SPECIAL eBULLETIN

AUGUST 2016

THIRD QUARTER 2016 UPDATE

CHANGES TO THE HIGHMARK DRUG FORMULARIES

The Third Quarter 2016 update to our Drug Formularies and pharmaceutical management procedures is attached to this Special Bulletin. The formularies and pharmaceutical management procedures are updated on a quarterly basis, and the following changes reflect the decisions made in June 2016 by the Highmark Pharmacy and Therapeutics Committee. These updates are effective on the dates noted throughout the document.

Please reference the guide below to navigate this communication:

Highmark Comprehensive and Healthcare Reform Comprehensive Formularies

A. Changes to the Highmark Comprehensive and the Highmark Comprehensive Healthcare Reform Formularies
B. Updates to the Pharmacy Utilization Management Programs
    1. Prior Authorization Program
    2. Managed Prescription Drug Coverage (MRxC) Program
    3. Formulary Program
    4. Quantity Level Limit (QLL) Programs

As an added convenience, you can also search our drug formularies and view utilization management policies on the Provider Resource Center (accessible via NaviNet® or our website). Click the **Pharmacy/Formulary Information** link from the menu on the left.

HIGHMARK® Delaware

Important Drug Safety Updates

Fluconazole (Diflucan) — FDA Evaluating Study Examining Use of Oral Fluconazole (Diflucan) in Pregnancy

On 04/26/2016 the FDA communicated a safety concern of possible increased risk of miscarriage with the use of oral fluconazole (Diflucan) for yeast infections, based on a Danish study. Caution is advised when prescribing fluconazole in pregnancy, until a review by the FDA is complete and more is understood about this study and other available data. It should be noted that the Centers for Disease Control and Prevention guidelines recommend using only topical antifungal products to treat pregnant women with vulvovaginal yeast infections, including for longer periods than usual if these infections persist or recur. Side effects related to the use of these products should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Brintellix (vortioxetine) — Brand Name Change to Trintellix to Avoid Confusion With Antiplatelet Drug Brilinta (ticagrelor)

On 05/02/2016 the FDA communicated the approval of a brand name change for the antidepressant Brintellic (vortioxetine) to decrease the risk of prescribing and dispensing errors resulting from name confusion with the blood-thinner Brillinta (ticagrelor). Trintellix is now available on the market, starting June 2016. This change was due to continued reports of name confusion between the two medications, which are used for very different purposes. Health care professionals are advised to take caution when prescribing these medications and include the generic name of the medication they are ordering, in addition to the brand name. Trintellix tablets will look the same as the Brintellix tablets. Side effects related to the use of these products should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Aripiprazole (Abilify, Abilify Maintena, Aristada) — FDA Warns About New Impulse-Control Problems

On 05/03/2016 the FDA issued a warning that compulsive or uncontrollable urges to gamble, binge eat, shop and have sex have been reported with the use of the antipsychotic drug aripiprazole (Abilify, Abilify Maintena, Aristada and generics). Though rare, these urges may result in harm to the patient and others if not recognized. Health care professionals are advised to inform their patients of this risk and closely monitor for new or worsening symptoms. Dose modification may be warranted for some patients. Abrupt discontinuation is not recommended without direct supervision under a health care professional. Side effects related to the use of these products should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Olanzapine — FDA Warns About Rare but Serious Skin Reactions

On 05/10/2016 the FDA issued a warning that the antipsychotic medicine olanzapine can cause a rare but serious skin reaction that can progress to affect other parts of the body. Olanzapine is available under the brand names Zyprexa, Zyprexa Zydis, Zyprexa Relprevv and Symbyax, and also as generics. The FDA added a new warning to the drug label for all olanzapine-containing products that address this Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS). DRESS may include fever and swollen lymph nodes and a swollen face; result in injury to organs, including the liver, kidneys, lungs, heart or pancreas; and can lead to death, with a 10% chance of mortality. Health care providers should advise their patients who are taking olanzapine-containing products to seek medical care right away if they develop a fever with a rash and swollen lymph glands, or swelling in the face. Abrupt discontinuation is not recommended without direct supervision under a health care professional. Side

effects related to the use of these products should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Fluoroquinolone Antibacterial Drugs — FDA Advises Restricting Use for Certain Uncomplicated Infections

