

## Pharmacy Program Updates: Quarterly Pharmacy Changes Effective January 1, 2017 and April 1, 2017

### **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 additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions were made to the BCBSTX drug lists, effective January 1, 2017 and April 1, 2017.

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

Preferred Brand <sup>1</sup>	Drug Class/Condition Used For
<b>Basic (formerly known as Standard) Drug List</b>	
Invokamet XR	Diabetes
Soolantra	Topical/Rosacea
<b>Enhanced (formerly known as Generics Plus) Drug List</b>	
Soolantra	Topical/Rosacea
<b>Performance Drug List</b>	
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
<b>Performance Select Drug List</b>	
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
Royaldee	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 (Coverage Additions) – As of January 1, 2017

Preferred Brand <sup>1</sup>	Drug Class/Condition Used For
<b>Basic (formerly known as Standard) Drug List</b>	
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
<b>Enhanced (formerly known as Generics Plus) Drug List</b>	
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 January 1, 2017**

<b>Non-Preferred Brand<sup>1</sup></b>	<b>Drug Class/Condition Used For</b>	<b>Generic Preferred Alternative(s)<sup>2</sup></b>	<b>Preferred Brand Alternative(s)<sup>1,2</sup></b>
<b>Basic (formerly known as Standard) Drug List Revisions</b>			
Androderm 2 mg/24hr, 4 mg/24hr	Low Testosterone	Testosterone	Axiron
Aptivus	Anivirals/HIV	N/A	Prezista, Kaletra
Crixivan	Anivirals/HIV	N/A	Prezista, Kaletra
Cuprimine	Wilson's Disease, Cystinuria	N/A	Depen
Egrifta	Anivirals/HIV	N/A	N/A
Emtriva	Anivirals/HIV	Abacavir, Abacavir/Lamivudine/Zidovudine, Didanosine CR, Lamivudine, Stavudine, Zidovudine	Videx Pediatric, Truvada, Viread
Fuzeon	Anivirals/HIV	N/A	N/A
Invirase	Anivirals/HIV	N/A	Prezista, Kaletra
Lexiva	Anivirals/HIV	N/A	Prezista, Kaletra
Norvir capsule	Anivirals/HIV	N/A	Norvir tablet
Rescriptor	Anivirals/HIV	Nevirapine ER	Sustiva, Atripla, Intelence, Viramune
Reyataz	Anivirals/HIV	N/A	Prezista, Kaletra
Roche Accu-Chek Active, Aviva, Aviva Plus, Compact, Smartview, Roche Accutrend	Diabetic Supplies	N/A	Bayer Ascensia Autodisc, Breeze2, Contour, ContourNext
Selzentry	Anivirals/HIV	N/A	N/A
Tybost	Anivirals/HIV	N/A	Norvir tablet
Viracept	Anivirals/HIV	N/A	Prezista, Kaletra
Vitekta	Anivirals/HIV	N/A	Tivicay, Isentress
<b>Enhanced (formerly known as Generics Plus) Drug List Revisions</b>			
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 BCBSTX 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:**

<b>Drug Class and Medication(s)<sup>1</sup></b>	<b>Dispensing Limit(s)</b>
<b>Basic (formerly known as Standard), Enhanced (formerly known as Generics Plus) and Performance* Drug List Changes</b>	
<b>Therapeutic Alternatives</b>	
Doxepin 5% cream	45 grams per 180 days

*\*Only select members with the Performance Drug List will have these dispensing limits applied at this time.*

### **Effective January 1, 2017:**

<b>Drug Class and Medication(s)<sup>1</sup></b>	<b>Dispensing Limit(s)</b>
<b>Basic (formerly known as Standard) and Enhanced (formerly known as Generics Plus) Drug List Changes</b>	
<b>Actinic Keratosis (Diclofenac/Fluorouracil/Imiquimod/Ingenol)</b>	
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
<b>Addyi</b>	
Addyi	30 tablets per 30 days
<b>Anticoagulant</b>	
Pradaxa 110 mg	71 capsules per 180 days
<b>Antifungal (Onychomycosis)</b>	
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
<b>Atypical Antipsychotics</b>	
Abilify Oral Solution	900 mLs per 30 days
Fanapt Titration Pack	8 tablets per 180 days
<b>Buprenorphine, Buprenorphine-Naloxone</b>	
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
<b>Fibromyalgia</b>	
Savella Titration Pack	55 tablets per 180 days
<b>Fluocinonide</b>	
Vanos	120 grams per 180 days
<b>Gabapentin ER</b>	
Gralise Starter Pack	78 tablets per 180 days
<b>HCN</b>	
Corlanor	60 tablets per 30 days
<b>Irritable Bowel Syndrome with Diarrhea</b>	
Lotronex 0.5 mg, 1 mg	60 tablets per 30 days

