

Pharmacy Changes

Applies to plans with pharmacy benefits administered by Optima Health

The purpose of the following is to communicate pharmacy changes effective **April 1, 2008**:

Note* Pharmacy changes are now made on a quarterly basis with effective dates of:

January 1st, April 1st, July 1st, and October 1st.

Drug Name	Indication or Class	Description of Change	Generic Alternatives	Tier 2 Alternatives
Amrix	Skeletal Muscle Relaxant	Moving from Tier 3 to Tier 4 Non-Formulary(Medicare/Medicaid)	cyclobenzaprine	Skelaxin
Azasite Ophth Soln	Bacterial Conjunctivitis	New drug - Tier 4 (Commercial) Non-Formulary (Medicare/Medicaid)	Ciprofloxacin Erythromycin Gentamicin Sulfacetamide	Vigamox
Azor	Antihypertensive	Moving from Tier 3 to Tier 4 Non-Formulary(Medicare/Medicaid) Step/Edit requirement-must have a trial of 1 generic ACE Inhib and 1 preferred ARB	none	Cozaar + amlodipine ^{SE} Diovan + amlodipine ^{SE}
Exelon Patch	Parkinson's Disease	New delivery system - existing drug. Tier 2 (Comm, Medicare, Medicaid) Tier 3 (Generics Plus Formulary)	none	Exelon Tablets and Soln
Exforge	Antihypertensive	New drug - Tier 4 (Commercial) Non-Formulary(Medicare/Medicaid) Step/Edit requirement-must have a trial of 1 generic ACE Inhib and 1 preferred ARB	none	Cozaar + amlodipine ^{SE} Diovan + amlodipine ^{SE}
Lovaza	Hypertriglyceridemia	Moving from Tier 2 to Tier 4 Currently requires Prior Auth and will maintain the PA status.	gemfibrozil	Tricor
Metrogel 1%	Rosacea / topical antibiotic	Moving from Tier 2 to Tier 4 Non-Formulary(Medicare/Medicaid)	metronidazole gel 0.75%	none
Neupro Patch	Parkinson's Disease	New drug - Tier 4 (Commercial) Non-Formulary(Medicare/Medicaid)	none	Mirapex Requip
Nexavar (Tier 4)	Advanced Renal Cell CA (requires Prior Auth)	Adding new FDA approved diagnosis of Inoperable Hepatocellular CA (still requires Prior Auth)	none	none
Reclast(IV)	Osteoporosis Paget Disease	Medical Benefit Medication - Addition of Prior Auth requirement	none	Fosamax(po)
Xyzal	Antihistamine	New drug - Tier 4 (Commercial) Non-Formulary(Medicare/Medicaid)	none	fexofenadine
Zyflo CR	Chronic Asthma Treatment	Moving from Tier 3 to Tier 4 Non-Formulary(Medicare/Medicaid)	none	Singulair
Zylet Ophth	Ophthalmic Anti-infective and Anti-inflammatory	New drug - Tier 3 (Commercial) Non-Formulary(Medicare/Medicaid)	Maxitrol Vasocidin	TobraDex Poly-Pred
Zyrtec ; Zyrtec D	Antihistamine	Zyrtec and Zyrtec D are going OTC. Both the OTC and Rx versions will be Non-Formulary. They will remain on the Optima Family Care formulary.	hydroxyzine cyproheptadine	

*For Groups without a Four-Tier pharmacy plan, drugs listed as moving to tier 4 will remain at tier 3.

SE – These Alternative Medicines require Step Edit Therapies.

Pharmacy Changes Continued

RECENT GENERIC DRUG RELEASES	
2007	2008
Toprol XL	Kytril - January
Norvasc	Fosamax - February
Ambien	Risperdal - June
Lotrel	
Coreg	

If you have questions or comments regarding these changes,
please contact your Optima Health Network Educator
at 877-865-9075 or visit www.optimahealth.com