

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2020 – Part 2

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This article is a continuation of the previously published [Quarterly Pharmacy Changes Part 1 article](#).

As a reminder: Due to novel coronavirus 2019 (COVID-19), Blue Cross and Blue Shield of Illinois (BCBSIL) delayed the start date for drug list, dispensing limit and prior authorization changes for select members on an annual drug list (Basic Annual, Enhanced Annual, Performance Annual as well as the Health Insurance Marketplace drug lists for employer-offered Small Groups) until **Oct. 1, 2020**. Members were identified for notification, based on claims filled between Nov. 13, 2019 and March 13, 2020 and lettered at the end of April 2020. This delay will allow your patients more time to safely talk about these changes with you and together decide the best choices for them. The list of these annual changes were communicated in the previous [April 2019](#), [July 2019](#), [October 2019](#) and [January 2020](#) quarterly pharmacy changes articles.

BCBSIL also did not implement any July 2020 quarterly drug list changes (higher payment tier changes or exclusions) for members on a quarterly updated drug list (Basic, Enhanced, Balanced, Performance and Performance Select).

This Part 2 article version contains the more recent coverage additions or tier changes, 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 BCBSIL drug lists.

Changes effective July 1, 2020 for all drug lists are outlined below.

Drug List Coverage Additions – As of July 1, 2020

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 Drug Lists	
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9 ml)	Rheumatoid Arthritis
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 ml)	Rheumatoid Arthritis
AYVAKIT (avapritinib tab 100 mg, 200 mg, 300 mg)	Cancer
CABOMETYX (cabozantinib s-malate tab 20 mg, 40 mg, 60 mg (base equivalent))	Cancer
DUAVEE (conjugated estrogens-bazedoxifene tab 0.45-20 mg)	Vasomotor symptoms associated with Menopause
ERIVEDGE (vismodegib cap 150 mg)	Cancer
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR (glucagon hcl for inj 1 mg)	Hypoglycemia
IBRANCE (palbociclib tab 75 mg, 100 mg, 125 mg)	Cancer
LOKELMA (sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm)	Hyperkalemia
PREDNISOLONE ACETATE (prednisolone acetate ophth susp 1%)	Ophthalmic Inflammatory Conditions

SIMPONI (golimumab subcutaneous soln auto-injector 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Active Ankylosing Spondylitis, Ulcerative Colitis
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/ml)	Rheumatoid Arthritis, Psoriatic Arthritis, Active Ankylosing Spondylitis, Ulcerative Colitis
VELTASSA (patiomer sorbitex calcium for susp packet 8.4 gm, 16.8 gm, 25.2 gm (base eq))	Hyperkalemia
VUMERITY (diroximel fumarate capsule delayed release 231 mg)	Multiple Sclerosis, Relapsing Forms
VUMERITY (diroximel fumarate capsule dr starter bottle 231 mg)	Multiple Sclerosis, Relapsing Forms
XELJANZ (tofacitinib citrate tab 5 mg, 10 mg (base equivalent))	Rheumatoid Arthritis, Psoriatic Arthritis, Ulcerative Colitis
XELJANZ XR (tofacitinib citrate tab er 24hr 11 mg, 24hr 22 mg (base equivalent))	Rheumatoid Arthritis, Psoriatic Arthritis, Ulcerative Colitis
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
AYVAKIT (avapritinib tab 100 mg, 200 mg, 300 mg)	Cancer
BRUKINSA (zanubrutinib cap 80 mg)	Cancer
CIPRO (ciprofloxacin for oral susp 500 mg/5 ml (10%) (10 gm/100 ml))	Infections
clozapine tab 50 mg, 200 mg	Schizophrenia
dextroamphetamine sulfate oral solution 5 mg/5 ml	Attention Deficit Hyperactivity Disorder
diazoxide susp 50 mg/ml (generic for PROGLYCEM)	Hypoglycemia
DIVIGEL (estradiol td gel 1.25 mg/1.25 gm (0.1%))	Vasomotor symptoms associated with Menopause
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg (generic for ZORTRESS)	Transplant Rejection Prophylaxis
everolimus tab 2.5 mg, 5 mg, 7.5 mg (generic for AFINITOR)	Cancer
FERROUS SULFATE (ferrous sulfate liquid 220 mg/5 ml (44 mg/5 ml elemental fe))	Iron Deficiency
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR (glucagon hcl for inj 1 mg)	Hypoglycemia
IBRANCE (palbociclib tab 75 mg, 100 mg, 125 mg)	Cancer
INFLUENZA VACCINE ADJUVANTED FLUAD QUADRIVALENT FOR ADULTS (influenza vac type a&b surface ant adj quad pref syr 0.5 ml)	Influenza Vaccine
KEVZARA (sarilumab subcutaneous solution auto-injector 150 mg/1.14 ml, 200 mg/1.14 ml)	Rheumatoid Arthritis
KEVZARA (sarilumab subcutaneous solution prefilled syringe 150 mg/1.14 ml, 200 mg/1.14 ml)	Rheumatoid Arthritis
NALOXONE HYDROCHLORIDE (naloxone hcl solution auto-injector 2 mg/0.4 ml)	Opioid Overdose
NOVOLIN N FLEXPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/ml)	Diabetes

