

2012 Formulary Changes

This guide includes a summary of selected formulary changes effective January 1, 2012 for the plans listed below.

Plan Name
Community CCRx SM PDP
Today's Options [®] PPO Today's Options [®] PFFS Generations Healthcare HMO Tribute [®] HMO SNP TexanPlus [®] HMO Today's Options [®] HMO

Drugs Removed from the Formulary

The table below is an abridged list of medications that have been removed from the formulary with formulary alternatives.

Drugs Removed from the Formulary	
Drug	Formulary Alternative(s) (Tier)
Android	Androderm (Tier 2), Testim (Tier 3)
Caduet	Amlodipine (Tier 1), Lipitor (Tier 1)
Cimzia	Enbrel (Tier 4) ^{PA} , Humira (Tier 4) ^{PA}
Femara	anastrozole (Tier 1), exemestane (Tier 1)
Fragmin	enoxaparin sodium (Tier 3/4)
HumaLOG	NovoLOG (Tier 2)
Humalog Mix 75/25	NovoLOG Mix 70/30 (Tier 2)
Humalog Mix 50/50	NovoLOG Mix 70/30, Novolin 70/30 (Tier 2)
Humulin N	NovoLIN N (Tier 2)
Humulin R	NovoLIN R (Tier 2)
Humulin 70/30	Novolin 70/30 (Tier 2)
Levaquin	levofloxacin tabs and oral soln (Tier 1), inj (Tier 2)
Lotrel	amlodipine-benazepril (Tier 2)
Lovenox	enoxaparin sodium (Tier 3/4)
Methitest	Androderm (Tier 2), Testim (Tier 3)
Nuvigil	Provigil (Tier 3) ^{PA}
Rythmol SR	propafenone SR (Tier 3)
Sanctura, Sanctura XR	oxybutynin XL (Tier 1), Detrol (Tier 2), Detrol LA (Tier 2), Toviaz (Tier 2), Enablex (Tier 3), trospium (Tier 3) ST
Simponi	Enbrel (Tier 4), Humira (Tier 4)
Treximet	naratriptan (Tier 1), naproxen sodium (Tier 1), sumatriptan (Tier 2), Maxalt and Maxalt MLT (Tier 2)
Ventolin HFA	ProAir HFA (Tier 2), Xopenex HFA (Tier 2)

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Drugs Removed from the Formulary	
Drug	Formulary Alternative(s) (Tier)
Vesicare	oxybutynin XL (Tier 1), Detrol (Tier 2), Detrol LA (Tier 2), Toviaz (Tier 2), Enablex (Tier 3), trospium (Tier 3) ST

PA=Prior Authorization

ST=Step Therapy

Tier 1- (Generic Tier)

Tier 2- (Preferred Brand Tier)

Tier 3- (Non-Preferred Brand Tier)

Tier 4 -(Specialty Tier)

Step Therapy Additions

Step Therapy is the process where a member must try one or more Step 1 drugs before coverage of the Step 2 drug will be provided. For example, a trial of amlodipine (Step 1 drug) is required before coverage of felodipine (Step 2 drug) is provided. The table below is a list of medications that have been added to the Step Therapy program.

Drug Name	Formulary Alternative (Tier)
Aggrenox	Coverage will be provided if step one drug has been tried (at least a 30-day supply in the prior 365 days), including: clopidogrel.
Combivent inhaler	Coverage will be provided if step one drugs have been tried (at least a 30-day supply in the prior 365 days), including: albuterol, levalbuterol, ipratropium, or Spiriva.
Elidel	Coverage will be provided if step one drug has been tried (at least a 14-day supply in the prior 365 days), including: one formulary topical corticosteroid.
FazaClo TBDP	Coverage will be provided if the step one drug has been tried (at least a 60-day supply in the prior 365 days), including: clozapine.
Galantamine, Galantamine SR	Coverage will be provided if step one drug has been tried (at least a 30-day supply in the prior 120 days), including: donepezil.
Lexapro tabs, solution	Coverage will be provided if at least two step one drugs have been tried (at least a 30-day supply of each in the prior 365 days), including: citalopram, paroxetine, sertraline, venlafaxine, or fluoxetine.
Rivastigmine Tartrate CAPS	Coverage will be provided if step one drug has been tried (at least a 30-day supply in the prior 120 days), including: donepezil.

