SPECIAL eBULLETIN

JANUARY 2018

FIRST QUARTER 2018 UPDATE

CHANGES TO THE HIGHMARK DRUG FORMULARIES

Following is the First Quarter 2018 update to the Highmark Drug Formularies and pharmaceutical management procedures. The formularies and pharmaceutical management procedures are updated on a quarterly basis, and the following changes reflect the decisions made in November 2017 by our Pharmacy and Therapeutics Committee. These updates are effective on the dates noted throughout this document.

Please reference the guide below to navigate this communication:

Section I. Highmark Commercial and Healthcare Reform Formularies

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

Delaware Progressive Formulary – Select Healthcare Reform Individual Plans
Jan. 1, 2018

Effective **Jan. 1, 2018**, there will be a new formulary for select Healthcare Reform (HCR) Individual plans in Delaware. The new formulary called the **Delaware Healthcare Reform Progressive formulary** will be an incentive formulary with four primary tiers. Again, this formulary is only being used for select Individual HCR plans in Delaware.

The four tiers on the formulary are outlined below:

Tier 1 - Preferred Generics
Tier 2 - Nonpreferred Generics
Tier 3 - Preferred Brands
Tier 4 - Nonpreferred Brands

Some of your patients' current medications may be covered on a different tier with this new formulary. To ensure that your patients receive the maximum prescription drug coverage, please consider the preferred formulary drug options. A list of drugs for the Progressive Formulary, available by tier and listed in therapeutic class, is located on the Provider Resource Center.

We hope this information makes the transition easier for both you and your patient. Our goal, as always, is to work with you to help control the high cost of prescription drug coverage while maintaining high-quality patient care.

Important Drug Safety Updates

Febuxostat (Uloric): Drug Safety Communication – Increased Risk of Heart-Related Death and Death From All Causes

On November 15, 2017, the FDA announced that preliminary results from a clinical safety trial demonstrated an increase in heart-related deaths with febuxostat (Uloric) when compared to allopurinol. Health care professionals are urged to take this information into consideration when prescribing or continuing patients on febuxostat. Further updates will be given when final results are received from the trial. Adverse events or side effects related to the use of this product should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Diphenoxylate Hydrochloride and Atropine Sulfate Tablets by Greenstone LLC: Recall – Possible Sub Potent and Super Potent Tablets

On November 16, 2017, Greenstone LLC announced a voluntary recall of multiple lots of diphenoxylate HCL and atropine sulfate tablets to the consumer level. Tablets may contain varying amounts of active ingredient causing them to be sub potent or super potent. The tablets are packaged in 100- and 1000-count bottles (NDC 59762-1061-1 and 59762- 1061-2) and were distributed from November 2016 through June 2017. Lot numbers available on the FDA website. Adverse events or side effects related to the use of this product should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Riomet (Metformin HCl Oral Solution) by Sun Pharmaceuticals: Recall – Microbial Contamination

On November 24, 2017, Sun Pharmaceutical Industries issued a voluntary recall of two lots of Riomet 500 mg/5 mL to the retail level (Class II Recall). The oral solution was found to be contaminated with *Scopulariopsis brevicaulis*. The affected Riomet includes products with NDC Code 10631-206-01, Lot Number A160031A, Expiration Date 01/2018, and NDC 10631-206-02, Lot Number A160031B, Expiration Date 01/2018. This contamination can result in infection, particularly for the immunocompromised patient. Adverse events or side effects related to the use of this product should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Prescription Opioid Cough and Cold Medicines: Drug Safety Communication – Limited to Use in Adults

On January 11, 2018, the FDA announced that it would now require safety labeling changes for prescription cough and cold medications containing codeine or hydrocodone. This would limit use to adults 18 years of age and older as risks outweigh the benefits in children less than 18. Additional safety information detailing risks of misuse, abuse, addiction, overdose, death, and slowed or difficult breathing will be added to the Boxed Warning. Adverse events or side effects related to the use of these products should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Long-acting Beta Agonists (LABAs) and Inhaled Corticosteroids (ICSs): Drug Safety Communication - No Significant Increase in Risk of Serious Asthma Outcomes

On December 20, 2017, the FDA announced that after review of four large clinical safety trials, use of a LABA with an ICS for the treatment of asthma does not appear to increase asthma-related side effects when compared to treatment with an ICS alone. The Boxed Warning concerning asthma-related death has been removed from labels of drugs containing an ICS and LABA. Adverse events or 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 – January 2018

SECTION I. Highmark Commercial and Healthcare 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 date to be determined December 19, 2017, unless otherwise noted.)

