



To: Jai Medical Providers
From: BioScrip
Date: March 31, 2014
Subject: 1st Quarter P&T Changes and Important Announcements

Effective immediately, the following products will be added to the Jai formulary:

- Ketotifen 0.025% ophthalmic solution
- Allegra 30mg ODT
- Allegra suspension
- Fenofibrate (generic Lofibra) tablets

Effective immediately, the following products will be available with an approved prior authorization:

- Diovan – prior authorization will be required for all first time utilizers
 - Criteria = trial and failure of generic ARBs (irbesartan, losartan)
 - Quantity limit of 30 tablets per month will remain in place
 - Current utilizing plan members will be grandfathered indefinitely
- Patanol, Pataday, and Alomide
 - Criteria = trial and failure of ketotifen
 - Current utilizers will be grandfathered until September
- Fibracor (was previously non-formulary)
 - Criteria = trial and failure of generic fenofibrates
- Januvia
 - Criteria:
 - Diagnosis of type 2 diabetes mellitus and
 - Must be used as an adjunct to diet and exercise and
 - Failure or contraindication to metformin or
 - Failure or contraindication to a sulfonylurea or thiazolidinedione

Effective immediately, the following product will be removed from the formulary (will be available with medical necessity authorization if Epogen is contraindicated):

- Procrit

Providers can contact BioScrip's Prior-Authorization Department at 800-555-8513 for assistance with PA requests or questions regarding clinical guidelines. Our PA Department is available Monday through Friday from 8:30 am-5:30 pm EST. For assistance with PA requests during non-business hours please contact our 24 hour customer service department at 800-213-5640.