

EPP Employees' Prescriptions Program

The Employees' Prescriptions Program (EPP) is made available to you as part of the County Employees Benefits plan. The program is operated by the Oklahoma County Pharmacy (OCP), which is a division of the Oklahoma County Social Services Department, of the Board of County Commissioners. The EPP provides affordable, low-cost, generic medications used to maintain chronic conditions of employees, retirees, and dependents that are covered under the county health insurance plan. Some of the major benefits to participation in the EPP are:

- Prescriptions may be filled for up to a ninety (90) day supply.
- You have options as to how to get your medications—you may pick up your medications at the county pharmacy or you may elect to have your medications mailed to you.
- There is no charge (no co-pay) for participation in the EPP as long as you are covered under the county insurance plan.

In this packet, you will find an enrollment form for EPP, further information about the program, and our preferred medication list (PML). We are here to answer any questions you may have about the program, so feel free to contact us. Our hours of operation and the names of our pharmacy staff members are listed below.

We hope you find this program to be a valuable part of the benefits you receive as an employee or retiree of Oklahoma County.

CONTACT INFORMATION

Oklahoma County Pharmacy: 7401 N.E. 23rd Street (between Air Depot and Midwest Blvd.)
Oklahoma City, OK 73141
Phone: (405) 713-1891 (or if from a county office, ext. 5870)
Fax: (405) 713-6518

Pharmacy Staff: Tamberlyn Herd, Chief Pharmacist
Email: tchristian@oklahomacounty.org
Dana Johnston, Pharmacy Technician
Email: tgadanjoh@oklahomacounty.org

Hours of Operation: Monday, Tuesday, Thursday & Friday;
8:00a.m.—12:00p.m. & 1:00 p.m.—3:30p.m.
Closed on Wednesday and Major Holidays
(Must register no later than 3:00 p.m.)

EPP PML

Preferred Medications List



A preferred medication list (PML) was created by Oklahoma County Pharmacy to give EPP members access to quality, affordable medications. The Food and Drug Administration (FDA) has approved the medications chosen as safe and effective. Oklahoma County Pharmacy developed this through the analysis of drug utilization and review of medical literature to ensure cost-effectiveness. The purpose of PML is to help keep the cost of the administration of EPP down. Typically, when brand name drugs go generic, they are still very expensive. In some cases, they cost as much or more than their brand name counterparts. Oklahoma County Pharmacy will continually evaluate cost-effectiveness, so some generic medications may not be covered. Furthermore, to be truly effective and to keep up with new therapeutic developments, the PML will be continually reviewed and revised. In short, the PML's benefits purpose is to provide access to quality medications and promote appropriate and cost-effective therapy. Our PML (consists of generic maintenance medications) is available at the end of this packet. Due to space limitations, not all covered medications are listed. Please contact Oklahoma County Pharmacy if you have any questions.

GENERAL INFORMATION ABOUT GENERIC DRUGS AND MAINTENANCE MEDICATIONS

By law, a pharmacist can substitute a generic drug for a name brand drug ONLY if the generic is equivalent to the name brand drug and ONLY on the authority of the prescriber of the patient. Generic drugs MUST contain equivalent amounts of the active ingredient(s) as the name brand drug, but are not considered identical to the name brand drug because of differences in how dosage forms are made. For example, the difference might be in one or more of the following areas:

- The way the tablet is compressed or coated (this could affect the rate at which the drug enters your system)
- The fillers or encapsulation (inactive ingredients) used in the tablet/capsule (this could affect the rate and the gastrointestinal area in which the drug enters your system).
- The appearance of the drug unit (color, shape, size, markings, etc.)—these will not alter the effectiveness of the drug at all.

The term "maintenance medication" refers to those medications that are taken on an ongoing, regular basis for chronic medical conditions. Examples of conditions for which you might take a maintenance medication are:

- Blood pressure
- Heart problems
- Stomach problems (ulcers, etc.)
- Chronic respiratory diseases (asthma, emphysema, etc.)
- Diabetes (NOTE: The EPP will provide the same insulin that is available under the PCS plan. The EPP will not provide supplies.)

The EPP will provide the following BIRTH CONTROL PILLS: Necon 1/35-28.

FAQ

Frequently Asked Questions

Question: Who is eligible to participate in this program?

Answer: You are eligible to participate in this program if you are covered under the insurance program sponsored by Oklahoma County.

Question: What does it cost to participate in this program?

Answer: As long as you are covered in the health program sponsored by Oklahoma County, there is no additional charge for participating in the EPP, nor is there a co-pay for medications received through the EPP.

Question: Can I still use my insurance card?

Answer: YES! In fact, you will need to use your insurance card at retail pharmacies for certain types of medications, because the EPP does not cover all medications.

