

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

AUG. 15, 2016

EFFECTIVE 10/14/2016 CLARIFICATION OF PRESCRIPTION DRUG COVERAGE FOR SELECT CONVENIENCE KIT PRODUCTS

CLARIFICATION APPLICABLE TO COMMERCIAL AND HEALTHCARE REFORM MEMBERS WITH A PHARMACY BENEFIT

In order to ensure we offer our members, your patients, safe, effective and affordable medications, effective with dates of service on or after Oct. 14, 2016, select combination products that are packaged together within a single convenience kit, as well as medications that are not monitored by the U.S. Food and Drug Administration (FDA), will not be covered, unless the drug isn't available without the nonprescription components. This is to align with our current process, as these products are typically not covered. A sample list of impacted products appears at the end of this Special Bulletin, with a listing of possible alternative options. Please note that the list of impacted products is subject to change in the future without notice.

Certain combination products — whether mixed together or packaged together in a convenience kit — in addition to the main active drug, may include items used for the administration of the drug (rubber gloves, sponges, etc.) and/or convenience items (lotions, skin cleanser, etc.). Additionally, some prepackaged kits may include products that are widely available individually, over-the-counter (OTC), or not regulated by the FDA for safety and efficacy. Highmark strives to provide comprehensive prescription drug coverage that offers access to a wide range of medications to treat all manner of illness, including chronic conditions. Coverage will still be available for the main prescription drug component of the products available in prepackaged kits, as well as alternative medications, including oral and topical commercially available products.

MEMBERS MAY CONTACT YOU

This change is applicable to all Highmark Commercial and Healthcare Reform members who have a pharmacy benefit, and letters are being mailed to notify those members who have recently received one of these products. As a result, they may contact your practice before their next refill to request new prescriptions for alternative medications, a different dosage form or for another FDA-approved drug. Members who attempt to fill or refill a prescription for any medication impacted by this change on or after Oct. 14, 2016, may be responsible for paying the full cost of that medication. Please note that new prescriptions may still require authorization to be covered under a member's benefit plan.



CHECK MEMBERS' BENEFITS AND ELIGIBILITY, AND LOOK UP FEES IN NAVINET

Please remember to use NaviNet® or the applicable HIPAA electronic transactions to verify the member's benefits and eligibility before prescribing medications or delivering services. As always, the individual member's benefit structure will determine coverage.

Sample List of Products No Longer Covered, Effective Oct. 14, 2016 (List of products subject to change in the future without notice)

Products No Longer Covered	Possible Alternatives
DermaSilkRx DicloPak	Diclofenac tablets Capsaicin cream
Lidovex	Lidocaine gel, cream or ointment
Noxifol-D3	Vitamin D Folic acid
Silmanix	OTC capsaicin patches, cream, gel
Ticanase	Fluticasone propionate Normal saline nasal spray
Xrylix	Voltaren gel, Pennsaid topical solution
Various EnovaRX products: <ul style="list-style-type: none"> ▪ EnovaRx-Amitriptyline ▪ EnovaRx-Baclofen ▪ EnovaRx-Cyclobenzaprine ▪ EnovaRx-Ibuprofen ▪ EnovaRx-Lidocaine hcl ▪ EnovaRx-Naproxen 	Voltaren gel Lidocaine gel, cream or ointment
NaproPak Cool	Naproxen sodium tablets OTC menthol products OTC finger cots
SmartRx Gaba Kit	Gabapentin capsules Lidocaine gel, cream or ointment OTC menthol products
DermaWerx SDS Pak	Triamcinolone cream OTC dimethicone cream products Individual roll of silicone tape

OTC: over-the-counter