

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2021 – Part 1

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DRUG LIST CHANGES

Based on the availability of new prescription medications and Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the Blue Cross and Blue Shield of Illinois (BCBSIL) drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes.

Changes effective July 1, 2021 are outlined below.

The Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will also be published closer to the July 1 effective date.

Please note: The drug list changes below do not apply to BCBSIL members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2022.

If you have patients with an HMO Illinois® or Blue Advantage HMOSM plan, these drug list revisions/exclusions may not apply to their pharmacy benefits, administered through Prime Therapeutics, until on or after Jan. 1, 2022.

Drug List Updates (Revisions/Exclusions) – As of July 1, 2021

Non-Preferred Brand ¹	Drug Class/ Condition Used For	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ^{1, 2}
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug List Revisions			
ATRIPLA (efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg)	HIV/HIV Prophylaxis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Balanced, Performance and Performance Select Drug List Revisions			
Drug ¹	Drug Class/Condition Used For	Generic Alternatives ^{1,2}	Brand Alternatives ^{1,2}
FLURBIPROFEN (flurbiprofen tab 50 mg)	Pain/Inflammation	ibuprofen, naproxen	
HYDROCORTISONE BUTYRATE (hydrocortisone butyrate soln 0.1%)	Inflammatory Conditions	desonide lotion 0.05%, hydrocortisone valerate cream 0.2%	
PYRAZINAMIDE (pyrazinamide tab 500 mg)	Tuberculosis	<i>Members should talk to their doctor or pharmacist about other medication(s)</i>	

		<i>available for their condition.</i>
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TYBLUME (levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg)	Oral Contraceptive	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
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Balanced Drug List Revisions

NALOCET (oxycodone w/ acetaminophen tab 2.5-300 mg)	Pain	oxycodone W/ acetaminophen tablet 2.5-325 mg	
OXYCODONE/ACETAMINOPHEN (oxycodone w/ acetaminophen tab 2.5-300 mg)	Pain	oxycodone W/ acetaminophen tablet 2.5-325 mg	
OXYCODONE/ACETAMINOPHEN (oxycodone w/ acetaminophen tab 10-300 mg)	Pain	oxycodone W/ acetaminophen tablet 10-325 mg	
PRIMLEV (oxycodone w/ acetaminophen tab 10-300 mg)	Pain	oxycodone W/ acetaminophen tablet 10-325 mg	
PROLATE (oxycodone w/ acetaminophen tab 10-300 mg)	Pain	oxycodone W/ acetaminophen tablet 10-325 mg	

Balanced, Performance and Performance Select Drug List Exclusions

ALINIA (nitazoxanide tab 500 mg)	Parasitic Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ATRIPLA (efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
BANZEL (rufinamide susp 40 mg/ml)	Seizures	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
BETHKIS (tobramycin nebu soln 300 mg/4 ml)	Cystic Fibrosis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
FERRIPROX (deferiprone tab 500 mg)	Chronic Iron Overload	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
HYCODAN (hydrocodone w/ homatropine syrup 5-1.5 mg/5 ml)	Cough	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
KUVAN (sapropterin dihydrochloride powder packet 100 mg, 500 mg)	Phenylketonuria	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
KUVAN (sapropterin dihydrochloride soluble tab 100)	Phenylketonuria	<i>Generic equivalent available. Members should talk to their doctor or pharmacist</i>	

mg)		<i>about other medication(s) available for their condition.</i>
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MONUROL (fosfomycin tromethamine powd pack 3 gm (base equivalent))	Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
SKLICE (ivermectin lotion 0.5%)	Lice	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
TRUVADA (emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg)	HIV/HIV Prophylaxis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
TYKERB (lapatinib ditosylate tab 250 mg (base equiv))	Cancer	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>

