

January 22, 2018

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

HEPATITIS C DRUG COVERAGE UPDATE

Beginning Jan. 26, 2018, PAI will implement a new coverage strategy for drugs used to treat Hepatitis C.

Excluded Products	Preferred Alternatives*
Daklinza, Olysio, Sovaldi, Technivie, Viekira Pak, Viekira Pak XR, Zepatier	Eplusa, Harvoni, Mavyret, Vosevi

**These drugs are being added to the formulary/specialty drug list and require prior authorization.*

Members currently using products that will soon be excluded will be allowed to complete their course of treatment.

Member Communications: No member notifications are required.

FORMULARY CHANGES

DRUG LIST ADDITIONS

Descovy – We have added this previously excluded drug for treating HIV to the non-preferred copay tier, effective Jan. 1, 2018.

Member Communications: No member notifications are required.

DRUG LIST EXCLUSIONS

We will add these drugs to the Excluded Drug List.

Drug Class	Excluded Products	Covered Alternatives
Antidiabetic	Fortamet	Metformin ER (generic Glucophage XR)
	Metformin ER (generic Fortamet)	
	Metformin ER (generic Glumetza)	
Antivirals	Denavir	topical Acyclovir
	Sitavig	
Actinic Keratosis Products	Carac (generic)	generic fluorouracil 5% cream or solution, fluorouracil 2% solution, imiquimod 5% cream
	Fluoroplex (brand)	
	Levulan Kerastick (brand)	
	Tolak (brand)	

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

STEP THERAPY

Condition	First-Choice Drugs Patient must try one or more of these drugs first, or doctor must request an exception ...	Second-Choice Drugs ... before patient can get coverage for these drugs
Actinic Keratosis	generic fluorouracil 5% cream or solution, fluorouracil 2% solution, AND imiquimod 5% cream	Picato (brand)
Actinic Keratosis	generic fluorouracil 5% cream or solution, fluorouracil 2% solution, imiquimod 5% cream, AND Picato	Solaraze (generic)

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

ACA \$0 COVERAGE ADDITION

Shingrix (Zoster vaccine) – This drug is now included on the ACA \$0 covered drug list. We have also added this drug to our non-seasonal vaccine program.

Member Communications: No member notifications are required.

Please direct questions to your PAI Account Executive.