



# 2008 Formulary Changes

The Plan's Formulary is a list of medications that are the most effective for the treatment and diagnosis of disease and maintenance of health according to the clinical judgment of the Practitioner and/or Providers, pharmacists and other health care professionals who helped develop the Plan's Formulary.

**The following changes will be made to the Sanford Health Plan formulary beginning January 1, 2008. Members who have taken any of these drugs since January 1<sup>st</sup>, 2007 will receive a letter from Sanford Health Plan notifying them of the formulary change(s) that directly affect them.** If you feel that the Plan should consider coverage of a medication based on medical necessity for medications **not** on the Formulary, please follow the *Exception to formulary Appeals Process* in your Certificate of Coverage or contact the Health Services Department at 605-328-6807 (toll free at 1-800-805-7938).

For online access to the Plan's Formulary, Pharmacy Network, drug information and education, and your prescription history go to [www.sanfordhealthplan.com](http://www.sanfordhealthplan.com).

Not Covered	Covered
Prevpac	clarithromycin, amoxicillin and Prevacid with prior authorization
Brand name Ambien; Ambien CR (Coverage for those members previously grandfathered for Ambien CR will end effective January 1, 2008)	zolpidem (generic Ambien)
Lybrel	generic oral contraceptives, OrthoNovum, Ortho Evra, Ortho-tricyclen Lo, Yasmin, Yaz
Paxil CR (All current Members using this medication on December 31, 2007 will continue to be authorized for coverage at 3 <sup>rd</sup> tier copay)	paroxetine (generic Paxil), other generic SSRIs
Lexapro (All current Members using this medication on December 31, 2007 will continue to be authorized for coverage at their current copay)	citalopram (generic Celexa), other generic SSRIs
Symbicort	Advair
Vyvanase	methylphenidate, Adderall XR, Concerta, Ritalin LA
Renova	Retin-A Microgel and tretinoin
Coreg, Coreg CR (effective 11/5/07) (All current Members using Coreg CR on November 5, 2007 will continue to be authorized for coverage at 2 <sup>nd</sup> tier copay)	carvedilol (generic Coreg)

Therapeutic Class	Formulary Changes
<b>Acne</b> Retin-A Microgel/ tretinoin	Available to members 30 years old and younger, unless prescribed by a Dermatologist
<b>Antihistamines/ Antihistamines-Decongestants</b> Zyrtec, Zyrtec-D	Dosage forms that become available over the counter will no longer be covered under the prescription benefit. Dosage forms that do not go over the counter will remain covered. It is anticipated that over the counter products will be available in December 2007.
<b>Anitvirals</b> Valtrex	Copay will change to 3 <sup>rd</sup> tier
<b>Bisphosphonates</b> Fosamax	When this drug becomes available generically, a step therapy will be put in place for the remaining name brand drugs. A trial of generic Fosamax will be required before formulary brand Actonel or non-formulary brand Boniva is allowed. This will be for new users only.
<b>Short-acting Beta-Agonists</b> Proair HFA	Will be added to formulary at 2 <sup>nd</sup> tier
<b>HMG (cholesterol lowering medications)</b>	<ol style="list-style-type: none"> <li>The half tablet copay incentive program for Lipitor, Crestor, simvastatin, and lovastatin will end on December 31, 2007. Starting January 1, 2008, only 30 day supplies will be covered.</li> <li>Vytorin will no longer require prior authorization.</li> <li>Members currently taking a brand name HMG (Lipitor, Crestor) who switch to generic simvastatin and members who are starting an HMG for the first time who are prescribed simvastatin, will be able to obtain their first three (3) prescriptions (total of 90 days) for \$0 copay. Continued coverage for this medication will be at the generic copay.</li> </ol>