

## Municipal Health Benefit Plan

### Prescription Drug Program – Prior Authorization List

The Municipal Health Benefit Fund prescription drug program utilizes the services of the University of Arkansas for Medical Sciences (UAMS) College of Pharmacy's Evidence-Based Prescription Drug Program to establish coverage criteria for each of the drugs / drug categories listed below. Therefore, coverage of these agents will require prior authorization. Your **physician** may call EBRx at (866) 785-7935 to request prior authorization.

#### **All Specialty Drugs – provided by Allcare Specialty Pharmacy**

##### **Anti-diabetic Agents**

- Nesina
- Kazano
- Juvisync
- Oseni
- Gattex Kit
- Januvia
- Janumet / XR
- Jentadueto
- Onglyza
- Tradjenta
- Kombiglyze
- Victoza
- Byetta
- Symlin

##### **Anti-asthmatic Agents**

- Advair
- Symbicort
- Serevent
- Foradil
- Perforomist
- Brovana
- Dulera

##### **Misc. Products**

Compounded prescriptions  
greater than \$200.00

- Lidoderm Patches
- Nuvigil
- Provigil
- Uloric
- Xyrem
- Zyvox