

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Jan. 1, 2017, and April 1, 2017

Posted April 1, 2017

DRUG LIST (FORMULARY) 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, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions were made to the Blue Cross and Blue Shield of Illinois (BCBSIL) drug lists. Changes that were effective Jan. 1, 2017, and changes that will be effective as of April 1, 2017, are outlined below.

Drug List Updates (Coverage Additions) – As of April 1, 2017

Preferred Brand ¹	Drug Class/Condition Used For
Basic (formerly known as Standard) Drug List	
Invokamet XR	Diabetes
Soolantra	Topical/Rosacea
Enhanced (formerly known as Generics Plus) Drug List	
Soolantra	Topical/Rosacea
Performance Drug List	
Amlodipine Besylate/Atorvastatin Calcium 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	High Blood Pressure
Clindamycin/Benzoyl Peroxide 1-5% gel	Acne
Clindamycin Phosphate 1% gel	Topical Anti-infective
Enstilar	Topical Steroid
Fenofibrate 40 mg, 120 mg tablet	High Cholesterol
Fenofibrate Micronized 200 mg capsule	High Cholesterol
Gatifloxacin 0.5 % ophthalmic solution	Ophthalmic Anti-infective
Hydrocodone Bitartrate/Acetaminophen 10-325 mg/15 mL solution	Pain
Invokamet XR	Diabetes
Pramipexole Dihydrochloride ER 3.75 mg	Parkinson's Disease
Rayaldee	Hyperparathyroidism
Renvela	Kidney Disease
Rubraca	Oncology
Soolantra	Topical/Rosacea
Tretinoin 0.05% cream	Acne
Triamcinolone Acetonide 0.5% ointment	Topical Steroid
Performance Select Drug List	
Acanya	Acne
Amlodipine Besylate/Atorvastatin Calcium 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	High Blood Pressure
Belviq XR	Weight Loss

Bromsite	Ophthalmic NSAID
Clindamycin/Benzoyl Peroxide 1-5% gel	Acne
Clindamycin Phosphate 1% gel	Topical Anti-infective
Edarbi	High Blood Pressure
Edarbyclor	High Blood Pressure
Enstilar	Topical Steroid
Fenofibrate 40 mg, 120 mg tablet	High Cholesterol
Fenofibrate Micronized 200 mg capsule	High Cholesterol
Gatifloxacin 0.5 % ophthalmic solution	Ophthalmic Anti-infective
Hydrocodone Bitartrate/Acetaminophen 10-325 mg/15 mL solution	Pain
Invokamet XR	Diabetes
Lomaira	Weight Loss
Metronidazole topical cream, gel and lotion (0.75%)	Topical Anti-infective
Onexton	Acne
Pramipexole Dihydrochloride ER 3.75 mg	Parkinson's Disease
Rayaldee	Hyperparathyroidism
Rubraca	Oncology
Silenor	Insomnia
Soolantra	Topical/Rosacea
Taclonex	Topical Steroid
Tretinoin 0.05% cream	Acne
Triamcinolone Acetonide 0.5% ointment	Topical Steroid

Drug List Updates (Revisions/Exclusions) – As of April 1, 2017

Non-Preferred Brand ¹	Drug Class/Condition Used For	Generic Preferred Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Basic (formerly known as Standard) Drug List Revisions			
Daklinza	Hepatitis C	N/A	Harvoni, Eplclusa, Sovaldi
Performance Drug List Exclusions			
Daklinza	Hepatitis C	N/A	N/A
Sitavig	Antiviral	N/A	N/A
Performance Select Drug List Exclusions			
Sitavig	Antiviral	N/A	N/A

Drug List Updates (Coverage Additions) – As of Jan. 1, 2017

Preferred Brand ¹	Drug Class/Condition Used For
Basic (formerly known as Standard) Drug List	
Aubagio	Multiple Sclerosis
Avonex	Multiple Sclerosis
Axiron	Low Testosterone
Descovy	Antivirals/HIV
Eplclusa	Hepatitis C
Genvoya	Antivirals/HIV
Odefsey	Antivirals/HIV
Otezla	Psoriasis/Psoriatic Arthritis

Stiolto Respimat	COPD, Emphysema
Vonvendi	Hemophilia
Enhanced (formerly known as Generics Plus) Drug List	
Aubagio	Multiple Sclerosis
Avonex	Multiple Sclerosis
Axiron	Low Testosterone
Descovy	Antivirals/HIV
Epclusa	Hepatitis C
Genvoya	Antivirals/HIV
Odefsey	Antivirals/HIV
Otezla	Psoriasis/Psoriatic Arthritis
Stiolto Respimat	COPD, Emphysema
Vonvendi	Hemophilia
Xarelto	DVT, Stroke, Embolism Prophylaxis

