



BlueCross BlueShield of Montana

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

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 OTC ¹ | Condition Used For | OTC Equivalent Product Name ¹ |
|---|--------------------|--|
| 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](#) 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 Aug. 2017 alerting them of this industry change. Effective Oct. 1, 2017, the product was removed from the BCBSMT 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 Sept. 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 Montana (BCBSMT) drug lists. Changes that were effective Oct. 1, 2017 are outlined below.

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

| Preferred Brand ¹ | 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 Brand¹ | 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 crys 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 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 |

DISPENSING LIMIT CHANGES

The BCBSMT 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 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 for 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.

¹*Third party brand names are the property of their respective owners*

²*These lists are not all inclusive. Other medications may be available in this drug class.*

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSMT contracts with Prime to provide pharmacy benefit management and related other services. BCBSMT, 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.