City of Brownsville
PLAN YEAR 2016-2017

MEDICATION THERAPY MANAGEMENT GUIDE

The Medication Therapy Management approach is a progressive model of prescription utilization and consumer centered purchase options. The program offers the consumer a variety of options for prescription access and out of pocket cost management. Over the Counter, generic, best brand, non-best brand, and cost share prescriptions are available. Step therapy, prior authorization management tools are incorporated into the program to assist in managing prescription costs; evidence based prescription approaches with clinical excellence as an outcome objective. Enclosed are the prescription resources to assist in effective prescription purchasing.

- Member Let's Get Educated Rights and Responsibilities Postcard
- Prescription Flowsheet
- Step Therapy/RxResults
- Prior Authorization/RxResults
- OptumRx Specialty/Biotech Prescriptions
- Cost Share Prescriptions/Sample Cost Share Letter
- OptumRx - Accessing the Pharmacy Locator - Internet Direct Access (IDA)
- OptumRx Mobile Friendly Website: m.optumrx.com
- OptumRx Mobile Application
- Covered and Non-Covered Drugs
- High Deductible Health Savings Account Benefit Plans Wellness Drug List
- IEBP Political Subdivision Preferred Formulary

Political Subdivision Value Based Synergy Managing the Multi-Faceted Solutions to Healthcare Costs and Performance Based Outcome

Helpful Resources

Resource	Contact Information and Accessible Hours
TML MultiState Intergovernmental Employee Benefits Pool (IEBP)	**Physical:** 1821 Rutherford Lane, Suite 300 **|** Austin, Texas 78754 **Mailing:** PO Box 149190 **|** Austin, Texas 78714-9190
Customer Care Helpline	(800) 282-5385 **|** 8:30 AM - 5:00 PM Central
Secured Customer Care E-mail: Medical	Visit www.iebp.org ▸ click on the "Login" button ▸ click on "Online Customer Care" under the "My Tools" menu ▸ click on "Send a Secure Email" ▸ 8:30 AM - 5:00 PM Central
Secured Customer Care E-mail: Dental	dental-mail@iebp.org
Provider Benefit Information Portal: Provider information can be found under the Provider Services menu. Member specific information such as Eligibility, Claims, Summary of Benefits and Coverage, Provider Coding Guidelines, Medication Therapy Management Guide, Member Rights and Responsibilities, Provider/Member Appeal Rights and IEBP Quality Improvement Plan information is also available.	Visit www.iebp.org ▸ to register, click on the "Sign Up" link under the provider section ▸ to login, click on the "Login" button at the top right hand side of the screen
TML MultiState IEBP Internet Website	www.iebp.org **|** Twenty-four (24) hrs
*My*IEBP Mobile Access	iPhone–App Store, Droid–Google Play, All other Phones–www.iebp.org **|** Twenty-four (24) hrs
Information on how IEBP evaluates new technology for inclusion as a covered benefit	Visit www.iebp.org ▸ click on "About Us" ▸ click on "Technology"
Medical Authorizations	(800) 847-1213 **|** 8:30 AM - 5:00 PM Central
Prescription Authorizations	RxResults **|** Toll Free: (855) 892-0936 **|** Local: (501) 686-7463 **|** Fax: (855) 851-5799 **|** 7:00 AM - 7:00 PM Central
Professional Health Coaches: Professional Health Coaches will answer basic health and medication questions and assist Covered Individuals with the Healthy Initiatives Incentive Program. Covered Individuals may enroll in professional health coaching.	(888) 818-2822 **|** 9:30 AM - 6:00 PM Central or Scheduled Appt.
Spanish Line	(800) 385-9952 **|** Spanish_cc@iebp.org *(There is an underscore between Spanish and cc.)*
Where to Mail Paper Medical Claims	TML MultiState IEBP **|** PO Box 149190 **|** Austin, Texas 78714-9190
Where to Mail Paper OptumRx Prescription Claims	OptumRx **|** PO Box 29044 **|** Hot Springs, AR 71903
OptumRx Prescription Member Customer Service	(888) 543-1369
OptumRx Prescription Pharmacist and Mail Service Customer Service: Register at optumrx.com to receive e-mail reminders when it is time to refill your prescription.	(800) 788-7871 (TTY 711) **|** www.optumrx.com
OptumRx Specialty/Biotech Pharmacy	(866) 218-5445 **|** Fax: (800) 491-7997
Telehealth	Healthiest You **|** (866) 703-1259 **|** www.healthiestyou.com
After Hours and/or Weekend Medical and Mental Healthcare Emergencies	Call 911 or immediately go to the emergency department.
IEBP Performance Improvement Plan	Visit www.iebp.org ▸ click on the "Login" button ▸ click on "My Tools" ▸ click on "Quality Improvement Program"

Table of Contents

Helpful Resources **2**

Member Let's Get Educated Rights and Responsibilities Postcard **4**

Prescription Flowsheet **5**

Medication Therapy Management Alliance Partners 5
Retail and Mail Order Covered Individual Copayments 5

Step Therapy **8**

Clinical Prior Authorization **9**

OptumRx Specialty/Biotech Pharmacy **11**

Cost Share Copay Drugs **14**

Sample Cost Share Letter 18

Prescription Benefits **21**

MAC A Rx Plan 21
MAC C Rx Plan 21
High Deductible Health Savings Account Benefit Plans 21
Authorized Generics 21

OptumRx Mail Order Service **22**

OptumRx Mobile Friendly Website **24**

OptumRx Mobile Application **25**

Covered and Non-Covered Drugs **27**

High Deductible Health Savings Account Benefit Plans Wellness Drug List **28**

OptumRx Political Subdivision Formulary **33**

Biosimilar FDA Approval Standards **42**

Member Let's Get Educated Rights and Responsibilities Postcard

TML MultiState
Intergovernmental Employee Benefits Pool

MEMBER RIGHTS AND RESPONSIBILITIES

Let's Get Educated!

Information on how IEBP evaluates new technology for inclusion as a covered benefit.

Summary of Benefits and Coverage (SBC)

1. **Login:** www.iebp.org
2. Select: My Tools
3. Select: MyBenefits onDemand
4. Select: Benefits
5. Select: Medical
6. Summary of Benefits and Coverage

1. **Login:** www.iebp.org
2. Select: My Tools
3. Select: MyBenefits onDemand
4. Select: Benefits
5. Select: Summary of Benefit Changes
6. **Medical and SBC Summary of Modifications**

Medical Plan

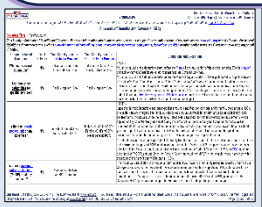
1. **Login:** www.iebp.org
2. Select: My Tools
3. Select: MyBenefits onDemand
4. Select: Benefits
5. Select: Medical
6. Medical Plan Book

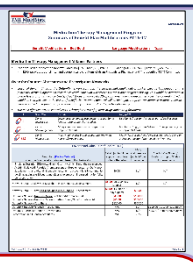
1. **Login:** www.iebp.org
2. Select: My Tools
3. Select: MyBenefits onDemand
4. Select: Benefits
5. Select: Summary of Benefit Changes
6. **Medical and SBC Summary of Modifications**

Medication Therapy Management Program

1. **Login:** www.iebp.org
2. Select: My Tools
3. Select: MyBenefits onDemand
4. Select: Helpful Guides
5. Select: TML MultiState IEBP Helpful Guides
6. Medication Therapy Management Guide

1. **Login:** www.iebp.org
2. Select: My Tools
3. Select: MyBenefits onDemand
4. Select: Benefits
5. Select: Summary of Benefit Changes
6. **MTMP Summary of Modifications**





Member Rights and Notice of Privacy Practices

1. **Login:** www.iebp.org
2. Select: My Tools
3. Select: MyBenefits onDemand
4. Select: Helpful Guides
5. Select: TML MultiState IEBP Helpful Guides
6. Member Rights and Responsibilities Guide

Medical Intelligence Health and Wellness

1. **Login:** www.iebp.org
2. Select: My Tools
3. Select: MyBenefits onDemand
4. Select: Helpful Guides
5. Select: TML MultiState IEBP Helpful Guides
6. Medical Intelligence Health and Wellness Guide

Quality Improvement Plan

1. **Login:** www.iebp.org
2. Select: My Tools
3. Select: Quality Improvement Program
4. QI Management Plan

Prescription Flowsheet

How to get the most out of your IEBP Medication Therapy Management Program

Medication Therapy Management Alliance Partners

- Pharmacy Benefit Manager Network: OptumRx Membership: (888) 543-1369 **|** www.optumrx.com **|** 24 hours a day/7 days a week
  - » OptumRx Online Pharmacy Locator Tool: Members can locate a Value Network pharmacy near them by using the OptumRx Online Pharmacy Locator Tool at www.optumrx.com.
- OptumRx Pharmacy and Mail Service Customer Service: (800) 788-7871 (TTY 711) **|** www.optumrx.com
- OptumRx Specialty Pharmacy: (866) 218-5445 **|** Fax: (800) 491-7997
- Submit OptumRx Paper Prescription Claims to: OptumRx **|** PO Box 29044 **|** Hot Springs, AR 71903
- Evidence-Based Medication Review: RxResults **|** Toll Free: (855) 892-0936 **|** Local: (501) 686-7463 **|** Fax: (855) 851-5799
  - » EBRx provides both clinical and economical evaluations of drugs through its Pharmacy and Therapeutics (P&T) Committee.

Retail and Mail Order Covered Individual Copayments

MAC A Plan: If a brand name drug is dispensed and a generic alternate drug exists, the **Covered Individual pays the difference between the brand name and generic** price in addition to the appropriate copayment for the brand name. The **cost difference between the brand name and generic price does not apply to any individual deductibles or out of pocket amounts**. The MAC differential applies to all prescriptions purchased through this program when a generic alternate is available.

MAC C Plan: If a brand name drug is dispensed and a generic alternate drug exists, the Covered Individual pays the appropriate brand copay.

Lessor of Benefit: Through the OptumRx network contract, the covered individual's out of pocket expense is managed by the pharmacy network agreement that the covered individual will receive the most advantageous pricing. This would be determined by the lessor of pharmacy contracts, Usual & Customary cost (U&C), copayments or the discounted cost the covered individual would be charged. Due to the lessor of Benefit the OptumRx Reportal will be an important price transparence resource to ensure covered individual is purchasing the prescription from the most cost effective pharmacy.

The most effective way to control costs is through the use of generic drugs and a drug formulary.

$	Drug Tier	Includes	Helpful Tips
$	**Tier 1** **Lowest Cost**	Lower cost, commonly used generic drugs. Some low cost brands may be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
$$	**Tier 2** **Mid-range Cost**	Many common brand-name drugs, called preferred brands.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
$$$	**Tier 3** **Highest Cost**	Mostly higher cost brand drugs, also known as non-preferred brands.	Many Tier 3 drugs have lower cost options in Tier 1 or 2. Ask your doctor if they could work for you.

Covered Individual Out of Pocket (OOP)			
Prescribed (Doctor Ordered) **Over the Counter Alternates and Prescription Networks**	**Retail:** (up to 34 day supply max unless noted otherwise)	**Mail/ Maintenance:** (up to 90 day dispensement)	**SpecialtyRx/Biotech/ Biosimilar:** (up to 34 day dispensement)
› Smoking Cessation (Nicorette Gum), Quantity Limit - 3 months per plan year › Aspirin, Folic Acid, Fluoride Chemoprevention Supplements, Iron Deficiency Supplements, and Vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at an increased risk for falls; per prescription	$0.00	N/A	N/A
Network Retail: 34 day Non-Cost Share most Generic Dispensement	$5.00 (up to 34 day supply)	N/A	N/A
Network Retail: 90 day Non-Cost Share most Generic Dispensement	$14.00 (35 up to 90 day supply)	$30.00	
OptumRx Network Non-Cost Share Best Brand/Formulary List	$43.00	$100.00	
OptumRx Network Non-Cost Share Non-Best Brand/Non-Formulary List	$65.00	$155.00	
OptumRx Network Cost Share	$120.00	$300.00	
OptumRx Specialty/Biotech Prescriptions	N/A	N/A	$100.00 (up to 34 day supply)
OptumRx Biosimilar Generic Prescriptions	N/A	N/A	$75.00 (up to 34 day supply)
Prescription Refill Control Standards	75%	70%	

Women's Preventive Health Services			
Benefit	**Retail Rx Medical Plan**	**Prescription Plan**	**Plan Ineligible**
Oral Contraceptives Generic *(no cost share)*		X	
IUD Device *(no cost share)*	X	X	
Implant Device *(no cost share)*	X	X	
Permanent Implantable Contraceptive Coil *(subject to the appropriate deductible and benefit percentages)*	X		
Insertion and/or Removal of Contraceptive Devices *(no cost share)*	X		
Urine Pregnancy Test, Urinalysis, Sonogram to Detect Placement of Device *(no cost share)*	X		
Injectable Contraceptives *(no cost share)*	X	X	
Injectable Administration Fee *(no cost share)*	X		
Diaphragm (cervical), Hormone Vaginal Ring, Hormone Patch, Cervical Cap, Spermicides, Sponges *(no cost share)*		X	
Diaphragm (cervical) Instruction and Fitting Fee *(no cost share)*	X		
Emergency Contraceptives		X	
Over-The-Counter (OTC) Contraceptives not otherwise listed as covered			X
Contraceptive Management *(no cost share)*	X		
Female Condoms *(no cost share)*		X	
Female Surgical Sterilization	X		
Medications for risk reduction of breast cancer in women who are at increased risk for breast cancer and at low risk for adverse medication effects: Tamoxifen or Raloxifene		X	
Women found to be at increased risk using a screening tool designed to identify a family history that may be associated with an increased risk of having a potentially harmful gene mutation must receive coverage w/o cost-sharing for genetic counseling, and, if indicated, testing for harmful BRCA mutations. This is true regardless of whether the woman has previously been diagnosed with cancer, as long as she is not currently symptomatic of receiving active treatment for breast, ovarian, tubal, or peritoneal. Jan 1, 2016 genetic counseling for BRCA testing is covered 100% as a preventive benefit.			
Mandate to provide a list of the lactation counseling providers available within the network under the plan or coverage. Grandfathered plans cannot apply cost-share expenses for OON lactation services. Services for lactation support services w/o cost-sharing must extend for the duration of breastfeeding.			

Step 1: Check the Cost

Go to OptumRx.com and *Log In* to check the cost of your prescription.

