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

Step Therapy Drug changes effective January 1, 2017:
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.

All new Step Therapy requirements apply only to new prescriptions.

You must try:	**First Line Drug(s):**	• Tretinoin and Adapalene cream
Before HNE will cover:	**Step Therapy Drug(s):**	• Adapalene 0.1% lotion • Adapalene 0.3% gel
You must try:	**First Line Drug(s):**	• High dose of Atorvastatin and Rosuvastatin
Before HNE will cover:	**Step Therapy Drug(s):**	• Altoprev • Livalo
You must try:	**First Line Drug(s):**	• Sumatriptan, naratriptan, rizatriptan and zolmitriptan tablets
Before HNE will cover:	**Step Therapy Drug(s):**	• Almotriptan • Frovatriptan • Relpax
You must try:	**First Line Drug(s):**	• Two of the following: gabapentin, TCA's, venlafaxine or duloxetine
Before HNE will cover:	**Step Therapy Drug(s):**	• Gralise
You must try:	**First Line Drug(s):**	• Azelastine and epinastine eye drops
Before HNE will cover:	**Step Therapy Drug(s):**	• Lastacaft • Pazeo
You must try:	**First Line Drug(s):**	• For age 2 and under: First-Omeprazole and First-Lansoprazole
Before HNE will cover:	**Step Therapy Drug(s):**	• Nexium granules
You must try:	**First Line Drug(s):**	• Omeprazole, pantoprazole, Nexium OTC and lansoprazole
Before HNE will cover:	**Step Therapy Drug(s):**	• Dexilant • Prevacid Solutab

Prescription Drug Coverage Note: Tier 1 – lowest copay level; Tier 2 – mid copay level; Tier 3 – highest copay level		
You must try:	**First Line Drug(s):**	• Zolpidem and eszopiclone
Before HNE will cover:	**Step Therapy Drug(s):**	• Rozerem
You must try:	**First Line Drug(s):**	• Loperamide, diphenoxylate/atropine and Xifaxan 550mg
Before HNE will cover:	**Step Therapy Drug(s):**	• Viberzi
You must try:	**First Line Drug(s):**	• Montelukast and zafirlukast
Before HNE will cover:	**Step Therapy Drug(s):**	• Zyflo & Zyflo CR
You must try:	**First Line Drug(s):**	• Proair HFA
Before HNE will cover:	**Step Therapy Drug(s):**	• Ventolin
You must try:	**First Line Drug(s):**	• Avonex or Copaxone
Before HNE will cover:	**Step Therapy Drug(s):**	• Rebif

Tier Changes Effective January 1, 2017

Drug Name	Tier before 1/1/17	Tier on or after 1/1/17
Avonex	Tier 3	Tier 2
Betaseron	Tier 3	Tier 2
Copaxone 20mg	Tier 3	Tier 1
Enbrel	Tier 2	Tier 3
Rebif	Tier 2	Tier 3

Quantity Limit Additions

Starting January 1, 2017, HNE will add Quantity Limits to the drugs below.

Drug Name	Quantity Limit per 30 day supply (unless otherwise specified)
• Bystolic 2.5mg, 5mg, 10mg • Emsam • Gralise 300mg	30 capsules/tablets/patches
• Bystolic 20mg	60/tablets
• Zyflo & Zyflo CR	120 tablets
• Pazeo drops	2.5 mL
• Lumigan drops	5 mL
• Dihydroergotamine nasal	8 mL

Prescription Drug Coverage Note: Tier 1 – lowest copay level; Tier 2 – mid copay level; Tier 3 – highest copay level	
• Mupirocin cream	15 grams
• Santyl ointment	90 grams
• Bionect cream	100 grams

New Prior Authorizations (PA) Effective January 1, 2017

- Cialis for BPH: *PA thru HNE*
- Alosetron: *PA thru Optum*
- Dulera*: PA thru Optum*
- Evzio**:** *PA thru Optum*
- Northera: *PA thru Optum*
- Aralast NP, Glassia, Prolastin, Prolastin-C, Zemaira: *PA thru Magellan RX*
- Blincyto, Inflectra, Lumizyme, Myozyme: *PA thru Magellan RX*

Effective January 1, 2017, The Following Medications Are Not Covered.
See Below for Covered Formulary Alternatives

- Aloquin: *Alternative is hydrocortisone*
- Amrix: *Alternative is cyclobenzaprine*
- Analpram-HC: *Alternative is hydrocortisone*
- Aplenzin: *Alternative is bupropion ER*
- Cambia: *Alternative is diclofenac*
- Diclofenac 3% gel: *Alternative is fluorouracil*
- Eletone: *Alternative is hydrocortisone*
- Ergomar: *Alternative is sumatriptan*
- Forfivo XL: *Alternative is bupropion ER*
- Glatopa 20mg: *Alternative is Copaxone 20mg*
- *Nexium granules: Not covered for over 2 years of age*
- PruMyx: *Alternative is hydrocortisone*
- Syprine: *Alternative is Depen*
- Vectical: *Alternative is calcipotriene*
- Zipsor: *Alternative is diclofenac*
- Zorvolex: *Alternative is diclofenac*

Effective January 1, 2017, The Following Medications Are Not Covered, Use Separate Agents

- Calcipotriene/betamethasone
- Dymista

Plan Exclusions Effective January 1, 2017

- Cuprimine: *Alternative is Depen*
- Generic Fortamet XR tablets: *Alternative is Generic Glucophage XR*
- Methergine: *Alternative is methylergonovine*
- Omeprazole/sodium bicarbonate tablets: *Alternative is omeprazole*
- Dermazene
- VSL DS #3