



Pharmacy Program Updates: Quarterly Pharmacy Changes and Pharmacy Network Changes Effective Jan. 1, 2019

PHARMACY NETWORK CHANGES

Some Blue Cross and Blue Shield of Montana (BCBSMT) members' plans may have experienced changes to the pharmacy network as of Jan. 1, 2019. Some members' plans may have moved to a new pharmacy network and some members' plans may experience changes to the pharmacies participating within the network. Based on claims data, members impacted by these changes were sent letters from BCBSMT to alert them.

Members who continue to fill prescriptions at a pharmacy no longer in their network will pay more. In most cases, no action is required on your part for any of these pharmacy network changes 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 which pharmacy is their preferred choice.

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 additions, revisions (drugs still covered but moved to a higher out-of-pocket payment level) and/or exclusions (drugs no longer covered) were 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 that were effective Jan. 1, 2019 are outlined below.

Please Note: If you have patients with an individual benefit plan offered on/off the Illinois Health Insurance Marketplace, they may be impacted by annual drug list changes. You can view a list of these changes on our [Member Services website](#).

Drug List Updates (Coverage Additions) – As of Jan. 1, 2019

Preferred Drug ¹	Drug Class/Condition Used For
Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug Lists	
CLOMIPHENE CITRATE (clomiphene citrate tab 50 mg)	Infertility
CYSTADANE (betaine powder for oral solution)	Homocystinuria
FULPHILA (pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6 mL)	Neutropenia
PREMARIN (estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg)	Menopause/Low estrogen
PREMPHASE (conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5 mg (14))	Menopause/Low estrogen
PREMPRO (conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg)	Menopause/Low estrogen
RETACRIT (epoetin alfa-epbx inj 2000 unit/mL, 3000 unit/mL, 4000 unit/mL, 10000 unit/mL, 40000 unit/mL)	Anemia
TRULICITY (dulaglutide soln pen-injector 0.75 mg/0.5 mL, 1.5 mg/0.5 mL)	Diabetes
XTAMPZA ER (oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg)	Pain
YONSA (abiraterone acetate tab 125 mg)	Cancer

Performance and Performance Select Drug Lists

AFLURIA 2018-2019 (influenza virus vaccine split im susp)	Influenza
AFLURIA PF 2018-2019 (influenza virus vaccine split pf susp pref syringe 0.5 mL)	Influenza
AFLURIA QUADRIVALENT 2018-2019 (influenza virus vac split quadrivalent susp pref syr 0.5 mL)	Influenza
AFLURIA QUADRIVALENT 2018-2019 (influenza virus vaccine split quadrivalent im inj)	Influenza
BRAFTOVI (encorafenib cap 50 mg, 75 mg)	Cancer
colesevelam hcl packet for susp 3.75 gm (generic for WELCHOL)	High Cholesterol
crothamiton lotion 10% (generic for EURAX)	Scabies
dalfampridine tab er 12hr 10 mg (generic for AMPRYA)	Multiple Sclerosis
FLUAD 2018-2019 (influenza vac type a&b surface ant adj susp pref syr 0.5 mL)	Influenza
FLUARIX QUADRIVALENT 2018-2019 (influenza virus vac split quadrivalent susp pref syr 0.5 mL)	Influenza
FLUBLOK QUADRIVALENT 2018 -2019 (influenza vac recomb ha quad pf soln pref syr 0.5 mL)	Influenza
FLUCELVAX QUADRIVALENT 2018-2019 (influenza vac tiss-cult subunt quad susp pref syr 0.5 mL)	Influenza
FLUCELVAX QUADRIVALENT 2018-2019 (influenza vac tissue-cultured subunit quadrivalent im susp)	Influenza
FLULAVAL QUADRIVALENT 2018-2019 (influenza virus vac split quadrivalent susp pref syr 0.5 mL)	Influenza
FLULAVAL QUADRIVALENT 2018-2019 (influenza virus vaccine split quadrivalent im inj)	Influenza
FLUZONE HIGH-DOSE PF 2018 -2019 (influenza virus vac split high-dose pf susp pref syr 0.5 mL)	Influenza
FLUZONE QUADRIVALENT 2018 -2019 (influenza virus vac split quadrivalent susp pref syr 0.25 mL)	Influenza
FLUZONE QUADRIVALENT 2018-2019 (influenza virus vac split quadrivalent susp pref syr 0.5 mL)	Influenza
FLUZONE QUADRIVALENT 2018-2019 (influenza virus vaccine split quadrivalent im inj)	Influenza
FLUZONE QUADRIVALENT 2018-2019 (influenza virus vaccine split quadrivalent inj 0.5 mL)	Influenza
FULPHILA (pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6 mL)	Neutropenia
HEPLISAV-B (hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5 mL)	Hepatitis B
HUMIRA PEN-CD/UC/HS START ER (adalimumab pen-injector kit 80 mg/0.8 mL)	Crohn's Disease, Ulcerative Colitis, Hidradenitis Suppurativa
HUMIRA PEN-PS/UV STARTER (adalimumab pen-injector kit 80 mg/0.8 mL & 40 mg/0.4 mL)	Plaque Psoriasis, Uveitis
ISOPTO ATROPINE (atropine sulfate ophth soln 1%)	Ophthalmic procedures and conditions
JYNARQUE (tolvaptan tab therapy pack 45 & 15 mg, 60 & 30 mg, 90 & 30 mg)	Hyponatremia, Kidney disease
KETOPROFEN (ketoprofen cap 25 mg)	Pain/inflammation
LENVIMA 4 MG DAILY DOSE (lenvatinib cap therapy pack 4 mg (4 mg daily dose))	Cancer
LENVIMA 12 MG DAILY DOSE (lenvatinib cap therapy pack 4 (3) mg (12 mg daily dose))	Cancer

