

Pharmacy Program Updates: Quarterly Pharmacy Changes Effective April 1, 2022 – Part 1

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IMPORTANT PHARMACY BENEFIT REMINDERS

Jan. 1, 2022 is the start of a new year and renewed or new health insurance benefits for most Blue Cross and Blue Shield of Illinois (BCBSIL) members. As you see your patients, please consider the following reminders:

- Members' benefits may be based on a new drug list when their plans renew in 2022.
- Discuss your patients' benefits during an office visit or confirm their benefits by calling the number on their ID cards.
- Review the prescription drug list before prescribing medications.
- If your patients need a coverage exception or prior authorization request in order to take a medicine that may be excluded from coverage or included in a utilization management program, please visit the Prior Authorization/Step Therapy Programs section of our provider website at bcbsil.com/provider for the form and more information.

Treatment decisions are *always* between you and your patients. Coverage is subject to the terms and limits of your patients' benefit plans. Please advise them to review their benefit materials for details.

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 BCBSIL 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 April 1, 2022 are outlined below.**

The Quarterly Pharmacy Changes Part 2 article with more recent coverage additions will also be published closer to the April 1 effective date.

Please note: The drug list changes below do not apply to BCBSIL members on the Basic Annual, Multi-Tier Basic Annual, Enhanced Annual, Multi-Tier Enhanced Annual or Performance Annual Drug Lists. These drug lists will have the revisions and/or exclusions applied on or after Jan. 1, 2023.

If you have patients with an HMO Illinois® or Blue Advantage HMOSM plan, these drug list revisions/exclusions may not apply to their pharmacy benefits, administered through Prime Therapeutics, until on or after Jan. 1, 2023.

Drug List Updates (Revisions/Exclusions) – As of April 1, 2022

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			
INTELENCE (etravirine tab 100 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>	
KALETRA (lopinavir-ritonavir tab 100-25 mg, 200-50 mg)	HIV	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

SUTENT (sunitinib malate cap 12.5 mg, 25 mg, 37.5 mg, 50 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>	
Drug¹	Drug Class/ Condition Used For	Generic Alternatives^{1,2}	Brand Alternatives^{1,2}
Balanced, Performance and Performance Select Drug List Revisions			
ALREX (loteprednol etabonate ophth susp 0.2%)	Allergic Conjunctivitis	Prednisolone acetate ophthalmic suspension	
BENAZEPRIL HCL/ HYDROCHLOROTHIAZIDE (benazepril & hydrochlorothiazide tab 5-6.25 mg)	Hypertension	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
CARBIDOPA/LEVODOPA ODT (carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg)	Parkinson's Disease	carbidopa/levodopa tablets	
LITHIUM CARBONATE (lithium carbonate cap 300 mg)	Bipolar Disorder	lithium carbonate tablets	
METHYLDOPA (methyldopa tab 250 mg, 500 mg)	Hypertension	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
PEG-PREP (bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit)	Bowel Prep	peg-3350/Nacl/Na Bicarbonate/Kcl	
TRANDOLAPRIL/ VERAPAMIL HCL ER (trandolapril-verapamil hcl tab er 2-180 mg, er 4-240 mg)	Hypertension	trandolapril tablets, verapamil ER tablets	
Balanced and Performance Select Drug List Revisions			
CARBIDOPA/LEVODOPA ODT (carbidopa & levodopa orally disintegrating tab 25-250 mg)	Parkinson's Disease	carbidopa/levodopa tablets	
HYDROCODONE BITARTRATE ER (hydrocodone bitartrate cap er 12hr 10 mg, 12hr 15 mg, 12hr 20 mg, 12hr 30 mg, 12hr 40 mg, 12hr 50 mg)	Pain	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
Balanced Drug List Revisions			
DAPSONE (dapson gel 7.5%)	Acne	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	

