

This information *does not* apply to Marketplace product lines.

November 2016

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

FORMULARY CHANGES

PREFERRED DRUG LIST

These drugs will be moving to **Preferred** status. Drugs noted with (SP) are **Specialty Drugs**.

Cialis <i>Preferred status only for groups that cover erectile dysfunction (ED)</i>	Kogenate (SP)	Narcan	Toujeo	Zarxio (SP)
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Member Communications: No member letters will be sent. We do not typically inform members of positive formulary changes.

These drugs will be moving to **Non-Preferred** status.

Asacol HD	Opsumit (SP)
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Member Communications: No member mailings for Asacol HD will be sent, due to generic launch. We will send letters to current members taking Opsumit.

SPECIALTY DRUG LIST

Tecentriq has been added to the Specialty Drug List. It was previously excluded.

Member Communications: No letters will be sent.

EXCLUDED DRUG LIST

These drugs are new to the Excluded Drug List since the last bulletin.

Adlyxin	Bevespi	Byvalson	Exondys 51	Gelsyn	Novacort
Otovel	Relistor tablets	Vonvendi	Yosprala	Zurampic	

Member Communications: No member letters will be sent, as no utilization has taken place.

Evzio	Relistor injection
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Member Communications: There is some current utilization of these drugs. Therefore, **we will grandfather** members currently taking these drugs until January 1, 2017. We will send notification letters to affected members.

These drugs will be added to the **Excluded Drug List**, effective January 1, 2017.

Condition	Excluded Drugs	Formulary Alternatives
Asthma/COPD	Aerospan, Alvesco	Asmanex/HFA, Flovent Diskus/HFA, Pulmicort Flexhaler, QVAR
	Proventil HFA, Ventolin HFA, Xopenex HFA	ProAir HFA, ProAir Respiclick
Erectile Dysfunction (ED)	Edex, Levitra, Staxyn, Stendra, Viagra	Cialis <i>(For groups that cover ED)</i>
Narcolepsy and Other Sleep Disorders	Provigil <i>(brand)</i>	modafanil <i>(generic Provigil)</i>
Prostate Cancer	Nilandron	Biclutamide
Hypertension	Dutoprol	metoprolol succinate ext-rel WITH hydrochlorothiazide

Condition	Excluded Drugs	Formulary Alternatives
Carnitine Deficiency	Carnitor/Carnitor SF	levocarnitine
Inflammation	Millipred/Millipred DP	dexamethasone, methylprednisolone, prednisone
Potassium Deficiency	Klor-Con oral pack for solution	potassium chloride liquid
Atopic Dermatitis, Eczema, Neurodermatitis	doxepin cream	hydrocortisone
Psoriasis, Eczema, Dermatitis, Allergies, Rash	fluocinonide 0.1% cream	fluocinonide 0.05% cream
Seborrheic Dermatitis	ketoconazole 2% foam	ketoconazole 2% cream
Impetigo (skin infection)	mupirocin cream	mupirocin ointment
Osteoarthritis of the Knee	Pennsaid 1.5% and 2% solution	diclofenac 1.5% solution
Heartburn	generic Zegerid (omeprazole/sodium bicarbonate)	omeprazole

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

PRIOR AUTHORIZATION (PA) PROGRAM CHANGES

Lidoderm (brand & generic): We will be adding this drug to the PA program.

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

MEDICAL NECESSITY PA (MNPA)

These drugs will be added to the Medical Necessity PA program. In addition to meeting other PA criteria, the member must have tried certain alternative drugs before approval will be given.

Condition	Before you have coverage for one of these drugs you must have tried at least one of these alternative drugs first.
COPD	Incruse Ellipta, Seebri, Tudorza Pressair	Spiriva, Spiriva Respimat
Blood Clots	Savaysa, Pradaxa	Xarelto, Eliquis
Hemophilia	Helixate	Kogenate
Decrease in White Blood Cells	Neupogen	Zarxio
Pulmonary Arterial Hypertension	Opsumit*	Letairis, Tracleer
Heart Arrhythmia	Tikosyn	dofetilide

*Members who currently have a PA in place will not be subject to MNPA until their current PA expires.

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