



Pharmacy Program Updates: Quarterly Pharmacy Changes Effective Oct. 1, 2019 – Part 1

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 revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) will be made to the Blue Cross and Blue Shield of Montana (BCBSMT) drug lists. Your patient(s) may ask you about therapeutic or lower cost alternatives if their medication is affected by one of these changes. Changes effective Oct. 1, 2019 are outlined below.

Another Quarterly Pharmacy Changes article with more recent coverage additions will be published closer to the October 1 effective date.

Please note: The drug list changes listed below do not apply to BCBSMT members on the Multi-Tier Basic Annual, Enhanced Annual or Multi-Tier Enhanced Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2020.

Drug List Updates (Revisions/Exclusions) – As of Oct. 1, 2019

Non-Preferred Brand ¹	Drug Class/ Condition Used For	Preferred Generic Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Basic, Multi-Tier Basic, Enhanced and Multi-Tier Enhanced Drug List Revisions			
CANASA (mesalamine suppos 1000 mg)	Ulcerative Colitis, Crohn's Disease	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PRIMAQUINE PHOSPHATE (primaquine phosphate tab 26.3 mg (15 mg base))	Malaria	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SABRIL (vigabatrin tab 500 mg)	Partial Seizures	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Basic and Multi-Tier Basic Drug List Revisions			
ELIDEL (pimecrolimus cream 1%)	Atopic Dermatitis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
FARESTON (toremifene citrate tab 60 mg (base equivalent))	Cancer	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
GANIRELIX ACETATE (ganirelix acetate inj 250 mcg/0.5 ml)	Infertility	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

Drug ¹	Drug Class/Condition Used For	Preferred Alternative(s) ^{1,2}
Balanced, Performance and Performance Select Drug Lists Revisions		
NEOMYCIN/POLYMYXIN/ GRAMICIDIN (neomycin-polymyxin-gramicidin op sol 1.75-10000-0.025 mg-unt-mg/ml)	Ophthalmic Infections	erythromycin ophth oint 5 mg/gm, polymyxin B-trimethoprim ophth soln 10000 unit/ml-0.1%
PIMOZIDE (pimozide tab 1 mg, 2 mg)	Tourette's Syndrome	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE (sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%)	Ophthalmic Infections/ Inflammation	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
Balanced Drug List Revisions		
ACETAMINOPHEN/CAFFEINE/ DIHYDROCODEINE BITARTRATE (acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg)	Pain	acetaminophen/codeine tablet, butalbital-acetaminophen-caffeine/codeine capsule
DVORAH (acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg)	Pain	acetaminophen/codeine tablet, butalbital-acetaminophen-caffeine/codeine capsule
MUPIROCIN (mupirocin calcium cream 2%)	Topical Infections	mupirocin ointment
MYNATAL ADVANCE (prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg)	Prenatal Vitamin	PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 19
MYNATAL PLUS (prenatal vit w/ fe fumarate-fa tab 65-1 mg)	Prenatal Vitamin	PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 20
MYNATAL ULTRACAPLET (prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg)	Prenatal Vitamin	PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 21
MYNATAL-Z (prenatal vit w/ fe fumarate-fa tab 65-1 mg)	Prenatal Vitamin	PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SE-NATAL 22
Balanced, Performance and Performance Select Drug Lists Exclusions		
AMICAR (aminocaproic acid tab 500 mg, 1000 mg)	Hemorrhage; Hyperfibrinolysis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
CANASA (mesalamine suppos 1000 mg)	Ulcerative Colitis, Crohn's Disease	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>

FARESTON (toremifene citrate tab 60 mg (base equivalent))	Cancer	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
GANIRELIX ACETATE (ganirelix acetate inj 250 mcg/0.5 ml)	Infertility	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
PRIMAQUINE PHOSPHATE (primaquine phosphate tab 26.3 mg (15 mg base))	Malaria	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
RANEXA (ranolazine tab er 12hr 500 mg, 12hr 1000 mg)	Angina	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
RENAGEL (sevelamer hcl tab 800 mg)	Hyperphosphatemia	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
SABRIL (vigabatrin tab 500 mg)	Partial Seizures	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
SUBOXONE (buprenorphine hcl-naloxone hcl sl film 2-0.5 mg, 4-1 mg, 8-2 mg, 12-3 mg (base equiv))	Opiate Agonist Dependence	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>

Balanced and Performance Select Drug Lists Exclusions

ACANYA (clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%)	Acne	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
ELIDEL (pimecrolimus cream 1%)	Atopic Dermatitis	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
SOLODYN (minocycline hcl tab er 24hr 55 mg, 80 mg, 105 mg)	Acne	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
ULORIC (febuxostat tab 40 mg, 80 mg)	Gout	allopurinol tablet

