

City of Montgomery

Prescription Drug Plan Summary – Active Employees

The City of Montgomery offers a retail prescription drug plan for covered employees and their dependents through Employer Health Options (EHO). Below are general guidelines to help you to better understand the program. If you have any additional questions or need additional cards, please contact Sherri Timberlake at 334-625-2510, EHO at 1-800-650-1817, or email EHO at support@ehorx.com.

WHAT ARE MY DEDUCTIBLES?

At the beginning of each year (January 1st) you will have a \$250 deductible. There is a maximum of three deductibles per family.

WHAT IS MY CO-PAY?

After you have achieved this deductible – Tier 3 drugs will have a 25% co-pay plus a flat \$20 fee; Tier 2 drugs will have a 25% co-pay; and Tier 1 Generic drugs will have a \$10 co-pay. These rates apply to drugs purchased through local retail network unless you are prescribed a drug that has been identified by us as part of our multi-layered co-pay plan. If you are prescribed a drug that is part of our multi-layered co-pay plan your first prescription for that drug will be filled as is with standard deductibles and co-pays but with a 30-day limit. You will receive a letter along with a protocol form to be filled out and signed by your doctor. Once the doctor fills out the form you must bring it to City Hall Office 108. If we have one of these forms on file you will pay the standard deductible and co-pay. If we do not have one of these forms on file you will pay the difference between the cost of the higher priced drug and the cost for a lower priced therapeutic substitute drug as co-pay on your next prescription.

ARE THERE ANY DRUGS THAT ARE RESTRICTED?

Pain killers and sleep aids have restrictions placed on them under our plan. For members who are having these drugs prescribed for the first time: Your first prescription will be filled for a 14-day supply. You will receive a letter along with a protocol form that must be filled out and signed by your doctor. Once you have the form signed by your doctor, you must bring it to Risk Management Office 108. If you have this form filled out you may get your future prescriptions filled. If there is no form on file with Risk Management, future prescriptions will not be covered under the plan.

WHAT PRESCRIPTION QUANTITY CAN I GET?

A maximum of a 30-day supply or 100 units is allowed for all covered medications unless it is part of the multi-layered co-pay plan or a restricted drug. A 90-day supply is allowed for defined maintenance medications.

WHAT IS COVERED BY THE PLAN?

Most medications that are available with a prescription.

WHAT IS NOT COVERED BY THE PLAN?

Accutane, Anorexic-Anti-Obesity Drugs, Cosmetic Drugs, Dental Agents, Growth Hormones, Injectables (other than Insulin), Medical Devices, Medical Supplies, Multiple Vitamins, Opiate Partial Agonist, Norplant, Retin-A, Smoking Deterrents, Over-the-Counter Products, Wellbutrin (requires Prior-Authorization).

WHAT PHARMACY CAN I GO TO?

This plan recognizes any Willing Provider. Any pharmacy that agrees to meet the plan's conditions and electronically submits your prescription can fill it for you. Thousands of pharmacies across the USA have already agreed to do this. However, if your personal pharmacy is not a member of this network; the pharmacist can call the toll-free number on your membership card and immediately arrange to process your prescriptions. This plan gives any qualified pharmacy desiring to participate the opportunity to do so. If you wish to take advantage of your plan obtained by visiting the website drugbenefit.com or by calling EHO at 1-800-650-1817.

THERAPEUTIC INTERCHANGE PROGRAM:

To combat increasing costs for you and your employer, you may participate in the therapeutic exchange program for certain classes of drugs: PPI-Inhibitors, SNRI-Inhibitors, COXII-Inhibitors and Statins. With this program, if you and your doctor will agree to switch from the Target Product to the Preferred Product, you can get the Preferred Product free of charge – no out-of-pocket expense to you once your annual deductible has been met.