Please keep in mind that drug prices may change frequently, and can vary by pharmacy.

Save on Generics at OptumRx Pharmacies!
Most generics are $5 at OptumRx Network Pharmacies. Find a Network Pharmacy near you by going to: www.optumrx.com

Save on Over the Counter Equivalents!
The following **Doctor Ordered** over the counter (OTC) equivalents are $0 with a prescription:

» *Smoking Cessation (Nicorette Gum), Quantity Limit - 3 months per plan year*
» *Aspirin, Folic Acid, Fluoride Chemoprevention Supplements, Iron Deficiency Supplements, and Vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at an increased risk for falls; per prescription*

Step 2: Step Therapy, Prior Authorization & Cost Share

You should check the attached Step Therapy, Prior Authorization and Cost Share prescription pages to find out if your prescription must be pre-authorized.

Important Information
» IEBP Billing & Eligibility: (800) 282-5385
» IEBP Website: www.iebp.org

If your prescription is on a step therapy or prior authorization list, please have your **doctor/prescription prescribing provider** contact RxResults toll free: (855) 892-0936 or local: (501) 686-7463.

Step Therapy | **Prior Authorization** | **Cost Share**

Note: RxResults is the IEBP contracted Evidence-Based Prescription Pharmacy Review Organization. RxResults should be contacted for the Prior Authorization Services identified below. The RxResults **(Doctor/Prescription Prescribers Only)** number is toll free: (855) 892-0936 or local: (501) 686-7463. All clinical programs (Clinical Prior Authorization, Step Therapy, Cost Share Drugs, etc.) are subject to change without notice to accommodate new drug entries to the marketplace and adjustments in established medical and pharmacy practice guidelines.

Step Therapy

For Clinical Authorization, doctor/prescription prescribers should call **RxResults toll free: (855) 892-0936 or local: (501) 686-7463**. Your doctor/prescription prescriber will be asked a series of questions and RxResults will then approve or deny the authorization request.

Sample of what will occur at pharmacy: Claim is processing for Advair® & the following message will alert the pharmacist: *Step Therapy after inhaled steroid 1st or Prior Authorization call toll free: (855) 892-0936 or local: (501) 686-7463.*

Asthma. Required for members <40 years of age who have not demonstrated adherence to an inhaled corticosteroid (ICS) (90 days of therapy in the past 120 days).

Category A
Inhaled corticosteroid (ICS) - Member must demonstrate adherence to an inhaled steroid and/or satisfy specific clinical criteria as determined by RxResults prior to obtaining a Category B medication.

Category B (Only after failure with a Category A medication)

- Advair®
- Brovana®
- Dulera®
- Foradil®
- Perforomist®
- Serevent®
- Symbicort®

Antibiotics. Required for all members filling a prescription for vancomycin or Dificid®.

Category A
metronidazole - A patient must first try and fail treatment with any metronidazole agent (metronidazole, metronidazole SR) in the past 30 days.

Category B

- Dificid®
- vancomycin

Treatment Plan Adherence is required for authorization to be approved.

Note: All clinical programs (Clinical Prior Authorization, Step Therapy, Cost Share Drugs, etc.) are subject to change without notice to accommodate new drug entries to the marketplace and adjustments in established medical and pharmacy practice guidelines.

Important Information

- IEBP Billing & Eligibility: (800) 282-5385
- RxResults **(Doctor/Prescription Prescribers Only)**: Toll Free: (855) 892-0936 **|** Local: (501) 686-7463
- IEBP Website: www.iebp.org

Clinical Prior Authorization

The list of conditions below may change as appropriate for the plan. For prior authorization requests, please have your doctor/prescription prescriber call **RxResults toll free: (855) 892-0936 or local: (501) 686-7463**. Your doctor/prescription prescriber will be asked a series of questions and RxResults will then approve or deny the authorization request. A Prior Authorization is active for one year. If the covered individual has consistently taken the medication, (no lapse in medication greater than 100 days) the prescribing provider will be required to resubmit clinical information to maintain the ongoing Prior Authorization Approval.

Analgesics/Anti-inflammatory/Pain Agents

These medications may be reimbursed following satisfaction of clinical criteria as determined by prior authorization review.

- Actiq®
- Fentora®

Antibiotics

- Zyvox®

Antifungals

- VFEND®

General. These medications may be reimbursed following satisfaction of clinical criteria as determined by prior authorization review.

- Attention Deficit Disorder ADHD *(For individuals 17 years of age or older)*
- Narcolepsy Medications including *Xyrem® (For individuals 17 years of age or older)*
- Acne Medications: only required for Tretinoin all dosage forms (e.g. Retin-A, Differin, Tazorac) *(For individuals 26 years of age or older)*

Major Biotech Prescription Categories

- Blood Cell Deficiency
- Crohn's Disease
- Cystic Fibrosis
- Hemophilia
- Hepatitis C
- HIV/Immune Deficiency Medications
- Multiple Sclerosis
- Oncology Oral
- Osteoarthritis
- Psoriasis
- Pulmonary Arterial Hypertension
- Renal Disease
- Rheumatoid Arthritis
- Others

Testosterone - Injectable Products. Two separate morning lab results defining the testosterone level will be required. The lab report will indicate whether the level is low or within normal ranges and benefit eligibility will be determined by prior authorization review.

-

Diabetes. These medications may be reimbursed following satisfaction of clinical criteria as determined by prior authorization review.

- Bydureon®
- Byetta®
- Januvia®/Janumet®, Janumet XR® *(covered for diabetes only)*
- Jentadueto®
-
- Kazano®
- Kombiglyze®
- Nesina®
- Onglyza®
- Oseni®
- Symlin®
- Tanzeum®
- Tradjenta®
- Trulicity®
- Victoza®

Lipid-Lowering Agents (Statins)

- Crestor® (Prior authorization required for 40mg strength only. Other strengths considered Cost Share Copay drugs.)

Gout

- Uloric®

Congestive Heart Failure

- Corlanor®

Topical Anesthetics

- 5% lidocaine patches
- 5% Lidoderm®

CNS Stimulants

- modafinil
- Nuvigil®
- Provigil®

Note: All clinical programs (Clinical Prior Authorization, Step Therapy, Cost Share Drugs, etc.) are subject to change without notice to accommodate new drug entries to the marketplace and adjustments in established medical and pharmacy practice guidelines.

OptumRx Specialty/Biotech Pharmacy

OptumRx administers your prescription benefit plan. Our goal is to provide the highest quality pharmaceutical care, at lower costs.

The most effective way to control costs is through the use of generic drugs and a drug formulary.

$	Drug Tier	Includes	Helpful Tips
$	**Tier 1** **Lowest Cost**	Lower cost, commonly used generic drugs. Some low cost brands may be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
$$	**Tier 2** **Mid-range Cost**	Many common brand-name drugs, called preferred brands.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
$$$	**Tier 3** **Highest Cost**	Mostly higher cost brand drugs, also known as non-preferred brands.	Many Tier 3 drugs have lower cost options in Tier 1 or 2. Ask your doctor if they could work for you.

OptumRx Specialty Pharmacy is the IEBP Specialty/Biotech prescription alliance partner for the IEBP membership.

Steps Necessary for Specialty/Biotech Medication. For prior authorization requests, your provider will be required to call RxResults toll free: (855) 892-0936 or local: (501) 686-7463 for a prior authorization form.

- RxResults Phone: Toll Free: (855) 892-0936 | Local: (501) 686-7463
- RxResults Fax: (855) 851-5799
- OptumRx Specialty Pharmacy Phone: (866) 218-5445
- OptumRx Specialty Pharmacy Fax: (800) 491-7997
- IEBP Oncology Medication: (800) 847-1213

Ordering Specialty/Biotech Prescriptions. You can order directly from OptumRx Specialty Pharmacy by calling (866) 218-5445.

Disclaimer. Not all Biotech/Biosimilar medications are eligible under the IEBP Medication Therapy Management Plan. This Specialty Pharmacy Drug List may not be a complete representation of all available specialty drugs; this list is subject to change at any time without prior notice. Non-specialty alternatives may be a recommended first-line therapy to treat your condition. Please consult your physician.

Please note: *Biotech = $100.00 copay, Biosimilar = $75.00 copay*

* Prescriptions require Prior Authorization
(Toll Free: (855) 892-0936 | Local: (501) 686-7463)

Bold Underlined are Ineligible Prescriptions

Alcohol Dependence
*Vivitrol

Alpha-1
*Glassia

Ammonia Detoxicants
*Ravicti

Anemia
*Aranesp (Blood Mod)
*Blincyto
*Epogen (Blood Mod)
*Omontys
*Procrit (Blood Mod)

Anti-Coagulation
Arixtra
Enoxaparin
Fondaparinux
Fragmin
Innohep
Lovenox

Anti-Inflammatory Agents
*Xeljanz
*Xeljanz XR

Antilipemic Agents
*Juxtapid
*Praluent
*Repatha
*Repatha Sure

Antineoplastic Agents
*Abraxane
*Adcetris (Onc Inj)
*Adriamyc
*Adriamyc PFS
*Adriamyc RDF
*Adriamycin
*Adrucil
*Afinitor
*Afinitor DIS
*Alecensa
*Alimta
*Alkeran
*Amifostine
*Aredia
*Arranon
*Arzerra
*Avastin
*Azacitidine (Onc Inj)
*Beleodaq
*Bendeka
*Bexarotene
*Bexxar
*Bexxar 131 I
*Bicnu
*Blenoxane
*Bleomycin
*Bosulif
*Busulfex
*Cabometyx
*Campath
*Camptosar
*Capecitabine
*Caprelsa
*Carboplatin
*Ceenu
*Cerubidine
*Cisplatin
*Cladribine
*Clolar
*Cometriq
*Cosmegen
*Cotellic
*Cyramza
*Cytarabine
*Cytosar-U
*Dacarbazine
*Dacogen (Onc Inj)
*Dactinomycin
*Darzalex
*Daunorubicin
*Daunoxome
*Decitabine (Onc Inj)
*Dexrazoxane
*Docefrez
*Docetaxel
*Doxil
*Doxorubicin
*DTIC-Dome

*Eligard
*Ellence
*Eloxatin
*Elspar
*Epirubicin
*Erbitux
*Erivedge
*Erwinaze (Onc Inj)
*Ethyol
*Etopophos
*Etoposide
*Evomela
*Farydak
*Faslodex
*Firmagon
*Floxuridine
*Fludara
*Fludarabine
*Fluorouracil
*Folotyn
*FUDR
*Fusilev
*Gazyva
*Gemcitabine
*Gemzar
*Gilotrif
*Gleevec
*Gleostine
*Halaven
*Herceptin
*Hycamtin (oral) (Onc Inj)
*Iclusig
*Idamycin PFS
*Idarubicin
*Ifex
*Ifex/Mesnex Kit
*Ifosfamide
*Imatinib Mes
*Imbruvica
*Imlygic
*Inlyta
*Iressa
*Irinotecan
*Istodax
*Ixempra Kit
*Jakafi
*Jevtana
*Kadcyla
*Kepivance
*Kyprolis
*Lenvima
*Leuprolide (Onc Inj)
*Leustatin
*Lipodox
*Lipodox 50
*Lomustine
*Lonsurf
*Lupr Dep-Ped
*Lupron
*Lupron 6-PK
*Lupron Depot
*Lynparza
*Marqibo (Onc Inj)
*Matulane
*Mekinist
*Melphalan
*Mercaptopuri
*Mesna
*Mesnex
*Mitomycin
*Mitomycin C
*Mitoxantron (Onc Inj)
*Mustargen
*Mutamycin
*Navelbine
*Nexavar
*Ninlaro
*Nipent
*Novantrone
*Odomzo
*Oforta
*Oncaspar
*Oncovin
*Onivyde
*Ontak
*Onxol
*Oxaliplatin
*Paclitaxel
*Pamidronate
*Paraplatin
*Pentostatin
*Perjeta (Onc Inj)
*Photofrin
*Platinol AQ
*Plenaxis
*Pomalyst
*Portrazza
*Proleukin (Onc Inj)
*Purixan
*Revlimid
*Rituxan (Onc Inj)
*Rubex
*Sprycel
*Stivarga
*Supprelin LA
*Sutent
*Sylatron (Onc Inj)
*Sylvant
*Synribo (Onc Inj)
*Tafinlar
*Tagrisso
*Tarabine PFS
*Tarceva
*Targretin
*Tasigna
*Taxol
*Taxotere
*Temodar (Onc Inj)
*Temozolomide (Onc Inj)
*Teniposide
*Thalomid
*Theracys
*Thioplex
*Thiotepa
*Tice BCG
*Toposar
*Topotecan
*Torisel (Onc Inj)
*Totect
*Trelstar
*Trelstar Dep (Onc Inj)
*Trelstar LA (Onc Inj)
*Trelstar Mix
*Tretinoin
*Trisenox
*Tykerb
*Unituxin
*Valchlor
*Vandetanib
*Vantas (Onc Inj)
*Vectibix
*Velban
*Velcade (Onc Inj)
*Velsar
*Venclexta
*Vepesid
*Vesanoid
*Vidaza (Onc Inj)
*Vinblastine
*Vincasar PFS
*Vincristine
*Vinorelbine
*Votrient
*Vumon
*Xalkori
*Xeloda
*Xgeva (Onc Inj)
*Xtandi
*Yervoy
*Yondelis
*Zaltrap (Onc Inj)
*Zanosar
*Zelboraf
*Zevalin
*Zinecard
*Zoladex (Onc Inj)
*Zolinza
*Zydelig
*Zykadia
*Zytiga

Asthma/Lung Drugs
*Aralast
*Aralast NP
*Cinqair
*Kalydeco
*Nucala
*Prolastin
*Prolastin-C
*Pulmozyme
*Xolair
*Zemaira

Birth Control
*Implanon
*Nexplanon

Blood Products/ Modifiers
*Mircera

Cardiovascular Agents
*Kynamro

Central Nervous System Agents
*Hetlioz

Cervical Dystonia
*Botox
*Dysport
*Myobloc
*Xeomin

Cholelitholytic Agents
*Chenix
*Chenodal

Corticosteroids
*Iluvien

Cystic Fibrosis
*Bethkis Neb
*Cayston
*Kitabis Pak
*Orkambi
*Tobi
*Tobi Podhalr
*Tobramycin Neb

