



Prescription Benefit Updates

First Quarter 2015

Please review this update to the new CoOpportunity Health Drug List to learn about changes to our previous coverage and/or requirements. Reminder: Appropriate generics can reduce member cost-sharing amounts. To view generic treatment options and their drug list status, select the therapeutic class on the new [CoOpportunity Health Drug List](#).







We update drug benefits throughout the year; always refer to the Drug List for the most current and complete information.

Note:








- Drugs are listed alphabetically by therapeutic class and subclass.
- Tier 4 drugs include both high-cost and specialty drugs.
- Specialty Tier 4 drugs include the Specialty icon in the Status column and must continue to be purchased through CVS Caremark Specialty Pharmacy. All other Tier 4 drugs can be purchased at a retail or mail-order pharmacy.
- Brand-name drugs are displayed in ALL CAPS. Generic drugs are displayed in *lowercase italics*.

Therapeutic Class /Subclass	Medication	Copay/ Tier	Status	Notes
Anti-Infective				
<i>Antibiotics, Cephalosporins</i>	SUPRAX CAPSULES	Tier 2	LIMIT	<ul style="list-style-type: none"> • Changing to Tier 2 (from Tier 3) with a quantity limit of one effective February 1.
<i>Antiviral, Hepatitis C</i>	HARVONI	Tier 4	PRIOR SPECIALTY TRIAL	<ul style="list-style-type: none"> • Moved to trial drug status effective January 1. • Requires prior authorization. • Coverage criteria for other hepatitis C medications have also been updated.


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Therapeutic Class /Subclass	Medication	Copay/ Tier	Status	Notes
Anti-Infective				
<i>Antiviral, Hepatitis C</i>	OLYSIO	Tier 4	PRIOR   SPECIALTY  TRIAL	<ul style="list-style-type: none"> Moved to trial drug status effective January 1. Requires prior authorization. Coverage criteria for other hepatitis C medications have also been updated.
<i>Antiviral, Hepatitis C</i>	SOVALDI	Tier 4	PRIOR   SPECIALTY  TRIAL	<ul style="list-style-type: none"> Moved to trial drug status effective January 1. Requires prior authorization. Coverage criteria for other hepatitis C medications have also been updated.
<i>Antiviral, HIV</i>	TRIUMEQ	Tier 4		<ul style="list-style-type: none"> Changing to Tier 4 (from Tier 3) effective February 1.
<i>Antiviral, HIV</i>	TYBOST	Tier 2		<ul style="list-style-type: none"> Changing to Tier 2 (from Tier 3) effective February 1.
Asthma & COPD				
<i>Bronchodilators, Inhaled</i>	STRIVERDI	Tier 2		<ul style="list-style-type: none"> Changing to Tier 2 (from Tier 3) effective February 1.
Behavioral Health				
<i>Depression</i>	<i>venlafaxine ER tablets</i>	Tier 3		<ul style="list-style-type: none"> Changing from Tier 1 to Tier 3 effective March 1. <i>Venlafaxine ER capsules</i> (generic EFFEXOR XR) are preferred. Additional communications will be sent to top prescribing providers and to affected members.
Blood Thinner				
<i>Platelet Inhibitors</i>	BRILINTA	Tier 2		<ul style="list-style-type: none"> Changing to Tier 2 (from Tier 3) effective February 1.





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Therapeutic Class /Subclass	Medication	Copay/ Tier	Status	Notes
Cough & Cold				
<i>Cough & Cold</i>	<i>promethazine-phenylephrine-codeine syrup</i>	Tier 3	PRIOR  # LIMIT AGE 	<ul style="list-style-type: none"> • Changed to tier 3 and added prior authorization effective January 1. • Reserved for patients with an inadequate response to <i>codeine 10mg-guaifenesin oral liquid</i>. • Additional communications have been sent to top prescribing providers and to affected members.
Diabetes				
<i>Diabetes, Oral</i>	JARDIANCE	Tier 2		<ul style="list-style-type: none"> • Changing to Tier 2 (from Tier 3) with step therapy after <i>metformin</i> effective February 1. • Sending additional communications to pharmacies and affected members.
Enzyme Replacement				
<i>Enzyme Replacement</i>	CERDELGA	Tier 4	PRIOR   SPECIALTY	<ul style="list-style-type: none"> • Adding prior authorization effective February 1.
Gout				
<i>Gout</i>	MITIGARE	Tier 3	PRIOR 	<ul style="list-style-type: none"> • Adding prior authorization effective March 1. • Reserved for patients who have tried and failed COLCRYS 0.6mg, with significant clinical rationale suggesting improved outcomes with MITIGARE. • Additional communications will be sent to top prescribing providers and to affected members.
Growth Hormone				
<i>Growth Hormone</i>	NORDITROPIN	Medical Benefit	PRIOR  GH	<ul style="list-style-type: none"> • Added as the covered growth hormone drug replacing OMNITROPE effective January 1. • Requires prior authorization.
<i>Growth Hormone</i>	OMNITROPE	Not Covered	GH	<ul style="list-style-type: none"> • No longer the covered growth hormone drug effective January 1; replaced by NORDITROPIN. • Additional communications were sent to top prescribing providers and to affected members.