If your physician thinks that this substitution is acceptable, he should call your pharmacy or issue you a new prescription for the preferred drug which you should then present to your pharmacy. However, since therapeutic equivalents are chemically different, if your physician feels that it is medically necessary for you to continue to take the targeted medication or its generic equivalent, you will be responsible for the regular copay. The enabling documents are contained herein.

Quick Reference Formulary - EliteCare Rx Formulary

This formulary is not inclusive, nor does it guarantee coverage. It is an abridged list of Pharmacy and Therapeutics Committee approved drugs that may be prescribed. This document is subject to change.

Reading the Drug List

Generic drugs are listed in all lower case letters. Brand name drugs are listed in all upper case letters. Each drug product is assigned a coverage tier, shown to the right of each drug product.

		Relative Cost to Member
Tier 1	Formulary generic products	\$
Tier 2	Formulary, brand products	\$\$
Tier 3	Non-preferred formulary products	\$\$\$
NC	Not covered	

Cases where drug products are followed by parentheses indicate that the entry relates to a certain dosage form, e.g. ESTRACE(vaginal cream) or more than one form of the drug e.g. ZOMIG (ZMT).

All newly approved drugs on the market will initially NOT be covered, pending further review by the Navitus P&T Committee.

ADHD/ ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS

amphetamine/	1
dextroamphetamine tab	
dexamethylphenidate ER cap	1
dexamethylphenidate tab	1
guanfacine ER tab	1
methylphenidate ER cap	1
methylphenidate tab	1
ADDERALL XR CAP	2
VYVANSE CAP	2
DAYTRANA PATCH	3
STRATTERA CAP	3

AMINOGLYCOSIDES

TOBI PODHALER	2
---------------	---

ANALGESICS - ANTI-INFLAMMATORY

celecoxib cap	1
diclofenac sodium EC tab	1
diclofenac sodium XR tab	1
diclofenac/ misoprostol DR tab	1
ibuprofen tab	1
ketorolac tab	1
meloxicam tab	1
nabumetone tab	1
piroxicam cap	1
sulindac tab	1
ENBREL INJ 25MG	2
ENBREL INJ 50MG	2
ENBREL SURECLICK INJ 50MG	2
HUMIRA INJ	2
HUMIRA PEN INJ	2

ANALGESICS - OPIOID

acetaminophen/ codeine tab	1
fentanyl patch	1
hydrocodone/ acetaminophen tab	1
morphine sulfate ER tab	1
oxycodone/ acetaminophen tab	1
tramadol tab	1
OXYCONTIN CR TAB	2
MORPHINE SULFATE ER BEAD CAP	3

ANTIANGINAL AGENTS

RANEXA TAB	2
------------	---

ANTIANKXIETY AGENTS

alprazolam tab	1
bupropion tab	1
hydroxyzine tab	1
lorazepam tab	1

ANTIARRHYTHMICS

MULTAQ TAB	2
------------	---

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

albuterol neb soln 0.083%	1
---------------------------	---

albuterol/ ipratropium neb soln	1
ARNUIITY ELLIPTA INHALER	1
ASMANEX HFA INHALER	1
ASMANEX INHALER	1
budesonide inh susp	1
FLOVENT DISKUS INHALER	1
FLOVENT HFA INHALER	1
ipratropium neb soln	1
montelukast chew tab	1
montelukast tab	1
ADVAIR DISKUS INHALER	2
ADVAIR HFA INHALER	2
BREO ELLIPTA INHALER	2
COMBIVENT INHALER	2
COMBIVENT RESPIMAT INHALER	2
DULERA INHALER	2
INCRUSE ELLIPTA INHALER	2
SEREVENT DISKUS INHALER	2
SPIRIVA HANDIHALER	2
VENTOLIN HFA INHALER	2
PROVENTIL HFA INHALER	NC
PULMICORT FLEXHALER	NC
QVAR INHALER	NC
SYMBICORT INHALER	NC
TUDORZA PRESSAIR INHALER	NC

