SPECIAL eBULLETIN

DEC. 2016

FOURTH QUARTER 2016 UPDATE

CHANGES TO THE HIGHMARK DRUG FORMULARIES

Following is the Fourth Quarter 2016 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 September 2016 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:

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

Testosterone and Other Anabolic Androgenic Steroids (AAS): FDA Statement - Risks Associated With Abuse and Dependence

On October 25, 2016, the FDA approved changes to labeling for the entire class of prescription testosterone products, with the addition of a new warning and new safety information from published literature and case reports related to the abuse and dependence of testosterone and other AAS. The new warning will address the abuse potential of these products and associated serious adverse outcomes (related to heart, mental health etc.). The warnings and precautions also outline the importance of measuring serum testosterone concentration if abuse is suspected. Side effects related to the use of these products should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Direct-Acting Antivirals for Hepatitis C: Drug Safety Communication - Risk of Hepatitis B Reactivating

On October 4, 2016, the FDA has warned about the risk of hepatitis B virus (HBV) becoming reactivated in patients who currently have or were previously infected with HBV and who are treated with certain direct-acting antivirals (DDAs) for Hepatitis C. This reactivation can lead to serious liver problems or death. The FDA is requiring DDA drug labels to be updated with a black boxed warning about the risk of HBV reactivation. Health care professionals should screen and monitor for HBV in all patients receiving these DDA's. Side effects related to the use of these products should be reported to the FDA's MedWatch Safety Information and Adverse Event Reporting Program.

Opioid Pain or Cough Medicines Combined With Benzodiazepines: Drug Safety Communication - FDA Requiring Boxed Warning about Serious Risks and Death

On August 31, 2016, the FDA added black boxed warnings to the drug labeling of prescription opioid pain and prescription opioid cough medicines and benzodiazepines. The FDA found that a growing use of opioid medicines with benzodiazepines or other drugs that depress the central nervous system (CNS) resulted in serious side effects, including slowed breathing and deaths. Health care professionals should limit prescribing opioid pain medications with benzodiazepines or other CNS depressants to those individuals with inadequate alternative treatment options. 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 for Systemic Use: Drug Safety Communication - Warnings Updated Due to Disabling Side Effects

On July 26, 2016, the FDA approved changes to the labels of fluoroquinolone antibacterial drugs for systemic use (i.e., taken by mouth or by injection). The black box warning was revised to address disabling and potentially permanent side effects of the tendons, muscles, joints, nerves and the central nervous system, all of which may occur in the same patient. Due to a higher risk compared to benefits, the FDA recommends that fluoroquinolones be reserved for use in patients who have no other treatment options for acute bacterial sinusitis (ABS), acute bacterial exacerbation of chronic bronchitis (ABECB), and uncomplicated urinary tract infections (UTI). Use in some serious bacterial infections may still be warranted when benefit outweighs the risks. 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 —December 2016

SECTION I. Highmark Comprehensive and Highmark Comprehensive Health Care Reform 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 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 Health Care 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 November 1, 2016 unless otherwise noted)

Brand Name	Generic Name	Comments
Jentadueto® XR	linagliptin/metformin XR	Indicated for the treatment of type II diabetes mellitus.
Vaxchora™	Cholera Vaccine, Live, Oral	A vaccine indicated for active immunization against disease caused by Vibrio cholera serogroup O1. It is approved for use in adults 18 through 64 years of age traveling to cholera-affected areas.
Viekira XR™	dasabuvir/ombitasvir/ paritaprevir/ritonavir	Indicated for the treatment of adult patients with chronic hepatitis C virus (HCV): • genotype 1b infection without cirrhosis or with compensated cirrhosis • genotype 1a infection without cirrhosis or with compensated cirrhosis for the use in combination with ribavirin.
Repatha® Pushtronex™*	evolocumab	Indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (CVD), who require additional lowering of low density lipoprotein cholesterol (LDL-C).

