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**Please Read: Changes to Drug Coverage**

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October, 2016

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 will be 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.

We explain three changes to your employees' drug coverage for 2017 in this letter. We will send a similar letter to your employees in the next few days.

**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.

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

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**1) Your employees will have a new Covered Drug List.**

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**What does this change mean?**

We will no longer cover some drugs; however, thousands of generic and brand drugs will be on our 2017 Covered Drug List (formulary). Your employees can be sure there will be drug options on our list that are appropriate for their covered care. The 2017 Covered Drug List helps them get drugs they need to manage their health, keeps costs down and follows the guidance of the independent Louisiana doctors and pharmacists who help us make decisions about drug coverage.

**Why are we making these changes?**

As drugs cost more, insurance premiums have to go up to cover them. To keep insurance premiums from rising even more, we have to be more selective in the drugs we cover.

**What can you do?**

**Encourage employees to find out if their drugs are covered. Here's how:**

1. First, check the label on the prescription medicine for the name of the drug.
2. Then check the **2017 Covered Drug List** at [bcbsla.com/covereddrugs](http://bcbsla.com/covereddrugs).
3. For your convenience, we enclosed a list of **Common Drugs Not Covered in 2017**. Your employees can check this list for drugs they take. If a drug is on the enclosed list, it won't be covered in 2017. Employees should talk to their doctors about what to do next.

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[www.bcbsla.com](http://www.bcbsla.com)

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## 2) More drugs will need prior authorization.

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**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 your employees to check the **Prior Authorization Additions** sheet we sent with this 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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## 3) Some drugs will have new limits on how much can be filled at one time.

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**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. This limit is called a quantity per dispensing limit (QPD).

**What can you do?** Please ask your employees to check the **2017 Covered Drug List** at [bcbsla.com/covereddrugs](http://bcbsla.com/covereddrugs). If a drug has "QPD" beside it, they can still get these drugs, but employees can only get so much at a time.

### How we're letting your employees know.

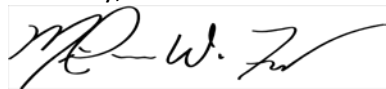
Again, your employees will receive a letter with all of this information. Before these changes take effect, we will also send a letter to any employee who recently filled a prescription for a common drug that will not be covered in 2017. After these changes take effect, your employees – and their doctors – may get a separate letter if they fill a prescription for a drug that is not covered.

**Taking covered drugs will save your employees money because they won't have to pay the full cost of the drug.** An employee's doctor may ask for a drug to be covered, if he or she has a medically necessary need for it. Coverage may not be possible for all drugs.

If your employees have any questions about this information or their prescription benefits, they can 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](http://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 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.



## Common Drugs Not Covered in 2017

Your plan will cover thousands of brand and generic drugs in 2017; however, some drugs will not be covered.

### About this list:

- This is a list of the most common single-source brand (drugs that do not have a generic equivalent or exact copy) and generic drugs that will not be covered in 2017.
- Multi-source brand name drugs (drugs that have a generic equivalent or exact copy) are not included on this list, but most will not be covered as well.

### Find out if you take a common drug that will not be covered:

1. Check the label on your prescription medicine for the name of your drug.
2. Then check this list of **Common Drugs Not Covered in 2017**.

### What to do next:

#### If your drug is on this list:

**This means it won't be covered in 2017.** Talk to your doctor about switching to a covered drug to treat your health problem. Your doctor may also ask for a drug to be covered if you have a medically necessary need for it. Coverage may not be possible for all drugs, but we may look into your case with your doctor. If you want to take a drug that is not covered, you may have to pay its full cost.

#### What you need to know:

You can see the **2017 Covered Drug List** at [bcbsla.com/covereddrugs](http://bcbsla.com/covereddrugs). Taking covered drugs will save you money because, with your health plan, you won't have to pay the full cost.