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Strattera CAPS	Coverage will be provided if step one drugs have been tried (at least a 60-day supply in the prior 365 days), including one of the following: amphetamine-dextroamphetamine, dextroamphetamine, or methylphenidate.
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Step therapy applies to new starts only

Step Therapy Removal

The step therapy requirement has been removed from the following drugs.

Step Therapy Removal
Drug Name
Amturnide
Budeprion XL TB24
BuPROPion HCl TB24
Extavia INJ
Latuda
Tekamlo
Tekturna HCT
Valturna
Vancocin

Prior Authorization Changes

This list below reflects both additions of new drugs to the formulary with prior authorization requirements and new prior authorization requirements on drugs that are currently on formulary.

New Prior Authorization
Drug Name
Amphetamine-Dextroamphetamine TABS*
Avita Cream
Carisoprodol*
Chlorzoxazone*
Cyclobenzaprine HCl*
Cyproheptadine Tabs or Syrup*
Dicyclomine HCl Tabs, Caps, Oral Soln*
Diphenoxylate-Atropine Tabs, Oral Soln*
Enjuvia*

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Hydroxyzine HCl Tabs, Oral Soln*
Hydroxyzine Pamoate*
Ketorolac Tromethamine*
Methocarbamol*
Methyldopa TABS*
Methyldopa-Hydrochlorothiazide TABS*
Methylin ER TBCR*
Methylin TABS*
Methylphenidate HCl CR TABS, TBCR*
Orphenadrine, Orphenadrine Citrate CR, Orphenadrine Compound DS, Orphenadrine- Aspirin-Caffeine*
Promethazine HCl*
Premarin TABS*
Premphase TABS*
Prempro TABS*
Symlyn Inj
Tazorac Cream, Gel
Thioridazine Tabs* (applies to new starts only)
Transderm-Scop Patches*
Tretinoin Cream, Gel
Trimethobenzamide Caps*
Zavesca Caps

**PA applies to members 65 years of age and older*

Quantity Limit Changes

Quantity limits were added to oral antihyperglycemic agents in accordance with FDA-approved maximum daily doses.

New Quantity Limits
Drug Name
Glimepiride
GlipiZIDE
GlyBURIDE
MetFORMIN HCl
GlipiZIDE-MetFORMIN HCl
GlyBURIDE-MetFORMIN

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Tier Changes

The table below is an abridged list of medications that have been moved to a higher or lower tier on the 2012 formulary.

Tier Changes		
Drug	2011 Tier	2012 Tier
Aggrenox	Tier 2	Tier 3
Ammonium Lactate Cream/Lotion	Tier 1	Tier 2
Asacol, Asacol HD	Tier 2	Tier 3
Atrovent HFA	Tier 2	Tier 3
Byetta	Tier 2	Tier 3
Calcium Acetate	Tier 2	Tier 3
Calcitonin	Tier 1	Tier 2
Clozapine 100mg, 200mg	Tier 1	Tier 2
Combivent Inhaler	Tier 2	Tier 3
Fluphenazine Decanoate Inj	Tier 1	Tier 2
Fortical	Tier 1	Tier 2
Galantamine	Tier 2	Tier 3
Haloperidol Decanoate Inj	Tier 1	Tier 2
Geodon	Tier 2	Tier 3
Lexapro	Tier 2	Tier 3
Patanol	Tier 2	Tier 3
Plavix*	Tier 2	Tier 3
Prandin	Tier 2	Tier 3
Rivastigmine	Tier 1	Tier 3

*Applies to Community CCRx PDPonly