LUCEMYRA (lofexidine hcl tab 0.18 mg (base equivalent))	Opiate agonist withdrawal
MEKTOVI (binimetinib tab 15 mg)	Cancer
nevirapine susp 50 mg/5 mL (generic for VIRAMUNE)	HIV
ORKAMBI (lumacaftor-ivacaftor granules packet 100-125 mg, 150-188 mg)	Cystic Fibrosis
PALYNZIQ (pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5 mL, 10 mg/0.5 mL, 20 mg/mL)	PKU
RETACRIT (epoetin alfa-epbx inj 2000 unit/mL, 3000 unit/mL, 4000 unit/mL, 10000 unit/mL, 40000 unit/mL)	Anemia
SIKLOS (hydroxyurea tab 100 mg)	Sickle Cell Anemia
tadalafil tab 20 mg (pah) (generic for ADCIRCA)	Pulmonary Arterial Hypertension
TAVALISSE (fostamatinib disodium tab 100 mg (base equivalent), 150 mg (base equivalent))	Cancer
TIBSOVO (ivosidenib tab 250 mg)	Cancer
XELJANZ (tofacitinib citrate tab 10 mg (base equivalent))	Cancer
YONSA (abiraterone acetate tab 125 mg)	Cancer
Performance Select Drug List	
CLINDAMYCIN PHOSPHATE/BENZOYL PEROXIDE (clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%) (generic for ACANYA)	Acne
IMIQUIMOD PUMP (imiquimod cream 3.75%)	Actinic Keratosis