Coverage may be 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
Ocaliva®	obeticholic acid	ursodiol
Zinbryta™	daclizumab	Copaxone, Gilenya, Tecfidera
GoNitro	nitroglycerin	nitroglycerin sublingual tablet; nitroglycerin translingual spray
Syndros™	dronabinol oral solution	ondansetron
Xiidra™	lifitegrast	Restasis
Belviq XR®	lorcaserin hydrochloride	Provider Discretion
Relistor®	Methylnaltrexone Bromide tablets	movantik, amitiza, lactulose
Adlyxin™	lixisenatide	Bydureon, Victoza
Qbrelis™	Lisinopril Oral Solution	lisinopril
Byvalson™	valsartan/nebivolol	valsartan, metoprolol
Rayaldee®	calcifediol	calcitriol, paricalcitol
Troxyca® ER	oxycodone/naltrexone	oxymorphone ER, morphine sulfate ER

*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**.

Table 3. Products to be Removed— Effective January 1, 2017

Brand Name	Generic Name	Preferred Alternative
All Commercial & Healthcare Reform Comprehensive Products		
Androgel® 1%	testosterone	generic testosterone gel, testosterone cypionate
Gleevec®	imatinib mesylate	imatinib mesylate
Ortho Tri-Cyclen® Lo	norgestimate-ethinyl estradiol	Tri-Lo-Sprintec, Tri-Lo-Estarylla
Crestor®	rosuvastatin	rosuvastatin, atorvastatin
Asacol® HD	mesalamine	Delzicol, sulfasalazine
Azor®	amlodipine/olmesartan	amlodipine/valsartan
Benicar®	olmesartan	losartan, irbesartan
Benicar HCT®	olmesartan/hydrochlorothiazide	losartan/hydrochlorothiazide, valsartan, hydrochlorothiazide
Tribenzor®	olmesartan/amlodipine/ hydrochlorothiazide	losartan/hydrochlorothiazide, amlodipine
Epzicom®	abacavir/lamivudine	abacavir, lamivudine
Mestinon®	pyridostigmine	pyridostigmine
Exelon®	rivastigmine	rivastigmine, donepezil
Testred®	methyltestosterone	methyltestosterone
Tegretol® XR	carbamazepine	carbamazepine, lamotrigine
Nasonex®	mometasone furoate	mometasone furoate, fluticasone propionate
PrandiMet™	repaglinide/metformin	repaglinide/metformin
Climara® Patch	estradiol	estradiol weekly patch, estradiol

		semi-weekly patch
Metadate CD®	methylphenidate	methylphenidate, dextroamphetamine-amphetamine
Malarone®	atovaquone/proguanil	atovaquone/proguanil
Xenazine®	tetrabenazine	tetrabenazine
Dulera®	mometasone/formoterol	Symbicort, Advair
Namenda® solution	memantine	memantine solution
Viagra®*	sildenafil	provider discretion

*Deletion only applicable to the Healthcare Reform Comprehensive formulary

B. Updates to the Pharmacy Utilization Management Programs

1. Prior Authorization Program

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
Evoxac (cevimeline) – Healthcare Reform	10/29/2016	New policy was created to ensure appropriate utilization based upon FDA approved use for treatment of dry mouth associated with Sjogren's Syndrome.
Syprine (trientine) and Cuprimine, Depen (penicillamine) – Healthcare Reform	10/29/2016	New policy was created to ensure appropriate utilization for an FDA approved indication. Also requires a trial of the preferred penicillamine (Depen) prior to use of Cuprimine and Syprine and a trial of 2 nonbiologic DMARDs for rheumatoid arthritis indication.
Dificid (fidaxomicin) – Healthcare Reform	10/29/2016	New policy was created to ensure appropriate utilization based upon FDA approved use for clostridium difficile-associated diarrhea. Also requires an adequate trial of oral vancomycin.
Cuvposa (glycopyrrolate oral solution) – Healthcare Reform	10/29/2016	New policy was created to ensure appropriate utilization based on FDA approved use for sialorrhea (drooling) in patients aged 3 to 16 years old with neurologic conditions associated with problems drooling (e.g. cerebral palsy, mental retardation, stroke).
Mucosal Agents – Healthcare Reform	10/29/2016	New policy to ensure appropriate utilization based upon FDA approved use for mucositis/stomatitis and xerostomia. This policy includes step criteria with trial of three agents depending on the diagnosis of xerostomia (dry mouth) or mucositis/stomatitis.
Zinbryta (daclizumab) – Commercial, Healthcare Reform and Medicare	11/01/2016	New policy created to ensure appropriate use of Zinbryta in patients with relapsing Multiple Sclerosis (MS) who have had an adequate trial of at least 2 alternative MS drugs.
Egrifta – Commercial and Healthcare Reform	11/01/2016	New PA policy created after removal of MRXC criteria to account for predefined clinical charcteristics to ensure drug is being used appropriately.
Ocaliva (obeticholic acid) – Commercial, Healthcare	TBD	New policy for Ocaliva to ensure diagnosis of primary biliary cholangitis. Require failure of Ursodiol monotherapy. Ocaliva

