BlueCross BlueShield of Illinois

Blue Cross Community ICP

ICP Formulary Updates

July 2017

TRADE NAME (generic name)	Effective Date	Description of Change	Brand/ Generic
adapalene cream 0.1%	2017-07-01	Removal	Generic
adapalene gel 0.3%	2017-07-01	Removal	Generic
adefovir dipivoxil tab 10 mg	2017-07-01	Removal	Generic
ADVAIR DISKUS (fluticasone-salmeterol aer powder ba 100-50 mcg/dose)	2017-07-01	Removal	Brand
ADVAIR DISKUS (fluticasone-salmeterol aer powder ba 250-50 mcg/dose)	2017-07-01	Removal	Brand
ADVAIR DISKUS (fluticasone-salmeterol aer powder ba 500-50 mcg/dose)	2017-07-01	Removal	Brand
albuterol sulfate tab 2 mg	2017-07-01	Removal	Generic
albuterol sulfate tab 4 mg	2017-07-01	Removal	Generic
albuterol sulfate tab sr 12hr 4 mg	2017-07-01	Removal	Generic
albuterol sulfate tab sr 12hr 8 mg	2017-07-01	Removal	Generic
amphetamine-dextroamphetamine cap sr 24hr 5 mg	2017-07-01	Removal	Generic
amphetamine-dextroamphetamine cap sr 24hr 10 mg	2017-07-01	Removal	Generic
amphetamine-dextroamphetamine cap sr 24hr 15 mg	2017-07-01	Removal	Generic
amphetamine-dextroamphetamine cap sr 24hr 20 mg	2017-07-01	Removal	Generic
amphetamine-dextroamphetamine cap sr 24hr 25 mg	2017-07-01	Removal	Generic
amphetamine-dextroamphetamine cap sr 24hr 30 mg	2017-07-01	Removal	Generic
bromocriptine mesylate cap 5 mg (base equivalent)	2017-07-01	Removal	Generic
butorphanol tartrate nasal soln 10 mg/ml	2017-07-01	Removal	Generic
carbamazepine cap sr 12hr 100 mg	2017-07-01	Removal	Generic
carbamazepine cap sr 12hr 200 mg	2017-07-01	Removal	Generic
carbamazepine cap sr 12hr 300 mg	2017-07-01	Removal	Generic
carbidopa & levodopa orally disintegrating tab 10-100 mg	2017-07-01	Removal	Generic
carbidopa & levodopa orally disintegrating tab 25-250 mg	2017-07-01	Removal	Generic
carbidopa & levodopa orally disintegrating tab 25-100 mg	2017-07-01	Removal	Generic
CEM-UREA (urea soln 45%)	2017-07-01	Removal	Brand
ciclopirox olamine susp 0.77% (base equiv)	2017-07-01	Removal	Generic
COMPLERA (emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg)	2017-07-01	Removal	Brand
CYCLOPHOSPHAMIDE (cyclophosphamide cap 25 mg)	2017-06-14	Addition	Brand
CYCLOPHOSPHAMIDE (cyclophosphamide cap 50 mg)	2017-06-14	Addition	Brand
DEXEDRINE (Dextroamphetamine sulfate tab 5 mg)	2017-07-01	Removal	Brand
DEXEDRINE (Dextroamphetamine sulfate tab 10 mg)	2017-07-01	Removal	Brand