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

Drug List Updates (Coverage Tier Changes) – As of Jan. 1, 2019

Drug ¹	New Lower Tier	Drug Class/Condition Used For
Performance and Performance Select Drug Lists		
acetaminophen w/ codeine tab 300-60 mg	Preferred Generic	Pain
azelastine hcl nasal spray 0.1% (137 mcg/spray)	Preferred Generic	Allergic Rhinitis
bupropion hcl tab 75 mg	Preferred Generic	Depression
bupropion hcl tab er 12hr 200 mg	Preferred Generic	Depression
bupropion hcl tab sr 12hr 200 mg	Preferred Generic	Depression
carbidopa & levodopa tab 25-100 mg	Preferred Generic	Parkinson's Disease
cefdinir cap 300 mg	Preferred Generic	Antibiotic
cefepodoxime proxetil for susp 50 mg/5 mL	Preferred Generic	Antibiotic
CLOMIPHENE (clomiphene tab 50 mg)	Preferred Brand (optional Infertility component)	Infertility
CYSTADANE (betaine powder for oral solution)	Preferred Brand	Homocystinuria
DEXAMETHASONE (dexamethasone tab 1 mg, 2 mg)	Preferred Brand	Inflammatory Conditions
diltiazem hcl cap er 24hr 180 mg	Preferred Generic	Hypertension
diltiazem hcl cap sr 24hr 180 mg	Preferred Generic	Hypertension

diltiazem hcl extended release beads cap er 24hr 180 mg	Preferred Generic	Hypertension
diltiazem hcl extended release beads cap sr 24hr 180 mg	Preferred Generic	Hypertension
duloxetine hcl enteric coated pellets cap 30 mg, 30 mg (base eq)	Preferred Generic	Depression
enalapril maleate tab 20 mg	Preferred Generic	Hypertension
eszopiclone tab 2 mg	Preferred Generic	Insomnia
fenofibrate tab 48 mg	Preferred Generic	High Cholesterol
fluconazole for susp 10 mg/mL	Preferred Generic	Fungal Infections
fluconazole tab 200 mg	Preferred Generic	Fungal Infections
flurbiprofen sodium ophth soln 0.03%	Preferred Generic	Ophthalmic Anti-Inflammatory
folic acid cap 0.8 mg	Preferred Generic	Vitamin
gabapentin tab 800 mg	Preferred Generic	Anticonvulsant/Nerve Pain
haloperidol tab 2 mg	Preferred Generic	Antipsychotic
hydrocodone-acetaminophen tab 10-325 mg	Preferred Generic	Pain
hydrocodone-ibuprofen tab 7.5-200 mg	Preferred Generic	Pain
isosorbide mononitrate tab sr 24hr 120 mg	Preferred Generic	Angina
LAMICTAL ODT (lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit)	Non-Preferred Brand	Seizures
LAMICTAL ODT (lamotrigine tab disint 25 mg (21) & 50 mg (7) titration kit)	Non-Preferred Brand	Seizures
LAMICTAL ODT (lamotrigine tab disint 50 mg (42) - 100 mg (14) titration kit)	Non-Preferred Brand	Seizures
levetiracetam oral soln 100 mg/mL	Preferred Generic	Seizures
levetiracetam tab 750 mg	Preferred Generic	Seizures
levofloxacin oral soln 25 mg/mL	Non-Preferred Generic	Antibiotic
liothyronine sodium tab 5 mcg, 25 mcg	Preferred Generic	Hypothyroid
mesalamine tab delayed release 800 mg	Non-Preferred Generic	Ulcerative Colitis
methadone hcl tab 10 mg	Preferred Generic	Pain
methylprednisolone tab 32 mg	Preferred Generic	Inflammatory Conditions
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	Preferred Generic	Hypertension
metoprolol succinate tab sr 24hr 100 mg (tartrate equiv)	Preferred Generic	Hypertension
morphine sulfate oral soln 10 mg/5 mL	Preferred Generic	Pain
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Preferred Generic	Antibiotic
nitroglycerin sl tab 0.4 mg	Preferred Generic	Angina
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	Preferred Generic	Oral Contraceptives
nystatin oint 100000 unit/gm	Preferred Generic	Topical Anti-Infective
potassium chloride cap cr 10 meq	Preferred Generic	Hypokalemia
potassium chloride cap er 10 meq	Preferred Generic	Hypokalemia
potassium chloride oral soln 20% (40 meq/15 mL)	Non-Preferred Generic	Hypokalemia
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	Preferred Generic	Migraine
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg	Preferred Generic	High Cholesterol
sotalol hcl tab 240 mg	Preferred Generic	Hypertension
thyroid tab 15 mg (1/4 grain)	Preferred Generic	Hypothyroid

