

## Reference Pricing 2016

For many drug classes, a review of the medical literature reveals no evidence of clinical superiority between the many drug products available in that class. In other words, each of the products is thought to be as effective as any of the other products in that given category, and no single product stands out as being therapeutically superior. When this unique set of circumstances exists, reference pricing is put into place. In reference pricing, a gold standard product is selected for the drug class. The gold standard product is as effective as all of the other drugs in the category, but it costs significantly less.

The cost per unit of the gold standard drug product would serve as the reference price for all of the other products in the class. This reference price is the maximum the plan will pay per unit (or pill) with the member responsible for the remaining cost.

Reference pricing ensures our members will have access to effective medications while protecting the plan from the increasing price of prescription drug products. See below for a full list of medications that are reference priced.

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 member’s 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 and therefore will not be applied to the member’s OOP maximum (ie; deductible or coinsurance limits).

For the **Classic and Basic** plans (the pharmacy deductible and 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
	atorvastatin, lovastatin, pravastatin, simvastatin	Crestor 40mg*(PA)		
Antihyperlipidemic-HMG (Statins)	<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		

	Tier 1	Tier 2	Tier 3	Tier 4
Angiotensin II Rec Antagonist (ARB)/Direct Renin Inhibitor (DRI)	losartan/HCTZ, irbesartan/HCTZ, valsartan/HCTZ, irbesartan, losartan			
	<p><b>*(RP) Reference Priced Angiotensin Receptor Blockers (ARB): Plan pays \$0.81 per unit. Member is responsible for remaining cost.</b></p>	<p><b>amlodipine/valsartan*(NG), amlodipine/valsartan HCT*(NG), Atacand, candesartan*(NG), Atacand HCT, candesartan cilexetil/HCTZ, Avalide, Avapro, Azor, Benicar, Benicar HCT, Cozaar, Diovan, Diovan HCT, Edarbi, Edarbyclor, Exforge, Exforge HCT, Hyzaar, Micardis, telmisartan*(NG), Micardis HCT, Tekturna, Tekturna HCT, Teveten, Teveten HCT, Twynsta, telmisartan/amlodipine*(NG), valsartan*(NG)</b></p>		
Antidepressant (SNRIs)	venlafaxine, venlafaxine XR capsule			
	<p><b>*(RP) Serotonin norepinephrine reuptake inhibitors (SNRIs): Plan pays \$0.75 per unit. Member is responsible for remaining cost.</b></p>	<p>Cymbalta, duloxetine, Effexor XR, venlafaxine extended release <b>tablets</b></p>		
Antidepressants (SSRIs)	citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline			
	<p><b>*(RP) Selective serotonin reuptake inhibitors (SSRIs): Plan pays \$0.30 per unit. Member is responsible for remaining cost.</b></p>	<p>Lexapro, Luvox CR, fluvoxamine ER, Paxil, Paxil ER, paroxetine ER, Pexeva, Zoloft</p>		
Sedative Hypnotics	temazepam 15mg, temezepam 30mg, triazolam, zolpidem			
	<p><b>*(RP) Reference Priced Sedatives/Hypnotics: Plan pays \$0.15 per unit. Member is responsible for remaining cost.</b></p>	<p>Ambien, Ambien CR, zolpidem ER, Lunesta, Rozerem, Sonata, zaleplon, temazepam 7.5mg, temazepam 22.5mg</p>		

	Tier 1	Tier 2	Tier 3	Tier 4
Proton Pump Inhibitors	omeprazole 10mg, omeprazole 20mg, omeprazole 40mg, omeprazole OTC, pantoprazole 20 & 40 mg, Prevacid 24hr OTC, Prilosec OTC		Zegerid powder packets	
	<b>*(RP) Reference Priced Proton Pump Inhibitors: Plan pays \$0.30 per unit. Member is responsible for remaining cost.</b>		Aciphex, <b>rabeprazole*(NG)</b> , Dexilant, lansoprazole, Nexium, omeprazole/sodium bicarb capsule, Prevacid, Prilosec, 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 XL, Enablex, trospium, trospium ER, Vesicare, oxybutynin extended release	

Nasal Products	azelastine, flunisolide, fluticasone			
	<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 AQ, Flonase, Nasonex, Rhinocort AQ, budesonide, QNasl	

	Tier 1	Tier 2	Tier 3	Tier 4
ADHD Medications	amphetamine salts IR*(QL), dexamethylphenidate tablets, dextroamphetamine*(QL), methylphenidate*(QL), methylphenidate ER*(QL), modafinil*(PA)*(QL), pemoline*(QL), amphetamine salts XR*(QL)	Focalin IR*(QL), Nuvigil*(PA, QL), Ritalin IR*(QL), Strattera*(QL)	Adderall XR*(QL), Concerta*(QL), Daytrana*(QL), dexamethylphenidate capsules*(NG), dexamethylphenidate ER*( <b>NG</b> ), Dexedrine*(QL), Focalin*(QL), Focalin-XR*(QL), Metadate CD*(QL), ER*(QL), Provigil*(PA), Ritalin LA*(QL), Vyvanse*(QL)	
	<b>*(RP) Long Acting Amphetamines: Plan pays \$2.50 per unit. Member is responsible for remaining cost.</b>	Long Acting Amphetamines are <u>reference priced</u> for members 26 years of age or older; <u>*Quantity Limits</u> will still apply to <u>reference priced</u> long acting amphetamines.  Adderall XR*(QL), amphetamine salts extended release*(QL), Dexedrine*(QL), dextroamphetamine extended release*(QL), 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		