

# Prescription Benefit Updates

## Second 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 most 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.
- All drugs are limited to a 30-day supply.

Therapeutic Class/Subclass	Medication	Copay/Tier	Status	Notes
<b>Anti-Infective</b>				
<i>Antiviral, Hepatitis C</i>	HARVONI	\$\$\$\$ Tier 4		<ul style="list-style-type: none"> <li>• Adding as a Tier 4 specialty drug for Hepatitis C effective February 24, 2015.</li> <li>• Requires prior authorization.</li> </ul>
<i>Antiviral, HIV</i>	EVOTAZ	\$\$\$\$ Tier 4		<ul style="list-style-type: none"> <li>• Adding as a Tier 4 specialty drug.</li> </ul>
<i>Hepatitis C</i>	OLYSIO	\$\$\$\$ Tier 4		<ul style="list-style-type: none"> <li>• Updated prior authorization criteria, effective February 24, 2015.</li> </ul>
<i>Antiviral, HIV</i>	PREZCOBIX	\$\$\$\$ Tier 4		<ul style="list-style-type: none"> <li>• Adding as a Tier 4 high-cost drug.</li> </ul>
Therapeutic Class/Subclass	Medication	Copay/Tier	Status	Notes

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	SOVALDI	\$\$\$\$ Tier 4		<ul style="list-style-type: none"> <li>Updated prior authorization criteria effective February 24, 2015.</li> </ul>
<i>Antiviral, Hepatitis C</i>	VIEKIRA	\$\$\$\$ Tier 4		<ul style="list-style-type: none"> <li>Adding as a Tier 4 specialty drug effective February 24, 2015.</li> <li>Requires prior authorization.</li> <li>Harvoni is preferred.</li> </ul>
<i>Antiviral, HIV</i>	VITEKTA	\$\$\$\$ Tier 4		<ul style="list-style-type: none"> <li>Adding as a Tier 4 high-cost drug.</li> </ul>
<b>Women's Health</b>				
<i>Hormone Replacement</i>	Estradiol twice weekly patch	\$ Tier 1		<ul style="list-style-type: none"> <li>Adding Estradiol twice weekly patch (generic Vivelle Dot) to Tier 1.</li> </ul>
<b>Sleep Disorders</b>				
<i>Insomnia</i>	BELSOMRA	\$\$\$ Tier 3		<ul style="list-style-type: none"> <li>Requires prior authorization effective April 1.</li> <li>Reserved for patients who have tried and failed alternatives from each of the following two classes: a benzodiazepine for insomnia (such as temazepam) &amp; a non-benzodiazepine for insomnia (such as zolpidem).</li> <li>Has quantity limits based on FDA-maximum dosing recommendations of 20mg per day.</li> </ul>
<b>Cancer</b>				
	BOSULIF	\$\$\$\$ Tier 4		<ul style="list-style-type: none"> <li>Updated prior authorization criteria.</li> </ul>
	COMETRIQ	\$\$\$\$ Tier 4		<ul style="list-style-type: none"> <li>Updated prior authorization criteria.</li> </ul>
	ERIVEDGE	\$\$\$\$ Tier 4		<ul style="list-style-type: none"> <li>Updated prior authorization criteria.</li> </ul>
	GILOTRIF	\$\$\$\$ Tier 4		<ul style="list-style-type: none"> <li>Updated prior authorization criteria.</li> </ul>

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	IBRANCE	\$\$\$\$ Tier 4		<ul style="list-style-type: none"><li>• Adding Ibrance as a Tier 4 specialty drug.</li><li>• Reserved for use in combination with letrozole for the treatment of postmenopausal women with estrogen receptor (ER)-positive, human</li></ul>

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	MEKINIST	\$\$\$\$ Tier 4		<ul style="list-style-type: none"><li>Updated prior authorization criteria.</li></ul>
	POMALYST	\$\$\$\$ Tier 4		

Canceled 26 >>BDG /CS042672-16-4319-1-son/TT21 T50.96-590 9.96 153.84 579.48 Tm [(T)5.1(A)0.7  
TAF /AMED 1-BDG -0.005-Tc 0.008 W 90 0.923 Tier 4

Therapeutic Class/Subclass	Medication	Copay/ Tier	Status	Notes
	KITABIS	\$\$\$\$ Tier 4		<ul style="list-style-type: none"> <li>Updated prior authorization criteria.</li> </ul>
<b>Diabetes</b>				
	Glyburide and combinations	\$\$\$ Tier 3		<ul style="list-style-type: none"> <li>Glyburide has been moved to Tier 3 because the drug is not as safe as other drugs in this drug class.</li> <li>Updated applies to Glyburide and combinations.</li> <li>Current members can remain on the product through 2015.</li> </ul>
	TRULICITY	\$\$ Tier 2		<ul style="list-style-type: none"> <li>Adding as a Tier 2 preferred brand-name drug.</li> <li>Requires prior authorization.</li> <li>Reserved for patients with an inadequate response with exenatide (Byetta or Bydureon) and liraglutide (Victoza), or medical contra-indications to their use.</li> </ul>
<b>Multiple Sclerosis</b>				
	COPAXONE	\$\$\$\$ Tier 4		<ul style="list-style-type: none"> <li>Adding 40mg as a Tier 4 specialty drug effective March 1.</li> <li>Both the 20mg and the 40mg strength are available with the same formulary status.</li> </ul>
	PLEGRIDY	\$\$\$\$ Tier 4		<ul style="list-style-type: none"> <li>Adding Interferon beta-1a (Plegridy) SQ, for multiple sclerosis, as a Tier 4 specialty drug.</li> <li>Requires prior authorization.</li> <li>Reserved for: (1) prescribing by Neurology, and (2) patients with relapsing-remitting forms of multiple sclerosis, and (3) patients with an inadequate response to Rebif AND Copaxone, and (4) and a documented medical necessity requiring fewer injections.</li> </ul>
<b>Other Conditions</b>				
	ESBRIET	\$\$\$\$ Tier 4		<ul style="list-style-type: none"> <li>Adding as a Tier 4 specialty drug.</li> <li>Requires prior authorization.</li> <li>Reserved for prescribing by Pulmonary specialists for patients with mild-to-moderate idiopathic pulmonary fibrosis.</li> </ul>
	OFEV	\$\$\$\$ Tier 4		<ul style="list-style-type: none"> <li>Adding Ofev as a Tier 4 specialty drug.</li> <li>Requires prior authorization.</li> <li>Reserved for prescribing by Pulmonary specialists, for patients with mild-to-moderate idiopathic pulmonary fibrosis.</li> <li>Approvals are for one year, with re-authorizations per provider attestation that the patient continues to benefit.</li> </ul>

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Therapeutic  
Class/Subclass