NOVOLIN N FLEXPEN RELION (insulin nph (human) (isophane) susp pen-injector 100 unit/ml)	Diabetes
NOVOLIN R FLEXPEN (insulin regular (human) soln pen-injector 100 unit/ml)	Diabetes
NOVOLIN R FLEXPEN RELION (insulin regular (human) soln pen-injector 100 unit/ml)	Diabetes
OXBRYTA (voxelotor tab 500 mg)	Sickle Cell Disease
penicillamine tab 250 mg (generic for DEPEN TITRATABS)	Wilson's Disease
PRETOMANID (pretomanid tab 200 mg)	Tuberculosis
PROCYSBI (cysteamine bitartrate delayed release granules packet 75 mg, 300 mg)	Nephropathic Cystinosis
pyrimethamine tab 25 mg (generic for DARAPRIM)	Malaria
SECUADO (asenapine td patch 24 hr 3.8 mg/24hr, 24 hr 5.7 mg/24hr, 24 hr 7.6 mg/24hr)	Schizophrenia
SIMPONI (golimumab subcutaneous soln auto-injector 100 mg/mL)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis
SIMPONI (golimumab subcutaneous soln prefilled syringe 100 mg/mL)	Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis
sodium chloride soln nebu 3%, 7%	Cystic Fibrosis
TAZVERIK (tazemetostat hbr tab 200 mg)	Cancer
VERELAN PM (verapamil hcl cap er 24hr 200 mg)	Hypertension
VUMERITY (diroximel fumarate capsule delayed release 231 mg)	Multiple Sclerosis, Relapsing Forms
VUMERITY (diroximel fumarate capsule dr starter bottle 231 mg)	Multiple Sclerosis, Relapsing Forms
XELJANZ XR (tofacitinib citrate tab er 24hr 11 mg, 24hr 22 mg (base equivalent))	Rheumatoid Arthritis, Psoriatic Arthritis, Ulcerative Colitis
Balanced and Performance Select Drug Lists	
ABSORICA LD (isotretinoin micronized cap 8 mg, 16 mg, 24 mg, 32 mg)	Acne
AKLIEF (trifarotene cream 0.005%)	Acne
AMZEEQ (minocycline hcl micronized foam 4%)	Acne
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic for DYMISTA)	Allergic Rhinitis
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (generic for MOXEZA)	Ophthalmic Infections
naproxen-esomeprazole magnesium tab dr 375-20 mg, 500-20 mg (generic for VIMOVO)	Pain, Inflammation, Ulcer Prevention
TALICIA (amoxicillin-rifabutin-omeprazole cap dr 250-12.5-10 mg)	Infections
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (generic for TRAVATAN Z)	Glaucoma, Ocular Hypertension
Performance and Performance Annual Drug Lists	
INSULIN ASPART (insulin aspart inj 100 unit/ml)	Diabetes
INSULIN ASPART FLEXPEN (insulin aspart soln pen-injector 100 unit/ml)	Diabetes
INSULIN ASPART PENFILL (insulin aspart soln cartridge 100 unit/ml)	Diabetes

