GenRx Standard Utilization Management (PA, QL,ST) Updates

January 1, 2018

How to use this drug list

This drug list includes updates to Utilization Management (UM) programs. UM may include a prior authorization (PA) requirement, a step therapy (ST) requirement, and/or quantity limitation (QL).

For additional information about the various drug programs, you can refer to Bluecrossmn.com.

This information is subject to change.

Generic drugs are listed in lowercase boldface (e.g., **rabeprazole**)
Brand name drugs are capitalized (e.g., CRESTOR)

Acronyms

PA = Prior Authorization, QL = Quantity Limit per 30 days, ST = Step Therapy Program

±Unless otherwise noted, prior authorization program and quantity limits applies to both brand and generic.

Utilization Management Program discontinued 8/30/17

These programs and quantity limitations may not apply. Check your certificate or other plan information for benefit details.				
BRAND NAME (generic name - if available)	**UM Program**			**Quantity Limit (per 30 days), if applicable±**
BERINERT	PA	QL		10 vials (5,000 IU)
CINRYZE	PA	QL		20 vials (10,000 IU)
FIRAZYR	PA	QL		6 syringes
KALBITOR	PA	QL		4 kits
RUCONEST	PA	QL		8 vials

Utilization Management Program discontinued 12/31/17- Glucose Strip Step Therapy

These programs and quantity limitations may not apply. Check your certificate or other plan information for benefit details.				
BRAND NAME (generic name - if available)	**UM Program**			**Quantity Limit (per 30 days), if applicable±**
glucose test strips, all manufacturers except Bayer/Ascensia			ST	

Changes to Existing Utilization Management Program, Effective 1/1/18

These programs and quantity limitations may not apply. Check your certificate or other plan information for benefit details.				
BRAND NAME (generic name - if available)	**UM Program**			**Quantity Limit (per 30 days), if applicable±**
ARMONAIR RESPICLICK		QL		1 inhaler
BEVYXXA		QL		43 caps/42 days
COTEMPLA XR ODT 17.3 mg, 25.9 mg		QL		60 tabs
COTEMPLA XR ODT 8.6 mg		QL		30 tabs
FIASP, FIASP FLEXTOUCH		QL		100 mL
FLOLIPID 20 mg/5 mL suspension		QL	ST	150 mL
FLOLIPID 40 mg/5 mL suspension		QL	ST	300 mL
HUMALOG JR KWIKPEN		QL		100 mL
IDHIFA	PA	QL		30 tabs
LYNPARZA 100 mg, 150 mg	PA	QL		120 tabs
TRELEGY ELLIPTA		QL		60 blisters
TYMLOS	PA	QL		1.56 mL / 30 days
VERZENIO	PA	QL		60 tabs

New Utilization Management Program Effective 1/1/18- Oral Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Step Therapy

These programs and quantity limitations may not apply. Check your certificate or other plan information for benefit details.				
BRAND NAME (generic name - if available)	**UM Program**			**Quantity Limit (per 30 days), if applicable±**
ANAPROX (**naproxen**)			ST*	
ANAPROX DS (**naproxen**)			ST*	
ARTHROTEC (**diclofenac/misoprosto**l)			ST*	
CAMBIA			ST	
CATAFLAM (**diclofenac potassium**)			ST*	
CELEBREX (**celecoxib**)			ST*	
CLINORIL (**sulindac**)			ST*	

BRAND NAME (generic name - if available)	UM Program			Quantity Limit (per 30 days), if applicable±
DAYPRO (**oxaprozin**)			ST*	
EC-NAPROSYN (**naproxen**)			ST*	
FELDENE (**piroxicam**)			ST*	
FENOPROFEN cap			ST	
FENORTHO			ST	
INDOCIN			ST	
KETOPROFEN cap ER 200 mg			ST	
MECLOFENAMATE			ST	
MOBIC (**meloxicam**)			ST*	
NALFON			ST	
NAPRELAN (**naproxen**)			ST*	
NAPRELAN CR (**naproxen ext-release**)			ST*	
NAPROSYN (**naproxen**)			ST*	
PONSTEL (**mefenamic acid**)			ST*	
TIVORBEX			ST	
TOLMETIN			ST	
VIVLODEX			ST	
VOLTAREN XR (**diclofenac sodium ext-release**)			ST*	
ZIPSOR			ST	
ZORVOLEX			ST	

New Utilization Management Program Effective 1/1/18- Topical Doxepin Prior Authorization (PA)

These programs and quantity limitations may not apply. Check your certificate or other plan information for benefit details.				
BRAND NAME (generic name - if available)	**UM Program**			**Quantity Limit (per 30 days), if applicable±**
DOXEPIN 5% cream	PA	QL		45 g every 30 days[a]
PRUDOXIN 5% cream	PA	QL		45 g every 30 days[a]
ZONALON 5% cream	PA	QL		45 g every 30 days[a]

a – quantity limit is cumulative across agents

New Utilization Management Program Effective 1/1/18- Biologic Immunomodulators Prior Authorization with Quantity Limit (PAQL)

