

Prescription Drug Coverage

Note: Tier 1 – generic; Tier 2 – preferred brand name; Tier 3 non-preferred brand names & specialty drugs

Step Therapy Drug changes effective January 1, 2017

For Minuteman Health (MHI) to cover the Step Therapy drugs listed here, you first must try the corresponding First Line drugs. If MHI has paid a claim for the First Line drug within the previous 180 or 360 days (depending on the First Line drug), then you are eligible for coverage of the Step Therapy drug.

The use of samples does not satisfy the requirements of documented usage of a First Line drug or medical necessity for a Step Therapy drug.

If it is Medically Necessary for you to use a Step Therapy drug before trying a First Line drug, then your doctor can contact MHI to request a medical review.

All new Step Therapy requirements apply only to new prescriptions.

You must try:	First Line Drug(s):	<ul style="list-style-type: none"> • Tretinoin cream and Adapalene cream
Before MHI will cover:	Step Therapy Drug(s)	<ul style="list-style-type: none"> • Adapalene 0.1% lotion • Adapalene 0.3% gel
You must try:	First Line Drug(s):	<ul style="list-style-type: none"> • High dose of Atorvastatin and Rosuvastatin
Before MHI will cover:	Step Therapy Drug(s)	<ul style="list-style-type: none"> • Altoprev • Livalo
You must try:	First Line Drug(s):	<ul style="list-style-type: none"> • Sumatriptan, Naratriptan, Rizatriptan and Zolmitriptan tablets
Before MHI will cover:	Step Therapy Drug(s)	<ul style="list-style-type: none"> • Almotriptan • Frovatriptan • Relpax
You must try:	First Line Drug(s):	<ul style="list-style-type: none"> • Two of the following: Gabapentin, TCA's, Venlafaxine or Duloxetine
Before MHI will cover:	Step Therapy Drug(s)	<ul style="list-style-type: none"> • Gralise
You must try:	First Line Drug(s):	<ul style="list-style-type: none"> • Azelastine and Epinastine eye drops
Before MHI will cover:	Step Therapy Drug(s)	<ul style="list-style-type: none"> • Lastacast • Pazeo
You must try:	First Line Drug(s):	<ul style="list-style-type: none"> • For age 2 and under: First-Omeprazole and First-Lansoprazole
Before MHI will cover:	Step Therapy Drug(s)	<ul style="list-style-type: none"> • Nexium granules

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You must try:	First Line Drug(s):	<ul style="list-style-type: none"> Omeprazole, Pantoprazole, Nexium OTC and Lansoprazole
Before MHI will cover:	Step Therapy Drug(s)	<ul style="list-style-type: none"> Dexilant Prevacid Solutab
You must try:	First Line Drug(s):	<ul style="list-style-type: none"> Zolpidem and Eszopiclone
Before MHI will cover:	Step Therapy Drug(s)	<ul style="list-style-type: none"> Rozerem
You must try:	First Line Drug(s):	<ul style="list-style-type: none"> Loperamide, Diphenoxylate/atropine and Xifaxan 550mg
Before MHI will cover:	Step Therapy Drug(s)	<ul style="list-style-type: none"> Viberzi
You must try:	First Line Drug(s):	<ul style="list-style-type: none"> Montelukast and Zafirlukast
Before MHI will cover:	Step Therapy Drug(s)	<ul style="list-style-type: none"> Zyflo Zyflo CR
You must try:	First Line Drug(s):	<ul style="list-style-type: none"> Proair HFA
Before MHI will cover:	Step Therapy Drug(s)	<ul style="list-style-type: none"> Ventolin
You must try:	First Line Drug(s):	<ul style="list-style-type: none"> Avonex or Copaxone
Before MHI will cover:	Step Therapy Drug(s)	<ul style="list-style-type: none"> Rebif

Tier Changes Effective January 1, 2017

Drug Name	Tier before 1/1/17	Tier on or after 1/1/17
Avonex	Tier 3	Tier 2
Betaseron	Tier 3	Tier 2
Copaxone 20mg	Tier 3	Tier 2
Enbrel	Tier 2	Tier 3
Rebif	Tier 2	Tier 3

Quantity Limit Additions

Starting January 1, 2017, Minuteman Health will add Quantity Limits to the drugs listed below.

Drug Name	Quantity Limit per 30-day supply (unless otherwise specified)
<ul style="list-style-type: none"> Bystolic 2.5mg, 5mg, 10mg Emsam Gralise 300mg 	30 capsules/tablets/patches
<ul style="list-style-type: none"> Bystolic 20mg 	60 tablets

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• Zyflo & Zyflo CR	120 tablets
• Pazeo drops	2.5 mL
• Lumigan drops	5 mL
• Dihydroergotamine nasal	8 mL
• Mupirocin cream	15 grams
• Santyl ointment	90 grams
• Bionect cream	100 grams

New Prior Authorizations (PA) Required Effective January 1, 2017

- Cialis for BPH: *PA thru MHI*
- Alosetron: *PA thru Optum*
- Dulera: *PA thru Optum*
- Evzio: *PA thru Optum*
- Northera: *PA thru Optum*
- Aralast NP, Glassia, Prolastin, Prolastin-C, Zemaira: *PA thru Magellan RX*
- Blinecpto, Inflectra, Lumizyme, Myozyme: *PA thru Magellan RX*

Medications Not Covered

Effective January 1, 2017, the follow medications are not covered. Formulary alternatives are listed below.

- Aloquin: *Alternative is hydrocortisone*
- Amrix: *Alternative is cyclobenzaprine*
- Analpram-HC: *Alternative is hydrocortisone*
- Aplenzin: *Alternative is bupropion ER*
- Cambia: *Alternative is diclofenac*
- Diclofenac 3% gel: *Alternative is fluorouracil*
- Eleton: *Alternative is hydrocortisone*
- Ergomar: *Alternative is sumatriptan*
- Forfivo XL: *Alternative is bupropion ER*
- Glatopa 20mg: *Alternative is Copaxone 20mg*
- Nexium granules: *Not covered for over 2 years of age*
- PruMyx: *Alternative is hydrocortisone*
- Syprine: *Alternative is Depen*
- Vectical: *Alternative is calcipotriene*
- Zipsor: *Alternative is diclofenac*
- Zorvolex: *Alternative is diclofenac*

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Medications Not Covered

Effective January 1, 2017, the follow medications are not covered. Use separate agents.

- Calcipotriene/betamethasone
- Dymista

Plan Exclusions

Effective January 1, 2017, the drugs listed below are **not** a Covered Benefit.

- Cuprimine: *Alternative is Depen*
- Generic Fortamet XR tablets: *Alternative is Generic Glucophage XR*
- Methergine: *Alternative is methylergonovine*
- Omeprazole/sodium bicarbonate tablets: *Alternative is omeprazole*
- Dermazene
- VSL DS #3