



October, 2016

Your Group’s Drug Coverage Will Change as of Jan. 1, 2017

Notice of modification of drug coverage of a particular product

Dear Group Leader:

Thank you for choosing us for your health and drug coverage. We at Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc. would like to let you know that there are some changes to drug coverage upon renewal starting Jan. 1, 2017, and we will do all that we can to help you and your employees understand the changes we are making.

During each year, a group of independent Louisiana doctors and pharmacists helps us make changes like these to drug coverage based on safety, cost and how well a drug works.

RIGHT TO CONTINUATION UNTIL RENEWAL
The changes described in this letter take place on your group’s renewal date. Until the renewal date, your employees may continue to use any prescription drug approved or covered under the plan at the contracted benefit level, regardless of whether the drug is being removed from the formulary. This does not prohibit a physician or authorized prescriber from prescribing an alternative drug if that drug is covered under the plan and is medically appropriate for them.

We will send letters about the following changes to your employees in the next few days.

These changes start Jan. 1, 2017, upon renewal:

■ **Some drugs will change tiers and copay costs.**

What does this change mean? If your employees are taking these drugs, they may pay more for them on and after your 2017 renewal date.

What can you do? Please encourage your employees to check the **Drugs That Will Change Tiers and Copay Costs in 2017** sheet we sent with their letter (a copy is enclosed) for drugs they take. Your employees can take one of these drugs or choose a lower-cost drug after talking with their doctors. The list includes lower-cost choices.

■ **More drugs will need prior authorization.**

What does this change mean? In 2017, we will add to the list of drugs that require prior authorization. Your employees’ doctors must ask for prior authorization from us for some drugs. We need this when drugs have serious side effects, are harmful when taken with other drugs, should only be used for certain health problems, or when less expensive drugs may work.

What can you do? Please ask employees to check the **Prior Authorization Additions** sheet we sent with their letter (a copy is enclosed) for drugs they take. If they take a drug on the list, employees should talk to their doctors about prior authorization, if needed.

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■ **Some drugs will have new limits on how much can be filled at one time.**

What does this change mean?

In 2017, we will add or change how much medicine your employees can get at one time for some drugs covered under their plan. The limit is called a quantity per dispensing limit (QPD).

What can you do?

Please encourage your employees to check the **New Quantity Per Dispensing Limits** sheet we sent with their letter (a copy is enclosed) for drugs they take. They can still get these drugs, but employees can only get so much at a time.

■ **These drugs will be added to our specialty drug list:**

Buphenyl®, Cuprimine®, Daraprim®, Demser®, Depen®, Hemangeol™, Lithostat®, Mestinon® syrup, Nuedexta®, Otrexup™, Proglycem®, Rasuvo®, sodium phenylbutyrate oral powder, Synarel®, Syprine®, Thiola®

What does this change mean?

- Your employees can only get up to a 30-day supply at one time.

What can you do?

Find a full list of specialty drugs at bcbsla.com/pharmacy.

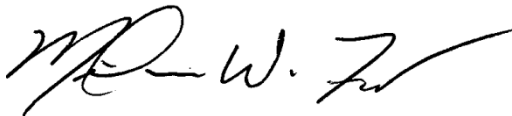
Questions?

If your employees have any questions about this information or their prescription benefits, call Express Scripts* Customer Service toll-free at **1-866-781-7533**.

You and your employees can also learn more about drug coverage at www.bcbsla.com/pharmacy.

We are making these changes to help your employees get the care they need and hold down your costs. We thank you for being our customer; and we thank you and your employees for your patience with these changes. We will be happy to help your employees through them.

Sincerely,



Milam W. Ford, B.S. Pharm., MBA, MPH
Vice President, Pharmacy Services

**Express Scripts is an independent company that serves as the pharmacy benefit manager for Blue Cross and Blue Shield of Louisiana and HMO Louisiana, Inc.*

Drugs That Will Change Tiers and Copay Costs in 2017

Each year, as new drugs are approved or older drugs change in price, we make changes to how they are covered under your plan. We make these changes to keep costs down, while still allowing choices in care.

If these changes affect the drugs you take, please share this with your doctor so that you can make decisions in your care together.

Which drugs are changing? If you take any of the drugs listed in the Tier 3 column in the chart below, you may pay more for them in 2017.

What can you do? You can take one of these drugs or choose one of the lower-cost drugs listed in the Tier 2 or Tier 1 columns after talking with your doctor.

About this list: This is a list of drugs that will change from one tier to another in 2017. This is not a full list of drugs covered under your plan. As benefits may vary by group and individual plans, the inclusion of a medication on this list does not imply prescription drug coverage.

