

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2017

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SELECT PRODUCTS EXCLUDED FROM RX COVERAGE

Effective Oct. 1, 2017, select prescription drugs that are available over-the-counter (OTC) were added to the OTC equivalent exclusion drug list. Because these equivalent products with the same active ingredients in the same strength are available OTC without a prescription, the prescription versions of these medications are no longer covered under the prescription drug benefit.

Prescription Product Now Available OTC¹	Condition Used For	OTC Equivalent Product Name¹
Differin Gel 0.1%	Topical Acne	Differin Gel 0.1%
Rhinocort Aqua	Nasal Steroid	Rhinocort Allergy

MARKET WITHDRAWAL/PRODUCT RECALLS

On June 8, 2017, the [U.S. Food and Drug Administration \(FDA\) requested Endo Pharmaceuticals](#) to remove its opioid pain medication, reformulated Opana ER (oxymorphone hydrochloride), from the market. Endo Pharmaceuticals voluntarily removed the product from the market and stopped all shipments to suppliers and pharmacies effective Sept. 1, 2017.* Members with a recent prescription claim for the medication, as well as their prescribing physician, were sent letters at the end of August 2017 alerting them of this industry change. Effective Oct. 1, 2017, the product was removed from the BCBSIL prescription drug lists.

On Aug. 20, 2017, Leader Brand, Major Pharmaceuticals and Rugby Laboratories [voluntarily recalled all liquid medications manufactured by PharmaTech LLC](#) due to the possibility of contamination. Members with a recent prescription claim for the affected medications, as well as their prescribing physicians, were sent letters in September 2017 to alert them of the recall and advised to stop taking the medication.

* "News Release." Endo Provides Update On OPANA® ER. Endo Pharmaceuticals, 6 July 2017. Web. 28 July 2017. Lombardo, Cara. "Endo Says Shipments of Opana ER Will End Sept. 1." The Wall Street Journal. Dow Jones & Company, 21 July 2017. Web. 28 July 2017.

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. Changes that were effective Oct. 1, 2017, are outlined below.

Drug List Updates (coverage additions) – As of Oct. 1, 2017

Preferred Brand¹	Drug Class/Condition Used For
Basic (formerly known as Standard), Enhanced (formerly known as Generics Plus), Performance and Performance Select Drug Lists	
Afstyla	Hemophilia
Fluticasone Propionate/Salmeterol 113-14, 232-14, 55-14 mcg/act (authorized generic for AirDuo)	Asthma/COPD
Isentress HD	Antivirals/HIV
Kisqali/Femara Dose Pack	Cancer
Rydapt	Cancer
Tymlos	Osteoporosis
Zytiga 500 mg tab	Cancer
Basic (formerly known as Standard) and Enhanced (formerly known as Generics Plus) Drug Lists	
Granix	Colony Stimulating Factors
Ixinity 250 units, 2000 units, 3000 units	Hemophilia
Sulfadiazine	Anti-Infectives
Viberzi	Irritable Bowel Syndrome
Performance and Performance Select Drug Lists	
Alunbrig	Cancer
atomoxetine hcl cap	ADHD
Austedo	Huntington's Disease
EPINEPHRINE (epinephrine solution auto-injector 0.15 mg/0.3 mL (1:2000) and 0.3 mg/0.3 mL (1:1000) mfg = Mylan	Anaphylaxis
Fluad, Fluarix Quadrivalent, Flublok, Flucelvax Quadrivalent, Flulaval Quadrivalent 2017-2018	Influenza Vaccine
Ingrezza	Tardive Dyskinesia
Jadenu Sprinkle	Iron Toxicity
melphalan tab 2 mg	Cancer
Menveo	Meningococcal Vaccine
mesalamine delayed release tab 1.2 gm	Ulcerative Colitis
Orencia 50 mg/0.4 mL, 87.5 mg/0.7 mL	Arthritis
Orenitram 5 mg	Pulmonary Hypertension
Rubraca 250 mg	Cancer
Selzentry 20 mg/mL	Antivirals/HIV
sevelamer carbonate	Hyperphosphatemia
Synjardy XR	Diabetes
testosterone td soln 30 mg/act	Low Testosterone
Xermelo	Cancer
Zejula	Cancer
Basic (formerly known as Standard) Drug List	
Synjardy XR	Diabetes
Enhanced (formerly known as Generics Plus) Drug List	
Zarxio	Colony Stimulating Factors
Performance Select Drug List	
doxycycline hyclate tab 75 mg, 150 mg	Antibiotics

moxifloxacin ophth soln 0.5%	Ophthalmic Anti-Infectives
oloptadine ophth soln 0.2%	Ophthalmic Anti-Infectives

