

The changes in this bulletin go into effect **July 1, 2017**, unless noted otherwise. They apply to all groups that use the PAI Preferred Drug List.

FORMULARY CHANGES

SPECIALTY DRUG LIST REMOVALS

Agrylin (anagrelide) – We will remove this drug from the Specialty Drug list. It will be covered as a non-preferred drug.

Member Communications: We will not send member notifications.

EXCLUDED DRUG LIST REMOVALS

Lartuvo – We will cover this drug as a non-preferred specialty drug with prior authorization.

Spinraza – We will cover this drug for members with Type 1 Spinal Muscular Atrophy (SMA) **under the medical benefit only.**

Xiidra – We will cover this drug as a non-preferred brand.

Member Communications: We will not send member notifications.

EXCLUDED DRUG LIST ADDITIONS

Proton Pump Inhibitors (PPIs) – We will exclude most prescription and OTC PPIs (heartburn/reflux medications) from prescription benefit coverage. We are making this formulary change based on the widespread availability of less expensive, over-the-counter alternatives. We will continue to cover prescription **omeprazole** and **pantoprazole** (generic versions of Prilosec and Protonix) under the prescription benefit.

Excluded Drugs (Prescription & OTC)

Aciphex, Dexilant, esomeprazole, First Omeprazole, lansoprazole, Nexium, omeprazole (OTC only), omeprazole/sodium bicarbonate, Prevacid, Prilosec, Protonix, rabeprazole, Zegerid

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

Non-Sedating Antihistamines (NSAs) – We will exclude most prescription and OTC NSAs from prescription benefit coverage. We are making this formulary change based on the widespread availability of less expensive, over-the-counter alternatives. We will continue to cover all formulations of prescription and OTC **cetirizine** and **loratadine** (generic versions of Zyrtec and Claritin)—including combinations with pseudoephedrine—under the prescription benefit.

Excluded Drugs (Prescription & OTC)

Alavert, Allegra, Allegra-D, Clarinex, Clarinex-D, Claritin, Claritin-D, desloratadine, fexofenadine, fexofenadine-pseudoephedrine, Xyzal, Zyrtec, Zyrtec-D

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

EXCLUDED DRUG LIST ADDITIONS (continued)

Compound Bulk Powders – We will exclude coverage of high cost bases, bulk powders and compound kits.

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

Additional Drug Exclusions – We will add these drugs to the Excluded Drug List. All listed alternatives are safe, effective and lower-cost than their excluded counterparts.

Excluded Products	Alternatives
Acticlate	doxycycline, minocycline, tetracycline, erythromycin
Betapace/Betapace AF (sotalol) tablet	sotalol tablet
Cambia	diclofenac potassium, diclofenac sodium, etodolac, etodolac er, flurbiprofen, indomethacin, indomethacin er, ketoprofen, meloxicam, nabumetone, naproxen, naproxen sodium, naproxen sodium cr, oxaprozin, piroxicam
Cafergot (ergotamine w/caffeine) tablet	ergotamine tartrate/caffeine
Dyrenium (triamterene) capsule	hctz/triamterene
EES (erythromycin ethylsuccinate) granules	erythromycin ethylsuccinate suspension
EryPed (erythromycin ethylsuccinate) suspension 200 and 400 mg	erythromycin ethylsuccinate suspension
Lanoxin (digoxin) 125 and 250 mcg tablet	digoxin tablet
Macrodantin (nitrofurantoin) capsules	nitrofurantoin macrocrystals
Miacalcin (calcitonin) injection and nasal spray	calcitonin salmon nasal spray
Uroxatral (alfuzosin) tablet	alfuzosin tablet
Vanoxide-HC (benzoyl peroxide/hydrocortisone) lotion	benzoyl peroxide and hydrocortisone cream (separate products)
Zonegran (zonisamide) 25 and 100mg capsules	zonisamide capsule
Primlev (oxycodone 10mg/APAP 300mg)	oxycodone 10mg/apap 325mg
Innopran XL (propranolol ER)	propranolol er capsule
Inderal LA (propranolol ER)	propranolol er capsule
Tirosint (levothyroxine) capsule	levothyroxine tablet

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

PRIOR AUTHORIZATION (PA)

Buprenorphine/Naloxone Products – We will remove the initial PA requirement for combination buprenorphine/naloxone products (i.e., Suboxone, Bunavail, Zubsolv). The current quantity limit will remain in place for the buprenorphine/naloxone products. The PA requirement will remain in place for buprenorphine-only products (i.e., Subutex).

Member Communications: We will not send member notifications.

QUANTITY MANAGEMENT

We will add these drugs to the Quantity Management program.

Product	Quantity Limit
Emla 2.5%-2.5% cream	30gm / 25 days
lidocaine-prilocaine 2.5-2.5% cream	30gm / 25 days
lidocaine 2% gel	30gm / 25 days
lidocaine 4% gel	30gm / 25 days
lidocaine 5% ointment	50gm / 25 days
lidocaine 4% solution	50mL / 25 days
Pliaglis 7-7% cream	30gm / 25 days
lidocaine-tetracaine 7-7% cream	30gm / 25 days
Synera 70-70mg patch	2 patches / 25 days
lidocaine-tetracaine 70-70mg patch	2 patches / 25 days

Member Communications: We will send notification letters to any current members who are taking more than the new quantity limit.

STEP THERAPY

We will add drugs to existing categories within the Step Therapy program. Drugs displayed in **bold** in the **Second Choice Drugs** column are new to the Step Therapy program.

Condition	First Choice Drugs	Second Choice Drugs
	You must try one (or more) of these drugs first or your doctor must request an exception for you...	...before you can get coverage for these drugs
Acne	generic topical tretinoin	Differin (including adapalene and other generics), Epiduo , Epiduo Forte , Fabior, Tazorac, Tretin-X or Veltin
Behavioral Health	aripiprazole (generic Abilify) AND one of these generics: clozapine, clozapine ODT, olanzapine, paliperidone, quetiapine, quetiapine ext rel, risperidone, ziprasidone	Abilify, Rexulti
	TWO of these generics: aripiprazole, clozapine, clozapine ODT, olanzapine, paliperidone, quetiapine, quetiapine ext rel, risperidone, ziprasidone	Clozaril, Fanapt, Fazaclo, Geodon, Invega, Latuda, Risperdal, Saphris, Seroquel/XR, Versacloz or Zyprexa

Member Communications: We will send notification letters to members using Epiduo and Epiduo Forte. Members using Rexulti will be grandfathered for life and will not receive a notification.

Please direct questions to your PAI Representative.