

## State Health Plan prescription drug coverage to transition to new covered drug list January 1, 2017

The South Carolina Public Employee Benefit Authority (PEBA) is transitioning the State Health plan to a new list of covered prescription medications. This upcoming change will result in about 80 pharmacy products no longer being covered by the plan. Comparable medications will be available for coverage.

The change will take effect January 1, 2017, and will impact active employees, retirees who opted out of the State Health Plan's Medicare Prescription Drug Program and retirees who have not enrolled in Medicare. The change is expected to affect approximately 12,000 of the State Health Plan's more than 470,000 members.

Before this list of covered drugs goes into use, information will be mailed to affected members, as well as physicians and pharmacies, which will include steps they can take if they have concerns.

### Express Scripts National Preferred Formulary

In an insurance plan, a list of covered drugs is known as a formulary. PEBA contracts with Express Scripts to serve as the State Health Plan's pharmacy benefits manager, and currently the plan uses Express Scripts' Basic Formulary to determine which pharmacy products will be covered by the plan.

This year, the PEBA Board of Directors, acting on the recommendation of its Health Care Policy Committee, approved the move from the Basic Formulary to the Express Scripts National Preferred Formulary, the most widely used covered medication list in the nation, which is used for more than 25 million covered lives in the United States and is considered an industry standard. In South Carolina, it is already used by numerous major employers.

The move will maximize the State Health Plan's ability to continue to provide robust prescription coverage to its members at a low cost. Because the State Health Plan is self-funded, with premiums held in trust to pay benefits and administrative costs rather than being paid to an insurance company, its funds belong to its members. The PEBA Board of Directors therefore works to protect members' money and make the payment of benefits as efficient as possible. The change to the National Preferred Formulary, which is part of these efforts, is estimated to create savings of \$6.4 million in pharmacy costs in 2017, as well as an estimated \$16.2 million in pharmaceutical rebates.

### Impacted pharmacy products

The full list of impacted pharmacy products is included with this document. PEBA has already mailed letters to the approximately 12,000 members who will be affected by the change as a result of a pharmacy product they currently use. Express Scripts will mail letters to members this fall which will contain details specific to them. The letters will list the medications they have taken recently that will no longer be covered, alongside covered alternative medications that have been proven to be equally as effective.

Also during the transition process, some State Health Plan members whose usage of glucose monitor test strips will be affected will have an opportunity to receive a new monitor capable of using covered test strips at no charge. These members will receive information showing whether their test strips will be covered, and also how they may request a new monitor if needed. Members who now use a meter that will be impacted, but is also integrated into their insulin pump, are being asked to contact Express Scripts for assistance with the transition.

### **More information**

To learn more about the State Health Plan's upcoming change to the National Preferred Formulary, call Express Scripts at 855.612.3128.

# 2017 preferred drug list exclusions

Effective January 1, 2017, the medications listed below are not covered by the State Health Plan. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price instead of your current copayment.

**Take action to avoid paying full price instead of your current copayment.** If you're currently prescribed one of the excluded medications listed below, please ask your doctor to consider writing you a new prescription for one of the preferred alternatives.

Drug class	Excluded medications	Preferred alternatives
<b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b> Narcotic Antagonists	Evzio	naloxone syringe, Narcan Nasal Spray
Transmucosal Fentanyl Analgesics	Abstral, Fentora, Subsys	fentanyl citrate lozenges, Lazanda
<b>DERMATOLOGICAL</b> Oral Agents For Rosacea	Doxycycline 40 MG Capsules	Oracea
Topical Acne/Antibiotic Combinations	Veltin	clindamycin/benzoyl peroxide, clindamycin/tretinoin, Acanya, Onexton
Topical Agents for Actinic Keratosis	Fluorouracil 0.5% Cream, Zyclara	diclofenac gel, fluorouracil 5% cream, fluorouracil 2% solution, imiquimod 5% cream, Carac, Picato
<b>DIABETES</b> Biguanides	Glumetza	metformin extended-release
Blood Glucose Meters & Test Strips	Abbott (FreeStyle, Precision), Bayer (Breeze, Contour), National Medical (Advocate), Omnis Health (Embrace, Victory), Roche (Accu-Chek), Trividia (TRUEtest, TRUEtrack), UniStrip	LifeScan (OneTouch)
Dipeptidyl Peptidase-4 Inhibitors & Combinations <i>* Only the combination medicine is excluded</i>	Alogliptin, Nesina, Onglyza	Januvia, Tradjenta
	Alogliptin/Metformin*, Kazano, Kombiglyze XR	Janumet, Janumet XR, Jentadueto, Jentadueto XR
Glucagon-Like Peptide-1 Agonists	Tanzeum, Victoza	Bydureon, Byetta, Trulicity
Insulins <i>Note: The Basal Insulins category may be reassessed later this year to reflect anticipated product launches.</i>	Novolin	Humulin
	Apidra, NovoLog	Humalog
<b>EAR/NOSE</b> Nasal Steroids	Beconase AQ, Omnaris, Veramyst, Zetonna	budesonide, flunisolide, fluticasone, mometasone, Qnasl
Otic Fluoroquinolone Antibiotics	Cetraxal	ciprofloxacin ear solution, ofloxacin ear solution, Ciprodex
<b>ENDOCRINE (OTHER)</b> Growth Hormones	Nutropin AQ, Omnitrope, Saizen, Zomacton	Genotropin, Humatrope, Norditropin
Topical Estrogen Gels	Estrogel	Divigel
Topical Testosterone Products	Fortesta, Natesto, Testim, Testosterone Gel, Vogelxo	AndroGel 1.62%, Axiron
<b>GASTROINTESTINAL</b> Anti-Inflammatory/Anti-Ulcer Agents	Duexis	ibuprofen PLUS famotidine
	Vimovo	omeprazole delayed-release PLUS naproxen sodium
Inflammatory Bowel Agents	Asacol HD, Delzicol, Dipentum, Mesalamine 800 MG Delayed-Release	balsalazide disodium, sulfasalazine, Apriso, Lialda, Pentasa
Pancreatic Enzymes	Pancreaze, Pertzye, Ultresa	Creon, Zenpep
<b>HEMATOLOGICAL</b> Erythropoiesis-Stimulating Agents	Aranesp, Epogen, Mircera	Procrit

