

# Pharmacy Program Updates: Upcoming Pharmacy Changes Effective July 1, 2015

## 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 July 1, 2015.

### Brand Medications Added to the Drug List, Effective July 1, 2015

| Preferred Brand <sup>1</sup> | Drug Class/Condition Used For |
|------------------------------|-------------------------------|
| Stelara                      | Autoimmune                    |
| Simponi                      | Autoimmune                    |
| Eliquis                      | Anticoagulant                 |
| Toujeo                       | Diabetes                      |
| Ibrance                      | Cancer                        |
| Incruse Ellipta              | COPD                          |

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

| Non-Preferred Brand <sup>1,2</sup> | Condition Used For      | Generic Preferred Alternative(s) <sup>2</sup> | Preferred Brand Alternative(s) <sup>1,2</sup> |
|------------------------------------|-------------------------|---|---|
| Olysio                             | Hepatitis C             | N/A   | Harvoni                                       |
| Mestinon                           | Neuromuscular Disorders | pyridostigmine                                | N/A   |
| Mestinon Timespan                  | Neuromuscular Disorders | pyridostigmine                                | N/A   |

## 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 July 1, 2015, dispensing limits were added for the following drugs:**

| <b>Drug Class and Medication<sup>1</sup></b> | <b>Product Strength(s)</b>                | <b>Dispensing Limit</b>  |
|--|---|--|
| <b>Afrezza</b>                               |   |  |
| Afrezza (insulin human) inhalation powder    | 4 units/cartridge                         | 19 packs per 30 days (1 pack = 90 cartridges)                                  |
| Afrezza (insulin human) inhalation powder    | 4 units and 8 units/cartridge             | 14 packs per 30 days (1 pack = 60 x 4 unit cartridges, 30 x 8 unit cartridges) |
| Afrezza (insulin human) inhalation powder    | 4 units and 8 units/cartridge             | 12 packs per 30 days (1 pack = 30 x 4 unit cartridges, 60 x 8 unit cartridges) |
| <b>Fibrates</b>                              |   |  |
| Antara (fenofibrate)                         | 30 mg, 43 mg micronized capsules          | 60 capsules per 30 days  |
| Antara (fenofibrate)                         | 90 mg, 130 mg micronized capsules         | 30 capsules per 30 days  |
| Fenoglide (fenofibrate)                      | 40 mg tablets                             | 60 tablets per 30 days   |
| Fenoglide (fenofibrate)                      | 120 mg tablets                            | 30 tablets per 30 days   |
| Fibricor (fenofibric acid)                   | 35 mg tablets                             | 60 tablets per 30 days   |
| Fibricor (fenofibric acid)                   | 105 mg tablets                            | 30 tablets per 30 days   |
| Lipofen (fenofibrate)                        | 50 mg capsules                            | 60 capsules per 30 days  |
| Lipofen (fenofibrate)                        | 150 mg capsules                           | 30 capsules per 30 days  |
| Lofibra (fenofibrate)                        | 54 mg tablets                             | 60 tablets per 30 days   |
| Lofibra (fenofibrate)                        | 160 mg tablets                            | 30 tablets per 30 days   |
| Lofibra (fenofibrate)                        | 67 mg, 134 mg, 200 mg micronized capsules | 30 capsules per 30 days  |
| Tricor (fenofibrate)                         | 48 mg tablets                             | 60 tablets per 30 days   |
| Tricor (fenofibrate)                         | 145 mg tablets                            | 30 tablets per 30 days   |
| Triglide (fenofibrate)                       | 50 mg tablets                             | 60 tablets per 30 days   |
| Triglide (fenofibrate)                       | 160 mg tablets                            | 30 tablets per 30 days   |
| Trilipix (fenofibric acid)                   | 45 mg delayed-release tablets             | 60 tablets per 30 days   |
| Trilipix (fenofibric acid)                   | 135 mg delayed-release tablets            | 30 tablets per 30 days   |
| Lopid (gemfibrozil)                          | 600 mg tablets                            | 60 tablets per 30 days   |
| <b>Hetlioz</b>                               |   |  |
| Hetlioz (tasimelteon)                        | 20 mg capsule                             | 30 capsules per 30 days  |

|                                  |               |                        |
|----------------------------------|---------------|------------------------|
| <b>Korlym</b>                    |               |                        |
| Korlym (mifepristone)            | 300 mg tablet | 60 tablets per 30 days |
| <b>Ophthalmic Prostaglandins</b> |               |                        |
| Unoprostone                      | All strengths | 5 mL per 30 days       |
| <b>Topical Cancer Treatment</b>  |               |                        |
| Picato (ingenol mebutate)        | 0.015% gel    | 3 tubes per 90 days    |
| Picato (ingenol mebutate)        | 0.05% gel     | 2 tubes per 90 days    |

#### UTILIZATION MANAGEMENT PROGRAM CHANGES

Effective July 1, 2015, the Idiopathic Thrombocytopenic Purpura (ITP) specialty prior authorization (PA) program changed its name to: Thrombopoietin Receptor Agonists. The Familial Hypercholesterolemia specialty PA program also changed its name to: Hypercholesterolemia. All targeted medications and program criteria for both programs remain the same.

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

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

| Drug Category | Targeted Medications <sup>1</sup> |
|---------------|-----------------------------------|
| Afrezza       | Afrezza                           |
| Hetlioz       | Hetlioz                           |
| Korlym        | Korlym                            |
| Myalept       | Myalept                           |

#### Drug Categories Added to the Pharmacy ST Program, Effective July 1, 2015

| Drug Category                      | Targeted Medications <sup>1</sup>   |
|------------------------------------|---|
| Atopic Dermatitis                  | Elidel, Protopic  |
| Fibrate                            | Antara, Fenoglide, Fibracor, Lipofen, Lofibra, Tricor, Triglide, Trilipix |
| Ophthalmic Prostaglandins/Glaucoma | Lumigen, Rescula, Travatan Z, Travaprost, Xalatan, Zioptan                |

Targeted mailings were sent to members affected by standard drug list deletions, dispensing limit and prior authorization 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](http://bcbsil.com/provider).

<sup>1</sup>Third party brand names are the property of their respective owners

<sup>2</sup>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.