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Therapeutic Class /Subclass	Medication	Copay/ Tier	Status	Notes
Heart Health				
<i>Blood Pressure, Beta Blockers</i>	HEMANGEOL	Tier 3	PRIOR ✓	<ul style="list-style-type: none"> • Adding prior authorization effective March 1. • Reserved for patients who have tried and failed <i>propranolol oral solution</i>, with significant clinical rationale suggesting improved outcomes with HEMANGEOL. • Additional communications will be sent to top prescribing providers and to affected members.
<i>Blood Pressure, Other</i>	NORTHERA	Tier 4	PRIOR ✓  SPECIALTY	<ul style="list-style-type: none"> • Adding prior authorization effective March 1.
Pain				
<i>Pain, Opioids</i>	ABSTRAL	Tier 4	PRIOR ✓ # LIMIT	<ul style="list-style-type: none"> • Adding prior authorization effective March 1 to transmucosal immediate-release fentanyl products. • Reserved for breakthrough cancer pain in opioid-tolerant patients who have tried and failed two preferred products or with contraindications to their use. • Quantity limits continue to apply to some strengths. • Additional communications will be sent to top prescribing providers and to affected members.

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Therapeutic Class /Subclass	Medication	Copay/ Tier	Status	Notes
Pain				
<i>Pain, Opioids</i>	ACTIQ	Tier 3	PRIOR   LIMIT	<ul style="list-style-type: none"> • Adding prior authorization effective March 1 to transmucosal immediate-release fentanyl products. • Reserved for breakthrough cancer pain in opioid-tolerant patients who have tried and failed two preferred products or with contraindications to their use. • Quantity limits continue to apply to 200 mcg and 400 mcg strengths. • Additional communications will be sent to top prescribing providers and to affected members.
<i>Pain, Opioids</i>	<i>fentanyl lozenge</i>	Tier 3	PRIOR   LIMIT	<ul style="list-style-type: none"> • Adding prior authorization effective March 1 to transmucosal immediate-release fentanyl products. • Reserved for breakthrough cancer pain in opioid-tolerant patients who have tried and failed two preferred products or with contraindications to their use. • Quantity limits continue to apply to some strengths. • Additional communications will be sent to top prescribing providers and to affected members.
<i>Pain, Opioids</i>	FENTORA	Tier 3	PRIOR   LIMIT	<ul style="list-style-type: none"> • Adding prior authorization effective March 1 to transmucosal immediate-release fentanyl products. • Reserved for breakthrough cancer pain in opioid-tolerant patients who have tried and failed two preferred products or with contraindications to their use. • Quantity limits continue to apply to some strengths. • Additional communications will be sent to top prescribing providers and to affected members.

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Therapeutic Class /Subclass	Medication	Copay/ Tier	Status	Notes
Pain				
<i>Pain, Opioids</i>	LAZANDA	Tier 3	PRIOR   LIMIT	<ul style="list-style-type: none"> • Adding prior authorization effective March 1 to transmucosal immediate-release fentanyl products. • Reserved for breakthrough cancer pain in opioid-tolerant patients who have tried and failed two preferred products or with contraindications to their use. • Quantity limits continue to apply. • Additional communications will be sent to top prescribing providers and to affected members.
<i>Pain, Opioids</i>	ONSOLIS	Tier 3	PRIOR   LIMIT	<ul style="list-style-type: none"> • Adding prior authorization effective March 1 to transmucosal immediate-release fentanyl products. • Reserved for breakthrough cancer pain in opioid-tolerant patients who have tried and failed two preferred products or with contraindications to their use. • Quantity limits continue to apply to some strengths. • Additional communications will be sent to top prescribing providers and to affected members.
<i>Pain, Opioids</i>	SUBSYS	Tier 3	PRIOR   LIMIT	<ul style="list-style-type: none"> • Adding prior authorization effective March 1 to transmucosal immediate-release fentanyl products. • Reserved for breakthrough cancer pain in opioid-tolerant patients who have tried and failed two preferred products or with contraindications to their use. • Quantity limits continue to apply to some strengths. • Additional communications will be sent to top prescribing providers and to affected members.


