

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

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

Preferred Brand <sup>1</sup>	Drug Class/Condition Used For
Adynovate	Hemophilia
Brilinta	DVT, Stroke and Embolism Prophylaxis
Coagadex	Hemophilia
Depen	Wilson's Disease, Cystinuria
Narcan	Opiate Overdose
Uptravi	Pulmonary Arterial Hypertension

#### Brand Medications Added to the Generics Plus Drug List, Effective July 1, 2016

Preferred Brand <sup>1</sup>	Drug Class/Condition Used For
Eliquis	DVT, Stroke and Embolism Prophylaxis

### 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 July 1, 2016, dispensing limits for the following drugs were added to the standard list:

Drug Class and Medication <sup>1</sup>	Dispensing Limit
<b>Irritable Bowel Syndrome</b>	
Viberzi	60 tablets per 30 days
<b>Ophthalmic Immunomodulators</b>	
Restasis	60 vials per 30 days

### UTILIZATION MANAGEMENT PROGRAM CHANGES

Effective July 1, 2016, several drug categories and/or targeted medications were 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 July 1, 2016**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1, 2</sup></b>
Ophthalmic Immunomodulators	Restasis

**Targeted drugs added to current pharmacy PA standard programs, effective July 1, 2016**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1, 2</sup></b>
Therapeutic Alternatives	Kadian, Northera, Onmel, Sporanox, Spritam, Zegerid, Zylfo/Zylfo CR

**Drug categories added to the pharmacy ST standard programs, effective July 1, 2016<sup>3</sup>**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1, 2</sup></b>
Atypical Antipsychotics	Abilify, Abilify Discmelt, Abilify Maintena, Aripiprazole ODT, Aristada, Clozaril, Fanapt, Fazaclo, Clozapine ODT, Geodon, Invega, Invega Sustenna, Invega Trinza, Latuda, Rexulti, Risperdal, Risperdal M-Tab, Risperdal Consta, Saphris, Seroquel, Seroquel XR, Versacloz, Zyprexa, Zyprexa Zydis, Zyprexa Relprevv

**Targeted drugs added to current pharmacy ST standard programs, effective July 1, 2016<sup>3</sup>**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1, 2</sup></b>
Lipid Management	Crestor

Targeted mailings were sent to members affected by 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.

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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.