

## EHIM 2012 Drug List Reference Guide

EHIM is pleased to introduce this Drug List Reference Guide as a useful educational tool for prescribers, pharmacists and members. Our formulary is a regularly updated list of FDA-approved medications reviewed by the EHIM Pharmacy and Therapeutics Committee. Preferred medications are selected based on clinical effectiveness and safety in combination with cost savings. The attached Drug List Reference Guide will assist in maintaining the quality of care for our members while containing out of pocket costs for members.

EHIM's Formulary is divided into major therapeutic categories for ease of use. Drugs are identified according to whether they are part of the \$0 Copay Program (Tier 1); Generics (Tier 2), Preferred Brands (Tier 3), Non-Preferred Brands (Tier 4), or Specialty Medications (Tier 5).

**Tier 1:** These medications are available to members for a \$0 copay. Medications in this tier include select over-the-counter (OTC) medications (when physician writes a prescription for the OTC medication), medications identified as "preventive" under the Patient Affordability Act, and other specifically identified generics as part of EHIM's "No Pay Copay" Program (when filled at participating "No Pay Copay" pharmacies).

**Tier 2:** These medications are available to members for a \$10 copay up to 30 day supply, 31-90 day supply \$20 copay. These drugs have a proven record of safety and effectiveness and offer the best value for members. Generic drugs that are not specifically included in Tier 1 will be included in Tier 2.

**Tier 3:** These Single Source Preferred medications are available to member for a \$30 copay up to 30 day supply, 31-90 day supply \$60 copay. Tier 3 drugs also have a record of safety and effectiveness. Tier 3 medications are traditionally brand name medications and may commonly be referred to as Preferred Brands.

**Tier 4:** These Non-Preferred medications are available to member for a \$50 copay up to 30 day supply, 31-90 day supply \$100 copay. Medications assigned to Tier 4 will have higher copay associated with them. In many cases, a generic version of the medication is available or an alternative therapy will be available for a lesser copay. Tier 4 medications may commonly be referred to as Non Preferred Brands.

**Tier 5:** These Specialty medications are available to member for a 20% with \$100 min. and \$200 max. copay up to 30 day supply, 31-90 day supply 20% with \$200 min. and \$400 max. Tier 5 medications may also be referred to as Specialty Medications and may require the member to pay a percentage of the cost of the medication. **Bay County** members who have specific medical conditions that require Specialty Medications are encouraged to contact EHIM at 1-800-311-3446. EHIM will identify if there are any opportunity areas with the therapies utilized to try and incorporate the appropriate assistance program.

Prior authorization may be necessary for coverage of certain medications as noted in this Drug Reference Guide or in your member handbook. In these cases, specific clinical criteria must be met and reviewed before coverage is determined.

Please note that this Guide contains the most widely utilized medications, but may not include all medications on the market. If you have a question regarding a specific medication not listed, please contact EHIM's Pharmacy Help Desk at 800-311-3446 at any time for assistance. Our helpdesk is available 24 hours per day, 7 days per week, 365 days per year.

**EHIM reserves the right to add, delete or update this Guide as medications become available generically or new drugs are introduced to the market. This Guide is subject to FDA regulations and recommendations up to and including any future withdrawals of drugs from the market.**

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**Tier 1 Medications - \$0 Copay Drugs**

The following medications are classified as Tier 1 medications and available for a \$0 copayment (you must have a prescription written by your physician to present to the pharmacy):