Question: What kind of medications can I get through the EPP?

Answer: This program provides generic maintenance medications. This means:

- Generic drugs only—no name brand drugs.
- Maintenance drugs only—these are medications that you take on a long term basis, such as heart medications, blood pressure medications, etc.

Question: What are some of the examples of medications that are NOT covered by the EPP?

Answer: You should use your health benefits card for these kinds of medications:

- Name brand drugs
- Medications for acute conditions or short term ailments such as upper respiratory infections, the flu, etc.
- Controlled medications / narcotics

Question: I go to a retail pharmacy when I need to use my health benefits card, how do I use the EPP?

Answer: YOU HAVE OPTIONS!

- Pick-up: You can come to the County Pharmacy to pick up your medications—our address is on the front of this information packet.
- Mail: You can have your medications mailed to you at home.

Question: What is a PML?

Answer: PML serves as a formulary which lists the generic medications that are covered under EPP.

EPP Employees' Prescriptions Program

HOW TO USE THE PROGRAM:

1. Complete the enrollment form in the packet.
2. Have your doctor provide you with written prescriptions for the medications to be filled through the EPP (your doctor may fax them to 713-6518).

We encourage you to have your doctor write our prescriptions for a ninety (90) day supply—this way, you only have to worry about refills every 3 months, rather than monthly.

If your doctor is trying you out on a new medication, it's best to have them start you out with a prescription for a two week supply. If they decide the medication isn't working for you, you're not stuck with a ninety (90) day supply of something you can't use. It also saves us money and we need to keep this program as cost effective as possible.

3. Submit your enrollment form and prescriptions in one of the following ways:

- Mail them to us at the address shown on the front of this packet.
- Bring them to the pharmacy (Mon., Tues., Thurs. or Fri., 8:00 a.m. to 12 Noon or 1:00 to 3:30p.m.) Closed on Wednesday and Major Holidays

How to get your prescriptions filled:

First, you can either bring your prescriptions or you can mail or fax them to us. If faxing prescriptions, please note that the original prescription must be presented at the time of pick-up.

If you fax and mail us your prescriptions, include a note so we'll know whether to hold your prescriptions for pick up or send them to you in the mail. If you want us to mail them to you, please include your home address so we can keep our records up to date.

Once the prescriptions have been filled, we can either mail them to you or hold them for you to pick up.

- If you want your prescriptions mailed to you, allow two weeks from the time you mail your prescriptions to us to the time your medications are received in the mail. Medications are ordered once weekly on Wednesdays.
- If you want to PICK up your medications at the Oklahoma County Pharmacy, allow one week from the time we receive your prescription to the time your medications will be ready to pick up. It is advisable to call the pharmacy to ensure that your medication was received and is ready for pick-up.

EMPLOYEES' PRESCRIPTIONS PROGRAM (EPP) ENROLLMENT FORM

THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE OKLAHOMA COUNTY PHARMACY IN ORDER TO PARTICIPATE IN THE EPP. IT IS VERY IMPORTANT THAT THIS FORM IS FILLED OUT COMPLETELY, ACCURATELY, AND LEGIBLY.

NAME: _____ SOCIAL SECURITY NUMBER: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____

ARE YOU A COUNTY RETIREE? _____

IF NOT, COMPLETE QUESTIONS 1 & 2 BELOW:

1. WHICH COUNTY DEPARTMENT DO YOU WORK FOR? _____
2. WORK TELEPHONE NUMBER (INCLUDE EXTENSION IF APPLICABLE): _____

DO YOU PREFER: _____ CHILD PROOF CAPS? (Strongly recommended if children are in the home)
 _____ EASY OPEN CAPS? (May be preferable for people who are arthritic or have trouble opening the child proof caps. NOT recommended if there are children in the home.)

NAME OF EMPLOYEE OR RETIREE: _____

DATE OF BIRTH: _____

MEDICATION ALLERGIES: _____

DEPENDENT INFORMATION

	Dependent #1	Dependent #2	Dependent #3	Dependent #4	Dependent #5
Name					
Relationship to Employee/retiree					

Date of birth					
Medication allergies					

PREFERRED MEDICATION LIST CATEGORIZED ALPHABETICALLY

PLEASE NOTE: This PML (also referred to as a formulary) is a list of medications preferred by the EPP. The EPP does not cover any over-the-counter medications. The PML may be updated throughout the year, so please check with Oklahoma County Pharmacy for changes.

