



South Carolina

BlueCross BlueShield of South Carolina
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communications

Pharmacy Changes Effective July 2014

BlueCross BlueShield of South Carolina offers pharmacy benefits programs that provide the highest level of clinical effectiveness and safety for the lowest cost. To accomplish this, we work with a committee composed of our network physicians and pharmacists to develop and maintain a Preferred Drug List (PDL) and Specialty Drug List. They base all decisions on a drug's effectiveness, safety and overall value.

Based on their feedback, we will make the changes outlined in this communication effective July 1, 2014 (unless noted otherwise). These changes apply to groups that use these lists:

- Preferred Drug List
- Try Generics List
- Step Therapy List
- Prior Authorization List
- Specialty Drug List

NOTE: Please pay careful attention to the Specialty Drug section, as there are some new changes that will be important to understand.

We encourage you to share this information with all of your employees who are BlueCross members. Members can access their member-specific pharmacy information through My Health Toolkit®.

Preferred Drug List Changes

Drug Name	Action	Member Notification
Hectorol	Move from preferred status to non-preferred status due to a new generic launch	No target member letters will be sent since generics are available.

Try Generics Drug List Changes

Drug Name	Action	Member Notification
Zorvolex (arthritis/pain category)	Addition to the Try Generics List	Minimal impact; those impacted will receive notification.
Hectorol	Move from preferred status to non-preferred status, due to a new generic launch	No target member letters will be sent since generics are available.



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Step Therapy List Changes

Drug Name	Action	Member Notification
Fetzima (depression category)	Addition to the Step Therapy List	Current users will be grandfathered. No member communications are planned.

Prior Authorization List Changes

Specialty Drug Name	Action	Member Notification
Aubagio	Addition to the Prior Authorization List	Current users will be grandfathered. No member communications are planned.
Gilenya		
Tecfidera		

Additions to the Specialty Drug List

Drugs to be added to the Specialty Drug List as soon as they are available:

Specialty drugs are coming out faster and faster. Due to the high price and complexity of the drugs and conditions they treat, we want to ensure that these drugs are added to the Specialty Drug List appropriately, before patients begin using them. The following drugs will be added to the Specialty Drug list as soon as they come to market. *Also, all new specialty drugs may be added with prior authorization, immediately or as soon as feasible.*

Drugs to Be Added to the Specialty Drug List	Expected Launch Date	Member Notification
Hetlioz	2 nd quarter 2014	As these drugs are not available yet, there will be no communications due to no member impact.
Orenitram	2 nd or 3 rd quarter 2014	
Tretten	2 nd quarter 2014	
Otezla	2 nd quarter 2014	

Members with a specialty drug copayment or coinsurance may pay more for these drugs effective July 1 and may be limited to a 30-day supply. Members **with** a retail lock benefit will be required to fill



these drugs at Accredo, our preferred specialty pharmacy. Accredo is an independent company that provides specialty pharmacy benefits on behalf of our members' health plans. Members **without** a retail lock benefit may fill their specialty drug at Accredo or any participating retail pharmacy. Accredo is the only specialty pharmacy that is in our specialty network.

Changes to the Specialty Drug List

Infertility Drugs: If you cover infertility drugs, beginning July 1, they will take a specialty copayment and be retail locked for members who have this benefit.

Specialty Drug List Changes For Fertility Drugs		
Drug Name	Action	Member Notification
Bravelle, Gonal-F, Follistim AQ	These drugs will have to be filled at our preferred specialty pharmacy, Accredo, for members who have a retail lock benefit. Members who have a specialty benefit may also pay more for these drugs beginning July 1.	We will send letters to members who currently use the drugs and will have a different copayment or will have to get prescriptions filled at a different pharmacy.

For a chart of drugs with preferred and non-preferred options, please see page 4. Remember that when there are preferred drugs in a category, members must try a preferred drug before their benefits will cover a non-preferred drug. Also, some preferred drugs require utilization management, such as prior authorization or step therapy.

Update to Our Specialty Drug Strategy

BlueCross is adopting a new strategy on excluding a drug from coverage. Several things have driven this decision:

- **Clinical:** As more drugs become available, we see more drugs that provide the same benefit and outcomes as older drugs. When there are already comparable options, we can choose to consider the drug that provides the best financial advantage for the same clinical outcome.
- **Financial:** With more specialty drugs available, we have seen a trend toward increased costs for these drugs. With few options for stemming the tide of rapidly rising specialty drug costs, we must look to opportunities to steer members to cost effective and efficacious specialty drug options. Excluding a drug from a category will help to achieve this goal.



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For July 1, Betaseron, an interferon drug that treats multiple sclerosis, will be excluded. Extavia is a comparable drug that provides an option for members currently on Betaseron. There are also several other covered drugs that treat multiple sclerosis.

Members will have access to a “non-formulary exception process,” which will allow them to request coverage, to continue their drug.

Drug Name	Action	Member Notification
Betaseron (multiple sclerosis)	No longer covered	We will send members an initial letter around May 1 and a reminder letter June 15. Accredo will also attempt to call members who are currently using Accredo as their dispensing pharmacy.

Specialty Drug Categories with Preferred/Non-Preferred Options*		
Condition/Treatment Category	Preferred	Non-preferred
Growth hormone	Genotropin, Humatrope, Norditropin	Nutropin, Nutropin AQ, Omnitrope, Saizen, Tev-Tropin
Hepatitis C	Pegasys (Injectable) Rebetol, Incivek, Victrelis (Oral agents)	Pegintron (Injectable) Olysio, Sovaldi (Oral agents)
Hyaluronic acid (for knee arthritis)	Euflexxa	Synvisc, Synvisc One, Gel One, Hyalgan, Supartz, Orthovisc, Monovisc
Infertility	Bravelle, Gonal-F	Follistim AQ
Multiple sclerosis**	Avonex, Copaxone, Extavia, Rebif (Injectable disease)	



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	modifying agents) Tecfidera, Gilenya (Oral disease modifying agents) Ampyra (Oral symptomatic agent)	Aubagio (Oral disease modifying agent)
Rheumatoid arthritis/ inflammatory conditions	Enbrel, Humira	Actemra, Cimzia, Remicade, Simponi, Simponi Aria, Stelara, Xeljanz, Otezla

*Some drugs require utilization management, such as prior authorization or step therapy.

**Betaseron, an injectable disease modifying agent, is a non-covered drug.

For more information, please contact your BlueCross representative.