BRAND NAME	GENERIC NAME	INDICATION	QUALIFICATION FOR \$0 COPAY
Aspirin 325mg, 325mg EC, 81mg EC		Preventive	Males between age of 49-79 Females between age of 55-79
Folic Acid .4 & .8		Preventive	Female between age of 12 - 60
Ferrous Sulfate		Preventive	Ages 6 mos - 12 mos
Fluoride		Preventive	Ages 6 mos - 2 years
Fluoride Tablets		Preventive	Ages 6 mos - 2 years
Axid AR 75mg	nizatidine	Anti-ulcer	Dr. must write OTC on prescription
Pepcid 10mg (Complete and AC) only	famotidine	Anti-ulcer	Dr. must write OTC on prescription
Prevacid 15mg	lansoprazole	Anti-ulcer	Dr. must write OTC on prescription
Prilosec OTC 20mg	omeprazole magnesium	Anti-ulcer	Dr. must write OTC on prescription
Tagamet HB 100mg & 200mg	cimetidine	Anti-ulcer	Dr. must write OTC on prescription
Zantac 75mg & 150mg	ranitidine	Anti-ulcer	Dr. must write OTC on prescription
Zegerid 20mg	omeprazole/sodium bicarbonate	Anti-ulcer	Dr. must write OTC on prescription
Alavert	loratadine	Antihistamine	Dr. must write OTC on prescription
Alavert D	loratadine D	Antihistamine	Dr. must write OTC on prescription
Benadryl	diphenhydramine	Antihistamine	Dr. must write OTC on prescription
Claritin	loratadine	Antihistamine	Dr. must write OTC on prescription
Claritin D	loratadine D	Antihistamine	Dr. must write OTC on prescription
Zyrtec	cetirizine HCL	Antihistamine	Dr. must write OTC on prescription
Zyrtec D	cetirizine HCL / P-Ephed HCL	Antihistamine	Dr. must write OTC on prescription
All Branded Products & Generic versions	Nicotine Gums OTC	Anti-smoking	Dr. must write OTC on prescription
All Branded Products & Generic versions	Nicotine Patches	Anti-smoking	Dr. must write OTC on prescription
Commit Lozenges		Anti-smoking	Dr. must write OTC on prescription

In addition to the medications listed above, your program allows you to receive medications that are part of discount generic programs (i.e. Wal-Mart generic program) for a \$0 copay *when dispensed through a participating pharmacy that offers a discount generic program*. Participating pharmacies include:

- Dominicks
- Giant Eagle
- Kroger
- Monitor Pharmacy
- Safeway
- Sam's Club
- Target
- Wal-Mart
- Wegmans

You may obtain the full list of drugs that qualify at each of these retailers' websites or by calling EHIM's Pharmacy Help Desk at 800-311-3446.

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**Tier 2 Medications - Generics**

All covered GENERIC medications fall in Tier 2 and are available for a \$10.00 copayment for a 30 day supply (\$20.00 copayment for 31-90 day supply if filled as a maintenance supply).

**Tier 3 Medications - Single Source Preferred Brand Medications**

All covered Single Source Brand medications (brand medications that do not have a generic equivalent available) and are not listed as Tier 4, Tier 5, or Excluded medications will fall in Tier 3 and available for a \$30.00 copayment for up to 30 day supply (\$60.00 copayment for 31-90 day supply if filled as a maintenance supply).

Examples of commonly used Medications that will be found on Tier 3 (this list is NOT all inclusive):

Actos (diabetes)	Byetta (diabetes)	EpiPen	Plavix (anti-platelet)
Advair (asthma)	Chantix (anti-smoking)	Effient (anti-platelet)	Singulair (asthma)
All Diabetic Insulins	Diovan (blood pressure)	Nuvaring (contraception)	
Asthma Inhalers	Effient (anti-platelet)	OrthoEvra Patch (contraception)	

**Tier 4 Medications - Non Preferred Brand Medications**

The following medications are known as Non Preferred Brand medications. Medications that fall under Tier 4 are available for a \$50 copayment for up to 30 day supply (\$100 copayment for 31-90 day supply). If you are utilizing a Non-Preferred Brand medication you may want to speak with your physician to determine if there is an alternative therapy that provides the same therapeutic efficacy, but is available at a lower cost to you.

ANALGESICS/NARCOTICS		
Abstral (fentanyl)	Exalgo (hydromorphone XR)	Oxycontin (oxycodone)
Actiq (fentanyl lozenge)	Fentora (fentanyl buccal)	Rybix ODT (tramadol)
Avinza (morphine)	Kadian (morphine)	Ryzolt (tramadol)
Butrans (buprenorphine)	Nucynta (tapentadol)	Suboxone (buprenorphine/naloxone)
Demerol (meperidine)	Onsolis (fentanyl buccal)	Ultram ER (tramadol)
Embeda (morphine/naltrexone)	Opana, Opana ER (oxycodone)	
ANTI-ACNE/ANTIBACTERIALS/TETRACYCLINES		
Adoxa (doxycycline)	Minocin (minocycline)	Oracea (doxycycline)
Doryx (doxycycline)	Monodox (doxycycline)	Solodyn (minocycline)

