



DEPARTMENT OF

**Professional &
Financial Regulation**

STATE OF MAINE

- OFFICE OF SECURITIES
- BUREAU OF INSURANCE
- CONSUMER CREDIT PROTECTION
- BUREAU OF FINANCIAL INSTITUTIONS
- OFFICE OF PROF. AND OCC. REGULATION

Quarterly Report of Formulary Changes for 4th Quarter 2019

October 1 through December 31, 2019

Prepared by the Maine Bureau of Insurance
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Quarterly Report of Insurance Carrier Formulary Changes for Q4 Fourth Quarter 2019 October 1 to December 31, 2019

Background

Pursuant to P.L. 2017, ch. 429, the Bureau of Insurance is required to report to the Maine Legislature's Committee on Health Coverage, Insurance and Financial Services on any changes made by carriers, or any Pharmacy Benefits Manager contracted by carriers, to any prescription drug formulary for a health plan offered between January 1, 2019 and December 31, 2019.

24-A M.R.S. § 4311 B-1 states:

Sec. B-1. Report on formulary changes. *As determined by the Department of Professional and Financial Regulation, Bureau of Insurance, a carrier subject to the requirements of the Maine Revised Statutes, Title 24-A, section 4311, subsection 1 shall report quarterly no less than 30 days following the end of each quarter on any changes made by the carrier or any pharmacy benefits manager contracted by the carrier to any prescription drug formulary for a health plan offered in this State between January 1, 2019 and December 31, 2019. For purposes of this section, a change to a prescription drug formulary includes the movement of a prescription drug to a tier with higher cost sharing for that drug or the removal of a prescription drug from the formulary. The report must be in a form and manner determined by the Bureau of Insurance and include a list of formulary changes made by the carrier and the effective date of each formulary change; the prescription drugs affected by each formulary change by name and manufacturer; the number of enrollees affected by each formulary change; the expected impact of each formulary change on cost sharing for affected enrollees; a written explanation of the reasons for each formulary change; the number of exception requests made by enrollees with regard to each formulary change; and the number of exception requests granted, denied or withdrawn with regard to each formulary change. (Emphasis added.) No less than 60 days following the end of each quarter, as determined by the Bureau of Insurance, the bureau shall compile this data for those carriers required by the bureau to report and submit a report to the joint standing committee of the Legislature having jurisdiction over insurance and financial services matters. The joint standing committee of the Legislature having jurisdiction over insurance and financial services matters may report out legislation related to the report to any regular or special session of the 129th Legislature.*

The information published in this report is based upon the self-reported data furnished by insurance companies to the Bureau of Insurance. All carriers that use a formulary were surveyed. This included the 6 largest carriers in Maine and the largest prescription TPA: Anthem, Aetna, Community Health Options, Cigna, Harvard Pilgrim/HPHC, United and Express Scripts. Those carriers, the Bureau of Insurance and the State of Maine Employee Health Benefits Department worked together to develop the form used to gather the required data.

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Summary for the fourth quarter of 2019:

- 239 drugs were subject to formulary changes (excluding duplicative drugs due to various dosages or dispensing type, there are 57 drugs).
- Approximately 82% of the changes were to add new drugs. 6% were to remove drugs.
- These changes affected 123 enrollees.
- Of these enrollees, 42% (52) filed for exceptions. 84% were granted; 12% were denied.
- 37% of enrollees were impacted by lower or no change in cost; 13% by higher costs and 63% by higher costs if they continued use of the drug that was removed from formulary.

Table 1: Changes made on the 239 drugs listed for Q4 2019

Change Made	Number of Drugs Affected
Add drugs	198
Remove drugs	16
Add prior authorization	0
Remove prior authorization	0
Move drug to higher tier	12
Add quantity limit	0
Add step therapy	1
Remove step therapy	0
Move drug to lower tier	12
Drug becomes over the counter	0
Decrease quantity limit	0
Total	239

Table 2: Top drugs changed for Q4 2019

Drug	Number of Changes
REBIF	12
ULTIGUARD	10
XOLAIR	9

REBIF (Interferon) is used to treat multiple sclerosis (MS). Interferon is not a cure for MS, but it may help to slow disease worsening and decrease flare-ups of symptoms (such as balance problems, numbness, or weakness).