Performance and Performance Select Drug Lists Exclusions

amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	Hypertension	amlodipine tablet, atorvastatin tablet
fenofibrate tab 120 mg	Hypercholesterolemia	fenofibrate 145 mg tablet, gemfibrozil tablet
fenofibrate tab 40 mg	Hypercholesterolemia	fenofibrate tablet 48 mg, gemfibrozil tablet

fluvastatin sodium cap 20 mg, 40 mg	Hypercholesterolemia	atorvastatin tablet, rosuvastatin tablet, simvastatin tablet
fluvastatin sodium tab er 24 hr 80 mg	Hypercholesterolemia	atorvastatin tablet, rosuvastatin tablet, simvastatin tablet
fluvastatin sodium tab sr 24 hr 80 mg	Hypercholesterolemia	atorvastatin tablet, rosuvastatin tablet, simvastatin tablet
MYNATAL ADVANCE (prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg)	Prenatal Vitamin	PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SENATAL 19
MYNATAL PLUS (prenatal vit w/ fe fumarate-fa tab 65-1 mg)	Prenatal Vitamin	PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SENATAL 20
MYNATAL ULTRACAPLET (prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg)	Prenatal Vitamin	PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SENATAL 21
MYNATAL-Z (prenatal vit w/ fe fumarate-fa tab 65-1 mg)	Prenatal Vitamin	PRENATAL+FE TAB 29-1 MG, PRENATAL PLUS TAB 27-1 MG, SENATAL 22
venlafaxine hcl tab er 24hr 37.5 mg, 75 mg, 150 mg (base equivalent)	Depression	venlafaxine ER capsule
venlafaxine hcl tab sr 24hr 37.5 mg, 75 mg, 150 mg (base equivalent)	Depression	venlafaxine ER capsule
Balanced Drug List Exclusions		
AMRIX (cyclobenzaprine hcl cap er 24hr 15 mg, 24hr 30 mg)	Muscle Spasm	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
naproxen sodium tab 220 mg	Pain/Inflammation	<i>Members should talk to their doctor or pharmacist about other over-the-counter options.</i>
ZOVIRAX (acyclovir cream 5%)	Topical Infections	<i>There is a generic equivalent available. Please talk to your doctor or pharmacist about other medication(s) available for your condition.</i>
Performance Drug List Exclusions		
RASUVO (methotrexate soln pf auto-injector 7.5 mg/0.15 ml, 10 mg/0.2 ml, 12.5 mg/0.25 ml, 15 mg/0.3 ml, 17.5 mg/0.35 ml, 20 mg/0.4 ml, 22.5 mg/0.45 ml, 25 mg/0.5 ml, 27.5 mg/0.55 ml, 30 mg/0.6 ml)	Rheumatoid Arthritis	methotrexate injection, methotrexate tablet, OTREXUP

¹Third-party brand names are the property of their respective owner.

²This list is not all inclusive. Other medicines may be available in this drug class.

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. **Please note:** The dispensing limits listed below do not apply to BCBSMT members on the Basic Annual or Enhanced Annual Drug Lists. Dispensing limits will be applied to these drug lists on or after Jan. 1, 2020.

Effective Oct. 1, 2019:

Drug Class and Medication(s)¹	Dispensing Limit(s)
Basic, Enhanced, Performance, and Performance Select Drug Lists	
Alternative Dosage Form	
Tiglutik	600 mL per 30 days
Basic, Enhanced and Performance Drug Lists	
Vascepa	
Vascepa 0.5 mg	240 capsules per 30 days
Vascepa 1 mg	120 capsules per 30 days
Basic and Enhanced Drug Lists	
Amifampridine	
Firdapse	240 tablets per 30 days
Ruzurgi	300 tablets per 30 days
Neurotrophic Keratitis	
Oxervate	56 vials per 56 days
Oral PAH	
Uptravi 200 mcg titration bottle	140 tablets per 180 days

¹Third-party brand names are the property of their respective owner.

UTILIZATION MANAGEMENT PROGRAM CHANGES

- **Effective July 25, 2019**, the following changes were applied:
 - The Firdapse PA program changed its name to: Amiframpridine. The program, which applies to the Balanced and Performance Select Drug Lists, includes the same targeted medications and a new one, Ruzurgi. The program criteria remains the same.
 - The IL-5 Inhibitors PA program and target drugs Fasenra and Nucala was added to the Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance Select Drug Lists.*
 - The target drug Emgality 100 mg/mL was added to the Calcitonin Gene-Related Peptide (CGRP) PA program, which applies to the Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance Select Drug Lists.*
- **Effective Oct. 1, 2019**, the following changes will be applied:
 - The Vascepa PA program will also be added to the Performance Drug List.*
 - The Alternative Dosage Form program update will also apply to the Performance and Performance Select Drug Lists.*
 - The Methotrexate Injectable Step Therapy (ST) program will be added to the Balanced and Performance Select Drug Lists. This program includes the target drugs: Otrexup and Rasuvo.
 - New target drugs will be added to the Multiple Sclerosis ST program: Mayzent (preferred brand) and Mavencic (non-preferred brand/ excluded). This program applies to the Basic, Enhanced, Enhanced Annual, Balanced, Performance and Performance Select Drug Lists.