<b>ANTI-ACNE TOPICAL PRODUCTS</b>		
Acanya (clindamycin/benz. perox)	Brevoxyl (benzoyl peroxide)	Neobenz Micro (benzoyl peroxide)
Akne-Mycin (erythromycin)	Clinac (benzoyl peroxide)	RE Benzoyl Peroxide
Atralin (tretinoin)	Clindagel (clindamycin)	Refissa (emollient tretinoin)
Avage (tazarotene)	Desquam (benzoyl peroxide)	Renova (emollient tretinoin)
Avita (tretinoin)	Differin (adapalene)	Retin-A Micro (tretinoin)
Azelex (azelaic acid)	Duac (clindamycin/benz.perox)	Tazorac (tazarotene)
Benzaclin (clindamycin/benz.perox)	Epiduo (adapalene/benz. perox)	Tretin-X (tretinoin)
Benzamycin (erythromycin/benz.perox)	Evoclin (clindamycin)	Triaz (benzoyl peroxide)
Benziq (benzoyl peroxide)	Finacea, Finacea Plus (azelaic acid)	Ziana (clindamycin/tretinoin)
<b>ANTI-ARTHRITICS</b>		
Arthrotec (diclofenac/misoprostol)	Lidoderm Patch (lidocaine)	Solaraze 3% Gel (volatren)
Cambia (diclofenac) Packets	Naprelan (naproxen)	Vimovo (naproxen, esomeprazole)
Celebrex (celecoxib)	Nexcede (ketoprofen) Film	Volatren Gel (diclofenac)
Flector Patch (diclofenac)	Pennsaid Topical Solution (diclofenac)	Zipsor (diclofenac)
Indocin (indomethacin) supp	Siprix Nasal Spray (ketorolac)	
<b>ANTI-CONVULSANT / SEIZURES</b>		
Carbatrol (carbamazepine)	Gabitril (tiagabine)	Lyrica (pregabalin)
Diastat Rectal Delivery System (diazepam)**	Keppra XR (levetiracetam)	Phenytek (phenytoin)*
Dilantin (phenytoin)*	Lamictal XR (lamotrigine)	Tegretol XR (carbamazepine)
<i>*Allow maintenance if always on brand phenytoin</i>	<i>**Pediatric patients with status epilepticus</i>	
<b>ANTIGLAUCOMA / OPHTHALMIC AGENTS</b>		
Alphagan, Alphagan P (brimonidine)	Betoptic-S (betaxolol)	Lumigan (bimatoprost)
Azopt (brinzolamide)	Combigan (brimonidine/timolol)	Pilopine (pilocarpine)
Betimol (timolol hemihydrate)	Istalol (timolol)	Travatan, Travatan Z (travoprost)
<b>ANTIHISTAMINES</b>		
Clarinet (desloratadine)	Semprex D (acrivastine/pse)	Xyzal (levocetirizine)
Clarinet D (desloratadine/pse)		
<b>ANTIHISTAMINES/OPHTHALMIC AGENTS</b>		
Alamast (pemirolast)	Alrex (loteprednol)	Emadine (emedastine)
Alocril (nedocromil)	Bepreve (bepotastine)	Pataday (olopatadine)
Alomide (lodoxamide)	Elestat (epinastine)	Patanol (olopatadine)

