

Blue Cross and Blue Shield of Alabama Prescription Drug Guide Updates

July 2010

TRADE NAME (generic name)	Brand/Generic Product	Effective Date	Description of Change
AUGMENTIN XR (amoxicillin/potassium clavulanate sustained-release 12 HR tabs, 1000 mg-62.5 mg)	Brand	7/1/10	Move, Tier 2 to Tier 3 (generics available)
CELLCEPT (mycophenolate caps, 250 mg; tabs, 500 mg)	Brand	7/1/10	Move, Tier 2 to Tier 3 (generics available)
CITRANATAL ASSURE, B-CALM, DHA, HARMONY, RX, 90 DHA (various forms of prenatal multivitamin/folic acid)	Brand	7/1/10	Addition, Tier 2
COZAAR (losartan tabs, 25 mg, 50 mg, 100 mg)	Brand	5/1/10	Move, Tier 2 to Tier 3 (generics available)
DIFFERIN (adapalene lotion, 0.1%)	Brand	7/1/10	Addition, Tier 2
ENABLEX (darifenacin sustained-release 24 HR tabs, 7.5 mg, 15 mg)	Brand	7/1/10	Move, Tier 2 to Tier 3
FLOMAX (tamsulosin caps, 0.4 mg)	Brand	5/1/10	Move, Tier 2 to Tier 3 (generics available)
FOLLISTIM AQ (follitropin inj, 75 U, 150 U, 300 U, 600 U, 900 U)	Brand	7/1/10	Addition, Tier 2
GEODON (ziprasidone caps, 20 mg, 40 mg, 60 mg, 80 mg)	Brand	7/1/10	Addition, Tier 2
HYZAAR (losartan/hydrochlorothiazide tabs, 50-12.5 mg, 100-12.5 mg, 100-25 mg)	Brand	5/1/10	Move, Tier 2 to Tier 3 (generics available)
losartan tabs, 25 mg, 50 mg, 100 mg	Generic	4/10/10	Addition, generic for COZAAR
losartan/hydrochlorothiazide tabs, 50-12.5 mg, 100-12.5 mg, 100-25 mg	Generic	4/10/10	Addition, generic for HYZAAR
MIRAPEX (pramipexole tabs, 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg)	Brand	7/1/10	Move, Tier 2 to Tier 3 (generics available)
NITROLINGUAL PUMPSPRAY (nitroglycerin soln, 0.4 mg/spray)	Brand	7/1/10	Move, Tier 2 to Tier 3
NITROSTAT (nitroglycerin sublingual tabs, 0.3 mg, 0.4 mg, 0.6 mg)	Brand	7/1/10	Addition, Tier 2
NORVIR tabs (ritonavir tabs, 100 mg)	Brand	7/1/10	Addition, Tier 2
OPTIVAR (azelastine ophth soln, 0.05%)	Brand	7/1/10	Move, Tier 2 to Tier 3 (generics available)
OXYCONTIN (oxycodone sustained-release 12 HR tabs, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg)	Brand	7/1/10	Addition, Tier 2
PRENATAL-U, AD, PLUS, PLUS/27 MG IRON, 19 (various forms of prenatal multivitamin/folic acid)	Brand	7/1/10	Addition, Tier 2
RAPAMUNE (sirolimus tabs, 0.5 mg)	Brand	4/25/10	Addition, Tier 2
tamsulosin caps, 0.4 mg	Generic	3/2/10	Addition, generic for FLOMAX
TRETINOIN caps, 10 mg	Brand	7/1/10	Addition, Tier 2
WELCHOL pak (colesevelam packet for susp, 3.75 gm)	Brand	1/4/10	Addition, Tier 2

SPECIAL NOTE: Prenatal Vitamins

Effective July 1, 2010, all prenatal vitamins, with the exception of PRENATAL and CITRANATAL products, will process as Tier 3.

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 the address below:

www.bcbsal.org/pharmacy/index.cfm

Continued

Clinical Program Updates

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

Effective Date	Policy Name	Target Drugs	Type of Policy	Coverage Criteria Changes
2/15/10	GLP-1 Receptor Agonists	Byetta Victoza	ST/QL	NEW – Victoza approved as new GLP-1 receptor agonist. Added to ST policy and requires trial of oral antidiabetic agent prior to coverage of Victoza.
5/1/10	Subcutaneous Immune Globulins	Hizentra Vivaglobin	PA	NEW – Hizentra approved as new subcutaneous immune globulin. Added to PA policy and requires diagnosis of primary immune deficiency for coverage.
6/1/10	Ampyra	Ampyra	PA/QL	NEW – Ampyra approved for use in multiple sclerosis (MS) to improve walking speed. PA required to verify diagnosis of MS and ambulatory status. The prescriber must be a specialist. The patient must not have a history of seizures or moderate/severe renal failure. Initial approval limited to 2 months with further approval based on clinical response. The limits are 2 tablets per day.
7/1/10	Biologic Immunomodulators	Cimzia Enbrel Humira Kineret Simponi	ST/QL	REVISED – Members must try Enbrel AND Humira prior to coverage of Cimzia, Kineret, or Simponi. For patients prescribed Cimzia for the indication of Crohn's Disease, only Humira will be required prior to coverage. This ST program does not affect medications covered under the medical benefit (physician-administered medications).
7/1/10	Forteo	Forteo	PA/QL	REVISED – Addition of SERM as eligible first-line agent (along with bisphosphonates) prior to coverage of Forteo in patients with osteoporosis but no history of fracture or very low bone mineral density.
7/1/10	Proton Pump Inhibitors (PPIs)	Aciphex Dexilant Nexium Prevacid Prilosec Protonix Zegerid	ST/QL	REVISED – Patients must try at least one Step 1 PPI (generic omeprazole and lansoprazole only) prior to coverage of a Step 2 PPI (generic pantoprazole and all branded PPIs). Nexium and pantoprazole no longer considered Step 1 drugs. Policy revised to reflect name change of Kapidex to Dexilant.

New Dispensing Limits – Effective July 1, 2010

Brand (Generic) Name	Strength	Dispensing Limit per Month	Additional Coverage Limitations
Actos	15 mg	90 tablets	
Actos	30 mg, 45 mg	30 tablets	
Arixtra		30 syringes	
Avandia	2 mg	120 tablets	
Avandia	4 mg	60 tablets	
Avandia	8 mg	30 tablets	
Avandaryl	4-1 mg, 4-2 mg	60 tablets	
Avandaryl	4-4 mg, 8-2 mg, 8-4 mg	30 tablets	
Duetact		30 tablets	
Exalgo		30 tablets	
Fragmin syringes		30 syringes	
Fragmin vials		10 vials	
Innohep		30 vials	

* If strengths are not specifically listed, quantity limits apply to all available strengths.

Discontinued Dispensing Limits – Effective July 1, 2010

Arava	Inspra	Ortho Evra	Sarafem
Clomid	Iressa	Premarin	Symlyn
Diflucan	Lovaza	Prozac Weekly	Transderm Scop
Emsam	Mobic	Restasis	Xanax
Fuzeon	Niravam	Reyataz	Xanax XR

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 the address below:

www.bcbsal.org/providers/pharmPolicies/final.cfm