Viberzi	60 tablets per 30 days
<b>Natpara</b>	
Natpara	28 cartridges per 28 days
<b>Neprolysin Inhibitors</b>	
Entresto	60 tablets per 30 days
<b>Northera</b>	
Northera 100 mg	450 tablets per 30 days
Northera 200 mg, 300 mg	180 tablets per 30 days
<b>Ophthalmic Immunomodulators</b>	
Restasis	60 vials per 30 days
Xiidra	60 vials per 30 days
<b>Opioid Antidote</b>	
Evzio	1 box (2 injectors) per 90 days
<b>Pain</b>	
Xartemis QL	120 tablets per 30 days
<b>Rayos</b>	
Rayos 1 mg, 2 mg, 5 mg	30 tablets per 30 days
<b>Therapeutic Alternatives</b>	
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
<b>Topical Lidocaine</b>	
Lidoderm	120 patches per 30 days
lidocaine jelly	120 mLs per 30 days
lidocaine ointment	120 grams per 30 days
lidocaine solution	120 grams per 30 days
<b>Topical NSAIDs</b>	
Flector	150 patches per 30 days
Pennsaid 1.5%	150 mLs per 30 days
Pennsaid 2%	2 pumps per 28 days

Voltaren gel	150 grams per 30 days
--------------	-----------------------

### **UTILIZATION MANAGEMENT PROGRAM CHANGES**

- **Effective April 1, 2017**, the following changes were 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 January 1, 2017 remains the same.
  - Several drug categories and/or targeted medications were added to the current Prior Authorization (PA) and ST programs for standard pharmacy benefit plans, upon renewal for select members' plans. *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**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
<b>Basic (Standard) Drug List*</b>	
Regranex	Regranex
Selective Serotonin Inverse Agonist (SSIA)	Nuplazid
Strensiq	Strensiq

*\*Only select members with the Basic Drug List will have these PA programs applied at this time.*

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

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
<b>Basic (Standard) Drug List*</b>	
Therapeutic Alternatives	Doxepin cream, levorphanol, Vanatol LQ, Vanos

*\*Only select members with the Basic Drug List will have these targeted drugs added to the PA programs at this time.*

#### **Drug categories added to current pharmacy ST standard programs, effective April 1, 2017<sup>3</sup>**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
<b>Basic (Standard) Drug List*</b>	
Gabapentin ER	Gralise, Horizant
Insulin Combination Agents	Soliqua, Xultophy
Methotrexate Injectable	Otrexup, Rasuvo

*\*Only select members with the Basic Drug List will have these ST programs applied at this time.*

- **Effective February 15, 2017**, the Opioid Dependence PA program was discontinued.

- **Effective January 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 January 1, 2017**

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Basic (Standard), Enhanced (Generics Plus) and Performance Drug Lists</b>	
Addyi	Addyi
Actinic Keratosis	Aldara, Carac/Fluorouracil ( <i>2016 target in Therapeutic Alternatives PA</i> ), Efudex, Fluoroplex, Picato, Solaraze/generic diclofenac gel ( <i>2016 target in Therapeutic Alternatives PA</i> ), Tolak, Zyclara
Hyperpolarization-Activated Cyclic-Nucleotide-Gated (HCN) Channel Blocker	Corlanor
Natpara	Natpara
Nepriylsin Inhibitor	Entresto
Ophthalmic Immunomodulators	Restasis, Xiidra
Opioid Induced Constipation	Movantik, Relistor
Therapeutic Alternatives	Absorica, Amrix, Ativan, Bupap, Cambia, Cardizem CD, Cuprimine, Daraprim, Dexpak, Durlaza, Fortamet, Glumetza, Kadian, Kazano, Oseni, Nesina, Pandel, Primlev, Sitavig, Spritam, Vivlodex, Zegerid, Zylfo/Zyflo CR

**Drug categories added to current pharmacy ST standard programs, effective January 1, 2017<sup>3</sup>**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
<b>Basic (Standard), Enhanced (Generics Plus) and Performance Drug Lists</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, Vyraylar, Zyprexa, Zyprexa Zydis, Zyprexa Relprevv
Topical Non-Steroidal Anti-Inflammatory Drug (NSAID)	Flector, Pennsaid, Voltaren

**Targeted drugs added to current pharmacy ST standard programs, effective January 1, 2017**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
<b>Basic (Standard), Enhanced (Generics Plus) and Performance Drug Lists</b>	
Atopic Dermatitis <sup>3</sup>	Addition of Protopic generic tacrolimus
Infertility <sup>3†</sup>	Bravelle
Lipid Management <sup>3</sup>	Crestor
<b>Basic (Standard) and Enhanced (Generics Plus) Drug Lists</b>	
Glucose Test Strips	All non-preferred brand test strips, such as Roche Accu-Chek Active, Aviva, Aviva Plus, Compact, Smartview and Roche Accutrend

- **Effective October 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 step therapy program changes per our usual process of member notification prior to implementation. **Please note:** For members affected by the January 1, 2017 diabetic test strip formulary change, a letter was sent that also included information on obtaining a new blood glucose meter at no additional charge. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our website at [bcbstx.com/provider](http://bcbstx.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.

\*\*Due to Substance Abuse Parity, some members may not need to submit a PA request for Evzio to be considered for coverage.

†This program may not apply to all pharmacy benefit plans.



Prime Therapeutics LLC is a pharmacy benefit management company. BCBSTX contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. BCBSTX, 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.