



Prescription Benefit Updates

Effective July 1, 2014

Please review this update to the CoOpportunity Health EnhancedRx Drug List to learn about changes to a drug's coverage and/or requirements. **Reminder: Appropriate generics can reduce member cost-sharing amounts. To view generic treatment options and their drug list status, select the therapeutic class on our EnhancedRx Drug List.**

Note:

- Changes below are effective July 1, 2014. For complete information and requirements, see our EnhancedRx Drug List on July 1.
- Letters are sent to members currently taking some medications and their prescribing physicians notifying them of the change.
- Members currently taking many of the medications are given additional time to make changes when noted in the table below.
- Brand-name drugs are displayed in ALL CAPS. Generic drugs are displayed in lowercase italics.

Changed to Non-formulary

Prior Authorization Requirements May Also Apply

Therapeutic Use	Medication	Copay/ Tier*	Status	Notes
Allergy, Eye	BEPREVE	\$\$\$	NF	<ul style="list-style-type: none"> • Changed to a non-formulary drug (covered at a higher member copay). • Members currently using BEPREVE are asked to use formulary products by September 1.
Asthma & COPD, Bronchodilators, Inhaled	PROAIR HFA	\$\$\$	NF	<ul style="list-style-type: none"> • Changed to a non-formulary drug (covered at a higher member copay). • VENTOLIN HFA remains on formulary as the formulary albuterol inhaler. • Members currently using PROAIR HFA are asked to use VENTOLIN HFA starting July 1.

► *cont'd on p. 2*

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Cont'd — Changed to Non-formulary

Therapeutic Use	Medication	Copay/ Tier*	Status	Notes
Bone Health, Osteoporosis	ATELVIA	\$\$\$	NF 	<ul style="list-style-type: none"> • Changed to a non-formulary drug (covered at a higher member copay). • Continues to require step therapy. • Formulary products include <i>alendronate</i> and ACTONEL. • Members currently taking ATELVIA are asked to change to formulary products by September 1.
Diabetes, Oral	JANUMET	\$\$\$	NF	<ul style="list-style-type: none"> • Changed to a non-formulary drug (covered at a higher member copay). • Changed replacement drugs TRADJENTA and JENTADUETO to formulary drugs (effective July 1). JENTADUETO is the closest therapeutic alternative; TRADJENTA with <i>metformin</i> separately is also an alternative. • Members currently using JANUMET are asked to change to a formulary product by September 1.
	JANUVIA	\$\$\$	NF	<ul style="list-style-type: none"> • Changed to a non-formulary drug (covered at a higher member copay). • Changed replacement drug TRADJENTA to a formulary drug (effective July 1). • Members currently using JANUVIA are asked to change to TRADJENTA by September 1.
Kidney Failure	VELPHORO	\$\$\$	NF	<ul style="list-style-type: none"> • Remains a non-formulary drug after review by Pharmacy and Therapeutics Committee.
Migraine, Triptans	RELPAX	\$\$\$	NF 	<ul style="list-style-type: none"> • Changed to a non-formulary drug (covered at a higher member copay). • Closest formulary alternatives include <i>sumatriptan</i> and <i>rizatriptan</i>, faster-acting triptans. Formulary drug <i>naratriptan</i> is also an option. All three options include quantity limits. • Members currently using RELPAX are asked to change to formulary products by September 1.