Brand Name	Generic Name	Comments
Qvar Redihaler*	beclomethasone	New inhaler device of Qvar indicated for the maintenance treatment of asthma as prophylactic therapy in patients 4 years of age and older.
Tracleer ODT	bosentan	New dosage form (oral dispersible tablet) and first pulmonary arterial hypertension drug approved for pediatric patients (aged 3 years and older).
Fiasp	faster-acting insulin aspart	First injectable, ultra-rapid-acting insulin product indicated for improved glycemic control in adults with diabetes mellitus.

Coverage may be contingent upon plan benefits.

Table 2. Products Not Added**

Brand Name	Generic Name	Preferred Alternatives
Carospir	spironolactone suspension	spironolactone
Duzallo	lesinurad; allopurinol	allopurinol
Lynparza tablets	olaparib	Provider discretion
Cyltezo*	adalimumab-adbm	Provider discretion
benznidazole	benznidazole	Provider discretion

Brand Name	Generic Name	Preferred Alternatives
Adzenys ER	amphetamine ER suspension	dextroamphetamine-amphetamine, methylphenidate ER
Solosec*	secnidazole	metronidazole gel, clindamycin cream
Xhance	fluticasone propionate	Provider discretion
Verzenio	abemaciclib	Provider discretion
Lyrica CR*	pregabalin extended-release	Provider discretion
Gocovri	amantadine ER	amantadine (immediate-release)
Calquence	acalabrutinib	Provider discretion
Bydureon BCise	exenatide ER	dulaglutide (Trulicity), liraglutide (Victoza)
Trelegy Ellipta	fluticasone furoate/umeclidinium/vilanterol	Provider discretion
Shingrix	herpes zoster vaccine	Provider discretion

* Effective date to be determined.

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 **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
benznidazole –Commercial and Healthcare Reform	12/21/2017	New policy created to ensure appropriate use in patients 2 to 12 years of age with Chagas disease.
Parathyroid Hormone Analogs – Commercial WVS***	01/01/2018	New policy created for the Commercial line of business, which was split from the initially combined Commercial and Healthcare Reform policy. Step through abaloparatide (Tymlos) before receiving teriparatide (Forteo) was also added.
Targretin (bexarotene) – Healthcare Reform WVS***	01/01/2018	New policy created for the Healthcare Reform line of business, which was split from the initially combined Commercial and Healthcare Reform policy. An additional step through generic bexarotene was also added.
CaroSpir (spironolactone) – Commercial and Healthcare Reform WVS***	12/21/2017	New policy created to require clinical documentation that patient is unable to swallow tablets in order to receive the suspension formulation of spironolactone.
Daraprim (pyrimethamine) – Commercial WVS***	TBD	New policy created to promote appropriate step with trimethoprim-sulfamethoxazole for prophylaxis and treatment of certain infections.
Delaware Cancer Chemotherapy Override Exception – Commercial	11/15/2017	New policy created to include rationale and criteria for provisions of the new Delaware Oncology Chemotherapy Exception legislation. According to