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Therapeutic Class /Subclass	Medication	Copay/ Tier	Status	Notes
Pain				
<i>Pain, Other</i>	<i>tramadol</i>	See specific drug/ strength on drug list	# LIMIT	<ul style="list-style-type: none"> Limiting <i>tramadol immediate-release tablets</i> to 400mg (8 tablets) per day, <i>tramadol extended-release</i> to 300mg per day, and <i>tramadol-acetaminophen</i> to 8 tablets per day effective March 1. Additional communications will be sent to top prescribing providers and to affected members.
Seizures/Epilepsy				
<i>Seizures/Epilepsy</i>	QUDEXY XR	Tier 3	PRIOR ✓	<ul style="list-style-type: none"> Adding prior authorization effective March 1. Reserved for patients who have tried and failed <i>topiramate immediate-release tablets</i>, with significant clinical rationale suggesting improved outcomes with QUDEXY XR. Additional communications will be sent to top prescribing providers and to affected members.
<i>Seizures/Epilepsy</i>	<i>topiramate xr</i>	Tier 3	PRIOR ✓	<ul style="list-style-type: none"> Adding prior authorization effective March 1. Reserved for patients who have tried and failed <i>topiramate immediate-release tablets</i>, with significant clinical rationale suggesting improved outcomes with <i>topiramate xr</i>. Additional communications will be sent to top prescribing providers and to affected members.
<i>Seizures/Epilepsy</i>	TROKENDI XR	Tier 3	PRIOR ✓	<ul style="list-style-type: none"> Adding prior authorization effective March 1. Reserved for patients who have tried and failed <i>topiramate immediate-release tablets</i>, with significant clinical rationale suggesting improved outcomes with TROKENDI XR. Additional communications will be sent to top prescribing providers and to affected members.
Skin Conditions				
<i>Acne, Topical</i>	FABIOR	Tier 3	PRIOR ✓ # LIMIT	<ul style="list-style-type: none"> Adding prior authorization effective March 1. Reserved for patients who have tried and failed TAZORAC, with significant clinical rationale suggesting improved outcomes with FABIOR. Additional communications will be sent to top prescribing providers and to affected members.

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Therapeutic Class /Subclass	Medication	Copay/ Tier	Status	Notes
Skin Conditions				
<i>Antifungals, Topical</i>	JUBLIA	Tier 3	PRIOR ✓	<ul style="list-style-type: none"> • Adding prior authorization effective March 1. • Reserved for members with an inadequate response to oral <i>terbinafine</i> (or with contraindications to its use) and topical <i>ciclopirox</i> (generic PENLAC). • Additional communications will be sent to top prescribing providers and to affected members.
<i>Antifungals, Topical</i>	KERYDIN	Tier 3	PRIOR ✓	<ul style="list-style-type: none"> • Adding prior authorization effective March 1. • Reserved for members with an inadequate response to oral <i>terbinafine</i> (or with contraindications to its use) and topical <i>ciclopirox</i> (generic PENLAC). • Additional communications will be sent to top prescribing providers and to affected members.
<i>Corticosteroids, Topical</i>	LOCOID LOTION	Tier 3	PRIOR ✓	<ul style="list-style-type: none"> • Adding prior authorization effective March 1. • Reserved for patients who have tried and failed two preferred (Tier 1 or Tier 2) topical steroids. • Additional communications will be sent to top prescribing providers and to affected members.
Weight Loss				
<i>Weight Loss</i>	<i>diethylpropion</i>	Tier 3	# LIMIT	<ul style="list-style-type: none"> • Limiting to a duration of one year beginning March 1. • Additional communications will be sent to top prescribing providers and to affected members.



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