Drug List Updates (Revisions/Exclusions) – As of Jan. 1, 2017

Non-Preferred Brand ¹	Drug Class/Condition Used For	Generic Preferred Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Basic (formerly known as Standard) Drug List Revisions			
Androderm 2 mg/24hr, 4 mg/24hr	Low Testosterone	Testosterone	Axiron
Enhanced (formerly known as Generics Plus) Drug List Revisions			
Androderm 2 mg/24hr, 4 mg/24hr	Low Testosterone	Testosterone	Axiron
Cuprimine	Wilson's Disease, Cystinuria	N/A	Depen
Roche Accu-Chek Active, Aviva, Aviva Plus, Compact, Smartview, Roche Accutrend	Diabetic Supplies	N/A	Bayer Ascensia Autodisc, Breeze2, Contour, ContourNext

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.

Effective April 1, 2017:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic (formerly known as Standard) and Performance Drug List Changes	
Misc	
Diclegis	120 tablets per 30 days
Rayaldee	60 grams per 180 days
PCSK9	
Repatha 140 syringe	2 per 28 days
Repatha 140 autoinjector	2 per 28 days
Selective Serotonin Inverse Agonist (SSIA)	

Nuplazid	60 tablets per 30 days
Therapeutic Alternatives	
Doxepin 5% cream	45 grams per 180 days
levorphanol	120 tablets per 30 days
Vanatol LQ	1000 mLs per 30 days
Vanos	60 grams per 180 days
Enhanced (formerly known as Generics Plus) Drug List Changes	
Therapeutic Alternatives	
Doxepin 5% cream	45 grams per 180 days
Performance Select Drug List Changes	
PCSK9	
Repatha 140 syringe	2 per 28 days
Repatha 140 autoinjector	2 per 28 days
Selective Serotonin Inverse Agonist (SSIA)	
Nuplazid	60 tablets per 30 days

Effective Jan. 1, 2017:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic (formerly known as Standard) Drug List and Enhanced (formerly known as Generics Plus) Drug List Changes	
Actinic Keratosis (Diclofenac/Fluorouracil/Imiquimod/Ingenol)	
Carac/Fluorouracil	30 grams per 180 days
Efudex cream	240 grams per 180 days
Fluoroplex	60 grams per 180 days
Solaraze Gel	300 grams per 180 days
Tolak	40 grams per 180 days
Antifungal (Onychomycosis)	
Jublia	4 mLs per 30 days
Kerydin	4 mLs per 30 days
Onmel	30 tablets per 30 days
Penlac	6.6 mLs per 30 days
Sporanox 100 mg	120 capsules per 30 days
Sporanox Oral Solution	1200 mLs per 30 days
Buprenorphine, Buprenorphine-Naloxone	
Suboxone 4/1	30 films per 30 days
Zubsolv 2.9/7.1, 5.7/1.4, 11.4/2.9	30 tablets per 30 days
Fluocinonide	
Vanos	120 grams per 180 days
Irritable Bowel Syndrome with Diarrhea	
Lotronex 0.5 mg, 1 mg	60 tablets per 30 days
Northera	
Northera 100 mg	450 tablets per 30 days
Northera 200 mg, 300 mg	180 tablets per 30 days
Opioid Antidote	
Evzio	1 box (2 injectors) per 90 days
Pain	
Xartemis QL	120 tablets per 30 days
Rayos	
Rayos 1 mg, 2 mg, 5 mg	30 tablets per 30 days

Therapeutic Alternatives	
Absorica	60 capsules per 30 days
Amrix	30 capsules per 30 days
Ativan 0.5 mg	30 tablets per 30 days
Ativan 1 mg, 2 mg	150 tablets per 30 days
Bupap	180 tablets per 30 days
Cambia	9 packets per 30 days
Cardizem CD	30 capsules per 30 days
Cuprimine	480 capsules per 30 days
Daraprim	73 per 28 days
Dexpak 6 day	21 tablets per 90 days
Dexpak 10 day	35 tablets per 90 days
Dexpak 13 day	51 tablets per 90 days
Durlaza	30 capsules per 30 days
Fortamet 500 mg	150 tablets per 30 days
Fortamet 1000 mg	60 tablets per 30 days
Glumetza 500 mg, 1000 mg	120 tablets per 30 days
Pandel	80 grams per 90 days
Primlev 5/300	360 tablets per 30 days
Primlev 7.5/300	240 tablets per 30 days
Primlev 10/300	180 tablets per 30 days
Sitavig	2 tablets per 180 days
Spritam 250 mg, 500 mg, 1000 mg	60 tablets per 30 days
Spritam 750mg	120 tablets per 30 days
Vivlodex	30 capsules per 30 days
Zyflo	120 tablets per 30 days
Zyflo CR	120 tablets per 30 days

