

# SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

NOV.1, 2017

ATTN: PRESCRIBING PHYSICIANS

## EFFECTIVE JAN. 1, 2018: CERTAIN MEDICATIONS OR PRODUCTS WILL NO LONGER BE COVERED UNDER PRESCRIPTION DRUG BENEFIT

Highmark Blue Cross Blue Shield West Virginia offers members comprehensive benefit plans that may include medical and prescription drug benefit options. The outpatient prescription drug benefit is designed to cover an extensive list of prescription drugs approved by the U.S. Food and Drug Administration. In the past, the outpatient prescription drug benefit also covered other medications and products including, but not limited to: certain vitamins, diabetic supplies, spacers for oral inhalers and injectable drugs.

Effective **Jan. 1, 2018**, specific drugs or drug products, listed at the end of this bulletin, will no longer be covered under the member's outpatient prescription drug benefit. **Please note:** This change will begin Jan. 1, 2018 and will then be based upon the individual member's contract renewal date. Additionally, pharmacy exclusions may change without notice as new drugs are approved. Examples may include but are not limited to anti-obesity drugs, intravenous drugs, and drugs determined to be over-the-counter preparations.

We have mailed letters to impacted members and their supporting physicians advising them of current excluded drugs. The letters suggested that the member determine if the medication or product is covered under their **medical benefit** in time for Jan. 1, 2018 or upon the member's next contract renewal date. If the medication or product is not covered under the medical benefit, we suggest the patient discuss alternative treatment options with their physician, if clinically appropriate. Should no other treatment option be appropriate, the patient will be responsible for the entire cost of these medications and products. If you receive a request to assist a member with alternative medications please review the member's formulary for the most current options.

The following represents a partial list of drugs that are impacted:

| MEDICATION or PRODUCT |
|-----------------------|
| ABILIFY MAINTENA      |
| ARESTIN               |
| AVASTIN               |
| AVEED                 |
| BENDEKA               |
| BOTOX                 |



|                           |
|---------------------------|
| CYTARABINE                |
| DOCETAXEL                 |
| DURACHOL                  |
| EGRIFTA                   |
| ENTYVIO                   |
| EUFLEXXA                  |
| FABRAZYME                 |
| FOLBEE                    |
| FOLGARD OS                |
| FOLGARD RX                |
| FOLPLEX 2.2               |
| GEL-ONE                   |
| GLASSIA                   |
| GRASTEK                   |
| HERCEPTIN                 |
| HYALGAN                   |
| INJECTAFER                |
| INVEGA SUSTENNA           |
| MAKENA                    |
| MINIMED RESERVOIR         |
| MONOVISC                  |
| NICADAN                   |
| NICAZEL FORTE             |
| NUCALA                    |
| OCREVUS                   |
| ORTHOVISC                 |
| PARADIGM                  |
| PHYSICIANS EZ USE B-12    |
| PROLASTIN C               |
| PYRIDOXAL-5-PHOSPHATE     |
| REMICADE                  |
| RISPERDAL CONSTA          |
| RITUXAN                   |
| SPINRAZA                  |
| STELARA                   |
| SUPARTZ FX                |
| SUPER B COMPLEX-VITAMIN C |
| SYNAGIS                   |
| SYNVISC                   |
| SYNVISC-ONE               |
| THYROGEN                  |
| TL GARD RX                |
| TYSABRI                   |
| UREA                      |
| VIRT-VITE                 |
| VIVITROL                  |
| XIAFLEX                   |

|                 |
|-----------------|
| XOLAIR          |
| ZEMAIRA         |
| ZOLEDRONIC ACID |