



Health Plans

2018 COMMERCIAL FORMULARY CHANGES

Please review the changes to the IU Health Plans prescription formulary outlined below, effective January 1, 2018 and approved by the Pharmacy and Therapeutics Committee.

IU Health Plans will send notifications and alternative formulary choices to these specific members and their providers on October 15, 2017.

2018 Formulary Updates: Non-Formulary Medications

Insulins – Novolin, Novolog, and Novolog Mix will be the exclusive regular and rapid-acting insulin products on IU Health Plans’ formularies. Providers will need to convert patients to a Novolin, Novolog, or Novolog Mix product(s) by January 1, 2018. There are no formulary changes impacting basal insulin products.

	Covered	Not Covered
Insulins	Novolin Novolog Novolog Mix Humulin R-500	Afrezza Apidra/Apidra Solostar Humulin Humalog Relion
Basal Insulin (no changes for 2018)	Lantus/Lantus Solostar Levemir/Levemir Flexpen Toujeo Solostar Tresiba FlexTouch	Basaglar

Glucose Monitors and Test Strips – Lifescan One Touch meters and test strips will be the exclusive glucose testing supplies for IU Health Plans Commercial and Medicare formularies. Providers will need to convert patients, including those currently utilizing a Bayer meter/test strip product, to a One Touch product by January 1, 2018.

	Covered	Not Covered
Glucose Monitors and Test Strips	Lifescan One Touch	Accu-Chek Ascensia Bayer (e.g. Contour) Freestyle Precision XTRA True Test/True Metric/True Metrix

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Additional Information for switching your patients to a 2018 covered insulin or glucose meter/test strip

- 1. Write new prescriptions for the above covered products any time prior to January 1, 2018. All the products are currently covered on the IU Health Plans Commercial and Medicare formulary.**
2. Patients may use their remaining supply of insulin or glucose testing products and fill the new prescription for their next refill.
3. IU Health Plans members are eligible to receive one free One Touch Glucose meter per year.
4. IU Health Plans members will be notified of the formulary changes during the Fall of 2017

Additional Medications No Longer Covered on the Formulary	
Medication	Recommended Alternatives
ADAPALENE 0.1% GEL	OTC AVAILABILITY
ADCIRCA	SILDENAFIL, LETAIRIS, TRACLEER
AEROSPAN	ARNUITY, ASMANEX, FLOVENT, PULMICORT, QVAR
AFREZZA, APIDRA, HUMALOG, HUMULIN <i>(HUMULIN R U-500 WILL CONTINUE TO BE COVERED IN 2018)</i>	NOVOLOG, NOVOLIN
ALVESCO	ARNUITY, ASMANEX, FLOVENT, PULMICORT, QVAR
ATACAND/ ATACAND HCT <i>(*MULTI-SOURCE BRAND ONLY)</i>	CANDESARTAN, CANDESARTAN HCT
AVONEX, PLEGRIDY	BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA, TYSABRI
BAYER GLUCOMETERS AND TEST STRIPS	LIFESCAN GLUCOMETERS AND TEST STRIPS
BYDUREON	VICTOZA, TRULICITY
BYETTA	VICTOZA, TRULICITY
DULERA	ADVAIR, BREO ELLIPTA, SYMBICORT
FOSRENOL, VELPHORO	AURYXIA (MOVE TO TIER 3), RENVELA
GLEEVEC <i>(*MULTI-SOURCE BRAND ONLY)</i>	IMATINIB
INCRUSE ELLIPTA	SPIRIVA
LASTACAPT	AZELASTINE, CROMOLYN, EPINASTINE, OLOPATADINE
NORDITROPIN	HUMATROPE
OPSUMIT	SILDENAFIL, LETAIRIS, TRACLEER
PRADAXA	XARELTO, ELIQUIS, WARFARIN
RELISTOR	MOVANTIK

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Additional Medications No Longer Covered on the Formulary

Medication	Recommended Alternatives
TOVIAZ	OXYBUTYNIN, TOLTERODINE, VESICARE
TUDORZA	SPIRIVA

2018 Formulary Updates: Tier Changes

Medications Moving from Lower to Higher Formulary Tier

Medication	Current Tier	Tier as of 1/1/18
ALENDRONATE TAB 35MG	Tier 1	Tier 2
AMITRIPTYLIN TAB 50MG	Tier 1	Tier 2
BACLOFEN TAB 10MG	Tier 1	Tier 2
ENALAPR/HCTZ TAB 10-25MG	Tier 1	Tier 2
ENALAPR/HCTZ TAB 5-12.5MG	Tier 1	Tier 2
ENALAPRIL TAB 2.5MG	Tier 1	Tier 2
FINASTERIDE TAB 5MG	Tier 1	Tier 2
GENTAMICIN CRE 0.1%	Tier 1	Tier 2
GENTAMICIN OIN 0.1%	Tier 1	Tier 2
HALOPERIDOL TAB 2MG	Tier 1	Tier 2
HALOPERIDOL TAB 5MG	Tier 1	Tier 2
LEVOTHYROXIN TAB 0.025MG	Tier 1	Tier 2
LEVOTHYROXIN TAB 0.05MG	Tier 1	Tier 2
LEVOTHYROXIN TAB 0.075MG	Tier 1	Tier 2
LEVOTHYROXIN TAB 0.088MG	Tier 1	Tier 2
LEVOTHYROXIN TAB 0.112MG	Tier 1	Tier 2
LEVOTHYROXIN TAB 0.125MG	Tier 1	Tier 2
LEVOTHYROXIN TAB 0.15MG	Tier 1	Tier 2
LEVOTHYROXIN TAB 0.1MG	Tier 1	Tier 2
LEVOTHYROXINE	Tier 1	Tier 2
METHYLDOPA TAB 250MG	Tier 1	Tier 2
NAPROXEN SUS 125/5ML	Tier 1	Tier 2
PHENAZOPYRID TAB 100MG	Tier 1	Tier 2

For questions, please contact our staff at 866.822.6504.

Sincerely,

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