Diagnostic
*Thyrogen

Endocrine
*Cuprid
*Cuprimine
*Korlym
*Syprine

Enzyme Replacement/ Modifying Drugs
*Aldurazyme
*Carbaglu
*Elaprase
*Fabrazyme
*Kanuma
*Kuvan
*Kuvan Powder
*Lumizyme
*Myozyme
*Naglazyme
*Northera
*Orfadin
*Strensiq
*Sucraid

Enzyme Replacements/ Modifiers
*Buphenyl
*Phenylbutyra
*Procysbi
*Vimizim Inj

Enzyme Therapy
*Adagen
*Ceredase
*Cerezyme
*Cholbam
*Vpriv
*Xiaflex
*Zavesca

Enzymes
*Elelyso

Gastrointestinal Agents
*Entyvio
*Gattex

Gout Drugs
*Krystexxa

Growth Hormone Deficiency
*Genotropin
*Humatrope
*Increlex
*Norditropin
*Nutropin
*Nutropin AQ
*Omnitrope
*Saizen
*Serostim
*Tev-Tropin
*Zomacton
*Zorbtive

Hematological Agents
*Advate
*Alphanate
*Alphanine SD
*Autoplex T
*Bebulin
*Bebulin VH
*Benefix
*Berinert
*Cinryze
*Corifact
*Feiba
*Feiba NF
*Feiba VH
*Helixate
*Helixate FS
*Hemofil M
*HT Factor HU
*HT Factor II
*Humate-P
*Humate-P HU
*Idelvion
*Ixinity
*Kalbitor
*Koate-DVI
*Koate-HP
*Koate-HP HU
*Koate-HS
*Koate-HS HU
*Koate-HT

*Koate-HT HU
*Kogenate
*Kogenate FS
*Konyne 80
*Konyne HT
*Melate
*Monarc-M
*Monoclate
*Monoclate-HU
*Monoclate-P
*Mononine
*Mozobil
*Novoseven
*Novoseven RT
*Nplate
*Nuwiq
*Obizur
*Profilate-HP
*Profilnine
*Promacta
*Recombinate
*Refacto
*Riastap
*Rixubis
*Ruconest
*Tretten Inj
*Wilate
*Xyntha
*Xyntha Solof
*Xyntha Solof Kit

Hemophilia
*Adynovate
*Bioclate
*Coagadex
*Eloctate
*Genarc
*Kogenate
*Kovaltry
*Novoeight
*Nuwiq

Hepatitis B
*Adefov Dipiv
*Baraclude
*Entecavir
*Epivir
*Epivir HBV
*Hepsera
*Lamivudine
*Tyzeka

Hepatitis C
*Alferon N
*Copegus
*Daklinza
*Harvoni
*Incivek
*Infergen
*Intron-A (Onc Inj)
*Moderiba
*Olysio
*Pegasys
*Peg-Intron
*Rebetol
*Ribapak
*Ribasphere
*Ribatab
*Ribavirin
*Sovaldi
*Technivie
*Victrelis
*Viekira Pak
*Zepatier

HIV
Abacavir/Lamiv
Abacavir
Aptivus
Atripla
Combivir
Complera
Crixivan
Descovy
Didanosine
Edurant
Egrifta
Emtriva
Epivir
Epivir HBV
Epzicom
Evotaz
Fuzeon
Genvoya
Intelence
Invirase
Isentress
Kaletra
Lamivud/Zido
Lamivudine
Lexiva
Nevirapine
Norvir
Odefsey
Prezcobix
Prezista
Rescriptor
Retrovir
Reyataz
Selzentry
Stavudine
Stribild
Sustiva
Tivicay
Triumeq
Trizivir
Truvada
Tybost
Videx
Videx Buffer Chw
Videx EC
Viracept
Viramune
Viramune XR
Viread
Vitekta
Zerit
Ziagen
Zidovudine

Hormonal Agents
*Signifor
*Signifor LAR

Hormone Replacement/ Modifying Drugs
*Acth
*Acth Gel
*Acth-80
*Acthar HP
*Cortrophen
*Natpara
*Resp Cortico

Hormone Suppressants
*Lupaneta Kit
*Samsca
*Octreotide
*Sandostatin
*Sandostatin Kit
*Somatuline
*Somavert

Huntington's Disease
*Tetrabenazin
*Xenazine

Immune Globulin
*Atgam
*Baygam
*Bayrab
*Bayrho-D
*Bivigam
*Carimune
*Carimune NF
*Flebogamma
*Gamastan
*Gamastan S/D
*Gammagard
*Gammagard SD
*Gammaked
*Gammaplex
*Gammar
*Gammar I.V.
*Gammar IM
*Gammar-P IV
*Gamuln RH
*Gamuln RH HU
*Gamunex
*Gamunex-C
*Hizentra
*Hyperab
*Hyperrab S/D
*Hyperrho S/D
*Hyprho-D
*Hyprho-D HU
*Hyqvia
*Immuglobin
*Immune Globu
*Imogam Rabie
*Iveegam
*Iveegam EN
*Micrhogam
*Micrhogam PL
*Mini-Gamulin
*Octagam
*Panglobulin
*Polygam S/D
*Privigen
*Rhogam HU
*Sandoglobuli
*Soliris
*Venoblobul-I
*Venoglobul-S
*Vivaglobin
*Winrho SDF

Immunological Agents
*Cimzia
*Cimzia Prefl
*Cytogam
*Lemtrada
*Remicade

Infertility
A.P.L.
Bravelle
Cetrotide
Chor Gonadot
Chorex-10
Chorex-5
Chorigon
Choron-10
Corgonject-5
Delta-Lutin
Deprolutin
Duralutin
Eveready-HCG
Follistim AQ
Follutein
Ganirelix AC
Gesterol LA
Glukor
Gonal-F
Gonal-F RFF
Gonic
Gonic-HCG
Humegon
Hydrogest
Hydroxyprog
Hylutin
Hyprogest
Hyproval
Hyproval PA
Luveris
Makena
Menopur
Novarel
Ovidrel
Pergonal
Pregnyl
Profasi
Profasi HP
Repronex
Tega-Gonad

Inflammatory Conditions
*Cosentyx
*Cosentyx Pen
*Otezla

Iron Overload
*Exjade
*Ferriprox
*Jadenu

Macular Degeneration
*Lucentis
*Macugen
*Visudyne

Metabolic Agents
*Cerdelga

Metabolic Bone Disease Agents
*Reclast
*Zoledronic (Onc Inj)
*Zometa (Onc Inj)

Miscellaneous
*Eylea
*Firazyr
*Solesta
*Xuriden

Monoclonal Antibody Miscellaneous
*Benlysta

Multiple Sclerosis
*Ampyra
*Aubagio
*Avonex
*Avonex Pen
*Avonex Prefl
*Betaseron
*Copaxone
*Extavia
*Gilenya (Tier 3)
*Glatopa
*Plegridy
*Plegridy Pen
*Rebif
*Rebif Rebido
*Rebif Titrtn
*Tecfidera
*Tysabri

Narcolepsy
*Xyrem

Neutropenia
*Granix
*Leukine
*Neulasta (Blood Mod)
*Neupogen (Blood Mod)
*Prokine
*Zarxio

Nucleosides and Nucleotid
*Ribavirin

Oncology
*Ibrance
*Keytruda
*Opdivo

Ophthalmic Agents
*Cystaran
*Daranide

*Jetrea
*Keveyis
*Lucentis

Osteoarthritis
*Euflexxa
*Gel-One
*Genvisc 850
*Hyalgan
*Hymovis
*Monovisc
*Orthovisc
*Supartz
*Supartz FX
*Synvisc
*Synvisc One

Osteopetrosis
*Actimmune

Osteoporosis
*Forteo
*Prolia

Pain Management
*Prialt

Parkinson's Disease
*Apokyn

Pending
*Alclomet Dip Powder
*Alginic Acid Powder
*Atnativ
*Atropine Powder
*Bleomycin Powder
*Ca Levulinat Powder
*Calomel Powder
*Carboplatin Powder
*Cefotaxime Powder
*Ceprotin Powder
*Cerium Oxala Powder
*Cetylpyridin Powder
*Chlorampheni Powder
*Chlorothymol Powder
*Chlorpromaz Powder
*Chlorpropami Powder
*Colistin Powder
*Cystagon
*Depocyt
*Dihydroxyalu Powder
*Doxorubicin Powder
*D-Thyrox Sod Powder
*Efudex
*Ethylparaben Powder
*Etoposide
*Fe Pyrophosp Powder
*Ferric Phos Powder
*Floxuridine Powder
*Fluorouracil Dro
*Fluorouracil Sol
*Hydrocort VA Powder
*L-Asparagine Powder
*Lithium Citr Powder
*Lysine Aceta Powder
*Magnesium Powder
*Medrysone Powder
*Mercaptopur
*Methenamine Powder
*Na Glyceroph Powder
*Niacinamide Powder
*Nicotinyl AL Powder
*Nifuroxime Powder
*Novobiocin Powder
*Pargyline Powder
*Phentolamine Powder
*Polyox Powder
*Praziquantel Powder
*Purinethol
*Pyrvinium PA Powder
*Resorcinol Powder
*RNA Powder
*Senna Leaf Powder
*Sod Pyrophos Powder
*Sulfachlorpy Powder
*Thrombat III
*Valstar
*Vepesid
*Vinblastine Powder
*Virazole

Pituitary Function
*Acthrel

Psoriasis
*Amevive
*Stelara
*Taltz

Pulmonary Fibrosis
*Esbriet
*Ofev

Pulmonary Hypertension
*Adcirca
*Adempas
*Epoprostenol
*Flolan
*Letairis
*Opsumit
*Orenitram
*Remodulin
*Revatio
*Sildenafil
*Tracleer
*Tyvaso
*Tyvaso Refil
*Tyvaso Start
*Uptravi
*Veletri
*Ventavis

Recombinant Human Leptin Analog
*Alprolix
*Myalept

Rheumatoid Arthritis
*Actemra
*Arcalyst
*Enbrel
*Enbrel Srclk
*Humira
*Humira Pedia
*Humira Pen
*Ilaris
*Kineret
*Orencia
*Simponi
*Simponi Aria

RSV Prevention
*Synagis

Seizure Control Drugs
*Sabril

Somatotropin Agonists
*Egrifta

Thrombocytopenia Prevention
*Neumega

Transplant
Astagraf XL
Cellcept
Cellcept IV
Cyclosporine
Envarsus XR
Gengraf
Hecoria
Mycophenolate
Mycophenolic
Myfortic
Neoral
Nulojix
Prograf
Rapamune
Sandimmune
Sangcya
Sirolimus Powder
Sirolimus Tabs
Tacrolimus
Zortress

Cost Share Copay Drugs

IEBP has implemented a clinical evidence-based approach to its prescription plan for groups adopting 2016-2017 Plan Year benefits. As such, IEBP will impose a higher patient copayment for drugs for which there is no clinical evidence to show that non-preferred "Cost Share Drugs" perform any better than therapeutic doses of less costly preferred "Alternative Drugs".

ADHD

Impacts utilization on: Adderall®, Adderall XR®, Amphetamine ER, Aptensio XR®, Concerta®, Daytrana®, Dexedrine®; Dexedrine CR®, dextroamphetamine ER, Dynavel®, Focalin®, Focalin XR®, guanfacine ER, Intuniv®, Kapvay®, Metadate CD®, methylphenidate ER, Quillichew®, Ritalin® (brand only), Ritalin LA®, Zenzedi

Alternative Drugs: Generic: amphetamine salts, clonidine, guanfacine immediate release, methylphenidate

Analgesics/Anti-Inflammatory/Pain Agents

Impacts utilization on: Duragesic®, Lazanda®, Subsys®

Alternative Drugs: Generic: fentanyl patch, fentanyl lozenge

Impacts utilization on: Arthrotec®, Celebrex®, celecoxib, Daypro®, diclofenac/misoprostol combination, mefenamic acid, Mobic®, Naprelan®, Naproxen CR®, Ponstel®, Vivlodex®, Zipsor®, Zorvolex®

Alternative Drugs: Generic: diclofenac, ibuprofen, naproxen

Impacts utilization on: Conzip®, Ryzolt®, tramadol ER, Ultracet®, Ultram®, Ultram ER®

Alternative Drug: Generic: tramadol

Antibiotics/Anti-Infective Agents

Impacts utilization on: Acticlate®, Adoxa®, Amoxicillin® (brand only), Doryx®, doxycycline hyclate DR, Dynacin®, Minocin®, minocycline ER, Monodox®, Moxatag®, Oracea®, Periostat®, Solodyn®, Targadox®

Alternative Drugs: Generic: amoxicillin, doxycycline, minocycline capsules

Anticonvulsants

Impacts utilization on: Fanatrex®, Gralise®, Lamictal®, Lamictal® ODT, Lamictal® XR, lamotrigine ER, Lyrica®, Neurontin®, Neurontin Sol®

Alternative Drugs: Generic: gabapentin, immediate release lamotrigine

Antidepressants/Fibromyalgia

Impacts utilization on: Cymbalta®, Desvenlafaxine ER, Effexor XR®, Irenka®, Khedezla® ER, Pristiq®, Savella®, venlafaxine ER (tablets only), Viibryd®

Alternative Drugs: Generic: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, paroxetine, sertraline, venlafaxine, venlafaxine ER (capsules only)

Antihypertensive Agents

Impacts utilization on: amlodipine/valsartan, amlodipine/valsartan HCTZ, Atacand®/Atacand HCT®, Avapro®/Avalide®, Azor®, Benicar®/Benicar HCT®, Cozaar®/Hyzaar® (brand only), Diovan®/Diovan HCT® (brand only), Edarbi®/Edarbyclor®, Eprosartan® (brand only), Exforge®/Exforge HCT® (brand only), Micardis®/Micardis HCT®, Tekturna®/Tekturna HCT®, telmisartan/telmisartan HCTZ, Tribenzor®, Twynsta®, Valturna®

Alternative Drugs: Generic: any generic ACE Inhibitor, eprosartan/eprosartan HCTZ , irbesartan/irbesartan HCTZ, losartan/losartan HCTZ, valsartan/valsartan HCTZ

Central Nervous System: Sedative Hypnotics

Impacts utilization on: Ambien®, Ambien CR®, Belsomra®, Edluar®, eszopiclone, Intermezzo®, Lunesta®, Rozerem®, Silenor®, Sonata®, zolpidem ER®, Zolpimist®

Alternative Drugs: Generic: doxepin, zaleplon, zolpidem immediate release

Cardiovascular: Misc.

Impacts utilization on: Durlaza®

Alternative Drug: Over-the-counter aspirin at member's out of pocket cost.

