

# Affordable Care Act (ACA) 2016 Healthcare Revolution

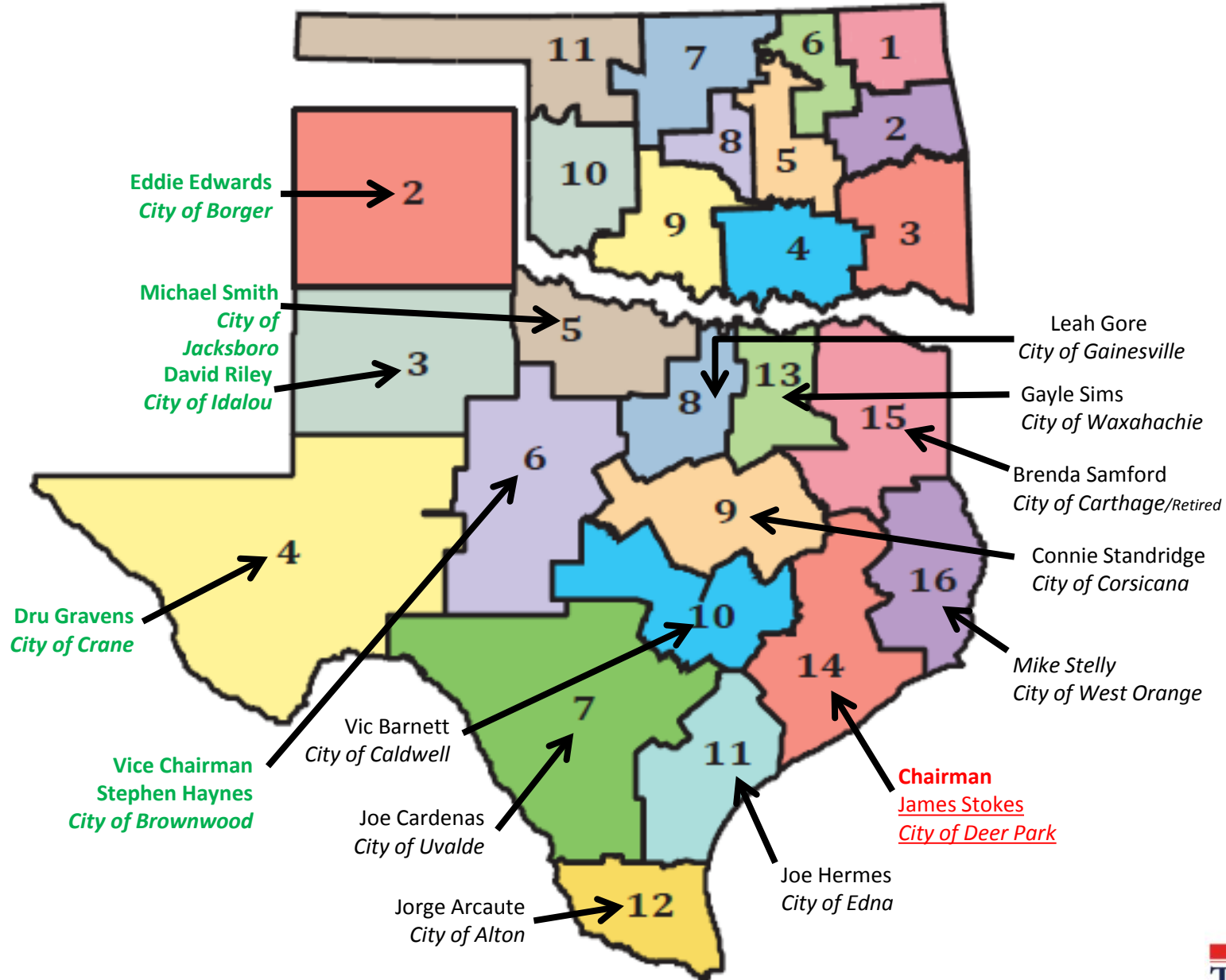
## Medication Therapy Management Plans June 28, 2016

Champion the Integrity of the Healthcare Dollar by Optimized Efficient Performance Based Outcome |  
Dedicated to Service | Engage in the Process | Embrace in Proactive Opportunities for Improvement |  
Execute with Excellence

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

24/7/365

# Board of Trustees: 2015-2016 Plan Year



- Trustees at Large  
Appointed by Chair**
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  - Dr. Lew White
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# Public Employee Benefits Alliance

[www.BuyPEBA.org](http://www.BuyPEBA.org)

*Leveraging Purchasing Power of Political Entities for Cost Effective Employee Benefit Solutions*



- Pre Sixty-five Pool
- Active Pool



- UMR/UnitedHealthcare Network Access
- HITECH Sophistication



- Optum Complex: Centers of Excellence
- OptumInsight: Data Analytics and Pricing Transparency
- Optum Collaborative Care: Claim Integrity Audit



- Reinsurance Expertise
- Regulatory Benefits Compliance
- Prescription Pricing Review



- Network Access
- Post Sixty-five Benefits



- Wells Fargo Prescription Pricing Review



The Standard<sup>SM</sup>  
Positively different.





