

Prescription Drug Coverage

Note: Tier 1 – lowest copay; Tier 2 – mid copay level; Tier 3 – highest copay level

Step Therapy Drug changes effective January 1, 2016:

For HNE to cover the Step Therapy drugs listed here, you first must try the corresponding First Line drugs. If HNE has paid a claim for the First Line drug within the previous 180 or 360 days (depending on the First Line drug), then you are eligible for coverage of the Step Therapy drug.

The use of samples does not satisfy the requirements of documented usage of a First Line drug or medical necessity for a Step Therapy drug.

If it is Medically Necessary for you to use a Step Therapy drug before trying a First Line drug, then your doctor can contact HNE to request a medical review.

You must try:	First Line Drug(s):	<ul style="list-style-type: none">• Azelastine AND epinastine
Before HNE will cover:	Step Therapy Drug(s):	<ul style="list-style-type: none">• Patanol• Pataday• Bepreve <p>Note: Applies to new prescriptions only.</p>
You must try:	First Line Drug(s):	<ul style="list-style-type: none">• Sumatriptan nasal spray AND Zomig nasal spray
Before HNE will cover:	Step Therapy Drug(s):	<ul style="list-style-type: none">• Dihydroergotamine <p>Note: Applies to new prescriptions only.</p>
You must try:	First Line Drug(s):	<ul style="list-style-type: none">• Sumatriptan, Naratriptan, Zolmitriptan, AND Rizatriptan
Before HNE will cover:	Step Therapy Drug(s):	<ul style="list-style-type: none">• Sumatriptan injection <p>Note: Applies to new prescriptions only.</p>
You must try:	First Line Drug(s):	<ul style="list-style-type: none">• Generic Methylphenidate ER tablet or capsule AND Amphet/dexamphet XR
Before HNE will cover:	Step Therapy Drug(s):	<ul style="list-style-type: none">• Strattera• Dexmethylphenidate ER• Ritalin LA 10mg and 60mg• Vyvanse• Daytrana <p>Note: Applies to new prescriptions only.</p>

Prescription Drug Coverage

Note: Tier 1 – lowest copay; Tier 2 – mid copay level; Tier 3 – highest copay level

Drug Name	Tier before 1/1/16	Tier on or after 1/1/16
Compounded Drugs	Tier 2	Tier 3

Quantity Limit Additions

Starting January 1, 2016, HNE will add the Quantity Limits to the drugs below.

Drug Name	Quantity Limit per 30 day supply (unless otherwise specified)
Gralise	300mg: 180 600mg: 90
Synthroid	25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 150mcg, 175mcg, 300mcg: 45 112mcg, 125mcg, 137mcg, 200mcg: 60

Effective January 4, 2016, the following drugs will require a Prior Authorization thru Magellan RX

Abraxane	Elelyso	Kadcyla	Remodulin
Actemra	Entyvio	Kalbitor	Rituxan
Acthar HP	Erbitux	Keytruda	Ruconest
Adcetris	Fabrazyme	Krystexxa	Sandostatin Lar Depot
Alimta	Firazyr	Kyprolis	Simponi ARIA
Aloxi	Flebogamma	Lemtrada	Soliris
Aranesp	Flolan, Veletri	Marqibo	Stelara
Arzerra	Fusilev	Mircera	Sylvant
Avastin	Gammagard Liquid	Mozobil	Synribo
Beleodaq	Gammagard S/D	Myobloc	Treanda
Benlysta	Gammaked	Neulasta	Tysabri
Berinert	Gammaplex	Nplate	Vectibix
Bivigam	Gamunex-C	Octagam	Velcade
Botox	Gazyva	Opdivo	Vimizim
Carimune NF	Halaven	Orencia	Xgeva
Cerezyme	Herceptin	Perjeta	Xiaflex
CIMZIA	Hizentra	Privigen	Xofigo
Cinryze	HyQvia	Procrit/Epogen	Xolair
Cyramza	Intravenous Immune Globulin	Prolia	Yervoy
Dysport	Ixempra	Provenge	Zaltrap
Elaprase	Jevtana	Remicade	

Prescription Drug Coverage

Note: Tier 1 – lowest copay; Tier 2 – mid copay level; Tier 3 – highest copay level

Plan Exclusions effective January 1, 2016

- Diclegis
- Doxycycline 40mg capsules will be excluded. Alternative: HNE allows two Doxycycline 20 tablets
- Doryx 50mg and 200mg will be excluded. Alternative: HNE allows doxycycline immediate release tablets
- Absorica will be excluded. Alternative: HNE allows Amnesteem, Claravis, Zenatane, or Myorisan.
- Novolog will be excluded. Alternative: HNE allows Humalog
- Novolin will be excluded. Alternative: HNE allows Humulin
- Apidra will be excluded. Alternative: HNE allows Humalog
- Levemir will be excluded. Alternative: HNE allows Lantus
- Glumetza will be excluded. Alternative: HNE allows Metformin ER 500mg
- Hydrocodone/acetaminophen 7.5/300mg and 10/300mg will be excluded. Alternative: HNE allows hydrocodone/acetaminophen 7.5/325mg and 10/325mg.

Compound drugs

A compound drug is a mixture of agents that have to be mixed by a trained pharmacist. The following compound agents are **not** a Covered Benefit:

Compound Agents:

- Imipramine
- Tetracaine
- Prilocaine
- Meloxicam
- Orphenadrine