



Health Plans

2017 IU HEALTH EMPLOYEE BENEFIT & FORMULARY CHANGES

Please review the changes to the IU Health Plans employee benefit design and prescription formulary outlined below, effective January 1, 2017.

IU Health Plans will send notifications and alternative formulary choices to these specific members and their providers on October 14, 2016.

2017 Benefit Design:

Beginning January 1, 2017, benefit design for the IU Health Employee plan will move from a 4 tier formulary to a 5 tier formulary. The major change involves transitioning the \$4 low cost generic medication list to a Preferred Generic Tier (Tier 1). Most medications on the \$4 list in 2016 will move to Tier 1 of the formulary in 2017.

2016 Formulary Tiers	2017 Formulary Tiers
\$4 Generics	Tier 1 Preferred Generics (Former \$4 Generic List)
Tier 1 Generics	Tier 2 Generics
Tier 2 Preferred Brand	Tier 3 Preferred Brand
Tier 3 Non-Preferred Brand	Tier 4 Non-Preferred Brand
Tier 4 Specialty	Tier 5 Specialty

2017 Benefit Exclusions

In 2017, IU Health Plans will exclude the following therapeutic categories from coverage. Many of these products now have alternative products available Over-The-Counter (OTC) for a lower cost.

Medication Class	Medications Excluded From Coverage
Proton Pump Inhibitors (PPI)	omeprazole (Prilosec), pantoprazole (Protonix), lansoprazole (Prevacid), esomeprazole (Nexium), rabeprazole (Aciphex), dexlansoprazole (Dexilant)
H2 Antagonists	cimetidine (Tagamet), famotidine (Pepcid), nizatidine (Axid), ranitidine (Zantac)
Intranasal Steroids	fluticasone (Flonase, Veramyst), triamcinolone (Nasacort AQ), flunisolide (Nasarel), budesonide (Rhinocort), mometasone (Nasonex), beclomethasone (Beconase, QNASL), ciclesonide (Zetonna, Omnaris)
Hyaluronic Acid Products	Orthovisc, Euflexxa, Synvisc, Supartz, Hyalgan, Gel-One

- Medications listed as benefit exclusions are not eligible for coverage and therefore coverage cannot be requested via the prior authorization and appeals process.

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- Patients enrolled in a benefit plan with a Health Reimbursement Account (HRA) or Health Savings Account (HSA) may request a prescription for an OTC product in order to use HRA or HSA funds.
- Information regarding an OTC coupon program will be mailed to members in December.

2017 Formulary Updates: Non-Formulary Medications

Medications No Longer Covered on the Formulary	
Medication	Recommended Alternatives
ADDERALL XR	Dextroamphetamine/amphetamine ER (Generic Adderall XR)
METFORMIN HCL ER OSM	Metformin ER (Glucophage XR generic)
ONGLYZA	Januvia, Tradjenta, Glyxambi, Janumet, and Jentadueto
KOMBIGLYZE XR	Januvia, Tradjenta, Glyxambi, Janumet, and Jentadueto
DIHYDROERGOTAMINE 4MG/ML SPRAY	Naratriptan, Rizatriptan, Sumatriptan, Zolmitriptan
OSENI	Januvia, Tradjenta, Glyxambi, Janumet, and Jentadueto
AMLODIPINE-ATORVASTATIN	Amlodipine, Atorvastatin
MIGRANAL NASAL SPRAY	Naratriptan, Rizatriptan, Sumatriptan, Zolmitriptan
NAMENDA XR	Memantine
OLANZAPINE-FLUOXETINE HCL	Olanzapine, Fluoxetine
RANITIDINE CAPS	Ranitidine Tablets
FLUOROPLEX	Fluorouracil solution
FLUOROURACIL	Fluorouracil solution
KAZANO	Januvia, Tradjenta, Glyxambi, Janumet, and Jentadueto

2017 Formulary Updates: Prior Authorization and Step Therapy Changes

Medications Requiring Prior Authorization or Step Care Therapy	
Medication	Recommended Alternatives
ACZONE 5% GEL	Benzoyl Peroxide, Topical clindamycin or erythromycin, or Topical tretinoin or adapalene
PAROXETINE ER	Citalopram, Escitalopram, Fluoxetine, Paroxetine, Sertraline
ROPINIROLE ER	Ropinirole
TOLTERODINE TARTRATE ER	Tolterodine



