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► **THIS IS A COPY OF A LETTER
WE'LL SEND TO YOUR
AFFECTED EMPLOYEES.**
*If you have questions, call your sales
representative or contracted agent.*

November 3, 2020

Starting January 1, 2021, we'll change how we cover some drugs on the Clinical, Custom and Custom Select Drug Lists.

Dear Member,

Your health is important to Blue Cross Blue Shield of Michigan and Blue Care Network. We want to ensure that you receive safe, high-quality care that meets your needs. **To accomplish this, we're making some changes to how we cover some drugs on the Clinical, Custom and Custom Select Drug Lists starting January 1, 2021.**

Throughout the year, a group of doctors, pharmacists and other experts, researches drugs to find alternatives or change how we cover them to keep your overall plan affordable.

You or someone on your prescription drug plan filled a prescription for one or more of the drugs on the lists attached to this letter.

Continue reading to find your drug and changes that affect you. Not all changes will impact you. Discuss treatment options with your doctor if you have any concerns. For a complete list of covered drugs, go to bcbsm.com/pharmacy and click *Drug lists*.

If you have any questions about these changes, call the number on the back of your member ID card.

Sincerely,



Trish Stievater, Pharm.D.
Director, Pharmacy Clinical Management

Learn more about your pharmacy benefits at bcbsm.com/pharmacy or log in to your secure member account at bcbsm.com and click Prescription on the My Coverage tab.

Drugs on the Clinical and Custom Drug Lists that won't be covered

We'll no longer cover the following brand name and generic drugs. If you fill a prescription for one of these drugs on or after January 1, 2021, you'll be responsible for the full cost. The drugs that won't be covered are listed along with the preferred alternatives that have similar effectiveness, quality and safety. Unless noted, both the brand name and available generic equivalents won't be covered. The example brand names of preferred alternatives are provided for reference. When a prescription is filled, the generic equivalent is dispensed, if available.

Drugs that won't be covered	Common use/drug class	Preferred alternatives
Carac [®] , fluorouracil 0.5% cream ¹	Skin conditions	Aldara [®] , Efudex [®] , Tolak [®]
Cosentyx [®]	Autoimmune conditions (such as plaque psoriasis and psoriatic arthritis)	Enbrel [®] , Humira [®] , Otezla [®] , methotrexate, Skyrizi [®] , Stelara [®] 45mg, 90mg, Taltz [®] , Tremfya [®]
Humalog Jr Kwikpen [®] (brand)	Diabetes	insulin lispro junior ¹ (nonpreferred brand copay applies)
Inderal XL [®] , Innopran XL [®]	Cardiovascular conditions	Inderal [®] /LA, Inderide [®]
Onexton [®]	Acne	Duac [®] , Benzaclin [®]
ProAir [®] Respiclick [®] , Ventolin HFA [®] , albuterol sulfate HFA ¹ (authorized generic for Ventolin HFA [®])	Bronchospasm	ProAir HFA [®] , Proventil HFA [®]
sodium sulfacetamide, sodium sulfacetamide/sulfur, sodium sulfacetamide/sulfur/urea (Drugs such as: Avar LS [®] , Plexion [®] , SSS 10-5 [®] , Sulfacleanse 8-4 [®] , Sumadan [®] , Sumaxin [®] , Sumaxin TS [®])	Acne	Avar [®] , Avar-E [®] , Klaron [®] , Ovace [®] , Rosanil [®]
Soma [®] , Soma [®] compound with aspirin, Soma [®] compound with codeine	Muscle relaxant	Flexeril [®] , Norflex [®] , Robaxin [®] , Parafon Forte DSC [®] , Zanaflex [®]
Sprix [®] , ketorolac nasal spray ¹	Migraine	generic NSAID (such as Feldene [®] , Indocin [®] capsule, Lodine [®] , Mobic [®] , Motrin [®] , Naprosyn [®] , Voltaren [®]) generic triptan (such as Amerge [®] , Imitrex [®] , Maxalt [®] , Zomig [®])
Zuplenz [®]	Antiemetic	Kytril [®] , Zofran [®] , Zofran [®] ODT

¹ Represents drugs that are considered brand-name drugs and don't have generic equivalents. These may be considered "authorized generics" which are the same as the brand-name drugs but aren't true generic drugs.

Drugs on the Custom Drug List that will have a higher copayment

The brand-name drugs that will have a higher copayment are listed along with the preferred alternatives that have similar effectiveness, quality and safety. The example brand names of preferred alternatives are provided for reference. When a prescription is filled, the generic equivalent is dispensed, if available.