**National Committee for Quality Assurance**  
has awarded

***TML MultiState Intergovernmental Employee Benefits Pool***  
***(TML MultiState IEBP)***

***Commercial PPO***

an accreditation status of

**ACCREDITED**



for service and clinical quality that meet or exceed  
NCQA's rigorous requirements for consumer  
protection and quality improvement.

*David Choi, MD*

CHAIR, BOARD OF DIRECTORS

*Margaret S. J. [Signature]*

PRESIDENT

*[Signature]*

CHAIR, REVIEW OVERSIGHT COMMITTEE

*June 8, 2016*  
DATE GRANTED

*March 16, 2018*  
EXPIRATION DATE

# NCQA Accreditation

- Due to the Patient Protection Affordable Care Act March 23, 2010 with a reconciliation on March 30, 2010, IEBP made the decision to seek Health Benefit Plan Accreditation from the National Committee for Quality Assurance, a private, 501 (c) (3) not-for-profit organization dedicated to improving health care quality since its founding in 1990.
- The NCQA seal is a widely recognized symbol of quality. Organizations incorporating the seal into advertising and marketing materials must first pass a rigorous comprehensive review and must annually report on their performance. For consumers and employers, the seal is a reliable indicator that an organization is well-managed and delivers high quality care and service. NCQA consistently raises the bar, accrediting health plans face a rigorous set of more than sixty (60) standards and must report on their performance in more than forty (40) areas in order to earn NCQA's seal of approval.
- IEBP received the NCQA seal of approval March 16, 2018 earning 46.18 out of 50 points/96.18%
- From inception, the Pool's purpose was to provide Texas political subdivisions with an alternative to the commercial insurance marketplace.
- Availability of healthcare benefits at a competitive price, coupled with excellent service is the main component of the Pool's mission.
- As a result, the Board of Trustees closely reviews administrative costs and takes a very aggressive position towards cost management, Healthy Initiatives services, and effective managed care strategies.
- Susan Smith, Executive Director of TML MultiState IEBP said, "Receiving the Health Benefit Plan Accreditation from the National Committee for Quality Assurance is just the most recent achievement that demonstrates IEBP's commitment to serving Political Subdivisions in managing their healthcare costs. TML MultiState IEBP continues that commitment through innovations that provide employees, dependents and retirees ease of access to performance based care around the clock, everyday."

# Medication Therapy Management Plan

## Benefit and **Language** Modifications

<u>\$</u>	<u>Drug Tier</u>	<u>Includes</u>	<u>Helpful Tips</u>
\$	No Cost Share		
\$	<u>Tier 1</u> <u>Lowest Cost</u>	<u>Lower cost, commonly used generic drugs. Some low cost brands may be included.</u>	<u>Use Tier 1 drugs for the lowest out-of-pocket costs.</u>
\$\$	<u>Tier 2</u> <u>Mid-range Cost</u>	<u>Many common brand-name drugs, called preferred brands.</u>	<u>Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.</u>
\$\$\$	<u>Tier 3</u> <u>Higher Cost</u>	<u>Mostly higher cost brand drugs, also known as non-preferred brands.</u>	<u>Many Tier 3 drugs have lower cost options in Tier 1 or 2. Ask your doctor if they could work for you.</u>
\$\$\$\$	<u>Tier 4</u>	<u>Cost Share Drugs “Me Too” medications</u>	<u>Many Tier 4 drugs have lower cost options in Tier 1 or 2. Ask your doctor if they could work for you.</u>
\$\$\$\$\$	<u>Tier 5</u>	<u>SpecialtyRx/Biotech medications</u>	
<u>Plan Exclusions</u>		<u>Exclusion</u>	
<u>Excluded Launch Program</u>		<u>6 month maximum exclusion for P&amp;% committee decision due to Recall experience in 2016-2017</u>	
<u>Dollar Threshold Review</u>			

# MTMP No Cost Share Tiers

<b>Covered Individual Out of Pocket (OOP)</b>			
<b>Prescribed (<a href="#">Doctor Ordered</a>) Over the Counter Alternates and Prescription Networks</b>	<b>Retail:</b> (up to 34 day supply max unless noted otherwise)	<b>Mail/Maintenance:</b> (up to 90 day dispensement)	<b>SpecialtyRx/Biotech/Biosimilar:</b> (up to 34 day dispensement)
<ul style="list-style-type: none"> <li>▶ Smoking Cessation (Nicorette Gum), Quantity Limit - 3 months per plan year</li> <li>▶ 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</li> </ul>	\$0.00	N/A	N/A
Network Retail: 34 day <u>Non-Cost Share most Generic</u> Dispensement	\$5.00 (up to 34 day supply)	N/A	N/A
Network Retail: 90 day <u>Non-Cost Share most Generic</u> Dispensement	\$14.00 (35 up to 90 day supply)	\$30.00	
OptumRx Network <u>Non-Cost Share</u> Best Brand/Formulary List	\$43.00	\$100.00	
OptumRx Network <u>Non-Cost Share</u> 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%	