On 05/12/2016 the FDA advised that serious side effects associated with use of fluoroquinolone antibiotics outweigh the benefits for patients with acute sinusitis, acute bronchitis and uncomplicated urinary tract infections, who have alternative treatment options. Side effects can involve tendons, muscles, joints, nerves and the central nervous system, and can be disabling and potentially permanent, occurring alone or simultaneously. Drug labels and medication guides for all fluoroquinolone antibacterial drugs are to be updated with this safety information. Patients should be advised to contact a health care professional immediately if they experience any serious side effects while on therapy with agents containing this product. Therapy should be stopped by a health care professional immediately and switched to a non-fluoroquinolone antibacterial drug to complete treatment course. Side effects related to the use of these products should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Canagliflozin (Invokana, Invokamet) — Clinical Trial Results Find Increased Risk of Leg and Foot Amputations

On 05/18/2016 the FDA alerted the public about safety results from an ongoing clinical trial that found an increase in leg and foot amputations in patients treated with canagliflozin (Invokana, Invokamet), used for treatment of diabetes. Though the drug is under investigation, health care professionals should follow the recommendation in the canagliflozin drug labels and monitor patients for the signs and symptoms, such as pain or tenderness, sores or ulcers, or infections in their legs or feet. Patients should not stop or change their diabetes medications without first consulting a health care professional. Side effects related to the use of these products should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Over-the-Counter Antacid Products Containing Aspirin: FDA Drug Safety Communication — Serious Bleeding Risk

On 06/06/2016 the FDA issued a warning about the risk of serious bleeding when using over-the-counter (OTC) aspirin-containing antacid products to treat heartburn, sour stomach, acid indigestion or upset stomach. Despite current warnings on the labels of these products, the FDA continues to receive reports. Multiple alternative products are available for these conditions that do not contain aspirin. Patients with the following risk factors may have a higher chance of serious bleeding when taking aspirin-containing antacid products: are 60 years of age or older; have history of stomach ulcers or bleeding problems; taking a blood-thinner or steroids; taking other NSAID-containing medications, such as ibuprofen or naproxen; or drink three or more alcoholic drinks per day. Side effects related to the use of these products should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Loperamide (Imodium) — Serious Heart Problems With High Doses From Abuse and Misuse

On 06/07/2016 the FDA issued a warning that taking higher than recommended doses of OTC or prescription loperamide (Imodium) used for diarrhea can cause serious heart problems that may lead to death. The risk for heart problems, including abnormal heart rhythm, may increase when taking high doses of loperamide with several kinds of medications that may interact with loperamide (e.g., cimetidine, ranitidine, clarithromycin, gemfibrozil, ketoconazole, etc.). Patients should be advised to

take loperamide in the dose recommended by their health care provider or according the OTC drug fact label. If diarrhea lasts more than two days, patients should stop taking loperamide and contact their health care professional. Immediate medical attention is warranted for individuals experiencing fainting, rapid heartbeat or irregular heart rhythm, or who are unresponsive. Side effects related to the use of these products should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Zecuity (sumatriptan) Migraine Patch — FDA Evaluating Risk of Burns and Scars

On 06/13/2016 the FDA provided an update to a previous drug safety communication regarding use of Zecuity migraine patches. Teva Pharmaceuticals, the manufacturer for Zecuity, has temporarily suspended sales, marketing and distribution of these patches to investigate the cause of burns and scars. Health care professionals should discontinue prescribing Zecuity, and patients should stop using any remaining patches and contact their prescribers to obtain an alternative migraine therapy. Side effects related to the use of these products should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Canagliflozin (Invokana, Invokamet) and Dapagliflozin (Farxiga, Xigduo XR) — Strengthened Kidney Warnings