valacyclovir hcl tab 1 gm	Preferred Generic	Viral Infections
Performance Drug List		
dihydroergotamine mesylate inj 1 mg/mL	Non-Preferred Generic	Migraine
Performance Select Drug List		
ENDOMETRIN (progesterone vaginal insert 100 mg)	Preferred Brand (optional Infertility component)	Infertility
GANIRELIX (ganirelix acetate inj 250 mcg/0.5 mL)	Preferred Brand (optional Infertility component)	Infertility
MENOPUR (menotropins for subcutaneous inj 75 unit)	Preferred Brand (optional Infertility component)	Infertility
NOVAREL (chorionic gonadotropin for im inj 5000 unit, 10000 unit)	Preferred Brand (optional Infertility component)	Infertility
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL (chorionic gonadotropin for im inj 10000 unit)	Preferred Brand (optional Infertility component)	Infertility

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

Non-Preferred Brand ¹	Drug Class/Condition Used For	Generic Preferred Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Basic, Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug List Revisions			
BILTRICIDE (praziquantel tab 600 mg)	Anthelmintic	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
MEPHYTON (phytonadione tab 5 mg)	Vitamin K Deficiency	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
NORVIR (ritonavir tab 100 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
OXYCONTIN (oxycodone hcl tab er 12hr deter 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg) ³	Pain	morphine sulfate ER capsule, morphine sulfate ER tablet, hydromorphone ER tablet	Xtampza ER
PRALUENT (alirocumab subcutaneous soln pen-injector 75 mg/mL, 150 mg/mL)	High Cholesterol	N/A	Repatha
PRALUENT (alirocumab subcutaneous soln prefilled syringe 75 mg/mL, 150 mg/mL)	High Cholesterol	N/A	Repatha

STRIBILD (elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg)	HIV	N/A	Biktarvy, Genvoya
TEMODAR (temozolomide for iv soln 100 mg)	Cancer	temozolomide capsule	N/A
WELCHOL (colesevelam hcl tab 625 mg)	High Cholesterol	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Multi-Tier Basic, Enhanced, Multi-Tier Enhanced Drug List Revisions			
AXIRON (testosterone td soln 30 mg/act)	Low Testosterone	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
EMEND (aprepitant capsule 40 mg, 125 mg)	Antiemetic	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ESTRACE (estradiol vaginal cream 0.1 mg/gm)	Menopausal Changes	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
MIRENA (levonorgestrel releasing iud 20 mcg/day (52 mg total))	Contraceptives	N/A	<i>This product may be covered under the medical benefit.</i>
REYATAZ (atazanavir sulfate cap 150 mg (base equiv), 200 mg (base equiv), 300 mg (base equiv))	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SABRIL (vigabatrin powd pack 500 mg)	Infantile Spasms	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SKYLA (levonorgestrel releasing iud 14 mcg/day (13.5 mg total))	Contraceptives	N/A	<i>This product may be covered under the medical benefit.</i>
SUSTIVA (efavirenz cap 50 mg, 200 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
SUSTIVA (efavirenz tab 600 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
VIREAD (tenofovir disoproxil fumarate tab 300 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
ZIAGEN (abacavir sulfate soln 20 mg/mL (base equiv))	HIV	<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			
BYDUREON (exenatide for inj extended release susp 2 mg)	Diabetes	N/A	Trulicity, Ozempic
BYDUREON BCISE (exenatide extended release susp auto-injector 2 mg/0.85 mL)	Diabetes	N/A	Trulicity, Ozempic

BYDUREON PEN (exenatide extended release for susp pen-injector 2 mg)	Diabetes	N/A	Trulicity, Ozempic
CLEOCIN (clindamycin phosphate vaginal suppos 100 mg)	Vaginal Anti- Infective	clindamycin vaginal cream, metronidazole vaginal gel	N/A
GABITRIL (tiagabine hcl tab 12 mg, 16 mg)	Anticonvulsant	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
NUCYNTA ER (tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg)	Pain	tramadol ER tablet	N/A

