

Insulin Formulary Changes and New Prior Authorization Program in 2015

Starting Jan. 1, 2015, Blue Cross and Blue Shield of Montana (BCBSMT) will change its formulary to make Novo Nordisk[®] insulin products the preferred brands for members with prescription drug benefits administered through Prime Therapeutics. Additionally, a new Insulin Agents prior authorization (PA) program will be implemented.*

All insulin manufactured by Novo Nordisk (Novolin and Novolog) will be the preferred brands and process at the member's preferred brand copay. Additionally, Lantus and Levemir are also preferred brands. Insulin manufactured by Eli Lilly and Company[®] (Humulin and Humalog) will be non-preferred brands, and in most cases, will require a PA request to be submitted and approved for coverage consideration. If the PA request is approved, the member's out-of-pocket expense is often higher for a non-preferred brand drug than for a preferred drug. Depending on the member's benefit plan, select diabetic test strips will also move to a non-preferred brand status and require the member to go through step therapy for coverage considerations.**

To submit a PA request, consider using the electronic prior authorization tool CoverMyMeds[®], which is available to BCBSMT independently contracted providers for the online submission of pharmacy PA requests for prescription drugs that are part of the BCBSMT PA program. Visit our Provider Pharmacy page at <https://www.bcbsmt.com/Pages/Pharmacy.aspx?UserType=Provider> in the Prior Authorization and Step Therapy section to get started and learn more.

Affected members have been notified of this change. They have been instructed to contact their physician to discuss their insulin drug choices and determine if a preferred brand is right for them.

If your patients have questions about their prescription drug benefits, please advise them to contact the number on their member ID card. Members also may visit <https://www.bcbsmt.com/Pages/globalhome.aspx> and log in to Blue Access for MembersSM for a variety of online resources.

*Changes to be implemented based on the member's 2015 plan renewal, or new plan effective date. These changes do not apply to members with Medicare Part D or Medicaid coverage.

** The insulin products Apidra and Apidra Solostar will also require a PA request but are not listed on the BCBSMT Formulary.

Drug names are the property of their respective owners.

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Prime Therapeutics LLC is a pharmacy benefit management company. Blue Cross and Blue Shield of Montana (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 instructed 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.