Tier 3 Drugs (Highest cost) <i>You pay the most for drugs in this tier.</i>	Tier 2 Drugs (Lower cost) <i>These drugs cost less than Tier 3 drugs, but more than Tier 1 drugs.</i>	Tier 1 Drugs (Lowest cost) <i>These drugs have the lowest copay.</i>
Acanya®		clindamycin-benzoyl peroxide gel, clindamycin gel
Albenza®, Biltricide®		ivermectin
Alinia®		tinidazole
Alomide®		azelastine ophthalmic, cromolyn ophthalmic
AVC® Vaginal		terconazole cream
Azelex®	Soolantra®, Finacea®	
Capex® shampoo		clobetasol shampoo, fluocinolone
Ciloxan® ophthalmic ointment	Moxeza®, Vigamox®	gatifloxacin ophthalmic, ofloxacin ophthalmic, ciprofloxacin ophthalmic
Ciprodex®		neomycin/polymyxin/hydrocortisone otic, ciprofloxacin otic
Colcrys®	Uloric®, Colchicine	allopurinol
Condylox® gel		podofilox solution
Cordran® tape, Pandel®		flurandrenolide cream, hydrocortisone topical
Cortifoam®		hydrocortisone rectal
Cuprimine®		
Daraprim®		

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Tier 3 Drugs (Highest cost) <i>You pay the most for drugs in this tier.</i>	Tier 2 Drugs (Lower cost) <i>These drugs cost less than Tier 3 drugs, but more than Tier 1 drugs.</i>	Tier 1 Drugs (Lowest cost) <i>These drugs have the lowest copay.</i>
Denavir® cream		acyclovir tablet, valacyclovir tablet
Epivir-HBV® oral solution, Tyzeka®		lamivudine oral solution
Ergomar®		dihydroergotamine
Fluoxetine 60 mg tablet		fluoxetine 20 mg and 40 mg
Foradil® Aerolizer®	Striverdi® Respimat®, Serevent® Diskus®	
Fosamax® Plus D		alendronate
Kombiglyze® XR, Onglyza®	Janumet®, Janumet® XR, Januvia®	metformin
Nitro-Dur®		isosorbide dinitrate, isosorbide mononitrate, nitroglycerin patch
Onmel®		itraconazole
Pradaxa®	Eliquis®, Xarelto®	warfarin
Prefest®		estradiol-norethindrone, norethindrone acetate-ethinyl estradiol, mimvey, mimvey lo
Primaquine		
Proctofoam®-HC		hydrocortisone-pramoxine, pramcort
Pulmicort Flexhaler®	Arnuity™ Ellipta®, Flovent® HFA, QVAR®	
Ridaura®		
Samsca®		
Sandimmune® oral solution		cyclosporine oral solution
TOBI® Podhaler™		tobramycin inhalation
Transderm Scop®		meclizine tablet
Tudorza® Pressair®	Spiriva® Respimat®, Incruse® Ellipta®	
Zirgan® ophthalmic gel		trifluridine ophthalmic solution

Find out more: Learn more about your drug coverage at bcbsla.com/pharmacy.

Questions? If you have any questions about your prescription benefits, call the Express Scripts* Customer Service Department toll-free at 1-866-781-7533 or the Pharmacy number on the back of your member ID card.

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Prior Authorization Additions

Some drugs require prior authorization. This means your doctor must speak with us before your plan may cover them.

Drugs that usually need prior authorization:

- Drugs that a doctor orders when less expensive drugs might work
- Drugs that should be used only for certain health problems
- Drugs that have dangerous side effects
- Drugs that are harmful when combined with other drugs

About this list: As of Jan. 1, 2017, we will **add the drugs listed on this sheet to the prior authorization program**. This is not a full list of drugs covered under your plan. To see the full list of drugs that need prior authorization, go to bcbsla.com/pharmacy. As benefits may vary by group and individual plans, the inclusion of a medication on this list does not imply prescription drug coverage.

What can you do? Talk to your doctor about requesting prior authorization for your drugs, if needed. Your doctor might switch you to another drug that doesn't need prior authorization. Or, he or she can call or fax Express Scripts* to start the approval process.

