

### Standard 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 revisions will be made to the Blue Cross and Blue Shield of Illinois (BCBSIL) standard drug list, also known as a formulary, effective April 1, 2016.

#### **Brand Medications Being Moved to a Higher Out-of-Pocket Payment Level**

<b>Non-Preferred Brand<sup>1,2</sup></b>	<b>Condition Used For</b>	<b>Generic Preferred Alternative(s)</b>	<b>Preferred Brand Alternative(s)<sup>1,2</sup></b>
Aptivus	Anivirals/HIV	N/A	Prezista, Kaletra
Crixivan	Anivirals/HIV	N/A	Prezista, Kaletra
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
Selzentry	Anivirals/HIV	N/A	N/A
Tybost	Anivirals/HIV	N/A	Norvir tablet
Vitekta	Anivirals/HIV	N/A	Trivicay, Isentress
Viracept	Anivirals/HIV	N/A	Prezista, Kaletra

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>This list is not all inclusive. Other medications may be available in this drug class.

### Standard Drug List Dispensing Limit Changes

BCBSIL's standard 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 April 1, 2016, dispensing limits will be added for the following drugs:**

<b>Drug Class and Medication<sup>1</sup></b>	<b>Dispensing Limit</b>
<b>Addyi</b>	
Addyi (flibanserin) tablets	30 tablets per 30 days
<b>Hyperpolarization-Activated Cyclic Nucleotide-Gated (HCN) Channel Blocker</b>	
Corlanor (ivabridine) tablets	60 tablets per 30 days
<b>Natpara</b>	
Natpara (parathyroid hormone)	28 cartridges per 28 days
<b>Neprolysin Inhibitors</b>	
Entresto (sacubitril/valsartan) tablets	60 capsules per 30 days
<b>Topical NSAIDs</b>	

Flector (diclofenac patch)	60 patches per 30 days
Pennsaid (diclofenac solution), 1.5%	2 bottles per 30 days
Pennsaid (diclofenac solution), 2%	2 pumps per 28 days
Voltaren Gel	10 tubes per 30 days

<sup>1</sup>Third-party brand names are the property of their respective owner.

### Standard Utilization Management Program Package Changes

#### **Prior Authorization (PA) and Step Therapy (ST) Program Changes**

Effective April 1, 2016, several drug categories and/or targeted medications will be added to the PA program and ST program for standard pharmacy benefit plans.

#### **Drug categories to be added to the PA standard program, effective April 1, 2016:**

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Non-Specialty Programs</b>	
Addyi	Addyi
Hyperpolarization-Activated Cyclic Nucleotide-Gated (HCN) Channel Blocker	Corlanor
Neprilysin Inhibitor	Entresto
Opioid Induced Constipation	Movantik, Relistor
Therapeutic Alternatives	Absorica, Amrix, Ativan, Bupap, Cambia, Carac/Fluorouracil, Cuprimine, Daraprim, Dexpak, Durlaza, Fortamet, Generic diclofenac gel, Glumetza, Pandel, Primlev, Rayos, Solaraze, Vivlodex
<b>Specialty Programs</b>	
Natpara	Natpara

#### **Targeted drugs to be added to current PA standard programs, effective April 1, 2016:**

Drug Category	Targeted Medication(s) <sup>1</sup>
Kalydeco	Orkambi
Pulmonary Arterial Hypertension (PAH)	Uptravi
Self-Administered Oncology	Alecensa, Cotellic, Ninlaro, Tagrisso

#### **Drug categories to be added to the ST standard program, effective April 1, 2016<sup>2</sup>:**

Drug Category	Targeted Medication(s) <sup>1</sup>
<b>Non-Specialty Programs</b>	
Topical Non-Steroidal Anti-Inflammatory Drug (NSAID)	Flector, Pennsaid, Voltaren

**Targeted drugs to be added to current ST standard programs, effective April 1, 2016<sup>2</sup>:**

<b>Drug Category</b>	<b>Targeted Medication(s)<sup>1</sup></b>
Infertility	Bravelle

<sup>1</sup>Third-party brand names are the property of their respective owner.

<sup>2</sup>Members on a current drug regimen will be grandfathered from participation in the ST program.

View the most up-to-date drug list and list of drug dispensing limits on [bcbsil.com](http://bcbsil.com)