# MTMP No Cost Share Tiers

Women's Preventive Health Services			
Benefit	Retail Rx Medical Plan	Prescription Plan	Plan Ineligible
Oral Contraceptives Generic ( <i>no cost share</i> )		X	
IUD Device ( <i>no cost share</i> )	X	X	
Implant Device ( <i>no cost share</i> )	X	X	
Permanent Implantable Contraceptive Coil ( <i>subject to the appropriate deductible and benefit percentages</i> )	X		
Insertion and/or Removal of Contraceptive Devices ( <i>no cost share</i> )	X		
Urine Pregnancy Test, Urinalysis, Sonogram to Detect Placement of Device ( <i>no cost share</i> )	X		
Injectable Contraceptives ( <i>no cost share</i> )	X	X	
Injectable Administration Fee ( <i>no cost share</i> )	X		
Diaphragm (cervical), Hormone Vaginal Ring, Hormone Patch, Cervical Cap, Spermicides, Sponges ( <i>no cost share</i> )		X	
Diaphragm (cervical) Instruction and Fitting Fee ( <i>no cost share</i> )	X		
Emergency Contraceptives		X	
Over-The-Counter (OTC) Contraceptives not otherwise listed as covered			X
Contraceptive Management ( <i>no cost share</i> )	X		
Female Condoms ( <i>no cost share</i> )		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	
<p>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.</p> <p>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.</p>			



# Potential Underwriting Variables

## ➤ Nasal Steroids

- Impacts utilization on: Beconase AQ<sup>®</sup>, Dymista<sup>®</sup>, Flonase<sup>®</sup> (brand), Nasacort AQ<sup>®</sup>, Nasonex<sup>®</sup>, Omnaris<sup>®</sup>, Rhinocort AQ<sup>®</sup>, Veramyst<sup>®</sup>, QNASL<sup>®</sup>, triamcinolone, Zetonna<sup>®</sup>
- Alternative Drugs: Generic: fluticasone (for Flonase<sup>®</sup>) and flunisolide

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

- Impacts utilization on: Aciphex<sup>®</sup>, Dexilant<sup>®</sup>, Duexis<sup>®</sup>, esomeprazole, lansoprazole, Nexium<sup>®</sup> (prescription strength), omeprazole/sodium bicarbonate, Prevacid<sup>®</sup> (prescription strength), Prilosec<sup>®</sup> (prescription strength), Protonix<sup>®</sup>, rabeprazole, Vimovo<sup>®</sup>, Zegerid<sup>®</sup> capsules (prescription strength – including generic omeprazole/bicarbonate)
- Alternative Drugs: Generic: omeprazole, pantoprazole, ibuprofen, and famotidine separately (for Duexis<sup>®</sup>); Over-the-Counter (OTC) versions of Nexium<sup>®</sup> 24 HR (esomeprazole), Prilosec<sup>®</sup> (omeprazole), Prevacid<sup>®</sup> (lansoprazole), and Zegerid<sup>®</sup> (omeprazole/sodium bicarbonate) are available at member's out of pocket cost.

## ➤ Respiratory/Allergy/Asthma: Antihistamines

- Impacts utilization on: Clarinex<sup>®</sup>, Xyzal<sup>®</sup>
- Alternative Drugs: Over-the-Counter (OTC) versions of Allegra<sup>®</sup> (fexofenadine), Claritin<sup>®</sup> (loratadine), and Zyrtec<sup>®</sup> (cetirizine) are available at member's out of pocket cost.

➤ Operations Cost: \$19,077,761

➤ Comparison Note actual operation for 10.11.14-9.30.15: \$18,083,288

- Claim Cost Offset A&G Reference Based Pricing: \$5,226,877

# Medication Therapy Management Program

- ▶ Medication Therapy Management Alliance Partners
  - Pharmacy Benefit Manager
  - Evidence-Based Medication Review
    - Step Therapy
    - Prior Authorizations
    - Quantity Limits
    - Drug Exclusions
  - Ineligible Prescriptions Discount Access
  - Exclude Launch Program 6 months
  - Dollar Threshold PBM Review
- ▶ Over the Counter Alternates and Prescription Networks
- ▶ Managing Cost Alternatives
  - Pharmacy Benefit Manager
  - Evidence-Based Medication Review
  - Exclude New Launch Program
    - Maximum 6 months of delay to ensure efficacy of medications
    - Drug Recalls has increased over the last 6 months

# Medication Therapy Management Plan

## Benefit and Language Modifications

### 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;

### 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<sup>®</sup>, Niaspan<sup>®</sup>, and niacin ER, [omega-3 acid cap 1 gm and Vascepa<sup>®</sup>](#);

