



Evidence-Based Prescription Drug Program Guide

Arkansas Municipal League

Effective August 1, 2017



Updated 6/1/2017

Effective August 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.
- **Exclusion** – 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

<i>If you are taking any of these drugs with high patient co-payments:</i>	<i>Ask your physician if you can switch to these drug alternatives with lower patient co-payments:</i>
ADHD/CNS Stimulants	
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 or clonidine IR</i> Children age 19 and under are exempt.
Antibiotics (alternatives in right column correlate to same line in left column)	
Acticlate, Adoxa, Doryx, <i>doxycycline hyclate DR, doxycycline capsules 75mg & 150 mg, doxycycline mono</i> , Monodox, Oracea, Targadox, Vibramycin	immediate release <i>doxycycline, (20mg, 50mg & 100 mg capsules)</i> Immediate release <i>minocycline capsules, amoxicillin</i>
Minocin, <i>minocycline ER, minocycline IR tabs</i> , Moxatag, Solodyn	
Anticonvulsants – Gabapentin	
Gralise, Horizant, Lyrica, Neurontin, Neurontin Sol, Spritam	<i>gabapentin or levetiracetam sol</i> (for Spritam)
Antidepressants	
Cymbalta, Desvenlafaxine ER, <i>desvenlafaxine, duloxetine</i> , Effexor XR, Fetzima, Khedezla ER, Pristiq, <i>venlafaxine Tablet ER (37.5mg, 75mg, 150mg and 225mg)</i>	<i>bupropion, citalopram, escitalopram, fluoxetine, paroxetine, sertraline</i> , immediate release <i>venlafaxine or venlafaxine ER (capsule only)</i>
Antihypertensives (High Blood Pressure Drugs)	
<i>amlodipine/valsartan, amlodipine/valsartan/HCTZ</i> , Amturnide, Atacand/HCT, Avalide, Avapro, Azor, Benicar/HCT, Cozaar, Coreg CR, Diovan, Diovan HCT, Edarbi, Edarbyclor, Eprosartan, Exforge/HCT, Hyzaar, Micardis/HCT, olmesartan/amlodipine/hctz, Tekamlo, Tekturna/HCT, <i>telmisartan/amlodipine, telmisartan/HCT</i> , Tribenzor, Twynsta, Valturna	Generic ACE Inhibitors: <i>benazepril/HCT, captopril/HCT, enalapril/HCT, fosinopril/HCT, lisinopril/HCT, moexepiril/HCT, perindopril, ramipril, quinapril/HCT, trandolapril, generic carvedilol for Coreg CR</i> Generic ARB Agents: <i>losartan/HCTZ, irbesartan, eprosartan</i>

REFERENCE PRICING

All brand drug products listed are registered trademarks of their respective manufacturers.