UTILIZATION MANAGEMENT PROGRAM CHANGES

- **Effective April 1, 2017**, the following changes will be applied:
 - The Cox-2/NSAID-GI Protectant Step Therapy (ST) program changed its name to: Combination GI Protectant. All targeted medications and program criteria effective Jan. 1, 2017, remain the same.
 - 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 for most members. *As a reminder*, please review your patient's drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply.

Drug categories added to current pharmacy PA standard programs, effective April 1, 2017:

Drug Category	Targeted Medication(s)¹
Basic (Standard), Performance and Performance Select Drug Lists	
Regranex	Regranex
Selective Serotonin Inverse Agonist (SSIA)	Nuplazid
Strensiq	Strensiq

Targeted drugs added to current pharmacy PA standard programs, effective April 1, 2017:

Drug Category	Targeted Medication(s) ¹
Basic (Standard) and Performance Drug Lists	
Therapeutic Alternatives	Doxepin cream, levorphanol, Vanatol LQ, Vanos

Drug categories added to current pharmacy ST standard programs, effective April 1, 2017³:

Drug Category	Targeted Medication(s) ¹
Basic (Standard) and Performance Drug Lists	
Gabapentin ER	Gralise, Horizant
Insulin Combination Agents	Soliqua, Xultophy
Methotrexate Injectable	Otrexup, Rasuvo
Performance Select Drug List	
Gabapentin ER	Gralise, Horizant
Insulin Combination Agents	Soliqua, Xultophy

- **Effective Feb. 15, 2017**, the Opioid Dependence PA program was discontinued.
- **Effective Jan. 1, 2017**, the following changes were applied:
 - The Cox-2/NSAID-GI Protectant ST program removed the target drug Celebrex from the program. Grandfathering was also removed from the program criteria. Members on a current drug regimen are included in program participation.
 - The Biologic Immunomodulators ST program became a standard PA program. Members on a current drug regimen were grandfathered from participation. Additionally, the target drug Otezla from the old ST program became an independent standard PA program. Members with a recent prescription history for this medication are also grandfathered from participation.
 - Several drug categories were removed from the Therapeutic Alternatives standard PA program and separated into independent standard PA programs:
 - Antifungal-Onychomycosis Agents (2016 drug targets - Onmel, Sporanox)
 - Topical Lidocaine (2016 drug targets – lidocaine ointment, Lidoderm)
 - Northera (2016 drug target – Northera)
 - Opioid Antidote (2016 drug target – Evzio)
 - Rayos (2016 drug target – Rayos)
 - PA and ST programs for standard pharmacy benefit plans correlate to the member's drug list and not all standard programs may apply. Be sure to review your patient's drug list for the indicator listed in the Prior Authorization or Step Therapy column.
 - Several drug categories and/or targeted medications were added to the current PA and ST programs for standard pharmacy benefit plans, upon renewal for most members.

Drug categories added to current pharmacy PA standard programs, effective Jan. 1, 2017:

Drug Category	Targeted Medication(s) ¹
Basic (Standard), Enhanced (Generics Plus) and Performance Drug Lists	
Actinic Keratosis	Aldara, Carac/Fluorouracil (2016 target in Therapeutic Alternatives PA), Efudex, Fluoroplex, Picato, Solaraze/generic diclofenac gel (2016 target in Therapeutic Alternatives PA), Tolak, Zyclara

- **Effective Oct. 1, 2016**, the Ocaliva PA program was added for standard pharmacy benefit plans, upon renewal for most members. This program includes the target drug Ocaliva.

Targeted mailings were sent to members affected by basic drug list deletions, dispensing limit, prior authorization and the GI Protectant ST 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 Provider website.

¹Third party brand names are the property of their respective owners

²These lists are not all inclusive. Other medications may be available in this drug class.

³Members 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 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.