

October 18, 2017

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

FORMULARY CHANGES

PREFERRED DRUG LIST ADDITIONS

Bevespi, Restasis, Stiolto and Xiidra – We will add these drugs to the preferred copay tier.

Member Communications: We will not send member notifications.

SPECIALTY DRUG LIST CHANGES

Aubagio – We will add this drug to preferred status.

Member Communications: We will not send member notifications.

Haegarda, Radicava – Effective immediately, we will cover these previously excluded drugs as non-preferred specialty drugs with prior authorization.

Member Communications: We will not send member notifications.

EXCLUDED DRUG LIST ADDITIONS

We will add these drugs to the Excluded Drug List.

Excluded Products	Alternatives
Indocin suppositories and suspension (brand)	indomethacin caps
Verdeso foam 0.05% (brand)	desonide lotion 0.05%
Triamex ointment 0.05% (brand)	triamcinolone ointment 0.05%
Voltaren gel (brand)	diclofenac sodium 1%
Pennsaid 1.5% solution (generic)	diclofenac sodium topical solution 1.5%
Utibron Neohaler	Anoro Ellipta, Bevespi Aerospere, Combivent Respimat, Stioloto Respimat

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

Excluded Brand Drugs

We will also add these brand drugs to the Excluded Drug List. All have covered generic equivalents.

Abilify	Cymbalta	Lidoderm	Plavix	Strattera	Wellbutrin SR
Adderall	Cytomel	Lovenox	Pristiq	Tikosyn	Xanax/XR
Androgel 1%	Effexor XR	Lunesta	Prozac	Tobi Solution	Xenazine
Atacand/HCT	Imitrex	Minestrin 24FE	Pulmicort	Tribenzor	Zetia
Azor	Intuniv	Nasonex	Respules	Valium	Zoloft
Benicar/HCT	Lexapro	Nuvigil	Seroquel/XR	Valtrex	Zyflo CR
Bupap	Librax	Plaquenil	Singulair	Vytorin	

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

Aubagio – We will remove the Medical Necessity PA requirement for this drug. The drug will still require a PA, but will become a preferred option.

Member Communications: We will not send member notifications.

Axiron, Flector patch – We will add a Medical Necessity PA requirement for these drugs.

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

QUANTITY MANAGEMENT

We will add these drugs to the Quantity Management program.

Product	Quantity Limit
Bevespi	1 unit/month
Stiolto	1 unit/month
diclofenac sodium 1% (generic Voltaren gel)	Two 100 gm tubes per month

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

Specialty Quantity Limits

Effective January 1, 2018, 64 specialty drugs will have new quantity limits. This change will affect all self-funded groups that have either the Prior Authorization or Quantity Management programs. Note that the new quantity limits will be incorporated into the prior authorization criteria for these drugs.

Member Communications: Because we will be grandfathering all impacted members, we will not send member notifications.

STATIN \$0 PREVENTIVE CARE COVERAGE

Effective **November 1, 2017**, ACA preventive care coverage will expand to include certain low- to moderate-dose statins. This new coverage will apply a \$0 copay to only these specific **generic** statins and strengths:

Drug	Strength
atorvastatin	10 mg, 20 mg
fluvastatin	20 mg, 40 mg
fluvastatin er	80 mg
lovastatin	10 mg, 20 mg, 40 mg
pravastatin	10 mg, 20 mg, 40 mg, 80 mg
rosuvastatin	5 mg, 10 mg
simvastatin	5 mg, 10 mg, 20 mg, 40 mg

Members of all non-grandfathered groups, as well as grandfathered groups with ACA preventive coverage, will be impacted on November 1. To have coverage, members must be ages 40-75, inclusive.

No prior authorization will be required, and no **branded** statins are included in this benefit. For statin prescriptions outside the criteria listed above, the members' standard plan benefits will apply.

Please direct questions to your PAI Account Executive.