



# Prescription Benefit Updates

Effective April 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 the formulary status of generic treatment options, select the therapeutic class on our [Drug List](#).

## Drugs With Changes in Coverage Requirements

Therapeutic Use	Medication	Copay*	Status	Notes
Heart Health, Triglyceride Lowering	VASCEPA®	\$\$	ST	<ul style="list-style-type: none"> <li>Changed from prior authorization to step-therapy, after <i>gemfibrozil</i> or <i>fenofibrate</i>.</li> <li>Both VASCEPA and LOVAZA® have the same formulary status.</li> </ul>
Urinary & Bladder Health, Overactive Bladder	MYRBETRIQ®	\$\$	F	<ul style="list-style-type: none"> <li>No longer requires prior authorization.</li> <li>Changed to a formulary drug.</li> </ul>
Anti-Infective Antibiotics, Other	XIFAXAN®	\$\$	PA	<ul style="list-style-type: none"> <li>Prior authorization coverage criteria have been updated to include the FDA-approved indication for traveler's diarrhea, covered with documentation of a trial and failure with <i>ciprofloxacin</i> or contraindications to its use.</li> </ul>

► *cont'd on p. 2*

**KEY** \$ = Generic Formulary Drugs / \$\$ = Formulary Preferred Brand-Name Drugs / \$\$\$ = Non-Formulary Brand-Name Drugs / \$\$\$\$ = Specialty Drugs **STATUS** F = Formulary / PA = Prior Authorization / ST = Step Therapy  
 QL = Quantity Limit / NF = Non-Formulary

### Cont'd — Drugs With Changes in Coverage Requirements

Therapeutic Use	Medication	Copay*	Status	Notes
Cancer	ICLUSIG™	\$\$\$\$	PA	<ul style="list-style-type: none"> <li>• ICLUSIG is an oral therapy, relaunched following an FDA-suspension, reserved per FDA-approved labeling: <ul style="list-style-type: none"> <li>▸ for adult patients with CML or Philadelphia chromosome positive leukemia that is confirmed to have a T315I mutation or for whom no other tyrosine kinase inhibitor is indicated.</li> </ul> </li> <li>• Approvals will be provided for 3 months, with reauthorizations approved every three months until there is disease progression.</li> <li>• ICLUSIG is considered a specialty medication by CoOpportunity Health.</li> </ul>

### New Drugs Requiring Prior Authorization, Formulary

Therapeutic Use	Medication	Copay*	Status	Notes
Eye Conditions, Anti-Infectives	BESIVANCE™ eye drops	\$\$	PA	<ul style="list-style-type: none"> <li>• BESIVANCE is reserved for the treatment of Methicillin-resistant Staphylococcus aureus (MRSA infection).</li> </ul>
Cancer	IMBRUVICA™	\$\$\$\$	PA	<ul style="list-style-type: none"> <li>• IMBRUVICA is an oral therapy, reserved per FDA-approved labeling: <ul style="list-style-type: none"> <li>▸ for mantle cell lymphoma, with documentation of at least one prior therapy.</li> </ul> </li> <li>• Dosage is limited to a maximum of 560 mg per day.</li> <li>• Approvals will be given for three months, with reauthorizations approved every three months with documentation of no disease progression.</li> <li>• IMBRUVICA is considered a specialty medication by CoOpportunity Health.</li> </ul>

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### New Drug, Non-Formulary (Covered at a Higher Member Copay)

Therapeutic Use	Medication	Copay*	Status	Notes
Diabetes, Oral	FARXIGA™	\$\$\$	NF	<ul style="list-style-type: none"> <li>Added as a non-formulary drug (covered at a higher member copay).</li> </ul>

### New Generic Drugs, Formulary

Therapeutic Use	Medication	Copay*	Status	Notes
Eye Conditions, Anti-Inflammatories	<i>bromfenac</i> (generic XIBROM™ and BROMDAY™) eye drops	\$	F	<ul style="list-style-type: none"> <li>The drug <i>bromfenac</i> is used for postoperative inflammation and pain.</li> </ul>
	<i>dexamethasone</i> eye drops	\$	F	<ul style="list-style-type: none"> <li>The drug <i>dexamethasone</i> is an ophthalmic steroid.</li> </ul>
Allergy, Eye	<i>epinastine</i> (generic ELESTAT®) eye drops	\$	F	<ul style="list-style-type: none"> <li>The drug <i>epinastine</i> is used for allergic conjunctivitis.</li> </ul>

\*Reflects common cost-share for individual and small group members; drug benefits may vary. Members typically pay the lowest copay for generic formulary drugs. 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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