## Common Drugs Not Covered in 2017

*Key: BRAND medications are listed in UPPER CASE and generics in lower case. \*Drugs with an asterisk are covered in selected strengths and/or dosage forms.*

ABSORICA	BECONASE AQ	CLINPRO 5000	DYMISTA
ACANYA	BELBUCA	CLOCORTOLONE PIVALATE	EASY TOUCH TEST STRIPS
ACCU-CHEK TEST STRIPS	BELSOMRA	CLODERM	ECOZA
ACTICLATE	benzonatate 100 mg cap*	COLCRYST	EDARBI
ADVOCATE TEST STRIPS	BETASERON	CONDYLOX	EDARBYCLOR
ADZENYS XR-ODT	BRISDELLE	CONZIP	EDLUAR
AFREZZA	BUNAVAIL	CORDRAN CREAM/OINTMENT*	ELIXOPHYLLIN
ALOGLIPTIN-METFORMIN	BUPHENYL	CUPRIMINE	EPIDUO
ALOGLIPTIN-PIOGLITAZONE	buprenorphine	CUVPOSA	EPIDUO FORTE
ALORA	buprenorphine-naloxone	cyclobenzaprine 7.5 mg*	EPIFOAM
AMICAR	CAMBIA	CYCLOGYL	ESTROGEL
AMRIX	CAPCOF	DAKLINZA	EVEKEO
ANALPRAM HC	CAPEX SHAMPOO	DEPO-TESTOSTERONE	EVZIO
ANDRODERM	CARAC	desloratadine odt*	FABIOR
ANGELIQ	CARDIZEM LA	DESONATE	FARXIGA
ANTARA	carisoprodol 250 mg*	DESVENLAFAXINE ER	FENOFIBRATE*
APLENZIN	CITRANATAL 90 DHA	DESVENLAFAXINE FUMARATE ER	FENOPROFEN 400 MG*
APRISO	CITRANATAL ASSURE	DEXPAK	FENTORA
APTENSIO XR	CITRANATAL B-CALM	DIFFERIN	FLAREX
ASTAGRAF XL	CITRANATAL DHA	doxycyclate monohydrate 150 mg*	FLECTOR
AURYXIA	CITRANATAL HARMONY	doxycycline dr*	FLUOROURACIL 0.5% CREAM*
AVAR*	CITRANATAL RX	DOXYCYCLINE IR-DR*	FLUOXETINE 60 MG TAB*
AZASAN	CLARINEX SYRUP	DUET DHA BALANCED	FORADIL
AZELEX	CLARINEX-D 12 HOUR	duloxetine 40 mg*	FORFIVO XL
AZOR	CLINDAGEL	DYANAVEL XR	FORTESTA

