

Prior authorization requirements for the following list of medications will change under the member's pharmacy benefits effective October 1, 2018. This applies only to members enrolled in plans that are part of the Prior Authorization Program. New-to-market drugs may still be under review for a coverage decision as a part of our New-to-Market Program.

Drugs Added to the Prior Authorization Program	
Drug	Covered Condition(s)*
Braftovi	FDA approved indication(s)
Doptelet	FDA approved indication(s)
Epidiolex	FDA approved indication(s)
Fulphila	FDA approved indication(s)
Impavido	FDA approved indication(s)
Jadenu Sprinkle	FDA approved indication(s)
Jynarque	FDA approved indication(s)
Lucemyra	FDA approved indication(s)
Mektovi	FDA approved indication(s)
Olumiant	FDA approved indication(s)
Palynziq	FDA approved indication(s)
Tavalisse	FDA approved indication(s)
Retacrit	FDA approved indication(s)
Yonsa	FDA approved indication(s)

*Summary of criteria and additional information is available on our authorization forms.

Drugs Removed from Prior Authorization

Entresto

Responsible Steps Program Changes

On October 1, 2018, we will make the following changes to the Responsible Steps Program. This applies only to members enrolled in health plans that are part of the Responsible Steps Program.

Program	Program Changes
Continuous Glucose Monitors	Freestyle Libre

New Pharmacy Coverage Exclusions

Effective October 1, 2018, our commercial pharmacy plans will no longer cover the brand name drugs listed below. We will cover many of their generic alternatives. This

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exclusion list applies only to members enrolled in health plans that allow pharmacy coverage exclusions.

Drugs Added to the Program		
Clindamycin/Benzoyl Peroxide Gel 1.2/2.5%	Fentanyl patch 37.5 mcg/hr	Fentanyl patch 62.5 mcg/hr
Fentanyl patch 87.5 mcg/hr	Glycate	Nalocet
Noctiva	Praluent	

Responsible Quantity Program

We will add the following drugs and drug dispensing limits to the Responsible Quantity Program effective October 1, 2018. This applies only to members enrolled in health plans that are part of the Responsible Quantity Program. **Please note:** Responsible Quantity Program limits apply to generic drugs where applicable, and to members enrolled in health plans that are part of the Responsible Quantity Program.

Brand/Generic Name	Strength	Dispensing Limit Per Month (unless noted otherwise)
Drugs Added to the Program		
Arnuity Elipta	50 mcg	30 blisters
Butalbital/APAP	50 – 300	180 caps
Gilenya	2.5 mg	30 caps
Humira kit		3 pens / 180 days
Imvexxy starter pack	4 mcg, 10 mcg	1 pack / 180 days
Imvexxy	4 mcg, 10 mcg	8 inserts / 28 days
Nalocet	2.5 mg / 300 mg	360 tabs
Nuplazid	10 mg, 34 mg	30 tabs
Pylera		120 caps/90 days
Roxybond	15 mg, 30 mg	180 tabs
Sprycel	20 mg	90 tabs
Symtuza		30 tabs