Drug class	Excluded medications	Preferred alternatives
<b>HEPATITIS</b> Antivirals	ribasphere ribapak, RibaTab	moderiba, ribavirin capsules, ribavirin tablets
Hepatitis C** (genotypes 1 & 4) ** Excluded medications may be covered for selected genotypes with a coverage review. <b>Note:</b> This category is being reviewed based upon recent product launches.	Daklinza, Olysio, Sovaldi, Zepatier	Viekira Pak (genotype 1), Technivie (genotype 4)
<b>INFLAMMATORY CONDITIONS</b> Tumor Necrosis Factor Antagonists and Other Drugs for Inflammatory Conditions *** This product may be reassessed later this year to reflect anticipated product launches.	Cimzia, Kineret (Exclude for RA), Orencia, Simponi 50 MG, Taltz	Actemra***, Cosentyx, Enbrel, Humira, Otezla, Remicade, Simponi 100 MG (for ulcerative colitis only), Stelara, Xeljanz, Xeljanz XR
<b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b> Gout Therapy	Colchicine	Colcrys, Mitigare
<b>OBSTETRICAL &amp; GYNECOLOGICAL</b> Gonadotropin-Releasing Hormone (GnRH) Antagonists (for Infertility)	Ganirelix Acetate	Cetrotide
Ovulatory Stimulants (Follitropins)	Bravelle, Follistim AQ	Gonal-f, Gonal-f RFF, Gonal-f RFF Redi-ject
Vaginal Progesterones	Endometrin	Crinone 8% Gel
<b>OPHTHALMIC</b> Antiglaucoma Drugs (Beta-Adrenergic Blockers)	Istalol	betaxolol drops, levobunolol drops, timolol drops, Alphagan P 0.1%, Combigan
Antiglaucoma Drugs (Ophthalmic Prostaglandins)	Zioptan	bimatoprost drops, latanoprost drops, travoprost drops, Lumigan, Travatan Z
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	Acuvail	bromfenac drops, diclofenac drops, ketorolac drops, Ilevro, Nevanac, Prolensa
<b>OSTEOARTHRITIS</b> Hyaluronic Acid Derivatives	Gel-One, Gelsyn-3, Genvisc 850, Hyalgan, Hymovis, Supartz, Supartz FX, Synvisc, Synvisc-One	Euflexxa, Monovisc, Orthovisc
<b>RESPIRATORY</b> Pulmonary Anti-Inflammatory Inhalers	Alvesco	Arnuity Ellipta, Asmanex HFA/Twisthaler, Flovent Diskus/HFA, Pulmicort Flexhaler, QVAR
Short-Acting Beta <sub>2</sub> -Agonist Inhalers	Proventil HFA, Xopenex HFA	ProAir HFA/RespiClick, Ventolin HFA
<b>UROLOGICAL</b> Erectile Dysfunction Oral Agents	Levitra, Staxyn, Stendra	Cialis, Viagra

### Excluded medications/products at a glance

Abbott (FreeStyle, Precision)	Doxycycline 40 MG Capsules	Kazano	Onglyza	Testim
Abstral	Duexis	Kineret (Exclude for RA)	Orencia	Testosterone Gel
Acuvail	Endometrin	Kombiglyze XR	Pancreaze	Trividia (TRUEtest, TRUEtrack)
Alogliptin	Epogen	Levitra	Pertzye	Ultresa
Alogliptin/Metformin	Estrogel	Mesalamine 800 MG Delayed-Release	Proventil HFA	UniStrip
Alvesco	Evzio	Mircera	ribasphere ribapak	Veltin
Apidra	Fentora	Natesto	RibaTab	Veramyst
Aranesp	Fluorouracil 0.5% Cream	National Medical (Advocate)	Roche (Accu-Chek)	Victoza
Asacol HD	Follistim AQ	Nesina	Saizen	Vimovo
Bayer (Breeze, Contour)	Fortesta	Novolin	Simponi 50 MG	Vogelxo
Beconase AQ	Ganirelix Acetate	NovoLog	Sovaldi	Xopenex HFA
Bravelle	Gel-One	Nutropin AQ	Staxyn	Zepatier
Cetraxal	Gelsyn-3	Olysio	Stendra	Zetonna
Cimzia	Genvisc 850	Omnicor	Subsys	Zioptan
Colchicine	Glumetza	Omni Health (Embrace, Victory)	Supartz, Supartz FX	Zomacton
Daklinza	Hyalgan	Omnitrope	Synvisc, Synvisc-One	Zyclara
Delzicol	Hymovis		Taltz	
Dipentum	Istalol		Tanzeum	

Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to [express-scripts.com/covered](http://express-scripts.com/covered) to compare drug prices. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your plan. For specific questions about your coverage, please call the number on your member ID card.

Express Scripts manages your State Health Plan prescription drug benefit for S.C. PEBA. These changes do not apply to Medicare plans.