



# Pharmacy Program Updates: Quarterly Pharmacy Changes Effective July 1, 2018

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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 (drugs no longer covered) were made to the Blue Cross and Blue Shield of Illinois (BCBSIL) drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. Changes that were effective July 1, 2018, are outlined below.

### **Drug List Updates (Coverage Additions) – As of July 1, 2018**

<b>Preferred Drug<sup>1</sup></b>	<b>Drug Class/Condition Used For</b>
<b>Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug Lists</b>	
BELSOMRA (suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg)	Insomnia
EXJADE (deferasirox tab for oral susp 125 mg, 250 mg, 500 mg)	Iron Overload
GLYXAMBI (empagliflozin-linagliptin tab 10-5 mg, 25-5 mg)	Diabetes
HEMLIBRA (emicizumab-kxwh subcutaneous soln 30 mg/mL, 60 mg/0.4 mL (150 mg/mL), 105 mg/0.7 mL (150 mg/mL), 150 mg/mL)	Hemophilia
JADENU (deferasirox tab 90 mg, 180 mg, 360 mg)	Iron Overload
OZEMPIC (semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5 mL), 1 mg/dose (2 mg/1.5 mL))	Diabetes
REBINYN (coagulation factor ix recomb glycopegylated for inj 500 unit, 1000 unit, 2000 unit)	Hemophilia
TRELEGY ELLIPTA (fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh)	COPD
ZENPEP (pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit, 25000-79000-105000 unit)	Enzyme Deficiency
<b>Enhanced and Multi-Tier Enhanced Drug Lists</b>	
JANUVIA (sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv))	Diabetes
KOMBIGLYZE XR (saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg, 5-500 mg, 5-1000 mg)	Diabetes
ONGLYZA (saxagliptin hcl tab 2.5 mg (base equiv), 5 mg (base equiv))	Diabetes
<b>Performance and Performance Select Drug Lists</b>	
CIPRO (ciprofloxacin for oral susp 250 mg/5 mL (5%) (5 gm/100 mL))	Anti-Infective
efavirenz tab 600 mg	HIV
GLYXAMBI (empagliflozin-linagliptin tab 10-5 mg, 25-5 mg)	Diabetes
HEMLIBRA (emicizumab-kxwh subcutaneous soln 30 mg/mL, 60 mg/0.4 mL (150 mg/mL), 105 mg/0.7 mL (150 mg/mL), 150 mg/mL)	Hemophilia
HEPLISAV-B (hepatitis b vaccine recombinant)	Hepatitis B Vaccine

adjuvanted 20 mcg/0.5 mL)	
IMBRUVICA (ibrutinib cap 70 mg)	Cancer
IMBRUVICA (ibrutinib tab 140 mg, 280 mg, 420 mg, 560 mg)	Cancer
ODACTRA (House Dust Mite Allergen Extract)	Allergies
OPTIONS GYNOL II VAGINAL (nonoxynol-9 gel 3%)	Contraceptives
OZEMPIC (semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5 mL), 1 mg/dose (2 mg/1.5 mL))	Diabetes
QTERN (dapagliflozin-saxagliptin tab 10-5 mg)	Diabetes
REBINYN (coagulation factor ix recomb glycopegylated for inj 500 unit, 1000 unit, 2000 unit)	Hemophilia
SEGLUROMET (ertugliflozin-metformin hcl tab 2.5-500 mg, 2.5-1000 mg, 7.5-500 mg, 7.5-1000 mg)	Diabetes
SHINGRIX (zoster vaccine recombinant adjuvanted for im inj 50 mcg)	Shingles Vaccine
STEGLATRO (ertugliflozin l-pyroglutamic acid tab 5 mg (base equiv), 15 mg (base equiv))	Diabetes
TRELEGY ELLIPTA (fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh)	COPD
trientine hcl cap 250 mg	Wilson's Disease
ZENPEP (pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit, 25000-79000-105000 unit)	Enzyme Deficiency
<b>Performance Select Drug List</b>	
BESIVANCE (besifloxacin hcl ophth susp 0.6% (base equiv))	Ophthalmic Anti-Infective
LIVALO (pitavastatin calcium tab 1 mg (base equiv), 2 mg (base equiv), 4 mg (base equiv))	High Cholesterol
minocycline hcl tab er 24hr 65 mg, 115 mg	Acne
SOLOSEC (secnidazole granules packet 2 gm)	Vaginal Anti-Infective
sumatriptan-naproxen sodium tab 85-500 mg	Migraines
VYZULTA (latanoprostene bunod ophth soln 0.024%)	Glaucoma

#### Drug List Updates (Revisions/Exclusions) – As of July 1, 2018

**Please note: If you have patients with an HMO Illinois® or Blue Advantage HMO<sup>SM</sup> plan, these drug list changes will not apply to their pharmacy benefits, administered through Prime Therapeutics, until Jan. 1, 2019.**

