

## Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2019

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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 additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were 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 April 1, 2019 are outlined below.

### Drug List Updates (Coverage Additions) – As of April 1, 2019

Preferred Drug <sup>1</sup>	Drug Class/Condition Used For
<b>Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists</b>	
AIMOVIG (ereenumab-aooe subcutaneous soln auto-injector 70 mg/mL)	Migraine
DELSTRIGO (doravirine-lamivudine-tenofovir df tab 100-300-300 mg)	HIV
DIVIGEL (estradiol td gel 0.75 mg/0.75 gm (0.1%))	Hormone Replacement
EMGALITY (galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/mL)	Migraine
EMGALITY (galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/mL)	Migraine
EPIDIOLEX (cannabidiol soln 100 mg/mL)	Seizures
GRANIX (tbo-filgrastim subcutaneous inj 300 mcg/mL)	Neutropenia
GRANIX (tbo-filgrastim subcutaneous inj 480 mcg/1.6 mL (300 mcg/mL))	Neutropenia
MITIGARE (colchicine cap 0.6 mg)	Gout
NIVESTYM (filgrastim-aafi soln prefilled syringe 300 mcg/0.5 mL, 480 mcg/0.8 mL)	Neutropenia
NOVOLIN 70/30 FLEXPEN (insulin nph & regular susp pen-inj 100 unit/mL (70-30))	Diabetes
ORILISSA (elagolix sodium tab 150 mg (base equiv), 200 mg (base equiv))	Endometriosis
SYMDEKO (tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk)	Cystic Fibrosis
XARELTO (rivaroxaban tab 2.5 mg)	Thrombotic Event Prophylaxis
<b>Basic, Basic Annual, Multi-Tier Basic and Multi-Tier Basic Annual Drug Lists</b>	
CELLCEPT (mycophenolate mofetil cap 250 mg, tab 500 mg)	Antirejection Agent
PROGRAF (tacrolimus cap 0.5 mg, 1 mg, 5 mg)	Antirejection Agent
ZORTRESS (everolimus tab 1 mg)	Antirejection Agent

<b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>	
AIMOVIG (erenumab-aooe subcutaneous soln auto-injector 70 mg/mL)	Migraine
CHORIONIC GONADOTROPIN (chorionic gonadotropin for im inj 10000 unit)	Infertility*
CORZIDE (nadolol & bendroflumethiazide tab 80-5 mg)	Hypertension
ENDOMETRIN (progesterone vaginal insert 100 mg)	Infertility*
NOVAREL (chorionic gonadotropin for im inj 5000 unit, 10000 unit)	Infertility*
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL (chorionic gonadotropin for im inj 10000 unit)	Infertility*
TRANSDERM-SCOP (scopolamine td patch 72hr 1 mg/3 days)	Motion Sickness
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent)	Depression
abiraterone acetate tab 250 mg	Cancer
albendazole tab 200 mg	Antiparasitic
aminocaproic acid tab 500 mg, 1000 mg	Excessive Bleeding
azelaic acid gel 15%	Acne/Rosacea
BREATHE EASE/LARGE MASK, MEDIUM MASK, SMALL MASK (spacer/aerosol-holding chambers - device)	Spacer for inhaler device
clobazam suspension 2.5 mg/mL	Seizures
clobazam tab 10 mg, 20 mg	Seizures
COPIKTRA (duvelisib cap 15 mg, 25 mg)	Cancer
DELSTRIGO (doravirine-lamivudine-tenofovir df tab 100-300-300 mg)	HIV
EMGALITY (galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/mL)	Migraine
EPIDIOLEX (cannabidiol soln 100 mg/mL)	Seizures
epinephrine solution auto-injector 0.3 mg/0.3 mL (1:1000)	Anaphylaxis
FIBRYGA (fibrinogen conc (human) inj approximately 1 gm (900-1300 mg))	Hemophilia
GALAFOLD (migalastat hcl cap 123 mg (base equivalent))	Fabry Disease
GRANIX (tbo-filgrastim subcutaneous inj 300 mcg/mL)	Neutropenia
GRANIX (tbo-filgrastim subcutaneous inj 480 mcg/1.6 mL (300 mcg/mL))	Neutropenia
itraconazole oral soln 10 mg/mL	Antifungal
LOKELMA (sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm)	Hyperkalemia
MULPLETA (lusutrombopag tab 3 mg)	Liver Disease
NIVESTYM (filgrastim-aafi soln prefilled syringe 300 mcg/0.5 mL, 480 mcg/0.8 mL)	Neutropenia
NOVOLIN 70/30 FLEXPEN (insulin nph & regular susp pen-inj 100 unit/mL (70-30))	Diabetes
NOVOLIN 70/30 FLEXPEN REL ION (insulin nph & regular susp pen-inj 100 unit/mL (70-30))	Diabetes
ORLISSA (elagolix sodium tab 150 mg (base equiv), 200 mg (base equiv))	Endometriosis