ULTIGUARD is a multivitamin and iron product used to treat or prevent vitamin deficiency due to poor diet, certain illnesses, or during pregnancy. Vitamins and iron are important building blocks of the body and support good health.

XOLAIR (Omalizumab-generic name) is used to control and prevent symptoms (such as wheezing and shortness of breath) caused by asthma that is due to year-round allergens. Controlling symptoms of asthma helps maintain normal activities and cuts down on time lost from work or school. Omalizumab is also used to treat hives from an unknown cause (chronic idiopathic urticaria-CIU). This medication must be used regularly to be effective. It does not work right away.

Table 3: Number of enrollees the changes affected for Q4 2019

Change	Number of Affected Enrollees
Add drugs	0
Remove drugs	59
Add prior authorization	0
Remove prior authorization	0
Move drug to higher tier	17
Add quantity limit	0
Add step therapy	2
Remove step therapy	0
Move drug to lower tier	45
Drug becomes over the counter	0
Decrease quantity limit	0
Total	123

Table 4: Expected impact and the number of enrollees affected by the impact for Q4 2019

Expected Impact	Number of Affected Enrollees
Responsible for full cost of drug *	61
No change	0
Higher cost	17
Lower cost	45
Total	123

**Results from removal of drug from formulary, which could result in higher cost to enrollee if they do not change to a different drug.*

37% of enrollees are impacted by lower or no change in cost

13% of enrollees are impacted by higher costs or

63% of enrollees are impacted by higher costs (if they continue to use the removed drug from formulary)

Table 5: Number of enrollees affected by the formulary changes, number of exceptions requested, granted, denied and withdrawn

# of Enrollees Affected	Total Exceptions Requested	Granted Exceptions	Denied Exceptions	Withdrawn
123	52	44	6	2

42% of all enrollees affected filed for exceptions:

84% granted, 12% denied

Table 6: Number of exceptions granted and denied by change made in Q4 2019

Change Made	Granted	Denied	Withdrawn
Add drugs	0	0	0
Remove drugs	2	2	1
Add prior authorization	0	0	0
Move drug to higher tier	0	0	0
Remove prior authorization	0	0	0
Add step therapy	0	1	1
Remove step therapy	0	0	0
Move drug to lower tier	42	3	0
Drug becomes over the counter	0	0	0
Decrease quantity limit	0	0	0
Add quantity limits	0	0	0
Total	44	6	2

Table 7: Reasons given by carriers for the changes for Q4 2019.

Formulary Change Reasons	Total Drugs per Reason
Added Upon Release to Market	237
Business Decision Team Decision-generic equivalent	0
To ensure clinically appropriate usage of drug	0
Business Decision Team Decision to exclude drug from formulary	0
Business Decision Team Decision to add Prior Authorization	0
Business Decision Team Decision to add Quantity Limits	0
To ensure clinically appropriate dosage of drug	0
Additional therapy option for enrollees	39
Generic version approved and added at lower tier	27
Clinically appropriate alternatives on formulary	8
Lower cost option for enrollees	17
AB rated (therapeutically equivalent) substitutable	8
Medication not approved by FDA as a drug	0
Business Decision Team Decision to remove PA	0
Multisource brand (MSB) removal	0
Promote appropriate use and minimize overuse/waste	0
Not step therapy, already existing step	0
To encourage appropriate use of preferred agents	0
Cosmetic use/not covered	0
Total	336

