

## Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2019 – Part 2

*Posted September 9, 2019*

This article is a continuation of the previously published Quarterly Pharmacy Changes – Part 1 article. While Part 1 included the drug list revisions/exclusions, dispensing limits, utilization management changes and general information on pharmacy benefit program updates, Part 2 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 Oct. 1, 2019 are outlined below.

### **Drug List Coverage Additions – As of Oct. 1, 2019**

| <b>Preferred Drug<sup>1</sup></b>   | <b>Drug Class/Condition Used For</b> |
|---|--------------------------------------|
| <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> |                                      |
| INBRIJA (levodopa inhal powder cap 42 mg)   | Parkinson's Disease                  |
| KALYDECO (ivacaftor packet 25 mg)   | Cystic Fibrosis                      |
| MAYZENT (siponimod fumarate tab 0.25 mg, 2 mg (base equiv))   | Multiple Sclerosis                   |
| SKYRIZI (risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83 ml kit)   | Plaque Psoriasis                     |
| SYMDEKO (tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk)  | Cystic Fibrosis                      |
| SYMJEPI (epinephrine solution prefilled syringe 0.15 mg/0.3 ml (1:2000), 0.3 mg/0.3 ml (1:1000))  | Anaphylaxis                          |
| TREMFYA (guselkumab soln pen-injector 100 mg/ml)  | Plaque Psoriasis                     |
| TREMFYA (guselkumab soln prefilled syringe 100 mg/ml)   | Plaque Psoriasis                     |
| <b>Basic, Basic Annual, Multi-Tier Basic and Multi-Tier Basic Annual Drug Lists</b>   |                                      |
| LOTEMAX SM (loteprednol etabonate ophth gel 0.38%)  | Ophthalmic Inflammatory Conditions   |

| <b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b>   |   |
|--|---|
| AIMOVIG (ereenumab-aooe subcutaneous soln auto-injector 140 mg/ml)                   | Migraines   |
| ambrisentan tab 5 mg, 10 mg (generic for LETAIRIS)                                   | Pulmonary Arterial Hypertension                     |
| BALVERSA (erdafitinib tab 3 mg, 4 mg, 5 mg)  | Cancer  |
| bosentan tab 62.5 mg, 125 mg (generic for TRACLEER)                                  | Pulmonary Arterial Hypertension                     |
| CABLIVI (caplacizumab-yhdp for inj kit 11 mg)  | Acquired Thrombotic Thrombocytopenic Purpura (aTTP) |
| deferasirox tab for oral susp 125 mg, 250 mg, 500 mg (generic for EXJADE)            | Iron Overload                                       |
| DIACOMIT (stiripentol cap 250 mg, 500 mg)  | Dravet Syndrome                                     |
| DIACOMIT (stiripentol packet 250 mg, 500 mg)   | Dravet Syndrome                                     |
| erlotinib hcl tab 25 mg, 100 mg, 150 mg (base equivalent) (generic for TARCEVA)      | Cancer  |
| erythromycin ethylsuccinate for susp 400 mg/5 ml (generic for ERYPED 400)            | Infections  |
| ganirelix acetate inj 250 mcg/0.5 ml   | Infertility*  |
| INBRIJA (levodopa inhal powder cap 42 mg)  | Parkinson's Disease                                 |
| INGREZZA (valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21))              | Tardive Dyskinesia                                  |
| KALYDECO (ivacaftor packet 25 mg)  | Cystic Fibrosis                                     |
| LOTEMAX SM (loteprednol etabonate ophth gel 0.38%)                                   | Ophthalmic Inflammatory Conditions                  |
| loteprednol etabonate ophth susp 0.5% (generic for LOTEMAX)                          | Ophthalmic Inflammatory Conditions                  |
| MAYZENT (siponimod fumarate tab 0.25 mg, 2 mg (base equiv))                          | Multiple Sclerosis                                  |
| mesalamine cap dr 400 mg (generic for DELZICOL)                                      | Ulcerative Colitis                                  |
| PROGRAF (tacrolimus packet for susp 0.2 mg, 1 mg)                                    | Transplant Rejection Prophylaxis                    |
| pyridostigmine bromide syrup 60 mg/5 ml (generic for MESTINON)                       | Myasthenia Gravis                                   |
| QTERN (dapagliflozin-saxagliptin tab 5-5 mg)   | Diabetes  |
| sildenafil citrate for suspension 10 mg/ml (generic for REVATIO)                     | Pulmonary Arterial Hypertension                     |
| SKYRIZI (risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83 ml kit)              | Plaque Psoriasis                                    |
| solifenacin succinate tab 5 mg, 10 mg (generic for VESICARE)                         | Overactive Bladder                                  |
| SYMJEPI (epinephrine solution prefilled syringe 0.3 mg/0.3 ml (1:1000))              | Anaphylaxis   |
| TREMFYA (guselkumab soln pen-injector 100 mg/ml)                                     | Plaque Psoriasis                                    |
| TREMFYA (guselkumab soln prefilled syringe 100 mg/ml)                                | Plaque Psoriasis                                    |
| VERELAN PM (verapamil hcl cap er 24hr 100 mg, 24hr 300 mg)                           | Hypertension  |
| ZYKADIA (ceritinib tab 150 mg)   | Cancer  |
| <b>Performance, Performance Annual and Performance Select Drug Lists</b>             |   |
| DUPIXENT (dupilumab subcutaneous soln prefilled syringe 200 mg/1.14 ml, 300 mg/2 ml) | Asthma; Atopic dermatitis                           |
| <b>Balanced and Performance Select Drug Lists</b>                                    |   |
| doxylamine-pyridoxine tab delayed release 10-10 mg (generic for DICLEGIS)            | Morning Sickness/Nausea                             |
| penicillamine cap 250 mg   | Wilson's Disease                                    |

