

The changes in this bulletin go into effect **October 1, 2018**, unless noted otherwise. They apply to all groups that use the PAI Preferred Drug List.

FREESTYLE LIBRE

Effective immediately, we will allow coverage for the **Freestyle Libre** continuous glucose monitoring (CGM) device under the **pharmacy benefit** with prior authorization. Members must be at least 18 years old to be approved. Coverage includes one receiver per year, as well as monthly supplies.

Member Communications: No member notifications are required.

FORMULARY CHANGES

DRUG LIST EXCLUSIONS

Brand drugs – Please see the attached Excluded Drug List for the products that are being excluded and their covered alternatives.

Member Communications: We will send notification letters to impacted members.

SPECIALTY DRUG LIST ADDITION

Erleada – Effective immediately, we will add this previously excluded product as a non-preferred specialty drug with prior authorization.

Member Communications: No member notifications are required.

PRIOR AUTHORIZATION (PA)

PA LIST ADDITIONS

Condition/Drug Class	Before you have coverage for one of these drugs you must have tried one (or more) of these alternative drugs first.
Irritable Bowel Syndrome <i>(diarrhea predominant)</i>	Xifaxan 550mg	loperamide, diphenoxylate/atropine

Member Communications: We will send notification letters to impacted members.

STEP THERAPY

STEP THERAPY LIST ADDITIONS

Condition	First-Choice Drugs You must try one or more of these drugs first, or your doctor must request an override for you ...	Second-Choice Drugs ... before you can get coverage for these drugs.
Diabetes	metformin	Bydureon/BCise, Victoza

Member Communications: This update, which went into effect on May 30, 2018, only affects members who are new to therapy; thus, no notifications to current members were required.

QUANTITY MANAGEMENT

QUANTITY LIMITS LIST ADDITIONS

Santyl – We will add a quantity limit of 60 grams per month. Requests for larger quantities require prior authorization.

Member Communications: We will send notification letters to impacted members.

Please direct questions to your PAI Representative.

Drugs Excluded as of October 1, 2018

Excluded Product	Covered Alternatives
Alora	estradiol patch
Altoprev	lovastatin
Aptensio XR	methylphenidate er, dexamethylphenidate dr
Binosto	alendronate, ibandronate
Bunavail	buprenorphine/naloxone
Colcrys	colchicine
Conzip	tramadol, tramadol er, morphine sulfate, oxymorphone
Divigel	estradiol
Dyanavel XR	amphetamine mix er, dextroamphetamine, methylphenidate suspension
Elestrin	estradiol patch
Epaned	enalapril
Evekeo	amphetamine mix er, dextroamphetamine-amphetamine/er
Hycofenix	codeine, guaifenesin, pseudoephedrine
Lipofen	fenofibrate, fenofibric acid, gemfibrozil
Minitran	nitroglycerin patch
Minivelle	estradiol patch
Mitigare	colchicine
Moxatag	amoxicillin
Nalfon	naproxen, ibuprofen, diclofenac
Nitro-Dur	nitroglycerin patch
Nitroglycerin lingual	nitroglycerin sl tablet/spray
Pexeva	paroxetine
Prednisone Intensol	prednisone oral solution
Quartette	levonorgestrel/ethinyl estradiol (91-day supply)
Quillichew ER	methylphenidate er, dextroamphetamine-amphetamine/er
Quillivant XR	methylphenidate solution
Rexaphenac	diclofenac topical gel 1%
Silenor	zolpidem, zaleplon
Synera	lidocaine and tetracaine cream
Tivorbex	indomethacin
Trezix	generic APAP, caffeine, dihydrocodeine
Zenedi	dextroamphetamine/er, dextroamphetamine-amphetamine er
Zorvolex	diclofenac, meloxicam
Zuplenz	ondansetron, granisetron