Table 8: Changes Made by Drug Name Q4 2019

Drug Name	Change Made
ABACA/LAMIVU TAB 600-300	Move Drug to Lower Tier
ABACAV/LAMIV TAB /ZIDOVUD	Move Drug to Lower Tier
ADAKVEO INJ 100/10ML	Add Drugs
ADVAIR DISKUS	Add Step Therapy
ADVAIR DISKUS	Remove Drugs
AFINITOR 2.5MG	Move Drug to Higher Tier
AFINITOR 5MG	Move Drug to Higher Tier
AFINITOR 7.5MG	Move Drug to Higher Tier
AKLIEF CRE 0.005%	Add Drugs
AMICAR SOLUTION 0.25/ML	Move Drug to Higher Tier
AMINOLEVULIN POW	Add Drugs
AMITRIPTYLINE HCL BULK POWDER	Remove Drugs
AMZEEQ AER 4%	Add Drugs
APRISO	Move Drug to Higher Tier
ASCENIV INJ 10%	Add Drugs
ASPARLAS INJ 3750/5ML	Add Drugs
ATRIPLA TAB	Move Drug to Higher Tier
BEOVU INJ 6/0.05ML	Add Drugs
BIORPHEN INJ	Add Drugs
BOTTLE WHITE MIS 6OZ	Add Drugs
BRUKINSA CAP 80MG	Add Drugs
BUPIVACAINE SOL 125/4ML	Add Drugs
BUPIVACAINE SOL 250/8ML	Add Drugs
BUPIVACAINE SOL 312.5MG	Add Drugs
BUPIVACAINE SOL 625/20ML	Add Drugs
CAPSINAC PAK	Add Drugs
CARAFATE SUSPENSION 1GM/10ML	Move Drug to Higher Tier
CARDIOPL IND SOL 4:1	Add Drugs
CARDIOPL IND SOL 8:1	Add Drugs
CARDIOPL IND SOL LOW DEX8	Add Drugs
CARDIOPL IND SOL NON-EN 8	Add Drugs
CARDIOPL IND SOL PLASMA 4	Add Drugs
CARDIOPL IND SOL PLS/TROM	Add Drugs
CARDIOPL MN SOL 8:1	Add Drugs
CARDIOPL MN SOL PLS/TROM	Add Drugs
CARDIOPL REP SOL 4:1	Add Drugs
CARDIOPLE MN SOL LOW TROM	Add Drugs
CARDIOPLEGI SOL DEL NIDO	Add Drugs
CARDIOPLEGIA SOL MAIN 4:1	Add Drugs

CARESENS 30G MIS LANCETS	Add Drugs
CARETOUCH MIS LANC 30G	Add Drugs
CEQR SIMPL KIT PATCH	Add Drugs
CEQR SIMPL KIT STARTER	Add Drugs
CHLORZOXAZON TAB 250MG	Remove Drugs
CHLORZOXAZON TAB 375MG	Add Drugs
CHLORZOXAZON TAB 750MG	Add Drugs
CHORIONIC GONADOTROPIN 50,000 UNIT VIAL	Add Drugs
CISATRACURIU INJ 10MG/ML	Move Drug to Lower Tier
CISATRACURIU INJ 200/20ML	Add Drugs
CISATRACURIU INJ 2MG/ML	Move Drug to Lower Tier
CLOVIQUE CAP 250MG	Add Drugs
CLOZARIL TAB 200MG	Add Drugs
CLOZARIL TAB 50MG	Add Drugs
COPAXONE INJ 20MG/ML	Add Drugs
COPAXONE INJ 40MG/ML	Add Drugs
DANDELION INJ 1:20	Add Drugs
DAPTOMYCIN SOL 350MG	Add Drugs
DEFERASIROX TAB 180MG	Add Drugs
DEFERASIROX TAB 360MG	Add Drugs
DEFERASIROX TAB 90MG	Add Drugs
DEXAMETH PHO INJ 10MG/ML	Add Drugs
DICLOSTREAM PAK 1.5-10%	Add Drugs
DILTIAZEM HC SOL NACL	Add Drugs
DIVIGEL GEL 1.25MG	Add Drugs
DOCETAXEL INJ 160/8ML	Add Drugs
DOPAMINE INJ 200/5ML	Add Drugs
DOPAMINE INJ 400/10ML	Add Drugs
EASY AIR MIN MIS SIN IRR	Add Drugs
EASY COMFORT 0.5 ML 32GX5/16"	Add Drugs
EASY COMFORT 1 ML 32GX5/16"	Add Drugs
EGRIFTA SV INJ 2MG	Add Drugs
ELURYNG MIS	Add Drugs
ENHERTU INJ 100MG	Add Drugs
EPIVIR HBV SOL 5MG/ML	Move Drug to Higher Tier
EPIVIR HBV SOL 5MG/ML	Remove Drugs
ETONOGESTERE MIS ETHY EST	Add Drugs
EVEROLIMUS TAB 2.5MG	Add Drugs
EVEROLIMUS TAB 5MG	Add Drugs
EVEROLIMUS TAB 7.5MG	Add Drugs
EXTAVIA INJ 0.3MG	Add Drugs

