

Formulary Changes 2012

| Formulary Additions | | | |
|--|--|--|---|
| Actigall Alaway Allegra/D OTC Anaspaz | Claritin/D* OTC Coartem (PA) Heparin Lipitor* | Miralax* OTC Nexium Prevacid 24HR* Prilosec OTC 20 mg | Tarceva (PA) (SP) Xarelto Zaditor OTC Zegerid OTC Zyrtec/D* OTC |

* Generic available (PA) = Prior authorization required (SP) = Specialty medication

| Formulary Deletions | |
|--|--|
| Moved to third tier coverage (Non-formulary for 2 Tier benefits) | Formulary Alternatives |
| Abilify (ST) | Clozaril*, Risperdal*, Seroquel, Seroquel XR |
| Actonel / Actonel w Calcium (PA) | Fosamax* |
| Advicor | Zocor*, Simcor |
| Androgel (PA) (not covered) Other topical testosterone products will not be covered | Testim (PA) |
| Atralin Gel (ST) | Retin-A*, Retin-A Micro |
| Avalide (PA) | Hyzaar*, Benicar HCT, Micardis HCT |
| Avita Gel (ST) | Retin-A*, Retin-A Micro |
| Avodart (ST) | Proscar* |
| Azor (PA) | Norvasc* plus Cozaar*, Norvasc* plus Benicar, Norvasc* plus Micardis |
| Boniva (PA) | Fosamax* |
| Brand name cold and cough products | Multiple generic cold and cough on Tier 1 |
| Byetta (PA) | Amaryl*, Glucophage*, Glucotrol*, Micronase*, Actos (ST) |
| Cenestin | Premarin, Ogen* |
| Combivir (SP) | Retrovir* (SP) plus Epivir (SP) |
| D.H.E. 45 | Amerge*, Migranal, Imitrex*, Maxalt |
| Diabetic test strips – All brands except Lifescan require prior auth | Lifescan brand test strips |
| Elidel | Kenalog*, Diprosone*, Topicort*, Locoid*, Wescort*, Elocon* |
| Fanapt (ST) | Risperdal*, Seroquel, Seroquel XR |
| Geodon (ST) | Risperdal*, Seroquel, Seroquel XR |
| Kytril | Zofran* |
| Lantus (PA) | Levemir |
| Lantus Solostar (PA) | Levemir Flexpen |
| Lexapro (ST) | Celexa*, Paxil*, Prozac*, Zoloft* |
| Lumigan (PA) | Xalatan*, Travatan Z |
| Metadate CD (PA ≥ 19 yrs) | Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Focalin IR*, Concerta* (PA ≥ 19 yrs) |
| Mirapex | Requip* |
| Nasacort (ST) | Flonase*, Nasalide*, Nasonex |
| Nuvigil (PA)/Provigil (PA) | Ritalin*, Dexedrine*, Adderall* |
| Ortho Tri Cyclen Lo | Aviane, Velivet & multiple other generic agents |
| Ovcon-50 | Ogestrel 1/50 & multiple other generic agents |

* Generic available (PA) = Prior authorization required (SP) = Specialty medication (ST) = Step therapy required

| Formulary Deletions, continued | |
|---|---|
| Moved to third tier coverage (Non-formulary for 2 Tier benefits) | Formulary Alternatives |
| Pancreaze | Zenpep |
| Prevacid Solutabs (Prevacid* caps will not be covered) | Prilosec OTC, omeprazole*, Prevacid 24HR, Protonix*, Zegerid OTC, Nexium |
| Select brand name prenatal vitamins (examples include: Gesticare, Citranatal, Concept DHA, Prefera OB, Prenexa) | Non DHA – Prenata Plus*, Prenate Eite* DHA – Zatean* DHA & multiple other generic agents |
| Skelaxin | Flexeril*, Lioresal*, Robaxin*, Soma* (250 mg not covered) |
| Strattera (ST) | Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Focalin IR*, Concerta* (PA ≥ 19 yrs) |
| Tazorac (ST) | Retin-A*, Retin-A Micro |
| Tribenzor (PA) | Norvasc* plus Cozaar*, Norvasc* plus Benicar, Norvasc* plus Micardis |
| Tyzeka (SP) | Epivir HBV (SP), Hepsera (SP) |
| Vesicare (ST) | Ditropan*, Sanctura*, Sanctura XR |
| Victoza (PA) | Amaryl*, Glucophage*, Glucotrol*, Micronase*, Actos (ST) |
| Vyvanse (PA) | Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Focalin IR*, Concerta* (PA ≥ 19yrs) |
| Zetia | Zocor*, Pravachol*, Vytorin (10/10 ST), Niaspan |
| Zyprexa (ST) | Risperdal*, Seroquel, Seroquel XR |