Multi-Tier Basic Drug List Revisions

FORTEO (teriparatide (recombinant) inj 600 mcg/2.4 mL)	Osteoporosis	N/A	Tymlos
KADIAN (morphine sulfate cap er 24hr 40 mg, 200 mg)	Pain	morphine sulfate ER capsule, morphine sulfate ER tablet, hydromorphone ER tablet	Xtampza ER
NASONEX (mometasone furoate nasal susp 50 mcg/act)	Allergic Rhinitis	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PATADAY (olopatadine hcl ophth soln 0.2% (base equivalent))	Ocular Allergy	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PENTASA (mesalamine cap er 250 mg, 500 mg)	Ulcerative Colitis	N/A	Apriso, Asacol HD, Delzicol
VIGAMOX (moxifloxacin hcl ophth soln 0.5% (base equiv))	Ophthalmic Infections	<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}
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Performance and Performance Select Drug Lists Revisions

COMPLERA (emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg)	HIV	BIKTARVY, ODEFSEY, TRIUMEQ
HYDROCODONE BITARTRATE/CH LORPHENIRAMINE MALEATE/PSE (pseudoeph- chlorphen w/ hydrocodone soln 60-4-5 mg/5 mL)	Cough/Cold	<i>Members should talk to their pharmacist or doctor about over-the-counter options.</i>
METHYLTESTOSTERONE (methyltestosterone cap 10 mg)	Low Testosterone	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
OXAZEPAM (oxazepam cap 30 mg)	Anxiety	alprazolam, lorazepam

PREDNISOLONE (prednisolone syrup 15 mg/5 mL (usp solution equivalent))	Inflammatory Conditions	prednisolone oral solution 15 mg/5 mL (generic for ORAPRED), prednisolone oral solution 5 mg/5 mL base equiv (generic for PEDIAPRED), prednisone tablet
STRIBILD (elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg)	HIV	BIKTARVY, GENVOYA, TRIUMEQ
TRANDOLAPRIL/VERAPAMIL HCL ER (trandolapril-verapamil hcl tab er 1-240 mg)	Hypertension	amlodipine, diltiazem, other formulations of verapamil available at lower tier
VERAPAMIL HCL SR (verapamil hcl cap er 24hr 360 mg)	Hypertension	amlodipine, diltiazem, other formulations of verapamil available at lower tier
Performance Select Drug List Revisions		
NUCYNTA ER (tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg)	Pain	tramadol ER tablet
Performance and Performance Select Drug Lists Exclusions		
BILTRICIDE (praziquantel tab 600 mg)	Antihelmintic	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
CARAFATE (sucralfate susp 1 gm/10ml)	Ulcers	ranitidine tablet, ranitidine syrup, sucralfate tablet
cholecalciferol cap 400 unit, 1000 unit	Vitamin/Supplement	<i>Members should talk to their pharmacist or doctor about over-the-counter options.</i>
cholecalciferol chew tab 400 unit, 1000 unit	Vitamin/Supplement	<i>Members should talk to their pharmacist or doctor about over-the-counter options.</i>
cholecalciferol drops 400 unit/0.03 mL (per drop), 2000 unit/0.03 mL (per drop)	Vitamin/Supplement	<i>Members should talk to their pharmacist or doctor about over-the-counter options.</i>
cholecalciferol drops 5000 unit/mL (1000 unit/0.2 mL)	Vitamin/Supplement	<i>Members should talk to their pharmacist or doctor about over-the-counter options.</i>
cholecalciferol oral liquid 400 unit/mL	Vitamin/Supplement	<i>Members should talk to their pharmacist or doctor about over-the-counter options</i>
cholecalciferol tab 400 unit, 1000 unit	Vitamin/Supplement	<i>Members should talk to their pharmacist or doctor about over-the-counter options</i>
CLEOCIN (clindamycin phosphate vaginal suppos 100 mg)	Vaginal Anti-Infective	clindamycin vaginal cream, metronidazole vaginal gel
CYCLOPHOSPHAMIDE (cyclophosphamide cap 25 mg, 50 mg)	Cancer	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
FAZACLO (clozapine orally disintegrating tab 12.5 mg)	Antipsychotic	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
GABITRIL (tiagabine hcl tab 12 mg, 16 mg)	Anticonvulsant	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
MEPHYTON (phytonadione tab 5 mg)	Vitamin K Deficiency	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>