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
Reform and Medicare **		will be given in combination with ursodiol unless contraindicated or not tolerated.
Syndros (dronabinol oral solution) – Commercial, Medicare and Healthcare Reform	11/01/2016	New policy for Syndros to confirm diagnosis of appetite stimulation in patients with AIDS or chemotherapy-induced nausea and vomiting in patients who have failed two conventional antiemetic treatments. Require trial with generic dronabinol capsule. Require failure of at least two conventional antiemetic treatments. Reauthorization criteria require documentation of weight increase.
Diclofenac Containing Products – Commercial and Healthcare Reform	01/01/2017	New policy for Flector, Pennsaid, Voltaren gel, Zorvolex, Zipsor to ensure FDA indication and step therapy through more cost effective generic options.
Protopic (tacrolimus) and Elidel (pimecrolimus) – Healthcare Reform	01/01/2017	New policy created to mirror commercial UM criteria for Protopic and Elidel. May be approved in adults who have failed 2 topical corticosteroids, and in pediatric patients or those requesting for use on the face who have failed one non-fluorinated topical steroid.
Testosterone (Androgens) – Healthcare Reform	01/01/2017	New policy created to mirror commercial UM criteria for testosterone products with an additional step requirement through generic methyltestosterone for Android and Testred requests.
Actinic Keratosis & Genital Wart Therapy – Healthcare Reform	01/01/2017	New policy created to ensure appropriate use of Aldara, Carac, Efudex, and Zyclara for actinic keratosis in patients who have tried and failed at least 2 generic preferred alternatives including imiquimod and fluorouracil therapies and appropriate use of Aldara and Zyclara for treatment of external genital warts in patients that have tried and failed generic imiquimod cream.
Loprox (ciclopirox 1% shampoo) – Healthcare Reform	01/01/2017	New policy created to ensure appropriate use of Loprox in treatment of seborrheic dermatitis of the scalp in adults for members who have tried and failed2 topical antifungal alternatives.
Luzu (luliconazole 1% cream) – Healthcare Reform	01/01/2017	New policy created to ensure appropriate use of Luzu for topical treatment of tinea pedis, tinea cruris, and tinea corporis in patients that have tried and failed or experience intolerance to 2 different generic antifungal alternatives.
Noxafil (posaconazole) – Healthcare Reform	01/01/2017	New policy created to ensure appropriate use of Noxafil for aspergillus and candida infection prophylaxis and oropharyngeal candidiasis treatment in members who have tried and failed at least two generic antifungal alternatives.
Relistor (methylnaltrexone) – Commercial	11/01/2016	New policy for Relistor (tablets and injectable) to ensure diagnosis of opioid-induced constipation due to chronic non-cancer pain for relistor tablets and subcutaneous injection. Relistor subcutaneous injection has an additional diagnosis