Performance and Performance Select Drug List Exclusions

amantadine hcl tab 100 mg	Parkinson's Disease	amantadine capsule	
benzonatate cap 150 mg	Cough	benzonatate 100 mg capsule, benzonatate 200 mg capsule	
clindamycin phosphate-benzoyl peroxide gel 1-5%	Acne	clindamycin phosphate/benzoyl peroxide 1.2-5% (refrigerated) gel	
cyclobenzaprine hcl tab 7.5 mg	Muscle Spasm/Spasticity	cyclobenzaprine 5 mg tablet, cyclobenzaprine 10 mg tablet	
imipramine pamoate cap 75 mg, 100 mg, 125 mg, 150 mg	Depression	imipramine tablet	
temazepam cap 7.5 mg	Insomnia	estazolam tablet, temazepam 15 mg capsule	
temazepam cap 22.5 mg	Insomnia	estazolam tablet, temazepam 15 mg capsule, temazepam 30 mg capsule	
tretinoin gel 0.05%	Acne	tretinoin 0.05% cream	
TREXALL (methotrexate sodium tab 5 mg, 7.5 mg, 10 mg, 15 mg (base equiv))	Cancer, Rheumatoid Arthritis, Psoriasis	methotrexate 2.5 mg tablet	

Performance Select Drug List Exclusions

azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic for DYMISTA)	Allergic Rhinitis	azelastine nasal spray 0.1% (137 mcg/spray),	
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		fluticasone nasal spray 50 mcg/act	
Balanced and Performance Select Drug List Exclusions			
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (generic for TACLONEX)	Psoriasis		Enstilar
doxepin hcl (sleep) tab 3 mg, 6 mg (base equiv) (generic for SILENOR)	Insomnia	zolpidem tablet	Belsomra
DYMISTA (azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act)	Allergic Rhinitis	azelastine nasal spray 0.1% (137 mcg/spray), fluticasone nasal spray 50 mcg/act	
KERYDIN (tavaborole soln 5%)	Fungal Infections	ciclopirox	Jublia
naproxen-esomeprazole magnesium tab dr 375-20 mg, dr 500-20 mg (generic for VIMOVO)	Pain/Inflammation, Ulcer Prophylaxis	naproxen 375 mg, omeprazole	Duexis
TACLONEX (calcipotriene-betamethasone dipropionate susp 0.005-0.064%)	Psoriasis		Enstilar
tavaborole soln 5% (generic for KERYDIN)	Fungal Infections	ciclopirox	Jublia
VIMOVO (naproxen-esomeprazole magnesium tab dr 375-20 mg, dr 500-20 mg)	Pain/Inflammation, Ulcer Prophylaxis	naproxen 375 mg, omeprazole	Duexis
Balanced Drug List Exclusions			
TAYTULLA (norethindrone acethinyl estradiol-fe cap 1 mg-20 mcg (24))	Oral Contraceptive	Aurovela FE 1/20, Junel FE 1/20, norethindrone acethinyl estradiol-fe tablet 1 mg-20 mcg	
TIMOPTIC OCUDOSE (timolol maleate preservative free ophth soln 0.5%)	Glaucoma, Ocular Hypertension	timolol ophthalmic solution	
TIMOPTIC-XE (timolol maleate ophth gel forming soln 0.25%, 0.5%)	Glaucoma, Ocular Hypertension	timolol ophthalmic solution	

¹Third-party brand names are the property of their respective owner.

²This list is not all inclusive. Other medicines may be available in this drug class.

DISPENSING LIMIT CHANGES

The BCBSIL prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on U.S. Food and Drug Administration (FDA) approved dosage regimens and product labeling. **Changes by drug list are listed on the charts below. Please note:** The dispensing limits listed below do not apply to BCBSIL members on the Basic Annual or Enhanced Annual Drug Lists. Dispensing limits will be applied to these drug lists on or after Jan. 1, 2022.

BCBSIL letters all members with a claim for a drug included in the Dispensing Limit Program, regardless of the prescribed dosage. This means members may receive a letter even though their prescribed dosage doesn't meet or exceed the dispensing limit.

