



# 2018 Value-Based Drug Plan (VBD) Medication Guide

Faculty, staff and their dependents enrolled in specified university medical plans and actively participating in the Care Coordination Program are eligible for the VBD. The Care Coordination Program helps with asthma, chronic obstructive pulmonary disease (COPD), diabetes and/or heart disease (coronary artery disease or congestive heart failure). The copay for certain generic drugs taken for these chronic condition(s) will be waived, and the member cost share for certain formulary brand drugs taken for the chronic condition(s) will be reduced by 50 percent. **VBD discounts will only apply when the member uses a preferred pharmacy.**

This guide provides examples of qualifying generic and formulary brand drugs for each of the major categories of covered medications. **This does not represent a complete list and is subject to change with or without notice.** The VBD benefit guide does not dictate or control decisions regarding appropriate care. As always, you and your health care provider make the final decision on which medication(s) is/are right for you.

<b>Asthma / Chronic Obstructive Pulmonary Disease (COPD)</b>		
	Generics	Formulary Brand Drugs
<b>Bronchodilators</b>	albuterol solution, levalbuterol nebulizer solution, metaproterenol, terbutaline	Arcapta Neohaler, Perforomist, Proair HFA/Respiclick, Serevent Diskus, Striverdi Respimat, Ventolin HFA
<b>Oral Corticosteroids</b>	dexamethasone, hydrocortisone, methylprednisolone, prednisolone, prednisone	
<b>Inhaled Corticosteroids</b>	budesonide suspension	ArmonAir Respiclick, Arnuity Ellipta, Asmanex HFA/Twisthaler, Flovent Diskus/HFA, Pulmicort Flexhaler, Qvar
<b>Combination Products</b>	ipratropium/albuterol solution	Advair Diskus/HFA, Anoro Ellipta, Breo Ellipta, Combivent Respimat, Dulera, Stiolto Respimat, Symbicort
<b>Other Covered Medications</b>	cromolyn solution, ipratropium solution, montelukast, theophylline/ER, zafirlukast	Atrovent HFA, Incruse Ellipta, Spiriva HandiHaler/Respimat, Tudorza Pressair
<b>Diabetes / Heart Disease (Coronary Artery Disease and Congestive Heart Failure)</b>		
	Generics	Formulary Brand Drugs
<b>ACE Inhibitors</b>	benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril	
<b>Angiotensin II Receptor Antagonists</b>	candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan	Edarbi
<b>Beta Blockers</b>	acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, labetalol, metoprolol/ER, nadolol, pindolol, propranolol/ER	Bystolic
<b>Diuretics</b>	amiloride, bumetanide, chlorthalidone, eplerenone, furosemide, hydrochlorothiazide (HCTZ), indapamide, metolazone, spironolactone, torsemide, triamterene/HCTZ	
<b>Lipid-Lowering Agents</b>	atorvastatin, cholestyramine, colestipol, ezetimibe, fenofibrate/fenofibric acid, fluvastatin, gemfibrozil, lovastatin, niacin ER, pravastatin, rosuvastatin, simvastatin	Lipofen, Livalo, Welchol
<b>Other Covered Medications</b>	clopidogrel, digoxin, diltiazem, hydralazine, isosorbide, nitroglycerin, prasugrel, verapamil	Brilinta, Ranexa, Zontivity
<b>Blood Glucose Test Strips</b>		One Touch
<b>Injectable Diabetes Medications</b>		Glucagen, Glucagon, Humalog, Humalog Mix, Humulin, Lantus, Lantus Solostar, Levemir, Levemir Flextouch, Toujeo SoloStar, Tresiba
<b>Oral Diabetes Medications</b>	acarbose, glimepiride, glipizide, glyburide, metformin, miglitol, nateglinide, pioglitazone, repaglinide	

Formulary brand drugs are subject to Non-Formulary status if a generic becomes available throughout the year. For questions regarding this VBD benefit guide, please contact OSU Health Plan at 800-678-6269.