# Medication Therapy Management Plan

## Benefit and Language Modifications

### Drugs Covered under this Benefit

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

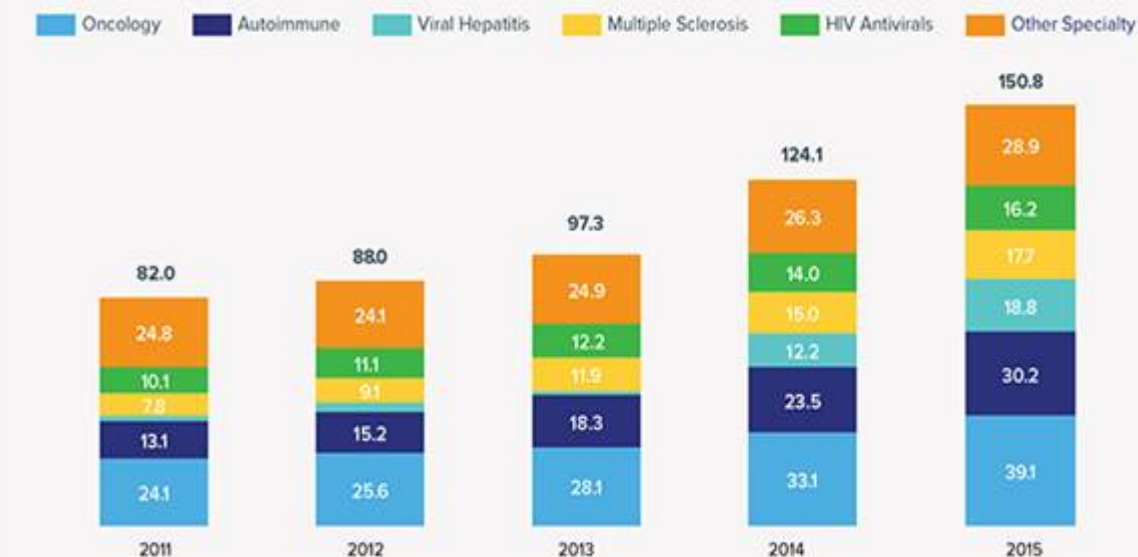
15. Non-legend drugs other than those listed above;
16. Lifestyle convenience prescriptions (i.e. erectile dysfunction prescriptions and topical and buccal testosterone products);
17. Nutritional Supplements (i.e. Deplin<sup>®</sup>, Metanx<sup>®</sup>);
18. SGLT-2 Antidiabetics (e.g. Invokana<sup>®</sup>, Invokamet<sup>®</sup>, Farxiga<sup>®</sup>, etc.), ~~and Jardiance.~~
19. Topical non-narcotic pain medications (e.g. Sinelee<sup>®</sup>, Flector<sup>®</sup>, Solaraze<sup>®</sup>, etc.);
20. Certain extended release metformin: Glumetza<sup>®</sup>, metformin ER 1000mg and Fortamet<sup>®</sup>;
21. Certain analgesic/anti-inflammatory/pain agents: Abstral<sup>®</sup>, Embeda<sup>®</sup>, Kadian<sup>®</sup>, Nucynta<sup>®</sup> ER/IR, and Zohydro<sup>®</sup> ER;
22. Certain antifungals: Jublia<sup>®</sup>, Kerydin<sup>®</sup>, Extina<sup>®</sup> Aer 2%, Cresemba<sup>®</sup> (all forms), and Onmel<sup>®</sup>;
23. Certain topical steroids: Enstilar<sup>®</sup>;
24. Non-injectable (including pellets) testosterone;
25. Non-FDA approved medication.

# Specialty Trend

Specialty spend increased to 50% of all prescriptions in 2018

## Spending on Specialty Medicines in 2015 Increased 21.5% to \$150.8Bn on an Invoice Price Basis

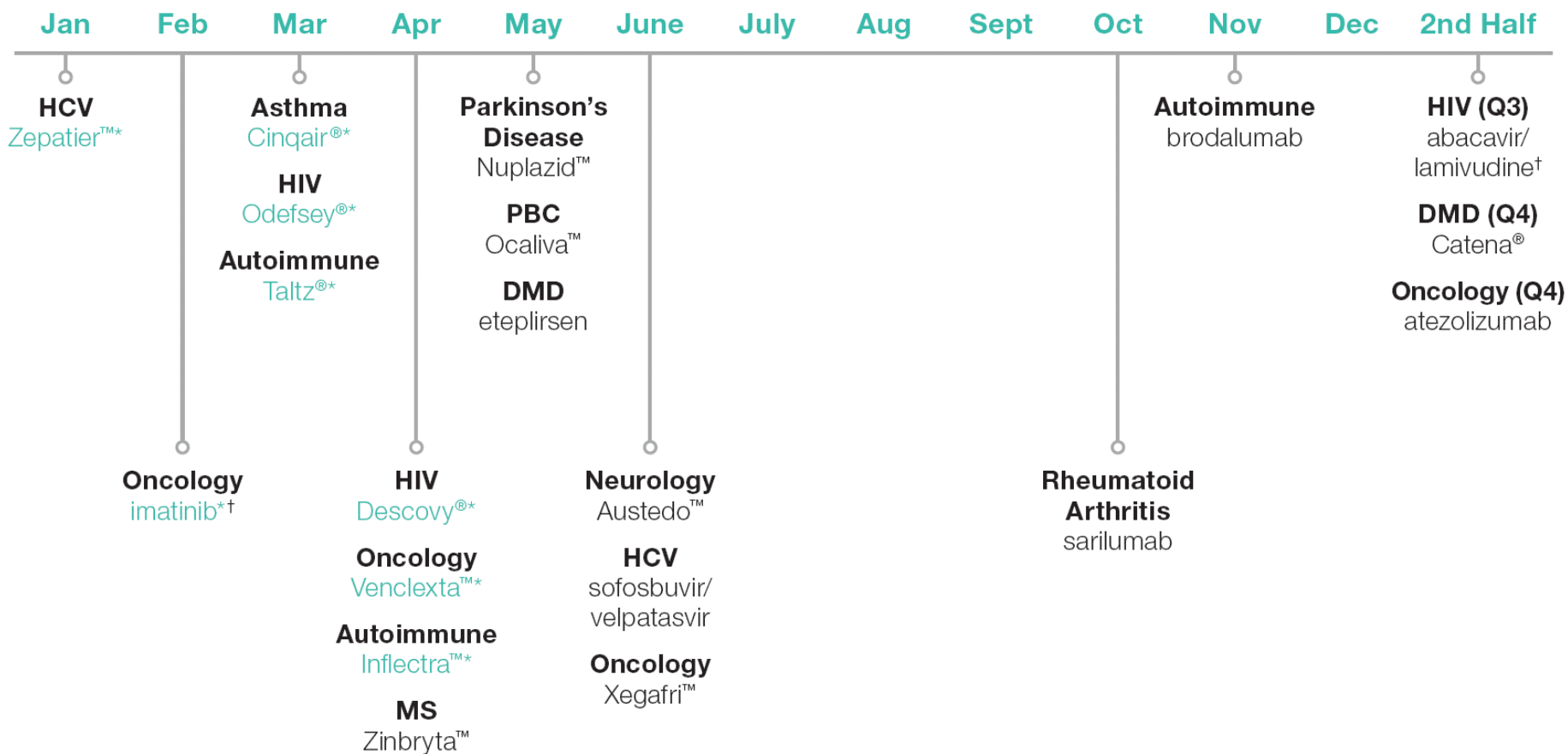
- Specialty medicine spending increased on a net price basis by 15% to \$121Bn in 2015.
- Spending on specialty medicines doubled in the last five years, contributing 70% of overall medicine spending growth between 2010 and 2015.
- Specialty medicines now account for 36% non-discounted medicine spending, up from 24% in 2010.
- Increased specialty spending was driven primarily by treatments for hepatitis, autoimmune diseases, and oncology which accounted for \$19.3Bn in increased spending.