► *cont'd on p. 3*

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Therapeutic Use	Medication	Copay/ Tier*	Status	Notes
Skin Conditions, Acne, Topical	<i>benzoyl peroxide</i>	\$\$\$	NF	<ul style="list-style-type: none"> • Changed to a non-formulary drug (covered at a higher member copay). • Available as over-the-counter (OTC) products. • Members currently using <i>benzoyl peroxide</i> are asked to use OTC forms starting September 1.
	NAFTIN TOPICAL CREAM	\$\$\$	NF	<ul style="list-style-type: none"> • Changed to a non-formulary drug (covered at a higher member copay). • Members currently using NAFTIN TOPICAL CREAM are asked to use formulary products by September 1.
Skin Conditions, Corticosteroids, Topical	<i>amcinonide lotion, cream, and ointment</i>	\$\$\$	NF	<ul style="list-style-type: none"> • Changed to non-formulary drugs (covered at a higher member copay). • Members currently using <i>amcinonide</i> products are asked to change to formulary products by September 1.
	CAPEX SHAMPOO	\$\$\$	NF	<ul style="list-style-type: none"> • Changed to a non-formulary drug (covered at a higher member copay). • Members currently using CAPEX SHAMPOO are asked to change to formulary products by September 1.
	<i>diflorasone</i>	\$\$\$	NF	<ul style="list-style-type: none"> • Changed to a non-formulary drug (covered at a higher member copay). • Members currently taking <i>diflorasone</i> are asked to use formulary products by September 1.
	<i>fluocinolone topical solution</i>	\$\$\$	NF	<ul style="list-style-type: none"> • Changed to a non-formulary drug (covered at a higher member copay). • Members currently using <i>fluocinolone topical solution</i> are asked to change to formulary products by September 1.
	HALOG TOPICAL OINTMENT	\$\$\$	NF	<ul style="list-style-type: none"> • Changed to non-formulary drug (covered at a higher member copay). • Members currently using HALOG TOPICAL OINTMENT are asked to use formulary products by September 1.

► *cont'd on p. 4*

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Therapeutic Use	Medication	Copay/ Tier*	Status	Notes
Stomach/ Gastrointestinal, Ulcers/Heartburn/ GERD	<i>famotidine oral suspension</i>	\$\$\$	NF	<ul style="list-style-type: none"> • Changed to a non-formulary drug (covered at a higher member copay). • Formulary alternatives include <i>ranitidine suspension</i> and <i>famotidine tablets</i>. • Members are asked to use formulary products by September 1.

Added Prior Authorization Requirement — Formulary

Therapeutic Use	Medication	Copay/ Tier*	Status	Notes
Anti-Infective, Antifungals	NOXAFIL	\$\$	F PRIOR ✓	<ul style="list-style-type: none"> • Added prior authorization requirement. • Reserved for prescribing by infectious disease providers or after consultation with infectious disease providers. • Members currently using NOXAFIL are not being asked to make changes.
	<i>voriconazole</i>	\$	F PRIOR ✓	<ul style="list-style-type: none"> • Added prior authorization requirement. • Reserved for prescribing by infectious disease providers or after consultation with infectious disease providers. • Members currently using <i>voriconazole</i> are not being asked to make changes.
Asthma & COPD, Combination Agents, Inhaled	DULERA	\$\$	F PRIOR ✓	<ul style="list-style-type: none"> • Added prior authorization requirement. • Reserved for patients who have tried and failed or have contraindications to ADVAIR. • Members currently using DULERA are not being asked to make changes.

► cont'd on p. 5

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Cont'd — Added Prior Authorization Requirement — Formulary

Therapeutic Use	Medication	Copay/ Tier*	Status	Notes
Dementia	NAMENDA XR	\$\$	F PRIOR ✓	<ul style="list-style-type: none"> Added prior authorization requirement. Changed to formulary drug. Reserved for patients with moderate-to-severe Alzheimer's disease, or for patients with Alzheimer's disease who do not tolerate <i>donepezil</i>. Has the same prior authorization criteria and formulary status as NAMENDA. The drug company is planning to stop making regular NAMENDA in August 2014. Generics for regular NAMENDA are expected in April 2015, and patients will be asked to switch to this generic when available.
Eye Conditions, Glaucoma	COSOPT (PF)	\$\$	F PRIOR ✓	<ul style="list-style-type: none"> Added prior authorization requirement. Reserved for patients with sensitivities to preservatives in formulary products. Members currently using COSOPT PF are not being asked to make changes.
	ZIOPTAN	\$\$	F PRIOR ✓	<ul style="list-style-type: none"> Added prior authorization requirement. Reserved for patients with sensitivities to preservatives in formulary products. Members currently using ZIOPTAN are not being asked to make changes.
Migraine, Other	<i>dihydroergotamine (DHE) injection solution</i>	\$	F PRIOR ✓	<ul style="list-style-type: none"> Added prior authorization requirement. Reserved for patients with an inadequate response to a triptan medication, such as <i>sumatriptan</i>, <i>rizatriptan</i>, or <i>naratriptan</i>. Members currently using <i>dihydroergotamine injection solution</i> are not being asked to make changes.

