

## Optima Health Pharmacy Changes Effective October 1, 2011

(For plans with pharmacy benefits administered by Optima Health)

Drug Name	Indication	Description of Change (by Formulary Type)	Generic Alternatives	Lower Tier Alternatives
<b>Abstral</b> (fentanyl sublingual tablets)	Breakthrough Pain in adults with cancer	<b><u>New Medication</u></b> Commercial – Tier 4 prior authorization Medicare – Non-formulary Medicaid – Non-formulary	fentanyl patches	n/a
<b>Acanya Hylatopic Plus-Aurstat Virasal</b>	Dermatology Drugs	<b><u>New Medication</u></b> Commercial – Tier 4 Medicare – Non-formulary Medicaid – Non-formulary	n/a	n/a
<b>Amturnide</b> (aliskiren, amlodipine, hydrochlorothiazide)	Hypertension	<b><u>New Medication</u></b> Commercial – Tier 3 with step-edit Medicare – Non-formulary Medicaid – Non-formulary	losartan/losartan HCTZ	n/a
<b>Analpram Advanced</b>	Hemorrhoids	<b><u>New Medication</u></b> Commercial – Tier 4 Medicare – Non-formulary Medicaid – Non-formulary	n/a	n/a
<b>Axiron</b> (testosterone)	Hormone replacement for men	<b><u>New Medication</u></b> Commercial – Tier 4 with step-edit Medicare – Non-formulary Medicaid – Non-formulary	n/a	Androgel
<b>Corvite FE Dialyvit Supreme D Synagex</b>	Vitamins and Minerals	<b><u>New Medication</u></b> Commercial – Tier 4 Medicare – Non-formulary Medicaid – Non-formulary	n/a	n/a
<b>Edarbi</b> (azilsartan medoxomil)	Hypertension	<b><u>New Medication</u></b> Commercial – Tier 3 with step-edit Medicare – Non-formulary Medicaid – Non-formulary	losartan/losartan HCTZ	n/a
<b>Escavite Irospan Nephrocaps QT</b>	Vitamins and Mineral	<b><u>New Medication</u></b> Commercial – Tier 4 Medicare – Non-formulary Medicaid – Non-formulary	n/a	n/a
<b>Fortesta</b> (testosterone)	Hormone replacement for men	<b><u>New Medication</u></b> Commercial – Tier 4 with step-edit Medicare – Non-formulary Medicaid – Non-formulary	n/a	Androgel
<b>Gamunex C</b> (immune globulin, human)	Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)	<b><u>New Medication</u></b> Commercial – Tier 3 with prior authorization Medicare – Tier 4 Medicaid – Non-formulary	n/a	n/a
<b>Generess FE (norethindrone/ethinyl estrdiol)</b>	Birth Control	<b><u>New Medication</u></b> Commercial – Tier 4 Medicare – Non-formulary Medicaid – Non-formulary	n/a	n/a
<b>Keppra XR Lamictal XR</b>	Seizures	<b><u>Change in tier</u></b> Commercial – Remove step-edit, remain on Tier 4 Medicare – Remain on Tier 3 Medicaid – Formulary	Leviteracetam and lamotrigine	n/a

