

## Revised Reference Pricing 2015

For the premium plan (the pharmacy copay plan) the amount a member pays for drugs labeled as “reference priced” will not be allocated to the out-of-pocket maximum. For example, if the plan pays \$0.30 per pill for a referenced price drug and the drug cost is \$4.00 per pill, or \$120 per month, the plan will pay \$9 for the month supply and the member will be required to pay the remaining \$111. The \$111 is considered a non-covered benefit. The non-covered benefit amount (\$111) will not be applied to the member’s OOP maximum (ie; deductible or coinsurance limits).

For the classic and basic plans (the pharmacy coinsurance plans) medications listed as reference priced are considered a non-covered benefit and the member will pay the entire cost of the medication. This amount will not count towards the member’s OOP maximum (ie; deductible or coinsurance limits). Members will still have the option of the covered Tier 1 generic alternative(s) or to appeal to EBRx for coverage.

	Tier 1	Tier 2	Tier 3	Tier 4
Antihyperlipidemic-HMG (Statins)	atorvastatin, lovastatin, pravastatin, simvastatin	Crestor 40mg*(PA)		
	<b>*(RP) Reference Priced Antihyperlipidemic-HMG (Statins): Plan pays \$0.30 per unit. Member is responsible for remaining cost.</b>	Altoprev, Crestor 5mg, crestor 10mg, Crestor 20mg Lescol, Lescol XL, Lipitor, Mevacor, Pravachol, Zocor		
Angiotensin II Rec Antagonist (ARB)/Direct Renin Inhibitor (DRI)	losartan/HCTZ, irbesartan/HCTZ, valsartan/HCTZ, irbesartan, losartan			
	<b>*(RP) Reference Priced Angiotensin Receptor Blockers (ARB): Plan pays \$0.81 per unit. Member is responsible for remaining cost.</b>	Amturnide, Atacand, <b>candesartan*(NG)</b> , Atacand HCT, candesartan cilixelil/HCTZ, Avalide, Avapro, Azor, Benicar, Benicar HCT, Cozaar, Diovan, Diovan HCT, Edarbi, Edarbyclor, Exforge, Exforge HCT, Hyzaar, Micardis, <b>telmisartan*(NG)</b> , Micardis HCT, Tekturna, Tekturna HCT, Teveten, Teveten HCT, Twynsta, <b>telmisartan/amlodipine*(NG)</b>		

Antidepressant (SNRIs)	venlafaxine, venlafaxine XR capsule			
	<b>*(RP) Serotonin norepinephrine reuptake inhibitors (SNRIs): Plan pays \$0.75 per unit. Member is responsible for remaining cost.</b>	Cymbalta, duloxetine, Effexor XR, venlafaxine extended release <b>tablets</b>		
Antidepressants (SSRIs)	sertraline, fluoxetine, paroxetine, citalopram, fluvoxamine			
	<b>*(RP) Selective serotonin reuptake inhibitors (SSRIs): Plan pays \$0.30 per unit. Member is responsible for remaining cost.</b>	Lexapro, escitalopram, Luvox CR, fluvoxamine ER, Paxil ER, paroxetine ER, Pexeva		
Sedative Hypnotics	temazepam 15mg, temazepam 30mg, triazolam, zolpidem			
	<b>*(RP) Reference Priced Sedatives/Hypnotics: Plan pays \$0.15 per unit. Member is responsible for remaining cost.</b>	Ambien, Ambien CR, zolpidem ER, Lunesta, Rozerem, Sonata, zaleplon, temazepam 7.5mg, temazepam 22.5mg		
Proton Pump Inhibitors	omeprazole 10mg, omeprazole 20mg, omeprazole 40mg, pantoprazole 20 & 40 mg		Zegerid powder packets	
	<b>*(RP) Reference Priced Proton Pump Inhibitors: Plan pays \$0.30 per unit. Member is responsible for remaining cost.</b>	Aciphex, Dexilant, lansoprazole, Nexium, omeprazole/sodium bicarb capsule, Prevacid, Prevacid 24hr OTC, Prilosec, Prilosec OTC, omeprazole OTC, Protonix, Zegerid capsule		
Overactive Bladder Agents	oxybutynin immediate release			
	<b>*(RP) Reference Priced Overactive Bladder Agents: Plan pays \$0.51 per unit. Member is responsible for remaining cost.</b>	Detrol, tolterodine, Detrol LA, tolterodine (extended release), Ditropan, Ditropan XL, Enablex, Sanctura, trospium, Sanctura XR, trospium ER, Vesicare, oxybutynin extended release		

	azelastine, flunisolide, fluticasone			
Nasal Products	<b>*(RP) Reference Priced Nasal Steroids: Plan pays up to \$26.00 for a one month supply. Member is responsible for remaining cost.</b>	Beconase, Beconase AQ, Flonase, Nasonex, mometasone, Rhinocort AQ, budesonide		
ADHD Medications	amphetamine salts*(QL), dextroamphetamine*(QL), methylphenidate*(QL), methylphenidate ER*(QL), modafinil*(PA)*(QL), pemoline*(QL), amphetamine - dextroamphetamine SR*(QL)	Nuvigil*(PA, QL), Strattera*(QL)	Adderall XR*(QL), Concerta*(QL), Daytrana*(QL), Dexedrine*(QL), Focalin*(QL), Focalin-XR*(QL), Metadate CD*(QL), ER*(QL), Provigil* (PA), Ritalin Tablet, LA*(QL), SR, Vyvanse*(QL)	
	<b>*(RP) Long Acting Amphetamines: Plan pays \$2.50 per unit. Member is responsible for remaining cost.</b>	Long Acting Amphetamines are <b>reference priced</b> for members 26 years of age or older; <b>*Quantity Limits</b> will still apply to <b>reference priced</b> long acting amphetamines.  Adderall XR*(QL), amphetamine salts*(QL) extended release, Dexedrine*(QL), dextroamphetamine*(QL) extended release, Vyvanse*(QL)		
Fibromyalgia	gabapentin			
	<b>*(RP) Fibromyalgia agents: Plan pays \$0.35 per unit. Member is responsible for remaining cost.</b>	Lyrica		
Osteoporosis- Calcium Regulators	alendronate, calcitonin nasal spray	Miacalcin Injection		Forteo*(PA)
	<b>*(RP) Reference Priced Calcium Regulators: Plan pays up to \$0.10 per pill/unit. Member is responsible for remaining cost.</b>	Actonel, Atelvia, Boniva, ibandronate		