EYLEA INJ 2/0.05ML	Add Drugs
FASENRA PEN INJ 30MG/ML	Add Drugs
FENTANYL CIT TAB 100MCG	Add Drugs
FORAXA EMU	Add Drugs
GABACAINE PAK	Add Drugs
GIVLAARI INJ 189MG/ML	Add Drugs
GLOPERBA SOL 0.6/5ML	Add Drugs
GLUCAGON EMR SOL 1MG	Add Drugs
GOJJI MIS LANC DEV	Add Drugs
GOJJI BLOOD TES KETONE	Add Drugs
GOJJI CNTRL SOL LEVEL 1	Add Drugs
GOJJI CNTRL SOL NORMAL	Add Drugs
GOJJI LANCET MIS 30G	Add Drugs
GOJJI MULTI KIT FUNCTION	Add Drugs
GOJJI MULTI MIS FUNCTION	Add Drugs
GPL PAK PAK	Add Drugs
HARVONI TAB 45-200MG	Add Drugs
HEAD COVER MIS 21"	Add Drugs
HYOSCYAMINE INJ 0.5MG/ML	Add Drugs
IBU 600-EZS KIT 600MG	Add Drugs
ISOSORB DIN TAB 40MG	Add Drugs
IV ADMIN SET MIS 100"	Add Drugs
IV ADMIN SET MIS 73"	Add Drugs
IV ADMIN SET MIS 75"	Add Drugs
IV ADMIN SET MIS 78"	Add Drugs
IV ADMIN SET MIS 84"	Add Drugs
IV ADMIN SET MIS 85"	Add Drugs
IV EXTENSION MIS 18"	Add Drugs
IV EXTENSION MIS 36"	Add Drugs
IV EXTENSION MIS 6"	Add Drugs
IV EXTENSION MIS 7"	Add Drugs
IV EXTENSION MIS 8"	Add Drugs
IVERMECTIN CRE 1%	Add Drugs
JADENU 360MG	Move Drug to Higher Tier
JADENU 90MG	Move Drug to Higher Tier
JATENZO CAP 158MG	Add Drugs
JATENZO CAP 198MG	Add Drugs
JATENZO CAP 237MG	Add Drugs
LABETALOL INJ 100/20ML	Add Drugs
LAMICTAL	Remove Drugs
LAMIVUD/ZIDO TAB 150-300	Move Drug to Lower Tier