PRO COMFORT INHALER SPACER CHAMBER ADULT, CHILD (spacer/aerosol-holding chambers - device)	Spacer for inhaler device
SIKLOS (hydroxyurea tab 1000 mg)	Sickle Cell Anemia
tadalafil tab 2.5 mg, 5 mg	BPH
tadalafil tab 10 mg, 20 mg	Erectile Dysfunction**
TALZENNA (talazoparib tosylate cap 0.25 mg (base equivalent), 1 mg (base equivalent))	Cancer
testosterone td gel 20.25 mg/1.25 gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5 gm (1.62%)	Hormone Replacement Therapy
vardenafil tab 2.5 mg, 5 mg, 10 mg, 20 mg	Erectile Dysfunction**
vardenafil orally disintegrating tab 10 mg	Erectile Dysfunction**
VIZIMPRO (dacomitinib tab 15 mg, 30 mg, 45 mg)	Cancer
XARELTO (rivaroxaban tab 2.5 mg)	Thrombotic Event Prophylaxis
XOFLUZA (baloxavir marboxil tab therapy pack 20 (2) mg (40 mg dose), 40 (2) mg (80 mg dose))	Influenza
ZORTRESS (everolimus tab 1 mg)	Antirejection agent
<b>Balanced and Performance Select Drug Lists</b>	
MINOCYCLINE HYDROCHLORIDE ER (minocycline hcl tab er 24hr 55 mg)	Acne
<b>Performance and Performance Annual Drug Lists</b>	
LEDIPASVIR/SOFOSBUVIR (ledipasvir-sofosbuvir tab 90-400 mg)	Hepatitis C
SOFOSBUVIR/VELPATASVIR (sofosbuvir-velpatasvir tab 400-100 mg)	Hepatitis C

<sup>1</sup> Third-party brand names are the property of their respective owner.

\* Optional fertility component coverage for select health plans.

\*\* Optional sexual dysfunction component coverage for select health plans.

### Drug List Updates (Coverage Tier Changes) – As of April 1, 2019

Drug <sup>1</sup>	New Lower Tier	Drug Class/Condition Used For
<b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>		
GANIRELIX (ganirelix acetate inj 250 mcg/0.5 mL)	Preferred Brand (Optional Fertility Component)	Infertility
MENOPUR (menotropins for subcutaneous inj 75 unit)	Preferred Brand (Optional Fertility Component)	Infertility
phenobarbital tab 15 mg, 30 mg, 60 mg, 100 mg	Non-Preferred Generic	Epilepsy
SYMDEKO (tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk)	Preferred Brand	Cystic Fibrosis

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**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, 2020.**

**If you have patients with an HMO Illinois® or Blue Advantage HMO<sup>SM</sup> plan, these drug list revisions/exclusions may not apply to their pharmacy benefits, administered through Prime Therapeutics, until Jan. 1, 2020.**