Lipid-Lowering Agents (Statins)

Impacts utilization on: Advicor®, Altoprev®, amlodipine/atorvastatin combination, Caduet®, Crestor® (except 40mg strength), Lescol®, Lescol XL®, Lipitor®, Livalo®, Mevacor®, Pravachol®, rosuvastatin, Simcor®, Vytorin®, Zetia®, Zocor®

Alternative Drugs: atorvastatin, lovastatin, pravastatin, simvastatin

Lipid-Lowering Agents (Fibric Acid Derivatives)

Impacts utilization on: Antara®, fenofibrate 120, 130, 135, 145 and 150mg, fenofibric acid, Fenoglide®, Fibricor®, Lipofen®, Lofibra®, Lopid®, Tricor®, Triglide®, Trilipix®

Alternative Drugs: fenofibrate except for 120, 130, 135, 145 and 150mg, gemfibrozil

Migraine Headaches

Impacts utilization on: almotriptan, Amerge®, Axert®, Frova®, Imitrex® (brand), Imitrex® Spray, Maxalt®, Relpax®, Sumatriptan® Spray, Sumavel®, Treximet®, Zecuity Pad®, zolmitriptan, Zomig®, Zomig ZMT®

Alternative Drugs: Generic: naratriptan, rizatriptan, sumatriptan

Nasal Steroids

Impacts utilization on: Beconase AQ®, Dymista®, Flonase® (brand), Nasacort AQ®, Nasonex®, Omnaris®, QNASL®, Rhinocort AQ®, triamcinolone, Veramyst®, Zetonna®

Alternative Drugs: Generic: flunisolide, fluticasone , mometasone spray

Osteoporosis Drugs

Impacts utilization on: Actonel®, Alendronate® (brand), Atelvia®, Binosto®, Boniva®, Fosamax®, Fosamax-D®, ibandronate, risedronate

Alternative Drug: Generic: alendronate

Otic Products

Impacts utilization on: Auralgan®

Alternative Drug: Generic: benzocaine-antipyrine

Overactive Bladder Drugs

Impacts utilization on: Detrol®, Detrol LA®, Ditropan XL®, Enablex®, Gelnique®, Myrbetriq®, oxybutynin ER®, Oxytrol® patches, tolterodine, tolterodine ER, Toviaz®, trospium CL, trospium CL ER, Vesicare®

Alternative Drug: Generic: oxybutynin immediate release, darifenacin

Respiratory/Allergy/Asthma: Antihistamines

Impacts utilization on: Clarinex®, Xyzal®

Alternative Drugs: levocetirizine, Over-the-Counter (OTC) versions of Allegra® (fexofenadine), Claritin® (loratadine), and Zyrtec® (cetirizine) are available at member's out of pocket cost.

Respiratory/Allergy/Asthma: Antihistamines – Decongestant

Impacts utilization on: Clarinex-D®

Alternative Drugs: desloratidine, Over-the-Counter (OTC) versions of Allegra-D® (fexofenadine-D), Claritin-D® (loratadine-D), and Zyrtec-D® (cetirizine-D) are available at member's out of pocket cost.

Skeletal Muscle Relaxants

Impacts utilization on: Amrix®, Carisoprodol® 250mg (brand), Fexmid®, Lorzone®, metaxalone, Norflex® (including its generic orphenadrine injection), Parafon Forte®, Robaxin®, Skelaxin®, Soma®, Tabradol®, tizanidine (capsules only), Zanaflex®

Alternative Drugs: Generic: carisoprodol, chlorzoxazone, cyclobenzaprine, methocarbamol, tizanidine tablets

Stomach Ulcer/Reflux Drugs/Gastrointestinal/Stomach: Proton Pump Inhibitors

Impacts utilization on: Aciphex®, amoxicillin/clarithromycin/lansoprazole combination, Dexilant®, Duexis®, esomeprazole, lansoprazole, Nexium® (prescription strength), omeprazole/sodium bicarbonate, Prevacid® (prescription strength), PrevPac®, Prilosec® (prescription strength), Protonix®, rabeprazole, Vimovo®, Zegerid® capsules (prescription strength – including generic omeprazole/bicarbonate)

Alternative Drugs: Generic: famotidine separately (for Duexis®), ibuprofen, omeprazole, and pantoprazole; Over-the Counter (OTC) versions of Nexium® 24 HR (esomeprazole), Prevacid® (lansoprazole), Prilosec® (omeprazole), and Zegerid® (omeprazole/sodium bicarbonate) are available at member's out of pocket cost.

Cost Share Copays

Network Retail Copay – up to 34 day supply - $120 or cost of drug (whichever is less)
Mail Order Copay – 35 up to 90 days supply - $300 or cost of drug (whichever is less)

Sample Cost Share Letter

Date:

«MemberFN» «MemberLN»
«MemberAdd1» «MemberAdd2»
«MemberCity» «MemberSt» «MemberZip»

Dear TML MultiState IEBP (IEBP) Member:

The purpose of this letter is to notify you that your prescription cost share medications have been updated for the benefit plan anniversary year. Please read this letter closely due to the prescription benefit updates.

The IEBP records indicate you have taken one of the "Cost Share Drugs" that has a therapeutic **alternative drug available for a lower co-payment**. Based on a review of current medical literature, there is no clinical evidence to show that the "**Cost Share Drugs**" (left column below) perform any better than the therapeutic "**Alternative Drugs**". If you choose to continue taking one of the Cost Share Drugs, **you will have a larger out of pocket expense effective on your benefit plan anniversary date**. The cost share benefit changes for Plan Year 2016-2017 include:

SAMPLE

2016-2017 NEW Cost Share Prescriptions

ADHD

Impacts utilization on: Adderall®, Adderall XR®, Amphetamine ER, Aptensio XR®, Concerta®, Daytrana®, Dexedrine®; Dexedrine CR®, dextroamphetamine ER, Dynavel®, Focalin®, Focalin XR®, guanfacine ER, Intuniv®, Kapvay®, Metadate CD®, methylphenidate ER, Quillichew®, Ritalin® (brand only), Ritalin LA®, Zenzedi®

Alternative Drugs: Generic: amphetamine salts, clonidine, guanfacine immediate release, methylphenidate

Analgesics/Anti-Inflammatory/Pain Agents

Impacts utilization on: Duragesic®, Lazanda®, Subsys®

Alternative Drugs: Generic: fentanyl patch, fentanyl lozenge

Impacts utilization on: Arthrotec®, Celebrex®, celecoxib, Daypro®, diclofenac/misoprostol combination, mefenamic acid, Mobic®, Naprelan®, Naproxen CR®, Ponstel®, Vivlodex®, Zipsor®, Zorvolex®

Alternative Drugs: Generic: diclofenac, ibuprofen, naproxen

Impacts utilization on: Conzip®, Ryzolt®, tramadol ER, Ultracet®, Ultram®, Ultram ER®

Alternative Drug: Generic: tramadol

Antibiotics/Anti-Infective Agents

Impacts utilization on: Acticlate®, Adoxa®, Amoxicillin® (brand only), Doryx®, doxycycline hyclate DR, Dynacin®, Minocin®, minocycline ER, Monodox®, Moxatag®, Oracea®, Periostat®, Solodyn®, Targadox®

Alternative Drugs: Generic: amoxicillin, doxycycline, minocycline capsules

Anticonvulsants

Impacts utilization on: Fanatrex®, Gralise®, Lamictal®, Lamictal® ODT, Lamictal® XR, lamotrigine ER, Lyrica®, Neurontin®, Neurontin Sol®

Alternative Drugs: Generic: gabapentin, immediate release lamotrigine

Antidepressants/Fibromyalgia

Impacts utilization on: Cymbalta®, Desvenlafaxine ER, Effexor XR®, Irenka®, Khedezla® ER, Pristiq®, Savella®, venlafaxine ER (tablets only), Viibryd®

Alternative Drugs: Generic: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, paroxetine, sertraline, venlafaxine, venlafaxine ER (capsules only)

Antihypertensive Agents

Impacts utilization on: amlodipine/valsartan, amlodipine/valsartan HCTZ, Atacand®/Atacand HCT®, Avapro®/Avalide®, Azor®, Benicar®/Benicar HCT®, Cozaar®/Hyzaar® (brand only), Diovan®/Diovan HCT® (brand only), Edarbi®/Edarbyclor®, Eprosartan® (brand only), Exforge®/Exforge HCT® (brand only), Micardis®/Micardis HCT®, Tekturna®/Tekturna HCT®, telmisartan/telmisartan HCTZ, Tribenzor®, Twynsta®, Valturna®

Alternative Drugs: Generic: any generic ACE Inhibitor, eprosartan/eprosartan HCTZ , irbesartan/irbesartan HCTZ, losartan/losartan HCTZ, valsartan/valsartan HCTZ

Central Nervous System: Sedative Hypnotics

Impacts utilization on: Ambien®, Ambien CR®, Belsomra®, Edluar®, eszopiclone, Intermezzo®, Lunesta®, Rozerem®, Silenor®, Sonata®, zolpidem ER®, Zolpimist®

Alternative Drugs: Generic: doxepin, zaleplon, zolpidem immediate release

Cardiovascular: Misc.

Impacts utilization on: Durlaza®

Alternative Drug: Over-the-counter aspirin at member's out of pocket cost.

Lipid-Lowering Agents (Statins)

Impacts utilization on: Advicor®, Altoprev®, amlodipine/atorvastatin combination, Caduet®, Crestor® (except 40mg strength), Lescol®, Lescol XL®, Lipitor®, Livalo®, Mevacor®, Pravachol®, rosuvastatin, Simcor®, Vytorin®, Zetia®, Zocor®

Alternative Drugs: atorvastatin, lovastatin, pravastatin, simvastatin

Lipid-Lowering Agents (Fibric Acid Derivatives)

Impacts utilization on: Antara®, fenofibrate 120, 130, 135, 145 and 150mg, fenofibric acid, Fenoglide®, Fibricor®, Lipofen®, Lofibra®, Lopid®, Tricor®, Triglide®, Trilipix®

Alternative Drugs: fenofibrate except for 120, 130, 135, 145 and 150mg, gemfibrozil

Migraine Headaches

Impacts utilization on: almotriptan, Amerge®, Axert®, Frova®, Imitrex® (brand), Imitrex® Spray, Maxalt®, Relpax®, Sumatriptan® Spray, Sumavel®, Treximet®, Zecuity Pad®, zolmitriptan, Zomig®, Zomig ZMT®

Alternative Drugs: Generic: naratriptan, rizatriptan, sumatriptan

Nasal Steroids

Impacts utilization on: Beconase AQ®, Dymista®, Flonase® (brand), Nasacort AQ®, Nasonex®, Omnaris®, QNASL®, Rhinocort AQ®, triamcinolone, Veramyst®, Zetonna®

Alternative Drugs: Generic: flunisolide, fluticasone, mometasone spray

Osteoporosis Drugs

Impacts utilization on: Actonel®, Alendronate® (brand), Atelvia®, Binosto®, Boniva®, Fosamax®, Fosamax-D®, ibandronate, risedronate

Alternative Drug: Generic: alendronate

Otic Products

Impacts utilization on: Auralgan®

Alternative Drug: Generic: benzocaine-antipyrine

Overactive Bladder Drugs

Impacts utilization on: Detrol®, Detrol LA®, Ditropan XL®, Enablex®, Gelnique®, Myrbetriq®, oxybutynin ER®, Oxytrol® patches, tolterodine, tolterodine ER, Toviaz®, trospium CL, trospium CL ER, Vesicare®

Alternative Drug: Generic: oxybutynin immediate release

Respiratory/Allergy/Asthma: Antihistamines

Impacts utilization on: Clarinex®, Xyzal®

Alternative Drugs: levocetirizine, Over-the-Counter (OTC) versions of Allegra® (fexofenadine), Claritin® (loratadine), and Zyrtec® (cetirizine) are available at member's out of pocket cost.

Respiratory/Allergy/Asthma: Antihistamines – Decongestant

Impacts utilization on: Clarinex-D®

Alternative Drugs: desloratidine, Over-the-Counter (OTC) versions of Allegra-D® (fexofenadine-D), Claritin-D® (loratadine-D), and Zyrtec-D® (cetirizine-D) are available at member's out of pocket cost.

Skeletal Muscle Relaxants

Impacts utilization on: Amrix®, Carisoprodol® 250mg (brand), Fexmid®, Lorzone®, metaxalone, Norflex® (including its generic orphenadrine injection), Parafon Forte®, Robaxin®, Skelaxin®, Soma®, Tabradol®, tizanidine (capsules only), Zanaflex®

Alternative Drugs: Generic: carisoprodol, chlorzoxazone, cyclobenzaprine, methocarbamol, tizanidine tablets

SAMPLE

Stomach Ulcer/Reflux Drugs/Gastrointestinal/Stomach: Proton Pump Inhibitors

Impacts utilization on: Aciphex®, amoxicillin/clarithromycin/lansoprazole combination, Dexilant®, Duexis®, esomeprazole, lansoprazole, Nexium® (prescription strength), omeprazole/sodium bicarbonate, Prevacid® (prescription strength), PrevPac®, Prilosec® (prescription strength), Protonix®, rabeprazole, Vimovo®, Zegerid® capsules (prescription strength – including generic omeprazole/bicarbonate)

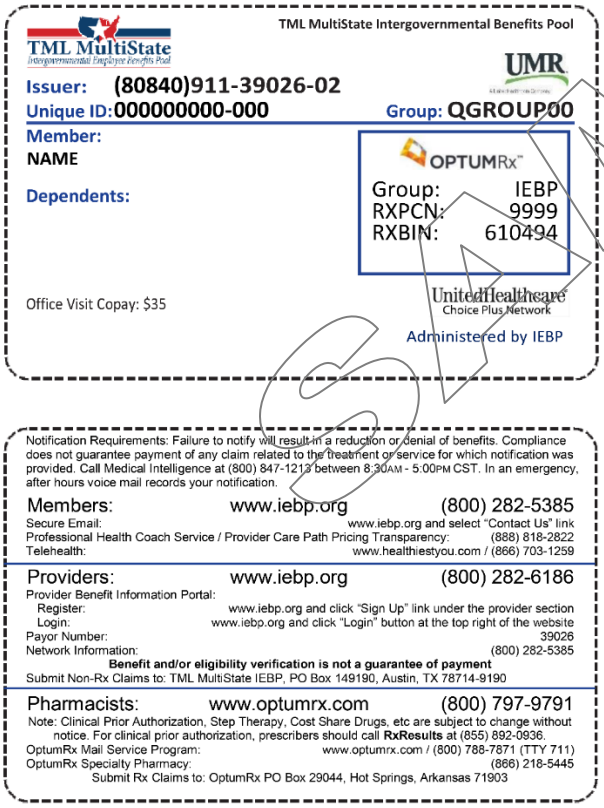
Alternative Drugs: Generic: famotidine separately (for Duexis®), ibuprofen, omeprazole, and pantoprazole; Over-the Counter (OTC) versions of Nexium® 24 HR (esomeprazole), Prevacid® (lansoprazole), Prilosec® (omeprazole), and Zegerid® (omeprazole/sodium bicarbonate) are available at member's out of pocket cost.

