The Municipal Health Benefit Fund prescription drug program utilizes the services of RxResults in partnership with 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. Coverage of these agents will require prior authorization. Your ***physician*** may call RxResults at 844-853-9400, Monday – Friday 7:00 AM – 7:00 PM, to request prior authorization.

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

**Anti-asthmatic Agents**

* Advair
* Arcapta
* Brovana
* Dulera
* Foradil
* Perforomist
* Serevent
* Symbicort

**Antibiotics**

* Dificid
* *linezolid* Inj.
* Vancocin
* *vancomycin*
* Zyvox

**Anti-diabetic Agents**

* Byetta
* Janumet / XR
* Januvia
* Jentadueto
* Juvisync
* Kazano
* Kombiglyze / XR
* Nesina
* Onglyza
* Oseni
* Symlinpen
* Tanzeum
* Tradjenta
* Trulicity
* Victoza

**Cholesterol Reducers**

* Crestor 40 MG
* Zetia

**CNS Stimulants (Narcolepsy)**

* *modafinil*
* Nuvigil
* Provigil

**Gout Agents**

* Uloric

**Misc. Products**

* Compounded prescriptions greater than $200.00

**Pain Killers/Analgesics**

* Lidoderm 5%, *lidocaine pad 5%*