



Pharmacy Program Updates: Pharmacy Changes Effective October 1, 2015

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 were made to the BCBSMT standard drug list effective October 1, 2015.

Brand Medications Added to the Drug List, Effective October 1, 2015

Preferred Brand ¹	Drug Class/Condition Used For
Arnuity Ellipta	Asthma
Pazeo	Ophthalmic Antihistamine
NovoEight	Hemophilia

DISPENSING LIMIT CHANGES

The BCBSMT standard 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 October 1, 2015, dispensing limits were added for the following drugs:

Drug Class and Medication ¹	Product Strength(s)	Dispensing Limit
Diabetes (GLP-1 Receptor Agonists)		
Bydureon (exenatide)	2 mg syringe	4 syringes per 28 days
Fibromyalgia		
Lyrica (pregabalin)	25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg capsule	90 capsules per 30 days
Lyrica (pregabalin)	225 mg, 300 mg capsule	60 capsules per 30 days
Lyrica (pregabalin)	20 mg/mL oral solution	900 mL solution per 30 days
Hypercholesterolemia (HoFH)		
Juxtapid	5 mg, 10 mg	30 capsules per 30 days
Oral PAH		
Tyvaso starter kit	0.6 mg/mL	1 kit per 180 days
Tyvaso institutional starter kit	0.6 mg/mL	1 kit per 180 days
Tyvaso	0.6 mg/mL, 4 pack carton	7 packages per 28 days
Tyvaso	0.6 mg/mL refill kit	1 package per 28 days
Ventavis	10 mcg/mL, 20 mcg/mL	270 ampules per 30 days
Thrombopoietin Receptor Agonists		
Promacta	25 mg	30 tablets per 30 days
Promacta	75 mg	60 tablets per 30 days

UTILIZATION MANAGEMENT PROGRAM CHANGES

Effective October 1, 2015, the Proton Pump Inhibitors (PPI) step therapy program was removed from all BCBSMT prescription drug benefit plans. Members are encouraged to use available less costly options, such as a covered prescription-strength generic or over-the-counter product.

Additionally, specific targeted drugs were added to current Prior Authorization (PA) programs for standard pharmacy benefit plans.

Targeted drugs added to current pharmacy PA standard programs, Effective October 1, 2015

Drug Category	Targeted Medication(s) ¹
Doxycycline/Minocycline	Doxycycline 75 mg, Doxycycline 150 mg capsules, Doxycycline Monohydrate
Erythropoiesis Stimulating Agents (ESAs)	Mircera
Pulmonary Arterial Hypertension (PAH)	Tyvaso, Ventavis

Targeted mailings were sent to members affected by dispensing limit and prior authorization program changes per our usual process of member notification prior to implementation. For the most up-to-date drug list and list of drug dispensing limits, visit the Pharmacy Program section of our website at bcbsmt.com/provider.

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. BCBSMT contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. BCBSMT, as well as several other 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.