



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 – October 1, 2013 (unless otherwise noted)

Brand Name (generic name if available)	Therapeutic Class	Description of Change	Additional Comments
Ilaris	Biologic Agents	Add to Preferred Brand	None
Mepron suspension 750mg/5mL	Anti-Protozoals	Move from Preferred to Non-Preferred Brand	None
Anzemet (Inj) Solution	Antiemetic	Move from Preferred to Non-Preferred Brand	None

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 October 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
Amitiza/Linzess	PA	REVISED – Addition of new indication for Amitiza: Treatment of opioid-induced constipation (OIC) in adults with chronic, non-cancer pain.
Arcalyst/Ilaris	PA	REVISED – Addition of question regarding FDA labeled contraindications.
ARB/RI	ST	REVISED – Addition of generic candesartan, generic for Atacand, as prerequisite agent.
Hepatitis C	PA	REVISED – Added criteria requiring patient not have any FDA labeled contraindications.
Pradaxa	QL	REVISED – All three anticoagulants – Eliquis, Pradaxa, and Xarelto – will be listed together in one document with a class title, Oral Anticoagulant Quantity Limit. Criteria for Xarelto 10 mg revised to not allow its use for the off-label indications of treatment of nonvalvular atrial fibrillation (NVAf), treatment of deep vein thrombosis (DVT)/ pulmonary embolism (PE), or for the reduction in the risk of recurrence of DVT/PE.
Proton Pump Inhibitors	ST/QL	REVISED – Addition of Omeprazole & SyrSpend Kit, a new omeprazole suspension compounding kit, as a target in both step therapy and quantity limit programs, depending on benefit structure. Quantity limit is the same as First-Omeprazole compounding kit at 20 mLs/day.
Relistor	PA	REVISED – Addition of criteria requiring patient to not have any FDA labeled contraindications and included contraindications table. The specific question on the presence of suspected mechanical gastrointestinal obstruction was removed.

New or Revised PA or ST Programs (Continued)

Policy Name	Type of Policy	Coverage Criteria Changes
Statins	ST	REVISED – Addition of generic statin combinations to the prerequisites, in anticipation of the approval of a generic niacin extended release/lovastatin (Advicor) product in 2013.
Zetia	ST	REVISED – Revised approval duration to be 12 months for all approvals, including the diagnosis of homozygous sitosterolemia.

New or Revised Dispensing Limits

Brand Name (generic if available)	Strength	Dispensing Limit per Month	New or Revised
Omeprazole & SyrSpend Kit	70 mg/75 mL	600mL	NEW
Prezista	800mg	30	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*.

Pharmacy Vaccine Network

Effective October 1, 2013 – the Pharmacy Vaccine Network will be available for underwritten group plans with more than 50 employees with point-of-sale pharmacy benefits as part of their Blue Cross health plan.

The Pharmacy Vaccine Network allows members to go to participating pharmacies with a certified clinician to receive a flu, pneumonia or shingles vaccine. For a complete listing of eligible network pharmacies, go to www.bcbsal.com/pharmacy. These approved vaccines are part of our standard preventive services for both grandfathered and non-grandfathered groups and will be provided with no cost sharing to the member. The member will not have to pay for the vaccine or file a claim for reimbursement for the covered vaccines administered at the participating pharmacy. Flu and pneumonia vaccines have no age limitation. The shingles vaccine is available for members age 60 and older. At this time, administration of FluMist® is not approved through the Pharmacy Vaccine Network and members who would like FluMist may receive it in their physician's office.

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".