Cost Share Copays

Network Retail Copay – up to 34 day supply - $120 or cost of drug (whichever is less)
Mail Order Copay – 35 up to 90 days supply - $300 or cost of drug (whichever is less)

Members taking one of the above cost share drugs may wish to speak with their physician about less expensive alternatives. Your doctor/prescription prescriber may also call RxResults' Evidence-Based Prescription Drug Program (EBRx) provider call center toll free: (855) 892-0936 or local: (501) 686-7463 if they have questions about this plan and the cost share drugs. Your doctor is most qualified to balance quality and safety considerations in choosing the most appropriate medications for your treatment program. The final prescribing decision rests with you and your doctor – **changing medications is voluntary**.

ID Card Sample



SAMPLE

Contact IEBP's customer care at (800) 348-7879 with any questions.

Sincerely,

Susan L. Smith
Executive Director

Prescription Benefits

Coverage for eligible biotech and biosimilar prescriptions that are available through the Pharmacy Benefit Manager or from Network Providers will be paid per the Medication Therapy Management Guide.

For eligible prescriptions purchased outside of the Pharmacy Benefit Manager or the Network Providers, the plan will pay at the out of network benefit percentage and will not, at any time, pay at 100%.

MAC A Rx Plan

If a brand name drug is dispensed and a generic alternate drug exists, the **Covered Individual pays the difference between the brand name and generic** price in addition to the appropriate copayment for the brand name. The **cost difference between the brand name and generic price does not apply to any individual deductibles or out of pocket amounts**. The MAC differential applies to all prescriptions purchased through this program when a generic alternate is available.

MAC C Rx Plan

Covered individual will pay the appropriate copayment amount of the prescription.

High Deductible Health Savings Account Benefit Plans

The wellness/preventive medication list may be accessed at the copay out of pocket cost. The high deductible will have to be met prior to non-wellness/preventive medications being accessed at the copay out of pocket cost.

Authorized Generics

The use of authorized generics undermines the Hatch-Waxman Act by devaluing the 180 day exclusive patent period incentive. Ultimately, consumers pay the prices as brand companies keep drug prices high and access to affordable alternative medicine is delayed. Once a generic (single or multi source) medication alternative is allowed on the market the generic copay will be applied. The generic company that is first to successfully challenge a questionable brand patent, file an abbreviated new drug application with the FDA and receive approval to market that drug is awarded 180 days exclusivity. During the 180 day period, that generic company alone is permitted to compete with the brand company, allowing the generic company to bring affordable medicines to consumers faster.

Patents are generally good for 20 years from the date of filing. The abbreviated new drug application approval allows manufacturers to bring generic competitors to market which allows the generic to challenge the current patent on the brand medication. **Authorized generics are generally coded as brand drugs by Medispan and First Databank** due to single source classification and manufactured by the brand name manufacturer. This brand coding is what causes the higher dollar out of pocket cost.

OptumRx Mail Order Service

OptumRx Mail Service Pharmacy is the mail order alliance partner for IEBP membership. OptumRx state-of-the-art Mail Service Pharmacy sends refrigerated injectable medications via express delivery to patients at the location of their choice, or to providers to administer to patients in their offices. Our goal is to meet and exceed members' needs when it comes to how, when, and where they receive their medications.

How do I use OptumRx Mail Service Pharmacy for new prescriptions? Ordering a new medication is easy with our website. Just log on to www.optumrx.com. From there go to My Account then click on Manage My Mail Service to fill a new prescription through our easy-to-use online tools.

Or, if you prefer to speak to someone on the phone, call (800) 788-7871 (TTY 711) to order through home delivery anytime.

How will I order refills from OptumRx Mail Service Pharmacy? Once you place your first order with OptumRx, you can choose from three different ways to order refills:

- ✓ **Online:** Order refills by logging into www.optumrx.com, selecting Manage my Prescriptions and viewing your Refills.
- ✓ **Mail:** Complete the reorder form included with each medication shipment and then mail it to us for processing.
- ✓ **Phone:** Call customer service at (800) 788-7871 (TTY 711). You can choose to use our automated system or speak with a representative.

Also, if you register at www.optumrx.com, you will receive e-mail reminders when it is time to refill your prescription.

How long will it take to receive my mail service prescription orders? New prescription orders should arrive in about 10 business days after we receive complete order information, while refills should arrive in about 7 business days.

OptumRx Mail Order Form

NEW PRESCRIPTION MAIL-IN ORDER FORM

1 Member and physician information — please use black or blue ink. One form per member.

Member ID Number		(Additional coverage, if applicable) Secondary Member ID Number	
Last Name		First Name	MI
Delivery Address			Apt. #
City	State	ZIP	Phone Number with Area Code
Date of Birth (mm/dd/yyyy)	Gender O M O F	Email	
Physician Name			Physician Phone Number with Area Code

2 Health history

Medication Allergies: O None known O Amoxil/Ampicillin	O Aspirin O Cephalosporins O Codeine	O Erythromycin O NSAIDs O Penicillin	O Quinolones O Sulfa O Tetracyclines	O Others: _____
Health Conditions: O None known O Arthritis	O Asthma O Cancer O Diabetes	O Glaucoma O Heart condition O High blood pressure	O High cholesterol O Osteoporosis O Thyroid Disease	O Others: _____

Over-the-counter/herbal medications taken regularly:

3 Pharmacy processing

Generic substitution. FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless you or your physician indicate otherwise. Brand-name medications may be subject to a higher cost. **If you require brand-name medications, please list those medications here:**

Keep on file. If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here:

Notes to pharmacy:

4 Payment and shipping information — do not send cash

Standard delivery is included at no charge. New prescriptions should arrive within about 10 business days from the date the completed order is received. Completed refill orders should arrive within about 7 business days. OptumRx will contact you if there will be an extended delay in delivering your medications.

You may log on to **www.optumrx.com** to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.

O **Ship overnight.** Add $12.50 to order amount (subject to change).

O **Check enclosed.** All checks must be signed and made payable to: OptumRx.

O **Charge to my credit card on file.**

O **Charge to my NEW credit card.**

New Credit Card Number

Expiration Date (Month/Year) /

Visa, MasterCard, AMEX and Discover are accepted.

Signature: _____ **Date:** _____

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize OptumRx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.

5 Mail this completed order form with your new prescription(s) to OptumRx, P.O. Box 2975, Mission, KS 66201. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.

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NRX001

OptumRx Mobile Friendly Website

Access your account anytime, anywhere. Manage your prescription drug benefits on your smartphone, iPad or other handheld device. OptumRx Mobile makes it easy to:

- ✓ Refill mail service pharmacy prescriptions
- ✓ Check the status of and track orders
- ✓ Locate a pharmacy by ZIP code
- ✓ View your prescription history
- ✓ Set up text message medication reminders
- ✓ Search your formulary by generic or brand-name drug, status, or class

How do I find the Mobile Site? Open your smart phone browser and type in m.optumrx.com. You also can type in our full address, www.optumrx.com, and you will automatically be directed to the mobile version of our site. Once the site is loaded on your phone, you can bookmark it.

Can I use the Mobile Site on any Smart Phone? Yes. Just enter **m.optumrx.com** into the web browser of your smartphone.

Can I use both the Full Site and the Mobile Site? Yes. If you make a change to your account or manage your prescriptions on one site, that information will be updated on the other site as well.

How to Refill Prescriptions

1. On the home page, click MY PRESCRIPTIONS. Click REFILL PRESCRIPTIONS. (If you are not logged in, you will be prompted to log in first.)
2. Select the prescription(s) you would like refilled by checking the box(es).
3. Click ADD TO CART to proceed to the Shopping Cart page.
4. Review your selections. You can remove items from your cart, keep shopping or check out. When you are finished, click CHECK OUT.
5. Review your shipping information and your order summary. You may change your shipping address or add a new one.
6. Review your order summary. To make changes to your order, click BACK. If your order is complete, click SUBMIT.

How to Set Up Text Message Medication Reminders

1. On the home page, click MY PRESCRIPTIONS. Click MEDICATION REMINDERS. (If you are not logged in, you will be prompted to log in first.)
2. Enter the mobile phone number where you want the text message reminder(s) to be sent.
3. Select your time zone.
4. Select your mobile carrier.
5. Choose the type of reminder you would like to receive. You can get reminders when mail order prescriptions are ready for refill and renewal, when prescriptions are eligible for transfer to mail service and when orders have been shipped. You can also set reminders for specific times of day and for specific medications.
6. When you are done, click SAVE.

OptumRx Mobile Application

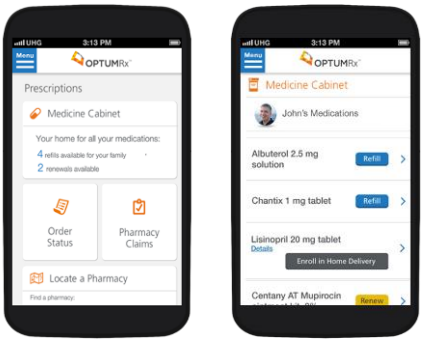
The convenient app makes the online pharmacy experience as simple as possible.

From your mobile phone, you can:

- Refill and renew home delivery prescriptions
- Transfer a prescription to home delivery
- Find drug prices and lower cost options
- View claims history
- Review home delivery order status
- Locate a pharmacy

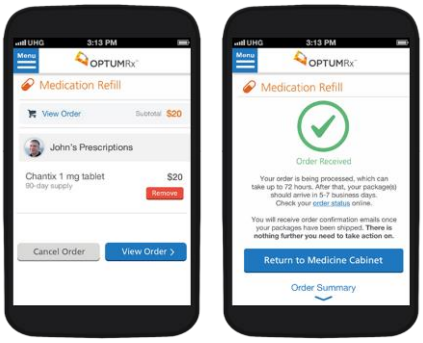
Medicine Cabinet Feature

View all medications in a clear and concise format.



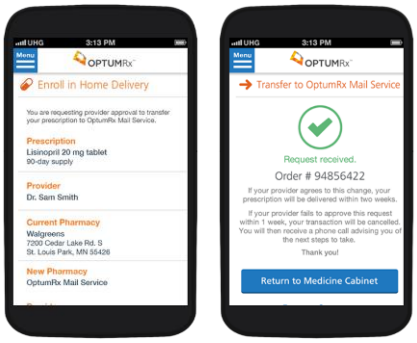
Refill a Home Delivery Medication

Access and refill home delivery medications in one simple, quick transaction.



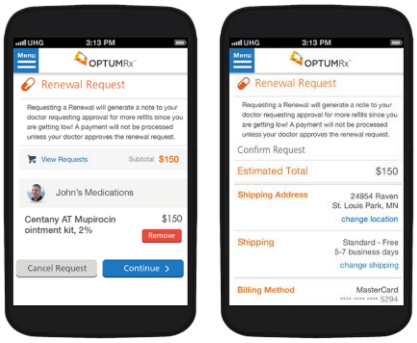
Transfer a Prescription to Home Delivery

With a simple click, transfer retail prescriptions to mail.



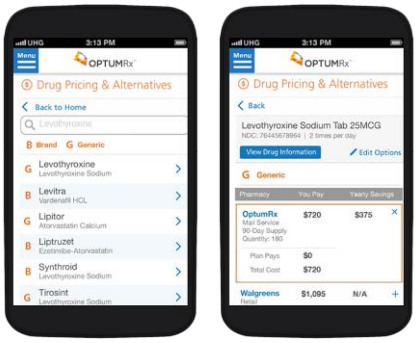
Renew a Home Delivery Medication

Initiate a request to a doctor for an easy and convenient home delivery prescription renewal.



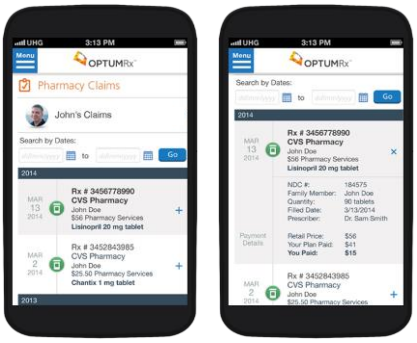
Find Drug Pricing and Lower Cost Options

Look up prescription drug costs and view potential savings.



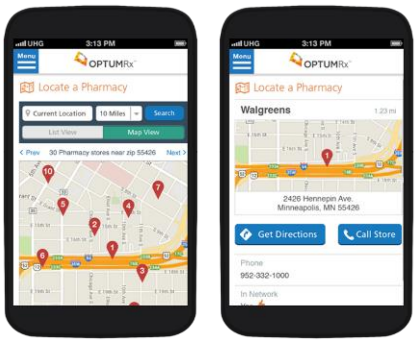
View Claims History

Review all past pharmacy claims in a simple, easy-to-view format.



Locate a Pharmacy

Enjoy the convenience of our pharmacy locator to locate an in-network retail location at any time.



