

## 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
<b>Beconase AQ</b>	<i>flunisolide, fluticasone, triamcinolone, budesonide, mometasone furoate</i>	Intranasal Steroids
<b>Dexilant</b> (formerly Kapidex)	<i>omeprazole, pantoprazole, lansoprazole, rabeprazole, esomeprazole</i>	ULCER DRUGS - PPIs
<b>Edarbi</b>	<i>losartan K, irbesartan, candesartan, telmisartan, eposartan, olmesartan, losartan K/HCTZ, irbesar/HCTZ, valsartan/ HCTZ, candesartan/HCTZ, telmisartan/HCTZ, olmesartan/HCTZ</i>	ANTIHYPERTENSIVES - ARBs
<b>Glumetza</b>	<i>Metformin ER</i>	ANTIDIABETIC
<b>Livalo</b>	<i>simvastatin, pravastatin, lovastatin, atorvastatin, rosuvastatin, ezetimibe-simvastatin</i>	ANTIHYPERLIPIDEMICS - HMG CoA Reductase
<b>Lyrica</b>	<i>gabapentin</i>	Anticonvulsant
<b>Omnaris</b>	<i>flunisolide, fluticasone, triamcinolone, budesonid, mometasone furoate</i>	Intranasal Steroids
<b>Premarin</b>	<i>estradiol</i>	Estrogen
<b>Simcor</b>	<i>simvastatin, pravastatin, lovastatin, atorvastatin, rosuvastatin, ezetimibe-simvastatin</i>	ANTIHYPERLIPIDEMICS - HMG CoA Reductase
<b>Teveten HCT</b>	<i>losartan K, irbesartan, candesartan, telmisartan, eposartan, olmesartan, losartan K/HCTZ, irbesar/HCTZ, valsartan/ HCTZ, candesartan/HCTZ, telmisartan/HCTZ, olmesartan/HCTZ</i>	ANTIHYPERTENSIVES - ARBs
<b>Toviaz</b>	<i>Darifenacin, oxybutynin chloride, tolterodine tartrate, trospium chloride</i>	Urinary Anticholinergics
<b>Travatan Z</b>	<i>latanoprost</i>	Prostaglandin Agonist-Glaucoma
<b>Veramyst</b>	<i>flunisolide, fluticasone, triamcinolone, budesonid, mometasone furoate</i>	Intranasal Steroids
<b>Vesicare</b>	<i>Darifenacin, oxybutynin chloride, tolterodine tartrate, trospium chloride</i>	Urinary Anticholinergics
<b>Welchol</b>	<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:*
<b>Beconase AQ</b>	\$211.00	flunisolide, fluticasone, triamcinolone	\$10-15
<b>Dexilant</b> (formerly Kapidex)	\$249.00	omeprazole, pantoprazole, lansoprazole, rabeprazole	OTC - \$0 RX - \$10-15
<b>Edarbi</b>	\$150.00	losartan K, irbesartan, candesartan, telmisartan, losartan K/HCTZ, irbesartan/HCTZ, valsartan/ HCTZ, candesartan/HCTZ, telmisartan/HCTZ	\$10-15
<b>Glumetza</b>	\$1,050 - \$3,150	Metformin ER	\$10-15
<b>Livalo</b>	\$196.00	simvastatin, pravastatin, lovastatin, atorvastatin	\$10-15
<b>Lyrica / Lyrica CR</b>	\$434.31	gabapentin	\$10-15
<b>Nexium</b> <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 - <b>Not Covered</b>
<b>Omaris</b>	\$601.23	flunisolide, fluticasone, triamcinolone, budesonid, mometasone furoate	\$10-15
<b>Premarin</b>	\$157.15	estradiol	\$10-15
<b>Simcor</b>	\$148.00	simvastatin, pravastatin, lovastatin, atorvastatin	\$10-15
<b>Teveten</b> <b>Teveten HCT</b>	\$118.00	losartan K, irbesartan, candesartan, telmisartan, losartan K/HCTZ, irbesartan/HCTZ, valsartan/ HCTZ, candesartan/HCTZ, telmisartan/HCTZ	\$10-15
<b>Toviaz</b>	\$307.96	darifenacin, latanoprost	
<b>Travatan Z</b>	\$139.00	latanoprost	\$10-15
<b>Veramyst</b>	\$156.00	flunisolide, fluticasone, triamcinolone	\$10-15
<b>Vesicare</b>	\$354.51	darifenacin, oxybutynin chloride, tolterodine tartrate, trospium chloride	\$10-15
<b>Welchol</b>	\$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.**