

The changes in this bulletin apply to all groups that use the PAI Preferred Drug List.

MEDICAL FOOD COVERAGE UPDATE - JULY 1, 2018

By contract, pharmacy benefit coverage is limited to FDA-approved drugs and medical products. In 2017, we were able to identify and exclude non-FDA approved drugs from our formulary. We are now turning our attention to products known as “medical foods.” These products are also not approved or regulated as drugs by the FDA and will thus be **excluded** from pharmacy benefit coverage beginning **July 1, 2018**.

Medical foods include non-prescription mineral supplements, non-prescription vitamins, prescription and non-prescription medical foods or food supplements. Any new-to-market medical foods will also be excluded to prevent new starts. As of July 1, members who continue to have prescriptions filled for medical food products will pay the full price of their products.

MEDICAL FOOD DEFINITION

The FDA defines a “medical food” as “a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.”

Cardiotek-RX	Cerefolin/NAC	Deplin	Elfolate	Enteragam
Folbic/RF	Foltanx/RF	Foltx	Fosteum/Plus	Levomethylfolate Calcium
Levomethylfolate Forte	Levomethylfolate-B6-B12	Levomethylfolate-MC	Limbrel/500	L-Methylfolate
L-Methylfolate Calcium	L-Methylfolate-B6-B12	L-Methylfolate-MC NAC	Mebolic	Metafolbic/Plus/RF
Metanx	Nicaprin	Rheumate	Sulfzix	Theramine
Vasculera	Vayacog	Vayarin	Vayarol	Virt-Vite Forte
Visbiome	Vp-Gstn	Xaquil XR	Xyzbac	Zyvit

PRODUCT EXCLUSIONS UPDATE - AUGUST 1, 2018

We will **exclude** the following products from coverage effective August 1, 2018:

ARTIFICIAL SALIVA PRODUCTS

Neutrasal	Salivamax
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EYELID CLEANSERS

Acuicyn	Avenova
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DERMATOLOGICAL PRODUCTS

Alevicyn Antipruritic	Alevicyn Plus	Ceracade	Dexeryl	Eletone
Entty Spray Emulsion	Epiceram	Genadur	HPR Plus	Hylatopic Plus
Kamdoy	Levicyn	Loyon	Neocera	Neosalus/CP
Nivatopic Plus	Nuvail	Sebuderm	Synderm	Tetrix

Member Communications: We have identified members currently using these soon to be excluded products. We will send notification letters to impacted members.

Please direct questions to your PAI Representative.