Source: IMS Health, National Sales Perspectives, Jan 2016

# Specialty Drugs

## 2016 Significant Specialty Drug Approvals and Pipeline Highlights



Source: CVS Health, Insights Executive Briefing, Specialty Pipeline: Blockbusters on the Horizon, Issue 5, 2016

# Specialty Drugs

## ➤ Disease Categories to Watch

- Liver Disease: projected annual sales over \$1 billion
- Oncology: More than half of the specialty products in clinical development target various kinds of cancer.
- HIV: Three new drugs to treat HIV could be approved this year. The anticipated new products are combination, fixed-dose products that may provide enhanced safety and lower toxicity for patients.
- Inflectra: Biosimilar of Remicade and moderate to severe Chron's disease. Single dose of Remicade is \$1,300 to \$2,500 usually on top 10 drug list for biotech.
- Zarxio biosimilar for Neupogen

## ➤ Other Notable Potential Launches

- The 2016 Specialty Pipeline
  - multiple sclerosis
  - hepatitis C
  - psoriasis
  - rheumatoid arthritis
  - the first specialty agent for Parkinson's Disease psychosis

*Source: CVS Health, Insights Executive Briefing, Specialty Pipeline: Blockbusters on the Horizon, Issue 5, 2016*

# Prescription Care Management

- Prescription Care Management (PCM) works with your employees to help reduce their pharmacy drug spend. PCM does this by helping switch from higher cost drugs to lower cost drugs. The recurring use of lower cost drugs results in a substantial savings to your company and your employees.
- There are multiple advantages to partnering with PCM:
  - Cost Savings. PCM creates savings and gives your company the ‘good news’ that is often elusive in our current health benefit climate.
  - PCM will help you gain a ‘Savings Edge’ that your PBM does not provide. Create the most efficient pharmacy program available by adding Prescription Care Management to improve your current PBM program.
  - PCM offers potential savings averaging 10% of the group’s total drug spend.
  - Minimal effort by your benefits department. PCM does all the work.
- At PCM, the customer service experience is our top priority. Our friendly, knowledgeable pharmacy service team provides accurate information about prescription savings alternatives. We assist employees by being good listeners and providing more than is expected. Our representatives identify and anticipate your employee’s needs, alleviating doubts and offering cost effective prescription options.
- By selecting PCM’s prescription savings program, you can rest assured that our professional pharmacy team is proactively monitoring your pharmacy plan – saving you money and providing the highest quality of care.



# A&G Advanced Pharmacy Audit and Recovery Solutions

1. Client Name (Employer)	13. Specialty, brand or generic-drug indicator (generic flag)	25. Mail & Retail indicator
2. Group ID	14. Quantity dispensed	26. Pharmacy Usual & Customary Price
3. Patient Identification #	15. Day's Supply	27. Ingredient Cost submitted
4. Relationship Code	16. New/Refill indicator	28. Basis of Cost: AWP, AMP, MAC unit price
5. Person Code	17. Physician Name and/or NPI #	29. Prescription/Service Reference # Qualifier*
6. Date of Birth/Age Indicator	18. Member Copay amount	30. Other Coverage Code*
7. Date Filled	19. Employer paid amount	31. Prior Authorization #*
8. Rx # and/or Claim # (Transaction Code)	20. Dispensing Fee	32. Reason for Service Code*
9. Drug Name, strength & dosage form	21. Total Paid amount (copay + company pay)	33. Personal Service Code*
10. NDC	22. Formulary or Non-Formulary/Tier identifier	34. Result of Service Code
11. Unit of Measure	23. Sales Tax (if applicable)	
12. DAW code	24. Pharmacy Provider Name or NPI #	

# Thank You for your Time and Attention!

## Questions and Answers Session

# Medication Therapy Management Plan

## Benefit and Language Modifications

### 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 1<sup>st</sup> 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](http://www.iebp.org)

# Medication Therapy Management Plan

## Benefit and Language Modifications

### 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

# Medication Therapy Management Plan

## Benefit and Language Modifications

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.