| <b>Performance and Performance Annual Drug Lists</b>  |                                |
|---|--------------------------------|
| VASCEPA (icosapent ethyl cap 0.5 gm, 1 gm)  | Hypercholesterolemia           |
| <b>Balanced Drug List</b>   |                                |
| APADAZ (benzhydrocodone hcl-acetaminophen tab 4.08-325 mg, 6.12-325 mg, 8.16-325 mg)                        | Pain                           |
| BENZHYDROCODONE/ACETAMINOPHEN (benzhydrocodone hcl-acetaminophen tab 4.08-325 mg, 6.12-325 mg, 8.16-325 mg) | Pain                           |
| BIJUVA (estradiol-progesterone cap 1-100 mg)  | Menopause                      |
| DXEVO 11-DAY (dexamethasone tab therapy pack 1.5 mg (39))   | Inflammatory Conditions        |
| FENOFIBRATE (fenofibrate tab 160 mg)  | Hypercholesterolemia           |
| FENTANYL CITRATE (fentanyl citrate buccal tab 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (base equiv))     | Pain                           |
| FIRDAPSE (amifampridine phosphate tab 10 mg (base equivalent))  | Lambert-Eaton Syndrome         |
| LEVORPHANOL TARTRATE (levorphanol tartrate tab 3 mg)  | Pain                           |
| NIACIN (niacin (antihyperlipidemic) tab 500 mg)   | Hypercholesterolemia           |
| NORGESIC FORTE (orphenadrine w/ aspirin & caffeine tab 50-770-60 mg)  | Pain                           |
| QBREXZA (glycopyrronium tosylate pad 2.4% (base equivalent))  | Primary Axillary Hyperhidrosis |
| TAPERDEX 7-DAY (dexamethasone tab therapy pack 1.5 mg (27))   | Inflammatory Conditions        |
| TYLACTIN COMPLETE 15 PE (nutritional supplement bar)  | Nutritional Supplement         |
| VITAFOL STRIPS (prenatal w/ b6-b12-cholecalciferol-folic acid film 1 mg)                                    | Prenatal Vitamin               |

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

\*Optional fertility component coverage for select health plans.