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
		of treating opioid-induced constipation in patients with advanced illness during palliative care. Require failure of laxatives, Movantik and Amitiza for Relistor tablets. Require failure of Laxatives and Movantik for Relistor subcutaneous injection.
Relistor (methylnaltrexone) – Healthcare Reform and Medicare	11/01/2016	New policy for Relistor (tablets) to ensure diagnosis of opioid-induced constipation due to chronic non-cancer pain. Require failure of laxatives, Movantik and Amitiza.
Xiidra (lifitegrast) – Commercial, Healthcare Reform and Medicare	11/01/2016	New policy for Xiidra to ensure diagnosis of dry eye disease for members above 18 years of age who have experienced therapeutic failure, contraindication, or intolerance to Artificial tears. Reauthorization criteria require a documented improvement in the symptoms of dry eye disease.
Rayaldee (calcifediol) – Commercial and Healthcare Reform	11/01/2016	New policy created to ensure the use of a generic, vitamin D analog to treat adults with secondary hyperparathyroidism and stage 3 or 4 chronic kidney disease prior to the use of Rayaldee.
Northera (droxidopa) – Commercial and Healthcare Reform	09/08/2016	Policy revised with the addition of criteria to confirm diagnosis via blood pressure and symptoms. Addition of reauthorization criteria to include improvement in orthostatic hypotension or symptoms. Initial authorization duration of 4 weeks and maintenance authorization of 3 months.
Fertility – Commercial and Select Healthcare Reform Plans	09/08/2016	Policy revised to move Repronex from Section II. (use without ART only) to Section I. (use with or without ART).
PCSK9 Inhibitors – Commercial and Healthcare Reform	09/08/2016	Policy revised with the addition of Repatha Pushtronex.
Humira (adalimumab) – Commercial and Healthcare Reform	09/08/2016	Policy revised with the addition of uveitis indication. Revised to add step therapy with methotrexate before weekly Humira is approved for Rheumatoid Arthritis.
Anti-Obesity – Commercial and Healthcare Reform	TBD	Policy revised with the addition of Xenical, which includes criteria for reduce risk of weight gain after weight loss. Belviq XR was also added to the policy.
Acthar HP– Commercial and Healthcare Reform	TBD	Policy revised with the addition of dosing schedule, quantity limitation of 3 vials per month, and a weight-based dosing chart.
Immediate Release Fentanyl Citrate – Commercial and Healthcare Reform	09/08/2016	Policy revised quantity limit for Subsys from 124 to 240 units total per 31 days.
Simponi (golimumab) – Commercial and	01/01/2017	Policy revised with the removal of Humira step for ulcerative colitis.

Policy Name	Policy Effective Date*	Updates and/or Approval Criteria
Healthcare Reform		
Cystic fibrosis (CF)- Inhaled antibiotics – Commercial and Healthcare Reform	09/08/2016	Policy revised with the removal of generic tobramycin inhalation solution step for Kitabis Pak.
Pulmonary Hypertension – Commercial and Healthcare Reform	09/08/2016	Policy revised to reduce duration of authorization from lifetime to a 12-month authorization. Additionally, re-authorization criteria were added to ensure appropriate utilization of the medications addressed in policy.

*All effective dates are tentative and subject to delay pending internal review or approval.
** Ocaliva (obeticholic acid) – pre-coded for new to market drug policy on 9/8/16 for commercial and healthcare reform lines of business

2. Managed Prescription Drug Coverage (MRxC) Program

Policy Name	Policy Effective Date*	Updates and Automatic Approval Criteria**
Pulmicort (budesonide) nebulizer suspension – Healthcare Reform	10/29/2016	New policy was created to reflect FDA approved use only in children 8 years and younger.
Vancocin (vancomycin) & Zyvox (linezolid) – Healthcare Reform	10/29/2016	New policy was created to outline coverage of oral vancomycin and linezolid for quantities/durations exceeding the 14 day limit for specific indications.
Antimalarial Agents – Healthcare Reform	10/29/2016	New policy to ensure appropriate utilization based upon FDA approved use for of acute, uncomplicated malaria infections due to Plasmodium falciparum for the appropriate duration of time; exception criteria for Babesiosis is included in the policy.
Vanos (fluocinonide) – Healthcare Reform	01/01/2017	New policy created to ensure appropriate use of Vanos for an FDA-approved indication in patients who have failed at least two generic topical corticosteroids, one of which must be fluocinonide.
Lorzone, Parafon Forte (chlorzoxazone) – Healthcare Reform	01/01/2017	New policy created to ensure appropriate use Lorzone/Parafon Forte for an FDA-approved indication in patients who have failed two formulary muscle relaxants, one of which must be chlorzoxazone.
Topical Acne Medications – Healthcare Reform	01/01/2017	New policy created that requires a diagnosis of acne and failure of at least 2 different generic prescription topical acne medications. Policy applies to: Clindagel, Ziana, Atralin, Retin-A, Retin-A Micro, Acanya and Onexton.
Antiviral Therapy (Sitavig & Denavir) – Healthcare Reform	01/01/2017	New policy created to ensure appropriate use of Sitavig & Denavir for recurrent herpes labialis (cold sores) in patients who have utilized two formulary antiviral agents, one of which must be acyclovir.
Leukotriene Modifiers	01/01/2017	New policy created to ensure appropriate use of Zyflo and Zyflo

