

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

FORMULARY CHANGES

SPECIALTY DRUG LIST CHANGES

Tepadina and Trisenox – Effective immediately, we will add these previously excluded products as non-preferred specialty drugs.

Member Communications: No member notifications are required.

Besponsa, Aliqopa, Verzenio and Calquence – Effective immediately, we will add these previously excluded products as non-preferred specialty drugs with prior authorization.

Member Communications: No member notifications are required.

DRUG LIST EXCLUSIONS

“Me Too” Drugs – We are committed to identifying brand drugs on our formulary that have safe, effective, lower-cost generic alternatives. Our most recent review has led us to exclude several “Me Too” products, i.e., products that are a different dosage, strength or form of an existing brand product. We will exclude many of these products in favor of generics or similar brands. Please see the attached Excluded Drug List for the products that are being excluded, along with their covered alternatives.

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

Topical corticosteroids – We will exclude multisource brand topical steroids, including:

Clobex	Diprolene	Temovate
Cloderm	Elocon	Topicort
Cordran	Synalar	Tridesilon

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

PRIOR AUTHORIZATION (PA)

Generic Revatio (sildenafil 20 mg) – We will add a PA requirement for this product.

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

Generic Provigil (modafinil) – We will add a PA requirement for this product with a quantity limit of 60 tablets/month included in the PA criteria.

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

STEP THERAPY

Generic Nuvigil (armodafinil) – We will remove the current Step Therapy requirement from this product.

Member Communications: No member notification is required.

QUANTITY LIMITS

Caverject, Edex, Muse, Cialis, Levitra, Staxyn, Stendra, Viagra (sildenafil) – We will add a Quantity Limit of 6 doses per month for these erectile dysfunction products for groups that cover ED. The limit for Cialis 2.5 mg and 5 mg is 30/month, due to their use in treating benign prostatic hyperplasia (BPH).

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

Topical corticosteroids – We will add a quantity limit of 120 grams/month for topical corticosteroids with post-limit PA required for quantities greater than 120 grams/month.

Amcinonide
Apexicon E

Clobetasol
Diflorasone

Fluocinolone
Flurandrenolide

Halog

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

Please direct questions to your PAI Representative.

“Me Too” Drugs Excluded as of July 1, 2018

Excluded Products	Covered Alternatives
Aczone 5%	adapalene, tretinoin, dapsone 5% gel
Amrix	cyclobenzaprine
Androgel 1.62%	testosterone gel 1%
Antara	fenofibrate, gemfibrozil
Asacol HD	mesalamine delayed release tablet
Avar	sulfacetamide/sulfur
Aveed	Androderm, depo-testosterone
Azelex	clindamycin/benzoyl peroxide
Cordran	flurandrenolide lotion, cream, ointment
Doryx	doxycycline hyclate, doxycycline monohydrate
Doryx MPC	doxycycline hyclate, doxycycline monohydrate
Fenortho	fenoprofen
Forfivo XL	bupropion
Giazo	balsalazide
Gralise	gabapentin
Horizant	gabapentin
Indocin	indomethacin, ibuprofen, naproxen
Kadian	morphine ER, Oxycontin
Lialda	mesalamine delayed release tablet
Monodox	doxycycline hyclate, doxycycline monohydrate
Monodoxyne	doxycycline hyclate, doxycycline monohydrate
Morgidox	doxycycline hyclate, doxycycline monohydrate
Oravig	clotrimazole troches
Ovace Plus/Wash	sulfacetamide/sulfur, sulfacetamide sulfur
Plexion/cleanser	sodium sulfacetamide/sulfur, sss 10-5, sulfacleanse 8/4
Procentra	dextroamphetamine/er, dextroamphetamine-amphetamine er
Rayos	methylprednisolone, prednisolone, prednisone
Sprix	diclofenac topical gel 1%
Striant	testosterone gel 1%
Sumadan wash	sodium sulfacetamide/sulfur, sss 10-5, sulfacleanse 8/4
Sumaxin	sulfacetamide/sulfur, sulfacetamide sulfur
Targadox	doxycycline hyclate, doxycycline monohydrate
Testopel	testosterone gel 1%
Tridesilon	desonide cream
Triglide	fenofibrate, fenofibric acid, gemfibrozil
Vanatol LQ	generic butalbital, APA, caffeine
Zipsor	diclofenac tablet, meloxicam, ibuprofen
Zofran/ODT	ondansetron, granisetron