► cont'd on p. 6

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Cont'd — Added Prior Authorization Requirement — Formulary

Therapeutic Use	Medication	Copay/ Tier*	Status	Notes
Seizures/Epilepsy	APTIOM	\$\$	F PRIOR ✓	<ul style="list-style-type: none"> Added prior authorization requirement. Changed to a formulary drug. Reserved for prescribing by neurologists for FDA-approved indications. Members currently using APTIOM are not being asked to make changes.
Skin Conditions, Acne, Topical	<i>tretinoin microsphere topical gel</i>	\$	F PRIOR ✓	<ul style="list-style-type: none"> Added prior authorization requirement. Reserved for use after <i>tretinoin topical gel or cream</i> (Retin A generic). Members currently using <i>tretinoin microsphere gel</i> are asked to use formulary products by September 1.
Skin Conditions, Corticosteroids, Topical	CORDRAN TAPE	\$\$	F PRIOR ✓	<ul style="list-style-type: none"> Added prior authorization requirement. Reserved for patients with lichen simplex chronicus. Members currently using CORDRAN TAPE are asked to change to formulary products or have their provider submit a prior authorization request by September 1.

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Added Prior Authorization Requirement — Non-formulary

Therapeutic Use	Medication	Copay/ Tier*	Status	Notes
Asthma & COPD Combination Agents, Inhaled	SYMBICORT	\$\$\$	NF PRIOR ✓	<ul style="list-style-type: none"> Added prior authorization requirement. Changed to a non-formulary drug (eligible for coverage at a higher member copay). Reserved for patients: a) with asthma who have tried and failed or have contraindications to ADVAIR and DULERA, b) with COPD who have tried and failed or have contraindications to ADVAIR and BREO ELLIPTA. Members currently using SYMBICORT are asked to change to preferred products by September 1.
Mouth and Throat	MUGARD	\$\$\$	NF PRIOR ✓	<ul style="list-style-type: none"> Requires prior authorization. Remains a non-formulary drug after review by the Pharmacy and Therapeutics Committee. Reserved for the prevention of mucositis in patients with head and neck cancer.
Other Conditions, Other Agents	HETLIOZ	\$\$\$	NF PRIOR ✓	<ul style="list-style-type: none"> Requires prior authorization. HETLIOZ, a melatonin receptor agonist for sleep-wake disorder, remains a non-formulary drug after review by the Pharmacy and Therapeutics Committee. Reserved for medically necessary FDA-approved indications.
Pain, Opioids	ZOHYDRO ER	\$\$\$	NF PRIOR ✓ # LIMIT	<ul style="list-style-type: none"> Added prior authorization requirement. Reserved for patients with inadequate pain control with two long-acting alternatives (e.g., <i>morphine extended release</i> and OXYCONTIN) and medically necessary reasons for taking ZOHYDRO. Remains a non-formulary drug. Continues to include quantity limits. Members currently using ZOHYDRO ER are not being asked to make changes.

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Updated Prior Authorization Criteria — Formulary