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

| <b>Drug<sup>1</sup></b>  | <b>New Lower Tier</b> | <b>Drug Class/Condition Used For</b> |
|--|-----------------------|--------------------------------------|
| <b>Balanced, Performance, Performance Annual and Performance Select Drug Lists</b> |                       |                                      |
| cefixime cap 400 mg (generic for SUPRAX)   | Non-Preferred Generic | Infections                           |
| OTREXUP (methotrexate soln pf auto-injector 7.5 mg/0.4 ml)                         | Preferred Brand       | Rheumatoid Arthritis                 |
| OTREXUP (methotrexate soln pf auto-injector 10 mg/0.4 ml)                          | Preferred Brand       | Rheumatoid Arthritis                 |
| OTREXUP (methotrexate soln pf auto-injector 12.5 mg/0.4 ml)                        | Preferred Brand       | Rheumatoid Arthritis                 |
| OTREXUP (methotrexate soln pf auto-injector 15 mg/0.4 ml)                          | Preferred Brand       | Rheumatoid Arthritis                 |
| OTREXUP (methotrexate soln pf auto-injector 17.5 mg/0.4 ml)                        | Preferred Brand       | Rheumatoid Arthritis                 |
| OTREXUP (methotrexate soln pf auto-injector 20 mg/0.4 ml)                          | Preferred Brand       | Rheumatoid Arthritis                 |

|   |                       |                         |
|---|-----------------------|-------------------------|
| OTREXUP (methotrexate soln pf auto-injector 22.5 mg/0.4 ml)                               | Preferred Brand       | Rheumatoid Arthritis    |
| OTREXUP (methotrexate soln pf auto-injector 25 mg/0.4 ml)                                 | Preferred Brand       | Rheumatoid Arthritis    |
| <b>Balanced Drug List</b>   |                       |                         |
| aliskiren fumarate tab 150 mg, 300 mg (base equivalent) (generic for TEKTRINA)            | Non-Preferred Generic | Hypertension            |
| dexamethasone tab therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51) (generic for DEXPAK) | Non-Preferred Generic | Inflammatory Conditions |
| timolol maleate tab 5 mg  | Non-Preferred Generic | Hypertension            |

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

### **UTILIZATION MANAGEMENT PROGRAM CHANGES**

- Clarification from the previously published Part 1 article:
  - The Interleukin-5 (IL-5) Inhibitors PA program only includes the target drug Nucala. Future target drugs may be added later. As a reminder, this program applies to the Basic, Basic Annual, Enhanced, Enhanced Annual, Balanced, Performance, Performance Annual and Performance Select Drug Lists.

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.

### **Reminder: New Generic Specialty Drug Coverage Tier Changes**

With the increase of generic specialty medications in the pharmaceutical market, BCBSIL is changing the way these medications may process starting on Oct.1, 2019. If a member is on the Balanced, Performance, Performance Annual or Performance Select Drug Lists, the following examples of generic specialty medications may be in the lower-cost, preferred specialty tier.

The October prescription drug lists will reflect these tier coverage changes. The medications will be in lower-case boldface type, have a lower-case “p” or “np” indicator and be marked with a dot in the specialty column. Below are some examples of these medications that are currently in the highest cost, non-preferred specialty tier:

|   |  |
|---|--|
| abiraterone acetate tab 250 mg (Zytiga)                                 | bexarotene cap 75 mg (Targretin)   |
| capecitabine tab 150 mg, 500 mg (Xeloda)                                | dalfampridine tab er 12hr 10 mg (Ampyra)   |
| glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml (Copaxone) | imatinib mesylate tab 100 mg, 400 mg (base equivalent) (Gleevec)   |
| leuprolide acetate inj kit 5 mg/ml                                      | melphalan tab 2 mg (Alkeran)   |
| nilutamide tab 150 mg (Nilandron)                                       | octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml) (Sandostatin) |
| ribavirin cap 200 mg (Rebetol)  | ribavirin tab 200 mg (Copegus)   |
| sildenafil citrate tab 20 mg (Revatio)                                  | sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)  |
| sodium phenylbutyrate tab 500 mg (Buphenyl)                             | tadalafil tab 20 mg (Adcirca)  |

|  |   |
|--|---|
| temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg (Temodar) | tetrabenazine tab 12.5 mg, 25 mg (Xenazine) |
| tobramycin nebu soln 300 mg / 5 ml (Tobi)                              | tretinoin cap 10 mg                         |
| trientine hcl cap 250 mg (Syprine)                                     | vigabatrin powder pack 500 mg (Sabril)      |

### 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 Jan. 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 HMO<sup>SM</sup> 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.

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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.