



## Evidence-Based Prescription Drug Program Guide – Effective January 1, 2017 Arkansas Municipal League

*Updated 1/10/2017*

Effective January 1, 2017, Municipal Health Benefit Fund will expand its integration of an evidence-based prescription drug program with the prescription drug benefit. Changes to the prescription plan are based on recommendations and assistance from RxResults, LLC.

- **Reference Pricing** – The plan uses this initiative when there are one or more similarly effective and lower cost drugs in a drug category. When these occur, the benefit plan will only pay the amount it would pay for the lower-cost drugs and patients will pay the difference in cost between the higher-cost drug and the lower-cost alternatives in the form of a higher co-payment. **NOTE: the amount paid in excess of the lower-cost alternative will not count towards the annual maximum out-of-pocket.** Many times, patients have an opportunity to reduce their co-payment expenses by switching to an alternative drug product.
- **Prior Authorization** – The plan uses this initiative when it is recommended that qualified personnel review a patient's medical situation or medication history prior to benefit coverage of a particular drug.
- **Step Therapy** – The plan uses this initiative to require that a patient first try one or more drug products before the plan will provide benefit coverage for another drug.
- **Exclusions** – The plan uses this initiative when there are other lower-cost drug products that are considered equally effective. Refer to the additional Exclusions document for a list of excluded drugs.

✓ For questions, please call RxResults Member Services toll free at 1-844-853-9400 between 7 a.m. and 7 p.m.

### REFERENCE PRICING

*Generic drugs italicized*

<b><i>If you are taking any of these drugs with high patient co-payments:</i></b>	<b><i>Ask your physician if you can switch to these drug alternatives with lower patient co-payments:</i></b>
<b>ADHD/CNS Stimulants</b>	
All long acting amphetamines and methylphenidates, such as, Adderall XR, Adzenys XR, <i>amphetamine ER</i> , Concerta, Daytrana, Focalin XR, Metadate CD, <i>methylphenidate ER</i> , Quillichew CHW, Ritalin LA, Vyvanse	Immediate release <i>amphetamine-dextroamphetamine, dextroamphetamine, methylphenidate, dexmethylphenidate</i> <i>OR clonidine</i> (for Kapvay) <b>Children age 19 and under are exempt.</b>
<b>Antibiotics (alternatives in right column correlate to same line in left column)</b>	
Acticlate, Adoxa, Doryx, <i>doxycycline hyclate DR, doxycycline capsules 75mg &amp; 150 mg</i> , Monodox, Oracea, Oraxyl, Periostat, Targadox  Minocin, <i>minocycline ER</i> , Moxatag, Solodyn	Immediate release <i>doxycycline, (except 75 mg and 150 mg capsules)</i>  Immediate release <i>minocycline, amoxicillin</i>
<b>Anticonvulsants – Gabapentin</b>	
Gralise, Horizant, Lyrica, Neurontin, Neurontin Sol, Spritam	<i>gabapentin or levetiracetam sol</i> (for Spritam)
<b>Antidepressants</b>	
Cymbalta, Desvenlafaxine ER, <i>desvenlafaxine, duloxetine</i> , Effexor XR, Fetzima, Irenka, Khedezla ER, Pristiq, <i>venlafaxine</i> Tablet ER (37.5mg, 75mg, 150mg and 225mg)	<i>bupropion, citalopram, escitalopram, fluoxetine, paroxetine, sertraline</i> , immediate release <i>venlafaxine</i> or <i>venlafaxine ER</i> (capsule only)
<b>Antihypertensives (High Blood Pressure Drugs)</b>	
<i>amlodipine/valsartan, amlodipine/valsartan/HCTZ</i> , Amturnide, Atacand/HCT, Avalide, Avapro, Azor, Benicar/HCT, Cozaar, Diovan, Diovan HCT, Edarbi, Edarbyclor, Eprosartan, Exforge/HCT, Hyzaar, Micardis/HCT, Tekamlo, Tekturna/HCT, <i>telmisartan/amlodipine, telmisartan/HCT</i> , Tribenzor, Twynsta, Valturna	<b>Generic ACE Inhibitors:</b> <i>benazepril/HCT, captopril/HCT, enalapril/HCT, fosinopril/HCT, lisinopril/HCT, moexepiril/HCT, perindopril, ramipril, quinapril/HCT,trandolapril</i> <b>Generic ARB Agents:</b> <i>losartan/HCTZ, irbesartan, eprosartan</i>