On 06/14/2016 the FDA provided a drug safety communication regarding a strengthened warning about the risk of acute kidney injury for canagliflozin (Invokana, Invokamet) and dapagliflozin (Farxiga, Xigduo XR) for the treatment of type 2 diabetes. Risk factors that predispose patients to acute kidney injury should be assessed prior to initiating therapy with these agents, including decreased blood volume, chronic kidney insufficiency and congestive heart failure, and taking other medications, such as diuretics, ACE-inhibitors, or ARBs and NSAIDs. Kidney function should be assessed prior to starting these agents. Should kidney injury occur, these agents should promptly be discontinued and treat the kidney impairment. Signs and symptoms of acute kidney injury include decreased urine or swelling in the legs or feet and should be reported immediately. Patients should not stop taking their medicine without first talking to their health care professionals. Side effects related to the use of these products should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Highmark Formulary Update — August 2016

Highmark Comprehensive and Highmark Comprehensive Health Care Reform Formularies

A. Changes to the Highmark Comprehensive Formulary and the Highmark Comprehensive Healthcare Reform Formulary

The Highmark Pharmacy and Therapeutics Committee has reviewed the medications listed in the tables below. Please note that the Highmark Comprehensive Closed/Incentive Formulary is a complete subset of the Open Formulary; therefore, all medications added to the Comprehensive Closed/Incentive Formulary are also added to the Open Formulary. These updates are effective on the dates noted throughout this document. For your convenience, you can search the following formularies online:

Highmark Comprehensive Formulary:
(https://client.formularynavigator.com/Search.aspx?siteCode=8103967260)
Highmark Comprehensive Healthcare Reform Formulary:
(https://client.formularynavigator.com/Search.aspx?siteCode=4906449921)

Highmark is happy to inform you that Table 1 includes products that have been added to the formulary. Adding products to the formulary may mean lower copays or coinsurance rates for members. By adding products to the formulary, Highmark hopes to promote adherence to maintenance products and improve the overall health of our members.

Table 1: Products Added (All products added to the formulary effective July 1, 2016, unless otherwise noted)

Brand Name	Generic Name	Comments
Odefsey®	emtricitabine/rilpivirine/tenofovir alafenamide	Indicated for treatment of HIV-1 infection
Descovy®	emtricitabine/tenofovir alafenamide	Indicated for treatment of HIV-1 infection
Venclexta™	venetoclax	Indicated for treatment of chronic lymphoid leukemia in patients with 17p chromosome deletion, who have received at least one prior therapy
Cabometyx™	cabozantinib	Indicated for progressive, metastatic medullary thyroid carcinoma and advanced renal cell carcinoma in patients who have received prior antiangiogenic therapy
Orfadin® Oral Suspension	nitisinone	Indicated for adjunct therapy for tyrosinemia type I
Zepatier™	elbasvir/grazoprevir	Indicated for treatment of hepatitis C genotypes 1 or 4 in adults
Entresto®*	sacubitril/valsartan	Indicated for treatment of chronic heart failure, Class II-IV
Orenitram®*	treprostinil	Indicated for treatment of pulmonary arterial hypertension (PAH) – WHO Group I
Adempas®*	riociguat	Indicated for pulmonary arterial

		hypertension (PAH) – WHO Group I
Vimpat®*	lacosamide	Indicated for partial seizures as monotherapy or as adjunct *Effective: Aug. 1, 2016*

Coverage contingent upon plan benefits

*Preferred product only for commercial Comprehensive Formulary; does not apply to Comprehensive Healthcare Reform Formulary.

Table 2: Products Not Added*

Brand Name	Generic Name	Preferred Alternatives
Alecensa®	alectinib	Provider discretion
Emend®	aprepitant	ondansetron
Zurampic®	lenisurad	allopurinol, probenecid
Uptravi®	selexipag	Provider discretion
Quillichew ER®	methylphenidate ER	methylphenidate ER, dexmethylphenidate ER
Emverm™	mebendazole	Provider discretion
Zepatier™	elbasvir and grazoprevir	Provider discretion
Onzetra Xsail™	sumatriptan nasal powder	sumatriptan, rizatriptan
Zembrace™	sumatriptan succinate injection	sumatriptan, rizatriptan
Dexilant SoluTab™	dexlansoprazole	omeprazole, pantoprazole
Adzenys XR-ODT™	amphetamine extended-release orally disintegrating tablet	dextroamphetamine, methylphenidate ER
Sernivo™	betamethasone dipropionate	betamethasone dipropionate, betamethasone valerate
Briviact®	brivaracetam	levetiracetam, carbamazepine, lamotrigine
Cetylev™	acetylcysteine	Provider discretion