Looking Forward: The OptumRx App

Innovation	2015 Overview
My Medication Reminders	Set text message reminders for taking a medication via the app
Lower Cost Alternative Messaging	Leverage the app to provide push notification to members. Targeted, relevant, actionable lower cost messaging will help enhance the member experience.
Synchronization Messaging	Utilize data to identify and engage members with messaging when they could be benefiting from enrollment in another program (example: an Optum member that is newly diagnosed and filling a prescription for diabetes but not enrolled in a diabetes management program)

Covered and Non-Covered Drugs

Drugs Covered under this Benefit

1. Legend Drugs;
2. Insulin or oral diabetic prescription;
3. Disposable insulin needles/syringes and physician prescribed needles/syringes/supplies;
4. Disposable blood/urine/glucose/acetone testing agents (e.g. Acetest Tablets, Clinitest Tablets, Glucometer (one per calendar year), Lancets, Diastix Strips, Tes-Tape and Chemstrips);
5. Diabetic supplies will be purchased with order for oral diabetic prescription. The plan will allow needles, syringes, lancets and testing strips at no charge if ordered within 30 days of a prescription at the same pharmacy;
6. Tretinoin all dosage forms (e.g. Retin-A, Differin, Tazorac);
7. Compound medication of which at least one ingredient is a legend drug to maximum $200.00 per prescription payment;
8. Any other drug which under the applicable State Law may only be dispensed upon the written prescription of a physician or other lawful prescriber;
9. Contraceptives: Oral, Brand Extended cycle (mail order only), Generic Extended cycle (Network at 90 days copay), Transdermal patches, Contraceptive devices, Levonorgestrel (Norplant), Prescription Strength Only;
10. Depo Provera;
11. Central Nervous System Stimulants (e.g. Adderall, Adderall XR, Focalin, Focalin XR, Ritalin, Dexedrine, etc.) will be covered for individuals through age 16 (Individuals 17 years and older will require prior authorization through RxResults, subject to cost share.);
12. Prescribed smoking deterrent medications containing nicotine or any other smoking cessation aids, all dosage forms;
13. Growth hormones through age 15;
14. Extended Release anti-depressive agents: Wellbutrin XL, Effexor XR;
15. Extended Release migraine prophylactic agents: Depakote ER.

Drugs Not Covered under this Benefit

1. Dietary supplements, vitamins or formulas, vitamins individually or in combination;
2. Growth hormones after age 15;
3. Immunization agents, biological sera blood or blood plasma;
4. Male pattern baldness medications; hair growth stimulants;
5. Therapeutic devices or appliances, including support garments and other non-medicinal substances, regardless of intended use;
6. Charges for the administration or injection of any drug;
7. Drugs labeled “Caution - limited by Federal Law to investigational use” or experimental drugs even though a charge is made to the individual;
8. Medications which are to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar premises which operates on its premises or allows to be operated on its premises, a facility for dispensing pharmaceuticals;
9. Fertility medications;
10. Any prescription refilled in excess of the number specified by the physician or any refill dispensed after one year from the physician’s original order;
11. Prescription which an eligible individual is entitled to receive without charges from any Workers’ Compensation Laws or which is prescribed for an injury or illness which is excluded from any medical coverage which is provided in conjunction with this prescription benefit;
12. Anti-obesity medications;
13. Prescribed prenatal vitamins are not covered under the prescription card. Claims for prescribed prenatal vitamins with a pregnancy diagnosis may be submitted to IEBP for payment consideration;
14. Cholesterol/Triglyceride-Lowering Agents: Lovaza®, Niaspan®, niacin ER, omega-3 acid cap 1 gm and Vascepa®;
15. Non-legend drugs other than those listed above;
16. Lifestyle convenience prescriptions (i.e. erectile dysfunction prescriptions and topical and buccal testosterone products);
17. Nutritional Supplements (i.e. Deplin®, Metanx®);
18. SGLT-2 Antidiabetics and SGLT-2 combinations (e.g. Invokana®, Invokamet®, Farxiga®, etc.);
19. Topical non-narcotic pain medications (e.g. Sinelee®, Flector®, Solaraze®, etc.);
20. Certain extended release metformin: Glumetza®, metformin ER (1000mg and certain 500mg strengths) and Fortamet®;
21. Certain analgesic/anti-inflammatory/pain agents: Abstral®, Embeda®, Kadian®, Nucynta® ER/IR, and Zohydro® ER;
22. Certain antifungals: Jublia®, Kerydin®, Extina® Aer 2%, Cresemba® (all forms), and Onmel®;
23. Certain topical steroids: Enstilar®;
24. Non-injectable (including pellets) testosterone; ~~Injectable Only (all forms of testosterone products except approved injectables are not covered, there are implantable testosterone pellets which are excluded);~~
25. Non-FDA approved medication.

High Deductible Health Savings Account Benefit Plans
Wellness Drug List

In addition to a healthy lifestyle, preventive medications can help people avoid many illnesses and conditions. Preventive medications are defined as those prescribed to prevent the occurrence of a chronic disease or condition for those individuals with risk factors, or to prevent the recurrence of a disease or condition. Some examples of the medications listed are for high blood pressure, high cholesterol, diabetes, asthma, osteoporosis, and heart disease. This list provides examples of your preventive medications by drug category/therapeutic classification. Medications may be added to or removed from the list, depending on different factors, including the intended purpose of the medication and new medications.

To help you tell generic and brand drugs apart, all generics start with a lowercase letter. Oral and self-injectable Specialty medications are denoted by "SP" superscript and may be subject to limitations based on plan benefit design.

This list is intended as a reference and may not be all-inclusive. Brand or generic availability may not be current due to changes in the market. Use of generics may be required depending upon plan design.

ASTHMA AND COPD

Antiasthmatic and Bronchodilator Agents

Accolate
Advair Diskus & HFA
Aerospan
albuterol
albuterol ER
Alvesco
Anoro Ellipta
Arcapta
Arnuity Elpt
Asmanex
Asmanex HFA
Atrovent HFA
Breo Ellipta
Brovana
budesonide suspension
Combivent Respimat
cromolyn nebulizer solution
Daliresp
Difil-G Fort
Dulera
Elixophyllin
Flovent Diskus & HFA
Foradil
Incruse Elpt
ipratropium inhalation solution
ipratropium/albuterol
isoproterenol
levalbuterol neb
Lufyllin
metaproterenol
montelukast
Perforomist Neb
Pro-Air HFA
Pro-Air Respi
Proventil HFA
Pulmicort
QVAR
Seebri Neoha
Serevent Diskus
Singulair
Spiriva
Stiolto
Striverdi Respimat
Symbicort
terbutaline
terbutaline sulfate
Theo-24 CR / ER
theochron CR
theophylline CR
theophylline ER
Tudorza Pressair
Utibron
Ventolin HFA
Vospire ER
Xopenex HFA
Xopenex Solution
Zafirlukast
Zyflo
Zyflo CR

BLOOD CLOTS/STROKE

Anticoagulants

Aggrenox
Arixtra
ASA/Dipyrida
Brilinta
cilostazol
clopidogrel
Coumadin
dipyridamole
Durlaza
Effient
Eliquis
enoxaparin
fondaparinux
Fragmin
hep sod/nacl
heparin lock/sod
Jantoven
Lovenox
Persantine
Plavix
Pletal
Pradaxa
savaysa
ticlopidine
warfarin
Xarelto
Xarelto Star
Zontivity

BREAST CANCER

Antineoplastics

anastrozole
Arimidex
Aromasin SP
exemestane SP
Fareston
Femara SP
letrozole SP
Soltamox
tamoxifen

Hormone Receptor Modulators

Evista
raloxifene

CARDIOVASCULAR DISEASE

Antihyperlipidemics

atorva/COQ10
atorvastatin
cholestyramine

cholestyramine lite
Colestid
Colestid FLA
colestipol
fenofibrate

fluvastatin
gemfibrozil
Juxtapid SP
Kynamro SP
lovastatin
niacor
omega-3/D-3 Kit
Praluent
pravastatin
prevalite
Questran
Questran Lite
Repatha
Repatha Sure
simvastatin
WelChol

Antihypertensives

Accupril
Accuretic
Aceon
Altace
amlodipine/benazepril
atenolol/chlorthalidone
benazepril
benazepril / hctz
bisoprolol / hctz
candesartan
candesartan / hctz
captopril
captopril / hctz
Cardura
Catapres
Catapres-TTS
clonidine
Clorpres
Corzide
Demser
Dibenzyline
doxazosin
Dutoprol
enalapril
enalapril / hctz
Epaned
eplerenone
eprosartan mes
fosinopril
fosinopril / hctz
guanfacine
hydralazine
Hypertensolo Pak
Inspra
irbesartan
irbesartan / hctz
lisinopril
lisinopril / hctz
Lopressor HCT
Losartan Pot
losartan / hctz
Lotensin
Lotensin HCT
Lotrel
Lytensopril
Mavik
methyldopa
methyldopa / hctz
metoprolol / hctz
Minipress
minoxidil tablet
moexipril
Moexipril / hctz
nadolol / bendroflumethiazide
perindopril
phenoxybenza
phentol mesy
phentolamine
prazosin HCL
prestalia
Prinivil
propranolol / hctz
quinapril
quinapril / hctz
ramipril
reserpine
Tarka
telmisartan/amlod
Tenex
Tenoretic
terazosin
trandolapril
trando/verap
valsartan
valsartan / hctz
Vaseretic
Vasotec
Vecamyl
Zestoretic
Zestril
Ziac

Beta Blockers

acebutolol
atenolol
Betapace
Betapace AF
betaxolol
bisoprolol
Bystolic
carvedilol
Coreg
Coreg CR
Corgard
Hemangeol
Hypertenevid
Inderal LA
Inderal XL
InnoPran XL
Kerlone
labetalol
Levatol
Lopressor
metoprol tar
metoprolol
metoprolol ER
nadolol
pindolol
propranolol
propranolol ER
Sectral
sotalol
sotalol AF
sotylize
Tenormin
timolol
Toprol XL
Zebeta

Calcium Channel Blockers

Adalat CC
afeditab CR
amlodipine
Calan
Calan SR
Cardizem
Cardizem CD
Cardizem LA
cartia XT
diltiazem
diltiazem CD
diltiazem ER
dilt-XR
felodipine ER
hypertenipin
isradipine
matzim LA
nicardipine
nifedical XL
nifedipine
nifedipine ER
nimodipine
nisoldipine
nisoldipine ER
Norvasc
Nymalize
Procardia
Procardia XL
Sular
taztia XT
Tiazac
verapamil
verapamil ER
verapamil SR
Verelan
Verelan PM

Cardiovascular Agents-Misc

BiDil
Caduet

Diuretics

Aldactazide
Aldactone
amiloride
amiloride / hctz
bumetanide
bumex
chlorothiazide
chlorthalidone
Demadex
Diuril
Dyazide
Dyrenium
Edecrin
ezide
furosemide
hydrochlorothiazide
indapamide
Lasix
Maxzide
methyclothiazide
metolazone
Microzide
Spironolactone
Spironolactone/HCTZ

torsemide
triamterene/hctz
Zaroxolyn

DENTAL CARIES

Multivitamin with Fluoride

Escavite
Escavite D
Escavite LQ
Floriva
Multi-Vit/FE
Multi-Vit/FL
MVC-Fluoride
Mykidz Iron
Poly-Vi-Flor
Quflora Ped
Tri-Vi-Flor
Tri-Vit/FE
Tri-Vit/FL
Vit A/C/D/FL

DIABETES

Antidiabetics

acarbose
Actoplus Met
Actoplus Met XR
Actos
Afrezza
Alogliptin
Alog/Pioglip
Amaryl
Apidra
Appformin
Appformin-D
Avandamet
Avandaryl
Avandia
Bydureon
Byetta
chlorpropamide
Cycloset
Diabeta
Duetact
glimepiride
glipizide
glipizide ER
glipizide XL
glipizide/metformin
Glucophage
Glucophage XR
Glucotrol
Glucotrol XL
Glucovance
glyburide
glyburide micronized
glyburide/metformin
Glynase
Glyset
Humalog
Humalog Kwik
Humalog Mix
Humulin
Humulin N
Humulin R
Janumet
Janumet XR
Januvia
Jentadueto
Kazano
Kombiglyze
Lantus
Lantus Solostar
Levemir
metformin
metformin ER (not 500 mg or 1000 mg)
nateglinide
Nesina
Novolin
Novolin N
Novolin Relion
Novolog (all)
Onglyza
Oseni
pioglitazone
pioglitazone/glimepiride
pioglitazone/metformin
Prandimet
Prandin
Precose
repaglinide
Riomet
Starlix
Symlin
Tanzeum
tolazamide
tolbutamide
toujeo solo
Tradjenta
tresiba flex
Trulicity
Victoza

Diabetic Supplies

Accu-Chek
Accutrend
Ascensia
Assure Cmfrt
At Last
Aurora Lance
Autodisc
Bayer Breeze
Bayer Contor
Bayer Micrlt
B-D UF Syrg
Blood Glucos Tes
Carefine
Careone Lanc
Coaguchek
Comfortouch
Control Solution — for Diabetic Meters
CVS Advanced Tes
CVS Lancets
Easymax
Easyplus
Embrace
Exactech
Fastclix
Fingerstix
Fora GD50
Fortiscare
Freestyle
Genstrip 50
Gentle-Let
Glucose Control
Gmate Blood Tes
Gmate Control
Gmate Lancet
Haemolance
Insulin Pen Needles and Needles/Syringes
Kroger
Lancets
Liberty
Lifescan
Medisense
Meijer
Microlet
Neutek 2tek
Novofine
Novotwist
On Call
Onetouch
Optium
Optiumez
Optumrx
Precision
Pss safe
Quintet
RA e-Zject
RA Truetest
Relion
Reveal
Safe-t-Lance
Single-Let
SM insulin syringe
Soft Touch
Softclix
Super Thin
Supreme
Surestep
Techlite
Tgt Lancet
Thin Lancets
Thinlets GP
True Metrix
Truecontrol
Truetest
Truetrack
Truplus Lanc
Ultima
Ultra Thin
Unfine PNTP
Unilet
Unistik II
Unistrip1

HIV/AIDS SP*

Antivirals

abacavir SP
abacavir / lamivudine / zidovudine SP
Aptivus SP
Atripla SP
Combivir SP
Complera SP
Crixivan SP
descovy SP
didanosine SP
Edurant SP
Emtriva SP
Epivir SP
Epzicom SP
Evotaz SP
Fuzeon SP
Genvoya SP
Intelence SP
Invirase SP
Isentress SP
Kaletra SP

lamivudine SP
lamivudine / zidovudine SP
Lexiva SP
nevirapine SP
nevirapine ER SP
Norvir SP
Odefsey SP
Prezcobix SP
Prezista SP
Rescriptor SP
Retrovir SP
Reyataz SP
Selzentry SP
stavudine SP
Stribild SP
Sustiva SP
Tivicay SP
Triumeq SP
Trizivir SP
Truvada SP
Tybost SP
Videx SP
Videx EC SP
Viracept SP
Viramune SP
Viramune XR SP
Viread SP
Vitekta SP
Zerit SP
Ziagen SP
zidovudine SP

MULTIPLE SCLEROSIS SP*

Ampyra SP
Aubagio SP
Avonex SP
Avonex Pen SP
Avonex Prefl SP
Betaseron SP
Copaxone SP
Extavia SP
Gilenya SP
Glatopa SP
Plegridy SP
Plegridy Pen SP
Rebif SP
Rebif Rebido SP
Rebif Titrtn SP
Tecfidera SP