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Prior Authorization/Step Therapy Changes 2012

| Brand Name | Tier | Formulary Alternatives / Comments |
|---|------|---|
| Accutane* | 3 | doxycycline, minocycline |
| Actos / Actoplus Met/XR | 2 | metformin/ER (at least 1500mg/d) |
| Avalide | 3 | Hyzaar*, Benicar HCT, Micardis HCT |
| Avapro | 3 | Cozaar*, Benicar, Micardis |
| Azor | 3 | Norvasc* plus Cozaar*, Norvasc* plus Benicar, Norvasc* plus Micardis |
| Concerta (PA ≥ 19yrs) | 1 | Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Focalin IR* |
| Crestor 5 mg | 2 | Mevacor*, Pravachol* or Zocor* |
| Lyrica | 3 | Neurontin*, Keppra*, Lamictal*, Trileptal*, Tegretol*, Tegretol XR*, Topamax*, Depakene*, Depakote*, Depakote ER* |
| Nasal steroids (Beconase, Nasacort, Omnaris, Rhinocort, Veramyst) | 3 | Flonase*, Nasalide*, Nasonex |
| Nucynta | 3 | MSIR*, oxycodone IR* |
| Perforomist Nebs | 3 | Spiriva, Advair, Symbicort, Serevent |
| PPI's (Dexilant, Prevacid Solutabs, Aciphex) | 3 | Prilosec OTC, omeprazole*, Prevacid 24HR, Protonix*, Zegerid OTC, Nexium |
| Proventil HFA | 3 | Ventolin HFA, Proair HFA |
| Pulmicort Respules* | 2 | Asmanex, Flovent, Qvar |
| Regranex | 3 | Requires prior auth |
| Stimulants – Long Acting (Adderall XR, Ritalin LA, Metadate CD, Focalin XR) | 3 | Adderall*, Ritalin*, Ritalin SR*, Metadate ER*, Focalin IR*, Concerta (PA ≥ 19 years) |
| Temodar (SP) | 2 | Requires prior auth |
| Topical retinoids (Atralin Gel, Avita Gel, Differin, Tazorac) | 3 | Retin-A*, Retin-A Micro |
| Vytorin | 3 | Zocor*, Mevacor*, Pravachol*, Lipitor*, Crestor |
| Xopenex HFA | 3 | Ventolin HFA, Proair HFA |
| Zyvox | 2 | Requires prior auth (10 doses can be obtained while request is being reviewed) |

* A generic equivalent is available at the tier one copay for formulary drugs

(PA) = Prior authorization required (SP) = Specialty medication

Drugs Excluded from Mail Order

Plan approved maintenance medications are available through mail order or a contracted maintenance pharmacy if the member's employer has purchased a mail order benefit. Maintenance medications are those drugs that are needed for long-term or chronic conditions such as high blood pressure or diabetes. Some examples of drugs that are excluded from mail order are listed below and include non-maintenance medications, all controlled substances, and specialty medications including self-administered injections.

| Drug Class | Examples of Drugs |
|---|---|
| Antibiotics | Amoxil, Biaxin, Ceftin, Keflex, Zithromax |
| Antifungals | Diflucan, Lamisil, Nizoral, Sporanox |
| Benzodiazepines | Ativan, Valium, Xanax |
| Oral cancer drugs | Gleevec, Nexavar, Sutent, Tarceva, Xeloda |
| Stimulants | Adderall, Ritalin, Concerta, Focalin, Provigil, Nuvigil |
| Sleep aids | Ambien, Sonata, Lunesta |
| Misc Controlled Substances | Lyrica, Vimpat, Nucynta |
| Opioids | MS Contin, Opana, Oxycontin, Percocet |
| Drugs not generally for routine long-term use | Amitiza, Cialis, Lotronex, Valtrex, Viagra |
| Migraine relief drugs | Imitrex, Maxalt, Zomig, Relpax |

Members should refer to their health plan documents regarding any limitations or exclusions that may apply to their pharmacy benefit. This list is the most common formulary, prior authorization and step therapy changes and is not intended to be a complete list. For a complete formulary listing and prior authorization/step therapy criteria visit www.mercyhealthplans.com. Additionally, these changes do not effect Mercy coworkers.