SPECIAL eBULLETIN

September 2015

CHANGES TO THE HIGHMARK DRUG FORMULARIES

3RD QUARTER UPDATE

The 3rd Quarter 2015 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 attached changes reflect the decisions made in June 2015 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 Health Care Reform Comprehensive Formularies

A. Changes to the Highmark Comprehensive and the Highmark Comprehensive Health Care Reform Formularies
B. Updates to the Pharmacy Utilization Management Programs
    1. Updates to the Prior Authorization Program
    2. Updates to the Managed Prescription Drug Coverage (MRxC) Program
    3. Updates to the Non-Formulary (NF) Program
    4. Updates to the Quantity Level Limit (QLL) Program
    5. Updates to Quantity Level Limits for Biologic Response Modifier Agents

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

If you have any questions regarding this pharmacy communication or the formularies, please contact your Highmark Blue Cross Blue Shield Delaware Provider Relations Representative.

(Continued on next page)

Highmark Delaware

Important Drug Safety Updates

Risk of Permanent Skin Color Changes with Use of Daytrana Patch (methylphenidate transdermal system)

On June 24, 2015, the FDA released a Drug Safety Communication warning that permanent loss of skin color may occur with use of Daytrana patch for Attention Deficit Hyperactivity Disorder (ADHD). As a result of this, a new warning was added to the drug label to address this skin condition (chemical leukoderma). This condition may be disfiguring, but is not physically harmful. Patients should not stop using the patches, however, unless the prescriber changes therapy. The Daytrana patch is currently indicated for the treatment of ADHD among patients who are between 6 years old and 17 years old. Any discoloration of the skin should be reported to the provider as well as the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Risk of Serious Side Effect with Use of Codeine Cough and Cold Medicines in Children

On July 1, 2015, the FDA released a Drug Safety Communication warning of the potential risk of serious side effects, such as slowed or difficulty breathing, with use of codeine cough and cold medicines in children under 18 years of age. The FDA will be considering the European Medicines Agency (EMA) recommendations to avoid use of codeine to treat coughs and colds in children younger than 12 years of age or between 12 and 18 years of age with breathing problems. This was a follow-up warning to the 2013 warning against use of codeine in children who recently had surgery to remove their tonsils and/or adenoids. Health care professionals and patients are encouraged to report adverse events or side effects related to the use of these products to the FDA's MedWatch Program.

Increased Risk of Cardiovascular Events with Use of Non-aspirin, Nonsteroidal, Anti-inflammatory Drugs (NSAIDs)

On July 9, 2015, the FDA released a Drug Safety Communication warning of increased chance of heart attack or stroke with use of NSAIDs. The collective body of evidence with the new safety information led the FDA to require updates to the drug labels of all prescription and over-the-counter (OTC) non-aspirin NSAID drug facts labeling. Prescription labels for NSAIDs, such as naproxen, ibuprofen, diclofenac and celecoxib, will be required to include recommendations from the FDA advisory committee and safety review detailing heart attack and stroke risks associated with NSAIDs. The risk of cardiovascular events appears to be greater with higher doses or prolonged use of NSAIDs, impacting those with or without heart disease or risk factors for heart disease. Adverse events related to the use of NSAIDs should be reported to the prescriber and the FDA MedWatch Program.

Highmark Formulary Update – June 2015

SECTION I. Highmark Comprehensive and Progressive Formularies

A. Changes to the Highmark Comprehensive Formulary and the Highmark Comprehensive Health Care 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 automatically added to the Open Formulary. These updates are effective as of the dates noted throughout this document. For your convenience, you can search the Highmark Comprehensive Formulary or the Highmark Comprehensive Health Care Reform Formulary online at http://highmark.formularies.com. Note: You must click the hyperlink for the Highmark Comprehensive Health Care Reform formulary.

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 this will promote adherence to maintenance products and improve the overall health of our members.