NASCOBAL (cyanocobalamin nasal spray 500 mcg/0.1 mL)	Vitamin B Deficiency	cyanocobalamin injection
NORVIR (ritonavir tab 100 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
OXYCONTIN (oxycodone hcl tab er 12hr deter 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg) ³	Pain	morphine sulfate ER capsule, morphine sulfate ER tablet, XTAMPZA ER
PRALUENT (alirocumab subcutaneous soln pen-injector 75 mg/mL, 150 mg/mL)	High Cholesterol	REPATHA
PRALUENT (alirocumab subcutaneous soln prefilled syringe 75 mg/mL, 150 mg/mL)	High Cholesterol	REPATHA
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Oral Contraceptives	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
SUCRALFATE (sucralfate susp 1 gm/10 mL)	Ulcers	ranitidine tablet, ranitidine syrup, sucralfate tablet
WELCHOL (colesevelam hcl tab 625 mg)	High Cholesterol	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
ZAVESCA (miglustat cap 100 mg)	Gaucher's Disease	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>
Performance Select Drug List Exclusions		
GLUMETZA (metformin hcl tab er 24hr modified release 500 mg)	Diabetes	metformin tablet, metformin ER tablet (generic for Glucophage XR)
GLUMETZA (metformin hcl tab sr 24hr modified release 1000 mg)	Diabetes	metformin tablet, metformin ER tablet (generic for Glucophage XR)
SUPRAX (cefixime for susp 100 mg/5 mL, 200 mg/5 mL)	Anti-Infective	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>

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

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

³ To continue using this drug, members may need to meet certain criteria before coverage consideration may be approved.

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.

Effective January 1, 2019:

Drug Class and Medication(s) ¹	Dispensing Limit(s)
Basic, Enhanced, Performance and Performance Select Drug Lists Changes	
Biologic Immunomodulators	
Enbrel 25 mg/0.5 mL	4 syringes per 28 days
Kineret	28 syringes per 28 days
Xeljanz 5 mg	60 tablets per 30 days
Metformin ER	
Glumetza 1000 mg tablet	60 tabs per 30 days
Mupirocin Cream QL	
Bactroban cream 2%	120 grams per 90 days
Nocturia	
Noctiva 0.83 mcg/0.1 mL nasal emulsion spray	3.8 mL/30 days
Noctiva 1.66 mcg/ 0.1 mL nasal emulsion spray	3.8 mL/30 days
Oral Anticoagulant	
Eliquis 5 mg	74 tabs per 30 days
Polycystic Kidney Disease	
Jynarque 45-15 mg tablet therapy pack	56 tablets per 28 days
Jynarque 60-30 mg tablet therapy pack	56 tablets per 28 days
Jynarque 90-30 mg tablet therapy pack	56 tablets per 28 days
Topiramate ER	
Qudexy XR 25 mg capsule	30 capsules per 30 days
Qudexy XR 50 mg capsule	30 capsules per 30 days
Qudexy XR 100 mg capsule	30 capsules per 30 days
Qudexy XR 150 mg capsule	30 capsules per 30 days
Qudexy XR 200 mg capsule	60 capsules per 30 days
Topiramate ER 25 mg capsule	30 capsules per 30 days
Topiramate ER 50 mg capsule	30 capsules per 30 days
Topiramate ER 100 mg capsule	30 capsules per 30 days
Topiramate ER 150 mg capsule	30 capsules per 30 days
Topiramate ER 200 mg capsule	60 capsules per 30 days
Trokendi XR 25 mg capsule	30 capsules per 30 days
Trokendi XR 50 mg capsule	30 capsules per 30 days
Trokendi XR 100 mg capsule	30 capsules per 30 days
Trokendi XR 200 mg capsule	60 capsules per 30 days
Enhanced Drug List Changes	
Antibiotics	
Baxdela 450 mg	28 tablets per 180 days
Benlysta	
Benlysta	4 mLs/28 days
Keveyis	
Keveyis	120 tablets per 30 days
Miscellaneous	
Prevymis 240 mg	100 tablets per 180 days
Prevymis 480 mg	100 tablets per 180 days
Neuropathy	
Lyrica CR 82.5 mg	30 tablets per 30 days
Lyrica CR 165 mg	30 tablets per 30 days
Lyrica CR 330 mg	60 tablets per 30 days