~~Testosterone – All 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.~~

~~•—Injectable Only (topical and buccal testosterone products are not covered)~~

**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®
- ~~Juvisync®~~
- 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®

# Medication Therapy Management Plan

## Benefit and Language Modifications

### Cost Share Copay Drugs

IEBP has implemented a clinical evidence-based approach to its prescription plan for groups adopting ~~2016-2017~~<sup>2015-2016</sup> 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/~~CNS-Stimulants~~

Impacts utilization on: ~~Immediate Release Amphetamine Products:~~ Adderall<sup>®</sup>, Adderall XR<sup>®</sup>, Amphetamine ER, [Aptensio XR<sup>®</sup>](#), [Concerta<sup>®</sup>](#), [Daytrana<sup>®</sup>](#), Dexedrine<sup>®</sup>; Dexedrine CR<sup>®</sup>, [dextroamphetamine ER, Dynavel<sup>®</sup>](#), Focalin<sup>®</sup>, ~~Focalin XR<sup>®</sup>~~, [guanfacine ER, Intuniv<sup>®</sup>](#), [Kapvay<sup>®</sup>](#), Metadate CD<sup>®</sup>, methylphenidate ER, [Quilichew<sup>®</sup>](#), Ritalin<sup>®</sup> (brand only), Ritalin LA<sup>®</sup>, [zenzedi](#) ~~Immediate Release Methylphenidate Products:~~ ~~Extended Release Amphetamine Products:~~ ~~dextroamphetamine ER;~~ ~~Extended Release Methylphenidate Products:~~ ~~Concerta<sup>®</sup>~~, ~~Daytrana<sup>®</sup>~~, ~~Intuniv<sup>®</sup>~~, ~~Kapvay<sup>®</sup>~~, ~~Nuvigil<sup>®</sup>~~, ~~Provigil<sup>®</sup> (brand only)~~

~~Alternative Alternate~~ Drugs: Generic: ~~methylphenidate<sup>®</sup>~~; amphetamine [salts](#), [clonidine](#), guanfacine immediate release, [methylphenidate \(for Intuniv<sup>®</sup>\)](#), [clonidine \(for Kapvay<sup>®</sup>\)](#), [modafinil \(for Provigil<sup>®</sup>, Nuvigil<sup>®</sup>\)](#); Brand: ~~Strattera<sup>®</sup>~~, ~~Vyvanse<sup>®</sup>~~

### Analgesics/Anti-Inflammatory/Pain Agents

Impacts utilization on: [Duragesic<sup>®</sup>](#), Lazanda<sup>®</sup>, Subsys<sup>®</sup>

Alternative Drugs: Generic: fentanyl patch, fentanyl lozenge

Impacts utilization on: [Arthrotec<sup>®</sup>](#), Celebrex<sup>®</sup>, [celecoxib, Daypro<sup>®</sup>](#), [diclofenac/misoprostol combination, mefenamic acid, Mobic<sup>®</sup>](#), Naprelan<sup>®</sup>, [Naproxen CR<sup>®</sup>](#), [Ponstel<sup>®</sup>](#), [Vivlodex<sup>®</sup>](#), ~~Flector patch<sup>®</sup>~~, ~~Solaraze<sup>®</sup>~~, ~~Pennsaid<sup>®</sup>~~, Zipsor<sup>®</sup>, [Zorvolex<sup>®</sup>](#)

Alternative Drugs: Generic: [diclofenac, ibuprofen](#), naproxen, ~~diclofenac~~

Impacts utilization on: Conzip<sup>®</sup>, ~~Rybix<sup>®</sup>~~, Ryzolt<sup>®</sup>, tramadol ER, Ultracet<sup>®</sup>, Ultram<sup>®</sup>, Ultram ER<sup>®</sup>

Alternative Drug: Generic: tramadol

# Medication Therapy Management Plan

## Benefit and Language Modifications

### Antibiotics/~~Anti-Infective Agents~~

Impacts utilization on: ~~amoxicillin/clarithromycin/lansoprazole combination~~, Acticlate<sup>®</sup>, Adoxa<sup>®</sup>, Amoxicillin (brand only), Doryx<sup>®</sup>, doxycycline hyclate DR, Dynacin<sup>®</sup>, Minocin<sup>®</sup>, minocycline ER, Monodox<sup>®</sup>, Moxatag<sup>®</sup>, Oracea<sup>®</sup>, Periostat<sup>®</sup>, Solodyn<sup>®</sup>, Targadox<sup>®</sup> ~~Oraxyl~~<sup>®</sup>; PrevPac<sup>®</sup>;