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

Brand Name	Generic Name	Comments
ProAir® RespiClick	albuterol sulfate	Indicated in patients 12 years of age and older for the treatment or prevention of bronchospasm with reversible obstructive airway disease and for the prevention of exercise-induced bronchospasm. *Effective date 08/01/2015*
Kalydeco®	ivacaftor granules	Indicated for the treatment of CF in patients 2 years of age or older with one of the following CFTR mutations: G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, S549R or R117H. *Effective Date: 08/24/2015*

Table 2: Products Not Added*

Brand Name	Generic Name	Preferred Alternatives
Cresemba®	isavuconazonium sulfate	voriconazole
Toujeo®	insulin glargine	Lantus, Levemir
Elepsia™ XR	levetiracetam extended-release (ER)	carbamazepine, carbamazepine ER
Zarxio™	filgrastim	Neupogen
Corlanor®	ivabradine	Provider discretion
Jadenu™	deferasirox	Exjade
Cholbam®	cholic acid	Provider discretion
Glatopa™	glatiramer acetate	Copaxone
Aptensio™ XR	methylphenidate extended-release	methylphenidate ER, Methylin ER
Tuzistra™	codeine polistirex and chlorpheniramine polistirex	Cheratussin AC, codeine-guaifenesin syrup, benzonatate
Flowtuss™	hydrocodone and guaifenesin	Cheratussin AC, Guaituss AC, Iophen C-NR, codeine/guaifenesin oral liquid

Hycofenix™	guaifenesin, hydrocodone and pseudoephedrine	Guaifenesin DAC
Stiolto Respimat®	Tiotropium bromide and olodaterol	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. Updates to the Prior Authorization Program

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
Corlanor (ivabradine)	08/24/2015	Policy aligned with FDA-approved indication and requires failure of or contraindication to maximum tolerated dose of two beta-blockers for heart failure.
Cholbam (cholic acid)	08/24/2015	New policy created to require confirmation of FDA-approved indications for treating bile acid synthesis disorders due to single enzyme defects (SEDs) and as adjunctive therapy for peroxisomal disorders (PDs) including Zellweger spectrum disorders in patients who show liver disease manifestations, steatorrhea or complications from decreased fat soluble vitamin absorption.
Provigil (modafinil) & Nuvigil (armodafinil)- BSBCD	06/04/2015	Policy was updated to remove Nuvigil (armodafinil) from fatigue associated with multiple sclerosis approval criteria.
Savella (milnacipran) - Commercial Only	06/04/2015	Policy requirements updated to prior use of 2 agents for the treatment of fibromyalgia, one of which must include duloxetine.
Actimmune (interferon gamma)	06/04/2015	Updated policy to clarify that idiopathic pulmonary fibrosis (IPF) is not a medically accepted indication (MAI) by removing it from the MAI list. Leishmaniasis and Metastatic Renal Cell Carcinoma were added as MAIs.
Compound Medications	06/04/2015	Policy criteria revised to confirm trial of formulary products that are FDA approved for the diagnosis being treated.
Korlym (mifepristone)	06/04/2015	Policy revised to clarify that coverage will not be permitted if Cushing's syndrome is due to an identifiable source (such as high dose corticosteroids). Additional criteria were added, to be aligned with studies, requiring failure of one diabetes therapy for patients with diabetes.
Votrient (pazopanib)	06/04/2015	Policy revised with addition of language to clarify criteria for approval. Namely, the clarification states that one of the following criteria must be met for approval: • Pazopanib is to be used for the treatment of documented advanced renal cell carcinoma (RCC) ***OR*** • Pazopanib is to be used for the treatment of documented advanced soft-tissue sarcoma (excluding adipocytic soft tissue sarcoma and gastrointestinal stromal tumors) after failure of at least one prior chemotherapy regimen (e.g. doxorubicin, carboplatin, cyclophosphamide, dacarbazine, epirubicin, ifosfamide).
Anabolic Steroids	06/04/2015	Policy criteria updated to be aligned with compendia-approved indications, which include:

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
		Anadrol-50 (oxymetholone) • Acquired aplastic anemia • Anemia of chronic renal failure • Myelosuppression induced by cancer chemotherapy • Fanconi anemia • Pure red cell aplasia Oxandrin (oxandrolone) • Adjunctive therapy to promote weight gain after weight loss, following extensive surgery, chronic infections or severe trauma and in some patients who, without definite pathophysiologic reasons fail to gain or to maintain normal weight • To offset the protein catabolism associated with prolonged administration of corticosteroids • The relief of bone pain frequently accompanying osteoporosis
Anti-Obesity	06/04/2015	Policy limitations of coverage were revised by removing language that noted Qsymia must be obtained from a certified mail order pharmacy, as it can also be obtained at retail pharmacies.
Zykadia (ceritinib)	06/04/2015	Policy criteria clarified to align with FDA-approved indication: • For the treatment of anaplastic lymphoma kinase (ALK) - positive metastatic non-small cell lung cancer (NSCLC) ***AND*** • There is documentation of failure on, or intolerance to, crizotinib (Xalkori)
Miscellaneous Immunomodulators	06/04/2015	Policy criteria revised to align with new FDA-approved indication. Namely, an update was made to Pomalyst (pomalidomide) for the treatment of multiple myeloma, in combination with dexamethasone, in patients who have received at least 2 prior therapies including lenalidomide and a proteasome inhibitor and progressed on or within 60 days of last therapy.
Cimzia (certolizumab) - Commercial Only	08/24/2015	Quantity limitation added, with intent of policy criteria remaining the same.
Orencia (abatacept) - Commercial Only	08/24/2015	Quantity limitation added, with intent of policy criteria remaining the same.
Kineret (anakinra) - Commercial Only	08/24/2015	Quantity limitation added, with intent of policy criteria remaining the same.
Simponi (golimumab) - Commercial Only	08/24/2015	Quantity limitation added, with intent of policy criteria remaining the same.
Enbrel (etanercept) - Commercial Only	08/24/2015	Quantity limitation added, with intent of policy criteria remaining the same.
Humira (adalimumab) - Commercial Only	08/24/2015	Quantity limitation added, with intent of policy criteria remaining the same.
Cosentyx (secukinumab)	08/24/2015	Quantity limitation added. Removal of step requirement for Enbrel, as Cosentyx has demonstrated superiority over Enbrel in a head-to-head trial.
Actemra - Commercial Only	08/24/2015	Quantity limitation added, with the addition of approval criteria for tocilizumab in patients 2 years of age or older with active

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
		polyarticular juvenile idiopathic rheumatoid arthritis (PJIA) and active systemic juvenile idiopathic rheumatoid arthritis (SJIA).
Stelara (ustekinumab) - Commercial Only	08/24/2015	Quantity limitation added, with intent of policy criteria remaining the same.
Cystic fibrosis (CF) - Inhaled antibiotics	TBD	Policy aligned with FDA-approved indications for CF inhaled antibiotics, and to manage potential off-label utilization.
New to Market Drug Policy	06/04/2015	Policy revised with added language related to FDA-approved maximum daily dosing.
HP Acthar (repository corticotropin for injection)	08/24/2015	Quantity limitation added, with intent of policy criteria remaining the same.
Hepatitis C – Commercial	TBD	Policy updated in preparation for the FDA approval of daclatasvir (Daklinza), a treatment for chronic hepatitis C genotype 3.
C1 Esterase Inhibitors	TBD	New policy for C1 Esterase Inhibitor [human] (Cinryze), indicated for the management of routine prophylaxis of angioedema attacks in adolescent and adult patients with Hereditary Angioedema (HAE). Approval criteria created based on the different types of HAE.
Pulmonary Arterial Hypertension - Commercial	TBD	Policy updated with the addition of two inhaled agents, Tyvaso and Ventavis, for the treatment of Pulmonary Arterial Hypertension (WHO Group 1) to ensure appropriate utilization that is in line with FDA-approved indications. This addition was made after both agents were removed from the global exclusions list of medications.

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

2. Updates to the Managed Prescription Drug Coverage (MRxC) Program

Policy Name	Policy Effective Date	Updates and Automatic Approval Criteria*
Lyrica (pregabalin) - Commercial Only	06/04/2015	Policy updated to require the use of 2 agents for the treatment of fibromyalgia, one of which must include duloxetine.
Xifaxan 550mg (rifaximin)	06/04/2015	Policy updated with the addition of step therapy with lactulose for Hepatic Encephalopathy (HE), and new indication of treatment for irritable bowel syndrome with diarrhea (IBS-D) in adults.
Diabetic Blood Glucose Testing Products	TBD	Policy updated to require step therapy of preferred test strips (Abbott and LifeScan products) before use of all other non-preferred test strips.