(Zyflo, Zyflo CR) – Healthcare Reform		CR for asthma in patients who have tried and failed both generic montelukast and generic zafirlukast.
Oleptro Extended Release – Healthcare Reform	01/01/2017	New policy created to ensure appropriate use of Oleptro ER for major depressive disorder in patients who have tried and failed generic immediate release trazodone and 2 other generic antidepressants.
Qbrelis and Epaned – Commercial and Healthcare Reform	11/04/2016	New policy created to ensure appropriate use of Qbrelis and Epaned for patients with the correct diagnosis for each respective medication. Automatic approval criteria will be applied for pediatric patients ages 6-11 for Qbrelies and ages 1-11 for Epaned. Approval criteria will require a documented inability to swallow tablets and no recent claims data showing oral solid dosage form or an adult or pediatric patients experiencing therapeutic failure, contraindication, or intolerance to the generic formulations of lisinopril or enalapril plus one additional generic ACE inhibitor.
DPP IV Inhibitors – Commercial	11/04/2016	Policy revised to include the newly approved Jentadueto XR as another preferred DPP-IV Inhibitor (which includes Januvia, Janumet, Janumet XR, Tradjenta, Jentadueto, Jentadueto XR).
Lyrica (pregabalin) – Commercial and Healthcare Reform	09/08/2016	Policy revised with removal of language requiring neuropathic pain to be associated with spinal cord injury.
Migraine Therapies – Commercial and Healthcare Reform	TBD	Policy revised to adjust retail edit limits with enhanced quantity limit coding.
Extended Release Opioid Management – Commercial and Healthcare Reform	11/04/2016	Policy revised with the addition of quantity limit restrictions for newly approved Troxyca ER in order to ensure appropriate and safe use.
Proton Pump Inhibitors – Commercial	09/14/2016	Policy revised with approval language of trial and failure of preferred generics omeprazole and pantoprazole of 80 mg daily dosing.
Generic Step Therapy Edit – Commercial	09/14/2016	Policy revised with the removal of language requiring trial and failure of any generic PPI.

*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
General Non-Formulary Request Criteria – Healthcare Reform	01/01/2017	New policy created to outline criteria under which coverage of a non-formulary medication will be considered for Healthcare Reform plans with a closed 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 Plans

Drug Name	Retail Edit Limit	Mail Edit Limit
Xiidra™ (lifidegrast)	60 units/30 days	180 units/90 days
Repatha Pushtronex (evolocumab)	1 cartridge/25 days	3 cartridges/75 days
Adlyxin (lixisenatide)	2 pens/28 days	6 pens/84 days
Epclusa (sofosbuvir/velpatasvir)**	28 tablets/retail	84 tablets/93 days
Troxyca ER (oxycodone/naltrexone)	60 capsules/25 days	180 capsules/75 days
Zinbryta (daclizumab)	1 syringe/25 days	3 syringes/75 days
Viekira XR (dasabuvir/ombitasvir/ paritaprevir/ritonavir)	28 tablets/28 days	84 tablets/84 days
Diclofenac Sodium 1.5% Solution†	450 ml/30 days	1350mL/90 days
Pennsaid 2% Topical Solution†	112grams/28 days	336grams/84 days
Voltaren 1% Topical Gel†	300 grams/30 days	900 grams/90 days
H.P. Acthar Gel (repository corticotropin injection)*	3 vials/25 days	9 vials/75days
Aczone (dapsone)*	1 topical dosage form/31 days	3 topical dosage forms/93 days
Akne-Mycin, Erygel (erythromycin)*	1 topical dosage form/31 days	3 topical dosage forms/93 days
Apop, Klaron, Ovace, Ovace Plus, Ovace Plus Foam, Ovace Plus Wash (sodium sulfacetamide)*	1 topical dosage form/31 days	3 topical dosage forms/93 days
Atralin, Avita, Retin-A, Retin-A Micro (tretinoin)*	1 topical dosage form/31 days	3 topical dosage forms/93 days
Avar, Avar E, Avar E-LS, Avar Foam, Avar LS, BP 10-1, Clarifoam EF, Claris, Plexion, Rosanil, Rosula, SSS 10-5, Sumaxin, Sumaxin TS, Zencia (sodium sulfacetamide/ sulfur)*	1 topical dosage form/31 days	3 topical dosage forms/93 days
Azelex (azelaic acid)*	1 topical dosage form/31 days	3 topical dosage forms/93 days
Benzamycin, Benzamycin Pak (benzoyl peroxide/erythromycin)*	1 topical dosage form/31 days	3 topical dosage forms/93 days
Benzefoam, BPO-4, BPO-8, Pacnex, Riax, Brevoxyl-4 (benzoyl peroxide)*	1 topical dosage form/31 days	3 topical dosage forms/93 days
Cleocin T, Clindacin P, Clindacin ETZ, Clindagel, Evoclin (clindamycin)*	1 topical dosage form/31 days	3 topical dosage forms/93 days
Differin (adapalene)*	1 topical dosage form/31 days	3 topical dosage forms/93 days
Epiduo, Epiduo Forte (adapalene/benzoyl peroxide)*	1 topical dosage form/31 days	3 topical dosage forms/93 days
Inova Easy pad (benzoyl peroxide/vitamin E (tocopherol)*	1 topical dosage form/31 days	3 topical dosage forms/93 days
NuOx (benzoyl peroxide/sulfur)*	1 topical dosage form/31 days	3 topical dosage forms/93 days
Onexton Gel, Acanya, Duac,Benzaclin (benzoyl peroxide/ clindamycin phosphate) *	1 topical dosage form/31 days	3 topical dosage forms/93 days

