

## Pharmacy Program Changes Effective Jan. 1, 2015

### STANDARD DRUG LIST (FORMULARY) CHANGES

Based on the availability of new prescription medications and the Prime 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 Jan. 1, 2015.

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

Preferred Brand <sup>1</sup>	Drug Class/Condition Used For
Invokana	Diabetes
Invokamet	Diabetes
Sivextro	Antibiotic
Purixan	Cancer
Spiriva Respimat	COPD
Plegridy	Multiple Sclerosis

#### Brand Medications Moved to a Higher Out-of-Pocket Payment Level, Effective Jan. 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>
Lilly Brand of Insulins (Humulin R, Humulin N, Humalog, Humalog 75/25, Humalog 50/50, Humulin 70/30)	Diabetes	N/A	Novo Brand of Insulins (Novolin R, Novolin N, Novolin 70/30, Novolog, Novolog 70/30)
Zithromax (Pak) 1 gm	Antibiotic	Azithromycin	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 Jan. 1, 2015, dispensing limits were added for the following drugs:

Drug Class and Medication <sup>1</sup>	Product Strength	Dispensing Limit
<b>Biologic</b>		
Stelara (ustekinumab)	45 mg/0.5 mL, 90 mg/1 mL	1 syringe per 84 days
<b>Diabetes</b>		
Farxiga (dapagliflozin)	5 mg, 10 mg tablet	30 tablets per 30 days
Invokana (canagliflozin)	100 mg, 300 mg tablet	30 tablets per 30 days
Invokamet (canagliflozin/metformin)	50 mg/500 mg, 50 mg/1000 mg, 150 mg/500 mg, 150 mg/1000 mg	60 tablets per 30 days
Jardiance (empagliflozin)	10 mg, 25 mg	30 tablets per 30 days

## UTILIZATION MANAGEMENT PROGRAM CHANGES

Effective Jan. 1, 2015, 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 Jan. 1, 2105

Drug Category	Targeted Medications <sup>1</sup>
Insulin	Humalog, Humulin
Pulmonary Arterial Hypertension (PAH)	Adempas (riciguat) and Orenitram (treprostinil)

## SPECIALTY MEDICATION BENEFIT PROCESSING CHANGES

Effective Jan. 1, 2015, professional and ancillary electronic (837P transactions) and paper (CMS-1500) claims submitted for the specialty medications listed below may be considered for coverage under the member's medical benefit, as these medications require administration by a health care professional. Prior to Jan. 1, 2015, these medications may have processed under the member's pharmacy benefit. Depending on the member's benefit plan, a pharmacy PA request may be required for coverage consideration.

### Examples of specialty medications to be covered under the member's medical benefit<sup>1</sup>

Actemra	Hizentra
Trelstar Mixject	Vivitrol
Xolair	

Targeted mailings were sent to members affected by standard drug list deletions, dispensing limits and utilization management program changes per our usual process of member notification prior to implementation. Additionally, targeted mailings were sent to members affected by the specialty drug benefit changes.

For the most up-to-date drug list and list of drug dispensing limits, visit the [Pharmacy Program/Dispensing Limits section](#) of our Provider website.

<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.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. BCBSIL, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.

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.