



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

May 12, 2016

SPRING BULLETIN

The changes in this bulletin go into effect in June or July, as noted. They apply to all groups that use the PAI Preferred Drug List and the Try Generics Drug List, unless noted otherwise.

FORMULARY EXCLUSIONS

With more drugs coming to market, we are now providing an **Excluded Drug List**. This list will be updated frequently and will be available on www.paisc.com.

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 list that also is attached to the main PAI bulletin for a sample of the drugs included in the program.

Member Communications and Grandfathering: We will grandfather impacted members until July 1, 2016, 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	Allzital	Arestin*	Belbuca	Cabometyx	Cinqair	Descovy
Enstilar	Evomela	Idelvion	Keveyis	Mircera	Odefsey	Onzetra
Otiprio	Sernivo	Taclonex	Taltz	Ultravate Lot.	Venclexta	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 Aug. 1, 2016, 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

These changes apply to all groups that have the prior authorization program.

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.

Otrexup: This drug has been added to the Prior Authorization List.

Member Communications and Grandfathering: We will grandfather the small number of members already using Otrexup until Aug. 1, 2016. We will send them a letter to notify them.

Also beginning June 1, 2016, we are adding drugs to the **Specialty Medical Necessity Prior Authorization** (MN PA) program. Most of the additions have generic alternatives available that the member must have tried (and had an unsatisfactory response) before the brand drug will be covered.

Condition	Before you have coverage for one of these drugs...	...you must have tried one (or more) of these alternative drugs first.
Multiple Sclerosis	Copaxone 20mg	glatopa (generic Copaxone)
Leukemia	Gleevec	imatinib (generic Gleevec)
Hepatitis C	Rebetol, Ribapak, Moderiba	Ribavirin
Pulmonary Arterial Hypertension	Adcirca, Revatio	sildenafil (generic Revatio)
Brain Tumors	Temodar	temozolomide (generic Temodar)
Cystic Fibrosis	Tobi, Tobi Podhaler	inhaled tobramycin (generic Tobi)
Colon Cancer	Xeloda	capecitabine (generic Xeloda)

Member Communications and Grandfathering: We will grandfather impacted members until Aug. 1, 2016, 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 June 1, 2016, we are adding a quantity limit 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.