 **Evidence-Based Prescription Drug Program Guide – Effective January 1, 2016**

**Arkansas Municipal League**

Effective January 1, 2016, 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.
* **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*

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| ***If you are taking any of these*** ***drugs with high patient co-payments:*** | ***Ask your physician if you can switch to these*** ***drug alternatives with lower patient co-payments:*** |
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| **Antibiotics** (alternatives in right column correlate to same line in left column) |
| Acticlate, Adoxa, Doryx, *doxycycline hyclate DR*, Monodox, Oracea, Oraxyl, Periostat, Targadox, Dynacin, Minocin, Minocin Kit, *minocycline ER*, Amoxicillin SR, *lansoprazole/amoxicillin/clarithromycin,*  Moxatag, PrevPac | *immediate release doxycycline, minocycline, amoxicillin* |
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| **Anticonvulsants – Gabapentin** |
| Gralise, Lyrica, Neurontin | *gabapentin* |
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| **Antidepressants** |
| Cymbalta, Desvenlafaxine ER, generic *desvenlafaxine,*  generic *duloxetine*, Effexor XR, Irenka, Khedezla ER, Pristiq | *generic venlafaxine* |
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| **Antihistamines – Non-Sedating** |
| Clarinex, Clarinex-D, Xyzal | OTC Claritin®, OTC Zyrtec®, OTC Allegra®, cetirizine, loratadine |
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| **Antihypertensives (High Blood Pressure Drugs)** |
| *amolodipine/valsartan*/HCTZ, Amturnide, Atacand/HCT, Avalide, Avapro, Azor, Benicar/HCT, Cozaar, Diovan/HCT, Edarbi, Edarbyclor, Esprosartan, Exforge/HCT, Hyzaar, Micardis/HCT, Tekamlo, Tekturna/HCT, *telmisartan/HCT*, Tribenzor, Twynsta, Valturna | **Generic ACE Inhibitors***: benazepril/HCT, captopril/HCT, enalapril/HCT, fosinopril/HCT, lisinopril/HCT, moexepril/HCT, perindopril, ramipril, quinapril/HCT, trandolapril***Generic ARB Agents:** *losartan/HCTZ, irbesartan, eprosartan* |
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| **Cholesterol Reducers – Fibric Acid Derivatives** |
| Antara, brand Fenofibric Acid, *fenofibrate (43, 130, 135, 145 & 150 mg only),* Fenoglide, Fibricor, Lipofen, Lofibra, Lopid, Tricor, Triglide, Trilipix | *fenofibrate (strengths other than 43mg, 130mg, 135mg, 145mg & 150 mg are less expensive)* |
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| **Cholesterol Reducers - Statins** |
| Advicor, Altoprev, *amlodipine/atorvastatin combination*, Caduet, Crestor (except 40mg strength), Lescol, Lescol XL, Lipitor, Livalo, Mevacor, Pravachol, Simcor, Vytorin, Zocor  | **Preferred generics**: *lovastatin, pravastatin, simvastatin.***Other generic alternatives**: *atorvastatin,* *fluvastatin*. |
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| **Gastric Acid Reducers/Anti-Ulcer Drugs – Proton Pump Inhibitors** |
| Aciphex, Dexilant, Duexis, *esomeprazole,* *lansoprazole*, Nexium, *omeprazole/sodium bicarbonate*, Prevacid (prescription strength only), Prilosec (prescription strength only), Protonix, *rabeprazole,* Vimovo, and Zegerid capsules (prescription strength only) | *omeprazole, pantoprazole (including generic over-the-counter products), Prilosec OTC®, Prevacid®24HR (OTC), Zegerid OTC®, or Nexium® 24HR* |
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**reference pricing**