Alternative Drugs: Generic: amoxicillin ~~(for Moxatag)~~, doxycycline, ~~capsule~~-minocycline capsules ~~(for Dynacin<sup>®</sup>, Solodyn<sup>®</sup>) (for Adoxa<sup>®</sup>, Doryx<sup>®</sup>, Monodox<sup>®</sup>, Periostat<sup>®</sup>, Oracea<sup>®</sup>, Oraxyl<sup>®</sup>)~~

### Anticonvulsants

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

Alternative Drugs: Generic: gabapentin ~~(for Gralise<sup>®</sup>, Lyrica<sup>®</sup>, Neurontin<sup>®</sup>)~~, immediate release lamotrigine ~~(for Lamictal XR<sup>®</sup>, lamotrigine ER)~~

### Antidepressants/Fibromyalgia

Impacts utilization on: Cymbalta<sup>®</sup>, ~~duloxetine~~, Desvenlafaxine ER<sup>®</sup>, Effexor XR<sup>®</sup>, Irenka<sup>®</sup>, Khedezla ER<sup>®</sup>, Pristiq<sup>®</sup>, Savella<sup>®</sup>, venlafaxine ER (tablets only), Viibryd<sup>®</sup>

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

### Antihypertensive Agents

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

Alternative Alternate Drugs: Generic: ~~metoprolol hydrochlorothiazide (for Dutoprol<sup>®</sup>)~~, any generic ACE Inhibitor, eprosartan/eprosartan HCTZ ~~(for Teveten<sup>®</sup>/Teveten HCT<sup>®</sup>)~~, irbesartan/irbesartan HCTZ ~~(for Avapro<sup>®</sup>/Avalide<sup>®</sup>)~~, losartan/losartan HCTZ ~~(for Cozaar<sup>®</sup>/Hyzaar<sup>®</sup>)~~, valsartan/valsartan HCTZ ~~(for Diovan<sup>®</sup>/Diovan HCT<sup>®</sup>)~~

# Medication Therapy Management Plan

## Benefit and Language Modifications

### Central Nervous System: Sedative Hypnotics

Impacts utilization on: Ambien<sup>®</sup>, Ambien CR<sup>®</sup>, [Belsomra<sup>®</sup>](#), Edluar<sup>®</sup>, [eszopiclone](#), Intermezzo<sup>®</sup>, Lunesta<sup>®</sup>, Rozerem<sup>®</sup>, Silenor<sup>®</sup>, Sonata<sup>®</sup>, zolpidem ER<sup>®</sup>, Zolpimist<sup>®</sup>

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**Alternative Alternate** Drugs: Generic: doxepin (~~for Silenor<sup>®</sup>~~), zaleplon (~~generic for Sonata<sup>®</sup>~~), zolpidem (~~for Intermezzo<sup>®</sup>, Zolpimist<sup>®</sup>~~), zolpidem immediate release (~~generic for Ambien<sup>®</sup>~~)

### Cardiovascular: Misc.

Impacts utilization on: Durlaza<sup>®</sup>

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

### Lipid-Lowering Agents (Statins)

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

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**Alternative Alternate** Drugs: atorvastatin (~~generic for Lipitor<sup>®</sup>~~), lovastatin (~~generic for Mevacor<sup>®</sup>~~), pravastatin (~~generic for Pravachol<sup>®</sup>~~), simvastatin (~~generic for Zocor<sup>®</sup>~~), [rosuvastatin](#)

### Lipid-Lowering Agents (Fibric Acid Derivatives)

Impacts utilization on: Antara<sup>®</sup>, fenofibrate ~~43, 120, 130, 135, and 145~~ [and 150mg](#), fenofibric acid, Fenoglide<sup>®</sup>, Fibricor<sup>®</sup>, Lipofen<sup>®</sup>, Lofibra<sup>®</sup>, Lopid<sup>®</sup>, Tricor<sup>®</sup>, Triglide<sup>®</sup>, Trilipix<sup>®</sup>

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**Alternative Alternate** Drugs: fenofibrate [except for 120, 130, 135, 145 and 150mg](#) (~~generic for Tricor<sup>®</sup> and various other brands~~), gemfibrozil (~~generic for Lopid<sup>®</sup>~~)

### Migraine Headaches

Impacts utilization on: [almotriptan](#), Amerge<sup>®</sup>, Axert<sup>®</sup>, Frova<sup>®</sup>, Imitrex<sup>®</sup> (brand), [Imitrex<sup>®</sup> Spray<sup>®</sup>](#), Maxalt<sup>®</sup>, Relpax<sup>®</sup>, [Sumatriptan<sup>®</sup> Spray<sup>®</sup>](#), [Sumavel<sup>®</sup>](#), Treximet<sup>®</sup>, [Zecuity Pad<sup>®</sup>](#), zolmitriptan, Zomig<sup>®</sup>, Zomig ZMT<sup>®</sup>

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**Alternative Alternate** Drugs: Generic: naratriptan (~~for Amerge<sup>®</sup>~~), rizatriptan (~~for Maxalt<sup>®</sup>~~), sumatriptan (~~for Imitrex<sup>®</sup>~~)