FOSAMAX PLUS D	NESINA	PREVACID	TEXACORT
FOSRENOL	NESTABS	PREVIDENT	TIVORBEX
FREESTYLE TEST STRIPS	NESTABS DHA	PROCENTRA	TOBI PODHALER
GELNIQUE	NITRO-DUR	PROCORT	TOLAK
GENOTROPIN	nitroglycerin spray (lingual only)*	PROCTOFOAM-HC	TOPICORT
GMATE TEST STRIPS	NORITATE	PRODIGY NO CODING TEST STRIPS	TOPIRAMATE ER*
GRALISE	NUCYNTA ER	PRO-RED AC	TRAMADOL CAPS*
GRASTEK	OB COMPLETE	PROTONIX GRANULES	TREXALL
HALOG	OB COMPLETE ONE	PROVIDA DHA	TRIBENZOR
HORIZANT	OB COMPLETE PETITE	PROVIDA OB	TRICARE
HUMULIN N U-100	OB COMPLETE WITH DHA	PURIXAN	TRICARE PRENATAL DHA ONE
HUMULIN R U-100	OBTREX DHA	QUILLICHEW ER	TRIGLIDE
INDERAL XL	olanzapine-fluoxetine	RAGWITEK	TRISTART DHA
INNOPRAN XL	OMNITROPE	ranitidine caps*	ULTIMA TEST STRIPS
ISORDIL	ONETOUCH TEST STRIPS	RASUVO	URELLE
JUBLIA	ONEXTON	RAYOS	URIBEL
KARBINAL ER	ONGLYZA	RELION INSULINS	VARUBI
KAZANO	ONZETRA XSAIL	RELION PRIME TEST STRIPS	VASCEPA
KERYDIN	OPANA ER	RENAGEL	venlafaxine er tabs*
KHEDEZLA	ORACEA	RETIN-A MICRO PUMP	VERAMYST
klor-con pkt (20 mEq only)*	ORALAIR	RIOMET	VERDESO
KLOR-CON PKT (25 mEq only)*	OSENI	RITALIN LA	VEREGEN
KOMBIGLYZE XR	OSMOPREP	ROSULA	VERIPRED 20
KRISTALOSE	OTREXUP	ROZEREM	VIEKIRA PAK
K-TAB ER*	OVACE PLUS	SAIZEN	VIOKACE
LAMICTAL STARTER PACK	OXAYDO	SANCUSO	VITAFOL
LIPOFEN	OXISTAT	SARAFEM	VITAFOL NANO
LOCOID	OXYCODONE HCL ER*	SELECT-OB	VITAFOL ULTRA
LORTAB SOLUTION	PANCREAZE	SELECT-OB + DHA	VITAFOL-OB+DHA
LORZONE	PANDEL	SEROSTIM	VITAFOL-ONE
MAXIDEX	PAXIL SUSPENSION	SHOHL'S MODIFIED	VIVLODEX
MEDROL	PENNSAID	SILENOR	WAVESENSE PRESTO TEST STRIPS
megestrol acetate 625mg/5mL*	PERTZYE	SITAVIG	XARTEMIS XR
MEMANTINE TITRATION PACK*	PEXEVA	SOLODYN	XIGDUO XR
MENOSTAR	PLEXION	SOOLANTRA	XOLEGEL
metformin er (osmotic)*	POLY-TUSSIN AC	SORILUX	ZEMBRACE SYMTOUCH
metformin er (gastric retention)*	PRAMOSONE	SPRITAM	ZENZEDI
MILLIPRED	PREFEST	SPRIX	ZEPATIER
minocycline er*	PRENATAL 19	SUBSYS	ZIPSOR
MITIGARE	PRENATE AM	SUMAVEL DOSEPRO	ZOHYDRO ER
NALFON	PRENATE DHA	SUMAXIN	zolpidem sublingual*
NAMZARIC	PRENATE ELITE	SYMAX DUOTAB	ZONALON
NAPRELAN	PRENATE ENHANCE	TACLONEX	ZORVOLEX
naproxen sodium cr*	PRENATE ESSENTIAL	TANZEUM	ZOVIRAX
naproxen sodium er*	PRENATE MINI	TAZORAC	ZYCLARA
NEO-SYNALAR	PRENATE PIXIE	TECHNIVIE	
NEPHRO-VITE	PRESTALIA	TESTIM	

**Key:** BRAND medications are listed in UPPER CASE and generics in lower case. \*Drugs with an asterisk are covered in selected strengths and/or dosage forms.

## 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 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](http://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.

Aerospan®	Pulmicort Flexhaler®
Alvesco®	Qudexy® XR
Arcapta™ Neohaler™	Restasis®
Asmanex® HFA	Savaysa®
Asmanex® Twisthaler®	Seebri™ Neohaler®
Bethkis®	Stiolto™ Respimat®
Brovana®	TOBI® Podhaler™
Cayston®	Trokendi XR®
Dulera®	Tudorza® Pressair®
Perforomist®	Utibron™ Neohaler®
Pradaxa®	Xopenex HFA®
Proventil® HFA	

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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.

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<b>Common Use or Conditions</b>	<b>Drugs That Treat Those Conditions</b>
Antifungal	Ertaczo <sup>®</sup> , Exelderm <sup>®</sup> , Luzu <sup>®</sup> , Mentax <sup>®</sup> , Naftifine 1% Cream, Naftin <sup>®</sup> gel, Oravig <sup>®</sup>
Anti-infective	Daraprim <sup>®</sup>
Asthma	Zyflo <sup>®</sup> , Zyflo CR <sup>®</sup>
Cystic Fibrosis	tobramycin inhalation
High Cholesterol	Livalo <sup>®</sup>
Narcolepsy	Xyrem <sup>®</sup>
Skin Conditions	acyclovir ointment, Denavir <sup>®</sup> , Elidel <sup>®</sup> , tacrolimus ointment

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**Find out more:** To learn more about your drug coverage, go to [bcbsla.com/pharmacy](http://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.