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

Non-Preferred Brand ¹	Drug Class/Condition Used For	Generic Preferred Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Performance and Performance Select Drug List Revisions			
fluoxetine delayed release 90 mg	Depression	fluoxetine hcl cap 10 mg, 20 mg, 40 mg	N/A
levofloxacin oral soln 25 mg/mL	Antibiotic	ciprofloxacin oral susp, ciprofloxacin hcl tab, levofloxacin tab	N/A
potassium chloride oral soln 20% (40 mEq/15 mL)	Hypokalemia	potassium chloride microencapsulated crs cr tab, potassium chloride oral soln 10% (10 mEq/15 mL), potassium chloride powder packet 20 mEq	N/A
Performance and Performance Select Drug Lists Exclusions			
COREG CR	Hypertension	atenolol tab, carvedilol tab (immediate release), metoprolol tartrate tab, metoprolol succinate tab SR 24hr	N/A
DOXEPIN HYDROCHLORIDE	Dermatitis	betamethasone valerate cream, betamethasone valerate oint, tacrolimus oint, triamcinolone acetonide cream, triamcinolone acetonide oint	N/A
MILLIPRED (prednisolone sod phosphate oral soln 10 mg/ 5 mL)	Oral Steroid	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
MINASTRIN 24 FE (norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg)	Oral Contraceptives	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PRISTIQ (desvenlafaxine succinate tab SR 24hr)	Depression	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PRUDOXIN (doxepin hcl cream 5%)	Dermatitis	betamethasone valerate cream, betamethasone valerate oint, tacrolimus oint, triamcinolone acetonide cream, triamcinolone acetonide oint	N/A
QUARTETTE (levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg)	Oral Contraceptives	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TAZORAC (tazarotene cream 0.1%)	Acne	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
TRICOR (fenofibrate tab 145 mg)	High Cholesterol	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other</i>	

		<i>medication(s) available for their condition.</i>	
VERIPRED 20 (prednisolone sod phosphate oral soln 20 mg/5 mL)	Oral Steroid	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ZONALON (doxepin hcl cream 5%)	Dermatitis	betamethasone valerate cream, betamethasone valerate oint, tacrolimus oint, triamcinolone acetonide cream, triamcinolone acetonide oint	N/A
Performance Select Drug List Exclusions			
clindamycin phosphate-tretinoin gel 1.2-0.025%	Acne	clindamycin phosphate gel 1%, tretinoin gel	N/A

***Please note:** Coverage for contraceptive products may vary according to the terms and conditions of the member's benefit plan. Members should call the number on the back of their member ID card to find out what products are covered at no cost share under their plan.

DISPENSING LIMIT CHANGES

The BCBSIL prescription drug benefit program includes coverage limits on certain medications and drug categories. Dispensing limits are based on FDA approved dosage regimens and product labeling.

Effective Oct. 1, 2017:

Drug Class and Medication(s)¹	Dispensing Limit(s)
Basic (formerly known as Standard), Performance and Performance Select Drug List Changes	
Therapeutic Alternatives	
Azelex cream 20%	30 grams per 30 days
Noritate cream 1%	60 grams per 30 days
URAT1 Inhibitor	
Zurampic 200 mg tablet	30 tablets per 30 days

UTILIZATION MANAGEMENT PROGRAM CHANGES

- **Effective Oct. 1, 2017**, the following changes will be applied:
 - Several drug categories and/or targeted medications will be added to current prior authorization (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. 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 Oct. 1, 2017

Drug Category	Targeted Medication(s)¹
Basic (Standard,) Performance and Performance Select Drug Lists	
URAT1 Inhibitor	Zurampic

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

Drug Category	Targeted Medication(s) ¹
Basic (Standard) and Performance Drug Lists	
Therapeutic Alternatives	Azelex, Noritate

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 and related other 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.