

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2018

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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 that were effective April 1, 2018 are outlined below.

Drug List Updates (Coverage Additions) – As of April 1, 2018

Preferred Drug ¹	Drug Class/Condition Used For
Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug Lists	
BENZNIDAZOLE tab 12.5 mg, 100 mg	Chagas Disease
ENBREL MINI	Rheumatoid Arthritis, Plaque Psoriasis
FIASP	Diabetes
FIASP FLEXTOUCH	Diabetes
QVAR REDHALER 40 mcg/act, 80 mcg/act	Asthma
SHINGRIX	Shingles Vaccine
TRACLEER tab for oral susp 32 mg	Pulmonary Arterial Hypertension
ZENPEP dr cap 20000-63000-84000 unit, 40000-126000-168000 unit	Enzyme Deficiency
Basic and Multi-Tier Basic Drug Lists	
APRISO	Ulcerative Colitis
BYDUREON BCISE	Diabetes
LYRICA soln 20 mg/mL	Diabetic Nerve Pain, Fibromyalgia
Performance and Performance Select Drug Lists	
ALUNBRIG tab 90 mg, 180 mg	Cancer
ALUNBRIG tab initiation therapy pack 90 mg, 180 mg	Cancer
APRISO	Ulcerative Colitis
atazanavir sulfate cap 150 mg, 200 mg, 300 mg	HIV
BAXDELA	Anti-infective
BENZNIDAZOLE tab 12.5 mg, 100 mg	Chagas Disease
BEVYXXA cap 40 mg, 80 mg	VTE Prophylaxis/Anticoagulant
BOSULIF tab 400 mg	Cancer
BYDUREON BCISE	Diabetes
CALQUENCE	Cancer
efavirenz cap 50 mg, 200 mg	HIV
ENDARI	Sickle Cell Disease
estradiol vaginal cream 0.1 mg/gm	Menopause Vaginal Changes
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	High Cholesterol
FIASP	Diabetes
FIASP FLEXTOUCH	Diabetes
JULUCA	HIV

K-PHOS tab 500 mg	Phosphate Deficiency
K-PHOS NO 2 tab 305-700 mg	Phosphate Deficiency
NEULASTA ONPRO KIT	Neutropenia
oseltamivir phosphate for susp 6 mg/mL	Influenza
PREVYMIS tab 240 mg, 480 mg	CMV
QVAR REDHALER 40 mcg/act, 80 mcg/act	Asthma
SHINGRIX	Shingles Vaccine
SYMPROIC	Opioid-Induced Constipation
tenofovir disoproxil fumarate tab 300 mg	HIV
TRACLEER tab for oral susp 32 mg	Pulmonary Arterial Hypertension
VERZENIO tab 50 mg, 100 mg, 150 mg, 200 mg	Cancer
VIDEX EC	HIV
XIGDUO XR	Diabetes
ZENPEP dr cap 20000-63000-84000 unit, 40000-126000-168000 unit	Enzyme Deficiency
Performance Select Drug List	
QUILLICHEW ER 20 mg, 30 mg, 40 mg	ADHD
QUILLIVANT XR	ADHD
SOLIQUA 100/33	Diabetes
XULTOPHY 100/3.6	Diabetes
ZUBSOLV tab 0.7-0.18 mg, 1.4-0.36 mg, 2.9-0.71 mg, 5.7-1.4 mg, 8.6-2.1 mg, 11.4-2.9 mg	Opioid Dependence

Drug List Updates (Revisions/Exclusions) – As of April 1, 2018

Please note: If you have patients with an HMO Illinois[®] or Blue Advantage HMOSM plan, these drug list changes will not apply to their pharmacy benefits, administered through Prime Therapeutics, until Jan. 1, 2019.

Non-Preferred Brand ¹	Drug Class/Condition Used For	Generic Preferred Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Basic Drug List Revisions			
AXIRON (testosterone td soln 30 mg/act)	Low Testosterone	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
NASONEX (mometasone furoate nasal susp 50 mcg/act)	Allergic Rhinitis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PENTASA (mesalamine cap er 250 mg, 500 mg)	Ulcerative Colitis	N/A	APRISO, ASACOL HD, DELZICOL
REVELA (sevelamer carbonate packet 0.8 gm, 2.4 gm)	Kidney Disease	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SABRIL (vigabatrin powder pack 500 mg)	Infantile Spasms	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
VIGAMOX (moxifloxacin hcl ophth soln 0.5%)	Ophthalmic Infections	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ZIAGEN (abacavir sulfate soln 20 mg/mL)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other</i>	