Oral Immunotherapy	
Odactra	30 tablets per 30 days
Parkinson's Disease	
Gocovri 68.5 mg	30 capsules per 30 days
Gocovri 137 mg	60 capsules per 30 days
Pseudobulbar Affect	
Nuedexta	60 capsules per 30 days
Therapeutic Alternatives	
Chlorzoxazone 250 mg tabs	120 tabs per 30 days
Fenoprofen 200 mg caps	180 caps per 30 days
Fenoprofen 400 mg caps	120 caps per 30 days
Topical Corticosteroids - cumulative across agents	
Amcinonide 0.1% cream, lotion, ointment	180 grams per 90 days
Apexicon E 0.05% cream	180 grams per 90 days
Clobex 0.05% lotion	180 grams per 90 days
Clobex 0.05% spray	180 grams per 90 days
Cordran Tape	180 grams per 90 days
Diprolene, Diprolene AF, Betamethasone Augmented	180 grams per 90 days
Elocon 0.1% ointment	180 grams per 90 days
Enstilar, Taclonex susp, oint	180 grams per 90 days
fluocinonide cream 0.05%	180 grams per 90 days
fluocinonide cream E 0.05%	180 grams per 90 days
fluocinonide gel 0.05%	180 grams per 90 days
fluocinonide ointment 0.05%	180 grams per 90 days
fluocinonide solution 0.05%	180 grams per 90 days
Halog cream, ointment	180 grams per 90 days
Impoyz 0.025% cream	180 grams per 90 days
Olux 0.05%	180 grams per 90 days
Olux E 0.05%	180 grams per 90 days
Psorcon 0.05% cream	180 grams per 90 days
Sernivo, betamethasone dipropionate 0.05%	180 grams per 90 days
Temovate 0.05% cream	180 grams per 90 days
Temovate 0.05% ointment	180 grams per 90 days
Temovate 0.05% solution	180 grams per 90 days
Topicort 0.25% spray, cream, ointment; 0.05% cream, gel, ointment	180 grams per 90 days
triamcinolone cream 0.5%	180 grams per 90 days
triamcinolone ointment 0.5%	180 grams per 90 days
Ultravate 0.05% cream, lotion, ointment	180 grams per 90 days
Performance Select Drug List Changes	
Metformin ER	
Fortamet 500 mg tablet	150 tablets per 30 days
Fortamet 1000 mg tablet	60 tablets per 30 days
Glumetza 500 mg tablet	120 tabs per 30 days