Therapeutic Use	Medication	Copay/ Tier*	Status	Notes
Anti-Infective, Tuberculosis	PRIFTIN	\$\$	F  PRIOR 	<ul style="list-style-type: none"> Updated prior authorization criteria. Reserved for prescribing by infectious disease providers, or for sites providing directly observed therapy or equivalent.
Cancer	IMBRUVICA (ibrutinib)	\$\$\$\$	 SPECIALTY PRIOR 	<ul style="list-style-type: none"> Updated prior authorization criteria. Reserved for patients with mantle cell lymphoma or chronic lymphocytic leukemia who have documentation of at least one prior therapy. Remains a formulary drug. Considered a specialty medication by CoOpportunity Health.
	XTANDI	\$\$\$\$	 SPECIALTY PRIOR 	<ul style="list-style-type: none"> Updated prior authorization criteria to define failures as symptoms of progressive disease or a sustained increase in PSA of 25–30% over at least two months. Remains a formulary drug. Considered a specialty medication by CoOpportunity Health.
	ZYTIGA	\$\$\$\$	 SPECIALTY PRIOR 	<ul style="list-style-type: none"> Updated prior authorization criteria to define failures as symptoms of progressive disease or a sustained increase in PSA of 25–30% over at least two months. Remains a formulary drug. Zytiga is considered a specialty medication by CoOpportunity Health.
Multiple Sclerosis, Oral	AMPYRA	\$\$\$\$	 SPECIALTY PRIOR 	<ul style="list-style-type: none"> Updated prior authorization criteria. Remains a formulary drug. Reserved for prescribing by neurologists at not more than the FDA-approved dosage of 10mg twice daily. For patients with multiple sclerosis currently able to walk 25 feet; physician must attest that patient has difficulty walking. Considered a specialty medication by CoOpportunity Health.

► cont'd on p. 9





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Cont'd – Updated Prior Authorization Criteria – Formulary

Therapeutic Use	Medication	Copay/ Tier*	Status	Notes
Other Conditions, Other Agents	ACTHAR	\$\$\$\$	 	<ul style="list-style-type: none"> Updated prior authorization criteria. Remains a formulary drug. Reserved for prescribing by neurologists for patients with infantile spasms.
Pulmonary Hypertension	ADEMPAS	\$\$\$\$	 	<ul style="list-style-type: none"> Updated prior authorization criteria. Changed to a formulary drug. Reserved for prescribing by pulmonologists or cardiologists. For patients with a diagnosis of: a) vasoreactive pulmonary arterial hypertension after trial and failure of calcium channel blocker therapy; OR b) non-vasoreactive pulmonary arterial hypertension; OR c) persistent/recurrent chronic thromboembolic pulmonary hypertension (CTEPH) after surgical treatment or inoperable CTEPH to improve exercise capacity and WHO functional class. Sequential combination use requires documentation of medical necessity. Considered a specialty medication by CoOpportunity Health.
	OPSUMIT	\$\$\$\$	 	<ul style="list-style-type: none"> Updated prior authorization criteria. Changed to formulary drug. Reserved for prescribing by pulmonologists or cardiologists. For patients with a diagnosis of: a) vasoreactive pulmonary arterial hypertension after trial and failure of calcium channel blocker therapy, OR b) non-vasoreactive pulmonary arterial hypertension. Sequential combination use requires medical necessity documentation. Considered a specialty medication by CoOpportunity Health.

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Updated Prior Authorization Criteria – Non-formulary

Therapeutic Use	Medication	Copay/ Tier*	Status	Notes
Arthritis, Disease Modifying Agents	OTEZLA	\$\$\$\$	 SPECIALTY PRIOR 	<ul style="list-style-type: none"> • Updated prior authorization criteria. • Reserved for prescribing by a rheumatologist or dermatologist for patients with psoriatic arthritis who have tried and failed ENBREL and HUMIRA. • Remains a non-formulary drug. • Considered a specialty medication by CoOpportunity Health.
Multiple Sclerosis, Injection	COPAXONE 40mg	\$\$\$\$	 SPECIALTY PRIOR 	<ul style="list-style-type: none"> • Updated prior authorization criteria. • Changed to a non-formulary drug. • Reserved for prescribing by neurologists. • For patients with relapsing-remitting forms of multiple sclerosis who currently use COPAXONE 20mg with a documented medical necessity requiring fewer weekly injections. • COPAXONE 20mg is formulary. • Both Copaxone 40mg and 20mg are considered specialty medications by CoOpportunity Health.