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
and Healthcare Reform		House Bill 120, coverage of cancer chemotherapy drugs cannot be limited or excluded due to failure to respond to a different agent when use of those drugs are supported by the National Comprehensive Cancer Network (NCCN Grade 1, 2A, or 2B) or by peer reviewed medical literature for the treatment of cancer. The following policies were modified to include provisions for the mandate: [J-24 Kinase Inhibitors], [J-101 Miscellaneous Immunomodulators], [J-107 Zolinza (vorinostat)], [J-127 Afinitor (everolimus)], [J-139 Zytiga (abiraterone acetate)], J-156 Xtandi (enzalutamide)], [J-183 Valchlor (mechlorethamine)], [J-479 Venclexta (venetoclax)], [J-610 Idhifa (enasidenib)], [J-611 Nerlynx (neratinib)], [J-639 Lonsurf (trifluridine-tipiracil)],.
Doxycycline products – Commercial WVS***	TBD	New policy created to ensure oral doxycycline therapy is used for severe acne vulgaris in patients who have tried and failed two different generic oral antibiotics, one of which must be doxycycline, and a different topical product.
Opioid Management – Commercial	TBD	To align with recommendations from CDC Safe Opioid Prescribing Guidelines, policy created to require prior authorization for first-time short acting opioid users with prescriptions for greater than a 7 day supply (>14 days/30) . Approval for additional days of therapy may be granted for pain due to cancer or sickle cell anemia, patients in hospice, and in those with continued need for chronic opioid therapy. Policy also requires prior authorization on long-acting opioids for opioid naive patients to ensure short-acting opioid therapies are optimized prior to transitioning to long-acting opioid therapy.
Oral Isotretinoin Therapy – Commercial WVS***	TBD	New policy created to ensure oral isotretinoin therapies are used for nodular acne in patients who have tried and failed two different generic oral antibiotics and one different topical product. Step through another isotreinoin agent required between Absorica (isotretinoin capsules) may be approved.
Spinraza (nusinersen) – Commercial and Healthcare Reform	12/21/2017	New policy created for Commercial and Healthcare Reform members to ensure appropriate utilization based on supporting clinical evidence (i.e., SMA type I). This policy will ensure the same criteria is applied across all lines of business.

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
Verzenio (abemaciclib) – Commercial and Healthcare Reform WVS***	11/15/2017	New policy created to ensure appropriate use in women with HR-positive, HER2 negative advanced breast cancer.
Calquence (acalabrutinib) – Commercial and Healthcare Reform WVS***	11/15/2017	Policy created to ensure acalabrutinib (Calquence) is used for adult patients with mantle cell lymphoma (MCL) who have received at least one prior therapy.
Gocovri (amantadine ER) – Commercial and Healthcare Reform WVS***	12/21/2017	New policy created to ensure amantadine ER (Gocovri) is used in patients with Parkinson's dyskinesia on concomitant levidopa-based therapy and after failure or intolerance to immediate release amantadine.
Targretin (bexarotene) – Commercial WVS***	11/15/2017	Policy revised to include additional step therapy through generic bexarotene for patients requesting the brand name Targretin and to remove the Healthcare Reform line of business.
Contraceptive Therapies – Commercial	11/15/2017	Policy revised to include ovarian cysts and Turner's Syndrome as approvable indications.
Tretinoin Therapy – Commercial and Health Care Reform	11/15/2017	Policy revised to include psoriasis as an approvable indication.
Increlex (mecasermin) – Commercial and Healthcare Reform	11/15/2017	Policy revised to remove Medicare line of business. Diagnostic criteria were also updated to reflect the most current guidance. Reauthorization criteria added requiring bone age < 14 years for females or < 16 years for males.
Xuriden (uridine triacetate) – Commercial and Healthcare Reform	11/15/2017	Policy enhanced to require the demonstration of megaloblastic anemia which is unresponsive to iron, folic acid, or Vitamin B-12 and that the member has elevated urinary orotic acid levels. Duration of authorization has also been decreased to 12 months with reauthorization based on documentation that the condition is being stabilized.
Kalydeco (ivacaftor) – Commercial and Healthcare Reform	11/15/2017	Policy revised to move the Medicare line of business to its own policy and to include expanded indication of additional 5 splice mutation in the CFTR gene for the treatment of cystic fibrosis.
Nitisinone (Orfadin and Nityr) – Commercial WVS***	11/15/2017	Policy revised to require documentation of trial and failure of Nityr prior to receiving Orfadin. The duration of authorization was also modified from a lifetime authorization to 12 months.
Nitisinone (Orfadin and Nityr) – Healthcare Reform WVS***	11/15/2017	New policy created for the Healthcare Reform line of business, which was split from the initially combined Commercial and Healthcare Reform policy. Approval criteria remain the same.
PCSK9 Inhibitors – Commercial WVS***	12/01/2017	Policy revised to modify previous statin treatment requirements for heterozygous familial