<i>If you are taking any of these drugs with high patient co-payments:</i>	<i>Ask your physician if you can switch to these drug alternatives with lower patient co-payments:</i>
Cholesterol Reducers - Statins	
Advicor, Altoprev, <i>amlodipine/atorvastatin combination</i> , Atorvastatin/COQ10, Caduet, Crestor (except 40mg strength), <i>ezetim/simva tab</i> , <i>fluvastatin cap</i> , <i>fluvastatin tab 80 mg</i> , Lescol, Lescol XL, Lipitor, Livalo, Mevacor, Pravachol, <i>rosuvastatin</i> (except 40mg strength), Simcor, Vytorin, Zocor	Preferred generics : <i>lovastatin, pravastatin, simvastatin</i> . Other generic alternatives : <i>atorvastatin, fluvastatin</i> .
Migraine Agents – Triptans	
<i>almotriptan</i> , Amerge, Axert, Frova, <i>frovatriptan</i> , Imitrex (brand only), Imitrex Spray, Maxalt, Relpax, <i>sumatriptan spray</i> , SumaChip, Sumavel, Treximet, <i>zolmitriptan</i> , Zembrace Inj, Zomig, Zomig spray	<i>sumatriptan, naratriptan (for Amerge), rizatriptan (for Maxalt)</i>
Muscle Relaxants	
Amrix, Carisoprodol, Fexmid, Flexeril, Lorzone, <i>metaxalone</i> , Parafon, Robaxin, Skelaxin, Soma, Zanaflex	<i>carisoprodol, chlorzoxasone, cyclobenzaprine, methocarbamol, and tizanidine tablets</i>
Osteoporosis Agents - Bisphosphonates	
Actonel, Alendronate, Atelvia, Binosto, Boniva, Fosamax, Fosamax-D, <i>ibandronate, risedronate</i>	<i>alendronate</i>
Overactive Bladder – Urinary Antispasmodics	
<i>darifenacin</i> , Detrol/LA, Ditropan XL, Enablex, Gelnique, Myrbetriq, <i>oxybutynin ER</i> , Oxytrol, <i>tolterodine/ER</i> , Toviaz, <i>tropium CL, tropium CL ER</i> , Vesicare	Immediate release <i>oxybutynin</i>
Pain Medication / Analgesics (alternatives in right column correlate to same line in left column)	
Allzital, Anaprox, Arthotec, Bupap, Celebrex, <i>celecoxib</i> , Daypro, <i>diclofenac/misoprostol</i> , <i>indomethacin cap ER/SR</i> , Esig, Feldene, Fioricet, Fiorinal, Ketoprofen ER, <i>mefenamic acid cap</i> , Mobic, Naprelan, Naproxen <i>naproxen 550mg tablet</i> , Naproxen CR, <i>oxaprozin</i> , <i>piroxicam</i> , Ponstel, Tencon, <i>tramadol HCL ER</i> , Vanatol, Voltaren-XR, Vivlodex, Zipsor, Zorvolex ConZip, Ryzolt, <i>tramadol HCL ER</i> , Ultracet, Ultram (brand only), Ultram ER Duragesic Dis, Lazanda Spray, Subsys Spray	generic NSAIDs for Celebrex, <i>naproxen</i> (except 550mg) for Naprelan generic immediate release <i>diclofenac</i> and <i>misoprostol</i> (for Arthrotec) generic immediate release <i>tramadol</i> <i>fentanyl patch</i>
Sleep Aids – Sedatives/Hypnotics	
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>
Antibiotics - Oxazolidinones	
<i>linezolid, Vancocin, vancomycin, Zyvox</i>	Bactrim, <i>clindamycin, doxycycline</i>
Antidiabetics – SGLT2, and GLP1	
Jardiance, Synjardy, Victoza	Coverage is grandfathered if same drug filled in the last 100 days.
ADHD / CNS Stimulants	
<i>armodafinil, modafinil, Nuvigil, Provigil</i>	Coverage is grandfathered if same drug filled in the last 100 days.
Anti-Fungals	
Vfend, <i>voriconazole</i>	<i>fluconazole, itraconazole</i>
Cholesterol/Lipid Reducers – Statins & Ezetimibe	
Crestor (40mg strength only), <i>rosuvastatin</i> (40mg strength only), Zetia	No grandfathering for Crestor 40mg or <i>rosuvastatin 40 mg</i> . Coverage for Zetia is grandfathered if Zetia has been filled in the last 100 days.
Dermatologicals – Topical Anesthetics	
Lidoderm Dis 5%, <i>lidocaine pad 5%</i>	Other generic topical anesthetics preferred
Gout Agents	
Uloric	Generic allopurinol preferred
Miscellaneous	
Compound prescriptions greater than \$200	
Nasal Steroids	
<i>budesonide, Pulmicort</i>	
Pain Medication/Analgesics	
Actiq lozenges, Fentanyl lozenges, Fentora	

STEP THERAPY

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

EXCLUSION – See the Prescription Drug Exclusion List for a list of drugs excluded from coverage. ***This list is not all-inclusive and is subject to change without notice.***