

Updates to Medica's commercial, IFB, MHCP drug lists
Effective June 1, 2016

Generic name (brand name)	Commercial/ IFB formulary status	Medica MHCP formulary status	Current preferred alternatives	Restrictions and comments	Approved therapeutic indications
methylphenidate XR (Aptensio XR [®])	Commercial/ IFB tier 3	Non- formulary	methylphen- idate CD/ER/LA/SR, Ritalin LA, Quillivant XR		Treatment of attention deficit hyperactivity disorder (ADHD)
ivabradine (Corlanor [®])	Commercial/ IFB tier 2	Formulary		Prior authorization	Treatment of heart failure
daclatasvir (Daklinza [®])	Commercial/ IFB Specialty tier 2	Non- formulary	Sovaldi, Pegasys, PegIntron,riba- virin	Specialty drug; prior authorization	Treatment of hepatitis C genotype 3 in combination with Sovaldi
sacubitril/ valsartan (Entresto [®])	Commercial/ IFB tier 2	Formulary		Prior authorization	Treatment of heart failure
parathyroid hormone (Natpara [®])	Commercial/ IFB Specialty tier 2	Non- formulary	calcium and vitamin D (both available over the counter)	Specialty drug; prior authorization	Treatment of hypocalcemia in patients diagnosed with hypopara- thyroidism as an adjunct to calcium and vitamin D
lumacaftor/ ivacaftor (Orkambi [®])	Commercial/ IFB Specialty tier 1	Formulary Specialty		Specialty drug; prior authorization	Treatment of cystic fibrosis in patients age 12 years and older who are homozygous for the F508del mutation in the CFTR gene
alirocumab (Praluent [®])	Commercial/ IFB Specialty tier 1	Formulary Specialty		Specialty drug; prior authorization	Treatment of hypercholesterol emia in combination with other lipid- lowering therapies
evolocumab (Repatha [®])	Commercial/ IFB Specialty tier 1	Formulary Specialty		Specialty drug; prior authorization	Treatment of hypercholesterol emia in combination with other lipid- lowering therapies

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brexpiprazole (Rexulti [®])	Commercial/ IFB tier 3	Non- formulary	aripiprazole, risperidone, olanzapine, ziprasidone	Quantity limit	Treatment of schizophrenia and adjunctive treatment of major depressive disorder
tiotropium/ olodaterol (Stiolto Respimat [®])	Commercial/ IFB tier 3	Non- formulary	Combivent, ipratropium- albuterol		Treatment of chronic obstructive pulmonary disease
ombitasvir, paritaprevir, and ritonavir (Technivie [®])	Commercial/ IFB Specialty tier 2	Non- formulary	Harvoni	Specialty drug; prior authorization	Treatment of hepatitis C genotype 4 in adults without cirrhosis, in combination with ribavirin
Sumatriptan patch (Zecuity [®])	Commercial/ IFB tier 3	Non- formulary	sumatriptan tablets, injection, nasal spray	Quantity limit	Treatment of migraine headaches