

Generic Drug Watch for 2015

The generic drugs listed below are expected to become available in 2015
lowercase print = generic; UPPERCASE PRINT = BRAND

Brand Name	Generic Counterpart	Common Indication
ABILITY	aripiprazole	Bipolar disorder
CELEBREX	celecoxib	Pain
COPAXONE	glatiramer acetate	Multiple Sclerosis
INTUNIV	guanfacine	ADHD
NAMENDA	memantine	Alzheimer's disease
NEXIUM	esomeprazole	Acid reflux
RENAGEL	sevelamer	Kidney disease
TAZORAC GEL	tazarotene	Acne
WELCHOL	colesevelam	Diabetes
VIRACEPT	nelfinavir	HIV



Newly Marketed Drugs

Newly Marketed Drugs				
Key: PAR = Prior Authorization Required; EPA/ST = Enhanced Prior Authorization/Step Therapy Required; QLL = Quantity Level Limits Apply Lowercase print = generic; UPPERCASE PRINT = BRAND				
Drug	Commercial* (Open/Closed)	Selectively Closed**	Indication	Preferred Alternatives
ANORO ELLIPTA	4	NC	COPD	SPIRIVA, TUDORZA
APTIOM	4	NC	Seizures	oxcarbazepine, carbamazepine
DUAVEE	4	NC	Menopause	raloxifene , PREMARIN
EVZIO	3	2	Antidote	N/A
FARXIGA	4	NC	Diabetes	JANUVIA, TRADJENTA
FYCOMPA (PAR)	4	NC	Seizures	felbamate , tiagabine
HETLIOZ*	4	NC	Sleep Disorder	zolpidem (QLL), ROZEREM
LUZU	4	NC	Fungal Infections	econazole
MYALEPT* (PAR)	3	2	Lipodystrophy	N/A
ORENITRAM* (PAR)	4	NC	Pulmonary Arterial Hypertension	ADCIRCA (PAR)
OTEZLA [#] (PAR, QLL)	4	NC	Psoriatic Arthritis	HUMIRA (PAR, QLL), ENBREL (PAR, QLL)
SIVEXTRO	3	2	Infections	N/A
TANZEUM (EPA)	4	NC	Diabetes	BYETTA (EPA)
XARTEMIS XR	4	NC	Pain	morphine sulfate (QLL)
ZOHYDRO ER	4	NC	Pain	morphine sulfate (QLL)
ZONTIVITY	4	NC	Blood thinner	clopidogrel
ZYKADIA [#] (PAR)	3	2	Lung Cancer	N/A

*Tier 1 = generic preferred, Tier 2 = generic non-preferred, Tier 3 = brand preferred/formulary, Tier 4 = brand non-preferred/non-formulary

**Tier 1 = generic, Tier 2 = brand preferred/formulary, Tier 3 = brand non-preferred/non-formulary, NC/NF = Not Covered / non-formulary (Healthy Benefits)

[#] Denotes Specialty for Commercial Members

The information contained in this document is current at the time of printing, is not all encompassing, and is subject to change.

Harrisburg, PA 17177 | capbluecross.com

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.



Products Changing Tier Status

The following medications are changing tier status effective January 1, 2015.

(UPPERCASE = BRAND, lowercase = generic, PAR = Prior Authorization Required; EPA/ST = Enhanced Prior Authorization/Step Therapy Required; QLL = Quantity Level Limits Apply, # = Specialty)

For Commercial Open/Closed Members:

(Tier 1 = generic preferred, Tier 2 = generic non-preferred, Tier 3 = brand preferred/formulary, Tier 4 = brand non-preferred/non-formulary)