Non-Preferred Brand <sup>1</sup>	Drug Class/Condition Used For	Generic Preferred Alternative(s) <sup>2</sup>	Preferred Brand Alternative(s) <sup>1,2</sup>
<b>Basic Drug List Revisions</b>			
EMEND (aprepitant capsule 40 mg, 125 mg)	Antiemetic	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
KADIAN (morphine sulfate cap er 24hr 40 mg, 200 mg)	Pain	morphine sulfate ER capsule, morphine sulfate ER tablet	Oxycontin
PATADAY (olopatadine hcl ophth soln 0.2% (base equivalent))	Ocular allergy	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
REYATAZ (atazanavir	HIV	<i>Generic equivalent available. Members should</i>	

sulfate cap 150 mg, 200 mg, 300 mg (base equivalent))		<i>talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
SUSTIVA (efavirenz cap 50 mg, 200 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
VIREAD (tenofovir disoproxil fumarate tab 300 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
<b>Drug<sup>1</sup></b>		
<b>Drug Class/Condition Used For</b>		
<b>Preferred Alternative(s)<sup>1,2</sup></b>		
<b>Performance and Performance Select Drug Lists Revisions</b>		
ALBUTEROL SULFATE ER (albuterol sulfate tab er 12hr 4 mg, 8 mg)	Asthma	albuterol tablet, albuterol syrup, albuterol nebulization solution
AUGMENTED BETAMETHASONE D (betamethasone dipropionate augmented gel 0.05%)	Inflammatory Conditions	betamethasone dipropionate cream 0.05%, betamethasone dipropionate lotion 0.05%, betamethasone dipropionate oint 0.05%
BETAMETHASONE DIPROPIONAT (betamethasone dipropionate augmented gel 0.05%)	Inflammatory Conditions	betamethasone dipropionate cream 0.05%, betamethasone dipropionate lotion 0.05%, betamethasone dipropionate oint 0.05%
CHLORZOXAZONE (chlorzoxazone tab 500 mg)	Muscle Relaxant	baclofen tablet, cyclobenzaprine tablet, methocarbamol tablet
MEFLOQUINE HCL (mefloquine hcl tab 250 mg)	Malaria	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
PREDNICARBATE (prednicarbate cream 0.1%)	Inflammatory Conditions	hydrocortisone cream 2.5%, triamcinolone cream, triamcinolone oint
PREDNICARBATE (prednicarbate oint 0.1%)	Inflammatory Conditions	hydrocortisone cream 2.5%, triamcinolone cream, triamcinolone oint
RISPERIDONE ODT (risperidone orally disintegrating tab 0.25 mg)	Schizophrenia/ Bipolar Disorder	risperidone tablet, risperidone solution
TIMOLOL MALEATE OPTHALMI (timolol maleate ophth gel forming soln 0.25%)	Glaucoma	carteolol ophth soln, levobunolol ophth soln, timolol ophth soln
<b>Performance and Performance Select Drug Lists Exclusions</b>		
ESTRACE (estradiol vaginal cream 0.1 mg/gm)	Menopause	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
naproxen sodium tab er 24hr 375 mg (base equivalent)	Pain/Inflammation	diclofenac tablet, ibuprofen tablet, naproxen tablet.

naproxen sodium tab sr 24hr 375 mg, 500 mg (base equivalent)	Pain/Inflammation	diclofenac tablet, ibuprofen tablet, naproxen tablet.
REYATAZ (atazanavir sulfate cap 150 mg, 200 mg, 300 mg (base equivalent))	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
SULFAMYLON (mafenide acetate packet for topical soln 5% (50 gm))	Burns/Anti-Infective	silver sulfadiazine cream
SUSTIVA (efavirenz cap 50 mg, 200 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
TAMIFLU (oseltamivir phosphate for susp 6 mg/mL (base equivalent))	Influenza	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
VIREAD (tenofovir disoproxil fumarate tab 300 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
<b>Performance Drug List Exclusions</b>		
VIAGRA (sildenafil citrate tab 25 mg, 50 mg, 100 mg)	Erectile Dysfunction	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>

