

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2017

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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, 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 will be effective as of July 1, 2017 are outlined below.

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

Preferred Brand ¹	Drug Class/Condition Used For
Basic (formerly known as Standard) Drug List	
Eloctate	Hemophilia
Entresto	Heart Failure
Humulin R U-500	Diabetes
Humulin R U-500 KWIKPEN	Diabetes
Kisqali	Cancer
Linzess	Irritable Bowel Syndrome
Vyvanse	ADHD
Xtandi	Cancer
Enhanced (formerly known as Generics Plus) Drug List	
Eloctate	Hemophilia
Entresto	Heart Failure
Humulin R U-500	Diabetes
Humulin R U-500 KWIKPEN	Diabetes
Invokamet	Diabetes
Invokamet XR	Diabetes
Invokana	Diabetes
Kisqali	Cancer
Welchol	High Cholesterol
Xtandi	Cancer
Performance Drug List	
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg	Narcolepsy
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	Acne
XIGDUO XR	Diabetes
XTAMPZA ER	Pain
ZERIT	Antiviral
Performance Select Drug List	
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg	Narcolepsy
BELSOMRA	Insomnia
BYSTOLIC	Hypertension
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	Acne

olmesartan medoxomil tab 5 mg, 20 mg, 40 mg	Hypertension
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	Hypertension
XIGDUO XR	Diabetes
XTAMPZA ER	Pain
ZERIT	Antiviral

Drug List Updates (Revisions/Exclusions) – As of July 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			
Atrovent	Asthma/COPD	Ipratropium Bromide	Spiriva, Incruse, Ellipta
Performance Drug List Exclusions			
Adapalene cream 0.1%, gel 0.1%, gel 0.3%	Acne	<i>Members should talk to their pharmacist or doctor for over-the-counter options or other covered therapeutic alternatives</i>	
Butalbital/Acetaminophen/Caffeine with Codeine capsule 50-300-40-30 mg	Headaches	butalbital-acetaminophen-caff W/ cod cap 50-325-40-30 mg	N/A
Calcipotriene/Betamethasone Dipropionate Ointment 0.005-0.064%	Topical Steroid	N/A	Enstilar
Epi-Pen and Epi-Pen Jr.	Anaphylaxis	N/A	epinephrine auto-injector 0.15 mg/0.3 mL (EPIPEN JR authorized generic)
Karbinal ER	Allergies	carbinoxamine maleate soln 4 mg/5 mL	N/A
Paroxetine ER 25 mg	Antidepressant	paroxetine tablets (immediate release)	N/A
Taclonex	Topical Steroid	N/A	Enstilar
Taytulla	Birth Control	junel fe 1/20 tab, gildess fe 1/20 tab, larin fe 1/20 tab, microgestin fe tab	N/A
Tretinoin microsphere gel 0.04%, 0.1%	Acne	tretinoin creem 0.025%, tretinoin cream 0.05%, tretinoin cream 0.1%, tretinoin gel 0.01%, tretinoin gel 0.025%, tretinoin gel 0.05%	N/A
Performance Drug List Revisions			
Chloroquine phosphate tab 250	Malaria	chloroquine	N/A

mg		phosphate tablet 500 mg, hydroxychloroquine sulfate tablet	
Clemastine fumarate tab 2.68 mg	Allergic Rhinitis	<i>Members should talk to their pharmacist or doctor for lower cost covered therapeutic alternatives</i>	
Coditussin AC	Cough/Cold	cheratussin ac syrup, virtussin ac solution	N/A
Lindane Shampoo	Lice	permethrin cream, malathion lotion	N/A
Methergine	Postpartum bleeding	<i>Members should talk to their pharmacist or doctor for lower cost covered therapeutic alternatives</i>	
Metoclopramide ODT 5 mg	Nausea/vomiting	metoclopramide tablet (non-orally disintegrating), metoclopramide solution	N/A
Ninjacof-XG	Cough/Cold	cheratussin ac syrup, virtussin ac solution	N/A
Oxymorphone Hcl SR tab	Pain	oxycodone tablets, oxymorphone tablets (immediate release)	Oxycontin tablets
Tolmetin sodium 400 mg	Arthritis	ibuprofen tablet, meloxicam tablet, naproxen tablet	N/A
Performance Select Drug List Exclusions			
Adapalene cream 0.1%, gel 0.1%, gel 0.3%	Acne	<i>Members should talk to their pharmacist or doctor for over-the-counter options or other covered therapeutic alternatives</i>	
Butalbital/Acetaminophen/Caffeine with Codeine capsule 50-300-40- 30 mg	Headaches	butalbital- acetaminophen- caff W/ cod cap 50- 325-40-30 mg	N/A
Calcipotriene/Betamethasone Dipropionate Ointment 0.005- 0.064%	Topical Steroid	N/A	Enstilar
Karbinal ER	Allergies	carbinoxamine maleate soln 4 mg/5 mL	N/A
Paroxetine ER 25 mg	Antidepressant	paroxetine tablets (immediate release)	N/A
Taytulla	Birth Control	junel fe 1/20 tab, gildess fe 1/20 tab, larin fe 1/20 tab, microgestin fe tab	N/A
Tretinoin microsphere gel 0.04%, 0.1%	Acne	tretinoin cream 0.025%, tretinoin	N/A