ANTICOAGULANTS

warfarin tab	1
PRADAXA CAP	2

ANTICONVULSANTS

carbamazepine ER tab	1
carbamazepine tab	1
clonazepam tab	1
divalproex sodium DR tab	1
gabapentin cap	1
lamotrigine ER tab	1
lamotrigine tab	1
levetiracetam tab	1
phenytoin cap	1
topiramate tab	1
BANZEL TAB	2
LYRICA CAP	2
VIMPAT TAB	2

ANTIDEPRESSANTS

amitriptyline tab	1
bupropion ER tab	1
bupropion XL tab	1
citalopram soln	1
citalopram tab	1
duloxetine EC cap	1
escitalopram tab	1
fluoxetine cap	1
fluoxetine tab	1
mirtazapine tab	1
NEFAZODONE TAB	1
nefazodone tab 50mg, 250mg	1

nortriptyline cap	1
paroxetine tab	1
sertraline conc	1
sertraline tab	1
trazodone tab	1
venlafaxine ER cap	1
venlafaxine ER tab	1
venlafaxine tab	1
VENLAFAXINE ER TAB	2
PEXEVA TAB	3
PRISTIQ TAB	3

ANTIDIABETICS

glipizide ER tab	1
glipizide tab	1
glyburide tab	1
metformin tab	1
pioglitazone/ metformin tab	1
AVANDAMET TAB	2
AVANDIA TAB	2
BYDUREON PEN INJ	2
FARXIGA TAB	2
JANUMET TAB	2
JANUMET XR TAB	2
JANUVIA TAB	2
LANTUS INJ	2
LEVEMIR FLEXPEN/ FLEXTOUCH INJ	2
LEVEMIR INJ	2
NOVOLIN INJ OTC	2
NOVOLOG FLEXPEN INJ	2
NOVOLOG INJ	2
NOVOLOG MIX FLEXPEN INJ	2
NOVOLOG PENFILL INJ	2
TRADJENTA TAB	2
VICTOZA INJ	2
HUMALOG INJ	3
HUMALOG KWIKPEN INJ	3
HUMALOG MIX INJ	3
KWIKPEN INJ	3
HUMALOG PEN INJ	3
HUMULIN MIX INJ OTC	3
HUMULIN N INJ OTC	3
HUMULIN R INJ OTC	3
BASAGLAR INJ	NC
KOMBIGLYZE XR TAB	NC
ONGLYZA TAB	NC

ANTIEMETICS

ondansetron tab	1
-----------------	---

ANTIFUNGALS

fluconazole susp	1
fluconazole tab	1
griseofulvin micro tab	1
griseofulvin susp	1
itraconazole cap	1
ketoconazole tab	1
nystatin tab	1
terbinafine tab	1
voriconazole tab	1
VFEND TAB	3

ANTIHISTAMINES

desloratadine tab	1
-------------------	---

ANTHYPERLIPIDEMICS

atorvastatin tab	1
cholestyramine powder	1
fluvastatin cap	1
gemfibrozil tab	1
lovastatin tab	1
NIASPAN ER TAB	1
pravastatin tab	1
simvastatin tab	1
TRILIPIX CAP	1
ZETIA TAB	2

ANTHYPERTENSIVES

amlodipine/ valsartan tab	1
amlodipine/ benazepril cap	1
benazepril tab	1
benazepril/ hydrochlorothiazide tab	1
bisoprolol/ hydrochlorothiazide tab	1
candesartan tab	1
candesartan/ hydrochlorothiazide tab	1
captopril tab	1
clonidine patch	1
doxazosin tab	1
enalapril tab	1
enalapril/ hydrochlorothiazide tab	1
irbesartan tab	1
irbesartan/ hydrochlorothiazide tab	1
lisinopril tab	1
lisinopril/ hydrochlorothiazide tab	1
losartan tab	1
losartan/ hydrochlorothiazide tab	1
metoprolol/ hydrochlorothiazide tab	1
phenoxymethylamine cap	1
terazosin cap	1
valsartan tab	1
valsartan/ hydrochlorothiazide tab	1

