

**Optima Health Pharmacy Changes
Effective January 1, 2012**

(For plans with pharmacy benefits administered by Optima Health)

Drug Name	Indication	Description of Change (by Formulary Type)	Generic Alternatives	Lower Tier Alternatives
Daliresp (roflumilast)	COPD	<u>New Medication</u> Commercial – Tier 4 Generics Plus – Non-formulary Medicare – Non-formulary Medicaid – Non-formulary	n/a	n/a
Dificid (fidaxomicin)	Antibiotic –associated Pseudomembranous colitis	<u>New Medication</u> Commercial – Tier 3 with prior authorization Generics Plus – Non-formulary Medicare – Non-formulary Medicaid – Non-formulary	n/a	n/a
Edurant (rilpivirine)	HIV	<u>New Medication</u> Commercial – Tier 2 Generics Plus – Tier 3 Medicare – 2 Medicaid – Formulary	n/a	n/a
Horizant (gabapentin enacarbil)	Moderate to severe primary restless legs syndrome (RLS)	<u>New Medication</u> Commercial – Tier 4 with step- edit Generics – Non-formulary Medicare – Non-formulary Medicaid – Non-formulary	pramipexole	n/a
Incivek (telaprevir)	Hepatitis C	<u>New Medication</u> Commercial – Tier 2 Generics Plus – 3 Medicare – Tier 4 Medicaid – Formulary	n/a	n/a
Natafort Tab (PNV NO.27/IRON CARB & FUM/FA)	Prenatal Vitamin	<u>New Medication</u> Commercial – Tier 4 Generics Plus – Non-formulary Medicare – Non-formulary Medicaid – Non-formulary	n/a	n/a
Phoslyra (calcium acetate oral solution)	Serum phosphorus reduction	<u>New Medication</u> Commercial – Tier 4 Generics Plus – Non-formulary Medicare – Non-formulary Medicaid – Non-formulary	calcium acetate	n/a
Procort (pramoxine and hydrocortisone)	Hemorrhoidal Preparation	<u>New Medication</u> Commercial – Tier 4 Generics Plus – Non-formulary Medicare – Non-formulary Medicaid – Non-formulary	n/a	n/a
Ocudox (doxycycline hyclate capsules/eyelid cleanser)	Hormone replacement for men	<u>New Medication</u> Commercial – Tier 4 Generics Plus – Non-formulary Medicare – Non-formulary Medicaid – Non-formulary	n/a	n/a

n/a means not applicable

Medications will be added to the Optima Medicare formulary upon CMS approval.

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Sprix (ketorolac tromethamine)	Hypertension	<u>New Medication</u> Commercial – Tier 4 with ql = 5 bottles (5 days); limit 2 fills per 30 day Generics Plus – Non-formulary Medicare – Non-formulary Medicaid – Non-formulary	n/a	n/a
Staxyn (vardenafil)	Erectile Dysfunction	<u>New Medication</u> Commercial – Tier 3 with ql=4/month Generics Plus – Non-formulary Medicare – Benefit Exclusion Medicaid – Benefit Exclusion	n/a	n/a
Tradjenta (linagliptin)	Diabetes	<u>New Medication</u> Commercial – Tier 3 Generics Plus – Non-formulary Medicare – Non-formulary Medicaid – Non-formulary	n/a	Januvia
Victrelis (boceprevir)	Hepatitis C	<u>New Medication</u> Commercial – Tier 2 Generics Plus – 3 Medicare – Tier 4 Medicaid – Formulary	n/a	n/a
Zutripro (hydrocodone, chlorpheniramine, and pseudoephedrine)	Cough and Cold	<u>New Medication</u> Commercial – Tier 4 Generics Plus – Non-formulary Medicare – Excluded Medicaid – Non-formulary	n/a	n/a
Zytiga (abiraterone)	Prostate Cancer	<u>New Medication</u> Commercial – Tier 2 Generics Plus – Tier 3 Medicare – Tier 4 Medicaid – Formulary	n/a	n/a

****n/a means not applicable****

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