NEURAL TUBE DEFECTS

Prenatal Vitamin

Active OB
Atabex EC
Bal-Care
BP Folinatal
BP Multinatl
Calcium Pnv
Calna
Centrum Spec
Citranatal
Cl Prenatal
C-Nate DHA
Completenate
Co-Natal FA
Concept
Crnatal
CVS Prenatal
Dothelle DHA
Duet DHA
Elite-OB
Enbrace HR
Enfamil
Extra-Virt
Ezfe Forte
Focalgin
Folcaps
Folet
Folivane
Gesticare
GNP
Hemenatal
Inatal
Infanate
Kpn Prenatal
Levomefolate
Macnatal CN
Marnatal-F
Mission Pren
M-Vit
Mynatal
Natachew
Natalvirt
Natalvit
Natelle One
Neevo DHA
Nestabs
Newgen
Nexa Plus
Niva-Plus
Ob Complete
Obstetrix
Obtrex
O-Cal
Paire OB
Perry Prenat
PNV
Pr Natal
Prefera
Prefol-DHA
Prena1
Prenaissance
Prenat
Prenatal
Prenate
Preplus
Preque 10
Pretab
Profe Forte
Provida
Purefe
QC Prenatal
RA
Redichew Rx
Relnate DHA
Right Step
R-Natal OB
Rulavite DHA
Select-Ob
Se-Natal 19
Se-Tan DHA
Sm Prenatal
Stuart
Taron
Thrivite
Tl
Triadvance
Tricare
Trinatal
Trinate
Tristart DHA
Tri-Tabs DHA
Triveen
Ultimatecare
Ultra Tabs
Vemavite
Vena-Bal
Venatal-FA
Vinacal B
Vinate Az Ex
Vinate
Virt
Vitafol
Vitamedmd
Vitapearl
Vita-Pren
Vitatrue
Viva DHA
Vol-Nate
Vol-Plus
Vol-Tab Rx
VP
Zatean

OSTEOPOROSIS

Bone Density Regulators

alendronate
calcitonin spray
etidronate
Forteo SP
Fortical
Miacalcin
Miacalcin spray
Pamidronate SP
Reclast SP
Zoledronic SP
Zometa SP

PSYCHOSIS AND MOOD DISORDERS

Antipsychotics/Antimanic Agents

Abilify
Adasuve
Aripiprazole
Aristada
chlorpromazine
clozapine
Clozaril
Compazine
Compro
Equetro
Fanapt
Fazaclo
fluphenazine
Geodon
haldol decan
haloper dec
haloperidol
Invega
Latuda
loxapine
Molindone
olanzapine
olanzapine-fluoxetine
paliperidone
perphenazine

prochlorperazine
quetiapine
Rexulti
Risperdal
risperidone
Saphris
Seroquel
Seroquel XR
Symbyax
thioridazine
thiothixene
trifluoperazine
Versacloz
vraylar
ziprasidone
Zyprexa

TRANSPLANT

Astagraf XL SP
Azasan
azathioprine
Cellcept SP
Cyclosporine SP
cyclosporine modified SP
Envarsus XR SP
gengraf SP
hecoria SP
Imuran
mycophenolate SP
mycophenolic DR SP
Myfortic SP
Neoral SP
Prograf SP
Rapamune SP
Sandimmune SP
sirolimus SP
tacrolimus cap SP
Zortress SP

OptumRx Political Subdivision Formulary

The most up to date formulary is located under "Benefits & Services > Prescription Benefits" at www.iebp.org.

OptumRx administers your prescription benefit plan. Our goal is to provide the highest quality pharmaceutical care, at lower costs.

The most effective way to control costs is through the use of generic drugs and a drug formulary.

$	Drug Tier	Includes	Helpful Tips
$	**Tier 1 Lowest Cost**	Lower cost, commonly used generic drugs. Some low cost brands may be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
$$	**Tier 2 Mid-range Cost**	Many common brand-name drugs, called preferred brands.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
$$$	**Tier 3 Highest Cost**	Mostly higher cost brand drugs, also known as non-preferred brands.	Many Tier 3 drugs have lower cost options in Tier 1 or 2. Ask your doctor if they could work for you.

Some of the medications on this list may NOT be covered by your plan.
Their presence on this list does NOT guarantee coverage.

Bold type = Brand-name drug Plain type = Generic drug Underlined = Preferred for their cost & effectiveness
ⓘ = Call member customer service * = Tier 3 Preferred

Drug Name	Drug Tier
Anti-Infectives: Antibiotics	
Amoxicillin	1
Amoxicillin/Clavulanate	1
Azithromycin	1
Bethkis	2
Cefadroxil Cap	1
Cefdinir	1
Cefuroxime Tab	1
Cephalexin	1
Ciprodex Otic Suspension	3
Ciprofloxacin Tab	1
Clarithromycin	1
Clindamycin Cap	1
Dificid	3
Doxycycline Hyclate Cap	1
Doxycycline Hyclate Tab (Immediate Release)	1
Doxycycline Monohydrate Cap	1
Doxycycline Monohydrate Oral Suspension, Tab	1
Erythromycin	1
Levofloxacin Tab	1
Metronidazole Tab	1
Minocycline Cap	1
Moxifloxacin	1
Neomycin/Polymyxin HC Otic Suspension, Solution	1
Nitrofurantoin Macrocrystalline	1
Nitrofurantoin Monohydrate Macrocrystalline	1
Ofloxacin Otic Solution	1
Penicillin VK	1

Drug Name	Drug Tier
Sulfamethoxazole-Trimethoprim	1
Sulfamethoxazole-Trimethoprim DS	1
Anti-Infectives: Antifungals	
Fluconazole	1
Nystatin Oral Powder	1
Nystatin Suspension	1
Terbinafine Tab	1
Anti-Infectives: Antivirals	
Acyclovir Tab, Cap, Suspension	1
Baraclude	3
Entecavir	1
Famciclovir Tab	1
Harvoni	2
Pegasys	ⓘ
Sovaldi	2
Tamiflu	3
Valacyclovir	1
Cancer	
Anastrozole Tab	1
Capecitabine	1
Gleevec	2
Letrozole	1
Revlimid	3
Tamoxifen Tab	1
Tasigna	2
Temozolomide	1
Zytiga	3
Cardiovascular/Heart Disease: Anticoagulants	

Drug Name	Drug Tier
Brilinta	2
Clopidogrel	1
Effient	2
Eliquis	3
Enoxaparin	1
Pradaxa	2
Savaysa	3
Warfarin	1
Xarelto	2
Cardiovascular/Heart Disease: High Blood Pressure	
Amlodipine	1
Amlodipine/Benazepril	1
Atenolol	1
Atenolol/Chlorthalidone	1
Benazepril	1
Benazepril/HCTZ	1
Bisoprolol	1
Bisoprolol/HCTZ	1
Bumetanide	1
Bystolic	2
Cartia XT	1
Carvedilol	1
Chlorthalidone	1
Clonidine Patch	1
Clonidine Tab	1
Coreg CR	3
Diltiazem Tab	1
Doxazosin	1
Dutoprol	2
Enalapril	1
Enalapril/HCTZ	1
Felodipine	1
Fosinopril	1
Furosemide	1
Guanfacine Tab (Immediate Release)	1
Hydralazine	1
Hydrochlorothiazide	1
Irbesartan	1
Irbesartan/HCTZ	1
Labetalol	1
Lisinopril	1

Drug Name	Drug Tier
Lisinopril/HCTZ	1
Losartan	1
Losartan/HCTZ	1
Metoprolol Succinate	1
Metoprolol Tartrate	1
Nadolol	1
Nifedipine ER	1
Propranolol	1
Propranolol ER	1
Quinapril	1
Ramipril	1
Spironolactone	1
Terazosin	1
Torsemide Tab	1
Triamterene/HCTZ	1
Valsartan	1
Valsartan/HCTZ	1
Verapamil ER	1
Cardiovascular/Heart Disease: High Cholesterol	
Atorvastatin	1
Cholestyramine	1
Fenofibrate 43 mg, 48 mg, 50 mg, 54 mg and 67 mg, 134 mg, 160 mg, 200 mg	1
Gemfibrozil	1
Lovastatin	1
Pravastatin	1
Simvastatin 5 mg, 10 mg, 20 mg, 40 mg	1
Simvastatin 80 mg	1
Welchol	2
Cardiovascular/Heart Disease: Other	
Amiodarone	1
Digoxin	1

Drug Name	Drug Tier
Flecainide	1
Isosorbide Mononitrate	1
Nitrostat	2
Ranexa	2
Sotalol	1
Cardiovascular/Heart Disease: Pulmonary Arterial Hypertension	
Adcirca	3
Adempas	2
Letairis	2
Opsumit	2
Orenitram	3
Sildenafil Tab 20 mg	1
Tracleer	2
Central Nervous System: Attention Deficit Disorder	
Amphetamine-Dextroamphetamine Tab	1
Guanfacine ER Tab	1
Methylphenidate SA Osmotic ER Tab	1
Methylphenidate Tab IR	1
Strattera	2
Vyvanse	2
Central Nervous System: Depression	
Amitriptyline	1
Bupropion	1
Bupropion ER	1
Bupropion SR	1
Budeprion XL	1
Citalopram	1
Doxepin	1
Duloxetine Cap 20 mg, 30 mg, 60 mg	1
Escitalopram Tab	1
Fluoxetine Cap (not PMDD)	1
Fluvoxamine Tab	1
Forfivo XL	2
Mirtazapine	1
Nortriptyline	1
Paroxetine	1
Sertraline	1
Trazodone	1
Venlafaxine Tab IR	1
Venlafaxine ER Cap	1

Drug Name	Drug Tier
Central Nervous System: Migraine	
Butalbital-Acetaminophen-Caffeine Cap, Tab 50-325-40 mg	1
Migranal	3
Rizatriptan Tab, ODT	1
Sumatriptan Tab and Spray	1
Central Nervous System: Multiple Sclerosis	
Ampyra	2
Avonex Kit	ⓘ
Avonex Pen Kit	ⓘ
Avonex Prefill Kit	ⓘ
Betaseron	ⓘ
Copaxone	ⓘ
Gilenya*	3
Plegridy	ⓘ
Rebif	ⓘ
Rebif Titrtn	ⓘ
Tecfidera	2
Central Nervous System: Other	
Abilify Tab	3
Alprazolam Tab	1
Aripiprazole	1
Benztropine	1
Buspirone	1
Carbidopa/Levodopa Tab (Immediate Release)	1
Diazepam Tab	1
Donepezil Tab	1
Hydroxyzine HCL	1
Hydroxyzine Pamoate	1
Latuda	3
Lithium Carbonate	1
Lorazepam Tab	1
Modafinil	1
Namenda Tab	3
Namenda XR Cap	2
Nuvigil	3
Olanzapine Tab	1
Pramipexole	1
Prochlorperazine	1
Quetiapine	1
Risperidone Tab	1
Ropinirole (Immediate Release)	1
Saphris	2
Seroquel XR	2

Drug Name	Drug Tier
Zelapar	3
Ziprasidone Cap	1
Central Nervous System: Sedatives/Hypnotics	
Temazepam	1
Triazolam Tab	1
Zolpidem	1
Central Nervous System: Seizure Disorders	
Carbamazepine Tab	1
Clonazepam	1
Divalproex DR	1
Divalproex ER	1
Gabapentin	1
Lamotrigine (Immediate Release)	1
Levetiracetam	1
Levetiracetam ER	1
Onfi	3
Oxcarbazepine	1
Phenytoin	1
Primidone	1
Topiramate Tab	1
Zonisamide	1
Dermatology	
Acanya Gel	3
Acyclovir Ointment 5%	1
Aczone Gel	3
Atralin	2
Benzaclin	3
Betamethasone Dipropionate Cream	1
Ciclopirox Cream	1
Clindamycin Gel, Lotion, Solution	1
Clindamycin/Benzoyl Peroxide Gel 1-5%	1
Clindamycin/Benzoyl Peroxide Gel 1.2-5%	1
Clobetasol Cream, Ointment, Solution	1
Clobex	3
Cloderm	3
Clotrimazole/Betamethasone Cream, Lotion	1
Desonide Cream, Ointment	1
Desoximetasone Cream, Gel, Ointment	1
Differin	3

Drug Name	Drug Tier
Econazole Cream	1
Elidel	2
Epiduo	3
Finacea	2
Fluocinonide Cream, 0.1%	1
Fluocinonide Cream, Gel, Ointment, Solution 0.05%	1
Hydrocortisone Cream, Ointment 2.5%	1
Ketoconazole Cream Shampoo	1
Metrogel	3
Metronidazole Gel 0.75%	1
Mometasone	1
Mupirocin Ointment	1
Nystatin Cream, Ointment, Powder	1
Nystatin/Triamcinolone Cream, Ointment	1
Oxsoralen-Ul	2
Permethrin Cream 5%	1
Protopic Ointment	3
Retin-A Micro	3
Sulfacetamide/Sulfur Emulsion	1
Taclonex	3
Tretinoin Cream	1
Tretinoin Microsphere Gel	1
Triamcinolone	1
Vectical	3
Zovirax Cream	2
Zovirax Ointment	3
Zyclara	3
Diabetes/Endocrine Blood: Glucose Monitoring	
Accu-Chek Active Glucose Control Liquid	3
Accu-Chek Aviva Test Strips	2
Accu-Chek Aviva Plus Control Liquid	3
Accu-Chek Aviva Plus Kit	2
Accu-Chek Aviva Plus Test Strips	2
Accu-Chek Comfort Curve Control Liquid	3
Accu-Chek Comfort Curve Test Strips	2
Accu-Chek Compact Plus Control Liquid	3
Accu-Chek Compact Plus Test Strips	2
Accu-Chek Compact Plus Kit	2
Accu-Chek Fastclix Kit	2
Accu-Chek FastClix Lancets	2
Accu-Chek Multiclix Kit	2
Accu-Chek Multiclix Lancets	2
Accu-Chek Nano Kit	2
Accu-Chek SmartView Control Liquid	3
Accu-Chek SmartView Test Strips	2
Accu-Chek Soft Touch Lancets	2
Accu-Chek Softclix Kit	2
Accu-Chek Softclix Lancets	2