Effective July 1, 2021:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Alternative Dosage Form	
Indomethacin suspension 25 mg / 5 mL	40 mL per day
Sucraid	
Sucraid 8500 units/mL	236 mL per 28 days
Therapeutic Alternatives	
Adapalene pads 0.1%	28 swabs per 28 days
Acyclovir-hydrocortisone cream 5-1% (XERESE)	5 grams per 30 days
Topical Corticosteroid	
Amcinonide 0.01% cream, lotion and ointment	100 grams per 30 days
Betamethasone Dipropionate Spray Emulsion 0.05% (SERNIVO)	240 mL per 90 days
Betamethasone dipropionate 0.05% cream	100 grams per 30 days
Betamethasone dipropionate 0.05% lotion	100 grams per 30 days
Betamethasone dipropionate 0.05% ointment	100 grams per 30 days
calcipotriene-betamethasone dipropionate 0.005-0.064% foam (ENSTILAR), ointment and suspension (TACLONEX), cream (WYNZORA)	120 grams per 30 days
clobetasol 0.05% aerosolized foam (OLUX)	180 grams per 90 days
Clobetasol Propionate Cream 0.025% (IMPOYZ)	100 grams per 30 days
clobetasol propionate foam 0.05%	180 grams per 90 days
desoximetasone 0.25% cream, ointment, spray and gel	100 grams per 30 days
diflorasone diacetate cream and ointment 0.05%	100 grams per 30 days
diflorasone diacetate emollient base cream and ointment 0.05%	100 grams per 30 days
fluocinonide cream 0.5%	100 grams per 30 days
fluocinonide emulsified base (cream) 0.05%	100 grams per 30 days
fluocinonide gel 0.05%	100 grams per 30 days
fluocinonide ointment 0.05%	100 grams per 30 days
fluocinonide solution 0.05%	100 grams per 30 days
halcinonide cream 0.025% and 0.1%	100 grams per 30 days
halcinonide ointment 0.1%	100 grams per 30 days
Halcinonide Soln 0.1% (HALOG)	120 grams per 30 days
halobetasol 0.01% lotion (BRYHALI)	100 grams per 30 days
halobetasol 0.05% aerosolized foam (LEXETTE)	180 grams per 90 days
halobetasol-tazarotene 0.01-0.45% lotion (DUOBRIL)	100 grams per 30 days
mometasone furoate 0.1% ointment	100 grams per 30 days
Xhance	
XHANCE (fluticasone propionate) nasal exhaler suspension 93 mcg/act*	2 bottles per 30 days

¹Third-party brand names are the property of their respective owner.

* Not all members may have been notified due to limited utilization.

UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **July 1, 2021**, the Xhance PA program and target drug Xhance (fluticasone propionate) nasal exhaler suspension 93 mcg/act will be added to the Performance, Performance Annual and Performance Select Drug Lists.*

* Not all members may have been notified due to limited utilization.

Members were notified about the PA standard program changes listed in the tables below.

Drug categories added to current pharmacy PA standard programs, effective July 1, 2021:

Drug Category	Targeted Medication(s)¹
Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Sucraid	SUCRAID (sacrosidase) 8,500 unit/mL oral solution
Basic, Enhanced and Balanced Drug Lists	
Xhance	XHANCE (fluticasone propionate) nasal exhaler suspension 93 mcg/act*
Basic and Enhanced Drug Lists	
Somatostatins	BYFENZIA (octreotide acetate) 2500 mcg/mL solution pen-injector*

¹Third-party brand names are the property of their respective owner.

* Not all members may have been notified due to limited utilization.

Targeted drugs added to current pharmacy PA standard programs, effective July 1, 2021:

Drug Category	Targeted Medication(s)¹
Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Alternative Dosage Form	INDOCIN (indomethacin) 25 mg/mL oral suspension
Therapeutic Alternatives	ADAPALENE (adapalene) pads 0.1%, ADRENACLICK (epinephrine) 0.15 mg injection, ADRENACLICK (epinephrine) 0.3 mg injection, INDERAL XL (propranolol hcl) sustained release beads caps er 24hr 80 mg, INDERAL XL (propranolol hcl) sustained release beads caps er 24hr 120 mg, XERESE (acyclovir-hydrocortisone) 5-1% cream

¹Third-party brand names are the property of their respective owner.

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions, dispensing limit and prior authorization program changes. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our Provider website.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit bcbsil.com and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

Reminder: Split Fill Program Available to Select Members

BCBSIL offers its members and groups a Split Fill program to reduce waste and help avoid costs of select specialty medications that may go unused. Members new to therapy (or have not had claims history within the past 120 days for the drug) are provided partial, or “split,” prescription fills for up to three months.