*Physicians may request coverage of these products using the Prescription Drug Medication Request Form, which can be accessed online in Highmark's Provider Resource Center; under **Provider Forms**, select **Miscellaneous Forms**, and select the form titled **Request for Non-Formulary Drug Coverage.**

B. Updates to the Pharmacy Utilization Management Programs

1. Prior Authorization Program

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
Taltz (ixekizumab) — Commercial, Healthcare Reform and Medicare	06/02/2016	New policy for moderate to severe psoriasis. Criteria include therapeutic failure, intolerance or contraindication to systemic therapy (e.g., methotrexate, cyclosporine), or phototherapy, as well as therapeutic failure, intolerance or contraindication to preferred biologic product Humira. Policy also outlines appropriate induction as well as maintenance therapy quantity limits.
Orfadin (nitisinone) — Commercial, Healthcare	07/27/2016	New policy to ensure appropriate utilization based on labeled indication of hereditary tyrosinemia type I (HT-1).

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
Reform and Medicare		Criteria also include the requirement to follow a diet restricted in tyrosine and phenylalanine.
Venclexta (venetoclax) — Commercial, Healthcare Reform and Medicare	07/27/2016	New policy to ensure appropriate utilization based on labeled indication of chronic lymphocytic leukemia (CLL) for patients with a 17p genetic mutation, as detected by an FDA-approved test, who have received at least one prior therapy.
Veltassa (Patiromer) — Commercial	07/20/2016	New policy for hyperkalemia for patients unable to tolerate or who have a contraindication to sodium polystyrene sulfonate.
Nuplazid (pimavanserin) — Commercial, Healthcare Reform and Medicare	07/27/2016	New policy to ensure appropriate utilization based on labeled indication: treatment of hallucinations and delusions associated with Parkinson's disease psychosis.
Fertility — Commercial	06/02/2016	Policy revised to combine policies J-1 and J-176, with the clarification of coverage criteria for infertility with or without ART/IVF. The duration of authorization for indications other than fertility was also updated.
Korlym (mifepristone) — Commercial, Healthcare Reform and Medicare	06/02/2016	Policy revised with addition to Limitation of Coverage, which states that Korlym should not be used in members who are pregnant.
Kuvan (sapropterin) — Commercial	TBD	Policy revised to Prior Authorization (PA) policy rather than managed prescription (MRxC). Criteria updated to require documentation of weight. Quantity limits will no longer apply, and therefore were removed from corresponding policy J-10.
Anti-Obesity — Commercial and Healthcare Reform	06/02/2016	Policy revised to combine policies J-184 and J-421. Clarified criteria for initiation, continuation and maintenance therapy. Requirement was added for chart notes to substantiate height, weight, BMI, comorbidities and lifestyle modifications.
Viberzi (eluxadoline) — Commercial	06/02/2016	Policy revised to add criterion about moderate to severe hepatic failure to limitations of coverage. Other limitations were added based on labeling. Step therapy through two agents for IBS-D is required for approval.
Provigil (modafinil) & Nuvigil (armodafinil) — Commercial and Healthcare Reform (Delaware only)	06/02/2016	Policy revised with updated narcolepsy criteria to align with current guidelines. Criteria require either low CSF hypocretin-1 or sleep study testing to confirm a diagnosis of narcolepsy.
Cosentyx (secukinumab) — Commercial and Healthcare Reform	06/02/2016	Policy revised with added language requiring therapeutic failure, intolerance or contraindication to an NSAID for ankylosing spondylitis.
EGFR Kinase Inhibitors — Commercial, Healthcare Reform and Medicare	06/02/2016†	Policy revised with added criteria from policies J-14 [Gleevec (imatinib)], J-103 [Sutent (sunitinib)], J-104 [Nexavar (sorafenib)], J-106 [Sprycel (dasatinib), J-110 [Tykerb