Drug Name	Drug Tier
Bayer Contour Test Strips	3
Dexcom G4 Platinum Kit	3
Dexcom G4 Platinum Sensor Kit	3
Dexcom G4 Platinum Transmitter Kit	3
Freestyle Test Strips	3
Glucocard Test Strips	3
Insulin Pen Needle	2
Insulin Syringe/Needle	2
Novofine Pen Needle	3
Novofine Autocover Pen Needle	3
Novotwist Pen Needle	3
Onetouch Kit Ultra Smart	2
Onetouch Kit Ultra	2
Onetouch Kit Ultra 2	2
Onetouch Kit Ultra Mini	2
Onetouch Kit Verio IQ	2
Onetouch Lancets	2
Onetouch Test Strips	2
Onetouch Ultra Blue Test Strips	2
Onetouch Verio Test Strips	2
Precision Test Strips	3
Truetest Test Strips	3
Truetrack Test Strips	3
Diabetes/Endocrine: Insulin	
Humalog Vials	2
Humalog Kwik Pen 100 unit/ml	2
Humalog Mix 50/50 Kwik Pen	2
Humalog Mix 50/50 Vials	2
Humalog Mix 75/25 Kwik Pen	2
Humalog Mix 75/25 Vials	2
Humulin 70/30 Vials	2
Humulin N Vials	2
Humulin N Pen	2
Humulin Pen 70/30	2
Humulin R U-500	2
Humulin R Vials	2
Lantus Solostar	2
Lantus Vials	2
Levemir FlexTouch	2
Levemir Vials	2
Novolin 70/30 Vials	2
Novolin N Vials	2
Novolin R Vials	2
Novolog Flexpen	2

Drug Name	Drug Tier
Novolog Mix Flexpen	2
Novolog Mix 70/30 Vials	2
Novolog Penfill	2
Diabetes/Endocrine: Non-Insulin	
Bydureon	2
Byetta	2
Glimepiride	1
Glipizide	1
Glipizide ER	1
Glipizide XL	1
Glyburide	1
Glyburide/Metformin	1
Janumet	2
Janumet XR	2
Januvia	2
Kombiglyze	2
Metformin	1
Metformin ER	1
Onglyza	2
Pioglitazone	1
Victoza	2
Endocrine: Growth Hormone	
Nutropin AQ	ⓘ
Omnitrope	ⓘ
Saizen	ⓘ
Zomacton	ⓘ
Endocrine: Other	
Calcitriol Cap	1
Dexamethasone Tab	1
Hydrocortisone Tab	1
Lupron Depot 3.75 mg, 11.25 mg	ⓘ
Lupron Depot 7.5 mg, 22.5 mg, 30 mg, 45 mg	ⓘ
Methylprednisolone Tab	1
Prednisone	1
Prednisolone Solution (25 mg/5 mL)	1
Prednisolone Syrup, Solution 15 mg/5 ml	1
Sensipar	3
Endocrine: Thyroid Hormone Replacement	
Armour Thyroid	3
Levothyroxine	1
Liothyronine	1
Methimazole	1
Synthroid	3
Tirosint	3

Drug Name	Drug Tier
Eye Conditions: Allergies	
Azelastine Ophthalmic Solution	1
Pataday	2
Patanol	2
Eye Conditions: Antibiotics	
Ciprofloxacin Ophthalmic Solution	1
Erythromycin Ointment	1
Gentamicin	1
Moxeza	2
Neomycin/Polymyxin B/Dexamethasone Ointment, Suspension	1
Ofloxacin Ophthalmic Solution	1
Polymyxin B/Trimethoprim Solution	1
Tobramycin	1
Tobramycin/Dexamethasone	1
Vigamox	2
Eye Conditions: Glaucoma	
Alphagan P	2
Azopt	2
Brimonidine	1
Combigan	2
Dorzolamide-Timolol Maleate	1
Latanoprost	1
Lumigan	2
Timolol	1
Timoptic Ocudose	2
Travatan Z	2
Eye Conditions: Other	
Durezol Ophthalmic Emulsion	3
Lotemax Ophthalmic Gel	3
Ketorolac Opthalmic Solution	1
Prednisolone Opthalmic Suspension	1
Restasis	3
Gastrointestinal: Acid Suppression	
Carafate Suspension	2
Famotidine Tab 20 mg and 40 mg (Rx only)	1
Omeprazole (Rx only)	1
Pantoprazole	1
Ranitidine Tab, Cap, Syrup (Rx only)	1
Sucralfate Tab	1
Gastrointestinal: Nausea/Vomiting	
Meclizine	1
Metoclopramide	1
Ondansetron Tab	1
Transderm-Scop	3
Gastrointestinal: Other	

Drug Name	Drug Tier
Amitiza	2
Apriso	3
Asacol HD	3
Canasa	2
Creon	2
Delzicol	3
Dicyclomine	1
Diphenoxylate/Atropine	1
Gavilyte Solution	1
Hyoscyamine Sublingual Tab	1
Lactulose	1
Lialda	2
Linzess	2
Movantik	2
Moviprep	3
Omeclamox Pak	2
Pentasa	3
Polyethylene Glycol 3350 Powder	1
Protosol HC	1
Prepopik	3
Pylera	2
Sulfasalazine	1
Suprep Bowel Prep	3
Uceris	3
Zenpep	2
HIV/AIDS	
Atripla	2
Complera	2
Epzicom	2
Intelence	2
Isentress	2
Kaletra	2
Nevirapine	1
Norvir	2
Prezista	2
Reyataz	2
Stribild	2
Sustiva	2
Tivicay	2
Triumeq	2
Truvada	2
Viread	2
Infertility	
Cetrotide	ⓘ
Follistim AQ	ⓘ
Gonal-f	ⓘ
Gonal-f RFF	ⓘ
Ovidrel	3

Drug Name	Drug Tier
Inflammatory Conditions	
Cimzia Kit	ⓘ
Depen	2
Humira Kit	ⓘ
Humira Pen Kit	ⓘ
Humira Pen Kit Crohns	ⓘ
Humira Pen Kit Psoriasis	ⓘ
Hydroxychloroquine	1
Methotrexate Tab	1
Orencia SC	ⓘ
Rasuvo	ⓘ
Simponi	ⓘ
Stelara	ⓘ
Men's Health: Erectile Dysfunction	
Men's Health: Prostate	
Alfuzosin	1
Avodart	2
Doxazosin	1
Finasteride 5 mg	1
Jalyn	2
Rapaflo	2
Tamsulosin	1
Terazosin	1
Men's Health: Testosterone Therapy	
Testosterone Cypionate IM Injection	1
Miscellaneous	
Allopurinol	1
Antipyrine/Benzocaine Otic Solution 5.4-1.4%	1
Aranesp	ⓘ
Benzonatate	1
Botox 100, 200 unit Injection (non-cosmetic)	2
Bunavail	3
Cerdelga	3
Chantix	3
Cheratussin	1
Chlorhexidine	1
Colcrys	2
Cyproheptadine	1
Desmopressin	1
Epipen 2-Pak	2
Euflexxa	ⓘ
Fosrenol	3
Guaifenesin/Codeine Syrup	1
Homatropine/Hydrocodone Syrup	1
Hydrocodone/Chlorpheniramine Liquid	1

Drug Name	Drug Tier
Hydrocortisone AC Suppository 25 mg	1
Hydromet	1
Lidocaine Viscous Solution 2%	1
Makena	ⓘ
Phenazopyridine (Rx only)	1
Phentermine Tab	1
Procrit	ⓘ
Promethazine DM Syrup	1
Promethazine/Codeine Syrup	1
Pulmozyme	2
Rectiv	3
Renvela Tab	2
Rezira	3
Suboxone Film	2
Synagis	2
Synvisc	ⓘ
Uloric	2
Ursodiol	1
Velphoro	3
Zostavax Injection	3
Zubsolv	2
Zutripro	3
Musculoskeletal: Osteoporosis	
Alendronate Tab	1
Evista	3
Forteo	ⓘ
Raloxifene	1
Musculoskeletal: Other	
Baclofen Tab	1
Carisoprodol 350 mg	1
Cyclobenzaprine Tab 5, 10 mg	1
Metaxalone	1
Methocarbamol	1
Tizanidine Cap	1
Tizanidine Tab	1
Musculoskeletal: Pain Relief	
Acetaminophen w/Codeine	1
Cambia	3
Diclofenac Tab	1
Endocet Tab	1
Etodolac	1
Fentanyl Patch 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1
Fentanyl Patch 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	1

Drug Name	Drug Tier
Hydrocodone w/Ibuprofen Tab 7.5-200 mg	1
Hydrocodone/APAP 5, 7.5, 10/325 mg	1
Hydromorphone Tab	1
Ibuprofen Tab 400, 600, 800 mg (Rx only)	1
Indomethacin Cap	1
Ketorolac Tab	1
Lidocaine Patch 5%	1
Meloxicam	1
Methadone Tab	1
Morphine Sulfate Tab	1
Nabumetone	1
Naproxen (Rx only)	1
Nucynta	3
Nucynta ER	3
Opana ER	2
Oxycodone Tab 5, 10, 15, 30 mg (Immediate Release)	1
Oxycodone w/Acetaminophen	1
Oxycontin	2
Tramadol Tab 50 mg	1
Tramadol w/Acetaminophen	1
Vicodin	1
Vicodin ES	1
Overactive Bladder	
Oxybutynin	1
Respiratory: Asthma/COPD	
Advair Diskus	2
Advair HFA	2
Aerospan	3
Albuterol Nebulizer Solution	1
Breo Ellipta	2
Budesonide Inhalation Suspension	1
Combivent Respimat	2
Dulera	3
Flovent Diskus	2
Flovent HFA	2
Foradil	2
Incruse Ellipta	2
Ipratropium/Albuterol	1
Levalbuterol Nebulizer Solution	1

Drug Name	Drug Tier
Montelukast	1
Perforomist	3
Proair HFA, RespiClick	2
Proventil HFA	3
Pulmicort Flexhaler	2
Qvar	2
Serevent Diskus	2
Spiriva Handihaler	2
Spiriva Respimat	2
Symbicort	2
Tudorza Pressair	2
Ventolin HFA	2
Xolair	ⓘ
Xopenex HFA	3
Respiratory: Nasal Allergies	
Azelastine Spray	1
Fluticasone Spray	1
Ipratropium Spray	1
Respiratory: Oral Allergies	
Cetirizine	1
Promethazine Tab	1
Desloratadine	1
Levocetirizine	1
Transplant	
Azathioprine Tab	1
Cellcept Tab Suspension	3
Cyclosporine Cap	1
Mycophenolate Mofetil 250 mg Cap/500 mg Tab	1
Mycophenolate Sodium 180 mg, 360 mg Tab	1
Prograf Cap	3
Rapamune	3
Tacrolimus Cap	1
Vitamins/Electrolytes	
Cyanocobalamine Injection	1
Folic Acid 1 mg (Rx only)	1
Klor-Con 8 and 10 MEQ	1
Klor-Con M10 and M20	1
Multi-Vit/Fl Chew	1
Potassium Chloride ER Tab, Cap	1
Potassium Chloride Micro ER Tab	1
Potassium Citrate 540 mg, 1080 mg Tab	1
Vitamin D 50,000 units (Rx only)	1
Women's Health: Birth Control	

Drug Name	Drug Tier
Apri	1
Aviane	1
Azurette	1
Beyaz	3
Cryselle-28	1
Falmina	1
Generess Fe Chewable	3
Gianvi	1
Gildess Fe	1
Jolivette	1
Junel	1
Kariva	1
Levora 28	1
Lo Loestrin	3
Lomedia Fe	1
Loryna	1
Low-Ogestrel	1
Lutera	1
Medroxyprogesterone Acetate Injection	1
Microgestin	1
Microgestin Fe	1
Minastrin 24 Fe Chewable	3
Mono-Linyah	1
Mononessa	1
Natazia	2
Necon	1
Nora-Be	1
Norgest/Ethi Estradio	1
Nortrel	1
Nuvaring	2
Ocella	1
Orsythia	1
Ortho Tri-Cyclen Lo	3
Previfem	1
Reclipsen	1
Safyral	3
Sprintec 28	1
Tri-Linyah	1
Tri-Previfem	1
Trinessa	1
Tri-Sprintec	1
Vestura	1
Viorele	1
Xulane	1
Zarah	1
Women's Health: Hormone Replacement	
Climara Pro	2
Divigel	3
Duavee	2

Drug Name	Drug Tier
Estrace Vaginal Cream	3
Estradiol Tab	1
Estradiol/Norethindrone Tab	1
Medroxyprogesterone Acetate Tab	1
Minivelle	3
Osphena	3
Premarin Tab	2
Premarin Vaginal Cream	2
Premphase	2
Prempro	2
Progesterone Cap	1
Vagifem	3
Vivelle-Dot	3
Women's Health: Vaginal Anti-Infectives	
Gynazole-1 Vaginal Cream	3
Metronidazole Vaginal Gel	1
Terconazole Vaginal Cream	1

Biosimilar FDA Approval Standards

The FDA typically approves small molecule generics on the basis of pharmaceutical equivalence. Pharmaceutical equivalence suggests that the generic contains the same active ingredient at the same strength as the brand (including the particular salt if relevant).

We do not believe that the FDA will insist that a biosimilar be exactly the same as the innovator product (brand); rather it will employ a more flexible standard of sameness. Such a standard would partly depend on some structure-function understanding of the innovator product. For relatively small proteins, we expect that these will be required to exhibit an identical amino acid sequence. This standard may be more flexible for larger molecules, such as antibodies. The agency will also likely consider the impact of posttranslational protein modifications, such as glycosylation.

Given that structural identity is unlikely for biosimilars, the FDA is also likely to require demonstration that the biological activity of the biosimilar is very close to the reference (innovator) molecule. In the case of Lovenox, this could be demonstrated with a straight forward predictive *in vitro* bioassay. While such a standard could be employed in a few instances, for example in agents used to treat clotting disorders, such as hemophilia, we believe that some clinical data will be necessary for most applications.

Although clinical data will be needed for most applications, the data requirements are likely to be different from the registrational studies for the reference product. A key element, in our view, is the ability to demonstrate that the biosimilar is reliably producing a biological effect that is the same as the reference product. We believe that a combination of data utilizing reliable clinical measures, and data showing clear biological response would be sufficient. For example, extensive characterization of *in vitro* biological activity of an oncology drug, such as receptor activity, combined with demonstration of equivalent response rates in patients, could be viewed as sufficient, without the need to undergo a lengthy clinical trial with “hard” endpoints, such as survival.