



August 17, 2016

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~~9050 CHASE JORDANS DR~~  
~~GREENVILLE, NC 27634~~

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We are writing to tell you about important changes for medications you currently prescribe for Blue Cross and Blue Shield of North Carolina (BCBSNC) members.

Effective October 1, 2016, BCBSNC is expanding its utilization management requirements to include medications listed on the back of this letter. Our records show that you have written a prescription for one of these medications in the past four months for a BCBSNC patient. Please ignore this letter if you no longer prescribe this medication for your BCBSNC patients.

Please refer to the provider "Important News" page at [www.bcbsnc.com](http://www.bcbsnc.com) for the latest updates about our prescription drug utilization programs. You can also find specific drug criteria in the "Prior Review" section on the provider web portal. This specific information will also be sent to impacted BCBSNC members.

#### What do I need to do?

Please review these new requirements and work with your BCBSNC patients who currently take these prescriptions **before October 1** if any changes in their prescription are necessary. For those BCBSNC patients who meet utilization management criteria to continue on this specific medication, you will need to provide additional information to BCBSNC. For faster service, submit requests to BCBSNC electronically via CoverMyMeds™ (<https://www.covermymeds.com/epa/bcbsnc/>), our free online prior authorization tool for prescriptions. If you don't have online access, you can still submit requests by fax to the number listed at the bottom of fax form.

Please be aware that if approval of these medications is not given by BCBSNC, members will not be able to obtain the prescription at the pharmacy unless they pay out of pocket for it when they pick it up. Additionally, if the member changes BCBSNC policies in the future, you may need to certify that they have met our medical necessity criteria under that new policy for the medication(s) in question.

#### How can I learn more?

If you have questions, please call our Provider Blue Line<sup>SM</sup> at 1-800-214-4844 for assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Estay Greene".

Estay Greene, PharmD  
Director, Pharmacy Programs  
Blue Cross and Blue Shield of North Carolina

Beginning October 1, 2016, the medication(s) in the table below will be subject to restricted access. Please note that any previous requirements already in place for these medications still apply:

- Restricted access:** For the restricted-access prescription medicines, BCBSNC requires that your patient has first tried a nonrestricted access drug or device. Your patient may be eligible for coverage if you certify to BCBSNC that you have already used the non-restricted access drug, and the non-restricted access drug was not effective in treating the same condition or, in your opinion, it is likely to be harmful to the patient's health or not effective in treating his or her condition in the future.

Amoxapine tab 25mg, 50mg, 100mg, 150 mg	Marplan <sup>*1</sup> tab 10mg
Aplenzin <sup>*1</sup> tab 174mg, 348mg, 522mg	Nortriptyline solution 10mg/5mL
Brintellix / Trintellix tab 5 mg, 10mg, 20mg	Oleptro™ 24hr tab 150mg, 300mg
Celexa <sup>*1</sup> tab 10mg, 20mg, 40mg	Paxil <sup>*1</sup> suspension 10mg/5mL
Citalopram solution 10mg/5mL	Paxil <sup>*1</sup> tab 10mg, 20mg, 30mg, 40mg
Cymbalta <sup>*1</sup> cap 20mg, 30mg, 60mg	Paxil CR <sup>*1</sup> tab 12.5mg, 25mg, 37.5mg
Desvenlafaxine fumarate SR 24 hr tab 50mg, 100mg	Pexeva <sup>*1</sup> tab 10mg, 20mg, 30mg, 40mg
Duloxetine cap 40mg	Pristiq <sup>*1</sup> tab 25mg, 50mg, 100mg
Emsam <sup>*1</sup> 24 hr patch 6mg, 9mg, 12mg	Prozac <sup>*1</sup> cap 10mg, 20mg, 40mg
Effexor XR <sup>*1</sup> cap 37.5mg, 75mg, 150mg	Prozac <sup>*1</sup> weekly cap 90mg
Fetzima <sup>*1</sup> (includes titration pack) cap 20mg, 40mg, 80mg, 120mg	Remeron <sup>*1</sup> solutab 15mg, 30mg, 45mg
Forfivo XL <sup>*1</sup> tab 450 mg	Remeron <sup>*1</sup> tab 7.5mg, 15mg, 30mg, 45mg
Fluoxetine solution 20mg/5mL	Surmontil™ cap 25mg, 50mg, 100mg
Fluoxetine tab 10mg, 20mg, 60mg	Venlafaxine tab 25mg, 37.5mg, 50mg, 75mg, 100mg
Fluvoxamine tab 25mg, 50mg, 100mg	Venlafaxine ER tab 37.5mg, 75mg, 150mg, 225mg
Irenka <sup>*1</sup> cap 40mg	Vilbryd <sup>*1</sup> tab (includes starter pack and kit) 10mg, 20mg, 40mg
Khedezla <sup>*1</sup> ER tab 50mg, 100mg	Wellbutrin <sup>*1</sup> tab 75mg, 100mg
Lexapro <sup>*1</sup> solution 5mg/5mL	Wellbutrin <sup>*1</sup> tab SR 100mg, 150mg, 200mg
Lexapro <sup>*1</sup> tab 5mg, 10mg, 20mg	Wellbutrin XL <sup>*1</sup> tab 150mg, 300mg
Luvox CR <sup>*1</sup> cap 100mg, 150mg	Zoloft <sup>*1</sup> concentrate 20mg/mL
Maprotiline tab 25mg, 50mg, 75mg	Zoloft <sup>*1</sup> tab 25mg, 50mg, 100mg

*\*Please note that this may not be a comprehensive list. Visit the provider home page at [www.bcbsnc.com](http://www.bcbsnc.com) and click on "prior review" for details about all medications that require prior review, are subject to step therapy, and/or quantity limits.*

If you have questions, please call our Provider Blue Line<sup>SM</sup> at 1-800-214-4844 for assistance.

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