The Split Fill Program applies to a specific list of drugs known to have early discontinuation or dose modification. You can view the current list of drugs and find more information on the [Split Fill Program](#) on our Provider website.

Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

HDHP-HSA Preventive Drug Program Reminder

Select BCBSIL members’ High Deductible Health Plan (with a Health Savings Account) may include a preventive drug program, which offers a reduced cost share for members using certain medications for preventive purposes. *Please note:* If coverage of the member’s medication is changed on their prescription drug list, the amount the member will pay for the same medication under their preventive drug benefit may also change.

Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

Change in Benefit Coverage for Select High Cost Products

Several high cost products with available lower cost alternatives will be excluded on the pharmacy benefit for select drug lists. This change impacts BCBSIL members who have prescription drug benefits administered by Prime Therapeutics. This change is part of an ongoing effort to make sure our members and employer groups have access to safe, cost-effective medications.

Based on claims data, members were notified about the following changes to be effective July 1, 2021. Please talk to your patient about other products that may be available.

Please call the number on the member’s ID card to verify coverage, or for further assistance or clarification on your patient’s benefits.

Product(s) No Longer Covered^{1*}	Condition Used For	Covered Alternative(s)^{1,2}
BUTALBITAL-ACETAMINOPHEN CAP 50-300 MG	HEADACHE	BUTALBITAL-ACETAMINOPHEN 50-325 MG TABS
INDOMETHACIN CAP 20 MG	INFLAMMATION AND PAIN	INDOMETHACIN 25 MG
NABUMETONE TAB 1000 MG	INFLAMMATION AND PAIN	NABUMETONE 500 MG or 750 MG TAB

Other high cost products that either are new to market or have therapeutic equivalents available have also been excluded. Please note: Members were not notified of these changes because there is no utilization or the pharmacist can easily fill a member’s prescription with the equivalent without needing a new prescription from the doctor. The following drugs are excluded on select drug lists:

Product(s) No Longer Covered ^{1*}	Condition Used For	Covered Alternative(s) ^{1,2}
METOPROLOL & HYDROCHLOROTHIAZIDE TAB ER 24HR 25-12.5 MG	HYPERTENSION	OTHER MANUFACTURERS
METOPROLOL & HYDROCHLOROTHIAZIDE TAB ER 24HR 50-12.5 MG	HYPERTENSION	OTHER MANUFACTURERS
METOPROLOL & HYDROCHLOROTHIAZIDE TAB ER 24HR 100-12.5 MG	HYPERTENSION	OTHER MANUFACTURERS
PNV TAB 1-20 [†]	PRENATAL VITAMINS	PRENATAL 19, PRENATAL+FE TAB 29-1, SE-NATAL 19, TRINATE, VINATE M

¹ All brand names are the property of their respective owners.

² This list is not all-inclusive. Other products may be available.

* This chart applies to members on the Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists.

[†] The prenatal products also apply to members on the Balanced, Performance, Performance Annual and Performance Select Drug Lists.

HIV Pre-Exposure Prophylaxis (PrEP) Coverage Updates

Starting July 1, 2021, BCBSIL will be changing HIV Pre-exposure Prophylaxis (PrEP) coverage for members with an ACA-compliant plan and on one of the following drug lists: Basic, Enhanced, Balanced, Performance, Performance Select and IL Health Insurance Marketplace. The brand Truvada 200-300 mg will no longer be covered under the HIV PrEP ACA category and may not be covered on the member's drug list. Members who are affected by this change will be notified prior to the effective date. ***If you have patients with an HMO Illinois[®] or Blue Advantage HMOSM plan, this change may not apply to their pharmacy benefits, administered through Prime Therapeutics, until on or after Jan. 1, 2022.***

As a reminder, emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic for Truvada 200-300 mg) is available at \$0 if members meet the conditions set under ACA.

Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime. MyPrime.com is an online resource offered by Prime Therapeutics.

The information mentioned here is for informational purposes only and is not a substitute for the independent medical judgment of a physician. Physicians are to exercise their own medical judgment. Pharmacy benefits and limits are subject to the terms set forth in the member's certificate of coverage which may vary from the limits set forth above. The listing of any particular drug or classification of drugs is not a guarantee of benefits. Members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any medication is between the member and their health care provider.