

## Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2016

### 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 were made to the BCBSIL standard drug list and generics plus drug list effective Jan. 1, 2016.

#### Brand Medications Added to the Standard and Generics Plus Drug Lists, Effective Jan. 1, 2016

Preferred Brand <sup>1</sup>	Drug Class/Condition Used For
Actimmune	Osteoporosis
Daklinza	Hepatitis C
Ixinity	Hemophilia
Noxafil	Fungal Infections

#### Brand Medications Moved to a Higher Out-of-Pocket Payment Level on the Generics Plus Drug List, Effective Jan. 1, 2016

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>
Synarel	Endometriosis	N/A	N/A
Olysio	Hepatitis C	N/A	Harvoni
Mestinon	Neuromuscular Disorders	pyridostigmine	N/A
Mestinon Timespan	Neuromuscular Disorders	pyridostigmine	N/A
Tobradex Oph Oint	Topical Antibiotic	Tobramycin/Dexamethasone ophthalmic suspension	Zylet

### DISPENSING LIMIT CHANGES

The BCBSIL standard and generics plus 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, 2016, dispensing limits for the following drugs were added to the standard list:**

<b>Drug Class and Medication<sup>1</sup></b>	<b>Product Strength(s)</b>	<b>Dispensing Limit</b>
<b>Antiretrovirals</b>		
Kaletra (lopinavir/ritonavir)	100/25 mg	180 tablets per 30 days
Selzentry (maraviroc)	300 mg	60 tablets per 30 days
<b>Hypercholesterolemia (HoFH)</b>		
Juxtapid (lomitapide)	20 mg capsule	30 capsules per 30 days

**Effective Jan. 1, 2016, dispensing limits for the following drugs were added to the generics plus list:**

<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>Antiretrovirals</b>		
Kaletra (lopinavir/ritonavir)	100/25 mg	180 tablets per 30 days
Selzentry (maraviroc)	300 mg	60 tablets per 30 days
<b>Cerdelga</b>		
Cerdelga (eliglustat)	84 mg capsule	60 capsules per 30 days
<b>Diabetes (GLP-1 Receptor Agonists)</b>		
Bydureon (exenatide)	2 mg syringe	4 syringes per 28 days
<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>Fibromyalgia</b>		
Lyrica (pregabalin)	25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg capsule	90 capsules per 30 days
Lyrica (pregabalin)	225 mg, 300 mg capsule	60 capsules per 30 days
Lyrica (pregabalin)	20 mg/mL oral solution	900 mL solution per 30 days
<b>Hetlioz</b>		
Hetlioz (tasimelteon)	20 mg capsule	30 capsules per 30 days
<b>Hypercholesterolemia (HoFH)</b>		
Juxtapid (lomitapide)	5 mg, 10 mg, 20 mg capsule	30 capsules per 30 days

<b>Idiopathic Pulmonary Fibrosis (IPF)</b>		
Esbriet (pirfenidone)	267 mg capsule	270 capsules per 30 days
Ofev (nintedanib)	100 mg capsule, 150 mg capsule	60 capsules per 30 days
<b>Korlym</b>		
Korlym (mifepristone)	300 mg tablet	60 tablets per 30 days
<b>Ophthalmic Prostaglandins</b>		
Rescula (unoprostone)	0.15%	5 mL per 30 days
<b>Opioid Dependence</b>		
Subutex (buprenorphine)	All strengths	15 tabs per 90 days
<b>Oral Immunotherapy</b>		
Grastek (timothy grass pollen allergen extract)	2800 BAU SL tablet	30 tablets per 30 days
Oralair (sweet vernal, orchard, perennial rye, timothy and Kentucky blue grass mixed pollens allergen extract)	300 IR tablet	30 tablets per 30 days
Ragwitek (short ragweed pollen allergen extract)	12 Amb a 1-U SL tablet	30 tablets per 30 days
<b>Oral PAH</b>		
Tyvaso (treprostinil) starter kit	0.6 mg/mL	1 kit per 180 days
Tyvaso (treprostinil) institutional starter kit	0.6 mg/mL	1 kit per 180 days
Tyvaso (treprostinil)	0.6 mg/mL, 4 pack carton	7 packages per 28 days
Tyvaso (treprostinil)	0.6 mg/mL refill kit	1 package per 28 days
Ventavis (iloprost)	10 mcg/mL, 20 mcg/mL	270 ampules per 30 days
<b>Thrombopoietin Receptor Agonists</b>		
Promacta (eltrombopag)	25 mg	30 tablets per 30 days
Promacta (eltrombopag)	75 mg	60 tablets 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 Jan. 1, 2016, several drug categories and/or targeted medications will be added to the current Prior Authorization (PA) and Step Therapy (ST) programs for standard pharmacy benefit plans, upon renewal.

#### Drug categories added to the pharmacy PA standard programs, effective Jan. 1, 2016

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
Topical Antifungal	CNL8, Ciclopirox Kit, Ciclodan Kit, Jublia, Kerydin, Pedipirox, Penlac

#### Targeted drugs added to current pharmacy PA standard programs, effective Jan. 1, 2016

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
Antifungal	Cresemba 186 mg

#### Targeted drugs added to current pharmacy ST standard programs, effective Jan. 1, 2016<sup>3</sup>

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1,2</sup></b>
Diabetes (GLP-1 Receptor Agonists)	Bydureon

Targeted mailings were sent to members affected by formulary change, 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.

<sup>3</sup>Members on a current drug regimen will be grandfathered from participation in the ST program.

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.