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
		hypercholesterolemia (HeFH) and atherosclerotic cardiovascular disease (ASCVD) indications to require trial and failure of one high-intensity statin (atorvastatin 40-80 mg or rosuvastatin 20-40 mg). Baseline LDL requirement was also revised for HeFH and ASCVD indications to offer PCSK9 therapy for patients with LDL ≥70 mg/dL (previously ≥100 mg/dL). Language was also added to cover PCSK9 inhibitor monotherapy for patients who are determined to be statin intolerant.
PCSK9 Inhibitors – Healthcare Reform WVS***	12/01/2017	Policy revised to modify previous statin treatment requirements for heterozygous familial hypercholesterolemia (HeFH) and atherosclerotic cardiovascular disease (ASCVD) indications to require trial and failure of one high-intensity statin (atorvastatin 40-80 mg or rosuvastatin 20-40 mg). Baseline LDL requirement was revised for HeFH and ASCVD indications to offer PCSK9 therapy for patients with LDL ≥70 mg/dL (previously ≥100 mg/dL). Language was also added to cover PCSK9 inhibitor monotherapy for patients who are determined to be statin intolerant.
Chronic Inflammatory Diseases – Commercial and Healthcare Reform WVS***	11/15/2017	Policy revised to add an expanded indication for ustekinumab (Stelara) subcutaneous in the treatment of adolescents 12 years and older with moderate to severe plaque psoriasis and to highlight the adolescent weight-based dosing regimen. The initial approval criteria for ustekinumab (Stelara) in Crohn's disease was also revised to require Stelara intravenous induction therapy, trial and failure of two immunosuppressants, and trial and failure of the preferred biologic product for Crohn's Disease, adalimumab (Humira).
Topical Non-Steroid Therapy for Atopic Dermatitis – Commercial WVS***	11/15/2017	Policy revised to remove crisaborole (Eucrisa) to its own policy. Approval criteria remain the same.
Amjevita (adalimumab-atto) and Cyltezo (adalimumab-adbm) Biosimilar – Commercial and Healthcare Reform	TBD	Policy revised to include adalimumab-adbm (Cyltezo) for the treatment of • Rheumatoid Arthritis (RA) • Juvenile Idiopathic Arthritis (JIA) • Psoriatic Arthritis (PsA) • Ankylosing Spondylitis (AS) • Adult Crohn's Disease (CD) • Ulcerative Colitis (UC) • Plaque Psoriasis (Ps)

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
Testosterone (Androgens) – Commercial WVS***	12/11/2017	Policy revised to include step requirement of all branded topical products. Requirement for transgender male patients to undergo reassignment surgery was removed. Approval criteria include: age > 16 years, diagnosis of gender identity disorder or gender dysphoria, and goal of therapy of female-to-male gender transition.
Testosterone (Androgens) – Healthcare Reform WVS***	12/11/2017	Policy revised to remove the requirement for transgender male patients to undergo reassignment surgery. Approval criteria include: age > 16 years, diagnosis of gender identity disorder or gender dysphoria, and goal of therapy of female-to-male gender transition.
Hepatitis C Oral Agents – Commercial WVS***	1/1/2018	Policy revised to include sofosbuvir/velpatasvir (Epclusa) as a preferred product for the treatment of Hepatitis C infection.
Pulmonary Hypertension – Commercial and Healthcare Reform WVS***	12/21/2017	Policy revised to change the title from Pulmonary Arterial Hypertension to Pulmonary Hypertension to be aligned with the Medicare policy, and for accuracy as the policy includes criteria for WHO group IV patients with chronic thromboembolic pulmonary hypertension (CTEPH). Additional policy changes include addition of criteria for newly approved bosentan (Tracleer) ODT tablets for the pediatric population, changes to the background section, including new safety considerations and prescribing considerations.
Benlysta (belimumab) – Commercial and Healthcare Reform WVS***	11/15/2017	Policy revised to align with Medical Policy criteria for belimumab (Benlysta) IV. Criteria outline titer values for anti-nuclear antibody (ANA) (≥1:80) and anti-double-strand DNA antibody (≥30 IU/mL). Additionally, individuals should demonstrate insufficient response to two standard of care drug classes (corticosteroids, antimalarials, immunosuppressives), and continue to receive concomitant standard of care for the treatment of systemic lupus erythematosus (SLE) while utilizing belimumab (Benlysta).
Lyrica (pregabalin) & Lyrica CR (pregabalin ER) – Commercial and Healthcare Reform WVS***	TBD	Policy revised to add pregabalin ER (Lyrica CR) and required step through pregabalin (Lyrica) immediate release.

