



## Pharmacy Program Updates: Upcoming Pharmacy Changes Effective July 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 will be made to the BCBSMT standard drug list effective July 1, 2015.

#### Brand Medications Added to the Drug List, Effective July 1, 2015

Preferred Brand <sup>1</sup>	Drug Class/Condition Used For
Stelara	Autoimmune
Simponi	Autoimmune
Eliquis	Anticoagulant
Toujeo	Diabetes
Ibrance	Cancer
Incruse Ellipta	COPD

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

Non-Preferred Brand <sup>1,2</sup>	Condition Used For	Generic Preferred Alternative(s) <sup>2</sup>	Preferred Brand Alternative(s) <sup>1,2</sup>
Olysio	Hepatitis C	N/A	Harvoni
Mestinon	Neuromuscular Disorders	pyridostigmine	N/A
Mestinon Timespan	Neuromuscular Disorders	pyridostigmine	N/A

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

Drug Class and Medication <sup>1</sup>	Product Strength(s)	Dispensing Limit
<b>Afrezza</b>		
Afrezza (insulin human) inhalation powder	4 units/cartridge	19 packs per 30 days (1 pack = 90 cartridges)
Afrezza (insulin human) inhalation powder	4 units and 8 units/cartridge	14 packs per 30 days (1 pack = 60 x 4 unit cartridges, 30 x 8 unit cartridges)
Afrezza (insulin human) inhalation powder	4 units and 8 units/cartridge	12 packs per 30 days (1 pack = 30 x 4 unit cartridges, 60 x 8 unit cartridges)
<b>Fibrates</b>		
Antara (fenofibrate)	30 mg, 43 mg micronized capsules	60 capsules per 30 days
Antara (fenofibrate)	90 mg, 130 mg micronized capsules	30 capsules per 30 days
Fenoglide (fenofibrate)	40 mg tablets	60 tablets per 30 days
Fenoglide (fenofibrate)	120 mg tablets	30 tablets per 30 days
Fibricor (fenofibric acid)	35 mg tablets	60 tablets per 30 days
Fibricor (fenofibric acid)	105 mg tablets	30 tablets per 30 days
Lipofen (fenofibrate)	50 mg capsules	60 capsules per 30 days
Lipofen (fenofibrate)	150 mg capsules	30 capsules per 30 days
Lofibra (fenofibrate)	54 mg tablets	60 tablets per 30 days
Lofibra (fenofibrate)	160 mg tablets	30 tablets per 30 days
Lofibra (fenofibrate)	67 mg, 134 mg, 200 mg micronized capsules	30 capsules per 30 days
Tricor (fenofibrate)	48 mg tablets	60 tablets per 30 days
Tricor (fenofibrate)	145 mg tablets	30 tablets per 30 days
Triglide (fenofibrate)	50 mg tablets	60 tablets per 30 days
Triglide (fenofibrate)	160 mg tablets	30 tablets per 30 days

Trilipix (fenofibric acid)	45 mg delayed-release tablets	60 tablets per 30 days
Trilipix (fenofibric acid)	135 mg delayed-release tablets	30 tablets per 30 days
Lopid (gemfibrozil)	600 mg tablets	60 tablets per 30 days
<b>Hetlioz</b>		
Hetlioz (tasimelteon)	20 mg capsule	30 capsules per 30 days
<b>Korlym</b>		
Korlym (mifepristone)	300 mg tablet	60 tablets per 30 days
<b>Ophthalmic Prostaglandins</b>		
Unoprostone	All strengths	5 mL per 30 days
<b>Topical Cancer Treatment</b>		
Picato (ingenol mebutate)	0.015% gel	3 tubes per 90 days
Picato (ingenol mebutate)	0.05% gel	2 tubes per 90 days

#### UTILIZATION MANAGEMENT PROGRAM CHANGES

Effective July 1, 2015, the Idiopathic Thrombocytopenic Purpura (ITP) specialty prior authorization (PA) program changed its name to: Thrombopoietin Receptor Agonists. The Familial Hypercholesterolemia specialty PA program also changed its name to: Hypercholesterolemia. All targeted medications and program criteria for both programs remains the same.

Additionally, several drug categories will be added to the BCBSMT Prior Authorization (PA) and Step Therapy (ST) programs for standard pharmacy benefit plans.

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

Drug Category	Targeted Medications <sup>1</sup>
Afrezza	Afrezza
Hetlioz	Hetlioz
Korlym	Korlym
Myalept	Myalept

## Drug Categories Added to the Pharmacy ST Program, Effective July 1, 2015

Drug Category	Targeted Medications <sup>1</sup>
Atopic Dermatitis	Elidel, Protopic
Fibrate	Antara, Fenoglide, Fibracor, Lipofen, Lofibra, Tricor, Triglide, Trilipix
Ophthalmic Prostaglandins/Glaucoma	Lumigen, Rescula, Travatan Z, Travaprost, Xalatan, Zioptan

Targeted mailings were sent to members affected by standard drug list deletions 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](http://bcbsmt.com/provider).

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

<sup>2</sup>These lists are not all inclusive. Other medications may be available in this drug class.

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