### Drug List Updates (Revisions/Exclusions) – As of April 1, 2019

Non-Preferred Brand <sup>1</sup>	Drug Class/Condition Used For	Generic Preferred Alternative(s) <sup>2</sup>	Preferred Brand Alternative(s) <sup>1,2</sup>
<b>Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug Lists Revisions</b>			
ADCIRCA (tadalafil tab 20 mg (pah))	Pulmonary Arterial Hypertension	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
CORTIFOAM (hydrocortisone acetate rectal foam 10% (90 mg/dose))	Ulcerative Proctitis	hydrocortisone enema	N/A
NUDEXTA (dextromethorphan hbr-quinidine sulfate cap 20-10 mg)	Pseudobulbar Affect	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
VIRAMUNE (nevirapine susp 50 mg/5 mL)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
WELCHOL (colesevelam hcl packet for susp 3.75 gm)	High Cholesterol	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
<b>Basic and Multi-Tier Basic Drug Lists Revisions</b>			
ASACOL HD (mesalamine tab delayed release 800 mg)	Ulcerative Colitis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Drug <sup>1</sup>	Drug Class/Condition Used For	Preferred Alternative(s) <sup>1,2</sup>	
<b>Balanced, Performance and Performance Select Drug Lists Revisions</b>			
NORTRIPTYLINE HCL (nortriptyline hcl soln 10 mg/ 5 mL)	Depression	amitriptyline tablet, desipramine tablet, nortriptyline capsule	
<b>Performance Drug List Revisions</b>			
NUDEXTA (dextromethorphan hbr-quinidine sulfate cap 20-10 mg)	Pseudobulbar Affect	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

<b>Balanced, Performance and Performance Select Drug Lists Exclusions</b>		
ADCIRCA (tadalafil tab 20 mg (pah))	Pulmonary Arterial Hypertension	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
ASACOL HD (mesalamine tab delayed release 800 mg)	Ulcerative Colitis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
CETROTIDE (cetorelix acetate for inj kit 0.25 mg)	Infertility	Ganirelix
CRINONE (progesterone vaginal gel 4%, 8%)	Infertility	progesterone capsules, Endometrin vaginal insert
EURAX (crotamiton lotion 10%)	Scabies	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
OVIDREL (choriogonadotropin alfa inj 250 mcg/0.5 mL)	Infertility	Novarel, Pregnyl
VIRAMUNE (nevirapine susp 50 mg/5 mL)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
WELCHOL (colesevelam hcl packet for susp 3.75 gm)	High Cholesterol	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
<b>Balanced and Performance Select Drug Lists Exclusions</b>		
DIHYDROERGOTAMINE MESYLATE (dihydroergotamine mesylate nasal spray 4 mg/mL)	Migraine	sumatriptan nasal, sumatriptan tablet, Migranal nasal spray
<b>Performance and Performance Select Drug Lists Exclusions</b>		
mupirocin calcium cream 2%	Topical Antibiotic	mupirocin ointment 2%
prednisolone sod phos orally disintegr tab 10 mg (base eq), 15 mg (base eq), 30 mg (base eq)	Inflammatory conditions	prednisone tablet, prednisolone oral solution
<b>Balanced Drug List Exclusions</b>		
COSOPT PF (dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/mL pf)	Glaucoma	dorzolamide solution, dorzolamide-timolol solution, timolol solution
DEXPAK 6 DAY (dexamethasone tab therapy pack 1.5 mg (21))	Inflammatory conditions	dexamethasone tablet
DEXPAK 10 DAY (dexamethasone tab therapy pack 1.5 mg (35))	Inflammatory conditions	dexamethasone tablet
DEXPAK 13 DAY (dexamethasone tab therapy pack 1.5 mg (51))	Inflammatory conditions	dexamethasone tablet
TOPICORT (desoximetasone spray 0.25%)	Topical Inflammatory Conditions	desoximetasone cream, desoximetasone gel