Nonpreferred drugs that will have a higher copayment	Common use/drug class	Preferred alternatives
Aldactazide® 50mg/50mg	Hypertension	Aldactazide® 25mg/25mg
Cortisporin® 1% ointment	Topical antibacterial	Bactroban® ointment; gentamicin cream, ointment
Cyclogyl® 1% 5mL (brand)	Eye dilation	Cyclogyl® 1% (generic)
Depo-Testosterone® (brand)	Testosterone replacement	Depo-Testosterone® (generic)
Diuril® suspension	Hypertension	Diuril® tablet
Hyper-Sal®	Lung decongestant/moisturizer	sodium chloride inhalation (generic)
Medrol® 2mg	Steroid	Medrol® (generic strengths)
SSKI®	Thyroid conditions	strong iodine
Tobrex® ointment	Eye anti-infective	Tobrex® drops
Vibramycin® syrup	Anti-infective	Vibramycin® suspension
Zonalon® 30g (brand)	Skin conditions	Zonalon® 45g (generic)

Drugs on the Custom Select Drug List that won't be covered

We'll no longer cover the following brand name and generic drugs. If you fill a prescription for one of these drugs on or after January 1, 2021, you'll be responsible for the full cost. The drugs that won't be covered are listed along with the preferred alternatives that have similar effectiveness, quality and safety. Unless noted, both the brand name and available generic equivalents won't be covered. The example brand names of preferred alternatives are provided for reference. When a prescription is filled, the generic equivalent is dispensed, if available.

Drugs that won't be covered	Common use/drug class	Preferred alternatives
Aranesp®, Epogen®	Anemia	Procrit®, Retacrit®
Cosentyx®	Autoimmune conditions (such as plaque psoriasis and psoriatic arthritis)	Enbrel®, Humira®, Otezla®, methotrexate, Skyrizi®, Stelara® 45mg, 90mg, Taltz®, Tremfya®
Harvoni® tablet, ledipasvir/sofosbuvir tablet ¹	Hepatitis C	Eplclusa®, Zepatier®
Humalog Jr Kwikpen® (brand)	Diabetes	insulin lispro junior ¹ (nonpreferred brand copay applies)
ProAir® Respiclick®, Ventolin HFA®, albuterol sulfate HFA ¹ (authorized generic for Ventolin HFA®)	Bronchospasm	ProAir HFA®, Proventil HFA®
Soma®	Muscle relaxant	Flexeril®, Norflex®, Robaxin®, Parafon Forte DSC®, Zanaflex®

Drugs that won't be covered	Common use/drug class	Preferred alternatives
Sovaldi® tablet	Hepatitis C	Epclusa®, Zepatier®

¹ Represents drugs that are considered brand-name drugs and don't have generic equivalents. These may be considered "authorized generics" which are the same as the brand-name drugs but aren't true generic drugs.

Drugs on the Clinical, Custom and Custom Select Drug Lists that will have Quantity limits

These drugs will have changes to the amount that can be filled.

Drug (generic)	BCN HMO current quantity limit		Blue Cross PPO current quantity limit		New quantity limit for all drug lists
	Custom Drug List	Custom Select Drug List	Custom Drug List	Custom Select Drug List	
			Clinical Drug List		
Amerge® (naratriptan) Axert® (almotriptan) Frova® (frovatriptan) Imitrex® (sumatriptan) Maxalt® (rizatriptan) Relpax® (eletriptan) Zomig® (zolmitriptan)	9 tablets per fill	9 tablets per fill	12 tablets per fill	9 tablets per 30 days	12 tablets per 30 days
Treximet® (sumatriptan/naproxen)	9 tablets per fill	Not covered	9 tablets per fill	Not covered	12 tablets per 30 days*
Imitrex® Injection (sumatriptan)	5 injections per fill	5 injections per fill	6 injections per fill	4 injections per 30 days	8 injections/vials per 30 days
Zembrace® injection (sumatriptan)	2 injections per fill	Not Covered	4 injections per 30 days	Not covered	8 injections per 30 days*
Imitrex® nasal spray (sumatriptan)	6 units per fill	6 units per fill	6 units per fill	6 units per fill	12 units per 30 days
Onzetra™ Xsail® nasal spray (sumatriptan)	1 dose kit per fill	Not covered	1 dose pack per 30 days	Not covered	1 kit (8 pouches) per 30 days*
Zomig® nasal spray (zolmitriptan)	6 units per fill	6 units per fill	6 units per fill	6 units per fill	12 units per 30 days
Emend® (aprepitant) 40mg	None				4 capsules per 30 days
Emend® (aprepitant) 80mg	4 capsules per fill	4 capsules per fill	None		

Drug (generic)	BCN HMO current quantity limit		Blue Cross PPO current quantity limit		New quantity limit for all drug lists
	Custom Drug List	Custom Select Drug List	Custom Drug List	Custom Select Drug List	
			Clinical Drug List		
Emend® (aprepitant) 125mg	2 capsules per fill	2 capsules per fill	None		2 capsules per 30 days
Emend® (aprepitant) trifold pack	2 packs per fill	2 packs per fill	None		2 packs (6 tablets) per 30 days
Kytril® (granisetron)	12 tablets per fill	12 tablets per fill	None		60 tablets per 30 days
Sancuso® (granisetron)	2 patches per fill	2 patches per fill	4 patches per 30 days	4 patches per 30 days	4 patches per 30 days
Zofran® and Zofran® ODT (ondansetron)	None				120 tablets per 30 days

*Doesn't apply to members on the Custom Select Drug List