

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 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) 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, 2019 are outlined below.

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

Preferred Drug¹	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	
AIMOVIG (erenumab-aooe subcutaneous soln auto-injector 140 mg/mL)	Migraine
NIVESTYM (filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6 ml (300 mcg/ml))	Neutropenia
REVCovi (elapegadomase-lvjr im soln 2.4 mg/1.5ml (1.6 mg/ml))	ADA Deficiency
TRESIBA (insulin degludec inj 100 unit/ml)	Diabetes
UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6 ml)	Neutropenia
VENCLEXTA (venetoclax tab 10 mg, 50 mg, 100 mg)	Cancer
VENCLEXTA STARTING PACK (venetoclax tab therapy starter pack 10 & 50 & 100 mg)	Cancer
Basic, Basic Annual, Multi-Tier Basic and Multi-Tier Basic Annual Drug Lists	
PROGRAF (tacrolimus packet for susp 0.2 mg, 1 mg)	Transplant Rejection Prophylaxis
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 ml)	Rheumatoid Arthritis
ARAKODA (tafenoquine succinate tab 100 mg (base equivalent))	Malaria
ARIKAYCE (amikacin sulfate liposome inhal susp 590 mg/8.4 ml (base eq))	Infections
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg, 4-1 mg, 8-2 mg, 12-3 mg (base equiv)	Opiate Agonist Dependence
CELLCEPT (mycophenolate mofetil for oral susp 200 mg/ml)	Transplant Rejection Prophylaxis
cinacalcet hcl tab 30 mg, 60 mg, 90 mg (base equiv)	Hyperparathyroidism; Hypercalcemia
CODEINE SULFATE (codeine sulfate tab 15 mg, 60 mg)	Pain
DAURISMO (glasdegib maleate tab 25 mg, 100 mg (base equivalent))	Cancer
DIVIGEL (estradiol td gel 0.75 mg/0.75 gm)	Menopause Symptoms

(0.1%))	
EMGALITY (galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml)	Migraines
KRINTAFEL (tafenoquine succinate tab 150 mg (base equivalent))	Malaria
LORBRENA (lorlatinib tab 25 mg, 100 mg)	Cancer
mesalamine suppos 1000 mg	Ulcerative Colitis, Crohn's Disease
MITIGARE (colchicine cap 0.6 mg)	Gout
NIVESTYM (filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6 ml (300 mcg/ml))	Neutropenia
NUZYRA (omadacycline tosylate tab 150 mg (base equivalent))	Infections
OXERVATE (cenegermin-bkbj ophth soln 0.002% (20 mcg/ml))	Keratitis
PROMACTA (eltrombopag olamine powder pack for susp 12.5 mg (base eq))	Aplastic Anemia; Thrombocytopenia
ranolazine tab er 12hr 500 mg, 12hr 1000 mg	Angina
RAPAMUNE (sirolimus tab 0.5 mg, 1 mg, 2 mg)	Transplant Rejection Prophylaxis
REVCovi (elapegademase-lvr im soln 2.4 mg/1.5 ml (1.6 mg/ml))	ADA Deficiency
sevelamer hcl tab 800 mg	Hyperphosphatemia
SEVELAMER HYDROCHLORIDE (sevelamer hcl tab 400 mg)	Hyperphosphatemia
sirolimus oral soln 1 mg/ml	Organ Transplant Rejection Prophylaxis
TEGSEDI (inotersen sod subcutaneous pref syr 284 mg/1.5 ml (base eq))	Polyneuropathy
tetracycline hcl cap 250 mg, 500 mg	Infections
TIROSINT (levothyroxine sodium cap 175 mcg, 200 mcg)	Hypothyroidism
TIROSINT-SOL (levothyroxine sodium oral solution 13 mcg/ml, 25 mcg/ml, 50 mcg/ml, 75 mcg/ml, 88 mcg/ml, 100 mcg/ml, 112 mcg/ml, 125 mcg/ml, 137 mcg/ml, 150 mcg/ml, 175 mcg/ml, 200 mcg/ml)	Hypothyroidism
toremifene citrate tab 60 mg (base equivalent)	Cancer
TRESIBA (insulin degludec inj 100 unit/ml)	Diabetes
UDENYCA (pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml)	Neutropenia
vigabatrin tab 500 mg	Partial Seizures
VITRAKVI (larotrectinib sulfate cap 25 mg, 100 mg (base equivalent))	Cancer
VITRAKVI (larotrectinib sulfate oral soln 20 mg/ml (base equivalent))	Cancer
XOSPATA (gilteritinib fumarate tablet 40 mg (base equivalent))	Cancer
Balanced and Performance Select Drug Lists	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	Acne
minocycline hcl tab er 24hr 55 mg, 24hr 80 mg, 24hr 105 mg	Infections; Acne
XEPI (ozenoxacin cream 1%)	Impetigo