ANTI-INFECTIVE AGENTS - MISC.

clindamycin cap	1
erythromycin/ sulfisoxazole susp	1
metronidazole cap	1
metronidazole tab	1
smz/ tmp (DS) tab	1
vancomycin cap	1

ANTIMALARIALS

hydroxychloroquine tab	1
------------------------	---

ANTIMYCOBACTERIAL AGENTS

rifampin cap	1
--------------	---

ANTINEOPLASTICS

methotrexate tab	1
------------------	---

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

NC Not Covered

INF Infertility

SMKG Smoking Cessation

generic =small letters

LD Limited Distribution

VAC Vaccine Program

BRANDS =CAPITAL LETTERS

OTC Over-the-Counter

Quick Reference Formulary - EliteCare Rx Formulary

This formulary is not inclusive, nor does it guarantee coverage. It is an abridged list of Pharmacy and Therapeutics Committee approved drugs that may be prescribed. This document is subject to change.

anastrozole tab	1
bexarotene cap	1
letrozole tab	1
tamoxifen tab	1
AFINITOR DISPERZ	2
AFINITOR TAB	2

ANTIPARKINSON AGENTS

amantadine cap	1
carbidopa/ levodopa tab	1
pramipexole ER tab	1
ropinirole ER tab	1
ropinirole tab	1
selegiline cap	1
AZILECT TAB	2

ANTIPSYCHOTICS/ ANTIMANIC AGENTS

clozapine tab	1
lithium carbonate cap	1
lithium carbonate tab	1
olanzapine ODT	1
olanzapine tab	1
paliperidone ER tab	1
quetiapine tab	1
risperidone tab	1
ziprasidone cap	1
ABILIFY DISCMELT	2
ABILIFY SOLN	2

ANTIVIRALS

acyclovir cap	1
acyclovir susp	1
entecavir tab	1
rimantadine tab	1
valacyclovir tab	1
zidovudine cap	1
PEG-INTRON INJ	2
PEGASYS INJ	2
RELENZA DISKHALER	2
TAMIFLU CAP	2

ASSORTED CLASSES

azathioprine tab	1
cyclosporine cap	1
mycophenolate mofetil cap	1
mycophenolate mofetil tab	1

BETA BLOCKERS

atenolol tab	1
carvedilol tab	1
labetalol tab	1
metoprolol ER tab	1
metoprolol tab	1
nadolol tab	1
propranolol tab	1
BYSTOLIC TAB	2

CALCIUM CHANNEL BLOCKERS

amlodipine tab	1
diltiazem ER cap	1
diltiazem ER tab	1
diltiazem tab	1
felodipine ER tab	1
nifedipine cap	1
nifedipine ER tab	1
nisoldipine ER tab	1
verapamil SR cap	1
verapamil SR tab	1
COVERA-HS TAB	3

CEPHALOSPORINS

cefaclor cap	1
cefadroxil cap	1
cefdinir cap	1
cefdinir susp	1
cefepoxime proxetil tab	1
cefprozil susp	1
cefprozil tab	1
cefuroxime susp	1
cephalexin cap	1