These programs and quantity limitations may not apply. Check your certificate or other plan information for benefit details.				
BRAND NAME (generic name - if available)	**UM Program**			**Quantity Limit (per 30 days), if applicable±**
ACTEMRA	PA	QL		4 syringes/28 days
ENBREL 25 mg/0.5mL	PA	QL		8 syringes/28 days
ENBREL 25 mg/vial, kit	PA	QL		8 vials/28 days
ENBREL 50 mg/mL SureClick autoinjector	PA	QL		4 autoinjections/28 days
ENBREL 50 mg/mL syringe	PA	QL		4 syringes/28 days
CIMZIA 2x200 mg vial, kit	PA	QL		2 vials (1 kit)/28 days
CIMZIA 2x200 mg/mL syringe, kit	PA	QL		2 syringes (1 kit)/28 days
CIMZIA 6x200 mg/mL syringe starter kit	PA	QL		1 kit/180 days
COSENTYX 150 mg/mL pre-filled syringe	PA	QL		1 syringe/28 days
COSENTYX SENSOREADY PEN 150 mg/mL auto-injector	PA	QL		1 injector/28 days
HUMIRA 10 mg/0.2 mL syringe	PA	QL		2 syringes/28 days
HUMIRA 20 mg/0.4 mL, 40 mg/0.8 mL syringe, kit	PA	QL		2 syringes/28 days
HUMIRA 40 mg/0.8 mL pen, Crohn's Starter kit	PA	QL		1 kit/180 days
HUMIRA 40 mg/0.8 mL pen, kit	PA	QL		2 pens (kits)/28 days
HUMIRA 40 mg/0.8 mL pen, Psoriasis Starter kit	PA	QL		1 kit/180 days
HUMIRA 40mg/0.8 mL syringe, Pediatric Crohn's Starter kit (3 syringes)	PA	QL		1 kit/180 days
HUMIRA 40mg/0.8 mL syringe, Pediatric Crohn's Starter kit (6 syringes)	PA	QL		1 kit/180 days
KEVZARA	PA	QL		2 syringes per 28 days.
KINERET 100 mg syringe	PA	QL		30 syringes/30 days
ORENCIA 125 mg/mL (subcutaneous)	PA	QL		4 syringes/28 days
ORENCIA 50 mg/0.4 mL, 87.5 mg/0.7 mL	PA	QL		4 syringes/28 days
ORENCIA ClickJect autoinjector	PA	QL		4 autoinjectors per 28 days
SILIQ	PA	QL		2 syringes/28 days
SIMPONI	PA	QL		1 syringe/28 days
STELARA 45 mg/0.5 mL	PA	QL		1 syringe or vial/84 days

BRAND NAME (generic name - if available)	UM Program			Quantity Limit (per 30 days), if applicable±
STELARA 90 mg/1 mL syringe	PA	QL		1 syringe/56 days
TALTZ	PA	QL		1 syringe/ 28 days
TREMFYA	PA	QL		1 mL (syringe)/ 56 days
XELJANZ	PA	QL		60 tabs
XELJANZ XR	PA	QL		30 tabs

New Utilization Management Program Effective 1/1/18- Otezla Prior Authorization with Quantity Limit (PAQL)

These programs and quantity limitations may not apply. Check your certificate or other plan information for benefit details.				
BRAND NAME (generic name - if available)	**UM Program**			**Quantity Limit (per 30 days), if applicable±**
OTEZLA 10 mg, 20 mg & 30 mg tablet starter pack (two week)	PA	QL		1 starter kit of 55 tablets/180 days
OTEZLA 10 mg, 20 mg & 30 mg tablet starter pack (four week)	PA	QL		1 starter kit of 55 tablets/180 days
OTEZLA 30 mg tabs	PA	QL		60 tabs

BlueCross BlueShield Minnesota

NOTICE OF NONDISCRIMINATION PRACTICES

Effective July 18, 2016

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

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
  Blue Cross and Blue Shield of Minnesota and Blue Plus
  M495
  PO Box 64560
  Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

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
- by phone at:
  1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
  U.S. Department of Health and Human Services
  200 Independence Avenue SW
  Room 509F
  HHH Building
  Washington, DC 20201

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

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိၤကသိကျိာ်ဒီး, တ၊်ကဟ့ဉ်နၤကျိာ်တ၊်မၤစ၊ၤကလီတဖဉ်နူဉ်လီၤ. ကိး 1-866-251-6744 လ၊ TTY အဂိ၊်, ကိး 711 တက့၊်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123 للهاتف النصي. اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສຳລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojį éí béésh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jį' béésh bee hodíílnih.