Performance, Performance Annual and Performance Select Drug Lists	
olopatadine hcl ophth soln 0.1% (base equivalent)	Allergic conjunctivitis
Balanced Drug List	
ABILIFY MYCITE (aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg with sensor)	Schizophrenia, Bipolar Disorder
acyclovir cream 5%	Topical Anti-Infective
AEMCOLO (rifamycin sodium tab delayed release 194 mg (base equiv))	Traveler's Diarrhea
ALISKIREN (aliskiren fumarate tab 150 mg, 300 mg (base equivalent))	Hypertension
AZESCO (prenatal vit w/ fe gluconate-fa tab 13-1 mg)	Prenatal Vitamin
BRYHALI (halobetasol propionate lotion 0.01%)	Topical Inflammatory Conditions
cyclobenzaprine hcl cap er 24hr 15 mg, 24hr 30 mg	Muscle Spasm
DEXCHLORPHENIRAMINE MALEA TE (dexchlorpheniramine maleate syrup 2 mg/5ml)	Cough & Cold
DUPIXENT (dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml)	Asthma; Atopic dermatitis
FIRDAPSE (amifampridine phosphate tab 10 mg (base equivalent))	Lambert-Eaton Syndrome
levorphanol tartrate tab 2 mg	Pain
LEXETTE (halobetasol propionate foam 0.05%)	Topical Inflammatory Conditions
METHOTREXATE (methotrexate sodium tab 2.5 mg (antirheumatic))	Rheumatoid Arthritis
naproxen sodium tab 220 mg	Pain
SYMPAZAN (clobazam oral film 5 mg, 10 mg, 20 mg)	Seizures
TAPERDEX 7-DAY (dexamethasone tab therapy pack 1.5 mg (27))	Inflammatory Conditions
TOLSURA (itraconazole cap 65 mg)	Fungal Infections
TUXARIN ER (codeine phos-chlorpheniramine maleate tab er 12hr 54.3-8 mg)	Cough & Cold
TYLACTIN BUILD 20PE TYR (nutritional supplement pack)	Nutritional Supplement

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

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

Drug¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists		
ADVAIR DISKUS (fluticasone-salmeterol aer powder ba 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose)	Non-Preferred Generic	Asthma
cycloserine cap 250 mg	Non-Preferred Generic	Infections
primaquine phosphate tab 26.3 mg (15 mg base)	Non-Preferred Generic	Malaria
VENCLEXTA (venetoclax tab 10 mg, 50 mg, 100 mg)	Preferred Brand	Cancer

VENCLEXTA STARTING PACK (venetoclax tab therapy starter pack 10 & 50 & 100 mg)	Preferred Brand	Cancer
Balanced and Performance Select Drug Lists		
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	Non-Preferred Generic	Acne
minocycline hcl tab er 24hr 55 mg	Non-Preferred Generic	Infections; Acne
pimecrolimus cream 1%	Non-Preferred Generic	Atopic Dermatitis
Balanced Drug List		
levorphanol tartrate tab 2 mg	Non-Preferred Generic	Pain

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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 HMOSM 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 July 1, 2019

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			
ALBENZA (albendazole tab 200 mg)	Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ANDROGEL (testosterone td gel 20.25 mg/1.25 gm (1.62%))	Hormone Replacement Therapy	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ANDROGEL (testosterone td gel 40.5 mg/2.5gm (1.62%))	Hormone Replacement Therapy	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ANDROGEL PUMP (testosterone td gel 20.25 mg/act (1.62%))	Hormone Replacement Therapy	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
CIALIS (tadalafil tab 2.5 mg, 5 mg)	Benign Prostatic Hyperplasia	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
CIALIS (tadalafil tab 10 mg, 20 mg)	Erectile Dysfunction	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
EPIPEN 2-PAK (epinephrine solution auto-injector 0.3 mg/0.3 mL (1:1000))	Anaphylaxis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

