

High-Cost Drug List

Your Guide to Tier 4 High-Cost Drugs

CoOportunity Health's pharmacy coverage includes a four-tier benefit level. Beginning on January 1, 2015, Tier 4 will include high-cost drugs.

For most members, these high-cost drugs will have a higher member cost share. Keep in mind that all cost share amounts (copayment, deductible, and coinsurance) are part of your out-of-pocket maximum each calendar year.

The high-cost drugs included on this list can continue to be purchased at a retail or mail-order pharmacy. For more complete information on upcoming tier changes, refer to the January 2015 Drug List Changes.

High-cost drugs are limited to a 31-day supply per fill. If a drug requires a prior authorization, ask your doctor to complete and submit the **Prior Authorization / Exception Form**.

Tier 4 also includes specialty drugs. Specialty drugs must be purchased through CVS Caremark Specialty Pharmacy. See our Specialty Drug List Fact Sheet for a list of specialty drugs.

Need help? Call Member Services at 1.888.324.2064 and ask to talk to a Pharmacy Navigator.

Always check the most current information using the Drug List. The list that follows is current as of January 1, 2015, and is subject to change. To see a complete list of changes that begin January 1, see the January 2015 Drug List Changes.

Key: PA = prior authorization, ST = step therapy, QL = quantity limit, Age = Age edit

Λ			ГОТ	
$\overline{}$	ш	ш	ΙΟτ	ICS

DIFICID (PA) MEPRON

MONODOX

SIVEXTRO (PA)

XIFAXAN (PA)

ZYVOX (PA)

Behavioral Health

APLENZIN EMSAM (PA) INVEGA (PA)

Cancer

LUPRON

Enzyme Replacement

CREON

PANCREAZE (PA)

PERTZYE (PA)

ULTRESA (PA)

VIOKACE (PA)

ZENPEP (PA)

HIV

APTIVUS

ATRIPLA

COMPLERA EDURANT

EPZICOM INTELENCE INVIRASE

ISENTRESS KALETRA

LEXIVA

PREZISTA

REYATAZ

SELZENTRY

STRIBILD

TIVICAY

TRIZIVIR

TRUVADA

VIRACEPT

VIREAD

Skin Conditions

ABSORICA CARAC (PA) CORDRAN TAPE (PA) SOLODYN (PA) SORIATANE SORILUX VANOS **VEREGEN**

ZYCLARA

Seizures/Epilepsy

BANZEL FELBATOL **KEPPRA** LAMICTAL (QL for 25mg Tablet) LAMICTAL ODT (PA) OXTELLAR

Other

ABSTRAL 100, 200. 300, 400mcg (QL) ABSTRAL 600 & 800mcg (PA) BARACLUDE CELLCEPT CUPRIMINE **EDECRIN** INDOCIN ORAL

SUSPENSION (Age, QL) LOTRONEX (PA) **MESTINON**

NAPRELAN

NEUTRASAL (PA)

PROVIGIL (PA, QL) RAPAMUNE

SPORANOX (PA)

STIMATE (PA)

SYMLINPEN

UCERIS

VALCYTE

ZELAPAR

ZORTRESS

ZYFLO







CoOportunity Health is a Qualified Health Plan issuer in the Iowa and Nebraska Health Insurance Marketplace. CoOportunity Health does not discriminate on the basis of age, color, creed, disability, gender identity, health status, national origin, race, religion, sex or sexual orientation in the administration of its products and plans, including enrollment and benefit determinations. CoOportunity Health has contracted with HealthPartners Administrators, Inc. to provide claims processing, medical management and certain other administrative services.

CoOportunity Health® is a registered mark of CoOportunity Health.