CONTRACEPTIVES

necon tab	1
-----------	---

tri-nessa (LO) tab	1
YASMIN TAB	1
YAZ TAB	1
NUVARING	2

CORTICOSTEROIDS

prednisolone soln	1
PREDNISON TAB	1

COUGH/ COLD/ ALLERGY

guaifenesin/ codeine syrup	1
----------------------------	---

DERMATOLOGICALS

adapalene cream	1
adapalene gel 0.1%	1
calcipotriene cream	1
clindamycin gel	1
clindamycin/ benzoyl peroxide gel	1
clotrimazole/ betamethasone cream	1
DIFFERIN GEL 0.3%	1
erythromycin gel	1
imiquimod cream	1
isotretinoin cap	1
ketoconazole cream	1
lidocaine patch	1
lidocaine/ prilocaine cream	1
metronidazole cream	1
metronidazole gel	1
mupirocin cream	1
mupirocin oint	1
RETIN-A MICRO 0.04%, 0.1%	1
tacrolimus oint	1
tretinoin cream	1
tretinoin gel	1
ZOVIRAX OINT	1
ELIDEL CREAM	2
REGANEX GEL	2
AZELEX CREAM	3
TAZORAC CREAM	3
TAZORAC GEL	3
nystatin/ triamcinolone oint	NC

DIAGNOSTIC PRODUCTS

ACCU-CHEK TEST STRIP	2
FREESTYLE LITE TEST STRIP	2
FREESTYLE TEST STRIP	2
PRECISION XTRA TEST STRIP	2
TEST STRIP (all other test strips)	NC

DIGESTIVE AIDS

PERTZYE CAP	3
ZENPEP CAP	3

DIURETICS

acetazolamide ER cap	1
amiloride/ hydrochlorothiazide tab	1
CHLORTHALIDONE TAB	1
furosemide tab	1
hydrochlorothiazide tab	1
spironolactone tab	1
triamterene/ hydrochlorothiazide cap	1
triamterene/ hydrochlorothiazide tab	1

ENDOCRINE AND METABOLIC AGENTS - MISC.

alendronate tab	1
ibandronate tab 150mg	1
raloxifene tab	1
FORTEO INJ	2
FORTICAL NASAL SPRAY	2
MIACALCIN INJ	2
ACTONEL TAB	3

ESTROGENS

estradiol patch	1
estradiol tab	1
estradiol/ norethindrone tab	1
PREMARIN TAB	2
PREMPHASE/ PREMPRO TAB	2

FLUOROQUINOLONES

ciprofloxacin ER tab	1
ciprofloxacin tab	1
levofloxacin tab	1
moxifloxacin tab	1
ofloxacin tab	1

GASTROINTESTINAL AGENTS - MISC.

AMITIZA CAP	3
CIMZIA	3

GENITOURINARY AGENTS - MISCELLANEOUS

alfuzosin SR tab	1
finasteride tab	1
tamsulosin cap	1

GOUT AGENTS

allopurinol tab	1
ULORIC TAB	2

HEMATOLOGICAL AGENTS - MISC.

clopidogrel tab 75mg	1
----------------------	---

HYPNOTICS/ SEDATIVES/ SLEEP DISORDER AGENTS

phenobarbital tab	1
temazepam cap 15mg	1
temazepam cap 30mg	1
zaleplon cap	1
zolpidem tab	1
ROZEREM TAB	3

MACROLIDES

azithromycin susp	1
azithromycin tab	1
clarithromycin tab	1
ERYTHROMYCIN TAB	3

MEDICAL DEVICES AND SUPPLIES

ACCU-CHEK AVIVA OTC	\$0
PLUS METER	
B-D INSULIN SYRINGE OTC	1
B-D PEN NEEDLE OTC	1
FREESTYLE INSULIN SYRINGE OTC	1
NOVOFINE PEN NEEDLE OTC	1
NOVOTWIST PEN NEEDLE OTC	1
PRECISION INSULIN OTC	1
SYRINGE	

MIGRAINE PRODUCTS

acetaminophen/ isometheptene/ dichloral cap	1
naratriptan tab	1
rizatriptan ODT	1
rizatriptan tab	1
sumatriptan inj	1
sumatriptan tab	1
sumatriptan vial inj	1
zolmitriptan ODT	1
zolmitriptan tab	1
MIGRANAL/ DIHYDROERGOTAMINE SPRAY	3
ZOMIG NASAL SPRAY	3
RELPAK TAB	NC

