

Pharmacy Program Updates: Upcoming Pharmacy Changes

STANDARD DRUG LIST (FORMULARY) CHANGES

Based on the availability of new prescription medications and the Prime's National Pharmacy and Therapeutics Committee's review of changes in the pharmaceuticals market, some revisions will be made to the BCBSIL standard drug list effective April 1, 2015.

Brand Medications Added to the Drug List, Effective April 1, 2015

| Preferred Brand ¹ | Drug Class/Condition Used For |
|------------------------------|-------------------------------|
| Harvoni | Hepatitis C |
| Bydureon | Diabetes |
| Jardiance | Diabetes |
| Obizur | Hemophilia |

Brand Medications Moved to a Higher Out-of-Pocket Payment Level, Effective April 1, 2015

| Non-Preferred Brand ^{1,2} | Condition Used For | Generic Preferred Alternative(s) ² | Preferred Brand Alternative(s) ^{1,2} |
|------------------------------------|--------------------|--|---|
| Synarel | Endometriosis | N/A | N/A |
| Tobradex Oph Oint | Topical Antibiotic | Tobramycin/Dexamethasone ophthalmic suspension | Zylet |

DISPENSING LIMIT CHANGES The BCBSIL standard 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, 2015, dispensing limits were added for the following drugs:

| Drug Class and Medication ¹ | Product Strength(s) | Dispensing Limit |
|--|---------------------|-------------------------|
| Cerdelga | | |
| Cerdelga (eliglustat) | 84 mg capsule | 60 capsules per 30 days |
| Idiopathic Pulmonary Fibrosis (IPF) | | |

| | | |
|---------------------------|--------------------------------|--------------------------|
| Esbriet (pirfenidone) | 267 mg capsule | 270 capsules per 30 days |
| Ofev (nintedanib) | 100 mg capsule, 150 mg capsule | 60 capsules per 30 days |
| Oral Immunotherapy | | |
| Grastek | 2800 BAU SL tablet | 30 tablets per 30 days |
| Oralair | 300 IR tablet | 30 tablets per 30 days |
| Ragwitek | 12 Amb a 1-U SL tablet | 30 tablets per 30 days |
| Opioid Dependence | | |
| Subutex (buprenorphine) | | 15 tablets per 90 days |

UTILIZATION MANAGEMENT PROGRAM CHANGES

Effective April 1, 2015, the Oral/Nasal Fentanyl Prior Authorization (PA) program will change its name to: Transmucosal Immediate Release Fentanyl. All targeted medications and program criteria remains the same.

Additionally, several drug categories will be added to the BCBSIL Prior Authorization (PA) program for standard pharmacy benefit plans upon renewal.

Drug Categories Added to the Pharmacy PA Program, Effective April 1, 2015

| Drug Category | Targeted Medications ¹ |
|-------------------------------------|-----------------------------------|
| Cerdelga | Cerdelga |
| Idiopathic Pulmonary Fibrosis (IPF) | Esbriet, Ofev |
| Oral Immunotherapy | Grastek, Oralair, Ragwitek |

Targeted mailings were sent to members affected by standard drug list deletions, dispensing limit and utilization management program changes per our usual process of member notification prior to implementation. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our website at bcbsil.com/provider.

HEPATITIS C PRIOR AUTHORIZATION PROGRAM CRITERIA CHANGE

Effective July 1, 2015, the Prior Authorization program criteria for Hepatitis C Second Generation and Sovaldi will be updated to require a METAVIR score (or equivalent APRI, Ishak, Fibroscan score) of 2 or greater. The program criteria summaries, [Hepatitis C Second Generation](#) and [Sovaldi](#), are now available for review.

Once effective, the criteria summaries will be posted on the [Prime Therapeutics website](#).

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.*

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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.