Tazorac, Fabior (tazarotene)*	1 topical dosage form/31 days	3 topical dosage forms/93 days
Vanoxide-HC (benzoyl peroxide/hydrocortisone) *	1 topical dosage form/31 days	3 topical dosage forms/93 days
Veltin, Ziana (tretinoin/clindamycin phosphate) *	1 topical dosage form/31 days	3 topical dosage forms/93 days

* Effective date TBD 1Q 2017; topical dosage limits applicable to brand names only.
**Epclusa previously coded and communicated in July 2016.
† Effective 1/1/2017

Table 2. Quantity Level Limits – Quantity per Duration for Healthcare Reform Plans

Drug Name	Retail Edit Limit	Mail Edit Limit	Other Edit Limit
Vancocin (vancomycin) capsules**	---	---	112 capsules per 180 days
Dificid (fidaxomicin)**	---	---	20 tablets per 180 days
Zyvox (linezolie) tablets suspension**	---	---	28 tablets per 180 days
Zyvox (linezolie) suspension**	---	---	900 mL per 180 days
Qualaquin (quinine)**	---	---	42 capsules per 180 days
Malarone (atovaquone/ proguanil)**	---	---	12 tablets per 180 days
Coartem (artemether/ lumefantrine)**	---	---	24 tablets per 180 days
Adlyxin (lixisenatide)	2 pens per 28 days	6 pens per 84 days	---
Diclofenac sodium 1.5% solution†	450 mL per 30 days	1350 mL per 90 days	---
Epclusa (sofosbuvir/ velpatisvir)	28 tablets per 25 days	84 tablets per 74 days	---
H.P. Acthar Gel (corticotropin/ ACTH)*	3 vials per 25 days	9 vials per 75 days	---
Pennsaid 2% (diclofenac 2%) solution†	112 grams per 28 days	336 grams per 84 days	---
Repatha® Pushtronex (evolocumab)	1 cartridge per 25 days	3 cartridge per 75 days	---
Troxyca ER (oxycodone/naltrexone)	60 capsules per 25 days	180 capsules per 75 days	---
Viekira XR (dasabuvir/ombitasvir/ paritaprevir/ritonavir)	28 tablets per 25 days	84 tablets per 75 days	---
Voltaren 1% (diclofenac 1% topical gel) †	300 grams per 30 days	900 grams per 90 days	---
Xiidra™ (lifitegrast)	60 units per 30 days	180 units per 90 days	---
Zinbryta (daclizumab)	1 syringe per 25 days	3 syringes per 75 days	---
Aczone (dapsone)*	1 topical dosage form per 25 days	3 topical dosage forms per 75 days	---
Akne-Mycin, Erygel	1 topical dosage form	3 topical dosage	---