MOUTH/ THROAT/ DENTAL AGENTS

clotrimazole troches	1
nystatin susp	1

MULTIVITAMINS

PRENATAL VITAMINS (PRENATAL PLUS/ PREPLUS/ PRENAPLUS)	1
---	---

NASAL AGENTS - SYSTEMIC AND TOPICAL

azelastine nasal spray	1
budesonide nasal spray	1
flunisolide nasal spray	1
fluticasone nasal spray	1
BECONASE AQ NASAL SPRAY	3
RHINOCORT AQUA NASAL SPRAY	3

OPHTHALMIC AGENTS

azelastine ophth soln	1
bacitracin/ polymyxin b ophth oint	1
ciprofloxacin ophth soln	1
dorzolamide/ timolol ophth soln	1
gentamicin ophth soln	1
ketorolac ophth soln	1
latanoprost ophth soln	1
neomycin/ polymyxin/ hydrocortisone ophth soln	1
ofloxacin ophth soln	1
pilocarpine ophth soln	1
prednisolone ophth soln	1
timolol maleate ophth soln	1
tobramycin ophth soln	1
tobramycin/ dexamethasone ophth soln	1
ALPHAGAN P OPHTH SOLN 0.1%	2
ALREX OPHTH SUSP/ LOTEMAX OPHTH SUSP	2
AZOPT OPHTH SUSP	2
BETIMOL OPHTH SOLN	2
LUMIGAN OPHTH SOLN	2
PATADAY OPHTH SOLN	2
PROLENSA OPHTH SOLN	2
RESTASIS OPHTH EMULSION	2
TOBRADEX OPHTH OINT	2
TRAVATAN Z OPHTH SOLN	2

OTIC AGENTS

acetic acid otic soln	1
neomycin/ polymyxin/ hydrocortisone otic susp	1
ofloxacin otic soln	1
CIPRODEX OTIC SUSP	2

PENICILLINS

amoxicillin cap	1
amoxicillin/ clavulanate ER tab	1
amoxicillin/ clavulanate tab	1
penicillin vk tab	1

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

donepezil ODT	1
donepezil tab	1
galantamine ER cap	1
galantamine tab	1
mementine tab	1
rivastigmine cap	1
NAMENDA XR CAP	2

TETRACYCLINES

doxycycline hyclate cap	1
minocycline cap	1

THYROID AGENTS

levothyroxine tab	1
liothyronine tab	1
methimazole tab	1

NC Not Covered

INF Infertility

SMKG Smoking Cessation

generic =small letters

LD Limited Distribution

VAC Vaccine Program

BRANDS =CAPITAL LETTERS

OTC Over-the-Counter

Quick Reference Formulary - EliteCare Rx Formulary

This formulary is not inclusive, nor does it guarantee coverage. It is an abridged list of Pharmacy and Therapeutics Committee approved drugs that may be prescribed. This document is subject to change.

THYROLAR TAB 2

ULCER DRUGS

cimetidine tab 1
famotidine susp 1
famotidine tab 1
misoprostol tab 1
pantoprazole EC tab 1
PREVACID OTC CAP OTC 1
rabeprazole EC tab 1
DEXILANT CAP 2

URINARY ANTI-INFECTIVES

nitrofurantoin monohydrate 1
cap

URINARY ANTISPASMODICS

oxybutynin ER tab 1
oxybutynin tab 1
tolterodine SR cap 1
tolterodine tab 1
VESICARE TAB 2

VAGINAL PRODUCTS

ESTRACE VAGINAL 2
CREAM
PREMARIN VAGINAL 2
CREAM

VASOPRESSORS

EPIPEN INJ 2
EPIPEN-JR INJ 2

NC Not Covered
INF Infertility
SMKG Smoking Cessation

generic =small letters
LD Limited Distribution
VAC Vaccine Program

BRANDS =CAPITAL LETTERS
OTC Over-the-Counter