



**BlueCross BlueShield
of Oklahoma**

**Pharmacy Program Updates: Quarterly Pharmacy Changes
Effective April 1, 2016**

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 were made to the BCBSOK standard drug list and generics plus drug list effective April 1, 2016.

Brand Medications Added to the Standard and Generics Plus Drug Lists, Effective April 1, 2016

Preferred Brand ¹	Drug Class/Condition Used For
Nuwig	Hemophilia
Serevent	Asthma/COPD
Strensiq	Hypophosphatasia (HPP)

Brand Medications Added to the Standard Drug List, Effective April 1, 2016

Preferred Brand ¹	Drug Class/Condition Used For
Cotellic	Cancer
Synjardy	Diabetes
Tresiba	Diabetes
Zarxio	Neutropenia

**Brand Medications Moved to a Higher Out-of-Pocket Payment Level on the Standard Drug List,
Effective April 1, 2016**

Non-Preferred Brand ^{1,2}	Condition Used For	Generic Preferred Alternative(s) ²	Preferred Brand Alternative(s) ^{1,2}
Aptivus	Aniviral/HIV	N/A	Prezista, Kaletra
Crixivan	Aniviral/HIV	N/A	Prezista, Kaletra
Egrifta	Aniviral/HIV	N/A	N/A
Emtriva	Aniviral/HIV	Abacavir, Abacavir/Lamivudine/ Zidovudine, Didanosine CR, Lamivudine, Stavudine, Zidovudine	Videx Pediatric, Truvada, Viread

Fuzeon	Aniviral/HIV	N/A	N/A
Invirase	Aniviral/HIV	N/A	Prezista, Kaletra
Lexiva	Aniviral/HIV	N/A	Prezista, Kaletra
Norvir capsule	Aniviral/HIV	N/A	Norvir tablet
Rescriptor	Aniviral/HIV	Nevirapine ER	Sustiva, Atripla, Intelence, Viamune
Reyataz	Aniviral/HIV	N/A	Prezista, Kaletra
Selzentry	Aniviral/HIV	N/A	N/A
Tybost	Aniviral/HIV	N/A	Norvir tablet
Viracept	Aniviral/HIV	N/A	Prezista, Kaletra
Vitekta	Aniviral/HIV	N/A	Tivicay, Isentress

DISPENSING LIMIT CHANGES

The BCBSOK standard and generics plus 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, 2016, dispensing limits for the following drugs were added to the standard list:

Drug Class and Medication ¹	Dispensing Limit
Addyi	
Addyi (flibanserin) tablets	30 tablets per 30 days
Hyperpolarization-Activated Cyclic Nucleotide-Gated (HCN) Channel Blocker	
Corlanor (ivabridine) tablets	60 tablets per 30 days
Natpara	
Natpara (parathyroid hormone)	28 cartridges per 28 days
Neprolysin Inhibitors	
Entresto (sacubitril/valsartan) tablets	60 tablets per 30 days
Topical NSAIDs	
Flector (diclofenac patch)	60 patches per 30 days
Pennsaid (diclofenac solution) 1.5%	2 bottles per 30 days
Pennsaid (diclofenac solution) 2%	2 pumps per 28 days
Voltaren Gel	10 tubes per 30 days

UTILIZATION MANAGEMENT PROGRAM CHANGES

Effective April 1, 2016, several drug categories and/or targeted medications were added to the current Prior Authorization (PA) and Step Therapy (ST) programs for standard pharmacy benefit plans.

Drug categories added to the pharmacy PA standard programs, effective April 1, 2016

Drug Category	Targeted Medication(s)^{1, 2}
<i>Non-Specialty Programs</i>	
Addyi	Addyi
Hyperpolarization-Activated Cyclic Nucleotide-Gated (HCN) Channel Blocker	Corlanor
Nepriylsin Inhibitor	Entresto
Opioid Induced Constipation	Movantik, Relistor
Therapeutic Alternatives	Absorica, Amrix, Ativan, Bupap, Cambia, Carac/Fluorouracil, Cuprimine, Daraprim, Dexpak, Durlaza, Fortamet, generic diclofenac gel, Glumetza, Pandel, Primlev, Rayos, Solaraze, Vivlodex
<i>Specialty Programs</i>	
Natpara	Natpara

Targeted drugs added to current pharmacy PA standard programs, effective April 1, 2016

Drug Category	Targeted Medication(s)^{1, 2}
Kalydeco	Orkambi
Pulmonary Arterial Hypertension (PAH)	Uptravi
Self-administered Oncology	Alecensa, Cotellic, Ninlaro, Tagrisso

Drug Categories added to current pharmacy ST standard programs, effective April 1, 2016³

Drug Category	Targeted Medication(s)^{1, 2}
Topical Non-Steroidal Anti-Inflammatory Drug	Flector, Pennsaid, Voltaren

Targeted drugs added to current pharmacy ST standard programs, effective April 1, 2016³

Drug Category	Targeted Medication(s)^{1, 2}
Infertility	Bravelle

Targeted mailings were sent to members affected by formulary change 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 bcbok.com/provider.

¹Third party brand names are the property of their respective owners

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

³Members on a current drug regimen will be grandfathered from participation in the ST program.

Prime Therapeutics LLC is a pharmacy benefit management company. BCBSOK contracts with Prime to provide pharmacy benefit management, prescription home delivery and specialty pharmacy services. BCBSOK, 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.