***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. Updates to the Non-Formulary (NF) Program

Policy Name	Policy Effective Date	Updates and Automatic Approval Criteria**
General Non-Formulary Request Criteria*	TBD	Updates related to ACA requirements for coverage of non-formulary contraceptive therapies at no cost-share if medical necessity and trial and failure of at least one formulary alternative have been met.

*Policy applies to commercial plans with closed formulary
****All effective dates are tentative and subject to delay pending internal review or approval.**

4. Updates to the Quantity Level Limit Program
(Effective immediately upon completion of internal review and operationalization, unless otherwise noted)

Drug Name	Up to 34-Day Supply Limit (retail)	35- to 90-Day Supply Limit (retail or mail)
Adderall® 5 mg	408 tablets	1080 tablets
Adderall® 7.5 mg	272 tablets	720 tablets
Adderall® 10 mg	204 tablets	540 tablets
Adderall® 12.5 mg	170 tablets	450 tablets
Adderall® 15 mg	136 tablets	360 tablets
Adderall® 20 mg	102 tablets	270 tablets
Adderall® 30 mg	68 tablets	180 tablets
Advair Diskus®	1 inhaler	3 inhalers
Advair® HFA	1 inhaler	3 inhalers
Aerospan®	2 inhalers	6 inhalers
Alvesco®	1 inhaler	3 inhalers
Anoro™ Ellipta®	1 inhaler	3 inhalers
Aptensio™ XR	34 capsules	90 capsules
Arnuity™ Ellipta®	1 inhaler	3 inhalers
Asmanex® HFA 100 mcg, 200 mcg	1 inhaler	3 inhalers
Asmanex® Twisthaler® 110 mcg	1 inhaler	3 inhalers
Asmanex® Twisthaler® 220 mcg	2 inhalers	6 inhalers
Breo® Ellipta® 100 mcg-25 mcg	60 blisters	180 blisters
Concerta® 18 mg, 27 mg, 54 mg[a]	34 tablets	90 tablets
Concerta® 36 mg[a]	68 tablets	180 tablets
Daytrana®	34 patches	90 patches
Desoxyn®	170 tablets	450 tablets
Dexedrine® 5 mg	408 tablets	1080 tablets
Dexedrine® 10 mg	204 tablets	540 tablets
Dexedrine® Spansule® 5 mg	408 capsules	1080 capsules
Dexedrine® Spansule® 10 mg	204 capsules	540 capsules
Dexedrine® Spansule® 15 mg	136 capsules	360 capsules
Diabetic Blood-Glucose Test Strips (All Brands)[b]	150 test strips	450 test strips
Dulera®	1 inhaler	3 inhalers
Flovent® 50 mcg, 100 mcg	1 inhaler	3 inhalers
Flovent® 250 mcg	4 inhalers	12 inhalers
Flovent® HFA 44 mcg , 110 mcg	1 inhaler	3 inhalers
Flovent® HFA 220 mcg	2 inhalers	6 inhalers

