



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

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. 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. Central Standard Time.

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

REFERENCE PRICING

<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>
Migraine Agents – Triptans	
Almotriptan, Amerge, Axert, Frova, Imitrex (brand only), Maxalt, Relpax, Sumavel, Treximet, <i>zolmitriptan</i> , Zomig, Zomig ZMT	<i>sumatriptan, naratriptan (for Amerge), rizatriptan (for Maxalt)</i>
Muscle Relaxants	
Amrix, branded Carisoprodol, Fexmid, Flexeril, Lorzone, <i>metaxalone</i> , Norflex, Orphen CPD, orphenadrine inj, Parafon, Robaxin, Skelaxin, Soma, Zanaflex	<i>carisoprodol, chlorzoxasone, cyclobenzaprine, methocarbamol, and tizanidine</i>
Osteoporosis Agents - Bisphosphonates	
Actonel, branded Alendronate, Atelvia, Binosto, Boniva, Fosamax, Fosamax-D, <i>ibandronate, risedronate</i>	<i>alendronate</i>
Overactive Bladder – Urinary Antispasmodics	
Detrol/LA, Ditropan XL, Enablex, Gelnique, Myrbetriq, <i>oxybutynin ER</i> , Oxytrol, Sanctura/XL, <i>tolterodine/ER</i> , Toviaz, <i>trospium CL</i> , <i>trospium CL ER</i> , Vesicare	<i>immediate release oxybutynin</i>
Pain Killers / Analgesics (alternatives in right column correlate to same line in left column)	
Daypro, Mefenamic Acid Cap, Ponstel, Voltaren-XR, Zipsor Celebrex, <i>celecoxib</i> , Naprelan Lanzanda Spray, Subsys Spray ConZip, Rybix, <i>tramadol ER</i> , Ultracet, Ultram (brand only), Ultram ER	<i>immediate release diclofenac</i> <i>generic NSAIDs for Celebrex, generic naproxen for Naprelan</i> <i>generic fentanyl</i> <i>immediate release tramadol</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, immediate release zolpidem</i>

PRIOR AUTHORIZATION

<i>Drugs requiring prior-authorization</i>	<i>Exceptions / Conditions</i>
Antibiotics - Oxazolidinones	
Zyvox	Bactrim, clindamycin, generic <i>doxycycline</i>
Antidiabetics – Amylin Analogues, DPP-4 Inhibitors and GLP Receptor Agonists	
Bydureon, Byetta, Janumet, Janumet XR, Januvia, Jentadueto, Juvisync, Kazano, Kombiglyze, Nesina, Onglyza, Oseni, Symmlin, Tanzeum, Tradjenta, Trulicity, Victoza	Coverage is grandfathered if same drug filled in the last 100 days.
ADHD / CNS Stimulants	
Modafinil, Nuvigil, Provigil	Coverage is grandfathered if same drug filled in the last 100 days.
Cholesterol 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.
Dermatologicals – Topical Anesthetics	
Lidocaine, Lidoderm	Other generic topical anesthetics preferred
Gout Agents	
Uloric	Generic allopurinol preferred

STEP THERAPY

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

EXCLUDED

<i>Drugs that are excluded</i>	<i>Notes</i>
ADHD / CNS Stimulants	
Intuniv	Generic immediate release <i>guanfacine</i> covered.
Anticonvulsants - Lamotrigine	
Lamictal, Lamictal ODT, Lamictal XR, <i>lamotrigine ER</i>	Only generic immediate release <i>lamotrigine</i> covered.
Lipid-Lowering Agents – NAD, OMEGA-3 & PCSK9 Inhibitors (alternatives in right column correlate to same line in left column)	
Lovaza, generic <i>omega-3 acid</i> , Vascepa Niaspan and <i>niacin ER</i> All PCSK9 inhibitors	Over The Counter Omega-3 fish oil Over The Counter niacin
Nasal Steroids	
All nasal steroids	Over-the-counter products at member cost
Pain Killers – (Non-Narcotic Topical Analgesics)	
Capsiderm, Captracin, diclofenac gel, generic diclofenac solution, Flector, Mac Patch, Neuvaxin, Pennsaid solution, Qroxin, Releevia, Relyyks, Renovo, Sinelee, Solaice, Solaraze, Voltaren gel	Generic immediate release diclofenac, generic naproxen
Testosterone Products – Topical/Buccal Administration	
Androderm, Androgel, Axiron, Fortesta, Natesto, Striant, Testim, Testopel, Vogelxo	Only injectable testosterone products are covered.