continued

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dextroamphetamine sulfate cap sr 24hr 5 mg	2017-07-01	Removal	Generic
dextroamphetamine sulfate cap sr 24hr 10 mg	2017-07-01	Removal	Generic
dextroamphetamine sulfate cap sr 24hr 15 mg	2017-07-01	Removal	Generic
dextroamphetamine sulfate tab 5 mg	2017-07-01	Removal	Generic
dextroamphetamine sulfate tab 10 mg	2017-07-01	Removal	Generic
DULERA (mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act)	2017-07-01	Removal	Brand
DULERA (mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act)	2017-07-01	Removal	Brand
ENDOCET (Oxycodone w/ acetaminophen tab 2.5-325 mg)	2017-07-01	Removal	Brand
ENTRESTO (sacubitril-valsartan tab 24-26 mg)	2017-07-01	Addition	Brand
ENTRESTO (sacubitril-valsartan tab 49-51 mg)	2017-07-01	Addition	Brand
ENTRESTO (sacubitril-valsartan tab 97-103 mg)	2017-07-01	Addition	Brand
ENVARSUS XR (tacrolimus tab sr 24hr 1 mg)	2017-06-20	Removal	Brand
epinastine hcl ophth soln 0.05%	2017-07-01	Removal	Generic
EVOTAZ (atazanavir sulfate-cobicistat tab 300-150 mg (base equiv))	2017-07-01	Removal	Brand
famciclovir tab 125 mg	2017-07-01	Removal	Generic
felbamate susp 600 mg/5ml	2017-07-01	Removal	Generic
felbamate tab 400 mg	2017-07-01	Removal	Generic
felbamate tab 600 mg	2017-07-01	Removal	Generic
fentanyl citrate lozenge on a handle 200 mcg	2017-07-01	Removal	Generic
fentanyl citrate lozenge on a handle 400 mcg	2017-07-01	Removal	Generic
fentanyl citrate lozenge on a handle 600 mcg	2017-07-01	Removal	Generic
fentanyl citrate lozenge on a handle 800 mcg	2017-07-01	Removal	Generic
fentanyl citrate lozenge on a handle 1200 mcg	2017-07-01	Removal	Generic
fentanyl citrate lozenge on a handle 1600 mcg	2017-07-01	Removal	Generic
flavoxate hcl tab 100 mg	2017-07-01	Removal	Generic
fluoxetine hcl cap 40 mg	2017-07-01	Removal	Generic
fluoxetine hcl tab 10 mg	2017-07-01	Removal	Generic
fluoxetine hcl tab 20 mg	2017-07-01	Removal	Generic
FORTEO (teriparatide (recombinant) inj 600 mcg/2.4ml)	2017-07-01	Removal	Brand
FUZEON (enfuvirtide for inj 90 mg)	2017-07-01	Removal	Brand
glipizide-metformin hcl tab 2.5-500 mg	2017-07-01	Removal	Generic
glipizide-metformin hcl tab 2.5-250 mg	2017-07-01	Removal	Generic
glipizide-metformin hcl tab 5-500 mg	2017-07-01	Removal	Generic
HUMULIN R U-500 (CONCENTRATED) (insulin regular (human) inj 500 unit/ml)	2017-07-01	Removal	Brand
HUMULIN R U-500 KWIKPEN (insulin regular (human) soln pen-injector 500 unit/ml)	2017-07-01	Removal	Brand
hydrocodone-ibuprofen tab 2.5-200 mg	2017-07-01	Removal	Generic

continued

TRADE NAME (generic name)	Effective Date	Description of Change	Brand/ Generic
hydrocodone-ibuprofen tab 5-200 mg	2017-07-01	Removal	Generic
hydrocodone-ibuprofen tab 7.5-200 mg	2017-07-01	Removal	Generic
ibandronate sodium tab 150 mg (base equivalent)	2017-07-01	Removal	Generic
IBUDONE (Hydrocodone-ibuprofen tab 5-200 mg)	2017-07-01	Removal	Brand
INCRUSE ELLIPTA (umeclidinium br aero powd breath act 62.5 mcg/inh (base eq))	2017-07-01	Removal	Brand
INVEGA TRINZA (paliperidone palmitate im extend-release susp 273 mg/0.875ml)	2017-07-01	Removal	Brand
INVEGA TRINZA (paliperidone palmitate im extend-release susp 410 mg/1.315ml)	2017-07-01	Removal	Brand
INVEGA TRINZA (paliperidone palmitate im extend-release susp 546 mg/1.75ml)	2017-07-01	Removal	Brand
INVEGA TRINZA (paliperidone palmitate im extend-release susp 819 mg/2.625ml)	2017-07-01	Removal	Brand
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	2017-07-01	Removal	Generic
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	2017-07-01	Removal	Generic
KISQALI (ribociclib succinate tab 200 mg (base equiv))	2017-07-01	Addition	Brand
lamotrigine orally disintegrating tab 25 mg	2017-07-01	Removal	Generic
lamotrigine orally disintegrating tab 50 mg	2017-07-01	Removal	Generic
lamotrigine orally disintegrating tab 100 mg	2017-07-01	Removal	Generic
lamotrigine orally disintegrating tab 200 mg	2017-07-01	Removal	Generic
lamotrigine tab disp 25 (14) & 50 mg (14) & 100 mg (7) kit	2017-07-01	Removal	Generic
lamotrigine tab disp 25 mg (21) & 50 mg (7) titration kit	2017-07-01	Removal	Generic
lamotrigine tab disp 50 mg (42) & 100 mg (14) titration kit	2017-07-01	Removal	Generic
lamotrigine tab sr 24hr 25 mg	2017-07-01	Removal	Generic
lamotrigine tab sr 24hr 50 mg	2017-07-01	Removal	Generic
lamotrigine tab sr 24hr 100 mg	2017-07-01	Removal	Generic
lamotrigine tab sr 24hr 200 mg	2017-07-01	Removal	Generic
lamotrigine tab sr 24hr 250 mg	2017-07-01	Removal	Generic
lamotrigine tab sr 24hr 300 mg	2017-07-01	Removal	Generic
lansoprazole cap delayed release 15 mg	2017-07-01	Removal	Generic
lansoprazole cap delayed release 30 mg	2017-07-01	Removal	Generic
malathion lotion 0.5%	2017-07-01	Removal	Generic
METADATE ER (Methylphenidate hcl tab cr 20 mg)	2017-07-01	Removal	Brand
methadone hcl conc 10 mg/ml	2017-07-01	Removal	Generic
METHADONE HCL INTENSOL (Methadone hcl conc 10 mg/ml)	2017-07-01	Removal	Brand
methadone hcl soln 5 mg/5ml	2017-07-01	Removal	Generic
methadone hcl soln 10 mg/5ml	2017-07-01	Removal	Generic
methadone hcl tab 5 mg	2017-07-01	Removal	Generic
methadone hcl tab 10 mg	2017-07-01	Removal	Generic
methadone hcl tab for oral susp 40 mg	2017-07-01	Removal	Generic