Focalin® 2.5 mg	272 tablets	720 tablets
Focalin® 5 mg	136 tablets	360 tablets
Focalin® 10 mg	68 tablets	180 tablets
Focalin XR®	34 capsules	90 capsules
Ibrance®	21 capsules	63 capsules
Intuniv® 1 mg	238 tablets	630 tablets
Intuniv® 2 mg	102 tablets	270 tablets
Intuniv® 3 mg	68 tablets	180 tablets
Intuniv® 4 mg	34 tablets	90 tablets
Kalydeco®	68 tablets/packets	180 tablets/packets
Kapvay® 0.1 mg	136 tablets	360 tablets
Kapvay® 0.2 mg	68 tablets	180 tablets
Lumigan® 0.01%	1 ophthalmic solution	3 ophthalmic solutions
Metadate® ER 10 mg	204 tablets	540 tablets
Metadate® ER 20 mg	102 tablets	270 tablets
Methylin® 2.5 mg	816 chewable tablets	2160 chewable tablets
Methylin® 5 mg	408 chewable tablets	1080 chewable tablets
Methylin® 10 mg	204 chewable tablets	540 chewable tablets
Methylin® 5 mg	408 tablets	1080 tablets
Methylin® 10 mg	204 tablets	540 tablets
Methylin® 20 mg	102 tablets	270 tablets
Procentra®	2040 mL	5400 mL
Pulmicort Flexhaler® 90 mcg	1 inhaler	3 inhalers
Pulmicort Flexhaler® 180 mcg	2 inhalers	6 inhalers
Quillivant XR®	408 mL	1080 mL
Qvar® 40 mcg, 80 mcg	2 inhalers	6 inhalers
Savaysa™ 15 mg, 30 mg, 60 mg	34 tablets	90 tablets
Stiolto® Respimat	1 inhaler	3 inhalers
Strattera® 10 mg	340 capsules	900 capsules
Strattera® 18 mg	204 capsules	540 capsules
Strattera® 25 mg	136 capsules	360 capsules
Strattera® 40 mg	102 capsules	270 capsules
Strattera® 60 mg	68 capsules	180 capsules
Strattera® 80 mg	34 capsules	90 capsules
Strattera® 100 mg	34 capsules	90 capsules
Symbicort® 80mcg-4.5mcg, 160mcg-4.5mcg	1 inhaler	3 inhalers
Travatan®	1 ophthalmic solution	3 ophthalmic solutions
Travatan Z®	1 ophthalmic solution	3 ophthalmic solutions
Xalatan®	1 ophthalmic solution	3 ophthalmic solutions
Zenzedi® 2.5 mg	816 tablets	2160 tablets
Zenzedi® 5 mg	408 tablets	1080 tablets
Zenzedi® 7.5 mg	272 tablets	720 tablets
Zenzedi® 10 mg	204 tablets	540 tablets
Zenzedi® 15 mg	136 tablets	360 tablets
Zenzedi® 20 mg	102 tablets	270 tablets

Zenzedi® 30 mg	68 tablets	180 tablets
Zioptan®	34 pouches	90 pouches
Cystic Fibrosis Antibiotic Therapy		
Bethkis®	56 ampules per 56 rolling days	56 ampules per 56 rolling days
Cayston®	1 kit per 56 rolling days	1 kit per 56 rolling days
Kitabis® Pak	1 kit per 56 rolling days	1 kit per 56 rolling days
Pulmozyme® ampules	150 MLs	450 MLs
Tobi®	56 ampules per 56 rolling days	56 ampules per 56 rolling days
Tobi® Podhaler™	224 capsules per 56 rolling days	224 capsules per 56 rolling days
tobramycin inhalation solution	56 ampules per 56 rolling days	56 ampules per 56 rolling days

Standard prior authorization criteria will apply for members who do not meet the automatic approval criteria, if applicable.

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

a Coverage for these products is limited to a certain quantity per day. The quantity per day limit can be calculated by dividing the 34 day unit limit by 34 days. For example, a limit of 68 tablets per 34 day fill limit means the product is limited to two tablets per day. This limit applies to all prescriptions, regardless of days' supply.

b Coverage for requests exceeding the defined quantity level limits can be submitted for clinical review.

5. Updates to Quantity Level Limits for Biologic Response Modifier Agents

Drugs Impacted by Quantity Limit	Initial Therapy[a]	Maintenance Therapy[b]	28 days of Therapy[e]	84 days of Therapy[e]
Subcutaneous Biologic Response Modifier Medications [c]				
Actemra® (tocilizumab)	1 syringe once weekly		4 syringes	12 syringes
Cimzia® (certolizumab)	10 syringes in first 12 weeks	2 syringes every 4 weeks	2 syringes Starter Kit (1 unit) per 365 days	6 syringes Starter Kit (1 unit) per 365 days
Cosentyx® (secukinumab)	10 pens/syringes in first 4 weeks	2 pens/syringes every 4 weeks	2 pens/syringes	6 syringes
Enbrel® (etanercept)[d]	AS, JIA, PsA, RA*: 50 mg once weekly		Enbrel 50 mg - 4 syringes Enbrel 25 mg - 8 syringes	Enbrel 50 mg - 12 syringes Enbrel 25 mg - 24 syringes
	Ps*: 1,200 mg in first 12 weeks	Ps*: 50 mg once weekly		
Humira® (adalimumab)[d]	RA, PsA, AS*: 40 mg every other week		2 syringes Humira Pen/Syringe CD/UC; pCD; Ps* - Starter Kit (1 unit) per 365 days	6 syringes Humira Pen/Syringe CD/UC; pCD; Ps* - Starter Kit (1 unit) per 365 days
	JIA* • 22 lbs.-32 lbs.: 10 mg every other week • 33 lbs.-65 lbs.: 20 mg every other week • ≥66 lbs.: 40 mg every other week			
	UC, CD*: 240 mg in first 4 weeks	UC,CD*:40 mg every other week		
	pCD*: • 37 lbs. to 88 lbs.: 120 mg in first 4 weeks • ≥88 lbs.: 240 mg in first 4 weeks	pCD*: • 37 lbs. to 88 lbs.: 20 mg every other week • ≥88 lbs.: 40 mg every other		