Drugs that must have prior authorization for NEW users:

If you are already taking any of the new drugs that will require prior authorization, your doctor does not have to get prior authorization for you to continue taking them.

acyclovir ointment	Proventil [®] HFA
Aerospan [®]	Pulmicort Flexhaler [®]
Alvesco [®]	Qudexy [®] XR
Arcapta [™] Neohaler [™]	Restasis [®]
Asmanex [®] HFA	Savaysa [®]
Asmanex [®] Twisthaler [®]	Seebri [™] Neohaler [®]
Bethkis [®]	Sitavig [®]
Brovana [®]	Stiolto [™] Respimat [®]
Cayston [®]	TOBI [®] Podhaler [™]
Denavir [®]	Topiramate ER Sprinkle Capsule
Dulera [®]	Trokendi XR [®]
Farxiga [®]	Tudorza [®] Pressair [®]
Foradil [®] Aerolizer	Utibron [™] Neohaler [®]
Kombiglyze [®] XR	Xigduo XR [®]
Onglyza [®]	Xopenex HFA [®]
Perforomist [®]	Zovirax [®] Cream and Ointment
Pradaxa [®]	

Key: BRAND medications are listed in UPPER CASE and generics in lower case.

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Drugs that must have prior authorization for NEW and CURRENT users:

If you are already taking one of these drugs, or if your doctor orders a new prescription for one of these drugs, he or she must ask for prior authorization before your plan may cover the drug.

Common Use or Conditions	Drugs That Treat Those Conditions
Antifungal	Ecoza™ Foam, Ertaczo®, Exelderm®, Extina®, Jublia®, Kerydin®, Luzu®, Mentax®, Naftifine 1% Cream, Naftin®, Oravig®, Oxistat®, Xolegel®
Anti-infective	Daraprim®
Asthma	Zyflo®, Zyflo CR®
Blood Pressure	Vecamyl®
Cystic Fibrosis	TOBI®, tobramycin inhalation
Dependence /Overdose	buprenorphine SL, Evzio®
Depression	Aplenzin®, Forfivo XL®, Wellbutrin SR®, Wellbutrin XL®
Diabetes	Fortamet® and its generic, Glucophage® XR, Glumetza® and its generic
High Cholesterol	Altoprev®, Crestor®, Livalo®
Muscle Spasms	Amrix®, cyclobenzaprine 7.5 mg, Fexmid®
Narcolepsy	Xyrem®
Nerve Pain	Gralise®, Horizant®, Neurontin®
Other	Cuprimine®, Syprine®
Rheumatoid Arthritis	Otrexup™, Rasuvo®, Rayos®
Skin Conditions	Elidel®, Protopic®, tacrolimus ointment

Key: BRAND medications are listed in UPPER CASE and generics in lower case.

Find out more: To learn more about your drug coverage, go to bcbsla.com/pharmacy.

Questions? If you have any questions about your prescription benefits, call the Express Scripts* Customer Service Department toll-free at 1-866-781-7533, or the Pharmacy number on the back of your member ID card.

New Quantity Per Dispensing Limits

There is a limit to how much medicine you can get at one time for some drugs called a **quantity per dispensing limit, or QPD**. On Jan. 1, 2017, we will update QPD limits to the drugs on this list. You can still get these drugs, but you can only get so much at a time under your plan.

About this list: This is not a full list of drugs covered under your plan. As benefits may vary by group and individual plans, the inclusion of a medication on this list does not imply prescription drug coverage.

Drug Name	Strength/Dosage Form	Retail QPD # of Units	Mail QPD # of Units
Aerospan®	80 mcg/actuation HFA aerosol inhaler	18 g (1 device)	54 g (3 devices)
alendronate	70 mg/75 mL oral solution	300 mL	900 mL
anastrozole	1 mg tablet	30	90
Arimidex®	1 mg tablet	30	90
aripiprazole	1 mg/mL oral solution	900 mL	2,700 mL
Aromasin®	25 mg tablet	60	180
Asmanex® HFA	All inhaler strengths	13 g (1 device)	39 g (3 devices)
Bethkis®	300 mg/4 mL ampule (28 per pack)	2 packs	2 packs
bicalutamide	50 mg tablet	30	90
Casodex®	50 mg tablet	30	90
citalopram	10 mg/5 mL oral solution	600 mL	1,800 mL
clonidine	0.1 mg ER tablet	120	360
diclofenac	1% gel	300 g (3 tubes)	900 g (9 tubes)
dihydroergotamine	1 mg/mL ampule	24 mL (24 ampules)	72 mL (72 ampules)
escitalopram	5 mg/5 mL oral solution	600 mL	1,800 mL
Evekeo®	All tablet strengths	120	360
exemestane	25 mg tablet	60	180
Extavia®	0.3 mg SQ solution vial	15 vials	15 vials
Fanapt®	1 mg and 10 mg tablets	60	180
Fanapt®	12 mg tablet	120	360
Fanapt®	1-2-4-6mg tablet dose pack	8 (1 pack)	8 (1 pack)
Femara®	2.5 mg tablet	30	90
fluoxetine	20 mg/5 mL oral solution	600 mL	1,800 mL
flutamide	125 mg capsule	180	540
Focalin™ XR	All capsule strengths	30	90
Fortamet®	500 mg tablet ER	120	360
Fortamet®	1000 mg tablet ER	60	180
galantamine	4 mg/mL oral solution	180 mL	540 mL
Gilotrif®	All tablet strengths	30	30
Glumetza®	500 mg tablet ER	120	360
Glumetza®	1000 mg tablet ER	60	180
Horizant®	300 mg tablet ER	60	180
Ibrance®	All capsule strengths	21	21
Imbruvica®	140 mg capsule	120	120
Incruse® Ellipta®	62.5 mcg/actuation powder blisters for inhalation	1 pkg (30 blisters)	3 pkgs (90 blisters)
Juxtapid™	20 mg, 40 mg, 60 mg capsules	28**	28**