INSULIN ASPART PROTAMINE/ INSULIN ASPART (insulin aspart prot & aspart (human) inj 100 unit/ml (70-30))	Diabetes
INSULIN ASPART PROTAMINE/ INSULIN ASPART FLEXPEN (insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30))	Diabetes
Balanced Drug List	
AZESCHEW PRENATAL/POSTNATAL (prenatal w/o a vit w/ fe fum-fa tab chew 13-1 mg)	Prenatal Vitamin
butalbital-acetaminophen cap 50-300 mg (generic for BUTALBITAL/ACETAMINOPHEN)	Pain
CALCIPOTRIENE (calcipotriene foam 0.005%) (authorized generic for SORILUX)	Plaque Psoriasis
CAPLYTA (lumateperone tosylate cap 42 mg)	Schizophrenia
KETOPROFEN (ketoprofen cap 50 mg, 75 mg)	Pain, Inflammation
PRENARA (prenatal vit w/ fe fumarate-fa cap 15-1 mg)	Prenatal Vitamin
PRENATVITE COMPLETE (prenatal multivitamins & minerals w/ iron & fa tab 1 mg)	Prenatal Vitamin
PRENATVITE PLUS (prenatal multivitamins & minerals w/ iron & fa tab 1 mg)	Prenatal Vitamin
PRENATVITE RX (prenatal multivitamins & minerals w/iron & fa tab 0.8 mg)	Prenatal Vitamin
PROLATE (oxycodone w/ acetaminophen tab 5-300 mg, 7.5-300 mg, 10-300 mg)	Pain
SIMVASTATIN (simvastatin susp 20 mg/5 ml (4 mg/ml)) (authorized generic for FLOLIPID)	Hypercholesterolemia
SULCONAZOLE NITRATE (sulconazole nitrate cream 1%) (authorized generic for EXELDERM)	Fungal Infections
TRAMADOL HYDROCHLORIDE (tramadol hcl tab 100 mg)	Pain
VITAFOL FE+ (prenat w/fe poly-methylfol-fa-dha cap 90-0.6-0.4-200 mg)	Prenatal Vitamin

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

Drug List Updates (Coverage Tier Changes) – As of July 1, 2020

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Balanced, Performance, Performance Annual and Performance Select Drug Lists		
ACTEMRA (tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9 ml)	Preferred Brand	Rheumatoid Arthritis
ACTEMRA ACTPEN (tocilizumab subcutaneous soln auto-injector 162 mg/0.9 ml)	Preferred Brand	Rheumatoid Arthritis
CABOMETYX (cabozantinib s-malate tab 20 mg, 40 mg, 60 mg (base equivalent))	Preferred Brand	Cancer
chlorzoxazone tab 500 mg	Non-Preferred Generic	Muscle Spasm
cyclosporine modified cap 50 mg	Non-Preferred Generic	Transplant Rejection Prophylaxis
DUAVEE (conjugated estrogens-bazedoxifene tab 0.45-20 mg)	Preferred Brand	Vasomotor symptoms associated with Menopause