PREDNISOLONE SODIUM PHOSPHATE ODT (prednisolone sod phos orally disintegr tab 10 mg, 15 mg, 30 mg (base eq))	Inflammatory Conditions	prednisone tablets	
Balanced, Performance and Performance Select Drug List Exclusions			
BROVANA (arformoterol tartrate soln nebu 15 mcg/ 2 ml (base equiv))	Chronic Obstructive Pulmonary Disease (COPD)	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
EPANED (enalapril maleate oral soln 1 mg/ml)	Hypertension	<i>Generic equivalent available. Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
FOLBIC (folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg)	Dietary Supplement	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition. An over-the-counter equivalent or alternative medication may be available.</i>	
INTELENCE (etravirine tab 100 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>	
NIVA-FOL (folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg)	Dietary Supplement	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition. An over-the-counter equivalent or alternative medication may be available.</i>	
SUTENT (sunitinib malate cap 12.5 mg, 25 mg, 37.5 mg, 50 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>	
Performance and Performance Select Drug List Exclusions			
calcipotriene oint 0.005%	Plaque Psoriasis	calcipotriene cream 0.005%	
isosorbide dinitrate tab 40 mg	Angina	isosorbide dinitrate 20 mg tablets	
MYTESI (crofelemer tab delayed release 125 mg)	HIV/AIDS-associated Diarrhea	<i>Members should talk to their doctor or pharmacist about other medication(s) available for their condition.</i>	
zolpidem tartrate sl tab 1.75 mg, 3.5 mg	Insomnia	zaleplon tablets, zolpidem tablets	
Balanced and Performance Select Drug List Exclusions			
BYSTOLIC (nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg (base equivalent))	Hypertension	<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			
brinzolamide ophth susp 1%	Glaucoma, Ocular Hypertension	dorzolamide 2% solution	
imiquimod cream 3.75%	Actinic Keratosis	imiquimod 5% cream	
pimecrolimus cream 1%	Atopic Dermatitis	tacrolimus cream	

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 BCBSIL 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. **Changes by drug list are listed on the charts below.**

Please note: The dispensing limits listed below do not apply to BCBSIL members on the Basic Annual or Enhanced Annual Drug Lists. Dispensing limits will be applied to these drug lists on or after Jan. 1, 2023.

BCBSIL letters all members with a claim for a drug included in the Dispensing Limit Program, regardless of the prescribed dosage. This means members may receive a letter even though their prescribed dosage doesn't meet or exceed the dispensing limit.

Effective Jan. 1, 2022:

Drug Class and Medication(s)¹	Dispensing Limit(s)
Balanced, Performance, Performance Annual and Performance Select Drug Lists	
Accrufer	
Accrufer 30 mg (ferric maltol)*	60 tablets per 30 days
Antifungal Agents - Brexafemme, Cresemba, Noxafil, Tolsura, Vfend	
Brexafemme 150 mg (ibrexafungerp)*	4 tablets per 90 days
Elagolix/Relagolix	
Myfembree (relugolix, estradiol hemihydrate, norethindrone acetate)*	30 tablets per 30 days
Kerendia	
Kerendia 10 mg (finerenone)*	30 tablets per 30 days
Kerendia 20 mg (finerenone)*	30 tablets per 30 days

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

* Not all members may have been notified due to limited utilization.

Effective April 1, 2022:

Drug Class and Medication(s)¹	Dispensing Limit(s)
Basic, Enhanced, Balanced, Performance, Performance Annual, Performance Select Drug Lists	
Anti-Influenza Agents	
Tamiflu (oseltamivir) 6 mg/mL suspension	300 mL per 120 days
Therapeutic Alternatives	
Ecoza 1% foam (econazole nitrate)	70 grams per 30 days
Ertaczo 2% Cream (sertaconazole nitrate)	60 grams per 30 days
Exelderm 1% Cream (sulconazole nitrate)	60 grams per 30 days
Exelderm 1% Solution (sulconazole nitrate)	30 mL per 30 days
Luzu 1% cream (luliconazole)	60 grams per 30 days
naftifine cream 1%	60 grams per 30 days
Naftin 2% cream (naftifine)	60 grams per 30 days
Oxistat 1% cream (oxiconazole)	120 grams per 30 days
Oxistat 1% lotion (oxiconazole)	120 mL per 30 days
Basic and Enhanced Drug Lists	
Accrufer	
Accrufer 30 mg (ferric maltol)	60 tablets per 30 days
Antifungal Agents - Brexafemme, Cresemba, Noxafil, Tolsura, Vfend	
Brexafemme 150 mg (ibrexafungerp)	4 tablets per 90 days
Elagolix/Relagolix	