		cream 0.05%, tretinoin cream 0.1%, tretinoin gel 0.01%, tretinoin gel 0.025%, tretinoin gel 0.05%	
Performance Select Drug List Revisions			
Chloroquine phosphate tab 250 mg	Malaria	chloroquine phosphate tablet 500 mg, hydroxychloroquine sulfate tablet	N/A
Clemastine fumarate tab 2.68 mg	Allergic Rhinitis	<i>Members should talk to their pharmacist or doctor for lower cost covered therapeutic alternatives</i>	
Coditussin AC	Cough/Cold	cheratussin ac syrup, virtussin ac solution	N/A
Lindane Shampoo	Lice	permethrin cream, malathion lotion	N/A
Methergine	Postpartum bleeding	<i>Members should talk to their pharmacist or doctor for lower cost covered therapeutic alternatives</i>	
Metoclopramide ODT 5 mg	Nausea/vomiting	metoclopramide tablet (non-orally disintegrating), metoclopramide solution	N/A
Oxymorphone Hcl SR tab	Pain	oxycodone tablets, oxymorphone tablets (immediate release)	Oxycontin tablets
Tolmetin sodium 400 mg	Arthritis	ibuprofen tablet, meloxicam tablet, naproxen tablet	N/A

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 July 1, 2017:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic (formerly known as Standard), Performance and Performance Select Drug List Changes	
Antibiotics	
Sivextro tablet	6 tablets per 180 days
Opioid Dependence (cumulative across agents and strengths)	
Bunavail 2.1/0.3 mg, 4.2/0.7 mg, 6.3/1 mg films	60 films per 30 days
buprenorphine-naloxone 2/0.5 mg, 8/2 mg tablets	60 tablets per 30 days
Suboxone 2/0.5 mg, 4/1 mg, 8/2 mg, 12/3 mg films	60 films per 30 days

Zubsolv 0.7/0.18 mg, 1.4/0.36 mg, 2.9/0.71 mg, 5.7/1.4 mg, 8.6/2.1 mg, 11.4/2.9 mg tablets	60 tablets per 30 days
Neuromuscular Agent (cumulative across strengths)	
Lyrica 25, 50, 75, 100, 150, 200, 225, 300 capsules	90 capsules per 30 days

UTILIZATION MANAGEMENT PROGRAM CHANGES

- **Effective July 1, 2017**, the following changes will be applied:
 - Injectable Atopic Dermatitis and Emflaza will be added to the standard Prior Authorization (PA) programs for standard pharmacy benefit plans, upon renewal for most members. The Injectable Atopic Dermatitis PA program includes the target drug Dupixent. The Emflaza PA program includes the target drug Emflaza.
 - Several targeted medications will be added to the current PA 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. Also, please be sure to submit the specific prior authorization form for the medication being prescribed to your patient.

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

Drug Category	Targeted Medication(s) ¹
Basic (Standard) and Performance Drug Lists	
Therapeutic Alternatives	Auvi-Q, generic metformin ER (Fortamet)

Per our usual process of member notification prior to implementation, targeted mailings were sent to members affected by drug list revisions and/or exclusions, dispensing limit and prior authorization program changes. 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.

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.