



**your health plan  
ID card with you**

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