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

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<b>Ketocon Plus Kit</b> (ketoconazole/ hydrocortisone)	Fungal infection/ Anti-inflammatory	<b>New Medication</b> Commercial – Tier 4 Medicare – Non-formulary Medicaid – Non-formulary	n/a	n/a
<b>Lastacaft</b> (alcaftadine)	Allergic Conjunctivitis	<b>New Medication</b> Commercial – Tier 4 Medicare – Non-formulary Medicaid – Non-formulary	cromolyn	Alomide
<b>Latuda</b> (lurasidone)	Schizophrenia	<b>New Medication</b> Commercial – Tier 4 with step-edit Medicare – Tier 3 Medicaid – Non-formulary	risperidone	Zyprexa
<b>Makena</b> (Hydroxyprogesterone caproate)	Preterm Labor	<b>New Medication</b> Commercial – Medical Benefit with prior authorization Medicare – Tier 4 with prior authorization Medicaid – Medical Benefit with prior authorization	n/a	n/a
<b>Morgidox</b> (doxycycline/skin #19)	Acne	<b>New Medication</b> Commercial – Tier 4 Medicare – Non-formulary Medicaid – Non-formulary	n/a	n/a
<b>Moxeza</b> (moxifloxacin)	Bacterial Conjunctivitis	<b>New Medication</b> Commercial – Tier 2 Medicare – Formulary Medicaid – Formulary	erythromycin	Vigamox
<b>Natroba</b> (spinosad)	Head Lice	<b>New Medication</b> Commercial – Tier 4 with step-edit Medicare – Non-formulary Medicaid – Non-formulary	malathion	n/a
<b>Nebusal</b> (sodium chloride 6%)	Sputum Induction	<b>New Medication</b> Commercial – Tier 4 Medicare – Non-formulary Medicaid – Non-formulary	Sodium Chloride 3%,7% and 10%	n/a
<b>Nestabs</b> <b>Nestabs DHA</b> <b>Nexa Select,</b> <b>OB Complete</b> <b>OB Complete One</b> <b>OB Complete Premier</b> <b>Prenate Plus</b> <b>Protect Natal</b>	Prenatal Vitamins	<b>New Medication</b> Commercial – Tier 4 Medicare – Non-formulary Medicaid – Non-formulary	n/a	n/a
<b>Nexium</b> <b>Aciphex</b> <b>Prevacid DR Capsules</b> <b>15mg and 30 mg</b>	GERD	<b>Change in Medication</b> Step through omeprazole/omperazole OTC and then Dexilant (dexlansoprazole)	omeprazole/ omeprazole OTC	n/a
<b>Pediatex TDM</b> <b>Prohist CD</b> <b>Prohist CF</b> <b>Prohist LQ</b> <b>Z-Cof</b>	Cough and Cold	<b>New Medication</b> Commercial – Tier 4 Medicare – Benefit Exclusion Medicaid – Non-formulary	n/a	n/a
<b>Pulimort</b>	Asthma	<b>Change in tier</b> Commercial – Moving from Tier 2 to Tier 3 Medicare – No changes Medicaid – Non-formulary	n/a	n/a

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<b>Qvar</b>	Asthma	<b>Change in tier</b> Commercial – Moving from Tier 3 to Tier 2 Medicare – No changes Medicaid – Formulary	n/a	n/a
<b>Safyral</b> (drospirenone/ ethinyl estradiol/ levomefolate calcium and levomefolate calcium)	Birth Control	<b>New Medication</b> Commercial – Tier 4 Medicare – Non-formulary Medicaid – Non-formulary	n/a	n/a
<b>Sodium chloride 3%, 7% and 10%:</b>	Sputum Induction	<b>Change in Tier</b> Commercial – Tier 1 Medicare – Tier 1 Medicaid – Formulary	n/a	n/a
<b>Sylatron</b> (peginterferon alfa-2b)	Melanoma	<b>New Medication</b> Commercial – Medical Benefit Medicare – Tier 3 Medicaid – Medical Benefit	n/a	n/a
<b>Vandetanib</b> (Vandetanib)	Thyroid Cancer	<b>New Medication</b> Commercial – Tier 2 Medicare – Tier 4 Medicaid – Formulary	n/a	n/a
<b>Viibryd</b> (vilazodone hydrochloride)	Depression	<b>New Medication</b> Commercial – Tier 4 with step-edit Medicare – Tier 3 Medicaid – Non-formulary	n/a	n/a
<b>Viramune XR</b>	HIV-1 infection in adults	<b>New Medication</b> Commercial – Tier 2 Medicare – Formulary Medicaid – Formulary	n/a	n/a
<b>Yervoy</b> (Ipilimumab)	Unresectable or Metastatic melanoma	<b>New Medication</b> Commercial – Medical Benefit Medicare – Tier 4 Medicaid – Medical Benefit	n/a	n/a

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