LANOXIN INJ 0.5/2ML	Add Drugs
LETAIRIS 5 MG, 10 MG TABLET	Remove Drugs
LEVOTHYROXIN INJ 200MCG	Move Drug to Lower Tier
LIDO GB-300 PAK	Add Drugs
LIDOMAR INJ	Add Drugs
LIDOSTREAM KIT 5% & 10%	Add Drugs
LIDOVIX KIT 75MG-5%	Add Drugs
LORAZEPAM CON 1MG/0.5	Add Drugs
LOTEMAX 0.5% EYE DROPS	Remove Drugs
LUVIRA CAP	Add Drugs
LYRICA 20 MG/ML ORAL SOLUTION	Remove Drugs
LYRICA 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 225 MG, 300 MG CAPSULE	Remove Drugs
MAVENCLAD PAK 10MG (4)	Add Drugs
MAVENCLAD PAK 10MG (5)	Add Drugs
MAVENCLAD PAK 10MG (6)	Add Drugs
MAVENCLAD PAK 10MG (7)	Add Drugs
MAVENCLAD PAK 10MG (8)	Add Drugs
MAVENCLAD PAK 10MG (9)	Add Drugs
MAVENCLAD PAK 10MG(10)	Add Drugs
MAYZENT TAB 0.25MG	Add Drugs
MAYZENT TAB 2MG	Add Drugs
MAYZENT 2 MG TABLET	Move Drug to Lower Tier
MEMANTINE TAB 10MG	Add Drugs
MEMANTINE TAB 5MG	Add Drugs
MESALAMINE CAP 0.375GM	Add Drugs
METHYLPR SS INJ 500MG	Add Drugs
MICROAIR MIS VIB MESH	Add Drugs
MICROVIX LP PAK 2.5-2.5%	Add Drugs
MIDAZOLAM INJ 150/30ML	Add Drugs
MONARCH ETNS MIS SYSTEM	Add Drugs
NEBULENT INHALER 300MG	Move Drug to Higher Tier
NEBULIZER MIS MASK CHD	Add Drugs
NEBULIZER MIS MASK INF	Add Drugs
NEBUPENT	Move Drug to Higher Tier
NEEDLELESS MIS CONNECTO	Add Drugs
NEEDLELESS MIS PORT CON	Add Drugs
NEONATAL TAB COMPLTE	Add Drugs
NEOSTIG METH INJ 5MG/10ML	Add Drugs
NOR/EST/FF TAB 1.5/30	Add Drugs
NORETHIN-EE 1.5-0.03 MG(21) TB	Add Drugs
NPLATE INJ 125MCG	Add Drugs

NS-2 ELECTRI MIS PATCH	Add Drugs
ORAPEUTIC GEL	Add Drugs
OXBRYTA TAB 500MG	Add Drugs
PADCEV INJ 20MG	Add Drugs
PADCEV INJ 30MG	Add Drugs
PANTOPRAZOLE 20MG	Remove Drugs
PANTOPRAZOLE 40MG	Remove Drugs
PANTOPRAZOLE TAB 40MG DR	Add Drugs
PEAK A-I-R MIS FLW METR	Add Drugs
PEDIZOLPAK PAK 2%-2%	Add Drugs
PENTAMIDIINE INH 300MG	Add Drugs
PRETOMANID TAB 200MG	Add Drugs
PRILO PATCH KIT	Add Drugs
PRILOPENTIN MIS	Add Drugs
PURAPLY XT MIS 5X5	Add Drugs
PURAPLY XT MIS 6X9	Add Drugs
PYRIDOSTIGMI TAB 30MG	Move Drug to Lower Tier
REBIF INJ 22/0.5	Add Drugs
REBIF INJ 44/0.5	Add Drugs
REBIF REBIDO INJ 22/0.5	Add Drugs
REBIF REBIDO INJ 44/0.5	Add Drugs
REBIF REBIDO INJ TITRATN	Add Drugs
REBIF TITRTN INJ PACK	Add Drugs
REBLOZYL INJ 25MG	Add Drugs
REBLOZYL INJ 75MG	Add Drugs
ROZEREM 8 MG TABLET	Remove Drugs
SECUADO DIS 3.8MG	Add Drugs
SECUADO DIS 5.7MG	Add Drugs
SECUADO DIS 7.6MG	Add Drugs
SILA III PAK	Add Drugs
SIMPLICITY MIS INSERTER	Add Drugs
SITZMARKS CAP	Add Drugs
SOD FLUORIDE PST 1.1%	Add Drugs
SOD TETRADEC INJ 3%	Add Drugs
SODIUM NITRO INJ 50MG/2ML	Add Drugs
SOLARAVIX PAK 3%	Add Drugs
SOVALDI TAB 200MG	Add Drugs
SUCRALFATE SUS 1GM/10ML	Add Drugs
SUPRAX 400 MG CAPSULE	Remove Drugs
T:SLIM X2 MIS CNTRL-IQ	Add Drugs
TALICIA CAP	Add Drugs