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
		(lapatinib)], J-113 [Tasigna (nilotinib)], J-131 [Votrient (pazopanib)], J-144 [Xalkori (crizotinib)], J-145 [(MAP Kinase Inhibitors)], J-148 [Jakafi (ruxolitinib)], J-152 [Erivedge (vismodegib)], J-153 [Inlyta (axitinib)], J-165 [Bosulif (bosutinib), J-166 [Tyrosine Kinase Inhibitors for Thyroid Cancer], J-167 [Stivarga (regorafenib)], J-173 [Iclusig (ponatinib)], J-186 [Imbruvica (ibrutinib)], J-401 [ALK Inhibitors for NSCLC], J-412 [Olaparib (lynparza)], J-418 [Ibrance (palbociclib)], J-438 [Odomzo (sonidegib)], J-467 [Ninlaro (ixazomib)]. Added new indications for Gilotrif (squamous NSCLC), Lenvima (RCC), Xalkori (NSCLC ROS1+) and Imbruvica (SLL, updated CLL). Addition of criteria for new product Cabometyx (RCC) in alignment with FDA-approved indications. Please refer to policy for details of coverage criteria.
Afinitor (everolimus) — Commercial and Healthcare Reform	06/02/2016	Policy revised with updated criteria to include clarifications in the FDA-approved indications, including additional step therapy requirement through preferred second-line agents for renal cell carcinoma.
Xyrem (sodium oxybate) —Commercial, Healthcare Reform and Medicare	06/02/2016	Policy revised with updated narcolepsy criteria to align with current guidelines. Policy criteria require either low CSF hypocretin-1 or sleep study testing to confirm a diagnosis of narcolepsy.
Hepatitis C — Commercial and Healthcare Reform	TBD	Policy revised with new indication for Viekira Pak monotherapy for HCV GT 1b. Criteria for pipeline agent sofosbuvir/velpatasvir was added to align with FDA-approved labeling regarding indication, dosing and duration of therapy. Policy also updated to include criteria for Epclusa (sofosbuvir/ velpatasvir) per FDA-approved labeling.
Coverage Outside Contract Parameters — Commercial and Healthcare Reform	06/02/2016	Policy revised with criteria to include all categories labeled as drug and therapy exclusions.
Entresto (sacubitril/ valsartan) — Commercial, Healthcare Reform	06/02/2016	Policy revised with the removal of requirement for concomitant beta blocker use or intolerance.
Pulmonary Hypertension —Commercial and Healthcare Reform	06/02/2016	Policy revised with the addition of functional class requirements providing coverage for functional classes in which these products were primarily studied.

*All effective dates are tentative and subject to delay pending internal review or approval.

† Cabometyx, sofosbuvir/velpatasvir effective date: 07/27/2016

2. Managed Prescription Drug Coverage (MRxC) Program

Policy Name	Policy Effective Date*	Updates and Automatic Approval Criteria**
Topical Onychomycosis Agents — Commercial	07/20/2016	New policy for Jublia (efinaconazole) and Kerydin (tavaborole) requiring experienced therapeutic failure or intolerance of both generic oral terbinafine and Ciclopirox 8% Topical Solution.
Naloxone — Commercial and Healthcare Reform	07/20/2016	New policy requiring monitoring of patients receiving > 4 doses per rolling 360 days.
Lyrica (pregabalin) — Commercial	07/22/2016	Policy revised with the requirement to try and fail gabapentin first for treatment of post-herpetic neuralgia (PHN) and duloxetine for diabetic peripheral neuropathy (DPN).
Proton Pump Inhibitors (PPIs) — Commercial	09/14/2016	Policy revised with the addition of double-step requirement for preferred utilization of omeprazole (generic) and pantoprazole (generic) to all PPIs, except lansoprazole (generic). Quantity level limits were enhanced for certain PPIs. Please refer to policy for additional details.
Extended release opioid management — Commercial	07/20/2016	Policy revised with the addition of new product Xtampza ER (oxycodone ER).
Brand Statin Edit — Commercial and Healthcare Reform	07/20/2016	Policy revised to add simvastatin oral suspension. Approval criteria include trial and failure of at least one generic statin.