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<b><i>If you are taking any of these drugs with high patient co-payments:</i></b>	<b><i>Ask your physician if you can switch to these drug alternatives with lower patient co-payments:</i></b>
<b>Cholesterol Reducers – Fibric Acid Derivatives</b>	
Antara, brand Fenofibric Acid, <i>fenofibrate</i> (50, 120, 130, 135, 145 & 150 mg only), <i>fenofibrac cap</i> , Fenoglide, Fibricor, Lipofen, Lofibra, Lopid, Tricor, Triglide, Trilipix	<i>fenofibrate</i> (strengths other than 120, 130mg, 135mg, 145mg & 150 mg are less expensive)
<b>Cholesterol Reducers - Statins</b>	
Advicor, Altoprev, <i>amlodipine/atorvastatin combination</i> , Caduet, Crestor (except 40mg strength), <i>fluvastatin tab 80 mg</i> , Lescol, Lescol XL, Lipitor, Livalo, Mevacor, Pravachol, <i>rosuvastatin</i> (except 40mg strength), Simcor, Vytorin, Zocor	<b>Preferred generics :</b> <i>lovastatin, pravastatin, simvastatin</i> .  <b>Other generic alternatives :</b> <i>atorvastatin, fluvastatin</i> .
<b>Migraine Agents – Triptans</b>	
<i>almotriptan</i> , Amerge, Axert, Frova, <i>frovatriptan</i> , Imitrex (brand only), Imitrex Spray, Maxalt, Onzetra, Relpax, <i>sumatriptan spray</i> , SumaChip, Sumavel, Treximet, <i>zolmitriptan</i> , Zecuity Pads, Zembrace Inj, Zomig, Zomig spray	<i>sumatriptan, naratriptan (for Amerge), rizatriptan (for Maxalt)</i>
<b>Muscle Relaxants</b>	
Amrix, Carisoprodol, Fexmid, Lorzone, <i>metaxalone</i> , Norflex, <i>orphenadrine inj</i> , Parafon, Robaxin, Skelaxin, Soma, Zanaflex	<i>carisoprodol, chlorzoxasone, cyclobenzaprine, methocarbamol, and tizanidine tablets</i>
<b>Osteoporosis Agents - Bisphosphonates</b>	
Actonel, brande Alendronate, Atelvia, Binosto, Boniva, Fosamax, Fosamax-D, <i>ibandronate, risedronate</i>	<i>alendronate</i>
<b>Overactive Bladder – Urinary Antispasmodics</b>	
<i>darifenacin</i> , Detrol/LA, Ditropan XL, Enablex, Gelnique, Myrbetriq, <i>oxybutynin ER</i> , Oxytrol, <i>tolterodine/ER</i> , Toviaz, <i>trospium CL, trospium CL ER</i> , Vesicare	immediate release <i>oxybutynin</i>
<b>Pain Medication / Analgesics</b> (alternatives in right column correlate to same line in left column)	
Anaprox, Arthotec, Celebrex, <i>celecoxib</i> , Daypro, <i>diclofenac/misoprostol</i> , <i>indomethacin cap ER/SR</i> , Ketoprofen ER, <i>mefenamic acid cap</i> , Mobic, Naprelan, Naproxen <i>naproxen 550mg tablet</i> , Naproxen CR, <i>oxaprozin</i> , Ponstel, Voltaren-XR, Vivlodex, Zipsor, Zorvolex	generic NSAIDs for Celebrex, <i>naproxen</i> (except 550mg) for Naprelan generic immediate release <i>diclofenac</i> and <i>misoprostol</i> (for Arthotec)
ConZip, Ryzolt, <i>tramadol HCL ER</i> , Ultracet, Ultram (brand only), Ultram ER	immediate release <i>tramadol</i>
Duragesic Dis, Lazanda Spray, Subsys Spray	<i>fentanyl patch</i>
<b>Sleep Aids – Sedatives/Hypnotics</b>	
Ambien (brand only), Ambien CR, Belsomra, Edluar, <i>eszopiclone</i> , Intermezzo, Lunesta, Rozerem, Silenor, Sonata (brand only), <i>zolpidem ER</i> , Zolpimist	<i>zaleplon</i> , immediate release <i>zolpidem</i>

## PRIOR AUTHORIZATION

<i>Drugs requiring prior-authorization</i>	<i>Exceptions / Conditions</i>
<b>Antibiotics - Oxazolidinones</b>	
<i>linezolid, Vancocin, vancomycin, Zyvox</i>	Bactrim, <i>clindamycin, doxycycline</i>
<b>Antidiabetics – Amylin Analogues, DPP-4 Inhibitors and GLP Receptor Agonists</b>	
Byetta, Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, Kazano, Kombiglyze / XR, Nesina, Onglyza, Oseni, Symmlin pen, Tanzeum, Tradjenta, Trulicity, Victoza	Coverage is grandfathered if same drug filled in the last 100 days.
<b>ADHD / CNS Stimulants</b>	
<i>armodafinil, modafinil, Nuvigil, Provigil</i>	
<b>Anti-Fungals</b>	
Vfend, <i>voriconazole</i>	<i>fluconazole, itraconazole</i>
<b>Cholesterol/Lipid Reducers – Statins &amp; Ezetimibe</b>	
Crestor (40mg strength only), <i>rosuvastatin</i> (40mg strength only), Zetia	No grandfathering for Crestor 40mg or <i>rosuvastatin</i> 40 mg. Coverage for Zetia is grandfathered if Zetia has been filled in the last 100 days.
<b>Dermatologicals – Topical Anesthetics</b>	
Lidoderm Dis 5%, <i>lidocaine pad</i> 5%	Other generic topical anesthetics preferred
<b>Gout Agents</b>	
Uloric	Generic allopurinol preferred
<b>Miscellaneous</b>	
Compound prescriptions greater than \$200	
<b>Nasal Steroids</b>	
<i>budesonide, Pulmicort</i>	
<b>Pain Medication/Analgesics</b>	
Actiq lozenges, Fentanyl lozenges, Fentora	

## STEP THERAPY

<i>Drugs with step therapy requirements</i>	<i>Conditions</i>
<b>Antibiotics – Dificid and Vancomycin</b>	
Dificid, <i>linezolid, vancomycin, Vancocin, Zyvox</i>	Must try <i>metronidazole</i> or <i>metronidazole SR</i> before coverage
<b>Antiasthmatics – Beta Agonists, including Combination Products</b>	
Advair, Arcapta, Brovana, Dulera, Foradil, Perforomist Neb, Serevent, Symbicort	Coverage allowed if patient has been compliant with an inhaled corticosteroid. <b>Patients 40 years or older are exempt from step therapy.</b>

**EXCLUSIONS** – See the Exclusions List for a list of drugs excluded from coverage.