continued

TRADE NAME (generic name)	Effective Date	Description of Change	Brand/ Generic
METHADOSE (Methadone hcl tab for oral susp 40 mg)	2017-07-01	Removal	Brand
METHYLPHENIDATE HCL (methylphenidate hcl chew tab 2.5 mg)	2017-07-01	Removal	Brand
METHYLPHENIDATE HCL (methylphenidate hcl chew tab 5 mg)	2017-07-01	Removal	Brand
METHYLPHENIDATE HCL (methylphenidate hcl chew tab 10 mg)	2017-07-01	Removal	Brand
methylphenidate hcl soln 5 mg/5ml	2017-07-01	Removal	Generic
methylphenidate hcl soln 10 mg/5ml	2017-07-01	Removal	Generic
methylphenidate hcl tab cr 20 mg	2017-07-01	Removal	Generic
morphine sulfate tab cr 15 mg	2017-07-01	Removal	Generic
morphine sulfate tab cr 30 mg	2017-07-01	Removal	Generic
morphine sulfate tab cr 60 mg	2017-07-01	Removal	Generic
morphine sulfate tab cr 100 mg	2017-07-01	Removal	Generic
morphine sulfate tab cr 200 mg	2017-07-01	Removal	Generic
ODEFSEY (emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg)	2017-07-01	Removal	Brand
olopatadine hcl ophth soln 0.1% (base equivalent)	2017-07-01	Removal	Generic
omeprazole cap delayed release 10 mg	2017-07-01	Removal	Generic
OMNITROPE (somatropin inj 5 mg/1.5ml)	2017-07-01	Removal	Brand
OMNITROPE (somatropin inj 10 mg/1.5ml)	2017-07-01	Removal	Brand
OPSUMIT (macitentan tab 10 mg)	2017-07-01	Removal	Brand
oseltamivir phosphate cap 30 mg (base equiv)	2017-06-01	Removal	Generic
oseltamivir phosphate cap 45 mg (base equiv)	2017-06-01	Removal	Generic
oseltamivir phosphate cap 75 mg (base equiv)	2017-06-01	Removal	Generic
oxycodone w/ acetaminophen tab 2.5-325 mg	2017-07-01	Removal	Generic
OXYCODONE/IBUPROFEN (oxycodone-ibuprofen tab 5-400 mg)	2017-07-01	Removal	Brand
oxymorphone hcl tab 5 mg	2017-07-01	Removal	Generic
oxymorphone hcl tab 10 mg	2017-07-01	Removal	Generic
paliperidone tab sr 24hr 1.5 mg	2017-07-01	Removal	Generic
paliperidone tab sr 24hr 3 mg	2017-07-01	Removal	Generic
paliperidone tab sr 24hr 6 mg	2017-07-01	Removal	Generic
paliperidone tab sr 24hr 9 mg	2017-07-01	Removal	Generic
PREZCOBIX (darunavir-cobicistat tab 800-150 mg)	2017-07-01	Removal	Brand
rabeprazole sodium ec tab 20 mg	2017-07-01	Removal	Generic
repaglinide tab 0.5 mg	2017-07-01	Removal	Generic
repaglinide tab 1 mg	2017-07-01	Removal	Generic
repaglinide tab 2 mg	2017-07-01	Removal	Generic
SELZENTRY (maraviroc tab 150 mg)	2017-07-01	Removal	Brand
simvastatin tab 80 mg	2017-07-01	Removal	Generic
sotalol hcl (afib/afl) tab 80 mg	2017-07-01	Removal	Generic