<b>ANTIHYPERENSIVES/ANGIOTENSION RECEPTOR BLOCKERS &amp; RENIN INHIBITORS</b>		
Amturnide (aliskerin, amlodipine, HCTZ) Atacand, Atacand HCT (candesartan) Avapro, Avalide (irbesartan) Benicar, Benicar HCT (olmesartan)	Edarbi (azilsartan) Exforge, Exforge-HCT (valsartan,) Micardis, Micardis HCT (telmisartan) Tekamlo (aliskerin, amlodipine)	Tekturna, Tekturna-HCT (aliskerin) Tevetan, Tevetan HCT (eprosartan) Twynsta (telmisartan, amlodipine) Valturna (valsartan, aliskerin)
<b>ANTIHYPERTENSIVES/BETA-BLOCKERS</b>		
Bystolic (nebivolol)	Coreg CR (carvedilol)	
<b>ANTI-INFLAMMATORY/OPHTHALMIC AGENTS</b>		
<b>Steroidal</b> Alrex (loteprednol) Durezol (difluprednate) Flarex (fluorometholone) FML, FML Forte (fluorometholone)	Lotemax (loteprednol) Pred Mild (prednisolone acetate) Maxidex (dexamethasone) Vexol (rimexolone)	<b>Non-Steroidal</b> Acuvail (ketorolac) Nevanac (nepafenac) Restasis (cyclosporine) Xibrom (bromfenac)
<b>ANTI-INFLAMMATORY &amp; ANTI PRURITIC &amp; TOPICAL PRODUCTS</b>		
Analpram-HC, Analpram-E (hydrocort, pram) ApexiCon E (diflorasone) Capex Shampoo (fluocinolone) Carmol-HC (hydrocort, urea) Clobex Lotion, Shampoo, Spray (clobetasol) Cloderm (clocortolone) Cordran (flurandrenolide) Cortifoam Aerosol (hydrocortisone) Derma Smooth Oil (fluocinolone)	Desonate (desonide) Epifoam (hydrocortisone, pramoxine) Halog (halcinonide) Kenalog Aerosol (triamcinolone) Lida Mantle HC (hydrocortisone, lidocaine) Locoid Lotion (hyd cort butyrate) Locoid Lipocream (hydrocort butyrate) Luxiq Foam (betamethasone valerate) Olux E (clobetasol)	Pandel (hydrocortisone buteprate) Cream Pramosone, Pramosone E (hydrocort, pramoxine) Prudoxin (doxepin) cream Taclonex (betamethasone, calcipotriene) Vanos (fluocinonide) Vanoxide-HC (hydrocortisone, benzoyl peroxide) Verdeso Foam (desonide) Zonalon (doxepin) cream
<b>ANTI-ULCER-PROTON PUMP INHIBITORS</b>		
Aciphex (rabeprazole) Dexilant (dexlansoprazole)	Nexium (esomeprazole)	Vimovo (esomeprazole/naproxen)
<b>BISPHOSPHONATES</b>		
Actonel (risedronate) [including w/Calcium] Atelvia (risendronate)	Boniva (ibandronate)	Fosamax + D (alendronate w/Vitamin D)

<b>CNS STIMULANTS</b>		
Adipex (phentermine)	Intuniv (guanfacine)	Ritalin LA (methylphenidate)
Concerta (methylphenidate CR)	Kapvay (clonidine)	Strattera (atomoxetine)
Daytrana Patch (methylphenidate)	Metadate CD (methylphenidate)	Vyvanse (lisdexamfetamine)
Desoxyn (methamphetamine)	Nuvigil (armodafinil)	Xyrem (sodium oxybate)
Focalin XR (dexmethylphenidate)	Provigil (modafinil)	
<b>LIPOTROPICS</b>		
Advicor (lovastatin/niacin)	Lipitor (atorvastatin)	Triglide (fenofibrate)
Altoprev (lovastatin XL)	Lipofen (fenofibrate)	Trilipix (fenofibric acid)
Antara (fenofibrate)	Livalo (pitavastatin)	Vytorin (simvastatin/ezetimibe)
Caduet (atorvastatin/amlodipine)	Lovaza (omega-3-acid ethyl esters)	Welchol (colesevelam)
Crestor (rosuvastatin)	Niaspan (niacin XR)	CNS Stimulants
Fenoglide (fenofibrate)	Simcor (simvastatin/niacin)	
Lescol, Lescol XL (fluvastatin)	Tricor (fenofibrate)	
<b>MIGRAINE/TRIPTANS</b>		
Alsuma (sumatriptan)	Maxalt MLT (rizatriptan ODT)	Zomig (zolmitriptan)
Axert (almotriptan)	Relpax (eletriptan)	Zomig ZMT (zolmitriptan ODT)
Frova (frovatriptan)	Sumavel DosePro	
Maxalt (rizatriptan)	Treximet (naproxen/sumatriptan)	
<b>MUSCLE RELAXANTS</b>		
Amrix (cyclobenzaprine)	Flexeril SR (cyclobenzaprine)	Soma (carisoprodol)
Fexmid (cyclobenzaprine)		
<b>NASAL STEROIDS</b>		
Beconase (beclomethasone)	Nasonex (mometasone)	Veramyst (fluticasone)
Nasacort AQ (triamcinolone)	Omnaris (ciclesonide)	
Nasacort HFA (triamcinolone)	Rhinacort AQ (budesonide)	
<b>OVERACTIVE BLADDER</b>		
Detrol, Detrol LA (tolterodine)	Oxytrol (oxybutynin)	Urispas (flavoxate)
Enablex (darifenacin)	Sanctura XR (trospium)	Vesicare (solifenacin)
Gelnique (oxybutynin)	Toviaz (fesoterodine)	
<b>PROSTATE AGENTS/5-ALPHA REDUCTASE INHIBITORS</b>		
Avodart (dutasteride)	Jalyn (dutasteride/tamulosin)	
<b>PROSTATE AGENTS/ALPHA ADRENERGIC BLOCKERS</b>		
Rapaflo (sildenafil)	Uroxatrol (alfuzosin)	Jalyn (dutasteride/tamulosin)