(erythromycin)*	per 25 days	forms per 75 days	
Apop, Klaron, Ovace, Ovace Plus Foam, Ovace Plus Wash (sodium sulfacetamide)*	1 topical dosage form per 25 days	3 topical dosage forms per 75 days	---
Atralin, Avita, Retin-A, Retin-A Micro (tretinoin)*	1 topical dosage form per 25 days	3 topical dosage forms per 75 days	---
Avar, Avar E, Avar E-LS, Avar Foam, Avar LS, BP 10-1, Clarifoam EF, Claris, Plexion, Rosanil, Rosula, SSS 10-5, Sumaxin, Sumaxin TS, Zencia (sodium sulfacetamide/ sulfur)*	1 topical dosage form per 25 days	3 topical dosage forms per 75 days	---
Azalex (azelaid acid)*	1 topical dosage form per 25 days	3 topical dosage forms per 75 days	---
Benzamycin, Benzamycin Pak (benzoyl peroxide/ erythromycin)*	1 topical dosage form per 25 days	3 topical dosage forms per 75 days	---
Benzefoam, BPO-4, BPO-8, Packnex, Riax, Brevoxyl-4 (benzoyl peroxide)*	1 topical dosage form per 25 days	3 topical dosage forms per 75 days	---
Cleocin T, Clindacin P, Clindacin ETZ, Clindagel, Evoclin (clindamycin)*	1 topical dosage form per 25 days	3 topical dosage forms per 75 days	---
Differin (adapalene)*	1 topical dosage form per 25 days	3 topical dosage forms per 75 days	---
Epiduo, Epiduo Forte (adapalene/ benzoyl peroxide)*	1 topical dosage form per 25 days	3 topical dosage forms per 75 days	---
Inova Easy Pad (benzoyl peroxide/vitamin E (tocopherol))*	1 topical dosage form per 25 days	3 topical dosage forms per 75 days	---
NuOx (benzoyl peroxide/sulfur)*	1 topical dosage form per 25 days	3 topical dosage forms per 75 days	---
Onexton Gel, Acanya, Duac, Benzaclin (benzoyl peroxide/ clindamycin phosphate)*	1 topical dosage form per 25 days	3 topical dosage forms per 75 days	---
Tazorac, Fabior (tazarotene)*	1 topical dosage form per 25 days	3 topical dosage forms per 75 days	---
Vanoxide-HC Benzoyl (peroxide/hydrocortisone)*	1 topical dosage form per 25 days	3 topical dosage forms per 75 days	---
Veltin, Ziana (Tretinoin/clindamycin phosphate)*	1 topical dosage form per 25 days	3 topical dosage forms per 75 days	---

Effective July 21, 2016, a separate policy for Healthcare Reform Plans was created to address quantity level limits that may differ from other commercial plans. Prior content from policies J-6 & J-10 (quantity per duration) were included in

new policy, with the addition of products listed above, effective November 1, 2017. **Effective date October 29, 2016. † Effective date January 1, 2017. * Effective date TBD 1Q 2017.

Table 3. Quantity Level Limits – Quantity per Copay – Commercial Plans

Drug Name	Retail Edit Limit	Mail Edit Limit
GoNitro (nitroglycerin)	36 sublingual powder packets	108 sublingual powder packets

Table 4. Maximum Daily Quantity Limits – Commercial Plans

Drug Name	Daily Limit
Byvalson (nebivolol/ valsartan)	1 tablet
Jentadueto XR (linagliptin/metformin)†	1 tablet
Belviq XR (lorcaserin hydrochloride) †	1 tablet
Ocaliva (obeticholic acid)	1 tablet
Zorvolex (diclofenac) Capsule**	3 capsule
Zipsor (diclofenac) Liquid Capsule**	4 capsule
Flector 1.3% (diclofenac) Topical Patch**	2 patches
Qbrelis (Lisinopril) Oral Solution	5 ml
Rayaldee (calcifediol)	1 tablet
Relistor (methylnaltrexone bromide)	3 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 date January 1, 2017