FINACEA (azelaic acid gel 15%)	Acne/Rosacea	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ZYTIGA (abiraterone acetate tab 250 mg)	Cancer	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Basic and Multi-Tier Basic Drug List Revisions			
COLCRYS (colchicine tab 0.6 mg)	Gout	N/A	Mitigare
Drug¹	Drug Class/Condition Used For	Preferred Alternative(s)^{1,2}	
Balanced, Performance and Performance Select Drug Lists Revisions			
CIPROFLOXACIN ER (ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg, 1000 mg (base eq))	Infections	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
HYDROCODONE BITARTRATE/AC ETAMINOPHEN (hydrocodone-acetaminophen tab 2.5-325 mg)	Pain	hydrocodone-acetaminophen tablet 5-325 mg, hydrocodone-acetaminophen tablet 5-300 mg	
MOEXIPRIL/ HYDROCHLOROTHIAZIDE (moexipril-hydrochlorothiazide tab 7.5-12.5 mg, 15-12.5 mg, 15-25 mg)	Hypertension	benazepril/hydrochlorothiazide tablet, enalapril/hydrochlorothiazide tablet, lisinopril/hydrochlorothiazide tablet	
PROMETHAZINE VC (promethazine & phenylephrine syrup 6.25-5 mg/5 mL)	Cough & Cold	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
PROMETHAZINE VC/CODEINE (promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 mL)	Cough & Cold	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
PROMETHAZINE/ PHENYLEPHRINE (promethazine & phenylephrine syrup 6.25-5 mg/5 mL)	Cough & Cold	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
PROMETHAZINE/ PHENYLEPHRINE/CODEINE (promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5 mL)	Cough & Cold	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	
VERDROCET (hydrocodone-acetaminophen tab 2.5-325 mg)	Pain	hydrocodone-acetaminophen tablet 5-325 mg, hydrocodone-acetaminophen tablet 5-300 mg	
Balanced Drug List Revisions			
ACETAMINOPHEN/CAFFEINE/ DIHYDROCODEINE BITARTRATE (acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg)	Pain	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>	

Balanced, Performance and Performance Select Drug Lists Exclusions

ALBENZA (albendazole tab 200 mg)	Infections	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
AMPYRA (dalfampridine tab er 12hr 10 mg)	Multiple Sclerosis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
ANDROGEL (testosterone td gel 20.25 mg/1.25 gm (1.62%))	Hormone Replacement Therapy	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
ANDROGEL (testosterone td gel 40.5 mg/2.5 gm (1.62%))	Hormone Replacement Therapy	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
ANDROGEL PUMP (testosterone td gel 20.25 mg/act (1.62%))	Hormone Replacement Therapy	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
CIALIS (tadalafil tab 2.5 mg, 5 mg)	Benign Prostatic Hyperplasia	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
CIALIS (tadalafil tab 10 mg, 20 mg)	Erectile Dysfunction	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
COLCRYS (colchicine tab 0.6 mg)	Gout	MITIGARE (colchicine cap 0.6 mg)
FINACEA (azelaic acid foam 15%)	Acne/Rosacea	azelaic acid gel 15% (generic for Finacea gel)
FINACEA (azelaic acid gel 15%)	Acne/Rosacea	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
LEVITRA (vardenafil hcl tab 2.5 mg, 5 mg)	Erectile Dysfunction	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
LEVITRA (vardenafil hcl tab 10 mg, 20 mg)	Erectile Dysfunction	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
MINIVELLE (estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr)	Menopause Symptoms	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
ONFI (clobazam suspension 2.5 mg/mL)	Seizures	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>

ONFI (clobazam tab 10 mg, 20 mg)	Seizures	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
PREVIDENT RINSE (sodium fluoride rinse 0.2%)	Fluoride Dental Rinse	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
SAVAYSA (edoxaban tosylate tab 15 mg, 30 mg, 60 mg (base equivalent))	Thrombotic Event Prophylaxis	ELIQUIS tablet, XARELTO tablet
SPORANOX (itraconazole oral soln 10 mg/mL)	Fungal Infections	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
STAXYN (vardenafil hcl orally disintegrating tab 10 mg)	Erectile Dysfunction	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
ZYTIGA (abiraterone acetate tab 250 mg)	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>

