



Update Bulletin

This information does not apply to Marketplace/Affordable Care Act (ACA) lines of business.

April 19, 2016

SPRING BULLETIN

The changes in this bulletin go into effect this spring and early summer, as noted. They apply to all groups that use the PAI Preferred Drug List, Generics Drug List, Specialty Drug List, Prior Authorization Program, and Quantity Management Program, unless noted otherwise.

FORMULARY EXCLUSIONS

With more drugs being excluded, particularly new-to-market drugs, we are now providing an **Excluded Drug List**. This list will be updated frequently and will be available on each of the company's websites.

Topical Products Added to Excluded Drug List

A growing area of concern about what's driving prescription costs is the introduction and "reintroduction" of many new and existing products that are used topically to treat a range of symptoms and conditions. These products may be marketed for unapproved indications; they may contain ingredients that are not U.S. Food and Drug Administration (FDA)-approved; or aren't necessarily safe or effective when used topically. In many cases, there are other FDA-approved drugs used to treat the same conditions. Also, many of these products contain multiple ingredients that are available individually, which work well and are much more cost-effective.

As part of our continuing effort to manage drug costs and protect our members, **we have decided to exclude several drugs in this category, effective June 1, 2016**. Please see the attached list for a sample of the drugs included in the program.

Member Communications and Grandfathering: We will grandfather impacted members until July 1, and we will send a letter to notify them.

Other Formulary Exclusions

These drugs have been added to the Excluded Drug List since the last bulletin or will be added shortly:

Aldzencys XR	Arestin*	Belbuca	Enstilar	Keveyis	Mircera	Odefsey
Onzetra Xsail	Otiprio	Taclonex	Vraylar	Vivlodex	Zembrace	

*Arestin, a product primarily used by dentists, will continue to be covered under the medical benefit.

Member Communications and Grandfathering:

Enstilar, Taclonex, Vivlodex – There has been nominal utilization to date. We will grandfather impacted members until August 1 and send a letter to notify them.

Other excluded drugs: There was no utilization of other excluded drugs listed in this section; notifications are not necessary.

SPECIALTY DRUG LIST CHANGES

These drugs have been added to the Specialty Drug List. They were excluded from the formulary previously, but have now been reviewed and approved for coverage by our Pharmacy and Therapeutics committee:

Adynovate	Alecensa	Bendeka	Coagadex	Cotellic	Darzalex	Empliciti
Kanuma	Ninlaro	Onivyde	Purixan	Strensiq	Tagrisso	Yondelis

Member Communications: No member communications are necessary.

PRIOR AUTHORIZATION PROGRAM CHANGES

Glumetza: Beginning June 1, 2016, generic Glumetza (metformin HCl ext-rel) will require prior authorization. Brand Glumetza already requires prior authorization.

Member Communications and Grandfathering: We will grandfather impacted members through the end of 2016, and we will send a letter to notify them.

Also beginning June 1, 2016, the **Specialty Generics First** program will be added to our current Prior Authorization Program. All groups who have the Prior Authorization program will be included in these changes. The **Specialty Generics First** program requires that members must first try the generic version of certain specialty drugs before a brand will be approved. This is a representative list of brands and their generic alternatives. The list is subject to change as new generics become available.

Brand	Generic Alternative	Condition Treated
Copaxone 20mg	glatopa	Multiple Sclerosis
Gleevec	imatinib	Leukemia
Rebetol/Ribapak/Moderiba	ribavirin	Hepatitis C
Revatio	sildenafil	Pulmonary Arterial Hypertension
Temodar	temozolomide	Brain Tumors
Tobi, Tobi Podhaler	Inhaled tobramycin	Cystic Fibrosis
Xeloda	capecitabine	Colon Cancer
Xenaxine	tetrabenazine	Huntington's Disease

Member Communications and Grandfathering: We will grandfather impacted members until August 1, and we will send a letter to notify them.

QUANTITY MANAGEMENT PROGRAM CHANGES

All inhalers for COPD currently have a quantity limit of one inhaler per month. Effective 6/1/16, we are adding a quantity to these new products:

Incruse Ellipta	Seebri Neohaler	Tudorza Pressair	Utibron Neohaler
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Member Communications: We will send a letter to any member who is currently exceeding the monthly limit.