TARCEVA 25 MG, 100 MG, 150 MG TABLET	Remove Drugs
TIADYL ER CAP 360MG/24	Add Drugs
TOVET AER 0.05%	Add Drugs
TOVET KIT 0.05%	Add Drugs
TRACLEER 62.5 MG, 125 MG TABLET	Remove Drugs
TRIANEX OIN 0.05%	Move Drug to Lower Tier
TRIKAFTA TAB	Add Drugs
TRILURON INJ 20MG/2ML	Add Drugs
TRUXIMA INJ 100/10ML	Add Drugs
TRUXIMA INJ 500/50ML	Add Drugs
ULORIC 40 MG. 80 MG TABLET	Remove Drugs
ULTIGUARD MIS 31GX5MM	Add Drugs
ULTIGUARD MIS 31GX6MM	Add Drugs
ULTIGUARD MIS 31GX8MM	Add Drugs
ULTIGUARD MIS 32GX4MM	Add Drugs
ULTIGUARD MIS 32GX6MM	Add Drugs
UNIFINE PNTF MIS 30GX3/16	Add Drugs
VANCOMYCIN INJ 500MG	Add Drugs
VESICARE 5 MG TABLET	Remove Drugs
VITAFOL FE+ CAP	Add Drugs
VITAMIN D CAP 1.25MG	Add Drugs
VITATHELY TAB	Add Drugs
VUMERITY CAP 231MG	Add Drugs
VYONDYS 53 INJ 100/2ML	Add Drugs
WESTAB MAX TAB 2.5-25-2	Add Drugs
WESTAB ONE TAB 2.5-25-1	Add Drugs
XEMBIFY INJ 10G/50ML	Add Drugs
XEMBIFY INJ 1GM/5ML	Add Drugs
XEMBIFY INJ 2GM/10ML	Add Drugs
XEMBIFY INJ 4GM/20ML	Add Drugs
XOLAIR 150 MG VIAL	Move Drug to Lower Tier
XOLAIR 150 MG/ML SYRINGE	Move Drug to Lower Tier
XOLAIR 75 MG/0.5 ML SYRINGE	Move Drug to Lower Tier
XUREA CRE 39%	Add Drugs
ZALVIT TAB 13-1MG	Add Drugs
ZIEXTENZO INJ 6/0.6ML	Add Drugs
ZIONODIL LOT 3%	Add Drugs

Table 9: Number of affected enrollees by drug name Q4 2019:

Drug_Name	# Affected
ADVAIR DISKUS	4
APRISO	17
CHLORZOXAZON TAB 250MG	16
LAMICTAL	1
LOTEMAX 0.5% EYE DROPS	3
LYRICA 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 225 MG, 300 MG CAPSULE	21
MAYZENT 2 MG TABLET	3
PANTOPRAZOLE 20MG	1
PANTOPRAZOLE 40MG	9
ROZEREM 8 MG TABLET	1
ULORIC 40 MG, 80 MG TABLET	3
VESICARE 5 MG TABLET	2
XOLAIR 150 MG VIAL	15
XOLAIR 150 MG/ML SYRINGE	24
XOLAIR 75 MG/0.5 ML SYRINGE	3
Total	123

Table 10: Number of exceptions made by drug name Q4 2019:

Drug_Name	Granted	Denied	Withdrawn	Total Exception Requests
ADVAIR DISKUS	0	2	2	4
LAMICTAL	1	0	0	1
LAMIVUD/ZIDO TAB 150-300	0	0	0	0
XOLAIR 150 MG VIAL	15	0	0	15
XOLAIR 150 MG/ML SYRINGE	21	3	0	24
XOLAIR 75 MG/0.5 ML SYRINGE	3	0	0	3
Totals	44	6	2	52