*All effective dates are tentative and subject to delay pending internal review or approval.
***WVS: West Virginia members may bypass any step therapy requirements outlined in the respective policies.

2. Managed Prescription Drug Coverage (MRxC) Program

Policy Name	Policy Effective Date*	Updates and Automatic Approval Criteria**
Interferon Beta – Select Healthcare Reform Plans WVS***	12/01/2017	New policy created for the Healthcare Reform line of business, which was split from the initially combined Commercial and Healthcare Reform policy. Authorization criteria remain the same.
Xhance (fluticasone propionate) – Commercial and Healthcare Reform WVS***	12/26/2017	New policy created for new medication fluticasone propionate (Xhance) to require confirmation of nasal polyps and trial and failure, or intolerance to generic mometasone furoate nasal spray.
Non-Preferred Glucagon-Like Peptide Receptor Agonists – Commercial and Healthcare Reform WVS***	01/01/2018	New policy created to promote use of preferred products, liraglutide (Victoza) and dulaglutide (Trulicity), prior to the approval of non-preferred GLP-1 receptor antagonists.
Non-Preferred Sodium-Glucose Co-Transporter 2 Inhibitors – Healthcare Reform WVS***	01/01/2018	New policy created to promote use of preferred products, empagliflozin (Jardiance) and canagliflozin (Invokana), prior to the approval of non-preferred SGLT2 inhibitors.
Eucrisa (crisaborole) – Commercial WVS***	11/15/2017	New policy created to separate crisaborole (Eucrisa) to its own policy. Approval criteria remain the same.
glycopyrrolate – Commercial and Healthcare Reform WVS***	12/26/2017	New policy created to require trial of glycopyrrolate 1 mg prior to 1.5 mg for the treatment of peptic ulcer disease.
benzonatate – Commercial and Healthcare Reform WVS***	12/26/2017	New policy created to require trial of benzonatate 100 mg prior to 150 mg for the symptomatic relief of cough.
Trulance (plecanatide) – Commercial WVS***	TBD	New policy created to require trial and failure of lubiprostone (Amitiza) and linaclotide (Linzess) prior to receiving plecanatide (Trulance) for the indication of chronic idiopathic constipation.
Solodyn and Ximino (minocycline ER) & Minocin (minocycline HCl) – Commercial WVS***	TBD	New policy created for the Commercial line of business, which was split from the initially combined Commercial and Healthcare Reform policy. Ximino and Minocin (both minocycline ER products) were also added to the new Commercial policy as targeted products.
Interferon Beta – Commercial WVS***	12/01/2017	Policy revised to move interferon beta-1b (Betaseron) from a non-preferred to preferred position. The Healthcare Reform component was also separated to its own policy.
Diabetic Test Strips Quantity Limitation – Commercial and Healthcare Reform	11/15/2017	Policy revised to reflect quantity limit of seven test strips daily for all covered test strips.
Azilect (rasagiline) – Healthcare Reform WVS***	01/01/2018	Policy revised to include step through generic selegiline for the treatment of Parkinson's Disease.
Gout Therapies – Commercial and Healthcare Reform WVS***	12/26/2017	Policy revised to include Duzallo (lesinurad/allopurinol) for the treatment of hyperuricemia due to gout in patients who have experienced failure with allopurinol alone.

