



Pharmacy Program Changes Effective Jan. 1, 2013

Standard Formulary Additions

Based on the Prime National Pharmacy and Therapeutics Committee review of changes in the pharmaceuticals market, some revisions will be made to the standard Blue Cross and Blue Shield of Illinois (BCBSIL) formulary effective Jan. 1, 2013.

Brand Medications Added to the Formulary Effective Jan. 1, 2013	
Formulary Brand*	Drug Class/Condition Used For
bacitracin ophthalmic ointment	Anti-Infective (Eye)
Combivent Respimat	Asthma/COPD
Ortho Evra	Birth Control
Gleevec	Cancer
Nexavar	Cancer
Sutent	Cancer
Tarceva	Cancer
Tasigna	Cancer
Temodar	Cancer
Votrient	Cancer
Xeloda	Cancer
cortisone acetate 25 mg tablets	Corticosteroid
Combipatch	Estrogens
Orfadin	Hereditary Tyrosinemia
Stribild	HIV/AIDS
cyclosporine modified 50 mg capsule	Immunosuppressant
Androderm	Male Hormone

COPD = chronic obstructive pulmonary disease; HIV = human immunodeficiency virus; AIDS = acquired immunodeficiency syndrome

Standard Formulary Deletions

Based on Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions will be made to the standard BCBSIL formulary effective Jan. 1, 2013.

Brand Medications Moving to a Higher Out-of-Pocket Payment Level Effective Jan. 1, 2013			
Non-Formulary Brand	Condition Used For	Generic Formulary Alternative(s)	Formulary Brand Alternative(s)
Diovan	High Blood Pressure	irbesartan, losartan, valsartan	Benicar
Diovan HCT	High Blood Pressure	irbesartan/HCT, losartan/HCT, valsartan/HCT	Benicar HCT
Testim	Low Testosterone	N/A	Androderm, Androgel

N/A = not applicable; HCT = hydrochlorothiazide

This list is not all-inclusive. Other medications may be available in this drug class.

Targeted mailings were sent to members affected by formulary changes per our usual process of notifying members at least 60 days prior to implementation.

Standard Formulary Dispensing Limit Changes

BCBSIL's standard prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on FDA-approved dosage regimens and product labeling.

Effective Jan. 1, 2013, dispensing limits will be added for the following drugs:	
Drug Class and Medication*	Dispensing Limit
Chronic Obstructive Pulmonary Disease (COPD)	
Arcapta Neohaler (indacaterol)	1 box (30 doses)/Rx
Hereditary Angioedema	
Firazyr (icatibant)	3 syringes/Rx
Hyperactivity	
Adderall 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (amphetamine/dextroamphetamine)	60 tabs/30 days
Adderall 20 mg (amphetamine/dextroamphetamine)	90 tabs/30 days
Adderall XR (amphetamine/dextroamphetamine ext-release)	30 caps/30 days
Concerta 18 mg, 27 mg, 54 mg (methylphenidate ext-release)	30 tabs/30 days
Concerta 36 mg (methylphenidate ext-release)	60 tabs/30 days
Daytrana (methylphenidate transdermal patch)	30 patches/30 days
dextroamphetamine 5 mg	60 tabs/30 days
dextroamphetamine 10 mg	180 tabs/30 days
Dexedrine 5 mg (dextroamphetamine ext-release)	90 caps/30 days
Dexedrine 10 mg, 15 mg (dextroamphetamine ext-release)	120 caps/30 days
Desoxyn 5 mg (methamphetamine)	150 tabs/30 days
Focalin (dexmethylphenidate)	60 tabs/30 days
Focalin XR (dexmethylphenidate ext-release)	30 caps/30 days
Intuniv (guanfacine ext-release)	30 tabs/30 days
Kapvay 0.1 mg (clonidine ext-release)	120 tabs/30 days
Kapvay 0.2 mg (clonidine ext-release)	60 tabs/30 days
Metadate ER 10 mg, 20 mg (methylphenidate ext-release)	90 tabs/30 days
Metadate CD (methylphenidate ext-release)	30 caps/30 days
Methylin 2.5 mg chewable, 5 mg chewable (methylphenidate)	90 tabs/30 days
Methylin 10 mg chewable (methylphenidate)	180 tabs/30 days
Methylin 5 mg/5 ml (methylphenidate)	450 ml/30 days
Methylin 10 mg/5 ml (methylphenidate)	900 ml/30 days
Methylin ER 10 mg, 20 mg (methylphenidate ext-release)	90 tabs/30 days
Procentra 5 mg/5 ml (dextroamphetamine)	1800 ml/30 days
Ritalin (methylphenidate)	90 tabs/30 days
Ritalin LA 10 mg, 20 mg, 40 mg (methylphenidate ext-release)	30 caps/30 days
Ritalin LA 30 mg (methylphenidate ext-release)	60 caps/30 days
Ritalin SR 20 mg (methylphenidate ext-release)	90 tabs/30 days
Strattera 10 mg, 18 mg, 25 mg, 40 mg, 60 mg (atomoxetine)	60 caps/30 days
Strattera 80 mg, 100 mg (atomoxetine)	30 caps/30 days
Vyvanse (lisdexamfetamine)	30 caps/30 days
Male Hormones	
Androderm 2 mg (testosterone)	30 patches/30 days
Androgel 1.62% (testosterone)	2 bottles/30 days
Axiron (testosterone)	2 bottles/30 days
Delatestryl 100mg/ml, 200 mg/ml; 10 ml vial (testosterone)	1 vial/28 days
Delatestryl 200 mg/ml; 1 ml vial (testosterone)	4 vials/28 days
First-Testosterone ointment, cream (testosterone)	60 grams/30 days
Fortesta (testosterone)	2 bottles/30 days
Striant (testosterone)	60 tabs/30 days

Drug Class and Medication*	Dispensing Limit
<i>Nasal Products</i>	
Qnasl (beclomethasone dipropionate)	1 bottle/30 days
Zetonna (ciclesonide)	1 canister/30 days
Dymista (azelastine/fluticasone)	1 bottle/30 days
<i>Neuromuscular Drugs</i>	
Gralise 300 mg (gabapentin ext-release)	30 tabs/30 days
Gralise 600 mg (gabapentin ext-release)	90 tabs/30 days
Gralise Starter Pack (gabapentin ext-release)	1 pack/30 days
Horizant (gabapentin enacarbil)	30 tabs/30 days

For the most up-to-date list of drug dispensing limits, visit the [Pharmacy Program/Dispensing Limits section](#) of our Provider website.

Targeted mailings were sent to members affected by changes in dispensing limits per our usual process of notifying members at least 60 days prior to implementation.

**Third party brand names are the property of their respective owners.*

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