### **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, 2018:**

<b>Drug Class and Medication(s)<sup>1</sup></b>	<b>Dispensing Limit(s)</b>
<b>Basic, Performance and Performance Select Drug Lists Changes</b>	
<b>Antibiotics</b>	
Baxdela 450 mg	28 tablets per 180 days
<b>Miscellaneous</b>	
Prevymis 240 mg, 480 mg	100 tablets per 180 days
<b>Neuropathy</b>	
Lyrica CR 82.5 mg	30 tablets per 30 days
Lyrica CR 165 mg	30 tablets per 30 days
Lyrica CR 330 mg	60 tablets per 30 days
<b>Oral Immunotherapy</b>	
Odactra	30 tablets per 30 days
<b>Parkinson's Disease</b>	
Gocovri 68.5 mg	30 capsules per 30 days
Gocovri 137 mg	60 capsules per 30 days
<b>Topical Corticosteroids - cumulative across agents</b>	
Amcinonide 0.1% cream, lotion, ointment	180 grams per 90 days
Apexicon E 0.05% cream	180 grams per 90 days
Clobex 0.05% lotion	180 grams per 90 days
Clobex 0.05% spray	180 grams per 90 days
Cordran Tape	180 grams per 90 days
Diprolene, Diprolene AF, Betamethasone Augmented	180 grams per 90 days

Elocon 0.1% ointment	180 grams per 90 days
Enstilar, Taclonex susp, oint	180 grams per 90 days
fluocinonide cream 0.05%	180 grams per 90 days
fluocinonide cream E 0.05%	180 grams per 90 days
fluocinonide gel 0.05%	180 grams per 90 days
fluocinonide ointment 0.05%	180 grams per 90 days
fluocinonide solution 0.05%	180 grams per 90 days
Halog cream, ointment	180 grams per 90 days
Impoyz 0.025% cream	180 grams per 90 days
Olux 0.05%	180 grams per 90 days
Olux E 0.05%	180 grams per 90 days
Psorcon 0.05% cream	180 grams per 90 days
Sernivo, betamethasone dipropionate 0.05%	180 grams per 90 days
Temovate 0.05% cream	180 grams per 90 days
Temovate 0.05% ointment	180 grams per 90 days
Temovate 0.05% solution	180 grams per 90 days
Topicort 0.25% cream, ointment, spray; 0.05% cream, gel, ointment	180 grams per 90 days
triamcinolone cream 0.5%	180 grams per 90 days
triamcinolone ointment 0.5%	180 grams per 90 days
Ultravate 0.05% cream, lotion, ointment	180 grams per 90 days

#### **UTILIZATION MANAGEMENT PROGRAM CHANGES**

- **Effective March 1, 2018**, the Sickle Cell Disease Prior Authorization (PA) program was added for standard pharmacy benefit plans. This program includes the target drug Endari.
- **Effective April 15, 2018**, the Iron Chelator Step Therapy (ST) program was discontinued.
- **Effective May 1, 2018**, the Hemlibra PA program was added for standard pharmacy benefit plans. This program includes the target drug Hemlibra.
- **Effective June 24, 2018**, the Calcitonin Gene-Related Peptide (CGRP) PA program was added for standard pharmacy benefit plans. This program includes the target drug Aimovig.
  - **Effective July 1, 2018**, the following changes were applied:
    - The Huntington's Disease PA program and the Tardive Dyskinesia PA program combined to form one new standard PA program: Huntington's Disease/Tardive Dyskinesia. The new combined PA program criteria was updated and will include the current target drugs: Austedo, Ingrezza and Xenazine.
    - Several drug categories and/or targeted medications will be added to current PA and 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 PA or ST column, not all programs may apply. Additionally, please be sure to submit the specific prior authorization form the medication being prescribed to your patient.

**Drug categories added to current pharmacy PA standard programs, effective July 1, 2018:**

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Performance and Performance Select Drug Lists</b>	
Neuropathy	Lyrica CR
Parkinson's Disease	Gocovri, Osmolex ER

**Targeted drugs added to current pharmacy PA standard programs, effective July 1, 2018:**

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Performance and Performance Select Drug Lists</b>	
Hereditary Angioedema (HAE)	Berinert, Firazyr, Ruconest
Oral Immunotherapy	Odactra

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic and Performance Drug Lists</b>	
Therapeutic Alternatives	Wellbutrin XL <sup>†</sup>

<sup>†</sup> Target drug moved from the Antidepressants ST standard program to the Therapeutic Alternatives PA standard program. Grandfathering was also removed from the program criteria. Members on a current drug regimen are included in program participation.

**Drug categories added to current pharmacy ST standard programs, effective July 1, 2018:**

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic, Performance and Performance Select Drug Lists</b>	
Insomnia*	Ambien, Ambien CR, Belsomra, Edluar, Intermezzo, Lunesta, Rozerem, Silenor, Sonata, Zolpimist

\* Members on a current drug regimen may be grandfathered from participation in the ST program, depending on the member's benefit plan.

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.

If your patients have any questions about their pharmacy benefits, please advise them to contact the Pharmacy Program number on their member ID card. Members may also visit [bcbsil.com](http://bcbsil.com) and log in to Blue Access for Members<sup>SM</sup> (BAM<sup>SM</sup>) and MyPrime.com for a variety of online resources.

<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.

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