PSYCHOSTIMULANTS/ANTIDEPRESSANTS		
Abilify (aripiprazole) [as an antidepressant]	Luvox CR (fluvoxamine)	Prozac, Prozac Weekly (fluoxetine)
Aplenzin (bupropion)	Oleptro (trazadone ER)	Sarafem (fluoxetine)
Cymbalta (duloxetine)	Paxil, Paxil CR (paroxetine)	Viibryd (vilazodone)
Effexor XR (venlafaxine XR)	Pexeva (paroxetine)	
Lexapro (escitalopram)	Pristiq (desvenlafaxine)	
PSYCHOSTIMULANTS/ANTIPSYCHOTICS		
Abilify (aripiprazole)	Latuda (lurasidone)	Symbyax (fluoxetine/olanzapine)
Geodon (ziprasidone)	Risperdal Consta (risperidone inj)	Zyprexa, Zyprexa Zydis (olanzapine)
Invega (paliperidone)	Saphris (asenapine)	
Invega Sustenna (paliperidone) Inj	Seroquel, Seroquel XR (quetiapine)	
SEDATIVE/NON BARBITUATES		
Ambien CR (zolpidem)	Lunesta (eszopiclone)	Silenor (doxepin)
Doral (quazepam)	Rozerem (ramelteon)	Zolpimist (zolpidem) Oral Spray
Edluar (zolpidem)		

**Tier 5 Medications - Specialty Medications**

The following medications are commonly referred to as Specialty Medications. Specialty Medications can be defined as high cost injectable, oral, infused or inhaled medications that are either self administered or administered by a health care provider. They are medications indicated to treat complex, chronic health conditions. These medications will require a Prior Authorization or special approval in order to be covered. These medications are subject to a 20% with \$100 min. and \$200 max. for 30 day supply (20% with \$200 min. and \$400 max. copayment for 31-90 supply).

ANTI-PARASITICS/ANTHELMINTICS		
Pentamidine Injection	Mepron (Brand)	Nebupent (Brand)
ANTI-VIRAL MEDICATIONS		
Baraclude	Cytovene	Rebetron
Copegus	Epivir	

HIV MEDICATIONS		
Atripla	Invirase	Videx Ec
Aptivus	Kaletra	Viracept
Combivir	Lexiva	Viramune
Crixivan	Norvir	Viread
Emtriva	Prezista	Zerit (Brand)
Epzicom	Retrovir (Brand)	Ziagen
Fortovase		
MISC ANTI INFECTIVES		
Tobi	Vancocin Oral (Brand)	Zyvox (Brand)
SELF ADMINISTERED INJECTABLES		
Actimmune	Humira	Procrit
Aranesp	Infergen	Raptiva
Avonex	Lupron	Rebif
Betaseron	Methotrexate	Roferon-A
Copaxone	Neulasta	Intron A
Enbrel	Neupogen	Kineret
Epogen	Peg-Intron	Leukine
Heparin	Pegasy	Zoladex

**Excluded Medications/Therapy Classes**

The following medications and/or therapy classes are not covered under this Rx program:

- Fertility Medications
- Investigational or Experimental Drugs
- Any drug used for cosmetic purposes (e.g. Rogaine or Minoxidil for baldness)
- Prescription Vitamins (Prenatal vitamins are covered)
- Retin A >19 years old
- Devices/Appliances
- Injectable Impotency Agents
- Injectable Allergens
- Diabetic Supplies (Test Strips & Lancets)

If you have any questions regarding your specific medications or any questions regarding your pharmacy benefits, please contact EHIM's Pharmacy Help Desk at 800-311-3446.