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2017 Formulary Updates: Tier Changes

Medications Moving from Preferred to Non-Preferred Formulary Tier

Medication	Current Tier	Tier as of 1/1/17	Recommended Alternatives
PHENAZOPYRIDINE 200mg	Tier 1	Tier 2	Phenazopyridine 100mg
ARIPIRAZOLE	Tier 2	Tier 4	Olanzapine, Quetiapine, Ziprasidone
PROPRANOLOL HCL	Tier 1	Tier 2	Atenolol, Metoprolol tartrate
MODAFINIL	Tier 2	Tier 4	Methylphenidate ER, Dexmethylphenidate ER,
NIACIN ER	Tier 2	Tier 4	Simvastatin, Atorvastatin, Pravastatin, OTC Niacin
HYDRALAZINE HCL	Tier 1	Tier 2	Hydrochlorothiazide
ACYCLOVIR TOPICAL OINTMENT	Tier 2	Tier 4	Oral Acyclovir
LIDOCAINE 5% PATCH	Tier 2	Tier 4	N/A
SUMATRIPTAN 6 MG/0.5 ML INJECT	Tier 2	Tier 4	Oral Naratriptan, Rizatriptan, Sumatriptan, zolmitriptan
OXYCONTIN	Tier 4	Tier 5	Fentanyl patch, Morphine sulfate ER, Oxycodone ER
VALGANCICLOVIR HCL	Tier 2	Tier 4	N/A
CANASA	Tier 4	Tier 5	Mesalamine, Asacol HD, Delzicol
CLOMIPRAMINE HCL	Tier 2	Tier 4	Olanzapine, Quetiapine, Ziprasidone
METHYLERGONOVINE MALEATE	Tier 2	Tier 4	N/A
RENVELA	Tier 3	Tier 5	Calcium acetate
SUMATRIPTAN 4 MG/0.5 ML INJECT	Tier 2	Tier 4	Oral Naratriptan, Rizatriptan, Sumatriptan, zolmitriptan
AMITIZA	Tier 3	Tier 4 with Step Therapy	Linzess, Movantik
PALIPERIDONE ER	Tier 2	Tier 4	Olanzapine, Quetiapine, Ziprasidone
SUMATRIPTAN 20 MG NASAL SPRAY	Tier 2	Tier 4	Oral Naratriptan, Rizatriptan, Sumatriptan, zolmitriptan
OXYMORPHONE HCL ER	Tier 2	Tier 4	Fentanyl patch, Morphine sulfate ER
VALCYTE	Tier 4	Tier 5	Valganciclovir
ERYPED 400	Tier 4	Tier 5	Erythromycin ethylsuccinate Tablet
ONFI	Tier 4	Tier 5	Lamotrigine, Topiramate, Felbamate
COLISTIMETHATE	Tier 2	Tier 4	N/A
LACRISERT	Tier 3	Tier 4	Restasis
OXYMORPHONE HCL	Tier 2	Tier 4	Morphine, Hydrocodone/APAP, Oxycodone
RENVELA	Tier 3	Tier 4	Calcium acetate
SUMATRIPTAN 5 MG	Tier 2	Tier 4	Oral Naratriptan, Rizatriptan, Sumatriptan,



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Medications Moving from Preferred to Non-Preferred Formulary Tier

Medication	Current Tier	Tier as of 1/1/17	Recommended Alternatives
NASAL SPRAY			zolmitriptan
SUMATRIPTAN 6 MG/0.5 ML SYRNG	Tier 2	Tier 4	Oral Naratriptan, Rizatriptan, Sumatriptan, zolmitriptan

Mandatory Generic Program

Mandatory Generic is a program that encourages the use of generic medicines, which are safe and effective. If a brand medicine is filled when a generic is available, the member pays the brand copay/coinsurance in addition to the difference in cost between the brand and generic (referred to as product selection penalty).

Please note, the product selection penalty may exceed any previously stated copay maximums and the penalty does not apply to member deductible and/or out of pocket amounts.

For questions, please contact our staff at 866.822.6504.

Sincerely,

IU Health Plans
Pharmacy Benefits Department