Key: BRAND medications are listed in UPPER CASE and generics in lower case. **Limits are per 28 days' supply at a retail pharmacy and 28 days' supply by mail.

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Drug Name	Strength/Dosage Form	Retail QPD # of Units	Mail QPD # of Units
Kapvay®	0.1 mg tablet	60	180
Lacrisert®	5 mg eye inserts	60	180
Lenvima®	10 mg, 14 mg, 20 mg capsules	60	60
Lenvima®	24 mg capsule	90	90
letrozole	2.5 mg tablet	30	90
lidocaine	5% ointment	60 g	60 g
lidocaine-prilocaine	2.5%-2.5% topical cream	60 g	60 g
metformin ER	1,000 mg extended, gastric or osmotic release tablet	60	180
metoprolol tartrate	37.5 mg and 75 mg tablets	90	180
mirtazapine	7.5 mg tablet	30	90
modafinil	100 mg and 200 mg tablets	30	90
Namenda®	5 mg-10 mg dose pack	1 pack	1 pack
Nexavar®	200 mg tablet	120	120
nimodipine	30 mg capsule	252	252
Pennsaid®	2% pump	114 g (1 pump)	342 g (3 pumps)
Premarin®	0.45 mg tablet	30	90
Pristiq®	25 mg tablet	30	90
promethazine-codeine	6.25 mg-10 mg/5 mL syrup	480 mL	1,440 mL
Provigil®	100 mg and 200 mg tablets	30	90
QNASL®	40 mcg/actuation nasal aerosol spray	5 g (1 inhaler)	15 g (3 inhalers)
ranitidine	15 mg/mL syrup	1,200 mL	3,600 mL
Rebetol®	40 mg/mL oral solution	1,100 mL (11 Bottles)	1,100 mL (11 bottles)
Ruconest®	2100 units vial	4 vials	4 vials
Savaysa®	All tablet strengths	30	90
sertraline	20 mg/mL oral concentrate	300 mL	900 mL
Somavert®	25 mg and 30 mg SQ solution vials	30 vials	30 vials
Strattera®	10 mg, 18 mg, 25 mg, 40 mg capsules	60	180
Strattera®	60 mg, 80 mg, 100 mg capsules	30	90
Striverdi® Respimat®	2.5 mcg/actuation solution for inhalation	1 g (1 device)	3 g (3 devices)
Sumavel® DosePro	4 mg/0.5 mL syringe	3 mL (6 syringes)	9 mL (18 syringes)
Sutent®	37.5 mg capsule	30	30
Tarceva®	All tablet strengths	90	90
Viekira Pak™	12.5-75-50 tablet dose pack	112** (1 pack)	112** (1 pack)
Voltaren®	1% gel	300 g (3 tubes)	900 g (9 tubes)
voriconazole	200 mg/5 mL (40 mg/mL) oral suspension	300 mL	900 mL
Votrient®	200 mg tablet	120	120
Xyrem®	500 mg/mL solution	540 mL	540 mL
Zomig®	2.5 mg nasal spray	1 pkg (6 single-use units)	3 pkgs (18 single-use units)
Zyclara®	All pump strengths	1 pump	3 pumps
Zykadia™	150 mg capsule	140	140

Key: BRAND medications are listed in UPPER CASE and generics in lower case. **Limits are per 28 days' supply at a retail pharmacy and 28 days' supply by mail.

Find out more: For a full list of all drugs that have quantity per dispensing limits and to learn more about your drug coverage, go to bcbsla.com/pharmacy.

Questions? If you have any questions about your prescription benefits, call the Express Scripts* Customer Service Department toll-free at 1-866-781-7533, or the Pharmacy number on the back of your member ID card.