Balanced and Performance Select Drug Lists Exclusions

EPIPEN 2-PAK (epinephrine solution auto-injector 0.3 mg/0.3 mL (1:1000))	Anaphylaxis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
RASUVO (methotrexate soln pf auto-injector 7.5 mg/0.15 ml, 10 mg/0.2 ml, 12.5 mg/0.25 ml, 15 mg/0.3 ml, 17.5 mg/0.35 ml, 20 mg/0.4 ml, 22.5 mg/0.45 ml, 25 mg/0.5 ml, 27.5 mg/0.55 ml, 30 mg/0.6 ml)	Rheumatoid Arthritis	methotrexate injection, OTREXUP injection

Performance and Performance Select Drug Lists Exclusions

butalbital-acetaminophen-caffeine cap 50-325-40 mg	Headache	butalbital/acetaminophen/caffeine 50-325-40 mg tablet
DESVENLAFAXINE ER (desvenlafaxine fumarate tab sr 24hr 50 mg, 100 mg (base equiv))	Depression	desvenlafaxine ER tablet (generic for Pristiq)
DESVENLAFAXINE ER (desvenlafaxine tab er 24hr 50 mg, 100 mg)	Depression	desvenlafaxine ER tablet (generic for Pristiq)
DESVENLAFAXINE ER (desvenlafaxine tab sr 24hr 50 mg, 100 mg)	Depression	desvenlafaxine ER tablet (generic for Pristiq)
FLUOXETINE (fluoxetine hcl (pmdd) cap 10 mg, 20 mg)	Premenstrual Dysphoric Disorder (PMDD)	Fluoxetine (PMDD) capsule
METAXALONE (metaxalone tab 400 mg)	Muscle Relaxant	cyclobenzaprine tablet, methocarbamol tablet, tizanidine tablet

metaxalone tab 800 mg	Muscle Relaxant	cyclobenzaprine tablet, methocarbamol tablet, tizanidine tablet
pramipexole dihydrochloride tablet 24hr 0.375 mg, 0.75 mg	Parkinson's Disease; Restless Legs Syndrome	pramipexole tablet
pramipexole dihydrochloride tablet sr 24hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	Parkinson's Disease; Restless Legs Syndrome	pramipexole tablet
ropinirole hydrochloride tablet er 24hr 2 mg, 4 mg, 6 mg, 8 mg, 12 mg (base equivalent)	Parkinson's Disease; Restless Legs Syndrome	ropinirole tablet
ropinirole hydrochloride tablet sr 24hr 2 mg, 4 mg, 6 mg, 8 mg, 12 mg (base equivalent)	Parkinson's Disease; Restless Legs Syndrome	ropinirole tablet
tizanidine hcl cap 2 mg, 4 mg, 6 mg (base equivalent)	Multiple Sclerosis	tizanidine tablet
Balanced Drug List Exclusions		
BUTRANS (buprenorphine transdermal patch weekly 5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr)	Opioid Dependence	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
KADIAN (morphine sulfate cap er 24hr 40 mg)	Pain	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
RAPAFLO (silodosin cap 4 mg, 8 mg)	Benign Prostatic Hyperplasia	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
Performance Drug List Exclusions		
ULORIC (febuxostat tab 40 mg, 80 mg)	Gout	allopurinol tablet

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. **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 July 1, 2019:

Drug Class and Medication(s)¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Annual, and Performance Select Drug Lists	
Alternative Dosage Form	
Carafate suspension	1200 mL per 30 days
Naprosyn suspension	1800 mL per 30 days