Myfembree (relugolix, estradiol hemihydrate, norethindrone acetate)	30 tablets per 30 days
Kerendia	
Kerendia 10 mg (finerenone)	30 tablets per 30 days
Kerendia 20 mg (finerenone)	30 tablets per 30 days

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UTILIZATION MANAGEMENT PROGRAM CHANGES

Effective **April 1, 2022**, the Deferasirox Specialty PA program will change its name to Iron Chelation. The program includes the same targeted medication, Exjade and Jadenu, and a new one, Ferriprox. This program applies to the Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 Health Insurance Marketplace (HIM), 2022 HIM, Balanced, Performance, Performance Annual and Performance Select Drug Lists.

Please see the tables below for additional changes to the standard PA programs.

Effective Date	PA Program	Description of Change	Target Drug	Drug Lists	PA or Specialty PA
4/1/2022	Cholestasis Pruritis	Adding new target drug to existing program	Livmarli	2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select	Specialty PA
4/1/2022	Opzelura	New program	Opzelura	2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select	PA
4/1/2022	Tavneos	New program	Tavneos	2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select	Specialty PA
4/1/2022	Tyvaya	New program	Tyvaya	2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select	PA

Effective Date	PA Program	Description of Change	Drug Lists	PA or Specialty PA
4/1/2022	Multiple Sclerosis	New criteria requirements	Basic, Basic Annual, Enhanced, Enhanced Annual, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select	Specialty PA
4/1/2022	Ocaliva	New criteria requirements	Basic, Basic Annual, Enhanced, Enhanced Annual, 2021 HIM, 2022 HIM, Balanced, Performance, Performance Annual and Performance Select	Specialty PA

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

Drug categories added to current pharmacy PA standard programs, effective April 1, 2022:

Drug Category	Targeted Medication(s) ¹
Basic and Enhanced Drug Lists	
Accrufer	Accrufer 30 mg (ferric maltol)*
Kerendia	Kerendia 10 mg (finerenone)*, Kerendia 20 mg (finerenone)*

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 * Not all members may have been notified due to limited utilization.

Targeted drugs added to current pharmacy PA standard programs, effective April 1, 2022:

Drug Category	Targeted Medication(s) ¹
Basic, Enhanced and Balanced Drug Lists	
Therapeutic Alternatives	Denavir Cream 1% (penciclovir)*, econazole nitrate 1% foam*, Ertaczo 2% Cream (sertaconazole nitrate)*, Exelderm 1% Cream (sulconazole nitrate)*, Exelderm 1% Solution (sulconazole nitrate)*, Luzu 1% cream (luliconazole)*, naftifine 1% cream*, Naftin 2% Cream (naftifine)*, Naftin 2% Gel (naftifine)*, Treximet 85-500 mg tablet (sumatriptan-naproxen sodium)*, Zovirax Cream 5% (acyclovir)*
Basic and Enhanced Drug Lists	
Antifungal Agents - Brexafemme, Cresemba, Noxafil, Tolsura, Vfend	Brexafemme 150 mg (ibrexafungerp)*
Elagolix/Relagolix	Myfembree (relugolix, estradiol hemihydrate, norethindrone acetate)*
Therapeutic Alternatives	Naftin 1% Gel (naftifine)*

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* Not all members may have been notified 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 bcbsil.com and log in to Blue Access for MembersSM (BAMSM) or MyPrime.com for a variety of online resources.

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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.