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**Pharmacy Benefit Management (PBM) Program
 FORMULARY/PRODUCT RESTRICTIONS**

Key:

B Available as brand name only
G Available as a generic equivalent

\$ Average cost < \$50 per prescription
\$\$ Average cost \$50 to \$99 per prescription
\$\$\$ Average cost \$100 to \$249 per prescription
\$\$\$\$ Average cost \$250 to \$499 per prescription
\$\$\$\$\$ Average cost > \$499 per prescription

F Formulary: Indicates that the product is available without prior authorization.
N/F Non-Formulary: Indicates that the product is not available. An alternative F (Formulary) or PA (Prior Authorization) agent must be selected.
PA Prior Authorization: Indicates that the product require prior approval by WSI before being dispensed to the injured worker.

85 Hematological Agents -

Miscellaneous	Description	Brand Name	B/G	Cost	Status
<i>8515 Platelet Aggregation Inhibitors</i>					
	Dipyridamole Tab 25mg	Persantine	G		PA
	Dipyridamole Tab 50mg	Persantine	G		PA
	Dipyridamole Tab 75mg	Persantine	G		PA
851555	Phosphodiesterase III Inhibitors				
	Cilostazol Tab 50mg	Pletal	G		PA

	Cilostazol Tab 100mg	Pletal	G		PA
851557	Protease-Activated - 1 (PAR - 1) Antagonists				
	Vorapaxar Tab 2.08mg	Zontivity	B		PA
851560	Quinazoline Agents				
	Anagrelide Cap 0.5mg	Agrylin	G		PA
	Anagrelide Cap 1mg	Agrylin	G		PA
851580	Thienopyridine Derivatives				
	Clopidogrel Tab 75mg	Plavix	G	\$	PA
	Clopidogrel Tab 300mg	Plavix	G		PA
	Prasugrel Tab 5mg	Effient	B		PA
	Prasugrel Tab 10mg	Effient	B		PA
	Ticlopidine Tab 250mg		G		PA
851584	Cyclopentyltriazolopyrimidine (CPTP) Derivatives				
	Ticagrelor Tab 90mg	Brilinta	B		N/F
851599	Platelet Aggregation Inhibitor Combinations				
	Dipyridamole-Aspirin Cap Ext Rel 200mg/25mg	Aggrenox	G		PA
8520	Hematorheologic Agents				
	Pentoxifylline Tab Ext Rel 400mg		G	\$	PA
8582	Bradykinin B2 Receptor Antagonists				
	Icatibant Inj 30mg/3ml	Firazyr	B		N/F