- **Tier 1 to Tier 2** (Impacted members will be notified)– acetylcysteine 20%, amitriptyline hcl tab 100 mg, ampicillin cap 500 mg, baclofen tab 10 mg, b-complex w/ c & folic acid cap 1 mg, belladonna alkaloids-phenobarbital tab 16.2 mg, benzoyl peroxide liq 5%, bumetanide tab, butalbital-acetaminophen-caffeine tab 50-325-40 mg, butalbital-aspirin-caffeine tab 50-325-40 mg, captopril tab, carbinoxamine maleate soln 4 mg/5ml, cefuroxime axetil tab 250 mg, cephalexin susp 125 mg/5ml, cephalexin tab 250 mg, chlorthalidone tab 25 mg, cimetidine tab 400 mg, cimetidine tab 800 mg, digoxin tab 125 mcg (0.125 mg), digoxin tab 250 mcg (0.25 mg), diltiazem hcl tab 90 mg, diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml, dipyridamole tab 25 mg, doxazosin mesylate, estazolam tab 1 mg, estropipate tab 1.5 mg, fe fumarate-vit c-vit b12-fa cap 460 (151 fe)-60-0.01-1 mg, ferrous fumarate-fa-b complex-c-zn-mg-mn-cu tab 106-1, fluconazole tab 100 mg, flunisolide nasal soln 29 mcg/act (0.025%), fluorometholone ophth susp 0.1%, fluoxetine hcl tab 20 mg, flurbiprofen tab 50 mg, gentamicin sulfate oint 0.1%, glucose gel 40%, haloperidol tab, hydralazine hcl tab 25 mg, hydrocortisone rectal cream 2.5%, isoniazid tab 100 mg, isosorbide dinitrate sl tab 2.5 mg, ketoprofen cap, ketorolac tromethamine tab 10 mg, lactic acid w/ vitamin e cream 10%-3500 unit/30gm, levothyroxine sodium tab 175 mcg, levothyroxine sodium tab 200 mcg, levothyroxine sodium tab 300 mcg, loxapine succinate cap 5 mg, methotrexate sodium inj 25 mg/ml, metolazone tab 2.5 mg, midazolam hcl syrup 2 mg/ml (base equivalent), morphine sulfate oral soln 10 mg/5ml, morphine sulfate tab 15 mg, multiple vitamins w/ minerals cap/tab, oxybutynin chloride tab 5 mg, oxycodone w/ acetaminophen tab 5-325 mg, pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml, pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml, pediatric vitamins acd fluoride & fe drops 0.25-10 mg/ml, pediatric vitamins acd w/ fluoride soln 0.25 mg/ml, pediatric vitamins acd w/ fluoride soln 0.5 mg/ml, phenobarbital tab 16.2 mg, phenobarbital tab 64.8 mg, phenobarbital tab 97.2 mg, pot & sod citrates w/ cit ac syrup 550-500-334 mg/5ml, potassium chloride oral liq 10% (20 meq/15ml), potassium chloride oral liq 20% (40 meq/15ml), potassium citrate & citric acid soln 1100-334 mg/5ml, pravastatin sodium tab, prazosin hcl cap 2 mg, prazosin hcl cap 5 mg, prednisone oral soln 5 mg/5ml, prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg, prenatal vit w/ fe fumarate-fa tab 29-1 mg, prenatal vit w/ iron carbonyl-fa tab 29-1 mg, proparacaine hcl ophth soln 0.5%, pseudoephedrine-bromphen-kodeine liq 10-1.33-6.33 mg/5m, quinidine sulfate tab 200 mg, sodium chloride inj 4 meq/ml (23.4%), sodium fluoride tab 1 mg f (from 2.2 mg naf), sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%, tamoxifen citrate tab 10 mg (base equivalent), tamoxifen citrate tab 20 mg (base equivalent), tetracycline hcl cap 500 mg, thiothixene cap 1 mg, triamcinolone acetonide oint 0.05%, triazolam tab, trifluoperazine hcl tab 1 mg, tropicamide ophth soln 0.5%, zonisamide cap 25 mg.

Harrisburg, PA 17177 | capbluecross.com

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

- **Tier 2 to Tier 1** – alendronate tab 5 mg, amoxicillin (trihydrate) chew tab 125 mg, amoxicillin (trihydrate) chew tab 250 mg, azithromycin tab 250 mg, bisoprolol & hydrochlorothiazide tab 10-6.25 mg, bisoprolol & hydrochlorothiazide tab 5-6.25 mg, buspirone hcl tab 10 mg, carbamazepine chew tab 100 mg, chloral hydrate cap 500 mg, clindamycin hcl cap 300 mg, codeine sulfate tab 15 mg, hydralazine hcl tab 10 mg, isosorbide mononitrate tab 10 mg, leucovorin calcium tab 5 mg, levofloxacin tab 250 mg, levofloxacin tab 500 mg, lithium carbonate cap 600 mg, lorazepam tab 2 mg, metolazone tab 10 mg, morphine sulfate oral soln 20 mg/5ml, mupirocin ointment 2%, phenobarbital tab 30 mg, pramoxine-hc-chloroxylenol otic solution 10-10-1 mg/ml, ramipril cap 10 mg, risperidone tab 1 mg, selenium sulfide lotion 2.5%, sodium fluoride paste 1.1%, sodium fluoride-potassium nitrate paste 1.1-5%, thioridazine hcl tab 50 mg, trimethoprim tab 100 mg.
- **Tier 4 to Tier 3** – ANORO ELIPTA, LANTUS SOLOSTAR
- **Tier 3 to Tier 4** - BAYER INSULIN TEST STRIPS, ZYVOX (Impacted members will be notified)

For Commercial Selectively Closed Members:

(Tier 1 = generic, Tier 2 = brand preferred/formulary, Tier 3 = brand non-preferred/non-formulary, NC = Not Covered)

- **Not Covered to Tier 2** – ANORO ELIPTA, LANTUS SOLOSTAR
- **Tier 2 to Not Covered** - BAYER INSULIN TEST STRIPS (Impacted members will be notified)
- **Tier 2 to Tier 3** – ZYVOX (Impacted members will be notified)

The information contained in this document is current at the time of printing, is not all encompassing, and is subject to change.



