



Drug Guide and Clinical Program Updates

Prime Therapeutics' Pharmacy and Therapeutics (P & T) Committee in association with Blue Cross and Blue Shield of Alabama's Formulary Business Committee recently approved updates to the Drug Guides 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 Formulary Business Committee makes final approval of these clinical recommendations before implementation.

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

Prescription Drug Guide Updates – Effective July 1, 2013 (unless otherwise noted)

Brand Name (generic name if available)	Therapeutic Class	Description of Change	Additional Comments
Creon 36000-114000-180000 units	Digestive Aids	Add to Preferred Brand	None
Dutoprol	High Blood Pressure Medications	Add to Preferred Brand	None
Pomalyst	Anticancer Medications	Add to Preferred Brand	None
Prezista suspension	Antivirals	Add to Preferred Brand	None
Suprax suspension 500 mg/5 mL	Antibiotics	Add to Preferred Brand	None
Viramune XR 100 mg	Antivirals	Add to Preferred Brand	None
Comtan (entacapone)	Antiparkinson Medications	Move from Preferred Brand to Non-Preferred Brand	Effective 4/12/13 – generic equivalents now available
Suboxone tablets (buprenorphine/naloxone)	Narcotic Analgesics	Move from Preferred Brand to Non-Preferred Brand	Effective 6/1/13 – generic equivalents now available

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

Clinical Program Updates – Effective July 1, 2013

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 Changes
Erectile Dysfunction	PA/QL	REVISED – New product Stendra will be added to the existing PA and QL program. Members less than the age of 50 must have documented medical necessity. Quantities will be limited to 8 tablets per month.
Gattex	PA	NEW – Patients must have a diagnosis of short bowel syndrome and be receiving parenteral nutrition/intravenous fluids at least three days a week. Patients must also have had a colonoscopy with any polyps removed within the last 6 months.
Homozygous Familial Hypercholesterolemia	PA/QL	NEW – For coverage of Juxtapid or Kynamro, patients must have a confirmed diagnosis of homozygous familial hypercholesterolemia and be on a lipid-lowering regimen and a low-fat diet.
Inhaled Antibiotics	Duplicate Therapy	REVISED – New product TOBI Podhaler will be added to this duplicate therapy program and duplicate therapy with another inhaled antibiotic will reject.
Multiple Sclerosis	ST/QL	REVISED – New product Tecfidera has been added to this program and will require a trial of a preferred product (Betaseron, Copaxone, or Rebif) prior to approval. If approved, quantity will be limited to 60 capsules or 1 starter kit per month.
Self-Administered Oncology	PA/QL	REVISED – New product Afinitor Disperz will be added to this PA program and will require documentation of an FDA-approved indication before approval.
Signifor	PA	NEW – Patients must have a diagnosis of Cushing's disease with recurrence or persistence after pituitary surgical resection.
Statin	ST	REVISED – New product Liptruzet will be added to this ST program and will require the use of a generic statin prior to approval.
Thrombocytopenia	PA	REVISED – Promacta will not be approved for hepatitis C associated thrombocytopenia, in addition to idiopathic thrombocytopenia purpura.
Topical Retinoids	PA	REVISED – New product Fabior will be added to this PA program and will require documentation of an FDA-approved indication before approval for patients greater than 35 years of age.
Urea Cycle Disorders	PA	NEW – For coverage of Buphenyl or Ravicti, patients must have a diagnosis of a urea cycle disorder as well as not being able to be managed on a protein restricted diet alone.

New or Revised Dispensing Limits

Brand Name (generic if available)	Strength	Dispensing Limit per Month	New or Revised
Alendronate	70 mg/75 mL	300 mL/28 days	NEW
Astelin	All strengths	60 mL	NEW
Astepro	All strengths	60 mL	NEW
Atrovent	21 mcg/spray	60 mL	NEW
Atrovent	42 mcg/spray	90 mL	NEW
Desvenlafaxine SR	All strengths	30 tablets	NEW
Eliquis	All strengths	60 tablets	NEW
Prezista	100 mg/mL suspension	400 mL	NEW
Travoprost	All strengths	2.5 mL	NEW
Viramune XR	100 mg	90 tablets	NEW
Zecuity	All strengths	12 transdermal systems	NEW

This list is based on the Blue Cross Prescription Drug Guide. It is not an all-inclusive representation of either product equivalents or therapeutic alternatives. To see our complete Prescription Drug Guide, please visit www.bcbsal.com/pharmacy. Simply select the link for "Prescription Drug Guides" beneath the heading *Prescription Drug References*.

Over-the-Counter Drugs

Effective August 1, 2013 – certain over-the-counter (OTC) drugs will be covered at no cost sharing for non-grandfathered groups and grandfathered groups who have elected to comply with the healthcare reform preventive guidelines. On February 12, 2013 the Department of Health and Human Services (HHS) released an FAQ that further clarifies the coverage of OTC medication with no cost sharing. Based on the clarification received, changes are being implemented to allow coverage for the OTC drugs indicated in the chart below. A prescription from a physician is required and OTC contraception is only covered for female members. Self-funded groups will not have the option to delay this provision, due to it being a clarification of already implemented preventive services.

OTC Drugs	Coverage Criteria Changes
Contraceptive OTC products	Plan B (all ages) and OTC products such as Female Condom, Spermicide, Sponge
Aspirin OTC	Men ages 45-79, Women ages 55-79
Fluoride OTC	Ages 6 months - 6 years
Folic Acid OTC	Women only
Iron Supplements OTC	Ages 6 months - 12 months
Vitamin D Supplements OTC	Age 65 and older

Hemophilia and IVIG Exceptions

As previously communicated in the November 2012 Pharmacy News located on Group Access, the transition of certain disease states to Prime Specialty Pharmacy were delayed. Due to the sensitivity of these disease states, exceptions were made for the following cases from October 1, 2012, through October 1, 2013, to allow these members to stay with Accredo or CVS/Caremark.

- Hemophilia patients, adult and pediatric
- Intravenous Immunoglobulin (IVIG) pediatric (age 18 or less) patients on Hizentra, Gammagard, Gamunex-C and Vivaglobin drugs only

These members will transition to Prime Specialty Pharmacy effective October 1, 2013. Impacted members will be notified in July of this transition.

For complete details, pharmacy policies may be viewed on the Blue Cross and Blue Shield of Alabama website:
www.bcbsal.com/providers/pharmPolicies/final.cfm

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 plan.

Pharmacy News is available on Group Access in the left navigation bar under "What's New".