



Prime Therapeutics' Pharmacy and Therapeutics (P & T) Committee in association with Blue Cross and Blue Shield of Alabama's Pharmacy Business Committee recently approved updates to the Prescription Drug Guide and made clinical program changes to select medications. All information is accessible online at www.bcbsal.com. The Prime Therapeutics P & T Committee consisting of doctors, pharmacists, nurses, and other healthcare professionals advises and makes recommendations based on clinical appropriateness and the Blue Cross and Blue Shield of Alabama Pharmacy Business Committee makes final approval of these clinical recommendations before implementation.

Prescription Drug Guide Updates – Effective July 1, 2012

The following drugs may have changes that affect what a member will be required to pay at the time of purchase. All members that are negatively affected by a formulary change that is not a result of a new generic being available will receive a letter.

BRAND NAME (generic name if available)	Description of Change (Moved from Preferred to Non-Preferred)	Additional Comments
Clobex (clobetasol lotion, shampoo)	Move from Preferred Brand to Non-Preferred Brand	generic equivalents now available
Combivir (lamivudine/zidovudine)	Move from Preferred Brand to Non-Preferred Brand	generic equivalent now available
Epivir (lamivudine)	Move from Preferred Brand to Non-Preferred Brand	generic equivalent now available
Geodon (ziprasidone)	Move from Preferred Brand to Non-Preferred Brand	generic equivalent now available
Prometrium (progesterone micronized)	Move from Preferred Brand to Non-Preferred Brand	generic equivalent now available
Viagra	Move from Preferred Brand to Non-Preferred Brand	Preferred Brand Alternative - Cialis, affected members will receive a letter
BRAND NAME (generic name if available)	Description of Change (Moved from Non-Preferred to Preferred)	Additional Comments
Cialis	Move from Non-Preferred to Preferred Brand	None
Erivedge	Move from Non-Preferred to Preferred Brand	specialty medication
Inlyta	Move from Non-Preferred to Preferred Brand	specialty medication
Intelence	Move from Non-Preferred to Preferred Brand	None
Kalydeco	Move from Non-Preferred to Preferred Brand	specialty medication

For a complete listing of generic and preferred brand alternatives, please refer to the Prescription Drug Guide located in the Pharmacy section of the Blue Cross and Blue Shield of Alabama website at www.bcbsal.org/pharmacy.

Clinical Program Updates – Effective July 1, 2012

The following medication dispensing limits (DL), prior authorization (PA), and/or step therapy (ST) programs have been added or revised:

New or Revised PA or ST Programs

Policy Name	Type of Policy	Coverage Criteria and Changes
ACE/ARB/Renin Inhibitor	ST	REVISED – New product Edarbyclor added and will require use of generic ACE or ARB prior to coverage.
Erectile Dysfunction	PA	REVISED – Coverage may be considered for patients with Raynaud’s phenomenon or following radical prostatectomy.
Fentanyl Oral, Nasal	PA	REVISED – New product Subsys added and will require indication of chronic cancer pain prior to coverage.
Insomnia	PA	REVISED – New product Intermezzo added and will require trial of generic zolpidem or documentation of inability to swallow pills prior to coverage.
ITP (Promacta)	PA	REVISED – Initial coverage will only be provided for 4 weeks. Additional coverage may be provided based on documentation of response to therapy.
Kalydeco	PA	NEW – Effective 7/1/2012 , coverage may be provided for Cystic Fibrosis patients with the G551D mutation of CFTR gene.
Nuvigil, Provigil	PA	REVISED – Once the generic modafinil is available, coverage for Nuvigil or Provigil will only be approved after trial and failure of the generic.
Proton Pump Inhibitors	ST	REVISED – New products First-Lansoprazole and First-Omeprazole added and will require use of a generic proton pump inhibitor prior to coverage.
Self-Administered Oncology	PA	REVISED – New products Erivedge and Inlyta added and will require documentation of an FDA-approved indication prior to coverage.

New or Revised Dispensing Limits

Brand Name (generic if available)	Strength	Dispensing Limit per Month	New or Revised
Aptivus	250 mg 100 mg/mL	120 capsules 380 mL	New
Atripla	All strengths	30 tablets	New
Combivent Respimat	All strengths	8 g (2 canisters)	New
Combivir	All strengths	60 tablets	New
Complera	All strengths	30 tablets	New
Crixivan	200 mg 400 mg	270 capsules 180 capsules	New
didanosine	All strengths	30 capsules	New
Edurant	All strengths	30 tablets	New
Emtriva	200 mg 10 mg/mL	30 capsules 870 mL	New
Epivir	150 mg 300 mg 10 mg/mL	30 tablets 30 tablets 960 mL	New
Epzicom	All strengths	30 tablets	New
First-Lansoprazole	All strengths	300 mL	New
First-Omeprazole	All strengths	600 mL	New
Forfivo XL	All strengths	30 tablets	New
Fuzeon	All strengths	60 vials	New
Janumet XR	50 mg/500 mg 100 mg/1000 mg 50 mg/1000 mg	30 tablets 30 tablets 60 tablets	New
Jentadueto	All strengths	60 tablets	New
Intencele	All strengths	60 tablets	New
Isentress	25 mg 100 mg 400 mg	180 tablets 120 tablets 60 tablets	New

Invirase	200 mg 500 mg	300 capsules 120 tablets	New
Kaletra	100 mg/25 mg 200 mg/50 mg 80 mg/20 mg per mL	60 tablets 120 tablets 320 mL	New
Lexiva	700 mg 50 mg/mL	120 tablets 1800 mL	New
Nevirapine	50 mg/5 mL	1200 mL	New
Norvir	100 mg 80 mg/mL	360 tablets, capsules 480 mL	New
Prezista	75 mg 150 mg 400 mg 600 mg	30 tablets 60 tablets 60 tablets 60 tablets	New
QNasl	All strengths	8.7 g (1 bottle)	New
Rescriptor	100 mg 200 mg	90 tablets 180 tablets	New
Retrovir	100 mg 300 mg 50 mg/5 mL	180 capsules 60 tablets 1920 mL	New
Reyataz	100 mg 150 mg 200 mg 300 mg	30 capsules 30 capsules 60 capsules 30 capsules	New
Selzentry	150 mg 300 mg	60 tablets 120 tablets	New
Sustiva	50 mg 200 mg	90 capsules 60 capsules	New
Trizivir	All strengths	60 tablets	New
Truvada	All strengths	30 tablets	New
Viracept	250 mg 625 mg	270 capsules 120 tablets	New
Viramune	200 mg 50 mg/5 mL	60 tablets 1200 mL	New
Viramune XR	All strengths	30 tablets	New
Viread	150 mg 200 mg 250 mg 300 mg 40 mg/1 g powder	30 tablets 30 tablets 30 tablets 30 tablets 9000 mg	New
Zerit	15 mg 20 mg 30 mg 40 mg 1 mg/mL	60 capsules 60 capsules 60 capsules 60 capsules 2400 mL	New
Zetonna	All strengths	6.1 g (1 bottle)	New
Ziagen	300 mg 20 mg/mL	60 tablets 960 mL	New
Zioptan	All strengths	30 single-use vials	New

Note: Coverage is subject to each member's specific benefits. Group specific policies will supersede these policies when applicable. Please refer to the member's benefit plans.

For complete details, pharmacy policies may be viewed on the Blue Cross and Blue Shield of Alabama website at www.bcbsal.org/providers/pharmpolicies