Capital BlueCross Formulary and Pharmacy Utilization Management Program Updates

Pharmacy Management Program Updates

Effective January 1, 2015 (unless otherwise noted)

KEY: (PAR) = Prior Authorization Required; (EPA/ST) = Enhanced Prior Authorization/Step Therapy Required;
(QLL) = Quantity Level Limits Apply
lowercase print = generic; UPPERCASE PRINT = BRAND

Utilization Management Program Updates

Effective January 1, 2015 unless otherwise noted

Drug Class/Drug	Commercial* (open/ closed)	Selectively Closed**	PAR	EPA/ ST	QLL	Purpose/Guidelines/ Limits
AMRIX ^ (PAR)	X	X	X			Subject to PA for trial and failure or intolerance to cyclobenzaprine immediate release and at least one other skeletal muscle relaxant (e.g. tizanidine, baclofen, dantrolene, orphenadrine, carisoprodol, methocarbamol, or metaxalone)
ANTI-INFLAMMATORY AGENTS (PAR)^: VIMOVO, DUEXIS, NAPRELAN, PENNSAID, ZIPSOR, ZORVOLEX	X	X	X			Subject to PA for trial and failure or intolerance to two formulary alternatives (e.g. naproxen, ibuprofen, diclofenac sodium, diclofenac potassium, VOLTAREN GEL).
BAYER AND OTHER BRANDS OF INSULIN TEST STRIPS (PAR)^	X	X	X			Subject to PA for trial/failure of LifeScan One Touch test strips
COMPOUNDS (PAR)^	X	X	X			Subject to PA for medical necessity.
FYCOMPA%	X	X	X			Subject to PA for diagnosis of seizures and required monitoring for psychiatric reactions.
HETLIOZ%	X	NC/NF	X			Subject to PA for diagnosis of non-24 hour sleep-wake disorder in blind patients.
MYALEPT%	X	X	X			Subject to PA for diagnosis of congenital or acquired generalized lipodystrophy.
ORENITRAM%	X	NC/NF	X			Subject to PA for diagnosis of pulmonary arterial hypertension.

Harrisburg, PA 17177 | capbluecross.com

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

Pharmacy Management Program Updates

Effective January 1, 2015 (unless otherwise noted)

KEY: (PAR) = Prior Authorization Required; (EPA/ST) = Enhanced Prior Authorization/Step Therapy Required;
 (QLL) = Quantity Level Limits Apply
 lowercase print = generic; UPPERCASE PRINT = BRAND

Utilization Management Program Updates

Effective January 1, 2015 unless otherwise noted

Drug Class/Drug	Commercial (open/closed)	Commercial Selectively Closed	PAR	EPA/ST	QLL	Purpose/Guidelines/Limits
OTEZLA ^{#%} (PAR, QLL)	X	NC/NF	X		X	Subject to PA for diagnosis of psoriatic arthritis requiring and prior trial of a conventional DMARD therapy (e.g. methotrexate), HUMIRA (PAR, QLL), and ENBREL (PAR, QLL); Limit to 60 capsules per 30 days.
TANZEUM (EPA)	X	NC/NF		X		Trial and failure to an oral diabetic agent (e.g. metformin , glipimipiride)
XARTEMIS XR (QLL)	X	NC/NF			X	Limit to 120 tablets per 30 days.
ZOHYDRO ER (QLL)	X	NC/NF			X	Limit to 60 capsules per 30 days
ZYKADIA ^{#%} (PAR)	X	X			X	Subject to PA for diagnosis of ALK-positive metastatic non-small cell lung cancer and prior trial or intolerance to XALKORI

*Tier 1 = generic preferred, Tier 2 = generic non-preferred, Tier 3 = brand preferred/formulary, Tier 4 = brand non-preferred/non-formulary

**Tier 1 = generic, Tier 2 = brand preferred/formulary, Tier 3 = brand non-preferred/non-formulary, NC = Not Covered

% Newly marketed drug – Program implemented immediately.

^AMembers will be notified

[#] Denotes specialty medication for commercial

Specialty Drug Watch for 2015

The following specialty drugs are expected to be reviewed for approval by the Food and Drug Administration in 2015. Specialty drugs are biotech and other self-administered prescription drugs that are typically used in the treatment of complex illnesses.

Expected Name	
ataluren	lumacaftor
alirocumab	macimorelin acetate
asfotase alfa	migalastat (AMIGAL)
baricitinib	nintedanib
cholbam	neratinib
daclatasvir	olaparib
entinostat	panobinostat
evolocumab	palbociclib
faldaprevir	pirfenidone
ledipasvir/sofosbuvir	ritonavir/ombitasvir/dasabuvir

The information contained in this document is current at the time of printing, is not all encompassing, and is subject to change.