Drugs Impacted by Quantity Limit	Initial Therapy[a]	Maintenance Therapy[b]	28 days of Therapy[e]	84 days of Therapy[e]
		week		
	Ps*: 80 mg in first week	Ps*: 40 mg every other week		
Kineret® (anakinra)	1 syringe once daily		28 syringes	84 syringes
Orencia® (abatacept)	1 syringe once weekly		4 syringes	12 syringes
Stelara® (ustekinumab)	2 syringes in first 4 weeks	1 syringe every 12 weeks	1 syringe per 84 days	
Simponi® (golimumab)	AS, PsA, RA*: 1 syringe every 4 weeks		1 syringe	3 syringes
	UC*: 6 syringes in first 12 weeks	UC*: 1 syringe every 4 weeks		

*Key: AS = Ankylosing spondylitis; PsA = psoriatic arthritis; RA = rheumatoid arthritis; UC = ulcerative colitis; JIA = juvenile idiopathic arthritis; CD = Crohn's Disease; pCD = pediatric Crohn's Disease; Ps = chronic plaque psoriasis

[a] Initial therapy corresponds to patients who are new to therapy and will undergo loading dose(s) or titration dose per FDA dosage and administration

[b] Maximum day's supply may vary depending on member benefit design

[c] Coverage for requests exceeding the defined quantity level limits can be submitted for clinical review

[d] Quantity limits displayed in (mg) strength due to varying dosage forms and strengths

[e] Number of syringes provided are based on maintenance therapy dose. Initial therapy quantities will require PLA.

Highmark's Retail Pharmacy Networks to Change in 2016

Starting Jan. 1, 2016, Highmark will change our three pharmacy networks through which our members purchase prescription medications at the retail point of sale.

The changes — namely which retail pharmacies are in each network — are intended to save pharmacy costs for our group customers who buy Highmark coverage for their employees and/or retirees. Also, the improvements are being made to keep our members' out-of-pocket medication costs in check and offer them access to quality pharmacy networks.

Following is a brief summary of the changes that will be taking place for each of our major pharmacy networks in 2016.

National Plus Network

- As of Jan. 1, 2016, our broadest pharmacy network, which is now called "Premier Delaware," will become the "National Plus" network.
- Highmark members transitioning from Premier Delaware to National Plus won't see any major changes for 2016; however, some smaller, independent pharmacies will no longer be in the network.

What You Need to Know
As a result of the pharmacy network changes, your Highmark patients' preferred pharmacies on file may change as of Jan. 1, 2016. So, before transmitting an electronic prescription to a pharmacy, please ask the Highmark patient which pharmacy he/she wishes to use. Please confirm and/or update the preferred pharmacy information in the patient's records for future use and to avoid delays or disruption in his/her receipt of medications.

Please note, however, that for existing/current prescriptions that overlap from 2015 into 2016, members won’t need a new prescription if their pharmacy is no longer in the network next year. Members simply need to call or visit their new network pharmacy as of Jan. 1, 2016, and provide the pharmacist with their information to transfer the existing prescription from their old pharmacy.

Educating Our Members
Highmark is educating our members about the 2016 pharmacy network changes through information in benefit open enrollment booklets and on their member website. Additionally, a mailing will be sent to some members' homes in November.

*It was announced recently that CVS has acquired Target pharmacies. In the months ahead, Highmark will advise members regarding any change in Target's network pharmacy participation for 2016.