*All effective dates are tentative and subject to delay pending internal review or approval.
**Standard prior authorization criteria will apply for members who do not meet the automatic approval criteria.

3. Formulary Program

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
Diabetic Blood Glucose Testing Products (blood glucose test strips) — Commercial	06/02/2016	Policy revised to remove Freestyle Precision Neo Test Strips.
General Non-formulary Criteria — Commercial	06/02/2016	Policy revised to combine criteria from the following policies: J-57 (General Non-formulary Criteria), J-60 (Lack of Clinical Efficacy Criteria), J-65 (Protopic/Elidel), J-202 (Noxafil-posaconazole) and J-204 (Non-formulary Extended Release Products) into one policy. Criteria added to require failure of one product in the same therapeutic category in addition to one from the therapeutic class if only one formulary agent in the same class exists.

*All effective dates are tentative and subject to delay pending internal review or approval.

4. Quantity Level Limit (QLL) Programs*
(Effective immediately upon completion of internal review and implementation, unless otherwise noted)

Table 1. Quantity Level Limits — Quantity per Copay

Drug Name	Retail Edit Limit	Mail Edit Limit
BromSite (bromfenac ophthalmic solution)	5mL	5mL
Vistogard (uridine triacetate)	20 packets	20 packets

Table 2. Maximum Daily Quantity Limits

Drug Name	Daily Limit
Odefsey (emtricitabine/rilpivirine/ tenofovir alafenamide)	1 tablet
Descovy (emtricitabine/tenofovir alafenamide)	1 tablet
Nuplazid (pimavanserin)	2 tablets
Diabetic Blood-glucose test strips (All Brands)†	7 test strips
Bunavail 2.1-0.3mg†	6 buccal films
Bunavail 4.2-0.7mg†	3 buccal films
Bunavail 6.3-1mg†	2 buccal films
Zubsolv 1.4mg-0.36mg, 5.7mg-1.4mg†	3 sublingual tablets
Zubsolv2.9mg-0.71mg, 8.6mg-2.1mg, 11.4mg-2.9mg†	2 sublingual tablets
Suboxone 2mg-0.5mg†	5 sublingual films
Suboxone 4mg-1mg†	4 sublingual films
Suboxone 8mg-2mg†	3 sublingual films
Suboxone 12mg-3mg†	2 sublingual films
buprenorphine-naloxone 8mg-2mg†	3 sublingual tablets
buprenorphine-naloxone 2mg-0.5mg†	5 sublingual tablets

Requests for coverage of select medications exceeding the defined quantity level limits may be submitted for clinical review.
*Maximum day supply on certain medications may vary depending on member's benefit design.
†Effective July 20, 2016, these agents will transition from quantity per duration (QD) to maximum daily quantity (MDQ) limits.

Table 3. Quantity Per Duration Limits

Drug Name	Retail Edit Limit	Mail Edit Limit	Other Edit Limit
Addition			
BromSite (bromfenac ophthalmic solution)	--	--	2 bottles per 720 days
Fymcompa (perampanel) oral suspension	680 mL per 25 days	2,040 mL per 75 days	--
Bevespi Aerosphere (glycopyrrolate/formoterol)	1 canister per 25 days	3 canisters per 75 days	--
Otovel (ciprofloxacin/fluocinolone acetate)	--	--	2 cartons (28 vials) per 180 days
Epclusa (sofosbuvir/velpatasvir)	28 tablets per 21 days	84 tablets per 63 days	84 day's supply per 720 days
Evzio (naloxone), Narcan	--	--	4 doses per 360 days

(naloxone) nasal spray, naloxone products — syringe, vial and nasal			
Xtampza (oxycodone ER)	60 tablets per 25 days	180 tablets per 75 days	--
Trulicity (dulaglutide)	--	--	2 bottles per 720 days
Removal**			
Kuvan	--	--	90 days per 720 days

Requests for coverage of select medications exceeding the defined quantity level limits may be submitted for clinical review.

*Maximum day supply on certain medications may vary depending on member's benefit design.

**Please note the Kuvan policy will be changing from MRxC to PA policy. Effective date for removal of quantity limit to be determined (TBD).

All effective dates are tentative and subject to delay, pending internal review and implementation.