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

UTILIZATION MANAGEMENT PROGRAM CHANGES

- **Effective Nov. 1, 2018**, the Combination GI Protectants Prior Authorization (PA) program changed its name to: Combination NSAIDs. This PA program includes the same targeted medications and a new one, Conseni. The program criteria remains the same.
- **Effective Jan. 1, 2019**, the following changes were applied:
 - The Addyi PA program changed its name to: Hypoactive Sexual Desire Disorder (HSDD). The targeted medications and program criteria remains the same.
 - The Nephilysin Inhibitor and Oral Immunotherapy PA programs were removed from all BCBSMT prescription drug benefit plans.
 - The target drugs Fortamet/generic Fortamet and Glumetza/generic Glumetza were removed from the Therapeutic Alternatives standard PA program and included in a new standard PA program called Metformin ER, effective Jan. 1, 2019. Members with a recent prescription history for Fortamet/ generic Fortamet or Glumetza/generic Glumetza and did not have the Therapeutic Alternatives PA program as part of their benefits prior to the effective date, were notified of the change. The new PA program will apply to all prescription drug lists.
 - Several drug categories and/or targeted medications were added to current Prior Authorization (PA) and Step Therapy (ST) programs for standard pharmacy benefit plans. As a *reminder*, please review your patient's drug list for the indicator listed in the Prior Authorization or Step Therapy column, as not all programs may apply. Additionally, please be sure to submit the specific prior authorization form the medication being prescribed to your patient.

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

Drug Category	Targeted Medication(s)¹
Basic, Enhanced, Performance, Performance Select Drug Lists	
Polycystic Kidney Disease	Jynarque
Topiramate ER	Qudexy XR/Topiramate ER, Trokendi XR
Basic and Enhanced Drug Lists	
Nocturia	Noctiva
Enhanced and Performance Drug Lists	
Pseudobulbar Affect	Nuedexta
Enhanced Drug List	
Benlysta	Benlysta
Hemophilia Factor VIII, IX	Alprolix, Adynovate, Afstyla, Eloctate, Idelvion, Jivi, Rebinyn
Hereditary Angioedema	Berinert, Firazyr, Haegarda, Ruconest, Takhzyro
Huntington's Disease/Tardive Dyskinesia	Austedo, Ingrezza, Xenazine/tetrabenazine
Keveyis	Keveyis
Neuropathy	Lyrica CR
Parkinson's Disease	Gocovri, Osmolex ER
Performance Drug List	
Vitamin B12 Deficiency	Nascobal

Targeted drugs added to current pharmacy PA standard programs, effective January 1, 2019:

Drug Category	Targeted Medication(s) ¹
Enhanced Drug List	
Cystic Fibrosis	Symdeko
Therapeutic Alternatives	Aplenzin, Chlorzoxazone/Parafon Forte, Fenoprofen, Wellbutrin XL

Drug categories added to current pharmacy ST standard programs, effective Jan. 1, 2019:

Drug Category	Targeted Medication(s) ¹
Enhanced Drug List	
Insomnia	Ambien, Ambien CR, Belsomra, Edluar, Intermezzo/zolpidem, Lunesta, Rozerem, Silenor, Sonata, Zolpimist
Phosphate Binder	Auryxia, Fosrenol /lanthanum carbonate, Renagel, Renvela/sevelamer carbonate, Velphoro

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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.

OxyContin Drug List Status Change Effective Jan. 1, 2019 – Xtampza ER preferred*

Starting Jan. 1, 2019, OxyContin, and its authorized generics, is no longer covered on our Performance and Performance Select drug lists, as well as drug lists for the Health Insurance Marketplace plans. OxyContin, and its authorized generics, is also a covered non-preferred brand on our Basic and Enhanced drug lists.

As part of this drug list change, renewed use of OxyContin, or its authorized generic, will be reviewed under the Appropriate Use of Opioids program. Members will be required to show intolerance of Xtampza ER before a coverage exception approval may be considered. They also need to provide a copy of a submitted claim for Xtampza ER. Written medical notes may also be required. You can find approval submission forms and program criteria on the Prior Authorization/Step Therapy section at bcbsmt.com/provider.

Please note: Starting on or after Jan. 1, 2019, members may also be subject to a shorter refill window for opioid prescriptions (i.e., refills may not be filled until 10 percent or less of the last opioid fill is on hand, based on dosing orders). This change is in line with most opioid refill policies for retail pharmacies. It will also help reduce stockpiling of unused medication and potential misuse. (Current non-opioid prescriptions may be refilled when 25 percent or less of the last fill is on hand.)

**Some drug list changes may not occur until the member's renewal date or new plan effective date on or after Jan. 1, 2019.*

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.