continued

TRADE NAME (generic name)	Effective Date	Description of Change	Brand/ Generic
sotalol hcl (afib/afl) tab 120 mg	2017-07-01	Removal	Generic
sotalol hcl (afib/afl) tab 160 mg	2017-07-01	Removal	Generic
SPIRIVA RESPIMAT (tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act)	2017-07-01	Removal	Brand
STRATTERA (atomoxetine hcl cap 10 mg (base equiv))	2017-07-01	Removal	Brand
STRATTERA (atomoxetine hcl cap 18 mg (base equiv))	2017-07-01	Removal	Brand
STRATTERA (atomoxetine hcl cap 25 mg (base equiv))	2017-07-01	Removal	Brand
STRATTERA (atomoxetine hcl cap 40 mg (base equiv))	2017-07-01	Removal	Brand
STRATTERA (atomoxetine hcl cap 60 mg (base equiv))	2017-07-01	Removal	Brand
STRATTERA (atomoxetine hcl cap 80 mg (base equiv))	2017-07-01	Removal	Brand
STRATTERA (atomoxetine hcl cap 100 mg (base equiv))	2017-07-01	Removal	Brand
STRIBILD (elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg)	2017-07-01	Removal	Brand
SYNAGIS (palivizumab im soln 50 mg/0.5ml)	2017-06-01	Removal	Brand
SYNAGIS (palivizumab im soln 100 mg/ml)	2017-06-01	Removal	Brand
TAMIFLU (oseltamivir phosphate for susp 6 mg/ml (base equiv))	2017-06-01	Removal	Brand
TAZORAC (tazarotene cream 0.05%)	2017-07-01	Removal	Brand
tiagabine hcl tab 2 mg	2017-07-01	Removal	Generic
tiagabine hcl tab 4 mg	2017-07-01	Removal	Generic
tolcapone tab 100 mg	2017-07-01	Removal	Generic
tramadol-acetaminophen tab 37.5-325 mg	2017-07-01	Removal	Generic
TRIUMEQ (abacavir-dolutegravir-lamivudine tab 600-50-300 mg)	2017-07-01	Removal	Brand
UPTRAVI (selexipag tab 200 mcg)	2017-07-01	Removal	Brand
UPTRAVI (selexipag tab 400 mcg)	2017-07-01	Removal	Brand
UPTRAVI (selexipag tab 600 mcg)	2017-07-01	Removal	Brand
UPTRAVI (selexipag tab 800 mcg)	2017-07-01	Removal	Brand
UPTRAVI (selexipag tab 1000 mcg)	2017-07-01	Removal	Brand
UPTRAVI (selexipag tab 1200 mcg)	2017-07-01	Removal	Brand
UPTRAVI (selexipag tab 1400 mcg)	2017-07-01	Removal	Brand
UPTRAVI (selexipag tab 1600 mcg)	2017-07-01	Removal	Brand
valganciclovir hcl for soln 50 mg/ml (base equiv)	2017-07-01	Removal	Generic
XTANDI (enzalutamide cap 40 mg)	2017-07-01	Addition	Brand
ZENZEDI (Dextroamphetamine sulfate tab 5 mg)	2017-07-01	Removal	Brand
ZENZEDI (Dextroamphetamine sulfate tab 10 mg)	2017-07-01	Removal	Brand

BlueCross BlueShield of Illinois

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hcsc.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-710-6984 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-710-6984 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-710-6984（TTY：711）。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-710-6984 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-710-6984 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-710-6984 (رقم هاتف الصم والبكم:711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-710-6984 (телетайп: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-710-6984 (TTY: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-710-6984 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-710-6984 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-710-6984 (TTY: 711) पर कॉल करें।

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-710-6984 (ATS: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-710-6984 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-710-6984 (TTY: 711).