Policy Name	Policy Effective Date*	Updates and Automatic Approval Criteria**
Lorzone, Parafon Forte DCS (chlorzoxazone) – Commercial and Healthcare Reform WVS***	12/26/2017	Policy revised to include chlorzoxazone 250 mg and update step therapy requirement through chlorzoxazone 500 mg and one additional muscle relaxant for all targeted products.
Solodyn and Ximino (minocycline ER) – Healthcare Reform WVS***	12/26/2017	New policy created for the Healthcare Reform line of business, which was split from the initially combined Commercial and Healthcare Reform policy. Ximino (minocycline ER) was also added as a targeted product.
Xeloda (capecitabine) – Commercial	11/15/2017	Policies were revised to include provisions for the Delaware Oncology Chemotherapy Exception mandate.
Branded Aromatase Inhibitors – Commercial	11/15/2017	
Branded Antiandrogen Therapy – Commercial	11/15/2017	

*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.
***WVS: West Virginia members may bypass any step therapy requirements outlined in the respective policies.

3. Formulary Program

Policy Name	Policy Effective Date*	Updates and Automatic Approval Criteria**
General Non-Formulary Request Criteria – Commercial	TBD	Policy revised to add Lyrica CR as a non-covered extended release product with immediate release formulation covered on the formulary.

*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 Duration for Commercial and Healthcare Reform Plans

Drug Name	Retail Edit Limit	Mail Edit Limit
Cyltezo prefilled syringe 40mg/0.8 ml	80 mg (2 syringes) per 28 days	240 mg (6 syringes) per 84 days
benznidazole 12.5 mg, 100 mg	60 days per 720 days	
Copaxone 20mg*	28 per 28 days	84/84 days
Glatopa 20mg*	28 per 28 days	84/84 days
glatiramer acetate 20mg*	28 per 28 days	84/84 days
Copaxone 40mg*	12 per 28 days	36/84 days
glatiramer acetate 40mg*	12 per 28 days	36/84 days
Bydureon BCise (exenatide ER) all strengths	4 auto-injectors per 28 days	12 auto-injectors per 84 days

*Applicable to Commercial plans only. Effective date to be determined.

Table 2. Quantity Level Limits – Quantity per Dispensing Event – Commercial and Healthcare Reform Plans

Drug Name	Retail Edit Limit	Mail Edit Limit
Qvar Redihaler 40 mcg	One Inhaler	Three Inhalers
Qvar Redihaler 80 mcg	Two Inhalers	Six Inhalers
Adzenys ER 1.25 mg/mL	One bottle (450 mL)	Three bottles (1350 mL)
Xhance (fluticasone propionate) 93 mcg	One bottle (16 ml)	Three bottles (48 ml)
Solosec (secnidazole) 2 g (oral granules)	One granules packet	--
Trelegy Ellipta (all strengths)	One inhaler	Three inhalers

Quantity per dispensing event limits the quantity of medication that can be dispensed per each fill. If the submitted day supply on a claim is 34 days or less, the retail limit will apply. If the submitted day supply on a claim is greater than 34 days, the mail limit will apply.

Table 3. Maximum Daily Quantity Limits – Commercial and Healthcare Reform Plans

Drug Name	Daily Limit
Duzallo (all strengths)	1 tablet per day
Lynparza tablets 100, 150 mg	4 tablets per day
Xuriden 2 g packets of granules	8 grams per day
Tracleer (bosentan) ODT 32mg oral dispersible tablets	4 tablets per day
Idhifa 50 mg	2 tablets per day
Gocovri (amantadine ER) 68.5 mg and 137 mg	2 capsules per day
Verzenio (abemaciclib) 50 mg, 100 mg, 150 mg, and 200 mg	2 tablets per day
Calquence (acalabrutinib)100mg	2 capsules per day
Uptravi (selexipag) 200 mcg	8 tablets per day

Members can receive up to the maximum day supply according to their benefits but the daily limit must not be exceeded for each individual day.

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.

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