

Lowering Prescription Cost with Therapeutic Alternatives

See below for a list of brand name medications included in the Therapeutic Alternative Tier. These brand medications do not have an exact generic equivalent, but they do have a *generic therapeutic alternative*. If you are taking any of the Therapeutic Alternative Tier medications in the left-hand column, please consult with your doctor about lowering your out-of-pocket expense with a *generic therapeutic alternative*. These *generic alternatives* are less expensive and therapeutically equivalent to the brand name.

| Therapeutic Alternative Tier (Single-Source Brands) | Generic Therapeutic Alternatives (Tier 1-Generics) | THERAPEUTIC CATEGORY |
|---|---|---|
| Beconase AQ | <i>flunisolide, fluticasone, triamcinolone, budesonide, mometasone furoate</i> | Intranasal Steroids |
| Dexilant (formerly Kapidex) | <i>omeprazole, pantoprazole, lansoprazole, rabeprazole, esomeprazole</i> | ULCER DRUGS - PPIs |
| Edarbi | <i>losartan K, irbesartan, candesartan, telmisartan, eposartan, olmesartan, losartan K/HCTZ, irbesar/HCTZ, valsartan/ HCTZ, candesartan/HCTZ, telmisartan/HCTZ, olmesartan/HCTZ</i> | ANTIHYPERTENSIVES - ARBs |
| Glumetza | <i>Metformin ER</i> | ANTIDIABETIC |
| Livalo | <i>simvastatin, pravastatin, lovastatin, atorvastatin, rosuvastatin, ezetimibe-simvastatin</i> | ANTIHYPERLIPIDEMICS - HMG CoA Reductase |
| Lyrica | <i>gabapentin</i> | Anticonvulsant |
| Omnaris | <i>flunisolide, fluticasone, triamcinolone, budesonid, mometasone furoate</i> | Intranasal Steroids |
| Premarin | <i>estradiol</i> | Estrogen |
| Simcor | <i>simvastatin, pravastatin, lovastatin, atorvastatin, rosuvastatin, ezetimibe-simvastatin</i> | ANTIHYPERLIPIDEMICS - HMG CoA Reductase |
| Teveten HCT | <i>losartan K, irbesartan, candesartan, telmisartan, eposartan, olmesartan, losartan K/HCTZ, irbesar/HCTZ, valsartan/ HCTZ, candesartan/HCTZ, telmisartan/HCTZ, olmesartan/HCTZ</i> | ANTIHYPERTENSIVES - ARBs |
| Toviaz | <i>Darifenacin, oxybutynin chloride, tolterodine tartrate, trospium chloride</i> | Urinary Anticholinergics |
| Travatan Z | <i>latanoprost</i> | Prostaglandin Agonist-Glaucoma |
| Veramyst | <i>flunisolide, fluticasone, triamcinolone, budesonid, mometasone furoate</i> | Intranasal Steroids |
| Vesicare | <i>Darifenacin, oxybutynin chloride, tolterodine tartrate, trospium chloride</i> | Urinary Anticholinergics |
| Welchol | <i>colestipol</i> | Bile Acid Sequestrant |

All Therapeutic Alternative substitutions require physician intervention. Take a copy of this Therapeutic Alternative list to your next physician's visit to assist in selecting the lowest cost medications. In order to receive an OTC product for a zero copay, have your physician write the prescription specifically for that product (Example: Prilosec-OTC).



Therapeutic Alternative Drug List

| Name Brand Drug | Approximate Drug Cost for a 30 Day Supply* | Therapeutic Alternative Options | Generic Prescription Co-pay:* |
|---|--|---|--------------------------------------|
| Beconase AQ | \$211.00 | flunisolide, fluticasone, triamcinolone | \$10-15 |
| Dexilant (formerly Kapidex) | \$249.00 | omeprazole, pantoprazole, lansoprazole, rabeprazole | OTC - \$0 RX - \$10-15 |
| Edarbi | \$150.00 | losartan K, irbesartan, candesartan, telmisartan, losartan K/HCTZ, irbesartan/HCTZ, valsartan/ HCTZ, candesartan/HCTZ, telmisartan/HCTZ | \$10-15 |
| Glumetza | \$1,050 - \$3,150 | Metformin ER | \$10-15 |
| Livalo | \$196.00 | simvastatin, pravastatin, lovastatin, atorvastatin | \$10-15 |
| Lyrica / Lyrica CR | \$434.31 | gabapentin | \$10-15 |
| Nexium <i>(RX Nexium is NOT covered under the Plan)</i> | \$167.95 | Zantac 75, Ranitidine, Tagamet HB, Cimetidine, Axid AR, Pepsid AC, Famotidine, Prilosec OTC, Nexium OTC 24 hr, Prevacid, Lansoprazole | OTC - \$0 RX - Not Covered |
| Omaris | \$601.23 | flunisolide, fluticasone, triamcinolone, budesonid, mometasone furoate | \$10-15 |
| Premarin | \$157.15 | estradiol | \$10-15 |
| Simcor | \$148.00 | simvastatin, pravastatin, lovastatin, atorvastatin | \$10-15 |
| Teveten Teveten HCT | \$118.00 | losartan K, irbesartan, candesartan, telmisartan, losartan K/HCTZ, irbesartan/HCTZ, valsartan/ HCTZ, candesartan/HCTZ, telmisartan/HCTZ | \$10-15 |
| Toviaz | \$307.96 | darifenacin, latanoprost | |
| Travatan Z | \$139.00 | latanoprost | \$10-15 |
| Veramyst | \$156.00 | flunisolide, fluticasone, triamcinolone | \$10-15 |
| Vesicare | \$354.51 | darifenacin, oxybutynin chloride, tolterodine tartrate, trospium chloride | \$10-15 |
| Welchol | \$608.11 | colestipol | \$10-15 |

*Co-pays listed are for the Select or Value plans. Those on a Qualified High Deductible Plan must first meet their deductible. **This list is not a guarantee of benefits and is a guide to help you understand your drug choices. This list is subject to change at any time.**

****Drug costs are approximate. Your cost may be higher or lower based on factors such as dosage, pharmacy, location, etc.**

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These drugs incur a 50% co-pay regardless of medical necessity. Please see your Summary Plan Description for details.