

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2020 – Part 2

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This article is a continuation of the previously published [Quarterly Pharmacy Changes Part 1 article](#). While the Part 1 article included the drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates, this Part 2 version contains the more recent coverage additions, utilization management updates and any other updates to the pharmacy program.

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 (new to coverage) and/or some coverage tier changes (drugs moved to a lower out-of-pocket payment level) will be made to the Blue Cross and Blue Shield of Illinois (BCBSIL) drug lists.

Please note: Revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were included in the [Quarterly Pharmacy Changes Part 1 article](#). 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, 2020 are outlined below.

Drug List Coverage Additions – As of April 1, 2020

Preferred Drug ¹	Drug Class/Condition Used For
Basic, Basic Annual, Multi-Tier Basic, Multi-Tier Basic Annual, Enhanced, Enhanced Annual, Multi-Tier Enhanced and Multi-Tier Enhanced Annual Drug Lists	
DIVIGEL (estradiol td gel 1.25 mg/1.25 gm (0.1%))	Hot Flashes
GVOKE PFS (glucagon subcutaneous soln pref syringe 0.5 mg/0.1 ml, 1 mg/0.2 ml)	Diabetes
HARVONI (ledipasvir-sofosbuvir tab 45-200 mg)	Hepatitis C
INSULIN ASPART (insulin aspart inj 100 unit/ml)	Diabetes
INSULIN ASPART FLEXPEN (insulin aspart soln pen-injector 100 unit/ml)	Diabetes
INSULIN ASPART PENFILL (insulin aspart soln cartridge 100 unit/ml)	Diabetes
INSULIN ASPART PROTAMINE/INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	Diabetes
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN (insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30))	Diabetes
LYNPARZA (olaparib cap 50 mg; tab 100 mg, 150 mg)	Cancer
NOVOLIN N FLEXPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/ml)	Diabetes
NOVOLIN R FLEXPEN (insulin regular (human) soln pen-injector 100 unit/ml)	Diabetes
NUBEQA (darolutamide tab 300 mg)	Cancer
ROZLYTREK (entrectinib cap 100 mg, 200 mg)	Cancer
RUBRACA (rucaparib camsylate tab 200 mg, 250 mg, 300 mg (base equivalent))	Cancer

RYBELSUS (semaglutide tab 3 mg, 7 mg, 14 mg)	Diabetes
SOVALDI (sofosbuvir tab 200 mg)	Hepatitis C
TEMIXYS (lamivudine-tenofovir disoproxil fumarate tab 300-300 mg)	Infections
TRIFLURIDINE (trifluridine ophth soln 1%)	Ophthalmic Infections
TRIKAFTA (elxacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk)	Cystic Fibrosis
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK (spacer/aerosol-holding chambers - device)	Spacer for Inhaler
COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK (spacer/aerosol-holding chambers - device)	Spacer for Inhaler
COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK (spacer/aerosol-holding chambers - device)	Spacer for Inhaler
deferasirox tab 90 mg, 360 mg (generic for JADENU)	Chronic Iron Overload
DEXCOM G5 MOBILE RECEIVER KIT (continuous blood glucose system receiver)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G5 MOBILE TRANSMITTER KIT (continuous blood glucose system transmitter)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT (continuous blood glucose system sensor)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G6 RECEIVER (continuous blood glucose system receiver)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G6 SENSOR (continuous blood glucose system sensor)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM G6 TRANSMITTER (continuous blood glucose system transmitter)	Diabetes/Continuous Blood Glucose Monitoring
DEXCOM RECEIVER KIT (continuous blood glucose system receiver)	Diabetes/Continuous Blood Glucose Monitoring
digoxin oral soln 0.05 mg/ml (generic for DIGOXIN)	Heart Failure, Atrial Fibrillation
FASENRA PEN (benralizumab subcutaneous soln auto-injector 30 mg/ml)	Asthma
FIASP PENFILL (insulin aspart (with niacinamide) soln cartridge 100 unit/ml)	Diabetes
GVOKE PFS (glucagon subcutaneous soln pref syringe 0.5 mg/0.1 ml, 1 mg/0.2 ml)	Diabetes
HARVONI (ledipasvir-sofosbuvir tab 45-200 mg)	Hepatitis C
HEPARIN SODIUM (heparin sodium (porcine) pf inj 5000 unit/ml)	Clotting Conditions
INREBIC (fedratinib hcl cap 100 mg)	Cancer
mesalamine cap er 24hr 0.375 gm (generic for APRISO)	Ulcerative Colitis
NAYZILAM (midazolam nasal spray soln 5 mg/0.1 ml)	Seizures
nitisinone cap 2 mg, 5 mg, 10 mg (generic for ORFADIN)	Hereditary Tyrosinemia Type 1 (HT-1)
NUBEQA (darolutamide tab 300 mg)	Cancer
OXYMORPHONE HYDROCHLORIDE ER (oxymorphone hcl tab er 12hr 15 mg)	Pain
pentamidine isethionate for nebulization soln 300 mg (generic for NEBUPENT)	Fungal Infections
PREDNISOLONE SODIUM PHOSPHATE (prednisolone sodium phosphate oral soln 25 mg/5 ml (base eq))	Inflammatory Conditions
ROZLYTREK (entrectinib cap 100 mg, 200 mg)	Cancer
RYBELSUS (semaglutide tab 3 mg, 7 mg, 14 mg)	Diabetes
SOVALDI (sofosbuvir tab 200 mg)	Hepatitis C