Arikayce	
Arikayce	235.2 mL per 28 days
Constipation Agents	
Amitiza 8 mcg, 24 mcg	60 capsules per 30 days
Linzess 72 mcg, 145 mcg, 290 mcg	30 capsules per 30 days
Motegrity 1 mg, 2 mg	30 tablets per 30 days
Trulance 3 mg	30 capsules per 30 days
Glaucoma	
Rhopressa sol 0.02%	2.5 mL per 20 days
hATTR Amyloidosis Neuropathy	
Tegsedi	6 mL per 28 days
Nocturia	
Nocdurna 22.7 mcg, 55.3 mcg	30 tablets per 30 days
Topical Lidocaine	
Pliaglis	100 grams per 30 days
Synera	4 patches per 28 days
Basic, Enhanced, Performance, and Performance Annual Drug Lists	
Therapeutic Alternatives	
Kenalog spray	189 grams per 90 days
Basic and Enhanced Drug Lists	
Galafold	
Galafold capsules	14 capsules per 28 days
Hyperhidrosis	
Qbrexza	30 pads per 30 days
Orilissa	
Orilissa 150 mg	30 tablets per 30 days
Orilissa 200 mg	60 tablets per 30 days

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UTILIZATION MANAGEMENT PROGRAM CHANGES

- **Effective July 1, 2019**, the following changes will be applied:
 - The Ophthalmic Prostaglandins Step Therapy (ST) program will change its name to: Glaucoma. The program, which applies to the Basic and Enhanced drug lists only, includes the same targeted medications and two new ones, Rhopressa and Rocklatan. The program criteria remains the same.
 - Several drug categories and/or targeted medications will be added to current Prior Authorization (PA) and Step Therapy (ST) programs for standard pharmacy benefit plans, upon renewal 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 the medication being prescribed to your patient.

Drug categories added to current pharmacy PA standard programs, effective July 1, 2019

Drug Category	Targeted Medication(s)¹
Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Alternative Dosage Form	Carafate suspension, Naprosyn suspension
Arikayce	Arikayce
hATTR Amyloidosis Neuropathy	Tegsedi
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Neurotrophic Keratitis*	Oxervate
Basic and Enhanced Drug Lists	
Fabry Disease	Galafold
Hyperhidrosis	Qbrexza
Orilissa	Orilissa
Balanced and Performance Select Drug Lists	
Firdapse*	Firdapse

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* Members did not receive letters due to limited utilization

Targeted drugs added to current pharmacy PA standard programs, effective July 1, 2019

Drug Category	Targeted Medication(s)¹
Basic, Enhanced, Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Antifungal Agents (Cresemba, Noxafil, Tolsura, Vfend)	Tolsura
Nocturia	Nocdurna
Topical Lidocaine	Pliaglis, Synera
Basic, Enhanced, Performance and Performance Annual Drug Lists	
Therapeutic Alternatives	Dutoprol, Kenalog spray

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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.

Select Prescription Drug Lists' Update Frequency Changed April 1, 2019

[As a reminder](#), most of the prescription drug lists that were once updated annually on January 1, or plan renewal date, are moving to a quarterly update. For patients on these affected drug lists, the frequency change is being implemented upon the patient's health insurance plan renewal/effective date starting on or after April 1, 2019.

This update frequency change includes the following drug lists:

- Enhanced, Multi-Tier Basic and Multi-Tier Enhanced
- **Note:** HMO Illinois[®] or Blue Advantage HMOSM members may remain on an annual update.
- **Note:** For those drug lists that remain on an annual update, or until a plan has moved to a quarterly update (where applicable), the drug list name has been changed to include "Annual" in the title. Both the quarterly updated and annually updated drug lists are posted on the Pharmacy Program section of our Provider website.

Member Cost-Share Updates to Novolog Insulin Products

Recent news headlines have focused on the rising insulin drug prices and the affect it can have on patient access to these medications. Starting July 1, 2019, BCBSIL members, who have prescription drug benefits administered by Prime Therapeutics, may see reduced cost shares for Novolog vials and Novolog Flexpen insulin products.* Only members with a coinsurance or high deductible health plan, based on the member's benefit plan, may see this cost share reduction. Those members with a copay benefit will not see any changes in their cost-share amounts.

Members will pay the same or less for the preferred Novolog products than the Insulin Lispro (Humalog) products that were recently introduced to the market by Eli Lilly. These Insulin Lispro (Humalog) products are non-preferred or excluded on our drug lists, based on the member's benefit plan.

Please call the number on the member's ID card to verify coverage.

*This change does not apply to members with Medicare Part D or Medicaid coverage and select employer group health plans.

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.