LOKELMA (sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm)	Preferred Brand	Hyperkalemia
naloxone hcl soln prefilled syringe 2 mg/2 ml	Non-Preferred Generic	Opioid Overdose
NUVARING (etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr)	Non-Preferred Generic	Contraception
potassium chloride tab er 20 meq (1500 mg)	Non-Preferred Generic	Hypokalemia
PREDNISOLONE ACETATE (prednisolone acetate ophth susp 1%)	Preferred Brand	Ophthalmic Anti-inflammatory
PROAIR HFA (albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv))	Non-Preferred Generic	Bronchospasm or Exercise-Induced Bronchospasm
PROAIR RESPICLICK (albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv))	Non-Preferred Generic	Bronchospasm or Exercise-Induced Bronchospasm
VELTASSA (patiomer sorbitex calcium for susp packet 8.4 gm, 16.8 gm, 25.2 gm (base eq))	Preferred Brand	Hyperkalemia
VENTOLIN HFA (albuterol sulfate inhal aero 108 mcg/act (90 mcg base equiv))	Non-Preferred Generic	Bronchospasm or Exercise-Induced Bronchospasm
XELJANZ (tofacitinib citrate tab 5 mg, 10 mg (base equivalent))	Preferred Brand	Rheumatoid Arthritis, Psoriatic Arthritis, Ulcerative Colitis

Balanced and Performance Select Drug Lists

doxepin hcl (sleep) tab 3 mg, 6 mg (base equiv) (generic for SILENOR)	Non-Preferred Generic	Insomnia
hydrocodone bitartrate cap er 12hr abuse-deterrent 10 mg, 15 mg, 30 mg, 40 mg, 50 mg (generic for ZOHYDRO ER)	Non-Preferred Generic	Pain

Balanced Drug List

acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg	Non-Preferred Generic	Pain
butalbital-acetaminophen-caffeine soln 50-325-40 mg/15 ml	Non-Preferred Generic	Pain
chlorzoxazone tab 375 mg, 750 mg	Non-Preferred Generic	Muscle Spasm
dapsone gel 7.5% (generic for ACZONE)	Non-Preferred Generic	Acne
oxycodone w/ acetaminophen tab 2.5-300 mg	Non-Preferred Generic	Pain

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. **Changes by drug list are listed on the charts below. 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, 2021**.

Effective April 15, 2020:

Drug Class and Medication(s)¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Annual, Performance Select Drug Lists	
Peanut Allergy	
Palforzia Initial Dose Escalation Kit	13 capsules per 180 days
Palforzia 3 x 1 mg capsule pack	90 capsules per 30 days
Palforzia 6 x 1 mg capsule pack	180 capsules per 30 days
Palforzia 2 x 1 mg capsules & 1 x 10 mg capsule pack	90 capsules per 30 days
Palforzia 1 x 20 mg capsule pack	30 capsules per 30 days
Palforzia 2 x 20 mg capsules pack	60 capsules per 30 days
Palforzia 4 x 20 mg capsules pack	120 capsules per 30 days
Palforzia 1 x 20 mg capsule & 1 x 100 mg capsule pack	60 capsules per 30 days
Palforzia 3 x 20 mg capsules & 1 x 100 mg capsule pack	120 capsules per 30 days
Palforzia 2 x 100 mg capsules pack	60 capsules per 30 days
Palforzia 2 x 20 mg capsules & 2 x 100 mg capsules pack	120 capsules per 30 days
Palforzia 300 mg sachet maintenance packet	30 sachets per 30 days
Palforzia 300 mg sachet titration packet	30 sachets per 30 days

Effective July 1, 2020:

Drug Class and Medication(s)¹	Dispensing Limit(s)
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Oxbryta	
Oxbryta 500 mg tablets	90 tablets per 30 days

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UTILIZATION MANAGEMENT PROGRAM CHANGES

- Effective **April 15, 2020**, the Sickle Cell Disease Specialty Prior Authorization (PA) program changed its name to Endari. The targeted medication and program criteria remain the same.

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.

Reminder: HSA Preventive Drug Program Updates

Select members' Health Savings Account plans may include a preventive drug program, which offers a reduced cost share for members using certain medications for preventive purposes.

Please call the number on the member's ID card to verify coverage, or for further assistance or clarification on your patient's benefits.

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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.