TEMIXYS (lamivudine-tenofovir disoproxil fumarate tab 300-300 mg)	Infections
TRIKAFTA (elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk)	Cystic Fibrosis
TURALIO (pexidartinib hcl cap 200 mg (base equivalent))	Cancer
VYLEESI (bremelanotide acetate subcutaneous soln auto-injector 1.75 mg/0.3 ml)*	Hypoactive Sexual Desire Disorder
Balanced Drug List	
ASPIRIN/OMEPRAZOLE (aspirin-omeprazole tab delayed release 81-40 mg)	Myocardial Infarction and Stroke Prophylaxis
CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF (ciprofloxacin-fluocinolone acetate (pf) otic soln 0.3-0.025%)	Otic Infections & Inflammation
CLOCORTOLONE PIVALATE (clocortolone pivalate cream 0.1%)	Inflammatory Conditions
CLODERM (clocortolone pivalate cream 0.1%)	Inflammatory Conditions
DRIZALMA SPRINKLE (duloxetine hcl cap delayed release sprinkle 20 mg, 30 mg, 40 mg, 60 mg (base eq))	Major Depressive Disorder
HALOBETASOL PROPIONATE (halobetasol propionate foam 0.05%)	Inflammatory Conditions
NEONATAL COMPLETE (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin
NOURIANZ (istradefylline tab 20 mg, 40 mg)	Parkinson's Disease
OZOBAX (baclofen oral soln 5 mg/5 ml)	Multiple Sclerosis
PREGENNA (prenat vit w/ fe bisglyc chelate-fa tab 20-1 mg (1.7 mg dfe))	Prenatal Vitamin
sucralfate susp 1 gm/10 ml (generic for CARAFATE susp)	Ulcers
TOSYMRA (sumatriptan nasal spray 10 mg/act)	Migraines
VITATHELY/GINGER (prenatal vit w/ fe fumarate-fa tab 27-1 mg)	Prenatal Vitamin
ZALVIT (prenatal vit w/ fe gluconate-fa tab 13-1 mg)	Prenatal Vitamin

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

* Optional sexual dysfunction component coverage for select health plans.

Drug List Updates (Coverage Tier Changes) – As of April 1, 2020

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists		
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	Non-Preferred Generic	Cataracts, Inflammatory Conditions
metoprolol tartrate tab 37.5 mg, 75 mg	Non-Preferred Generic	Hypertension
prednisone tab 50 mg	Non-Preferred Generic	Inflammatory Conditions
RUBRACA (rucaparib camsylate tab 200 mg, 250 mg, 300 mg (base equivalent))	Preferred Brand	Cancer
SYNTHROID (levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg)	Preferred Brand	Hypothyroidism

Balanced Drug List		
triamcinolone acetonide oint 0.05%	Non-Preferred Generic	Inflammatory Conditions

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, 2021, unless stated otherwise.

Effective April 1, 2020:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
5HT-1F	
Reyvow 5 mg	4 tablets per 30 days
Reyvow 10 mg	8 tablets per 30 days
Basic, Enhanced, Balanced, Performance, Performance Annual, Performance Select Drug Lists	
Continuous Glucose Monitors	
Dexcom G5 Transmitter	1 transmitter per 84 days
Dexcom G5/G4 Sensor	4 sensors per 28 days
Dexcom G5 Receiver	1 receiver per 365 days
Dexcom G6 Transmitter	1 transmitter per 90 days
Dexcom G6 Sensor	3 sensors per 30 days
Dexcom G6 Receiver	1 receiver per 365 days
Dexcom G4 Platinum Sensor	4 sensors per 28 days
Dexcom G4 Platinum Transmitter	1 transmitter per 90 days
Dexcom G4 Platinum Receiver	1 receiver per 365 days
Eversense Sensor	1 sensor per 90 days
Eversense Transmitter	1 transmitter per 90 days
Freestyle Libre Sensor - 10 day	3 sensors per 30 days
Freestyle Libre Reader - 10 day	1 reader per 365 days
Freestyle Libre Sensor - 14 day	2 sensors per 28 days
Freestyle Libre Reader - 14 day	1 reader per 365 days
Guardian Sensor	4 sensors per 28 days
Guardian Transmitter	1 transmitter per 90 days
Guardian Kit	1 kit per 365 days
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Nasal Antiepileptics	
Nayzilam	10 sprays per 30 days
Valtoco 5 mg	10 packs per 30 days
Valtoco 10 mg	10 packs per 30 days
Valtoco 15 mg	10 packs per 30 days
Valtoco 20 mg	10 packs per 30 days
Wakix	
Wakix 4.45 mg	60 tablets per 30 days
Wakix 17.8 mg	60 tablets per 30 days

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UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **April 1, 2020**, the following changes will be applied:
 - The Wakix Specialty Prior Authorization (PA) program will be added to the Balanced, Performance, Performance Annual and Performance Select Drug Lists. This program includes the target drug Wakix.
 - The 5HT-1F PA program will be added for standard pharmacy benefit plans and all prescription drug lists. This program includes the newly FDA-approved target drug Reyvow.
 - The Continuous Glucose Monitor PA program will be added to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists. The program includes the following products: Dexcom G4 Platinum CGM System, Dexcom G5 Mobile CGM System, Dexcom G6 CGM System, Freestyle Libre, Guardian Real-Time CGM System and Senseonics Eversense. Members with a recent claim for any of these products will be grandfathered from participation.

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 our website and log in to [Blue Access for MembersSM \(BAMSM\)](#) or MyPrime.com for a variety of online resources.

Dexcom Continuous Glucose Monitoring Products Added to Select Drug Lists

On April 1, 2020, brand Dexcom continuous glucose monitoring products will be added to the Balanced, Performance, Performance Annual, Performance Select and Health Insurance Marketplace Drug Lists. These products may have previously been covered only under the member's medical benefit plan. These products may be targeted by the Continuous Glucose Monitors PAQL Program effective April 1, 2020.

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.

<p>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.</p>
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