



Pharmacy Program Updates: Upcoming Pharmacy Changes

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 BCBSMT standard drug list effective April 1, 2015.

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

Preferred Brand ¹	Drug Class/Condition Used For
Harvoni	Hepatitis C
Bydureon	Diabetes
Jardiance	Diabetes
Obizur	Hemophilia

Brand Medications Moved to a Higher Out-of-Pocket Payment Level, Effective April 1, 2015

Non-Preferred Brand ^{1,2}	Condition Used For	Generic Preferred Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Synarel	Endometriosis	N/A	N/A
Tobradex Oph Oint	Topical Antibiotic	Tobramycin/Dexamethasone ophthalmic suspension	Zylet

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 April 1, 2015, dispensing limits were added for the following drugs:

Drug Class and Medication ¹	Product Strength(s)	Dispensing Limit
Cerdelga		
Cerdelga (eliglustat)	84 mg capsule	60 capsules per 30 days

Idiopathic Pulmonary Fibrosis (IPF)		
Esbriet (pirfenidone)	267 mg capsule	270 capsules per 30 days
Ofev (nintedanib)	100 mg capsule, 150 mg capsule	60 capsules per 30 days
Oral Immunotherapy		
Grastek	2800 BAU SL tablet	30 tablets per 30 days
Oralair	300 IR tablet	30 tablets per 30 days
Ragwitek	12 Amb a 1-U SL tablet	30 tablets per 30 days
Opioid Dependence		
Subutex (buprenorphine)		15 tablets per 90 days

UTILIZATION MANAGEMENT PROGRAM CHANGES

Effective April 1, 2015, the Oral/Nasal Fentanyl Prior Authorization (PA) program will change its name to: Transmucosal Immediate Release Fentanyl. All targeted medications and program criteria remains the same.

Additionally, several drug categories will be added to the BCBSMT Prior Authorization (PA) program for standard pharmacy benefit plans.

Drug Categories Added to the Pharmacy PA Program, Effective April 1, 2015

Drug Category	Targeted Medications¹
Cerdelga	Cerdelga
Idiopathic Pulmonary Fibrosis (IPF)	Esbriet, Ofev
Oral Immunotherapy	Grastek, Oralair, Ragwitek

Targeted mailings were sent to members affected by standard drug list deletions 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 <https://www.bcbsmt.com/Pages/provider.aspx>.

HEPATITIS C PRIOR AUTHORIZATION PROGRAM CRITERIA CHANGE

Effective July 1, 2015, the Prior Authorization program criteria for Hepatitis C Second Generation and Sovaldi will be updated to require a METAVIR score (or equivalent APRI, Ishak, Fibroscan score) of 2 or greater. The program criteria summaries, [Hepatitis C Second Generation](#) and [Sovaldi](#), are now available for review.

Once effective, the criteria summaries will be posted on the [Prime Therapeutics 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, 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.