# Medication Therapy Management Plan

## Benefit and Language Modifications

### Nasal Steroids

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

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**Alternative Alternate** Drugs: Generic: flunisolide and fluticasone (~~for Flonase<sup>®</sup>~~), [mometasone spray](#)

### Osteoporosis Drugs

Impacts utilization on: Actonel<sup>®</sup>, ~~Actonel<sup>®</sup> w/Calcium~~, Alendronate<sup>®</sup> (brand), Atelvia<sup>®</sup>, Binosto<sup>®</sup>, Boniva<sup>®</sup>, Fosamax<sup>®</sup>, Fosamax-D<sup>®</sup>, ibandronate (~~generic for Boniva<sup>®</sup>~~), [risedronate](#)

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**Alternative Alternate** Drug: Generic: alendronate

### Otic Products

Impacts utilization on: Auralgan<sup>®</sup>

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**Alternative Alternate** Drug: Generic: benzocaine-antipyrine

### Overactive Bladder Drugs

Impacts utilization on: Detrol<sup>®</sup>, Detrol LA<sup>®</sup>, Ditropan XL<sup>®</sup>, Enablex<sup>®</sup>, Gelnique<sup>®</sup>, Myrbetriq<sup>®</sup>, oxybutynin ER<sup>®</sup>, Oxytrol<sup>®</sup> patches, ~~Sanctura<sup>®</sup>~~, ~~Sanctura XR<sup>®</sup>~~, tolterodine, [tolterodine ER](#), Toviaz<sup>®</sup>, trospium CL, trospium CL ER, Vesicare<sup>®</sup>

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**Alternative Alternate** Drugs: Generic: oxybutynin immediate release, [darifenacin](#)

### Respiratory/Allergy/Asthma: Antihistamines

Impacts utilization on: Clarinex<sup>®</sup>, ~~levocetirizine~~, Xyzal<sup>®</sup>

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**Alternative Alternate** Drugs: [levocetirizine](#), Over-the-Counter (OTC) versions of Allegra<sup>®</sup> (fexofenadine), Claritin<sup>®</sup> (loratadine), and Zyrtec<sup>®</sup> (cetirizine) are available at member's out of pocket cost.

# Medication Therapy Management Plan

## Benefit and Language Modifications

### Respiratory/Allergy/Asthma: Antihistamines – Decongestant

Impacts utilization on: Clarinex-D<sup>®</sup>

**Alternative Alternate** Drugs: [desloratadine](#), Over-the-Counter (OTC) versions of Allegra-D<sup>®</sup> (fexofenadine-D), Claritin-D<sup>®</sup> (loratadine-D), and Zyrtec-D<sup>®</sup> (cetirizine-D) are available at member's out of pocket cost.

### Skeletal Muscle Relaxants

Impacts utilization on: Amrix<sup>®</sup>, Carisoprodol<sup>®</sup> 250mg (brand), ~~cyclobenzaprine ER~~, Fexmid<sup>®</sup>, ~~Flexeril<sup>®</sup>~~, Lorzone<sup>®</sup>, metaxalone (~~generic for Skelaxin<sup>®</sup>~~), Norflex<sup>®</sup> (including its generic orphenadrine injection), Parafon Forte<sup>®</sup>, Robaxin<sup>®</sup>, Skelaxin<sup>®</sup>, Soma<sup>®</sup>, ~~Soma<sup>®</sup> Compound, Soma<sup>®</sup> Compound w/Codeine, Tabradol<sup>®</sup>, tizanidine (capsules only)~~, Zanaflex<sup>®</sup>

**Alternative Alternate** Drugs: Generic: carisoprodol, chlorzoxazone, cyclobenzaprine, methocarbamol, tizanidine [tablets](#)

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

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

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

### Topical Antifungal Agents

Impacts utilization on: ~~Pedipirox 4<sup>®</sup>~~

**Alternative Alternate Drug:** Generic: ~~ciclopirox~~

### 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)

# IEBP Top 10 SpecialtyRx

NDC	Label Name	Total Amt Due	Approved Copay	Ingr + Disp	Count
00074433902	HUMIRA PEN INJ 40MG/0.8	\$451,117.25	\$11,800.00	\$462,917.25	118
58406044504	ENBREL SRCLK INJ 50MG/ML	\$287,228.53	\$7,800.00	\$295,028.53	78
68546032512	COPAXONE INJ 40MG/ML	\$203,510.78	\$4,000.00	\$207,510.78	40
61958180101	HARVONI TAB 90-400MG	\$157,882.90	\$500.00	\$158,382.90	5
50474071079	CIMZIA PREFL KIT 200MG/ML	\$102,044.92	\$3,100.00	\$105,144.92	31
64406000602	TECFIDERA CAP 240MG	\$86,747.72	\$1,500.00	\$88,247.72	15
57894006103	STELARA INJ 90MG/ML	\$84,446.85	\$500.00	\$84,946.85	5
57894006003	STELARA INJ 45MG/0.5	\$83,468.20	\$1,000.00	\$84,468.20	10
68546031730	COPAXONE INJ 20MG/ML	\$75,630.72	\$1,200.00	\$76,830.72	12
00003218811	ORENCIA INJ 125MG/ML	\$73,313.95	\$4,776.87	\$78,090.82	23