Members were notified about the PA standard program changes listed in the tables below.

Drug categories added to current pharmacy PA standard programs, effective Oct. 1, 2019

Drug Category	Targeted Medication(s)¹
Basic, Enhanced, Balanced, Performance, Performance Select Drug Lists	
Human Fibrinogen Concentrate	Fibryga, RiaSTAP
Procysbi	Procysbi
Basic and Enhanced Drug Lists	
Amiframpidine (previously known as Firdapse)	Firdapse, Ruzurgi
Neurotrophic Keratitis	Oxervate
Vascepa	Vascepa

¹Third-party brand names are the property of their respective owner.

Targeted drugs added to current pharmacy PA standard programs, effective Oct. 1, 2019

Drug Category	Targeted Medication(s)¹
Basic, Enhanced, Balanced Drug Lists	
Alternative Dosage Form	Tiglutik
Basic, Enhanced, Performance Drug Lists	
Therapeutic Alternatives	Diflorasone ointment and cream

¹Third-party brand names are the property of their respective owner.

* Members did not receive letters due to limited utilization.

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.

If your patients have any questions about their pharmacy benefits, please advise them to contact the number on their member ID card. Members may also visit bcbsmt.com and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

New Generic Specialty Drug Coverage Tier Changes

With the increase of generic specialty medications in the pharmaceutical market, BCBSMT is changing the way these medications may process starting on Oct.1, 2019. If a member is on the Balanced, Performance or Performance Select Drug Lists, the following examples of generic specialty medications may be in the lower-cost, preferred specialty tier.

The October prescription drug lists will reflect these tier coverage changes. The medications will be in lower-case boldface type, have a lower-case “p” or “np” indicator and be marked with a dot in the specialty column. Below are some examples of these medications that are currently in the highest cost, non-preferred specialty tier:

abiraterone acetate tab 250 mg (Zytiga)	bexarotene cap 75 mg (Targretin)
capecitabine tab 150 mg, 500 mg (Xeloda)	dalfampridine tab er 12hr 10 mg (Ampyra)
glatiramer acetate soln prefilled syringe 20 mg/ml, 40 mg/ml (Copaxone)	imatinib mesylate tab 100 mg, 400 mg (base equivalent) (Gleevec)
leuprolide acetate inj kit 5 mg/ml	melphalan tab 2 mg (Alkeran)
nilutamide tab 150 mg (Nilandron)	ocetrotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml) (Sandostatin)
ribavirin cap 200 mg (Rebetol)	ribavirin tab 200 mg (Copegus)
sildenafil citrate tab 20 mg (Revatio)	sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl)
sodium phenylbutyrate tab 500 mg (Buphenyl)	tadalafil tab 20 mg (Adcirca)
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg (Temodar)	tetrabenazine tab 12.5 mg, 25 mg (Xenazine)
tobramycin nebu soln 300 mg / 5 ml (Tobi)	tretinoin cap 10 mg
trientine hcl cap 250 mg (Syprine)	vigabatrin powder pack 500 mg (Sabril)

Pharmacy Claims Accumulator Change

Starting on or after July 1, 2019, some BCBSMT members’ plans may experience a change in how their pharmacy claims accumulate to their health plan, if they use an out of network pharmacy.

In most cases, no action is required on your part as members can easily transfer prescriptions to a nearby in-network pharmacy. If your office stores pharmacy information on your patients’ records, you may want to ask your patient(s) which pharmacy is their preferred choice.

Select Prescription Drug Lists’ Update Frequency Changed April 1, 2019

As a reminder, most of the prescription drug lists that were once updated annually on Jan. 1, or plan renewal date, are moving to a quarterly update. For patients on these affected drug lists, the frequency change is being implemented upon the patient's health insurance plan renewal/effective date starting on or after April 1, 2019.

This update frequency change includes the following drug lists:

- Enhanced, Multi-Tier Basic and Multi-Tier Enhanced
- **Note:** For those drug lists that remain on an annual update, or until a plan has moved to a quarterly update (where applicable), the drug list name has been changed to include "Annual" in the title. Both the quarterly updated and annually updated drug lists are posted on the Pharmacy Program section of our Provider website.

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. MyPrime.com is an online resource offered by Prime Therapeutics.

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.