Performance Drug List Exclusions		
DIHYDROERGOTAMINE MESYLATE (dihydroergotamine mesylate nasal spray 4 mg/mL)	Migraines	dihydroergotamine injection, sumatriptan nasal, sumatriptan tablet
MIGRANAL (dihydroergotamine mesylate nasal spray 4 mg/mL)	Migraines	dihydroergotamine injection, sumatriptan nasal, sumatriptan tablet
Performance Select Drug List Exclusions		
sumatriptan-naproxen sodium tab 85-500 mg	Migraine	naproxen tablet, sumatriptan tablet

<sup>1</sup> Third-party brand names are the property of their respective owner.

<sup>2</sup> This 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. **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, 2020.

#### **Effective April 1, 2019:**

Drug Class and Medication(s) <sup>1</sup>	Dispensing Limit(s)
Basic and Enhanced Drug List Changes	
Nuvigil/Provigil	
Nuvigil 50 mg tablet	30 tablets per 30 days
Nuvigil 150 mg tablet	30 tablets per 30 days
Nuvigil 200 mg tablet	30 tablets per 30 days
Nuvigil 250 mg tablet	30 tablets per 30 days
Provigil 100 mg tablet	30 tablets per 30 days
Provigil 200 mg tablet	60 tablets per 30 days
SA Oncology	
Zykadia 150 mg capsule	90 capsules per 30 days

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### **UTILIZATION MANAGEMENT PROGRAM CHANGES**

- **Effective Jan. 15, 2019**, the Orilissa Prior Authorization (PA) program was added to the Balanced, Performance and Performance Select Drug Lists. This program includes the target drug Orilissa.
- **Effective Feb. 15, 2019**, the Cannabidiol PA program was added for standard pharmacy benefit plans and all prescription drug lists. This program includes the newly FDA-approved target drug Epidiolex.
- **Effective April 1, 2019**, the following changes will be applied:
  - The Injectable Atopic Dermatitis Agents Specialty PA program will change its name to:

- Interleukin-4 (IL-4) Inhibitors. The targeted medications and program criteria remains the same.
- The Xyrem Specialty PA program will change its name to: Sodium Oxybate. The targeted medication and program criteria remains the same.
  - The Fabry Disease Specialty PA program will be added to the Balanced, Performance, Performance Annual, Performance Select and Performance Select Annual Drug Lists. This program includes the newly FDA-approved target drug Galafold.
  - The Hyperhidrosis PA program will be added to the Balanced, Performance Select and Performance Select Annual Drug Lists. This program includes the newly FDA-approved target drug Qbrexza.
  - The Antidepressants Step Therapy (ST) program will be added to the Balanced, Performance Select and Performance Select Annual Drug Lists. The program criteria remains the same and includes the same target drugs:
    - Celexa, Cymbalta, Desvenlafaxine ER tabs, Desvenlafaxine fumarate, Duloxetine, Effexor, Effexor XR, Fetzima, Forfivo XL, Fluoxetine 60 mg tabs, Fluvoxamine ER, Irenka, Khedezia, Lexapro, Oleptro, Paxil, Paxil CR, Pexeva, Pristiq, Prozac, Prozac Weekly, Remeron, Remeron SolTab, Trintellix, Venlafaxine ER tabs, Viibryd, Viibryd Starter Kit, Wellbutrin, Wellbutrin SR, Zoloft

**Please note:** Some of these program changes will not apply until the renewal date for most members. As a *reminder*, please review your patient's drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply. Additionally, please be sure to submit the specific prior authorization form for the medication being prescribed to your patient.

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions and dispensing limit 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](http://bcbsil.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) or MyPrime.com for a variety of online resources.