► *cont'd on p. 11*



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Cont'd – Updated Prior Authorization Criteria – Non-formulary

Therapeutic Use	Medication	Copay/ Tier*	Status	Notes
Pulmonary Hypertension	ADCIRCA	\$\$\$\$	 SPECIALTY PRIOR 	<ul style="list-style-type: none"> Updated prior authorization criteria. Changed to a non-formulary drug. Reserved for prescribing by pulmonologists or cardiologists for patients who have tried and failed or have contraindications to <i>sildenafil</i> for patients who have either: a) vasoreactive pulmonary arterial hypertension after trial and failure of calcium channel blocker therapy, OR b) non-vasoreactive pulmonary arterial hypertension. Considered a specialty medication by CoOpportunity Health.
	ORENITRAM	\$\$\$\$	 SPECIALTY PRIOR 	<ul style="list-style-type: none"> Updated prior authorization criteria. Reserved for prescribing by pulmonologists or cardiologists. For current treprostinil users who are seeking an oral therapy option who have a diagnosis of: a) vasoreactive pulmonary arterial hypertension after trail and failure of calcium channel blocker therapy, OR b) non-vasoreactive pulmonary arterial hypertension. Remains a non-formulary drug. Considered a specialty medication by CoOpportunity Health.
Skin Conditions, Psoriasis, Other	STELARA	\$\$\$\$	 MEDICAL  SPECIALTY PRIOR 	<ul style="list-style-type: none"> Updated prior authorization criteria to include: In-office administration is preferred due to the monitoring that should be occurring at the same frequency as the injection (see Ustekinumab [Stelara] medical policy). Remains a non-formulary drug. Considered a specialty medication by CoOpportunity Health.





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Removed Prior Authorization or Step-Therapy Requirement – Formulary

Therapeutic Use	Medication	Copay/ Tier*	Status	Notes
Arthritis, Non-Steroidal Anti-Inflammatories	CELEBREX	\$\$	F	<ul style="list-style-type: none"> Removed step-therapy criteria.
Seizures/Epilepsy	ONFI	\$\$	F  LIMIT	<ul style="list-style-type: none"> Removed prior authorization requirement. Continues to include a quantity limit.
	POTIGA	\$\$	F  LIMIT	<ul style="list-style-type: none"> Removed prior authorization requirement. Continues to include a quantity limit.
Stomach/ Gastrointestinal, Constipation	AMITIZA	\$\$	F	<ul style="list-style-type: none"> Removed step-therapy requirement.
	LINZESS	\$\$	F	<ul style="list-style-type: none"> Removed prior authorization requirement.

Changed from Non-formulary to Formulary


Prior Authorization Requirements May Also Apply

Therapeutic Use	Medication	Copay/ Tier*	Status	Notes
Anti-Infective, Antiviral, Hepatitis C	OLYSIO	\$\$\$\$	 SPECIALTY PRIOR 	<ul style="list-style-type: none"> Changed to a formulary drug. Continues to require prior authorization. Considered a specialty medication by CoOpportunity Health.
	SOVALDI	\$\$\$\$	 SPECIALTY PRIOR 	<ul style="list-style-type: none"> Changed to a formulary drug. Continues to require prior authorization. Considered a specialty medication by CoOpportunity Health.
Asthma & COPD, Combination Agents, Inhaled	BREO ELLIPTA	\$\$	F	<ul style="list-style-type: none"> Changed to a formulary drug.

► *cont'd on p. 13*

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Therapeutic Use	Medication	Copay/ Tier*	Status	Notes
Diabetes, Oral	JENTADUETO	\$\$	F	• Changed to a formulary drug.
	TRADJENTA	\$\$	F	• Changed to a formulary drug.
Kidney Failure	PHOSLYRA	\$\$	F	• Changed to a formulary drug.
Seizures/Epilepsy	FYCOMPA	\$\$	F	• Changed to a formulary drug.
			PRIOR 	• Continues to require prior authorization. • Reserved for prescribing by neurologists for FDA-approved indications.
Urinary & Bladder Health, Anti-Infectives	MONUROL	\$\$	F	• Changed to a formulary drug.

*Drug benefits may vary. Members typically pay the lowest copay for generic formulary drugs (tier 1). Some members must meet a deductible first. IMCP members do not have a deductible or copayment amount, but may be responsible for the cost difference between a brand-name drug and an available generic.

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