		<i>medication(s) available for their condition.</i>
Drug¹	Drug Class/Condition Used For	Preferred Alternative(s)^{1,2}
Performance and Performance Select Drug Lists Revisions		
AMPICILLIN (ampicillin cap 500 mg)	Infections	amoxicillin capsule, amoxicillin/clavulanate potassium tablet, penicillin tablet
BROMFENAC (bromfenac sodium ophth soln 0.09%)	Ocular Pain/Inflammation	diclofenac (Ophth) solution, ketorolac (Ophth) solution
CLARITHROMYCIN (clarithromycin for susp 125 mg/5 mL, 250 mg/5 mL)	Infections	azithromycin suspension, azithromycin tablet, clarithromycin tablet
FLUOROURACIL (fluorouracil soln 2%, 5%)	Cancer	diclofenac gel 3%, fluorouracil cream 5%, PICATO, VALCHLOR GEL
FLURBIPROFEN SODIUM (flurbiprofen sodium ophth soln 0.03%)	Ophthalmic Pain/Inflammation	diclofenac (Ophth) solution, ketorolac (Ophth) solution
GENTAK (gentamicin sulfate ophth oint 0.3%)	Ophthalmic Infections	erythromycin (Ophth) oint, gentamicin (Ophth) solution, moxifloxacin (Ophth) solution, tobramycin (Ophth) solution
PENICILLIN V POTASSIUM (penicillin v potassium for soln 125 mg/5 mL, 250 mg/5 mL)	Infections	amoxicillin capsule, amoxicillin suspension, penicillin tablet
Performance and Performance Select Drug Lists Exclusions		
almotriptan malate tab 6.25 mg, 12.5 mg	Migraines	eletriptan tablet, sumatriptan tablet, zolmitriptan tablet
BUPHENYL (sodium phenylbutyrate tab 500 mg)	Urea Cycle Disorders	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
EFFIENT (prasugrel hcl tab 5 mg, 10 mg)	Cardiovascular Event Prophylaxis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
FOSRENOL (lanthanum carbonate chew tab 500 mg, 750 mg, 1000 mg)	Kidney Disease	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
frovatriptan succinate tab 2.5 mg	Migraines	eletriptan tablet, sumatriptan tablet, zolmitriptan tablet
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE (lamotrigine tab 25 mg (42) & 100 mg (7) starter kit)	Bipolar Disorder	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE (lamotrigine tab 25 mg (84) & 100 mg (14) starter kit)	Bipolar Disorder	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
LAMICTAL STARTER/TAKING	Bipolar Disorder	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other</i>

VALPROATE (lamotrigine tab 25 mg (35) starter kit)		<i>medication(s) available for their condition.</i>
LEXIVA (fosamprenavir calcium tab 700 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
metformin hcl tab er 24hr osmotic 500 mg, 1000 mg (generic for FORTAMET)	Diabetes	metformin ER tablet (generic for GLUCOPHAGE XR)
MILLIPRED (prednisolone tab 5 mg)	Inflammatory Conditions	prednisolone syrup, prednisone tab
MILLIPRED DP (prednisolone tab therapy pack 5 mg (21), 5 mg (48))	Inflammatory Conditions	prednisolone syrup, prednisone tab
oxiconazole nitrate cream 1%	Fungal Infections	econazole cream 1%, ketoconazole cream 2%, ketoconazole shampoo 2%
PENTASA (mesalamine cap cr 250 mg, 500 mg)	Ulcerative Colitis/Crohn's Disease	APRISO, ASACOL HD, DELZICOL
RELPAX (eletriptan hydrobromide tab 20 mg, 40 mg)	Migraines	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
SABRIL (vigabatrin powder pack 500 mg)	Infantile Spasms	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
SYMLINPEN 60 (pramlintide acetate pen-inj 1500 mcg/1.5 mL)	Diabetes	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
SYMLINPEN 120 (pramlintide acetate pen-inj 2700 mcg/2.7 mL)	Diabetes	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
TRANSDERM-SCOP (scopolamine td patch 72hr 1 mg/3 days)	Nausea/Vomiting	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
ZIAGEN (abacavir sulfate soln 20 mg/mL)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
Performance Select Drug List Exclusions		
EPIDUO (adapalene-benzoyl peroxide gel 0.1-2.5%)	Acne	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
RIOMET (metformin hcl oral soln 500 mg/5 mL)	Diabetes	metformin tablet

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.

Effective April 1, 2018:

Drug Class and Medication(s)¹	Dispensing Limit(s)
Basic, Performance and Performance Select Drug Lists Changes	
Keveyis	
Keveyis	120 tablets per 30 days
Basic Drug List Changes	
Pseudobulbar Affect	
Nuedexta	60 capsules per 30 days

UTILIZATION MANAGEMENT PROGRAM CHANGES

- **Effective April 1, 2018**, the following changes were applied:
 - 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 April 1, 2018

Drug Category	Targeted Medication(s)¹
Basic, Performance and Performance Select Drug Lists	
Benlysta	Benlysta
Hereditary Angioedema (HAE)	Haegarda
Keveyis	Keveyis
Basic Drug List	
Pseudobulbar Affect	Nuedexta

Drug categories added to current pharmacy ST standard programs, effective April 1, 2018:

Drug Category	Targeted Medication(s)¹
Basic Drug List	
Phosphate Binder	Auryxia, Fosrenol, Renagel, Renvela, Velphoro

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 Pharmacy Program number on their member ID card. Members may also visit *bcbsil.com* and log in to Blue Access for MembersSM (BAMSM) and MyPrime.com for a variety of online resources.

¹*Third party brand names are the property of their respective owners*

²*These lists are not all inclusive. Other medications may be available in this drug class.*

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.