### **Appropriate Use of Opioids Program – Final Implementation**

The Appropriate Use of Opioids Program was implemented on Aug. 1, 2018, to promote the safe and effective use of prescription opioids. Elements in the program follow safety guidelines as recommended by the Centers for Disease Control and Prevention (CDC) and other nationally recognized guidelines (e.g., American Pain Society/American Academy of Pain and Centers for Medicare and Medicaid Services, CMS).

To help reduce disruption in current approved drug therapy, the Appropriate Use of Opioids Program has been rolled out through a phased approach between Aug. 1, 2018 and April 1, 2019. Each phase of the program gradually expanded the point-of-sale safety checks placed on prescription opioid quantities, medication dosages, and the number of dispensing pharmacies and/or prescribing physicians.

Full implementation of the program will be completed on April 1, 2019, for most BCBSIL members who have prescription drug benefits administered by Prime Therapeutics. Patients and their prescribing physician may be sent program awareness letters prior to this final phase implementation.

**Please note:** The Appropriate Use of Opioids Program applies to most members with BCBSIL prescription drug coverage. Members may be subject to the program's criteria threshold limits, regardless of their plan renewal date. BCBSIL has implemented similar point-of-sale safety alerts and opioid drug management programs for members with Medicare Part D or Medicaid coverage that are not affiliated

with the Appropriate Use of Opioids Program. Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

### **Select Prescription Drug Lists' Update Frequency to Change – Effective April 1, 2019**

Today, some members' health insurance plan prescription drug lists are updated quarterly and others are updated annually. These updates, such as drugs moving to non-preferred tiers or being excluded from coverage, are based on clinical guidelines, safety, cost effectiveness and continuous changes in the pharmaceutical market.

With the increasing costs of pharmaceuticals, being able to respond quicker to market changes and offering cost-effective drug treatments sooner is of great importance to our members. Additionally, the numbers of members who may be impacted by drug list changes will not change, just the timing of when members may experience the changes.

Most of the prescription drug lists that were updated annually on Jan. 1, or at members' health insurance plan renewal date, will be moved to a quarterly update starting on or after April 1, 2019. This update frequency change includes the following drug lists:

- Enhanced, Multi-Tier Basic and Multi-Tier Enhanced
- **Please note:** HMO Illinois® or Blue Advantage HMO<sup>SM</sup> members may remain on an annual update.
- **Please note:** For those drug lists that remain on an annual update, or until the plan has moved to a quarterly update (where applicable), the drug list name will change to include "Annual" in the title. Both the quarterly updated and annually updated drug lists will be posted on the Pharmacy Program section of our Provider website.

### **New Member Notification Program for Prior Authorization (PA) Approval Expirations**

As of Nov. 8, 2018, select members with BCBSIL prescription drug coverage began receiving notifications that their prior authorization (PA) approval will expire soon. This member outreach program is being sent by our pharmacy benefit manager, Prime Therapeutics, and in the member's established preferred communication format (letter, email or text message).

The notification message includes the member's medication they are taking and PA approval expiration date. It encourages them to discuss their therapy with their health care provider and to have the provider re-submit the form before the expiration date if continuing therapy.

These messages are sent each week to members whose original PA was approved for a period of six months or more and whose PA approval will expire within 45 days from when the notification is sent. Members who may have more than one medication PA approval will receive a message for each PA expiration that meets this criteria.

Members and providers can call the number on the ID card if they have any questions about these notifications. For a list of PA programs, program criteria summaries and request forms, please visit the Pharmacy Program Prior Authorization/Step Therapy section of our Provider website.

### **BCBSIL 2019 Prescription Drug Coverage Changes**

Some BCBSIL members may experience changes in their prescription drug coverage because of new state laws that went into effect on Jan. 1, 2019. These laws do not apply to all health insurance plans. Benefit limits and any applicable member cost-share payments will continue to apply.

An overview of these new state laws can be found on [bcbsil.com](http://bcbsil.com). Members and providers can call the number on the ID card if they have any questions about these changes.



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.