Albuterol (Proventil®)	Fluticasone (Flovent®)	Metformin (Glucophage®)
Allopurinol (Zyloprim®)	Folic Acid	Methocarbamol (Robaxin®)
Amiodarone (Pacerone®, Cordarone®)	Fosinopril (Monopril®)	Methotrexate (Rheumatex®)
Amlodipine (Norvasc®)	Fosinopril/Hydrochlorothiazide (Monopril HCT®)	Methylprednisolone (Medrol®)
Atenolol (Tenormin®)	Furosemide (Lasix®)	Metolazone (Zaroxolyn®)
Atenolol/Chlorthalidone (Tenoretic®)	Gabapentin (Neurontin®)	Minoxidil (Loniten®)
Azathioprine (Azasan®, Imuran®)	Gemfibrozil (Lopid®)	Nabumetone (Relafen®)
Baclofen (Lioresal®)	Glimepiride (Amaryl®)	Naproxen (Anaprox®)
Benazepril (Lotensin®)	Glipizide (Glucotrol®)	Necon® 1/35-28
Benazepril/Hydrochlorothiazide (Lotensin HCT®)	Glyburide (Micronase®)	Nifedipine (Procardia®)
Benzotropine (Cogentin®)	Glyburide/Metformin (Glucovance®)	Nitroglycerin (Nitrostat®, Nitroquick®)
Bisoprolol/Hydrochlorothiazide (Ziac®)	Guanfacine (Tenex®)	Nortriptylline (Pamelor®)
Bupropion (Wellbutrin®)	Hydralazine (Apresoline®)	Oxybutynin (Ditropan®)
Buspirone (Buspar®)	Hydrochlorothiazide (Hydrodiuril®)	Pancrelipase (Pancrease®)
Captopril (Capoten®)	Hydrocortisone (Cortef®)	Paroxetine (Paxil®)
Captopril/Hydrochlorothiazide (Capozide®)	Hydroxychloroquine (Plaquenil®)	Pentoxifylline (Pentoxil®)
Carbamazepine (Tegretol®)	Hydroxyurea (Hydrea®)	Phenytoin (Dilantin®)
Carbidopa/Levodopa (Sinemet®)	Hydroxyzine (Vistaril, Atarax®)	Pindolol (Visken®)
Chlorpromazine (Thorazine®)	Hyoscyamine (Levsin®)	Piroxicam (Feldene®)
Citalopram (Celexa®)	Ibuprofen (Motrin®)	Potassium Chloride (K-Dur®, Klor-Con®)
Clonidine (Catapres®)	Imipramine (Tofranil®)	Pravastatin (Pravachol®)
Colchicine	Indapamide (Lozol®)	Prednisone (Deltasone®)
Cyclobenzaprine (Flexeril®)	Indomethacin (Indocin®)	Prenatal Plus/Fe
Diclofenac (Voltaren®)	Insulin glargine (Lantus®)	Promethazine (Phenergan®)
Dicyclomine (Bentyl®)	Insulin glulisine (Apidra®)	Propranolol (Inderal®)
Digoxin (Lanoxin®)	Insulin isophane (Humulin N®)	Ranitidine (Zantac®) 300mg
Diltazem (Cardizem®)	Insulin isophane/regular insulin (Humulin® 70/30)	Sertraline (Zoloft®)
Doxazosin (Cardura®)	Insulin lispro (Humalog®)	Simvastatin (Zocor®)
Doxepin (Sinequan®)	Insulin lispro protamine/lispro (Humalog Mix® 75/25)	Spironolactone (Aldactone®)
Enalapril (Vasotec®)	Insulin regular (Humulin R®)	Spironolactone/Hydrochlorothiazide (Aldactazide®)
Estradiol (Estrace®)	Isosorbide dinitrate (Isordil®)	Sulfasalazine (Sulfazine®)
Estropipate (Ogen®)	Isosorbide mononitrate (Imdur®)	Tamoxifen (Nolvadex®)
Etodolac (Lodine®)	Levothyroxine (Synthroid®, Levothroid®, Levoxyl®)	Terazosin (Hytrin®)
Felodipine (Plendil®)	Lisinopril (Prinivil®)	Theophylline (Theo-Dur®)
Fenofibrate (Tricor®)	Lisinopril/Hydrochlorothiazide (Zestril®, Prinivil®)	Timolol (Timoptic®)
Fexofenadine (Allegra®)	Lithium carbonate (Eskalith®, Lithobid®)	Torsemide (Demadex®)
Finasteride (Proscar®)	Lovastatin (Mevacor®)	Tramadol (Ultram®)
Fludrocortisone (Florinef®)	Meclizine (Antivert®)	Trazodone (Desyrel®)
Fluoxetine (Prozac®)	Medroxyprogesterone (Provera®)	Trimamterene/Hydrochlorothiazide (Dyazide®, Maxzide®)
	Meloxicam (Mobic®)	Valproic acid (Depakene®)
		Verapamil (Calan®)