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| ***If you are taking any of these******drugs with high patient co-payments:*** | ***Ask your physician if you can switch to these*** ***drug alternatives with lower patient co-payments:*** |
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| **Migraine Agents – Triptans** |
| *almotriptan,* Amerge, Axert, Frova, Imitrex (brand only), Maxalt, Relpax, Sumavel, Treximet, *zolmitriptan*, Zomig, Zomig ZMT | *sumatriptan, naratriptan (for Amerge), rizatriptan (for Maxalt)* |
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| **Muscle Relaxants** |
| Amrix, branded Carisoprodol, Fexmid, Flexeril, Lorzone, *metaxalone*, Norflex, Orphen CPD, orphenadrine inj, Parafon, Robaxin, Skelaxin, Soma, Zanaflex | *carisoprodol, chlorzoxasone, cyclobenzaprine, methocarbamol, and* *tizanidine* |
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| **Osteoporosis Agents - Bisphosphonates** |
| Actonel, branded Alendronate, Atelvia, Binosto, Boniva, Fosamax, Fosamax-D, *ibandronate, risedronate* | *alendronate* |
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| **Overactive Bladder – Urinary Antispasmodics** |
| Detrol/LA, Ditropan XL, Enablex, Gelnique, Myrbetriq, *oxybutynin ER*, Oxytrol, Sanctura/XL, *tolterodine/ER,* Toviaz, *trospium CL,* *trospium CL ER*, Vesicare | *immediate release oxybutynin* |
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| **Pain Killers / Analgesics** (alternatives in right column correlate to same line in left column) |
| Daypro, *mefenamic acid cap*, Ponstel, Voltaren-XR, ZipsorCelebrex, *celecoxib,* NaprelanLanzanda Spray, Subsys SprayConZip, Ryzolt, *tramadol ER*, Ultracet, Ultram (brand only), Ultram ER | *immediate release diclofenac**generic NSAIDs* for Celebrex, *generic* *naproxen* for Naprelan*generic fentanyl**immediate release tramadol* |
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| **Sleep Aids – Sedatives/Hypnotics** |
| Ambien (brand only), Ambien CR, Belsomra, Edluar, *eszopiclone,* Intermezzo, Lunesta, Rozerem, Silenor, Sonata (brand only), *zolpidem ER*, Zolpimist | *zaleplon, immediate release zolpidem* |

**prior authorization**

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| ***Drugs requiring prior-authorization*** | ***Exceptions / Conditions*** |
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| **Antibiotics - Oxazolidinones** |
| Dificid, *linezolid*, Vancocin, *vancomycin*, Zyvox | Bactrim, clindamycin, generic *doxycycline* |
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| **Antidiabetics – Amylin Analogues, DPP-4 Inhibitors and GLP Receptor Agonists** |
| Byetta, Janumet / XR, Januvia, Jentadueto, Juvisync, Kazano, Kombiglyze / XR, Nesina, Onglyza, Oseni, Symlinpen, Tanzeum, Tradjenta, Trulicity, Victoza | Coverage is grandfathered if same drug filled in the last 100 days. |
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| **ADHD / CNS Stimulants** |
| *modafinil*, Nuvigil, Provigil | Coverage is grandfathered if same drug filled in the last 100 days. |
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| **Cholesterol/Lipid Reducers – Statins & Ezetimibe** |
| Crestor (40mg strength only), Zetia | Coverage for Zetia is grandfathered if Zetia has been filled in the last 100 days. No grandfathering for Crestor 40mg. |
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| **Dermatologicals – Topical Anesthetics** |
| *lidocaine* *pad 5%*, Lidoderm 5% | Other generic topical anesthetics preferred |
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| **Gout Agents** |
| Uloric | Generic allopurinol preferred |
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| **Miscellaneous** |
| Compound prescriptions greater than $200 |

**step therapy**

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| ***Drugs with step therapy requirements*** | ***Conditions*** |
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| **Antibiotics – Dificid and Vancomycin** |
| Dificid, *vancomycin*, Vancocin | Must try *metronidazole* or *metronidazole SR* before coverage |
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| **Antiasthmatics – Beta Agonists, including Combination Products** |
| Advair, Arcapta, 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. |

**excluded**

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| ***Drugs that are excluded*** | ***Notes*** |
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| **ADHD / CNS Stimulants**(alternatives in right column correlate to same line in left column) |
| Kapvay Mis, Kapvay Tab Intuniv | Generic immediate release *guanfacine* covered.Generic *clonidine* is covered. |
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| **Antidepressants** |
| Vibryd, Vibryd Kit |  |
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| **Antidiabetics – SGLT2s** |
| Bydureon, Farxiga, Glyxambi, Invokana, Invokamet, Jardiance, Synjardy, Xigduo | Coverage for Bydureon may be grandfathered.Other diabetic therapies are covered and may require prior authorization. |
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| **Anticonvulsants - *Lamotrigine*** |
| Lamictal, Lamictal ODT, Lamictal XR, *lamotrigine* *ER, lamotrigine ODT* | Only generic immediate release *lamotrigine* covered. |
| **Cholesterol /Lipid-Lowering Agents – NAD, OMEGA-3 & PCSK9 Inhibitors** (alternatives in right column correlate to same line in left column) |
| Lovaza, generic *omega-3 acid*, VascepaNiaspan and *niacin ER*All PCSK9 inhibitors | Over The Counter Omega-3 fish oilOver The Counter niacin |
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| **Nasal Steroids** |
| All nasal steroids | Over-the-counter products at member cost |
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| **Pain Killers – (Non-Narcotic Topical Analgesics)** |
| All non-narcotic topical analgesics, except Lidoderm 5%. | Generic immediate release diclofenac, generic naproxen or other oral non-steroidal anti-inflammatory medications. |
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| **Testosterone Products – Topical/Buccal Administration** |
| Androderm, Androgel, Axiron, Fortesta, Natesto, Striant, Testim, Testopel, Vogelxo | Only injectabletestosteroneproducts are covered. |