† Effective date TBD 1Q2017

Table 5. Maximum Daily Quantity Limits – Healthcare Reform Plans†

Brand Name	Generic Name	Daily Limit
Syprine	trientine	8 capsules
Evoxac	cevimeline	3 capsules
Januvia	sitagliptin	1 tablet
Onglyza	saxagliptin	1 tablet
Tradjenta	linagliptin	1 tablet
Nesina	alogliptin	1 tablet
Janumet	sitagliptin/metformin	2 tablets
Janumet XR 50/1000 mg	sitagliptin/metformin	2 tablets
Janumet XR 50/500 mg and 100/1000 mg	sitagliptin/metformin	1 tablet
Jentadueto	linagliptin/metformin	2 tablets
Jentadueto XR 2.5/1000mg	linagliptin/metformin	2 tablets
Jentadueto XR 5/1000mg	linagliptin/metformin	1 tablet
Kombiglyze 2.5/1000 mg	saxagliptin/metformin	2 tablets
Kombiglyze 5/500 mg and 5/1000 mg	saxagliptin/metformin	1 tablet
Oseni	alogliptin/pioglitazone	1 tablet

Kazano	alogliptin/metformin	2 tablets
Farxiga	dapagliflozin	1 tablet
Jardiance	empagliflozin	1 tablet
Invokana	canagliflozin	1 tablet
Xigduo XR 5/1000 mg	dapagliflozin/metformin	2 tablets
Xigduo XR 5/500 mg, 10/500 mg, 10/1000 mg	dapagliflozin/metformin	1 tablet
Glyxambi	empagliflozin/linagliptin	1 tablet
Synjardy	empagliflozin/metformin	2 tablets
Invokamet	canagliflozin/metformin	2 tablets
Atripla	emtricitabine/tenofovir/disoproxil/efavirenz	1 tablet
Triumeq	dolutegravir/abacavir/lamivudine	1 tablet
Truvada	emtricitabine/tenofovir disoproxil	1 tablet
Stribild	emtricitabine/tenofovir disoproxil fumarate/ elvitegravir/cobicistat	1 tablet
Epzicom	abacavir/lamivudine	1 tablet
Evotaz	atazanavir/cobicistat	1 tablet
Prezcobix	darunavir/cobicistat	1 tablet
Genvoya	elvitegravir/cobicistat/emtricitabine/ tenofovir alafenamide	1 tablet
Odefsey	emtricitabine/rilpivirine/tenofovir alafenamide	1 tablet
Complera	emtricitabine/rilpivirine/tenofovir disoproxil fumarate	1 tablet
Descovy	emtricitabine/tenofovir alafenamide	1 tablet
Tivicay	dolutegravir	2 tablets
Vitekta	elvitegravir	1 tablet
Sustiva	efavirenz	1 tablet
Sustiva	efavirenz	3 capsules
Edurant	rilpivirine	2 tablets
Reyataz 200mg	atazanavir	2 capsules
Reyataz 150 and 300mg	atazanavir	1 capsule
Reyataz 100 mg/mL	atazanavir	6 packets
Prezista 600 mg	darunavir	2 tablets
Prezista 75 mg, 800mg	darunavir	1 tablet
Prezista 150 mg	darunavir	3 tablets
Prezista suspension	darunavir	12 mL
Viread	tenofovir disoproxil fumarate	1 tablet
Tybost	cobicistat	1 tablet
Zipsor**	diclofenac potassium	4 capsules
Zorvalex**	diclofenac	3 capsules
Flector 1.3% topical patch**	diclofenac topical patch	2 patches
Belviq XR§	lorcaserin hydrochloride	1 tablet
Byvalson‡	nebivolol/valsartan	1 tablet
Ocaliva‡	obeticholic acid	1 tablet
Qbrelis‡	lisinopril solution	5mL

Rayaldee‡	calcifediol	1 tablet
Relistor‡	methylnaltrexone	1 syringe/vial

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 21, 2016, a separate policy for Healthcare Reform Plans was created to address quantity level limits. Prior content from policy J-8 (maximum daily quantity limits for commercial plans) was included in new policy, with the addition of products listed above, effective October 29, 2016. ** Effective date January 1, 2017. ‡Effective date: November 1, 2016. §Effective date TBD 1Q2017.

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